HEALTH BASICS

Sexual health

Sexual health is physical, emotional, and social well-being related to sexuality.

WHAT IT IS
Well-being related to sexuality, relationships, and reproductive choices

WHERE IT COMES UP
Relationships, contraception, pregnancy planning, testing, and sexual concerns

WHY IT MATTERS
Supports informed choices, safety, comfort, and respectful relationships

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care, sexual health, reproductive health, or LGBTQ+ services

HOW IT IS CHECKED
Conversation, examination, and tests chosen for your needs

Overview

Sexual health means well-being related to sexuality. It includes your body, emotions, relationships, choices, and rights. It is not simply the absence of infection or pregnancy, and it is not a disease or diagnosis.

Good sexual health can include respectful relationships, freely given consent, access to accurate information, and care that fits your body and circumstances. It also means being able to make decisions about sexual activity, contraception, pregnancy, and infection prevention without pressure or discrimination.

Sexual health applies whether you are sexually active or not. It is relevant to people of every sexual orientation, gender identity, relationship status, and age. The care you may need depends partly on your anatomy, sexual activities, pregnancy goals, medicines, and health history-not only on how you identify.

There is no single "sexual health test." A sexual health visit may involve a private conversation, infection testing, pregnancy testing, contraception advice, vaccination review, or help with pain, sexual function, relationships, or unwanted sexual contact.

How it works

Sexual activity can involve physical contact, emotional connection, reproduction, or pleasure. Different activities carry different health considerations.

Pregnancy can occur when sperm reaches an egg. Contraceptive methods reduce this possibility in different ways. Some prevent ovulation, some block sperm, and some make fertilization less likely. Condoms can also reduce the spread of many sexually transmitted infections, often called STIs.

STIs are infections that can pass through vaginal, anal, or oral sex and, in some cases, through close skin contact. Testing may use urine, blood, or swabs from the vagina, cervix, penis, throat, or rectum. The right sample site depends on the type of contact. A urine test alone does not check every possible site or infection.

Consent is also central to sexual health. Consent means a clear, voluntary agreement to a particular activity. It can be withdrawn at any time. Someone who is asleep, unconscious, severely intoxicated, threatened, or unable to understand the situation cannot give valid consent.

Sexual response-including desire, arousal, orgasm, and physical comfort-is influenced by many factors. These include stress, relationships, hormones, sleep, illness, medicines, pain, body image, and past experiences. People differ widely, and there is no required amount of sexual activity or desire.

Why it matters for your health

Sexual health affects more than reproduction. It can influence physical comfort, emotional well-being, relationships, and your ability to make choices about your body.

Some STIs cause no noticeable signs. Testing can identify an infection before it causes complications or passes to someone else. Which tests are useful depends on your age, anatomy, pregnancy status, sexual practices, partners, and known exposures.

Contraception can help you plan whether and when to become pregnant. No contraceptive method suits everyone. Effectiveness, side effects, convenience, privacy, cost, and protection from STIs may all matter when choosing a method.

Vaccination can prevent some infections associated with sexual contact. Your vaccination record can show whether you have received recommended vaccines, such as those for human papillomavirus (HPV) and hepatitis B. Eligibility and timing depend on factors including age, health history, and local guidance.

Sexual concerns can also be connected to other health issues. Pain, erection changes, vaginal dryness, bleeding, or a change in desire may relate to medicines, hormonal changes, infection, chronic illness, stress, or relationship difficulties. A clinician can help assess the concern without assuming its cause.

What can go wrong

Sexual health relates to several named conditions and situations. These include:

These situations need different forms of care. Testing cannot identify every cause, and a normal STI test does not rule out pain conditions, pregnancy, or relationship concerns.

Arrange routine follow-up with a primary care or sexual health service if you want STI screening, contraception, pregnancy planning, vaccination review, or help with a persistent change in comfort or sexual function.

Seek prompt medical advice after a possible HIV exposure. HIV post-exposure prophylaxis, called PEP, must be started within 72 hours, and earlier is better. Emergency contraception is also time-sensitive after sex that could lead to pregnancy; available options may be used within three to five days, depending on the method.

Get urgent or emergency help for severe pelvic or testicular pain, heavy bleeding, fainting, or severe pain during a possible pregnancy. After sexual assault, you can seek medical care even if you are unsure whether you want to report it. Emergency services are appropriate if you are in immediate danger or have serious injuries.

- Sexually transmitted infections , such as chlamydia, gonorrhoea, syphilis, genital herpes, HPV, hepatitis B, and HIV
- Unintended pregnancy or difficulty accessing suitable contraception
- Sexual pain conditions , including pain during penetration or persistent genital or pelvic pain
- Sexual dysfunction , such as ongoing erection, arousal, orgasm, or ejaculation difficulties that cause distress
- Reproductive health conditions , including infertility, pregnancy complications, and some pelvic or genital disorders
- Sexual coercion or assault , including any sexual activity without consent
- Relationship abuse , including pressure, threats, monitoring, or control involving sex, contraception, or pregnancy

What you can do

There is no single sexual health action that everyone needs. Your next step should match your circumstances and goals.

You can:

If you have no concerns, exposures, screening needs, or pregnancy-related goals, there may be nothing specific you need to do now. You can still ask at routine care when screening or vaccination should next be considered.

A sexual health service can explain confidentiality before you share personal details. Privacy rules may differ for minors, insurance records, safeguarding concerns, and places where someone is at immediate risk.

- Ask which STI tests are appropriate and which body sites should be tested
- Ask when testing will be reliable after a recent exposure
- Keep a record of test dates, results, vaccines, contraception, and relevant medicines
- Use condoms or other barriers correctly for vaginal, anal, or oral sex
- Ask about lubricant that is compatible with the barrier or device you use
- Discuss contraception or pregnancy planning with a reproductive health clinician
- Ask whether HIV pre-exposure prophylaxis, called PrEP, fits your level of risk
- Request private, respectful care and explain what language you use for your body

Common questions

Can I have an STI without knowing?

Yes. Several STIs may cause no noticeable signs. Testing is the only way to know whether you have many of these infections.

Does a standard check test for every STI?

No. There is no single test for all STIs. Tests are selected according to exposure, body sites, timing, and health history. Herpes and HPV testing are not routinely included in every screening visit.

Do condoms remove all risk?

No. Condoms reduce the risk of many STIs and pregnancy when used correctly, but they do not provide complete protection. Infections spread through uncovered skin contact can still

pass between partners.

Is low or high sexual desire automatically a medical problem?

No. Desire differs between people and can change over time. It may be worth discussing if a change is persistent, distressing, painful, or affecting your relationship or well-being.

Can I ask for care without having a partner?

Yes. You can seek testing, vaccination, contraception, pregnancy planning, or advice regardless of your relationship status.

What if I feel pressured into sexual activity?

Pressure, threats, or fear are not consent. If you are in immediate danger, contact emergency services. A sexual assault service, crisis service, or healthcare professional can discuss medical care, evidence collection, infection prevention, emergency contraception, and support without requiring you to decide everything at once.

Sources

- World Health Organization. Sexual health
- Centers for Disease Control and Prevention. Sexually Transmitted Infections Treatment Guidelines, 2021
- Centers for Disease Control and Prevention. Getting Tested for STIs
- Centers for Disease Control and Prevention. U.S. Selected Practice Recommendations for Contraceptive Use, 2024
- Centers for Disease Control and Prevention. Preventing HIV with PEP
- U.S. Preventive Services Task Force. Prevention of Acquisition of HIV: Preexposure Prophylaxis, 2023