A Below-the-Belt guide to the male body

4BOYS
I woke up this morning and I’d come all over the sheets. What if my mum sees it?

What’s the horrible smelly stuff under my foreskin?

Real men don’t wank... do they?

Why have I always got this bulge in my trousers?

I’ve only got a little willy.

I’ve got to get laid... I feel like I’m going to burst!

Can you make your penis bigger?
I’ve got a wart on my...

Everybody’s doing it... except me!

I’m too embarrassed to talk about condoms.

I don’t want to have sex. Is something wrong with me?

My thing is bent.

I think I fancy boys.

Why do I always wake up with an erection?

Am I normal?

I wonder when I’ll grow pubic hair.

We both want to, but she might get pregnant.
Sexual development can happen at any time between ten and 18, but usually begins around 13 or 14. It makes no difference when you start. It doesn’t affect what you will be like as an adult.

Sexual development is often marked by a whole range of body changes.

- You get taller and more muscular
- Hair grows on different parts of your body - legs, genitals, arms, face, chest
- Your shoulders widen
- Your genitals (penis and testicles) get bigger
- Your voice deepens
- Joints may be painful
- Your nipples and breast area can become sensitive for a short time
- Spots and blackheads may grow on face, neck, chest and back
- Body changes usually carry on into your late teens or early 20s. Whether you're an early or late developer or whether you mature slowly or quickly, body changes continue until you are fully developed.

These are some of the more obvious changes. But there are others, emotional as well as physical . . .
The **penis** has two main parts, a **head** (or glans) and a **shaft**. The head of the penis – particularly its rim – is much more sensitive than the shaft.

Normally a man’s penis is soft and hangs down. But when he gets sexually excited (and often when he’s not aware of it), he gets an **erection**:

- the penis goes **stiff**
- it grows **longer** and **wider**
- it sticks **outwards** and **upwards** from the body.

A penis is used for two jobs, peeing and sex. When your penis is erect you can’t pee easily because a muscle closes the bladder off. The shape of an erect penis varies. It usually curves upwards slightly, and may point to one side. Erections (hard-ons, boners, stiffies) occur in males of all ages, including babies and old men.

**Is it bone? Is it muscle? Does the penis fill with semen?** No. It fills with blood. There are no muscles in the penis, that’s why you can’t move it very much. The penis is a kind of sponge that fills with blood when a man is sexually excited.

**Erections are unreliable**

Erections can come and go without warning. They can happen at a moment’s notice, sometimes in embarrassing circumstances. And they can vanish just as easily. Alcohol can cause an erection to droop. So can fear of pregnancy, being laughed at, or of coming too soon (premature ejaculation).
Many young men think that their penis is smaller than anyone else’s. This is unlikely. Adult penis sizes do vary, but not by as much as you might think.

The soft penis usually shrinks when it is cold or when the man is anxious.

As a rough rule, the larger a penis is when soft, the less it grows when hard. If it is small when soft, it will probably grow more when hard.

**Adult penis size is usually between 8.5cm and 10.5cm (3–4 inches) long when soft, and between 15cm and 18cm (6–7 inches) long when hard.**

When penises are erect they are very similar in size for all men.

**Nothing will make a penis any larger or smaller.**
The **foreskin** is a sleeve of skin that surrounds the head of the penis. When you get an erection, the foreskin stretches. The head of the penis is then completely exposed.

If you don’t wash under the foreskin, a yellowish-white creamy substance called **smegma** builds up. This is normal. But if you don’t want to smell like a mouldy cheese, wash it every day.

If you have a tight foreskin, you could try to ease it back.

While you are soaking in the bath, gently pull the foreskin away from you. Pull it back and hold it in a stretched position, briefly. This may gradually stretch the foreskin. If there seems to be a problem, talk to your doctor.

In some cases, the foreskin can be so tight your doctor may advise using a special cream or having a small operation to loosen the foreskin.

Complete removal of the foreskin is called **circumcision**.

Some men in the world today are circumcised, usually for religious reasons. For example, most Jewish and Muslim boys are circumcised in childhood. It makes no difference to a man’s ability to urinate (pee) or ejaculate (come).
Men have two **BALLS** (testicles, testes, bollocks, nuts, nads) hanging in a bag (scrotum) outside the body, just behind the penis.

The balls produce tiny, tadpole-shaped sperm that fertilise a woman’s egg to make a baby.

The balls are connected to the penis by a long, thin tube called the vas deferens. Sperm are stored in the epididymis, then are passed along the vas deferens to the prostate gland. Here they mix with fluid to make semen.

Both semen and pee from the bladder pass down a tube through the penis. This tube is called the urethra and it runs to the tip of the penis.

Each testicle is roughly the size of a small plum.

Balls should be about the same weight and size.

**ONE BALL (USUALLY THE LEFT) OFTEN HANGS A LITTLE LOWER THAN THE OTHER. THIS IS SO THEY DON'T BASH INTO EACH OTHER WHEN YOU RUN.**
Balls hang in a soft bag of skin – the **Scrotum**. The scrotum hangs outside the body because sperm need to be kept cooler than your internal body temperature of 37°C to be able to fertilise an egg. Sperm are damaged or killed by heat.

The scrotum is usually darker in colour than the rest of the skin, and is hairy. When it’s cold, the scrotum puckers up and becomes very wrinkled. But when it is warm, the balls hang loose, and the surface of the scrotum is smooth.

**TAKE GOOD CARE OF YOUR BALLS**

Spots, bumps and moles are common on the scrotum and penis, and don’t usually mean anything. If you play a sport where a blow, boot, or ball could damage your testicles, wear a plastic protector, or box.

Testicular cancer (cancer of the balls) is the most common cancer in men aged 15–44. (This makes it different from most other cancers, which mainly affect older people.) Almost 100 per cent of all cancers of the testicles can be cured if detected early enough – that’s why you should examine yourself every month.

See your doctor if lumps and bumps suddenly appear on or in your balls.
A relaxing warm bath or shower makes examination easier.

Feel each ball in turn. Use both hands. With your thumb on top and your index finger beneath, gently roll the ball. You will find a hard sausage-shaped ridge on top of the ball. This is normal (it’s called the epididymis, where sperm are stored).

‘Weigh’ each ball in your cupped hand. One ball should not be heavier than the other.

Testicular cancer doesn’t happen very often and it can usually be cured. Most lumps and bumps will not be cancers, but one might be. If you have any warning signs, talk to your doctor.

It’s easier to check for lumps and bumps when you’re standing up and gravity makes your balls hang down. Stand in front of a mirror to look for any swelling or change in size. One ball (usually the left) may hang slightly lower than the other.
MASTURBATION

Most boys and men rub themselves to get an erection and to have an orgasm (come). Masturbation (wanking, jerking off) can start at any age, though it can’t lead to ejaculation until you reach puberty.

It’s completely harmless, no matter how you do it, or how often. It won’t make you go blind or mad, and you won’t get hairs on the palms of your hand. Several times a day is not unusual, nor is less often. It helps you to know your body better, and what you like and don’t like. But you don’t have to do it.

FANTASIES while masturbating? EVERYONE has them.

WET DREAMS Most young men will sometime or other wake to find they have come in the bed. It may be embarrassing to mess the sheets, but it’s completely normal. If you’re anxious, wear pants.
It takes some by surprise. Others work at it.

So what happens? Sexual excitement causes muscles at the base of the penis to contract hard and semen to spurt out.

During a man’s orgasm, he has rapid, rhythmical contractions which can last for several seconds and are highly pleasurable.

Sometimes ejaculation may pump semen quite a distance. At other times, it just dribbles out. Semen may be thick and almost yellow. Or thin and watery.

Sperm swim in a milky liquid called **SEmen** (spunk).

Can you run out of sperm? No. It takes around 70 days for a sperm to be produced, but the production is a continuous process, so there are always plenty of fully mature sperm at any time.

A drop of semen about this size contains thousands of sperm.

When a man comes, he squirts out on average a teaspoonful of semen containing millions of sperm.

How often can a man ejaculate? It varies. Some young men can ejaculate several times a day, others less often.
**I want to have sex, but my partner doesn’t…**

Putting pressure on someone to have sex could ruin what could have been a beautiful relationship. And you don’t have to have sex with everyone you go out with. Besides, there’s so much more to sex than intercourse. There are many sexual activities that don’t involve penetration, but they do give pleasure.

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**When is the right time to have sex?**

There is no ‘right age’. If you believed everything you read or heard, you’d think that every young person was ‘doing it’. It’s not true. The average age when both men and women first have sex is now 16. Many wait until they are older. If you have any doubts, or think that you’ll regret it, then wait.

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**I think I’m gay…**

Getting an erection when you are around other boys doesn’t necessarily mean that you are gay. But you may be sexually interested in other men – or even men AND women. It’s not a problem; your body is yours to share with whomever you choose. If you want advice, contact the organisations on the back page.

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**How can we protect ourselves?**

Condoms (male and female) can help protect you and your partner against both infection and pregnancy. But there are other ways of preventing pregnancy. Except for the male condom and male sterilisation, all other methods of contraception are used by women. But that doesn’t mean that contraception is a woman’s business. It’s as much your responsibility. To find out more, call fpa (helpline 0845 122 8690) or contact organisations listed on the back cover.

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**We think the time’s right…**

If you and your partner both feel ready to have sex, it’s a good idea to prepare for your first time together. This doesn't just mean thinking about where and when – it means protecting yourselves against the possibility of unplanned pregnancy and sexually transmitted infections. Talk about it together, and get protection sorted before you have sex.

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**Sex and the law**

It is against the law for anyone to have sex with a young person under the age of 16. This is the same for young men and women and for heterosexual (straight) and homosexual (lesbian/gay) sex. This is known as the age of consent.
CONDOMS  A male condom (johnny, rubber) is a thin latex (rubber) or polyurethane (plastic) tube made to fit tightly over a man’s hard penis. It catches the sperm when they come out.

Use a condom:
• If you don’t want to be a Dad
• If your girlfriend doesn’t want to be a Mum
• If you don’t want to get (or pass on) any sexual infection such as chlamydia, gonorrhoea, or HIV. Condoms are FREE from young people’s services, contraception and sexual health clinics, and some genitourinary (GUM) clinics and general practices, or you can buy them from supermarkets, pharmacies, garages or vending machines.

Never put oil-based products, such as moisturising oils or lotions, on a latex condom as they will stop it working properly.

Use a lubricating jelly (lube) that says it is safe for use with latex condoms. You can use oil-based lube with polyurethane condoms.

Both ready and willing?
Check that your condom isn’t past its use-by date. Always use a new one when you have sex.

Some men say they don’t want to use condoms . . .
. . . because they’re not sure how to put them on.

Get your own condoms.
Don’t wait for your partner to ask you to use a condom.
Don’t leave it to your partner to have a condom (but don’t assume they sleep around if they do).
Talk to your partner about using condoms.

No excuses: Instructions are inside every new condom packet. Practise with condoms before you use them for real.
If the condom slips off or splits, tell your partner. Women can get emergency contraception from their doctor or a contraception or sexual health clinic, a young people's service, some GUM clinics and pharmacies. There are two methods. The emergency pill has to be taken up to three days (72 hours) after sex. It is more effective the earlier it is taken after sex. An intrauterine device (IUD) can be fitted into the woman's womb up to five days after sex or ovulation.

Condoms come with or without teats. To leave a space at the end to catch the semen, pinch the teat or closed end when you put the condom on.

How to use a male condom . . .

Your penis must be fully erect when you put it on.

Be careful how you take it out of the wrapper. Sharp finger nails, teeth and jewellery can cause rips and holes.

Holding the teat or closed end, roll the condom down.

If it won’t unroll that far, it’s probably on inside out. If so, start again with a new one because some sperm may now be on the outside of the condom.

Check that the condom is in place while you are having sex, and withdraw as soon as you’ve come …

… carefully! Hold the rim of the condom very firmly in place at the base of your penis to stop it slipping off.

Wrap and dispose of the used condom. Don’t put it down the toilet – use a bin.

Emergency
SEXUALLY TRANSMITTED INFECTIONS (STIs)

Some infections can be passed from person to person through sex. These include chlamydia, gonorrhoea and HIV. Most of them can be treated quite easily. Some, such as HIV, never leave the body but there are drugs that can help.

Some people won't notice any signs of infection, but some may have itching, redness, pain when you pee or have sex, pain in your testicles and an unusual discharge from your penis.

See a doctor or nurse at your general practice, or visit your local genitourinary medicine (GUM) clinic. Treatment is free and confidential. But they may need to involve other services if they believe you, or another person, to be at significant risk of harm (such as physical or sexual abuse). They will discuss this with you.

To find your nearest GUM or sexual health service, look in the phone book, or contact fpa (see above).

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