O17.4 THE PERILS OF FORCED SEX WITHIN MARRIAGE IN INDIA: EXPLORING THE PSYCHOSEXUAL ASPECT OF SEXUAL BEHAVIOURS AND ATTITUDE AMONG YOUNG MARRIED MEN

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Introduction Sexual coercion by husbands within marriage, 'marital rape', is till date a shadowy subject in India. Studies are limited on forced sex within marriage in Indian context where early marriage is common, sex that may not be perceived as forced but that is unwanted and awareness on sexual and reproductive matters is limited among women, making them increasingly vulnerable to innumerable sexual health problems.

The objective of the present study was to find out the extent of forced sex, explore the confounding factors and assess men's attitude towards sex within marriage.

Methods A sample of 7812 young married men (15–29 years) from Youth in India: Situation and Needs Study (2006–07) was analysed. Bi-variate and multivariate techniques were applied.

Results 15% of married men forced their wives to have sex ever in life and 45% did so in last one year. Around 19% justified wife beating if wife refuses to have sex. The perpetrators mostly belonged to rural areas, lower economic background and were illiterate. Sexual coercion was most prevalent in arranged marriages and among men who were unhappy in marriage. Poor spousal communication, acceptance of husbands' authoritarian role and wife beating norms for denial of sex were significantly associated ($p<0.001$) with forced sex. Exposure to pornographic materials and regular consumption of alcohol increased the risk of sexual coercion significantly. Men who had witnessed parental violence were 2 times more likely ($p<0.001$) to use force for sex. Those who had experienced gender biassed socialisation and held non-egalitarian gender role attitude were 1.4 times more likely to justify wife beating if wife denies to have sex.

Conclusion Non-equitable gender attitude in men and their belief that a wife has no right to contradict her husband's wish to have sex are the most important risk factors for sexual coercion in marriages in India. Proper orientation on gender issues, sexual

O17.5 POSITIVE ATTITUDES TOWARD UNDERGOING VOLUNTARY MALE MEDICAL CIRCUMCISION AMONG A MALAWIAN COHORT

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Introduction Voluntary male medical circumcision (VMMC) is a safe, one-time intervention that provides up to 60% protection against HIV acquisition. Although this protection has led men in some communities to queue up for VMMC, in other places, including Malawi, demand remains low. Men report not undergoing VMMC fearing reduced sexual pleasure or performance, infections, bleeding, cosmetic unacceptability, and pain. VMMC can be a transformative intervention in high-HIV prevalence regions, if men decide to be circumcised. We assessed VMMC decision making during a longitudinal community-based cohort study of men and women in rural Malawi.

Methods Through our Umoyo wa Thanzi (UTHA, *Health for Life*) research program in rural Lilongwe District, we interviewed reproductive-age women (n=308) and their male partners (n=140) using a standardised instrument. We assessed knowledge about VMMC for HIV risk reduction, and, drawing from the Theory of Planned Behaviour, we assessed attitudes toward VMMC, subjective norms about VMMC, and perceived behavioural control over VMMC.

Results Most participants (77%) had heard about VMMC. More men (93%) than women (70%) had heard about VMMC, and more men (87%) than women (54%) knew about VMMC for HIV risk reduction. Only 6% of men reported being circumcised. Willingness to learn about VMMC was high (82%), with few participants expressing any concerns. Among male participants, a majority (70%) reported being willing to undergo VMMC. The main concern about undergoing VMMC was that it might hurt (16%). We found high willingness (69%) to undergo VMMC if it were recommended by a health care provider. Most men (71%) expressed confidence about being able to go to a health clinic for VMMC.

Conclusion While earlier VMMC interventions were not successful in Malawi, our findings indicate that in some communities, many rural men have positive attitudes toward VMMC, would learn about and accept health care provider advice to undertake VMMC, and believe they are able to seek VMMC. VMMC should be considered a viable HIV prevention strategy in rural Malawi.

O17.6 A MULTICENTER PILOT STUDY EVALUATING CEFTRIAXONE AND BENZATHINE PENICILLIN AS TREATMENT AGENTS FOR EARLY SYPHILIS IN JIANGSU, CHINA

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Introduction The aim of this study was to assess the efficacy of ceftriaxone and benzathine penicillin in non-pregnant, immunocompetent adults with early syphilis since there is a lack of clinical evidence supporting ceftriaxone as an alternative treatment for early syphilis without an HIV co-infection.

Methods A randomised, open-label controlled study evaluating the efficacy of ceftriaxone and benzathine penicillin was performed in four hospitals in Jiangsu Province. Treatment comprised either ceftriaxone (1.0 g, intravenously, once daily for 10 days) or benzathine penicillin (2.4 million units, intramuscularly, once per week for two weeks). Serological response was defined as at least a 4-fold decline in rapid plasma regain (RPR) titer.

Results In all, 301 patients with early syphilis were enrolled in this study; 230 subjects completed the follow-ups. The median follow-up period was 9 months. Among these 230 patients, a serological response was observed in 83.9% and 86.5% at the 6- and 12 month follow-ups, respectively. There were significant differences between the ceftriaxone- and penicillin-treated groups at both the 6- (90.2% vs 80.0%; $p=0.012$) and 12 month follow-ups (92.0% vs 81.4%; $p=0.021$), especially in patients with secondary syphilis ($p<0.05$). Moreover, the