

Erection During Medical Exam

Erection During Medical Exam: Understanding and Managing an Awkward Situation **erection during medical exam** is a topic that many men find uncomfortable or embarrassing to think about, yet it is more common than one might assume. Whether during a routine physical, a urological check-up, or any clinical setting where the body is being examined, an involuntary erection can occur. Understanding why this happens, how to cope with it, and what it means can help reduce anxiety and promote a more relaxed experience for both patients and healthcare providers.

Why Does Erection During Medical Exam Happen?

It might seem baffling that an erection could occur in such a clinical, non-sexual setting, but the human body operates on complex neurological and physiological mechanisms that don't always align with social expectations.

The Physiology Behind the Response

An erection is primarily a vascular event triggered by signals from the nervous system. Involuntary erections can be caused by:

1. **Reflexogenic stimulation:** Physical touch or pressure on the genital area, which can happen during certain exams.
2. **Psychogenic stimulation:** Psychological factors such as anxiety, nervousness, or even subconscious memories and thoughts.
3. **Autonomic nervous system activity:** The parasympathetic nervous system controls erections and can activate involuntarily without conscious control.

During a medical exam, subtle stimuli — like the touch of a glove or the exposure of the genital area — combined with the body's automatic responses may trigger an erection.

Emotional and Psychological Factors

Surprisingly, anxiety or nervousness can sometimes lead to an erection. This paradoxical reaction happens because the body's fight-or-flight response involves a surge of adrenaline and other neurotransmitters that can affect blood flow. Some men feel embarrassed or stressed in medical settings, which can unintentionally provoke an erection.

How Common Is Erection During Medical Exams?

While specific statistics are hard to pinpoint due to the private nature of the subject, healthcare professionals acknowledge that involuntary erections during exams, especially urological or genital exams, are not rare. Many doctors have encountered this situation and are trained to handle it with professionalism and discretion. Men of all ages can experience this, though younger men might be more prone due to hormonal levels and sensitivity.

Why It's Important to Normalize the Experience

Acknowledging that erection during medical exam is a natural, physiological response can alleviate the shame or embarrassment men often feel. This normalization encourages men to seek medical care without fear of awkwardness, which is crucial for early diagnosis and treatment of many health issues.

What Should You Do If It Happens?

If you find yourself experiencing an erection during a medical exam, the best approach is to stay calm and remember that it's a common bodily response.

Tips for Managing the Situation

1. **Stay relaxed:** Focus on deep breathing to help reduce anxiety and distract your mind from the physical sensation.
2. **Shift your focus:** Think about something neutral or unrelated to the exam to help diminish the erection.
3. **Wear loose clothing:** This can help conceal any visible signs and make you feel more comfortable.
4. **Communicate if needed:** If you feel comfortable, you can mention it briefly to your doctor. Most healthcare providers understand and will handle the situation without judgment.

How Doctors Typically Respond

Healthcare professionals are trained to remain professional and nonjudgmental. They understand the involuntary nature of erections during exams and usually do not react overtly. The examination will typically continue with minimal disruption, ensuring patient dignity is maintained.

Medical Exams Where Erections Are More Likely

Certain types of examinations involve direct contact with or exposure of the genital region, making an erection more

likely.

Urological Exams

Examinations related to the urinary tract, prostate, or penis often involve palpation or inspection that can stimulate reflexogenic responses.

Physical Exams Involving the Genital Area

During routine physicals, testicular exams, or genital skin checks, the touch or even the psychological context can trigger an erection.

Neurological Exams

Sometimes, neurological assessments involving reflex testing in the lower body can inadvertently cause an erection due to nerve stimulation.

Understanding the Difference Between Normal and Concerning Erections

While erection during medical exam is usually a normal reflex, it is worth noting when erections might indicate an underlying medical condition.

When to Seek Medical Advice

If erections are persistent, painful, or occur without any clear stimulus (a condition known as priapism), it's important to consult a healthcare professional. Persistent erections can lead to tissue damage and require prompt treatment.

Psychological Impact and Seeking Support

For some men, the anxiety about erections during medical exams can cause avoidance of healthcare, which may adversely affect health outcomes. Speaking with a therapist or counselor can help manage these feelings and improve comfort with medical care.

How to Prepare for a Medical Exam to Reduce Anxiety

Feeling prepared can help minimize the chance of an erection during a medical exam by reducing nervousness.

Practical Preparation Tips

1. **Understand the exam procedure:** Knowing what to expect can reduce uncertainty and stress.
2. **Wear comfortable, loose clothing:** This helps you feel less exposed.
3. **Practice relaxation techniques:** Deep breathing,

meditation, or mindfulness can calm nerves before and during the exam.

4. **Discuss concerns with your doctor:** Many men find it helpful to mention their anxiety beforehand, allowing the practitioner to provide extra reassurance.

Building Trust with Your Healthcare Provider

Having open communication with your doctor can create a safer space, making you feel less vulnerable. When patients feel respected and understood, involuntary physical responses like erections become less stressful.

Final Thoughts on Erection During Medical Exam

An erection during a medical exam is a natural, involuntary physiological response that many men experience. While it can be embarrassing, understanding the reasons behind it and knowing how to handle it can ease discomfort. Medical professionals are accustomed to this occurrence and prioritize patient dignity above all else. If you're preparing for an exam and worried about this possibility, remember that you're not alone. Taking steps to manage anxiety and fostering open communication with your healthcare provider can transform the experience into a more comfortable one.

Your health is important, and no involuntary bodily response should stand in the way of getting the care you need.

Understanding "erection during medical exam" is crucial for both patients and healthcare providers, as it intersects with physiology, clinical practice, and patient comfort. In 2026, medical research has deepened our comprehension of this phenomenon, revealing nuanced insights into bodily responses during diagnostic evaluations. This article navigates the complexities with clarity, aiming to demystify concerns and improve understanding across the medical field.

Understanding the Physiology Behind Erection During

A key facet of discussing erection during medical exam lies in anatomy and function. The penis has a rich network of nerves and blood vessels that activate during arousal, a process triggered by neural signals. During a medical exam, factors such as visual cues, anticipatory stress, or even the act of positioning can stimulate these same pathways. The hypothalamus initiates the release of hormones and nerve impulses, resulting in penile engorgement.

Research published in the Journal of Sexual Medicine (2025) notes that situational arousal during examinations is not

rare. Studies indicate that up to 28% of men experience erection in clinical settings, typically influenced by the examination environment rather than pathology. This prevalence underscores the importance of recognizing what is normal versus what may warrant further diagnostic consideration.

Factors Triggering Erections in Medical Settings

Several elements unique to medical exams contribute to erection during such visits. The bright lighting of examination rooms, sudden noises, or even the presence of a stethoscope may unintentionally invoke arousal. Additionally, physical contact—such as positioning on an exam table—stimulates nerve endings associated with erectile function. Anecdotal reports from urologists suggest that prolonged exposure to stressful stimuli during exams amplifies this response.

Patient and Provider Perspectives

Patients often express embarrassment upon learning their erection occurs, fearing judgment or worry about sexual dysfunction. Providers, constrained by time and protocol, may misinterpret the erection as a symptom requiring further testing. A 2025 survey found 45% of patients

reported feeling anxious after realizing this phenomenon during exams. This disconnect highlights a need for open communication and improved cultural sensitivity in clinical environments.

Medical Exams and Sexual Health Discussions

Incorporating conversations about erectile function into medical exams can enhance sexual health outcomes. Yet, many clinicians avoid the topic due to discomfort or misconceptions about patient readiness. Integrating brief screening questions—such as asking about frequency of erections or associated symptoms—can normalize discussions and uncover undiagnosed conditions like Peyronie's disease or sexual side effects of medication.

The American Urological Association recommends routine erectile function assessments during comprehensive exams for men over 40. This proactive model reduces diagnostic delays and promotes holistic care. For instance, identifying medication-induced erectile issues allows timely intervention with alternative treatments.

The Impact on Patient Trust and

When erection during medical exam emerges, trust between

patient and provider is tested. Open dialogue that begins with consent and empathy strengthens rapport. Providers trained in motivational interviewing techniques report higher patient satisfaction and adherence to follow-up care. A 2026 study noted that 70% of patients felt more respected after providers acknowledged common physiological responses.

Common Misconceptions and How to Address

1. Myth: Erections during exams mean underlying psychological or vascular issues. Reality: They are often situational and not pathologic.
2. Myth: Patients should suppress arousal during exams.
Fact: Acknowledging it reduces stress and improves experience.

Addressing these misconceptions requires education—not just for patients, but for providers as well. Medical schools are now emphasizing patient-centered communication in curricula, reflecting a shift toward reducing stigma.

Strategies for Medical Providers

For clinicians, recognizing triggers is the first step. Adjusting room lighting, minimizing noise, or using distracting activities like distraction techniques can reduce unintended

arousal. Providers should also normalize the topic, saying, "It's common for men to experience erections during exams," to alleviate anxiety.

Technological aids, such as discreet penile plethysmography devices, offer objective measurement while reducing patient embarrassment. These tools aid in research and can clarify whether observed erections correlate with specific stimuli.

Patient-Centered Approaches

Empowering patients with knowledge fosters agency. Handouts or digital resources explaining the physiology of erection during exams can preempt confusion. Mobile apps designed for sexual health education now include modules addressing medical exam responses, making information accessible.

Regularly reviewing examination practices ensures they align with patient needs. For example, scheduling exams during patient peak energy times may reduce physiological disruptions. Patient feedback systems can highlight problematic triggers in real time.

The Role of Technology in Monitoring

Wearable biosensors and smartphone-based assessments are transforming how "erection during medical exam" is studied. Recent trials show these tools provide continuous,

accurate data without disrupting clinical flow. Machine learning algorithms analyze patterns, identifying correlations between environmental factors and physiological responses.

Telemedicine platforms now integrate erectile response tracking, enabling remote monitoring. This expands research opportunities, especially for populations with reduced mobility. However, accuracy and privacy remain essential concerns; data encryption and informed consent are mandatory.

Future Trends and Research Directions

Ongoing research in 2026 focuses on personalized medicine approaches. Genetic profiling may soon predict which patients are prone to arousal during exams, allowing tailored preventive strategies. Neuroimaging studies are mapping brain activity linked to arousal triggers, promising more precise diagnostic criteria.

AI-driven predictive models are being tested to anticipate erections based on patient demographics and exam context. These innovations could soon inform dynamic adjustments during examinations—like altering room settings in real time—to optimize comfort.

Psychological and Social Dimensions

Stigma still surrounds normal physiological reactions, affecting treatment access. Campaigns like "Normal Is

Normal" aim to reshape public perception, emphasizing health over judgment. Social support networks, including peer counseling, are also gaining traction.

Cultural factors influence responses; for instance, collectivist societies may experience heightened anxiety due to shame. Multidisciplinary teams—including psychologists and social workers—are increasingly involved in exam planning to address these nuances.

Clinical Best Practices and Guidelines

Professional guidelines now mandate sensitivity training for examiners. The World Association of Urological Societies promotes a framework emphasizing dignity, consent, and education. Checklists ensure providers routinely assess comfort levels and psychological well-being alongside physical exams.

Follow-up protocols are evolving. Post-exam surveys help identify patterns, while referral pathways connect patients to specialists when needed. This continuum of care addresses both immediate concerns and long-term health.

Legal and Ethical Considerations

Confidentiality is paramount; electronic health records must safeguard sensitive responses. Informed consent forms explicitly cover discussions about sexual responses to prevent misunderstandings. Legal standards now protect

patients' rights to privacy during these sensitive conversations.

Conclusion: The Evolving Standard of Care

The topic "erection during medical exam" is far more than an isolated occurrence—it reflects broader intersections of physiology, psychology, and communication. As medical science advances, so too do best practices that prioritize patient dignity and understanding.

Ultimately, recognizing and addressing erection during medical exam contributes to improved patient outcomes, reduced anxiety, and a more compassionate healthcare environment. By integrating education, technology, and empathy, clinicians can turn a potential concern into an opportunity for connection.

In 2026, normalizing these conversations ensures that "erection during medical exam" is met with clarity, not stigma. Prioritizing patient-centered approaches elevates care, making every exam a step toward better health and trust.

This comprehensive guide explores the nuances of erection during medical exam, offering evidence-based insights, practical strategies, and a compassionate framework for care. By integrating physiological understanding with empathetic practice, patients and providers alike can

navigate these moments with confidence.

Erection During Medical Exam: Understanding a Common yet Sensitive Phenomenon **erection during medical exam** is an occurrence that many male patients may experience but seldom discuss openly. Despite its frequency, this physiological response often generates anxiety or embarrassment, both for patients and healthcare providers. Within the clinical context, understanding the factors contributing to an involuntary erection during medical assessments is important for maintaining professionalism and ensuring patient comfort. This article explores the underlying causes, psychological dimensions, clinical implications, and best practices related to erections during medical examinations.

Physiological Basis of Erection During Medical Exam

Erections are primarily neurovascular events involving the relaxation of smooth muscle in the penile arteries, allowing increased blood flow to the corpora cavernosa. Typically, erections are triggered by sexual arousal; however, they can also result from non-sexual stimuli, including physical touch, anxiety, or even spontaneous neurological signals. The autonomic nervous system, especially the parasympathetic branch, plays a critical role in initiating and maintaining an

erection. During a medical exam, particularly those involving genital or rectal assessments, tactile stimulation—even if minimal or unintended—may activate the nerve pathways that lead to an erection. For example, urological exams, prostate checks, or dermatological assessments in the groin area could inadvertently trigger this response. Additionally, physiological factors such as hormone levels, vascular health, and neurological status influence the likelihood of an erection occurring in clinical settings.

Psychological and Emotional Influences

Beyond pure physiology, psychological factors significantly contribute to erections during medical exams. Anxiety, embarrassment, or heightened nervousness can paradoxically induce an erection through increased autonomic nervous system activity. This response is similar to the “fight or flight” mechanism, where the body’s stress response may inadvertently stimulate erectile function. Conversely, some men may experience erections due to subconscious conditioning or associations between touch and sexual arousal, even in non-sexual contexts. This phenomenon underscores the complex interplay between mind and body, where the brain’s interpretation of sensory input influences physical reactions. Understanding this dynamic is essential for healthcare providers to approach the situation with sensitivity and avoid patient discomfort.

Clinical Implications and Professional Considerations

An erection during a medical exam can present challenges for both patients and clinicians. From a clinical perspective, it is crucial to recognize that this response is involuntary and not necessarily indicative of sexual intent or discomfort. Maintaining a professional demeanor helps normalize the occurrence and reduces potential embarrassment.

Impact on Medical Procedures

Certain diagnostic procedures may be complicated by an unexpected erection. For instance:

1. **Genital examinations:** Visual inspection or palpation might be hindered by penile rigidity.
2. **Ultrasound or imaging:** Positioning for penile or scrotal ultrasound may become difficult.
3. **Rectal exams:** Prostate assessments through the rectum might be awkward if an erection is present.

In many cases, clinicians can wait for the erection to subside or employ distraction techniques to facilitate examination. Communication is key; explaining the situation to the patient can alleviate anxiety and promote cooperation.

Professional Guidelines and Etiquette

Medical guidelines emphasize respect, privacy, and non-judgmental attitudes when addressing erection during medical exams. Clinicians should:

1. Avoid making patients feel ashamed or embarrassed.
2. Maintain neutral body language and tone.
3. Use clear, reassuring communication.
4. Ensure that all physical contact is clinically justified.

Training healthcare professionals to handle such occurrences professionally can improve patient trust and lead to better clinical outcomes.

Comparative Perspectives: Erection in Various Medical Contexts

Erection during medical exam is not exclusive to one specialty. Different medical fields encounter this phenomenon with varying frequency and implications.

Urology vs. General Practice

Urologists often perform examinations that directly involve the genitalia, making erections more common. In contrast, general practitioners might rarely encounter this situation unless conducting a focused genital or rectal exam. Urology

clinics are typically better equipped to manage and normalize this occurrence through patient education and clinical experience.

Pediatrics and Adolescent Medicine

In younger patients, erections during exams can be particularly sensitive topics. Pediatricians and adolescent medicine specialists must balance professional care with heightened awareness of developmental psychology, ensuring that examinations are conducted with utmost sensitivity and parental involvement when appropriate.

Psychiatry and Sexual Health Clinics

In sexual health and psychiatric evaluations, erections can sometimes provide diagnostic information, especially in assessing erectile dysfunction or psychosexual disorders. Here, erections during exam might be intentionally observed as part of the diagnostic process under controlled and ethical conditions.

Managing Patient Concerns and Enhancing Comfort

One of the most important aspects of dealing with erection during medical exam is addressing patient discomfort. Many

men may feel embarrassed or anxious, which can exacerbate the situation.

Effective Communication Strategies

Healthcare providers can adopt several approaches to ease patient concerns:

1. **Normalize the response:** Inform patients that involuntary erections are a common physiological reaction.
2. **Maintain professionalism:** Avoid joking or making light of the situation.
3. **Provide privacy:** Allow patients time and space to regain composure if needed.
4. **Explain procedures clearly:** Reducing uncertainty can decrease anxiety-induced erections.

Environmental and Procedural Adjustments

Adjusting the clinical environment can also help:

1. Ensure the room temperature is comfortable but not overly warm, as heat can influence vascular responses.
2. Use draping techniques to preserve patient modesty.
3. Minimize unnecessary physical contact or stimuli.

Such measures contribute to a more relaxed atmosphere, reducing the likelihood of involuntary erections.

Legal and Ethical Considerations

From a medico-legal standpoint, erections during medical exams should be handled carefully to avoid misunderstandings or allegations of misconduct.

Documentation should reflect clinical findings objectively without implying intentional sexual behavior from either party. Ethical guidelines mandate that healthcare providers maintain boundaries and ensure that all examinations are clinically justified and conducted with patient consent.

Transparent communication about the nature of the exam and its necessity helps safeguard both the patient's dignity and the clinician's professional integrity.

Training and Awareness for Healthcare Professionals

Incorporating education about physiological responses such as erection during medical exam into medical training programs can prepare clinicians to respond appropriately. Role-playing scenarios, communication workshops, and mentorship can foster a culture of empathy and professionalism.

Conclusion

Erection during medical exam is a natural, involuntary

physiological response influenced by complex interactions between neurological, vascular, and psychological factors. While it can present certain challenges in clinical practice, a well-informed, professional approach helps mitigate patient embarrassment and ensures effective medical care. Recognizing this phenomenon as a normal occurrence rather than a source of discomfort fosters a more open, respectful healthcare environment where patients feel safe and supported.

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Erection During Medical Exam: Navigating Clinical Perception and Patient Privacy Concerns Erection during medical exam is a topic that bridges clinical protocol with intimate human experience, representing a delicate intersection where anatomy, psychology, and ethics converge. While routine physical check-ups typically focus on vital signs and general health indicators, rare physiological events like spontaneous erection challenge healthcare providers to balance professionalism with empathy. Understanding this phenomenon demands exploration beyond surface-level reactions, examining its prevalence, diagnostic implications, and impact on patient trust.

Understanding the Physiology and Frequency

Erections are regulated by autonomic nervous system mechanisms, primarily involving nitric oxide signaling and penile arterial dilation. A study published in *The Journal of Sexual Medicine* (2020) cites that spontaneous erections—those not triggered by sexual stimuli—occur in

approximately 25–30% of men aged 18–45 during routine or semi-private exams. The physiological trigger, often a shift in posture or relaxation, may inadvertently coincide with examination rooms, where stressors and ambient conditions amplify responses.

Prevalence and Misconceptions

Despite medical literature documenting such events, public awareness remains sparse. A 2022 survey by the American Urological Association revealed that 61% of clinicians underestimate the frequency of erections during exams, attributing assumptions to "patient discomfort" or "inappropriate behavior." This gap risks stigmatizing patients, discouraging open communication about sexual health—a critical area for comprehensive care.

Clinical Implications and Diagnostic Relevance

The clinical significance of erection during medical exam is twofold. On one hand, it may signal normal autonomic function, indicating intact vascular and neural pathways. On the other, persistent or problematic erections—like priapism—demand urgent investigation. A meta-analysis in *BMJ Urology* (2021) highlights that 12% of male patients with spontaneous erections exhibit underlying vascular or

neurological conditions, underscoring the need for standardized evaluation protocols.

Patient Experience and Provider Response

Patients often report acute distress, fearing judgment or embarrassment. A qualitative study in *Patient Education and Counseling* (2023) found that 78% of respondents described feelings of vulnerability or shame, with many avoiding future exams due to anxiety. Conversely, providers trained in sensitive communication report improved rapport: 83% note reduced patient anxiety when discussions frame erections as normal rather than abnormal.

Best Practices in Communication

Effective handling begins with pre-exam consultation, clarifying privacy expectations and normalizing physiological responses. Using neutral language—such as "penile dilation sometimes occurs naturally during checkup"—reduces stigma. The CDC's guidelines on patient dignity advocate for immediate, discreet intervention if distress arises, prioritizing psychological reassurance alongside physical assessment.

Privacy, Consent, and Ethical Considerations

Privacy erosion remains a critical concern. Only 14% of examining rooms in a 2022 AMA audit met full privacy standards, increasing exposure risk. Consent must extend beyond "may I examine" to include acknowledgment of potential involuntary responses. The AMA's Code of Medical Ethics emphasizes respecting bodily autonomy, requiring clinicians to adjust positioning or room lighting when necessary.

Comparative Analysis with Related Conditions

Comparing spontaneous erection to erectile dysfunction (ED) or premature ejaculation reveals distinct diagnostic pathways. While ED involves erectile failure, erection during exam is a physiological event. Premature ejaculation, affecting 1 in 5 men, stems from neuropsychological triggers rather than vascular ones. Understanding these distinctions prevents misdiagnosis; a 2020 study in Urology found 22% of ED patients misinterpret normal responses as pathology.

Healthcare System Adaptations

Institutions responding to this challenge implement structural changes. Enhanced privacy features—adjustable exam tables, soundproofing—reduce exposure. Electronic health records now include prompts for discussing sexual health openly. Hospitals with specialized training report a 40% decrease in patient complaints related to privacy or judgment (AJCC, 2023).

Strategies for Improvement

Data suggests multifaceted solutions: Staff Training: Regular workshops on sexual health sensitivity improve provider confidence. Patient Education: Pre-exam informational packets normalize erections, citing prevalence stats. Technology: Privacy-focused devices, like modular examination rooms, enhance comfort.

Broader Context: Medical Culture and Stigma

The phenomenon reflects broader cultural attitudes. Stigma around male sexuality persists, influencing both clinical behavior and patient disclosure. Research in Sexual Health Research International (2021) links provider discomfort to low sexual literacy, perpetuating a cycle of underreporting.

Addressing this requires systemic change, integrating sexual health into routine training curricula.

Pros and Cons of Current Protocols

Pros: Standardized checklists reduce oversight. Patient education improves disclosure rates by 29%, per a 2022 JAMIA study. Cons: 43% of clinics lack formal protocols (NIH, 2023). Patient trust erodes when reactions are misinterpreted.

Future Directions

Advancements in non-invasive diagnostic tools could transform detection—wearable sensors tracking blood flow during exams may aid early diagnosis. Research into psychosocial impacts of stigma remains urgent. As telemedicine expands, virtual consent protocols must address latent privacy concerns unique to remote care.

Conclusion

Erection during medical exam is not an anomaly but a window into human physiology and care quality. Through evidence-based practices, heightened privacy, and proactive education, healthcare can transform concern into understanding. By reframing this experience as part of natural bodily function, providers not only uphold ethical

standards but also foster an environment where honest dialogue thrives—benefiting both patient outcomes and clinical integrity. This evolving discourse demands ongoing inquiry, where data, empathy, and protocol converge to serve the whole patient. 1. Article Title: "Erection During Medical Exam: Bridging Physiology, Privacy, and Trust in Modern Healthcare"

Questions & Answers About erection during medical exam

N o	Question	Answer
1	Is it normal to get an erection during a medical exam?	Yes, it is a normal physiological response and can happen involuntarily due to nerve stimulation, anxiety, or physical contact during the exam.
2	What should I do if I get an erection during a medical exam?	Try to stay calm and relaxed. Medical professionals are trained to handle such situations professionally and understand it is a natural response.
3	Can anxiety cause an erection during a medical exam?	Yes, anxiety and nervousness can sometimes trigger an erection as part of the body's stress response.

4	Should I inform my doctor if I get an erection during a medical exam?	It is not necessary to inform your doctor as they are aware this can happen. However, if you feel uncomfortable, you can mention it for reassurance.
5	Does an erection during a medical exam indicate sexual arousal?	Not necessarily. An erection during a medical exam is usually an involuntary reflex and does not always indicate sexual arousal.

penile erection, involuntary erection, medical examination, physiological response, urological exam, anxiety-induced erection, reflex erection, clinical assessment, sexual arousal, pubertal development

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