HEALTH BASICS

Sex & relationships

Sex and relationships involve consent, communication, sexual wellbeing, and choices about intimacy and reproductive health.

WHAT IT IS
Sexual wellbeing, consent, communication, and care within relationships

WHERE IT COMES UP
Intimacy, contraception, pregnancy planning, testing, and relationship changes

WHY IT MATTERS
Supports safety, wellbeing, reproductive choices, and respectful connection

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care, sexual health, reproductive health, or counselling services

HOW IT IS CHECKED
No single test; specific concerns have relevant assessments

Overview

Sex and relationships are parts of life that can affect physical health, emotions, identity, and connection with other people. This topic includes sexual activity, attraction, intimacy, consent, communication, contraception, fertility choices, and sexual healthcare.

Sex and relationships are not diseases or diagnoses. There is no single "normal" amount of sexual interest or activity. Some people have frequent sexual relationships, some rarely have sex, and some do not want sex at all. These can all be healthy experiences.

Relationships also take many forms. They may be casual or long-term, monogamous or involve more than one partner. People may be straight, gay, lesbian, bisexual, asexual, or use another description. Gender identity and sexual orientation are separate from each other.

What matters for health is that sexual contact is consensual, as safe as reasonably possible, and compatible with each person's needs and values.

How it works

Sexual wellbeing involves the body, thoughts, emotions, relationships, and social circumstances. Stress, privacy, trust, health conditions, medicines, hormones, past experiences, and cultural beliefs can all influence sexual interest and comfort.

Sexual response is often described in terms of desire, arousal, and orgasm. Desire means interest in sexual activity. Arousal includes physical and emotional responses, such as an erection or vaginal lubrication. Orgasm is an intense release of sexual tension. These responses do not always happen in a set order, and they may differ between partners or change over time.

Consent means freely agreeing to a specific activity. It must be present each time. A person can change their mind at any point, including after sexual activity has started. Being in a relationship, agreeing in the past, or accepting one activity does not mean agreeing to something else. Someone who is asleep, unconscious, severely intoxicated, or unable to understand the situation cannot give valid consent.

Pregnancy can occur when sperm fertilizes an egg. Contraception lowers the chance of pregnancy, but methods differ in how they work and how they are used. Condoms can also reduce the spread of many sexually transmitted infections, or STIs. Other contraceptive methods do not provide that protection.

STIs can pass through vaginal, anal, or oral sex and, in some cases, through skin-to-skin contact. Some cause no noticeable symptoms. Testing is therefore based on the type of sexual contact, body parts involved, pregnancy, symptoms, and other personal factors-not only on how someone feels.

Why it matters for your health

Respectful communication can help partners make shared decisions about boundaries, contraception, STI testing, pregnancy intentions, and what feels comfortable. It can also make it easier to discuss changes in desire or sexual function without blame.

Sexual healthcare supports more than infection prevention. It may include contraception, pregnancy planning, cervical screening, vaccination, fertility advice, menopause care, gender-affirming care, or help with sexual pain and function.

Emotional safety matters too. Healthy relationships allow people to make choices, spend time with others, control their own money and healthcare, and say no without fear. Disagreements can happen in any relationship, but threats, humiliation, stalking, forced sex, and controlling behaviour are not ordinary relationship conflict.

There is no need to pursue sexual activity for supposed health benefits. A person can be

healthy without having sex or being in a romantic relationship.

What can go wrong

Sex and relationships are not illnesses, but they can be connected with specific health conditions or unsafe situations.

Sexually transmitted infections include chlamydia, gonorrhoea, syphilis, genital herpes, human papillomavirus, hepatitis B, and HIV. Possible signs include unusual discharge, sores, pain when urinating, pelvic pain, or testicular pain. Many infections cause no symptoms.

Unintended pregnancy can occur when contraception is not used, fails, or is used differently than intended. Emergency contraception is time-sensitive and may be an option after unprotected sex or contraceptive failure.

Sexual difficulties may include persistent pain, low desire that causes distress, difficulty becoming aroused, erection problems, or difficulty reaching orgasm. These can relate to health conditions, medicines, hormonal changes, stress, trauma, or relationship concerns. They are not a measure of a person's worth or attraction to a partner.

Bleeding or pain during sex can have several causes, including dryness, infection, skin conditions, endometriosis, pelvic floor problems, or changes affecting the cervix. Repeated symptoms deserve assessment rather than being treated as something you must tolerate.

Sexual coercion and abuse include pressure, threats, forced sexual activity, reproductive control, and sexual contact without consent. Abuse can occur in any type of relationship.

Seek emergency help if you are in immediate danger, have severe pain with fainting, or have heavy bleeding that is not slowing. After a recent sexual assault, emergency or specialist sexual-assault services can provide confidential support and discuss injuries, emergency contraception, STI care, and time-sensitive HIV prevention. You can seek medical care even if you do not want to report the assault to police.

Arrange prompt clinical advice for possible STI exposure, genital sores, unusual discharge, pain when urinating, new pelvic or testicular pain, or bleeding after sex. Routine follow-up is appropriate for ongoing concerns about desire, erections, orgasm, comfort, contraception, fertility, or relationship wellbeing when there are no urgent symptoms.

What you can do

You do not need a general test to check whether your sex life or relationship is "healthy."

Instead, act on the specific questions or concerns you have.

Useful steps include:

STI testing may use urine, blood, or swabs from the vagina, cervix, penis, throat, or rectum. The appropriate samples depend on the infection and type of contact. A clinician or sexual health service can explain which tests are useful and when testing will be reliable after an exposure.

If a medicine seems to affect desire, erections, lubrication, or orgasm, do not stop it suddenly. Ask the prescriber whether the medicine could contribute and whether alternatives exist.

For relationship concerns, counselling can help with communication, trust, intimacy, or separation decisions. Joint counselling may not be suitable when there is abuse or coercive control. In that situation, confidential individual support or a domestic abuse service may be safer.

- Ask partners what they want, what they do not want, and whether they consent
- Discuss contraception, condoms, pregnancy intentions, and STI testing before sex
- Ask a sexual health service which tests match your sexual contact and body sites
- Record contraception, menstrual dates, symptoms, medicines, or exposures when relevant
- Ask whether available vaccines, including HPV or hepatitis B vaccines, apply to you
- Seek support if pain, fear, pressure, or sexual difficulties continue

Common questions

Is there a normal amount of sex to have?

No. Frequency differs between people and relationships. The important questions are whether each person freely agrees, feels safe, and is comfortable with the arrangement.

Do condoms remove all STI risk?

No. Correct condom use reduces the risk of many infections, but it cannot fully protect skin that is not covered. Some infections, including herpes and HPV, can spread through skin-to-skin contact.

Do I need STI testing if I have no symptoms?

Possibly. Many STIs cause no symptoms. Whether testing is useful depends on your sexual contact, partners, pregnancy status, previous results, and other risk factors.

Can stress affect sexual interest or function?

Yes. Stress, anxiety, low mood, poor sleep, relationship strain, illness, and medicines can affect desire and physical sexual responses. Persistent or distressing changes can be discussed during routine healthcare.

Is pain during sex normal?

Pain is common enough to be recognised, but it should not be dismissed as something you must accept. Repeated, worsening, or severe pain should be assessed.

Sources

- World Health Organization. Sexual health : overview and working concepts related to sexual wellbeing
- Centers for Disease Control and Prevention. Getting Tested for STIs : testing considerations and common types of STI tests
- Centers for Disease Control and Prevention. How to Prevent STIs : condoms, vaccination, testing, and other risk-reduction measures
- Centers for Disease Control and Prevention. U.S. Selected Practice Recommendations for Contraceptive Use, 2024 : evidence-based guidance on contraceptive use and emergency contraception
- American College of Obstetricians and Gynecologists. When Sex Is Painful : causes and assessment of pain during sex
- NHS. Help after rape and sexual assault : medical care, confidential support, and reporting choices after assault