Introduction
Voluntary medical male circumcision (VMMC) in young men is an important component of national HIV prevention programmes, given its protective effect in the heterosexual transmission of HIV. Concern has been raised that circumcised men will increase their sexual risk behaviours following circumcision as a result of lowered perceptions of HIV risk and an inflated belief in the efficacy of VMMC. This possibility of risk compensation has the potential to reverse the public health benefit of VMMC, particularly for young men in high HIV prevalence communities given their increased risk of contracting HIV. Accordingly, this study documented sexual practices of circumcised (n = 616) and uncircumcised (n = 589) learners in 42 mixed sex secondary schools over a 12 month period in Vulindlela, KwaZulu-Natal.

Aim
The aim of this study is to ascertain the levels of risk compensation in a group of circumcised learners who have recently undergone VMMC.

Methodology
Forty-two secondary schools were targeted during a school-based VMMC campaign (March 2011 to February 2013). 5165 male learners were circumcised and 5923 males refused to be circumcised. We purposively selected participants for each of the cohorts (616 circumcised and 589 uncircumcised learners) across the 42 schools. These participants were aged 16 to 24 years and were interviewed at baseline, 6 months after baseline and at 12 months after the baseline interview. The analysis used mixed effects models to control for clustering of individuals within schools.

Results
The uncircumcised cohort was slightly older than the circumcised group (17.4 vs 17.7 years, p < .01). There were no statistically significant differences between the circumcised and uncircumcised cohort in terms of number of sexual acts in the previous 6 months (see Figure 1, p = .32) and the number of sexual partners in the previous 6 months (p = .77). Perceptions of HIV risk were significantly lower in the circumcised cohort than in the uncircumcised cohort at study endpoint (see Figure 2, p = .01). Circumcised males increased their belief in the efficacy of circumcision to prevent HIV from 71% to 82%, while the uncircumcised group decreased their belief in the efficacy of VMMC to prevent the contracting of HIV (from 70% to 66%). The uncircumcised group reported higher incidence of transactional sex (see Figure 3; p < .01). At the end of the study less than half of the sexually active sample used condoms consistently.

Conclusion
Risk compensation assessed over a one year period was not associated with undergoing VMMC in a cohort of learners from Vulindlela, South Africa. There were high levels of sexual risk especially with regards to inconsistent condom use. The uncircumcised group presented with higher levels of sexual risk than the circumcised group. Early involvement of young men in VMMC is optimal for HIV prevention however the intensification of prevention activities in high risk men who refuse circumcision needs to be addressed.

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