



THE
HAEMOPHILIA
SOCIETY



Sex and bleeding disorders

Contents

Is this booklet for me?	3
What's included?	3
How a bleeding disorder can affect your sex life	4
Telling people about your bleeding disorder	4
Talking about sex	5
Changes to your body	6
Your feelings	7
Sex and relationships	8
Different ways to have sex	9
Masturbation	9
Fingering	9
Oral sex	10
Anal sex	10
Vaginal sex	11
Female genital mutilation (FGM)	12
Having full sex	13
Positions	14
Signs to watch out for	17
Other bleeding sites	18
Nosebleeds	18
Psoas deep muscle	18
Testicular bleeds	19
Rectal bleeding	19
More about bleeding and sex for women	19
Where to find out about other issues	20
Glossary	21
Useful websites	23

Is this booklet for me?

Like other people your age, you may have thought about sex as you get into your teens and having a bleeding disorder may add extra worries. There may be things you wonder about, or things you find you need to know.

We've written this booklet in collaboration with our youth members to cover issues that people have suggested they want to know about. Of course, you can ask these sorts of questions at your haemophilia centre and we would encourage you to do so.

But it isn't always easy to bring the subject up, particularly with doctors and nurses you may have known all your life. We hope this booklet will help by answering some of your questions and helping you work out what you need to ask at the clinic.

When you do speak to your centre, try to be as open and comfortable as possible. Your doctors and nurses will be used to hearing these types of concerns or questions and they'll want to help.

This booklet focuses on sexual health and wellbeing for **young adults** who are sexually active or thinking about having sex for the first time.

There are some terms used that you may not have come across before. You can find explanations for these in the glossary at the end of the booklet on page 21.

What's included?

This booklet covers all the different types of sex, including between straight and gay partners. There really isn't a lot of difference when it comes to bleeding disorders.

If you're having sex, you are just as likely as anyone else to pick up a sexually transmitted infection (STI) or get pregnant so you still need to take care with contraception and ensure you have safe sex.

There is a lot of information available about safe sex, contraception and relationships. We've listed some websites at the end of this booklet that you may find helpful.

How a bleeding disorder can affect your sex life

Sex is physical and as you know, being active can put pressure and strain on your body, which could potentially result in a bleed. Like taking part in sports, it's certainly not about giving it up altogether. It's about learning how to manage your condition while still doing the normal things you want to do in life.

If you have a bleeding disorder you can still enjoy sex. However, you will need to know how having sex with a bleeding disorder will affect your sexual health. Some sexual activity may be more likely to cause a joint or muscle bleed or a soft tissue injury. You may find some positions more difficult because of a painful joint. And for women with a bleeding disorder, heavy and painful periods can cause problems.

As some bleeding disorders are more severe than others, how you are affected will depend on your condition. For men, some complications of bleeding disorders can be accompanied by sexual problems (e.g. lack of libido or impotence), and pain or fear of pain may affect your sexual desire.

As well as being physical, sex is emotional too. The teen years are a time when many individuals want to fit in as much as possible – the last thing you want is to feel different to everybody else. You may find it hard to tell a new partner about your bleeding disorder, so we've got some tips on how to handle that too.

Telling people about your bleeding disorder

By the time you reach your teens, you may already have a lot of experience in talking about your condition to friends and schoolmates. But some people are diagnosed with bleeding disorders in their teens, particularly girls. Later diagnosis may add extra anxiety to what can be a stressful time for anyone.

At first, you may find talking about your bleeding disorder difficult. The hardest part is probably bringing the subject up. When you tell people, and how much you tell them, is entirely up to you. They may find it difficult to take it all in at first but remember, you don't have to tell them everything in one go.

How you tell people can make a difference. Try to pick a time when neither of you are tired, stressed or in a rush. Most people will want to know more and are likely to have questions, so you will need time to have a proper chat. Try to be positive about your condition. If you sound confident when you talk about managing it, they will be confident too.

People who care about you are not likely to react badly – if they do, it’s probably because it can sound a bit frightening when they first hear about it. Many people will never have heard of bleeding disorders. Once they’ve had a chance to think about it, and to ask you more about what it’s like, most people will be positive and realise that it’s just another part of your life.

If you prefer, your doctor or nurse at your haemophilia centre will be happy to talk things through with you and your partner.

Talking about sex

Lots of people find talking about sex difficult – including many adults.

Like many things that make you nervous, it’s often worse thinking about it beforehand. Just pick your moment and take a deep breath.

Even if your partner already knows about your bleeding disorder, they may not realise that it could affect your sex life. It will be better for you both if you are able to talk about this before you start to have sex.

You may worry about frightening them but if you’re already in a relationship, they will most likely already know about your condition. So they won’t be surprised if you say that having a sore knee, for example, means it’s better if you don’t put pressure on it. It may be more of a case of reassuring them that it won’t make any difference to many things you both want to do. And you can always look through this booklet together.

Remember, you can always speak to your doctor or nurse at your haemophilia centre about any issues relating to sex and sexuality. They will be more than happy to help you.

Changes to your body

For males, your bleeding disorder won't usually have much impact on the normal changes that happen at puberty.

For females with a bleeding disorder puberty can be stressful. Heavy menstrual bleeding (periods) and its emotional impact may lead to you feel excluded or isolated. It may also cause you to need time off school, work and/or within your social circle.

Speaking to your doctor or nurse at your haemophilia centre and getting a referral to a gynaecologist will help manage your bleeds during sex and during your periods. Speaking openly about this to someone can feel uncomfortable at first but this will allow your bleeding disorder to be treated properly.

It's normal to want to touch each other's bodies. Again, when you're explaining about your bleeding disorder to your partner, ask them to be gentle when they're doing this. If they're too heavy-handed, they could bruise you.

It's important to listen fully when your partner speaks to you, be non-judgemental and give supportive feedback. This way you will build your intimacy and know you can count on each other to listen and understand.

It is a good idea to talk to each other before things get sexual and define your boundaries. This will make it easier for you and your partner to hold off on having sex until you are both ready.

You may feel like all your friends are having sex but you're not. You will need to ask yourself 'Am I ready for sex?' Ensure that you both agree to having sex before it happens, which is called giving consent. It is also important that you think about your sexual health before you start having sex.

Your feelings

Many of the issues facing you are the same as any other teenager. Deciding when to have sex, when to say no, and how you feel about it all will be the same as for anyone else.

Often teenagers with a bleeding disorder feel different and for some people your age, that's the last thing you want. You may already feel down about having to explain bruises or joint problems, needing regular treatment or why you have a central line or port.

All these things can affect how you feel about yourself – and how attractive you feel to potential partners. Sex is a whole new area of life to get to grips with and even if it can seem more difficult for you than for anyone else, it really does help to remember that all teenagers feel like this at times.

Having sex for the first time can make you feel nervous. There's no right or wrong way to do it, just remember to be safe and talk to your partner. Cuddling your partner is an important way to make contact and feel close without having to take off your clothes. You can do this watching a movie or cosying up in bed together. Putting your arms around your partner enables you both to feel that physical closeness.

When you decide to have sex for the first time make sure you are aware of the appropriate contraceptive methods you both need to use. Having unprotected sex means that you are at risk of sexually transmitted infections (STIs) and pregnancy.

If you or your partner have had unprotected sex previously, you may want to get tested for STIs just to be safe. In general, getting yourself tested at least once a year when you are sexually active ensures you don't have any sexual health issues. You can find your local sexual health clinic on the NHS website [Sexual Health Information And Support Services](#).

Sex and relationships

You may feel a bit awkward talking about sex and relationships to your GP – someone who probably knows your parents and who's known you since you were a child. So it's worth noting that the conversation with any health professional will be confidential. If you'd rather talk to someone you don't know you can always contact a doctor or nurse at your haemophilia centre. You don't even have to give your name if you don't want to.

Some people prefer to talk to people their own age or who are in the same situation as them. Online forums, Facebook groups (maybe the Haemophilia Society Youth Group) and other support networks may all be helpful.

You may have already found out that being with a partner can make your heart beat faster. This isn't your imagination – getting turned on makes your blood vessels open up (dilate) and more blood flows through the skin. For someone with a bleeding disorder it means taking a bit more care as some of the things you naturally want to do may cause problems (but most don't).

Anything that can draw blood to the skin's surface, like biting or nibbling, could potentially cause problems. A break in the skin may bleed for a long time, cause pain, and could potentially become infected. Lip or tongue studs could scratch you, so you may want to ask your partner to take them out and take off any other sharp jewellery to reduce the risk of a cut or scratch.

Love bites can be really noticeable if you've got bleeding problems. You may get a large bruise, or a bruised and painful swelling called a haematoma (pronounced heem-at-oh-ma). Kissing may cause bruising too. If you do experience this, explain it to your partner and ask them to be gentle.

Kissing is a form of intimacy and it doesn't have to be just on the lips. You and your partner can kiss on the neck, hand, cheek, parts of the body etc without having to have sex.

Different ways to have sex

Masturbation

This is a way for you to get to know your own body and your sexual responses. Bringing yourself to a sexual climax (orgasm) is a perfectly normal and very common thing to do. Masturbation can involve different areas of the body including the clitoris, breasts, nipples, vagina, penis or anus. Once you know what turns you on, you can let your partner know. However, if you have a bleeding disorder, you may want to ensure your nails are tidy before masturbating to avoid cuts. Lubrication will also help to reduce friction.

In males, masturbating may cause wrist, forearm and genital bleeds. Males may also see blood in their sperm. This is known as haemospermia (pronounced heem-at-oh-sperm-ia). It's probably nothing to worry about but do talk to your haemophilia centre if you have any concerns. If you are too rough, you could cause bleeding in your penis. You may also have a bit of blood in your ejaculate or urine after masturbation. Your urine should be clear the next time you pee but if you have ongoing bleeding, pain or swelling then contact your haemophilia centre.

For females, you need to be gentle or you could cause bleeding into the delicate body tissues in the genital area, causing pain or swelling.

Fingering

Fingering is when one or more fingers are inserted into the vagina or anus. This can be a relatively safe and fun sexual activity. However, there may be a time when you experience a bleed during fingering as the lining of the vagina or rectum is very delicate and can cut easily. It's generally safer to make sure that fingernails are cut short to avoid injuring the vagina or rectum. If there are cuts or sores on the finger there is a risk of getting or passing on an STI, so be aware.

Remember, if you have a cut or broken skin on your hand then there is a risk of infection.

Oral sex (mouth-to-genital contact)

Oral sex means using your mouth, tongue and lips to suck or lick the vagina, penis or anus to stimulate your partner. It's a perfectly normal and an enjoyable part of your sex life. It's a good way to discover new pleasures with your partner.

The mouth is another part of your body that has a rich blood supply. So, thrusting the penis into the mouth could cause mouth bleeds if it's too rough. Over enthusiastic biting or sucking could cause tissue bleeds in the penis.

Females may also find that over-keen oral sex could make them sore and cause bruising or bleeds in the vaginal lips or surrounding area. Again, be wary of lip or tongue studs that could catch and scratch or cut. Take care to keep the vaginal area moist and in the early stages avoid direct pressure on the clitoris, which is very sensitive.

Remember, STIs such as chlamydia (the most common in the UK for under 25s), genital herpes, syphilis, HIV and gonorrhoea can be passed on through oral sex. You can ensure safer sex by using barrier methods such as dental dams and condoms.

Anal sex (penis or dildo-in-anus intercourse)

If you and your partner decide to have penetrative anal sex for the first time, take things slowly and communicate with each other as it can also take a while to get used to the new sensation. Be prepared to stop at any time if you or your partner is uncomfortable or in pain.

Anal sex presents a greater bleed risk due to bleeding from the mucosa lining. As the anus isn't self-lubricating it's important to use water-based lubricant for anal sex. Oil-based lubricants can cause condoms to break. Extra safe condoms are best when having anal sex as they are thicker and extra lubricated. It is important that immediately after anal sex you use a new condom to avoid cross infection. This also applies if you are using sex toys. Be careful of any cuts or sores around the vagina, anus or penis because if there's blood, there's an increased risk of passing on hepatitis B, hepatitis C and HIV.

STIs like hepatitis and shigella can be passed on if a finger is used to stimulate the anus and then put into the mouth. Other STIs include HIV, chlamydia, genital herpes, genital warts, gonorrhoea, trichomoniasis and syphilis can be passed on through anal sex. If you are using a finger to stimulate a woman's anus don't use the same finger to touch her vagina. You can transfer small amounts of faeces to the vagina and cause urinary tract infections such as cystitis.

Vaginal sex (intercourse, penetrative sex, sexual intercourse)

Vaginal sex is when a penis, fingers or sex toy enters the vagina. The first time you have vaginal sex it may be uncomfortable: it shouldn't continue to hurt if you take it easy at first. Foreplay before vaginal sex is important as it's best females are aroused during vaginal sex.

The cause of vaginal bleeding can be due to losing your virginity, breaking of the hymen, vaginal tears, rough sex etc. Vaginal trauma is the most common cause of vaginal bleeding after rough sexual intercourse. If the vagina is dry you can use a water-based lubricant (best to use with a condom).

A dry vagina can hurt both the man and woman during sex. Vaginitis also causes soreness and pain during sex. Symptoms of vaginitis can include bleeding, discharge, pain when weeing, itching and pain during sex. If you have these symptoms, then contact your GP.

Even if you don't have a bleeding disorder, bleeding during and after sex is not uncommon. If you have constant vaginal bleeding that lasts for a couple of days or you need more than two pads a day, then contact your doctor or nurse at your haemophilia centre. Remember, it's important during vaginal sex to talk to your partner about what does and doesn't feel good.

Remember vaginal sex is the only type of sex that can result in a woman getting pregnant. Using the contraception you feel most comfortable with is very important. Unprotected vaginal sex may expose you to STIs – for more information see NHS website Sex activities and risk.

It's important to remember that that some people don't have any symptoms of STIs, yet they're still infected.

Female genital mutilation (FGM)

Traditional terms for FGM include Ganza, Kukeketwa, Gudin, Khitan, Khatnauracion, Khatana, Sunat and Kadin Sunneti,

FGM – ‘female circumcision’ or ‘cutting’ – can cause serious blood loss or infection following the procedure. Short term problems can include UTI’s, fever, shock, severe pain, genital swelling, damage to other organs, urinary retention, wound infections, and haemorrhage (bleeding).

It can seriously harm the health of women and girls with long-term problems such as bleeding, genital scarring, cysts, difficulties with menstruation (periods), damage to reproductive system including infertility, risk of death to mother and baby during childbirth and constant pain. It can also mean having sex is painful and difficult, reducing sexual desire and a lack of pleasurable sensation.

FGM has no medical benefits and is illegal in the UK.

Please talk to your GP or speak to your doctor or nurse at your haemophilia centre if you have problems you feel may be due to FGM. For more information on FGM support see page 23.

Having full sex

Starting to have sex is a big decision that, like any young person, you need to think carefully about. Having sex for the first time is an emotional decision as well as a physical one and you need to be sure that you're making the right decision.

If you do decide to go ahead, you need to take care of yourself and your partner and remember to protect both of you from STIs or an unwanted pregnancy. If you're planning on having sex for the first time and need more information, see page 23 for some useful websites.

Even women who don't have a bleeding disorder experience pain during or after having full sex due to inflammation of the vagina or cervix. Bleeding after sex can occur for the first few times you have sex but will eventually stop. If the vaginal lining is torn due to rough sex bleeding may happen. If bleeding continues for more than two days, then contact your haemophilia centre.

For men, a more serious problem that you really need to know about is a bleed into a muscle deep inside your hip and groin area, called the psoas muscle. If you think that you have a psoas bleed (you are unable to straighten your leg while lying down or unable to stand up straight) you'll need to treat it and speak to your doctor or nurse at your haemophilia centre. There is more about this in the section on signs of bleeding after sex. If you don't read anything else in this booklet, please make sure you read that.

When it comes to having sex, it's usually painful joints that cause more problems than bleeds. Limited movement or pain in your joints will mean that some positions are more comfortable than others.

If you treat yourself at home, you can have some factor before you have sex to try and prevent any problems. Having to plan like this may be a bit annoying but will be worth it in the long run.

Remember, sex is like any other strenuous exercise and can cause a bleed in any part of the body or in any joint, so treat yourself before having sexual intercourse.

Positions

Sex can cause a bleed in your body regardless of what position you are in. It's important to talk to your partner to find out what position is best for you. The positions you use can make a lot of difference to your comfort. Experimenting with sexual positions is something that all couples do, not just people with a bleeding disorder, so you don't need to feel awkward about it – it should be fun! What works varies from person to person, so you just need to talk things over with your partner and see what's best for you both.

Although uncommon, a penis fracture (a tear in the tunica albuginea) can occur when an abnormal force is applied to the erect penis. Symptoms of a penis fracture are a cracking or popping sound, bleeding (if the urethra is damaged), pain, bruising and immediate loss of erection. If you notice any of these symptoms, you should treat them immediately and seek medical advice. It is always best to ensure you're fully erect before penetration as your penis may be more likely to torque or twist if not, and this could increase the risk of injury.

Women are likely to experience bruising during sex, but bleeds can include muscle bleeds in the calf or forearm and even joint bleeds. Vaginal bleeding isn't uncommon (even for women without bleeding disorders). If bleeding continues for more than a few days, then contact your haemophilia centre. If you do have an injury during sex you must stop immediately and if necessary, treat yourself.

Sex and intra-articular bleeds can be very painful. So make sure that you say if something hurts and you need to stop or change position. Don't wait until you've really hurt yourself as it could make you both more anxious in the future.

You may find that having your partner's body weight on top of you is too uncomfortable. Try with you on top, or with both of you lying on your side, to see if that works better. Using pillows can also help to relieve pressure.

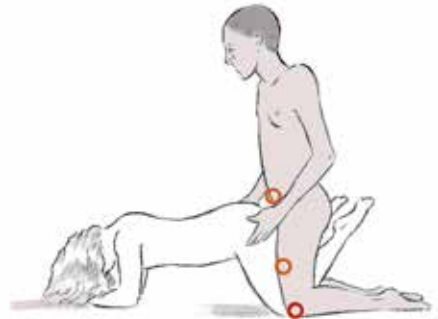
Females generally have a much lower risk of bleeds like these. Very rarely, some females with Von Willebrand disease (VWD) may have a risk as high as males. So if you find a position uncomfortable, it's important that you tell your partner and try together to find a position that's more comfortable.

Below are a few examples of positions you could try. The diagrams show the areas that could cause problems for males with each position. The red circles show a higher risk of a bleed developing and the yellow circles a moderate risk. So, if you've got elbow problems, for example, avoid the positions that show a red dot over the elbow area.

Missionary position – The area most at risk in this position is the iliopsoas muscle due heavy thrusting against your partner. The elbows, stomach, upper arms (triceps and biceps) and knees are at moderate risk in this position.



Rear Entry (kneeling) – The joint most at risk in this position is the knee joint, as your entire body weight is on this joint, especially if you are having sex on a hard surface. The quadriceps and iliopsoas muscle are at a moderate risk of injury in this position. This position can also put some pressure on the lower stomach, thighs and hamstrings.



Laying on your side - This is a pretty safe position, causing only a moderate pressure point at the top of the thigh. The iliopsoas muscle may be at moderate risk.



Cowboy - The knees are at moderate risk of bleeds because they stay bent for a long time. The ankle joint is also at risk in this position.



Both standing – The area most at risk in this position is in the calves. The iliopsoas muscle, knees, ankles thighs and lower legs may be at moderate risk.



Reverse Cowboy - This position puts moderate pressure on the man's lower stomach and bottom. The iliopsoas muscle and hip joints could also be injured.



Risk of injury to muscles and joints can be decreased if you are on a softer area such as a bed.

Signs to watch out for

As we've said, you can get a bleed in any body part with a rich blood supply and that includes the mouth, genitals or bum (back passage, anus and rectum).

You can get bruises anywhere where there is pressure, as the previous diagrams show. This includes joint or muscle bleeds, for example from putting your weight on your knees or elbows. But generally, it's pain from a joint problem you already have that is an issue, rather than sex that may cause a bleed.

You'll know the signs of a bleed by now – so if you get any signs such as tingling, bubbling, warmth, swelling, pain, stiffness or heat take factor right away and contact your haemophilia centre.

Bleeding into the muscles in the arms, legs, and thighs can occur during sexual intercourse. Bleeds in the muscles of the pelvis can be very serious. Blood coming from your pelvic muscles can build up in your stomach area (abdomen) so treat immediately if you think that this has happened.

Possible bleeds that are more particularly related to sex are wrist bleeds. In men, a wrist bleed can be caused by masturbating (wanking). If you have pain, swelling or stiffness in your wrist, contact your treatment centre. If you self-treat, having some factor beforehand may help to prevent a bleed.

Your joint will be damaged permanently if the bleeding isn't stopped so it's important to discuss this with your doctor or nurse at your haemophilia centre.

Other bleeding sites

Nosebleeds

Male or female, if you're prone to nosebleeds, having sex can cause one. Your blood pressure will be higher and that may set one off. This is more of a nuisance than anything. As with any other potential bleeds during sex, having factor beforehand may help to prevent them.

Psoas deep muscle

Males need to know the signs of a psoas bleed as it will need immediate treatment. The psoas muscle (pronounced so-ass) is a deep muscle inside the stomach (abdomen). It connects the spine to the hips. The diagram below shows exactly where it is.

This type of bleed is nearly always linked to sexual activity in males. A bleed in the psoas muscle can be caused by thrusting, so you may get one after sex, or even masturbation if you are simulating sex by thrusting.

This can be serious and as the muscle is so deep in the body it can bleed for some time before it shows any symptoms. If you have:

- hip pain
- difficulty walking
- difficulty straightening your legs, or
- you need to support yourself when getting out of bed or when standing you may have a psoas bleed.

If you have a psoas bleed, you need to contact your haemophilia centre as soon as possible. If you self-treat, have some factor straight away.

Expect progress to a full recovery to be slow. If you don't get this treated quickly, it can take a long time to settle down – sometimes up to six months. If you have a serious psoas bleed you may need to go into hospital for bed rest for at least a week. It is important to avoid re-bleeding into the muscle. If it occurs it will be more severe and will delay your return to full capacity for everyday activities.

Your physiotherapist will be involved with your care to provide advice during the acute stage of the bleed. They will then provide ongoing advice and an exercise regime as improvement is made.

You can have long term problems if you do not go to hospital with this type of bleed.



Testicular bleeds

This isn't common at all, but we're mentioning it because it can happen. Having sex can sometimes cause swelling or pain in one of your testicles (balls). There are a number of things that can cause swelling, such as inflammation or a collection of fluid (a cyst), and these can happen to anyone. But if you have a bleeding disorder, it makes sense to get checked out by a doctor who is familiar with your condition, so go to your haemophilia centre. If it's not a bleed, they'll find what's causing it and stop you worrying.

Rectal bleeding

This can be caused by anal sex, either with the penis or using a sex toy (dildo, anal beads, butt plug etc). You may see blood in your poo or on the toilet paper when you wipe. Or your poo may look very dark and a bit like tar (doctors call this melaena – pronounced mell-eeen-a). Rectal bleeding can be caused by other medical conditions so it's something you should speak to your doctor or nurse at your haemophilia centre about if you don't think it's been caused by recent sex.

More about bleeding and sex for women

Sometimes sex can cause bleeding in women. The friction from the penis (or a dildo) going in and out can graze or tear the delicate lining of the vagina. If you have this problem, talk to your partner about being a bit gentler. Penetrative sex can result in increased bleeding.

Women with bleeding disorders can have heavy periods that last for many weeks and therefore may want to avoid sex during menstruation. If you want to have sex during menstruation it is important that you and your partner are both comfortable with the idea. Sex during menstruation should be fulling and enjoyable for the both of you. Remember, it is still possible to become pregnant while you are menstruating.

If you know when you're going to have sex, you could take Tranexamic Acid a couple of hours beforehand and for a couple of days afterwards. If this keeps happening, talk to your doctor or nurse. There may be a small blood vessel that keeps bleeding and your doctor can treat that for you by heating it to seal it shut (called cauterising).

While it might be embarrassing to discuss sex and bleeding issues with your doctor or nurse at your haemophilia centre, remember that they will have heard it before, and that permanent damage may mean that you can't enjoy future sexual activity as much.

Where to find out about other issues

You may have questions about other things to do with growing up, such as drugs or alcohol. Or things that may be an issue for your bleeding disorder, such as getting a tattoo or piercing. Do ask at your haemophilia centre. If they don't know the answer, they'll be able to point you to someone who does.

There could be a risk of you passing on your condition to your children, when you have them. Your partner may be curious about this too, or their parents may ask them. The risk of this is different with different types of bleeding disorder. If you're worried, talk to your doctor or nurse at the haemophilia centre, or order a fact sheet about your type of disorder from The Haemophilia Society.

There is a lot of information available about safe sex, contraception and relationships. We've listed some websites at the end of this booklet that you may find helpful.

Hopefully this booklet has helped you understand what the issues can be and you'll find it helps to know more. The last thing we want is for you to be more scared after reading it. But if you do have worries or more questions, there are people you can talk to. The doctors, nurses and physiotherapists at your haemophilia centre will want to help.

Glossary

Anal intercourse – sex involving the bottom, the type of intercourse in which the penis, fingers or sex toys penetrate the anus.

Biceps – a muscle on the front part of the upper arm.

Celibate – a person who chooses not to enter into sexual relationships of any sort.

Cervix – the neck of the uterus, at the top of the vagina.

Circumcision – complete removal of the foreskin.

Condom – female (internal) – is made of polyurethane (soft plastic) or nitrile polymer (synthetic rubber). It is put in the vagina and loosely lines it.

Condom – male (rubber, Johnny, sheath) – made of very thin latex (rubber), polyurethane (plastic) or polyisoprene and fits over an erect penis.

Contraception – stops the man's sperm from joining with the woman's eggs to make a baby.

Dyspareunia – painful sex.

Emergency pill – must be taken within 3 days (72 hours) of having sex. It is more effective the earlier it is taken after sex.

Foreskin – a sleeve of skin that surrounds the head of the penis. When a man has an erection, the foreskin stretches and the head of the penis is completely exposed.

Hamstring – tendons at the back of the knee.

Heterosexual (straight) – a person sexually and emotionally attracted to the opposite sex, i.e. man to woman, woman to man.

Homosexual – a person sexually and emotionally attracted to the same sex; gay is usually used for men attracted to men; lesbian is a woman attracted to other women.

Impotence – difficulty getting or keeping an erection, or difficulty in reaching orgasm.

Libido – sex drive.

Iliopsoas – A large muscle group arising from the inside of the back wall of the pelvis and lower abdomen.

Masturbation – sexual stimulation of your own genitals for sexual arousal or other sexual pleasure, usually to the point of orgasm.

Menorrhagia – medical term for menstrual periods with unusually heavy or prolonged bleeding.

Menstrual cycle – the time from the beginning of a period to the beginning of the next period.

Menstruation – another word for period.

Non-penetrative sex – sex that does not involve penetration of the mouth, vagina or anus.

Period – bleeding from the womb through the vagina that usually lasts 3-7 days.

Puberty – when your body starts to develop and change.

Quadriceps – muscle at the front of the thigh.

Semen – (spunk) a milky liquid in which the sperm swim. When a man ejaculates he squirts out semen containing 50-300 million sperm.

Sexual health – a state of physical, mental and social well-being in relation to sexuality.

Triceps – large muscle at the back of the upper arm.

Vagina – a stretchy tube that joins the womb to the outside of the body.

Vaginitis – inflammation of the vagina.

Vulva – the external lips of the vagina.

Useful websites

Common questions about sex

www.nhs.uk/common-health-questions/sexual-health/

FGM

www.nhs.uk/conditions/female-genital-mutilation-fgm/

Guide to sexual health services

www.nhs.uk/using-the-nhs/nhs-services/sexual-health-services/guide-to-sexual-health-services/

www.sexualhealthscotland.co.uk/get-help/sexual-health-service-finder

Sex activities and risk

www.nhs.uk/live-well/sexual-health/sex-activities-and-risk/



THE
HAEMOPHILIA
SOCIETY

The Haemophilia Society makes every effort to make sure that its services provide up-to-date, unbiased and accurate information about bleeding disorders. We hope that this information will add to the medical advice you have received and help you to take part in decisions related to your treatment and care. Please do continue to talk to your doctor or specialist nurse if you are worried about any medical issues.

Give us your feedback

If you have any comments about this booklet or any of our other information, please write to the Head of Policy and Programmes at the address below.

Illustrations by Sally Barton

Thank you to April Jones, Haemophilia Nurse Specialist for inspiring us to develop this booklet and to our youth members (Jay Gardner, Laina Cores-Birch, Hannah Yarnall and Ria Davies) and to Mark Ward, LGBT Ambassador for their support.

Your Society: getting in touch

The Haemophilia Society
52B Borough High Street
London SE1 1XN
Phone: 020 7939 0780
Email: info@haemophilia.org.uk
Web: haemophilia.org.uk

 [HaemophiliaSocietyUK](https://www.facebook.com/HaemophiliaSocietyUK)

 [HaemoSocUK](https://twitter.com/HaemoSocUK)

 [thehaemophiliasociety](https://www.instagram.com/thehaemophiliasociety)

Registered charity no. 288260 (Scotland SC039732)

Company limited by guarantee reg. no. 1763614

Members of the European Haemophilia Consortium and the World Federation of Hemophilia

President: Baroness Meacher

© The Haemophilia Society 2020

Review date: 2022