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## ***Inkwari: An Emerging High-Risk Place Potentiating HIV Spread Among Young Adults in a Hyper-Endemic South African Setting***

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## Abstract

Young adults in South Africa are at the epicenter of the HIV epidemic. The prevalence of HIV among young people in the province of KwaZulu-Natal (KZN) is particularly high. This study characterizes *inkwari* (Zulu word for raves or weekend-long parties) in eThekweni District, KZN and explored how these place-based dynamics shape the risk environment for the young adult attendees. In 2011, 13 qualitative interviews were conducted with men and women between 18 and 30 years-old who reported unprotected sex with at least one casual partner in the prior 3 months and attended an *inkwari* in the same time period. Interviews were analyzed using qualitative content analysis. Nine key informant interviews helped to triangulate these data. Five women and eight men were interviewed and the mean age was 25 years (SD 3.24). Ten reported meeting a sexual partner at an *inkwari*. *Inkwari* were characterized as sexualized settings with limited adult supervision. Participants attended *inkwari* to socialize with peers, use drugs and alcohol, and meet sexual partners. Sexual and physical violence also occurred at *inkwari*. Given the convergence of social, sexual, and substance- using networks at *inkwari*, further inquiry is needed to determine how this place may potentiate HIV transmission risk in an endemic setting.

## Keywords

HIV; *Inkwari*; South Africa; Place; Youth

## Introduction

HIV prevalence among adolescent and young adults in South Africa is one of the highest in the world (United Nations Children's Fund, 2012). The southeastern province of KwaZulu-Natal (KZN) recorded the country's highest HIV prevalence among antenatal women aged 15–24 years at 25.5%, as compared to 20.5% nationally (South African National Department of Health, 2011). As in other sub-Saharan countries, young South African women are

disproportionately affected by HIV (Cowan & Pettifor, 2009; Gouws, Stanecki, Lyster, & Ghys, 2008; Gray, 2010). According to the 2008 South African National HIV Survey (Shisana et al., 2009), the estimated HIV prevalence was 16% among men age 25–29 years. By contrast, it was 33% among women of the same age. The high prevalence of HIV underscores the importance of prevention interventions for young adults South African. Peer influence, substance use, gender-inequity, and gender-based violence are known to be important predictors of risky sexual behavior among South African youth.

Drug and alcohol use is a well-documented risk factor for HIV in South Africa (Flisher, Zivogel, Chalton, Leger, & Robertson, 1996; Kalichman, Simbayi, Kaufman, Cain, & Jooste, 2007; Kenyon, Boule, Badri, & Asselman, 2010; Reddy et al., 2010). Substance use among adolescents is fairly widespread. Among the 10,270 young adults who participated in the 2008 South African National Youth Risk Behavior Survey, 35% drank alcohol and 29% reported binge drinking in the past month. Thirty-percent smoked marijuana and 12% reported use of other illicit drugs (Shisana et al., 2009). Studies in South African adults have shown that substance use predicts sexual risk-taking behavior (Fisher, Bang, & Kapiga, 2007; Kalichman et al., 2007; Kalichman, Simbayi, Jooste, & Cain, 2007; Pitpitani et al., 2012; Zablotska, Gray, Serwadda, Nalugoda, & Kigozi, 2005). For example, a 2012 study of women in the Western Cape found that individuals who use multiple drugs had significantly greater odds (OR 0.38; 95% CI 0.25–0.57) of having unprotected sex (last sex) than women who used only marijuana and alcohol (Wechsberg et al., 2012). Given the high number of young adults who use drugs and alcohol, the implications of substance use on sexual risk are profound.

A large body of research from South Africa underscores the relationship between gender power inequity, imbalances in sexual interactions, and HIV risk. Culturally defined sexual and gender norms, manifestations of sexual power advantage, economic dependence, and intimate partner violence increase HIV vulnerability for both women and men. For example, a study of young South African men revealed that HIV risk behaviors, such as sexual partner concurrency and unprotected sex, correlated with higher endorsement of traditionally held conceptions of masculinity that emphasize dominance over women (Harrison, O'Sullivan, Hoffman, Dolezal, & Morrell, 2006). Similarly, structured interviews with 1,275 men aged 15–26 years in South Africa's Eastern Cape Province suggested that men who perpetrated sexual partner violence were more likely to engage in other behaviors that put them at risk for HIV such as sex with a casual partner and problematic substance use (Dunkle et al., 2006).

The concept of *place* is also relevant to HIV risk for South African youth. *Place* is conceptualized as the spatial context created through social, political, economic, and geographic relationships (Cresswell, 2004). Considerable attention in the fields of public health, sociology, and geography has been given to understanding the pathways through which the multidimensional realm of space influences both risky and protective health behaviors (Easton et al., 2007; Rhodes, 2002; Rhodes et al., 2005; Tempalski & McQuie, 2013). These and other studies explain the production of HIV risk in terms of the interplay between personal decisions, the influence of peer groups and community-level norms, and the economic and political conditions of a specific place or space.

Research from South Africa indicates that sexual encounters between young adults often occur in a physical location with a social dynamic involving risk behavior. For example, the social environments in which young people drink and use drugs are thought to influence patterns of condom use and choices of casual and non-casual sexual partnerships (Hargreaves et al., 2009; Hartell, 2005; Morojele, Brook, Millicent, & Kachieng, 2006). In South Africa, Weir, Tate, Zhusupov, and Boerma (2004) have advocated for a shift in the focus of prevention efforts from risk groups (i.e., out-of-school youth, sex workers) to places of social and sexual interaction. In addition to defining the characteristics of high-risk populations, place-based research can locate potential risk environments, social vulnerability and places where interventions are most needed (Tempalski & McQuie, 2013; Weir et al., 2003, 2004). To date, there is a paucity of information on risky social venues popular among young adults in high prevalence areas of South Africa. The aim of this exploratory descriptive study was to understand the extent to which the recent social phenomenon of *inkwari* (a Zulu word for raves or weekend-long parties) is a high-risk place for young adults in the eThekweni District of KZN.

## Method

### Participants and Procedures

The study team conducted interviews with 13 young adults who reported attending an *inkwari* event in the past 3 months. The criteria for *inkwari* attendees to participate in the study were (1) between 18 and 30 years old; (2) had attended at least one *inkwari* event in the past month; (3) reported having engaged in unprotected vaginal or anal sex in the past 3 months with a non-monogamous partner; and (4) provided written informed consent. Additionally, nine key informant interviews were conducted. To establish their credibility, the key informants were invited to participate if they had previously hosted an *inkwari* in Umlazi or were a member of a community with in-depth knowledge of these events. Both *inkwari* attendees and key informants were recruited by isiZulu-speaking study staff at taverns and hostels in Umlazi or similar types of venues throughout eThekweni District.

The sample included 13 participants (5 women, 8 men) who regularly frequented *inkwari* (see Table 1). All but two people in the sample were unemployed. Ten participants met a sexual partner at an *inkwari* in the past 3 months. Within the same time period, all but one participant reported sex under the influence of alcohol or drugs (although not necessarily at an *inkwari*). On average, participants had sex under the influence of alcohol 11 times (SD 8.09) and four times (SD 3.68) under the influence of drugs in the prior 3 months.

Study visits were conducted by trained MaTCH research staff in a private setting. Participants completed a written informed consent process before data collection commenced. They were compensated 70ZAR (~7 USD) for their time and travel expenses. To preserve confidentiality, data were deidentified and stored in a secure location at MaTCH. Data were securely transferred electronically to U.S. investigators. All study procedures were approved by Institutional Review Boards at The Massachusetts General Hospital and The University of Witwatersrand.

## Data Collection

*Inkwari* attendees were given a nine question interviewer-administered demographic and sexual risk questionnaire followed by a 60–80 min qualitative interview. Semi-structured interviews were conducted in isiZulu and guided by a pre-established set of questions and optional scripted probes. The guide was translated into isiZulu and back-translated into English and reviewed by the data analysis team. Qualitative interviews were audio recorded, reviewed for indentifying information and transcribed verbatim.

The present analysis focused on the research question: What features and behaviors of *inkwari* might contribute to HIV risk for young adults in eThekweni District? To answer this, *inkwari* attendees were asked: (1) How would you describe what happens during an *inkwari*? (2) Tell me about the most recent *inkwari* you attended. (3) Why would you say people your age attend *inkwari*? (4) Is this a place people your age might want to meet romantic or sexual partners? (5) Tell me about alcohol and drug use at *inkwari*. (6) Would you say people do things that might put them at some risk for HIV at (or following) an *inkwari*? Key informants were asked to reflect on similarly themed questions.

## Analytical Approach

Data analysis was jointly conducted using a descriptive qualitative approach (Sandelowski, 2010). Transcripts were reviewed for errors and omissions, including content and context accuracy. Descriptive codes were based on the interview guide and through an open coding process of five transcripts (three *inkwari* attendee transcripts and two key informant transcripts). Codes were used to capture and organize significant statements (e.g., units of meaning consisting of words, phrases, and sentences). A list of codes was compiled, each with a definition and example quotation (Silverman, 2010). Guided by this coding schema, two coders double coded four transcripts using the qualitative analysis software package, Atlas ti (version 6.2). The results were compared for consistency in text segmentation and code application. After establishing 85% agreement, the remaining transcripts were divided and coded between the two coders. To ensure ongoing coding agreement, discussions between the coders and study investigators sought to address coding inconsistencies and further conceptualize codes.

The analysis focused on the 13 *inkwari* attendees. Members of the study team compared (across-case analysis) codes across *inkwari* attendee transcripts (Ayres, Kavanaugh, & Knafl, 2003). Coded data from key informants were used as a source triangulation method to both establish validity of *inkwari* attendee findings, resolve discrepancies in attendee accounts, and further conceptualize themes (Denzin & Lincoln, 2005; Flick, 2007). In the results that follow, we characterize both the physical and social space of *inkwari* and examined how these place-based dynamics shape the risk environment for the young adult attendees.

## Results

### Defining *Inkwari*: “Aw, My Brother, Obviously It is Where People Hang Out”

Participants and key informants referred to several different types of social events as “*inkwari*,” however, *inkwari* were most often described as large gatherings of young men and women in a public space that usually lasted well into the night or following morning. Irrespective of size or format, *inkwari* were consistently characterized as highly sexualized parties where young men and women come to socialize, drink alcohol, use drugs, and dance to music in an environment without adult supervision.

**Structure**—Participants and key informants said that *inkwari* took place across a range of mostly public locations, both in the township and in the city of Durban. *Inkwari* were held at night clubs, car washes, in the streets, at hotels, and, occasionally, in people’s private residences. The length of an event depended on the availability of alcohol, music, and how much money the attendees could spend to continue partying. Events generally started in the evening and could go on into the next day. While the number of attendees could vary, *inkwari* were mostly described as large, crowded gatherings. Like many participants, a 27 year-old male said that *inkwari* were well organized and publicized.

If there is an *inkwari* somewhere...[it] should be organized and announced where it is going to be. Sometimes through cell phones. There are websites that enable you to register yourself if you like *inkwari*, so whenever there is an *inkwari* you get a message that there is *inkwari* at a certain place. But there are those (*inkwari*) with high standards that would be announced on the radios and they would say there is *inkwari* at such place on a weekend.

**Hosts and Attendees**—Given the variety of events referred to as *inkwari*, not surprisingly, no specific profile of *inkwari* hosts emerged from these data. However, participants did refer to particular managers who organized the larger, club-based events. Participants and key informants were asked to describe the typical crowd in attendance at *inkwari*, but attendees could not be uniformly defined by socioeconomic status or education level. Instead, the most commonly cited attribute of the crowd at *inkwari* was their capacity to enjoy themselves. As a 35 year-old male stated:

I wouldn’t say it’s only youth. There are older ones as well who have their own homes and they like fun...Even women as well—the independent and well off ones who like to go to fun places. There is no one who you could say she or he doesn’t like fun. Everyone, no one sells him or herself short, everyone sees themselves as young, they say “*kuguga othandayo*” (a isiZulu saying meaning “Keep young and smart”).

*Inkwari* attendees ranged in age from mid-teens to late 30s. Participants emphasized the importance of inviting an equal number of men and women to “balance things out” at events. The majority of attendees at *inkwari* held in the township lived in the surrounding area, but it was common for people to come from outside of the community as well. While socialization with peers was a primary motivation for going to *inkwari*, even at smaller gatherings, attendees did not always know each other.

**Financial Costs**—The primary financial costs associated with attending *inkwari* were alcohol and the fee for admission. At large *inkwari*, alcohol was available for purchase and attendees were commonly charged an admission fee, approximately 20 ZAR (~2 USD). Smaller events were more likely to be organized informally and hosted at a private residence by attendees who pooled their resources to purchase food and alcohol. As a 28 year-old woman described:

Maybe a person would call his friends and would say he was going to have *inkwari* at his house. Maybe we would contribute 200 ZAR (~20 USD) each. You see, there would be a braai (barbecue) and they would buy alcohol with that money that was contributed.

Participants reported that small, local township *inkwari* were typically for those who could not afford the larger events in Durban. A 27 year-old woman said:

You see the *inkwari* that we attend—not these big ones for people who have a lot of money, we are attending the township *inkwari* the one for ecstasy and [other] drugs those are the ones that we are attending.

According to participants of both sexes, it was common for male attendees to purchase admission tickets and alcohol for women. As a 30 year-old man said:

It depends on people's [financial] level and to you on which level you are at, you see, so for those girls to be able to dance freely, show their bums and do all these things...being done at *inkwari*, you have to spend for them buy them drinks.

As a few participants described, these types of interactions often translated into an economic exchange that was linked to sex. A 25 year-old woman articulated a commonly described scenario:

The reason why young people attend *inkwari* is because they want to meet people with money so that they can be able to enjoy and drink because most of the young people my age who attend *inkwari* do not have money, sometimes they don't even have money to even get there. She will stand on the street for someone to come and say, "Hello, where are you going?" Then she will get a lift and when she gets there (*inkwari*), she doesn't have money to buy something to drink. She will be standing there like she doesn't know where she is going because she wants your attention as a man to ask her, "Who are you with? Comes it with me." She won't even have money to go back home in the morning, that is why some end up leaving with a man because she doesn't have a cent to go back home after *inkwari*... You end up leaving and having sex with a person.

### Behaviors and Motivations for Attendance

Socializing with peers, substance use, and sex were the predominant motivations for attending *inkwari*. As a 25 year-old female *inkwari* attendee said, "They say it is fun, they enjoy dancing, getting drunk, being around men, you see." A 20 year-old male echoed:

What happens at *inkwari*? We get together guys, girls, booze and music then we get to socialize with people whilst drinking and that's what happens. After that, it

depends on an individual, but most of the time we are just sitting maybe from 10 pm to 5 am in the morning.

**Socialization and Release: “Inkwari is a Place Where People have Fun”**—For men and women alike, socialization with peers emerged as a principal reason for going to an *inkwari*. As a 30 year-old participant reported:

There’s a chance to catch up on the latest gossip, to mingle, to show who is new in the game, to see who is buying a new car and expensive one, who has more power if there is someone who has power than us, who has more money.

Several men and women in the sample also described the lure of *inkwari* in terms of a release from social and sexual inhibitions and defined their motivation in terms of who was not there: *inkwari* presented the chance to socialize with peers in an environment that was insulated from adult or parental supervision. A 20 year-old male attendee described:

You see, just to have fun in our age. I can say if you are in the *inkwari* it is enjoyable and it’s where you feel free. There is no one who will tell you what, there are no parents there, you see, you do whatever you wish to do that time.

A 25 year-old woman understood *inkwari* in similar terms, “Nobody tells someone if you do something bad or says why you are doing a wrong thing. You just do whatever you like at an *inkwari*.”

**Substance Use: “Everyone is Drinking, That is What We Call Inkwari”**—Despite the expense, participants of both sexes discussed drinking alcohol as a primary motivation for attending these events. Beer, ciders, and hard liquor were consumed in large quantities and were often available for purchase only. Some participants described drinking alcohol as a primarily social event and were particularly drawn to *inkwari* because it afforded them an occasion to drink among peers. For example, a 27 year-old male participant said:

And another thing my brother, at our age, you will know if you drink because there is always alcohol in an *inkwari*. When you are drinking you like to mingle with other people, you want to hang out where there are a lot of people. When you drink alone you know you do not enjoy, so what attracts [us to] *inkwari* is knowing that so and so and so is there: if everyone is there, that is what attracts us.

Participants underscored the importance of alcohol in enhancing social interactions. According to a 27 year-old male, “Where there is alcohol, 10 min do not pass after arriving there not knowing even one person when you click like that! You become friends and end up exchanging numbers and everything.” Buying and using drugs such as marijuana (*dagga*), whoonga (also spelled *wunga*) (Grelotti et al., 2014), and ecstasy were also reasons for attending *inkwari*. A 20-year-old male attendee remarked:

Maybe you find that some are enjoying with drugs and you end up into these drugs and you find that you do not have these drugs [unless] you go to *inkwari*. You always hear that at *inkwari* they are taking ecstasy.

Similarly, a 25 year-old female said, “There is nothing else that happens there, but drinking, using ecstasy, then dating somebody you do not know.”



**Sexual Behavior: “The Aim of Inkwari is to Eat the Girls”**—Interactions between members of the opposite sex were described by male and female attendees as one of the primary foci of *inkwari*. According to a 20 year-old male *inkwari* attendee:

So these girls who are already [at the *inkwari*], they will try to organize more girls that we don't know. Then we finally get to meet and you talk with that person that you want to talk to. Then maybe they become your sexual partner even after *inkwari*. Sometimes it does happen that you call each other, and she comes to visit you even if there is no *inkwari*.

Referring to the male *inkwari* attendees, a 25 year-old female reported, “They say it is no fun if the girls are not there.” Participants of both sexes agreed that women were sought out actively for sex by men. Describing the norm for male attendees, a 26 year-old male said, “...mostly they [men] target girls, we target them to have sex with them.”

Sex in public spaces was described and some study participants said that sex occurred in parked cars, toilets, and semi-private outdoor areas near where the *inkwari* was taking place. A 30 year-old male described sex in a toilet at an *inkwari*.

You know you can have sex with a person in the toilet...One moment you will see a girl getting inside the toilet with a man, and after [sex] she is scared that maybe you will run away from her.

Given the sexually charged environment, it is not surprising that the majority of those interviewed understood sex as a significant component of the event, even if it occurred outside of the *inkwari* or afterwards. As a key informant described, “They [attendees] go to the back of the house, do their business and come back to join [the] *inkwari*.”

**Non-Consensual Sex**—Several male and female attendees said that it was common for men to have sex with intoxicated women without their consent. As a 27-year-old male shared:

It's something that it well known that once a girl gets drunk and blacks out, she is in great risk because she can get raped through boys' peer pressure and they would say, “No this one is fucked up, she won't see us.”

Similarly, a 30-year-old male described preying on women whom he thought were drunk. “And this girl you can see that you've wanted her and you know that you've wanted her for a long time and you can see that today she's drunk in a way that you can get her.”

**Physical Altercations: “Normally at Inkwari There will be a Fight”**—Several participants stated that physical altercations between attendees were common at *inkwari*. Sexual jealousy was often at the center of fights between people of the same sex (male vs. male and female vs. female). While there was no reference made to gunfire, a 27-year-old female suggested that stabbings often happened. “Someone is approaching someone's girlfriend without knowing, you see, then they would stab each other for that, and the other girls maybe they will see their boyfriends working with other girl then they would fight for that.”

## Discussion

This preliminary qualitative investigation described the physical, social, and behavioral characteristics of *inkwari*. According to our findings, *inkwari* was a highly sexualized unique social event for young adults that was organized by members of the community and typically lasted for several hours or more. In as much as *inkwari* is a physical place, it was also a social and emotional space. Social and sexual “release” emerged as a central motivation for *inkwari* attendees. The release participants described was largely attributed to the opportunity *inkwari* afforded them—a chance to socialize with peers and engage in illicit behavior out of the watchful eye of parents or authority figures. Studies from South Africa have documented the influence of peer environments on the onset of risky behaviors, such as drug use and unprotected sex (Brook, Morojele, Pahl, & Brook, 2006; Harrison et al., 2012; Morojele et al., 2006; Wood & Jewkes, 1997).

All participants reported widespread alcohol and drug use at *inkwari*. According to accounts, substance use intensified social interactions between men and women and increased the likelihood of sex. Participants described substance use at *inkwari* as a means to an end—a pathway through which male attendees had sex with women. Our findings align with other studies from Sub-Saharan Africa which have shown that sex is often initiated in places where sexual networks converge to socialize and use alcohol or drugs (Sikkema et al., 2011; Weir et al., 2004). Participants also discussed occurrences where male attendees perpetrated sexual violence against women, especially women who were intoxicated or high. The association between non-consensual sex and alcohol use are well documented in the South African context (Kalichman et al., 2007a, b; Pitpitan et al., 2012). As a recent commentary by Dartnall and Jewkes (2013) suggests, it is critically important to examine the prevalence and pattern of sexual violence in specific spaces like *inkwari* where multiple behavioral risk factors overlap.

Interviews depicted the economic vulnerability of female *inkwari* attendees whose admission ticket and other costs were paid for by men. In other social spaces in South Africa, drug and alcohol use among women is related to transactional sex. Dunkle et al. (2004) found that more than half of women in shabeens and taverns were bought drinks by men expecting sex. This type of economic dependency likely reduces the ability of women to dictate the terms of this exchange and compromises their sexual decision-making power. Studies from across Sub-Saharan Africa find that economically dependent women experience greater barriers to condom negotiation and are less likely to leave abusive relationships (Wojcicki, 2005). The economic relationships between male and female attendees were not solely about dependence. The language used by participants suggests that the provision of economic support may also be linked to attaining gendered social status. This aligns with other qualitative studies from South Africa which have shown that young men assert their masculinity through consumption and the use of gifts/money in exchange for love and sex with women. In turn, women assert their ability to engage in consumerism by accepting love/sex from the provider (Bhana & Pattman, 2010; Hunter, 2010). Further inquiry is needed to examine sexual relations as both forms of constraint and agency in the specific context of *inkwari* and how the gender inequalities it manifests are linked to sexual risk.

When interpreting these results, the following limitations should be considered. Given the sensitive nature of the interview questions, it is possible that participants were not entirely truthful about their own experiences at *inkwari*. The framing of the interview question regarding HIV risk behaviors at *inkwari* interview suggests that participants may have been more likely to provide affirmative responses. A potential recall bias with regard to substance use and sexual behavior may also exist. However, participant responses were rich and data source triangulation established validity of results across cases. Due to its exploratory aims, this study relied on a small sample. Socioeconomic considerations likely play a role in who attend *inkwari*, but the sample size was not large enough to explore such differences. A further threat to the validity of these data is that the study was restricted to *inkwari* attendees who reported recent unprotected sex with a non-monogamous partner. This group of young men and women may not be representative of attendees in general. A larger number of participants may have allowed us to better characterize perceptions of *inkwari* and patterns of behavior and motivations for attendance based on gender. Finally, this investigation focused on the narrative of experiences at *inkwari*. The qualitative methodology limited our ability to systematically collect data on the structure of different *inkwari* events. Further quantitative inquiry is needed to characterize the social networks and sexual partnerships of attendees.

In South Africa, the limited impact of school- and community-based interventions on biological outcomes such as sexually transmitted infections, HIV, and pregnancy in adolescents suggests that these may not be sufficient (Napierala Mavedzenge, Doyle, & Ross, 2011). Recent review articles of interventions for South African youth have emphasized the need to explore ways of supplementing existing programs with interventions that seek to change the social and sexual norms within specific communities (Harrison, Newell, Imrie, & Hoddinott, 2010; Napierala Mavedzenge et al., 2011). Given the importance of place in shaping the risk environment for young adults in KZN, a place-based intervention may be an appropriate supplemental strategy. In as much as it engenders risk, intervening on place can also be a valuable HIV prevention tool. In an evaluation of an HIV prevention program for young urban sexual minority men in the US, Easton et al. (2007) highlighted the importance of the physical, social, and emotional dimensions of *place* in fostering positive health behaviors. Place not only has the ability to facilitate the exchange of HIV prevention information, it can promote sexual safety and encourage and strengthen a sense of personal responsibility and collective identity for at-risk youth, all of which are essential to improving individual and community health (see also Gupta & Ferguson, 1992). Individual reflections of attendees revealed that socialization was one of the primary motivations for attending *inkwari*. As a relatively new social trend in eThekweni District, the emergence of *inkwari* may indicate that young adults have few other opportunities to socialize with peers. Limited access to developmentally appropriate and healthy social environments creates challenges for youth to develop healthy social and sexual relationships (Stanley, 2003). HIV prevention for adolescents could be supported by providing them an alternative to *inkwari*—a safe and supportive space where the sole purpose is for young adults to socialize that is neither sexualized nor associated with substance use. Through healthy socialization, mentorship and education, such a place has the potential to change

individual and collective attitudes about gender roles and risky behaviors, ultimately enhancing self-efficacy in practicing safer sex.

Findings from this exploratory descriptive study were responsive to calls for additional research to more accurately describe how place-based processes influence risk environments for individuals with the highest rates of new partner HIV acquisition and transmission risk behavior in South Africa (Weir et al., 2004). An understanding of how social, cultural and economic factors interact to shape HIV risk at *inkwari* is critical to characterizing the risk environment for this population and developing localized prevention responses that are reflective of their needs.

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**Table 1**Descriptive characteristics of the young adult study participants ( $n = 13$ )

Mean age (in years) (SD)	25 (3.24)
	<i>n</i>
Gender	
Male	8
Female	5
Sexual orientation identity	
Heterosexual	13
Education	
Less than middle school	4
Middle or secondary incomplete	3
Secondary complete	6
Unemployment	9
Sexual risk (within 3 months prior to enrollment)	
Sex under the influence of alcohol or drugs	12
Met a sexual partner at an <i>inkwari</i> event	10
Mean number of times engaged in unprotected anal or vaginal sex (SD)	7 (7.74)
Mean number of times engaged in anal or vaginal sex under the influence of alcohol (SD)	11 (8.09)
Mean number of times engaged in anal or vaginal sex under the influence of drugs (SD)	4 (3.68)