Methods** In this cross-sectional study, 27 prisons across 16 provinces were selected using a stratified random sampling approach. Men aged ≥18 years who spent at least 1 week in the prison and self-reported having had sex during last year were eligible for this analysis. Participants were asked about their current STI symptoms including penile discharge (PD) and genital ulcers (GU). Demographic variables, HIV/STI-related knowledge, STI care seeking practices, HIV self-perceived risk, as well as history of substance use, incarceration, and sexual behaviours were collected using a face-to-face pilot-tested risk assessment questionnaire. HIV tests were completed using ELISA of dried blood spots. Correlates of having STI symptoms were identified using descriptive statistics and logistic regression models.

**Results** Out of 2610 male prisoner recruited (Mean age ±SD: 35.7±0.19), 7% reported symptoms for PD, UC, or both; 45% of whom had not sought STI care inside prisons. Having STI-related symptoms were positively associated with a history of injection drug use (adjusted odds ratio [AOR]: 2.1, 95% CI, 1.4–3.1), condom accessibility inside prison (AOR: 1.7, 95% CI , 1.1–2.8), self-perceived risk of HIV (AOR: 1.5, 95% CI , 1.1–2.2), HIV-seropositivity (AOR: 3.3, 95% CI , 1.3–10.6), while negatively associated with having sufficient STI-related knowledge (AOR: 0.6, 95% CI, 0.4–0.8).

**Conclusion** STI symptoms are notable among prisoners in Iran with a higher prevalence among specific groups (i.e., those who inject drugs and live with HIV). Our findings call for continued risk of STI/HIV among married women in India. Being able to negotiate safe sex is critical to the prevention of HIV/AIDS and other STIs. Therefore, the present study has mainly focused to analyze the women’s attitudes on negotiating safer sexual relations with their husband and associated STI/HIV vulnerabilities among married women in India.

**Disclosure** No significant relationships.