

# Exploring the “Blesser and Blessee” Phenomenon: Young Women, Transactional Sex, and HIV in Rural South Africa

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## Abstract

The “blesser and blessee” phenomenon has been prominent in South African media since the year 2016. This is a form of transactional sex in which older rich men (“blessers”) tend to entice young women (“blessees”) with money and expensive gifts in exchange for sexual favors. In most cases, these older men are married men who secretly engage in extramarital affairs with these young women. In this light, there have been many debates on whether transactional sex should be equated to prostitution or sex work. However, many researchers argue that both practices at the end of the day are proven to be equally high-risk sexual behaviors for HIV infection in sub-Saharan Africa. In this regard, the purpose of this study was to explore and describe perceptions and experiences of young women regarding factors that influence their susceptibility to transactional sex and the risk of HIV infection in rural South Africa. Twelve young women aged 18 to 30 years participated in two focus group discussions and 12 individual in-depth interviews. The findings of the study revealed that there are sociobehavioral, sociocultural, and socioeconomic factors that influence the susceptibility of young women to transactional sex and HIV risk. The study concluded that it was imperative for researchers to explore the context and motivation for transactional sex among young women in sub-Saharan Africa to be able to develop and implement appropriate and relevant HIV prevention interventions for this vulnerable population.

## Keywords

“blesser and blessee” phenomenon, young women, transactional sex, HIV, rural South Africa

## Introduction

Sub-Saharan Africa (SSA) is widely known as the epicenter of the HIV epidemic globally. In South Africa, where this study was conducted, it is reported that the country is home to the largest number of people living with HIV on a global level (Simelela & Venter, 2014). This is because the country has the fastest growth of HIV prevalence and incidence rates worldwide (Simelela, Pillay, & Serenata, 2016). Women in South Africa bear the brunt of the HIV epidemic than men. According to Ramjee and Daniels (2013), women usually become infected with HIV 10 years earlier than men. The recent South African National HIV Prevalence, Incidence and Behaviour Survey revealed that young women in the age cohort of 15 to 24 years are particularly at risk of contracting HIV than men of the same age group (Human Sciences Research Council [HSRC], 2012). It was reported that there were approximately 2,000 new HIV infections occurring among adolescent girls and young women aged 15 to 24 years each week in South Africa, a rate 2½ times that of males of the same age group (Mampane, 2016). As a result,

HIV prevalence and incidence rates among adolescent girls and young women in South Africa have reached crisis proportions. This situation is corroborated by Abdool Karim and Baxter (2016), when they state that the HIV prevalence and incidence rates among adolescent girls and young women in South Africa are up to 6 times higher than that of their male counterparts. In terms of race, young Black South African women are more susceptible to HIV infection than young women of other races (Shisana, Zungu, & Evans, 2016). For instance, research has identified young Black women aged 20 to 34 years as a key population with an HIV prevalence rate which exceeds that of the national average (HSRC, 2012).

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The HIV epidemic has long been viewed as an urban problem because people who live in urban areas are often associated with promiscuity, debauchery, infidelity, and prostitution. In rural South Africa, where this study was conducted, there is also a misconception that rural people are immune or less vulnerable to HIV infection when compared with people who live in urban areas. In this regard, people in rural areas tend to be more complacent about the risk of contracting and/or transmitting HIV. Due to poor health care infrastructure in rural areas, Mampane (2016) argued that there are increasing unnoticed HIV infections that occur in rural areas. For example, Mampane (2016) pointed out that poor HIV surveillance mechanisms such as HIV Counseling and Testing (HCT) in rural areas have led to underreporting of HIV infection rates. It is further argued that traditional values and cultural beliefs that link HIV to witchcraft, ancestral curses, and God's punishment aggravate the vulnerability of rural people to the risk of HIV infection (Plummer & Wight, 2011). Normative gender inequalities such as the superiority of men over women often exacerbate the susceptibility of rural women to the risk of HIV infection (Shisana et al., 2016). For instance, women often have a limited say or do not have power to negotiate the use of condoms in sexual relationships. Rural women are also silenced in a way that they are not allowed to speak out or report cases of marital rape, gender-based violence (GBV) and intimate partner violence (IPV) (Ramjee & Daniels, 2013). In a study conducted among rural women in South Africa, Mampane (2016) identified marital rape, GBV, and IPV as high-risk factors for HIV infection. Poverty, which is prevalent in rural areas, has in many instances compelled rural women to engage in transactional sex to earn a living.

It is worth noting that adolescent girls and young women are more likely to engage in transactional sex than older women. Hence, this study mainly focused on young women under the age of 30 years. Transactional sex, in a nutshell, can be defined as the exchange of sex for money, favors, and/or material goods. In SSA, this phenomenon is common in both rural and urban areas, however, it is more prevalent in poverty-stricken communities such as rural areas where young women are likely to engage in sexual relationships for monetary or material gain (Jewkes, Dunkle, Nduna, & Shai, 2012; Zembe, Townsend, Thorson, & Ekstrom, 2013). In South Africa, the phenomenon became prominent in 2016 through the media and was labeled the "blesser and blessee" phenomenon. In these "blesser and blessee" relationships, older rich men ("blessers") tend to entice young women ("blessees") with money and expensive gifts in exchange for sexual favors. In most cases, these older men are married men who secretly engage in extramarital affairs with these young women. In this light, most people equate transactional sex with prostitution or sex work. However, it is argued that transactional sex and sex work are not synonymous because in transactional sex

the exchange of valuables is undertaken within the context of a romantic relationship rather than in sex work where the exchange is rather casual and not romantically linked (MacPherson et al., 2012). Moreover, young women engaging in transactional sex argue that they view their sex partners as boyfriends rather than clients as it is in the case of sex workers. Researchers contend that if young women rely extensively on transactional sex as a way of life for a longer period of time, they are likely to transition into sex work in future (Stoebenau, Heise, Wamoyi, & Bobrova, 2016). Whether these young women are involved in transactional sex or sex work, many researchers argue that the two practices at the end of the day are proven to be high-risk sexual behaviors for HIV infection in SSA. Ranganathan et al. (2017) propounded that it is imperative for researchers to explore the context and motivation for transactional sex among young women in SSA to be able to develop and implement appropriate and relevant HIV prevention interventions for this vulnerable population.

## Theoretical Underpinning

Social identity theory and social dominance theory form the basis of this study. These theories deal with psychological, behavioral, social, political, cultural, and structural factors within which individuals and groups function. The theories postulate that people's identity and self-concept is influenced by interpersonal relationships they have with others as well as environmental factors which influence their day-to-day life experiences in the communities that they live in (Oktay, 2012; Vandeyar, Vandeyar, & Elufisan, 2014). These theories relate to issues of gender, race, and class which in most cases shape people's perceptions of themselves (Pratto & Stewart, 2012). In the context of this study, these theories aim to explain the manner in which young women perceive themselves in relation to the superiority and predominance of men in society. These power differentials between men and women have in many cases compelled young women to become involved in transactional sex, which in turn exacerbates their susceptibility to the risk of HIV infection. In a South African context, the situation is extensively captured in a study titled *Love in the Time of AIDS: Inequality, Gender, and Rights in South Africa* (Hunter, 2010).

## Purpose and Objective of the Study

The purpose of this study was to explore and describe perceptions and experiences of young women regarding factors that influence their susceptibility to transactional sex and HIV risk in rural South Africa. The objective was to gain a better understanding of these factors to be able to inform policy and practice in the development of interventions to mitigate the risk of HIV infection among young women in rural South Africa.

## The Research Setting

This study was conducted in rural villages of the North West province in South Africa. The province is one of the poorest provinces in the country with more than half of people living in rural areas (Statistics South Africa, 2016). The HIV prevalence rate in North West province ranks fourth among the highest in all nine provinces of South Africa, after Kwa-Zulu Natal, Mpumalanga, and the Free State provinces (South African National AIDS Council, 2013). According to the Medical Research Council Provincial Mortality Report of the year 2000, HIV by far remains to be a leading cause of death in North West Province. The provision of adequate health care services in these rural villages is relatively poor. A health care clinic that is available in these rural villages lacks resources and is understaffed. Deteriorating infrastructure such as water and sanitation seem to be a recurring problem which negatively impacts on the health and hygiene of the patients. Major health care services such as HIV testing, treatment, care, and support are normally accessed at a hospital located away from the villages.

## Method

A qualitative research design was adopted in this study. Polit and Beck (2014) defined a qualitative research design as an investigation of phenomena, typically in an in-depth and holistic manner, through the collection of rich narrative materials, using flexible data collection methods. The research design in this study was explorative, descriptive, and contextual in nature. The purpose of an explorative research design, according to Brink, Van der Walt, and Van Rensburg (2014), is to provide more insight and understanding into the phenomenon under investigation (i.e., “blessers and blessees phenomenon”). A descriptive research design, however, attempts to offer an understanding of underlying causes of the phenomena under investigation (i.e., factors influencing the vulnerability of young women to transactional sex and HIV risk; Brink et al., 2014). A contextual research design, according to Babbie and Mouton (2010), refers to a design in which a phenomenon under investigation is studied in relation to a particular context, location, or setting (i.e., rural South Africa).

## Data Collection

Data for this study were collected over a period of 6 months from September 2016 to February 2017 while the researcher was conducting his doctoral study on key populations that are at risk of HIV infection in rural South Africa. Twelve young women from a local women empowerment project were sampled through purposive sampling to participate in the study. Two focus group discussions (FGDs) and 12 individual in-depth interviews (IDIs) were used as data collection methods. FGDs and IDIs are the most common methods

of data collection in qualitative research. They were used in this study because of their effectiveness in stimulating dialogue between the researcher and participants to explore and describe the perceptions and experiences of the participants (Gill, Stewart, Treasure, & Chadwick, 2008). FGDs were used to explore and describe broad topics on the subject under investigation whereas IDIs were used for more sensitive, private, and confidential information. In this regard, themes which emerged from the FGDs that were of interest to the researcher and relevant to the study were further probed in the IDIs. The inclusion criteria for these young women was that they should be 18 years of age or older to be able to provide informed consent to participate in the study. To ensure the diversity of perceptions and experiences in the study, the researcher sampled young women with different sociodemographic characteristics in terms of age, marital status, level of education, occupation, monetary income, religion, and HIV status. A “grand tour” question was asked to all the participants. The question asked was

Could you please share with me your perceptions and experiences regarding the “blesser and blessee” phenomenon and factors influencing the susceptibility of young women to transactional sex and the risk of contracting HIV in this community?

The researcher then probed further to elicit relevant information and to pursue more information pertaining to the study. The researcher used the interview strategy of “funneling,” which Minichiello, Aroni, and Hays (2008) described as the process of starting an interview with a broad general question and thereafter continuing to narrow the discussion using more specific questions which ask directly about the issues that are relevant to the study. The FGDs and IDIs were conducted in English and the local language spoken in the area (Setswana). For precision and accuracy reasons, the FGDs and IDIs were recorded using an audiotape to capture the dialogue between the researcher and the participants verbatim. In some cases, follow-up IDIs were scheduled with participants to clarify the information previously supplied and to further obtain new information. The FGDs and IDIs were conducted in a quiet and private place at a local church with the permission of the pastor in charge. All FGDs and IDIs lasted for approximately 60 min (1 hr). They were later transcribed and those conducted in Setswana were also translated into English.

## Data Analysis

Thematic data analysis was utilized in this study. According to Creswell (2013), thematic data analysis in qualitative research begins with organizing data into manageable sizes by identifying themes and subthemes emanating from the data. The following eight steps of thematic data analysis as indicated by Creswell (2013) were adopted by the researcher: (a) understanding the whole data by intensive reading of

**Table 1.** Factors Influencing the Susceptibility of Young Women to Transactional Sex and HIV Risk.

Themes	Subthemes
Sociobehavioral factors	Precocious sex Peer pressure Multiple concurrent relationships HIV-related complacency
Sociocultural factors	Gender norms Forced marriages Intergenerational relationships
Socioeconomic factors	Poverty Circular migration

interview transcripts; (b) reading through interview transcripts to write down ideas that emerge; (c) reading all interview transcripts, making a list of all topics, and then clustering similar topics together; (d) identifying major themes and writing them down; (e) creating codes for similar topics and rearranging them to form themes; (f) finding suitable wording for the codes and regrouping them into themes; (g) contrasting and comparing the themes to identify similarities and differences; and (h) recoding the data to identify other emerging themes and subthemes.

## Ethical Considerations

At the beginning of fieldwork, the researcher provided participants with background information about the study. It was mentioned to the participants that the study was meant for research and academic purposes only and that there were no incentives offered for taking part in the study. The researcher further informed the participants that their participation was purely voluntary and that they may discontinue their participation at any time during the course of the study without being penalized. Participants in this study were required to sign informed consent forms to agree to partake in FGDs and IDIs and also to be tape-recorded.

## Findings and Discussion

### *Sociodemographic Characteristics of the Participants*

The age range of young women who participated in this study was in the cohort of 18 to 30 years. Out of all the 12 young women who took part in the study, only four were married. The participants also exhibited low levels of education as most had dropped out of school and did not matriculate from high school. A majority of these young women were unemployed and those who were employed worked mainly in informal labor as domestic workers, hairdressers, and street vendors. As a result, these young women did not have a stable monetary income and were dependant on government social grants. Most of the unmarried young women

had three or more children. In terms of religion, many attended churches belonging to Christian denominations and African traditional religion. During the IDIs, the researcher discovered that most of these young women did not know their HIV status or have not tested for HIV in a longtime.

### *Themes and Subthemes*

Table 1 denotes themes and subthemes that emerged after the data were analyzed.

The themes and subthemes that emerged from the study are discussed in detail below.

### *Sociobehavioral Factors*

These are factors that encapsulate social and behavioral variables which influence the susceptibility of young women to transactional sex and HIV risk.

**Precocious sex.** Early age sexual debut among young women in rural areas tends to be a norm. Nearly all of the women who participated in this study have had an early sexual experience. This is partly attributed to the conservativeness of rural areas in which young women are not allowed to talk to elders about sexual matters which are regarded as a taboo. In this regard, many tend to be curious about sex and experiment with sex at an early age (Mampane, 2016). The latter situation was established during IDIs with the participants. During FGDs, however, most of the participants stated that they engaged in precocious sex for economic reasons.

When I was still at school there were many occasions when my parents didn't give me money for school fees so I was forced to have a "blesser" so that he can give me money to support myself.

I have been doing "ukuphanda" (transactional sex) since I was young because I had to take care of my siblings because my parents are poor.

These statements are consistent with a South African study in which it was discovered that a considerable percentage of young women aged 15 to 24 years had engaged in an early age sexual debut by the age of 14 years (Pettifor et al., 2008). In SSA in general, extensive research has identified precocious sex as a risk factor for HIV infection (Ranganathan et al., 2017). This is because in most cases young women in SSA are compelled to have precocious sex with older men who are able to support them financially. For example, during FGDs, one young woman mentioned that

I don't have sex with guys of my own age because they are poor themselves so they don't have money to give me . . . older men are rich and always give me money.

Based on the statement above, these young women often do not have a say in negotiating safer sex practices because the



older men as providers have the prerogative to decide on matters regarding safer sex. This situation inevitably puts these young women at risk of HIV infection. The situation of power relations and inconsistent condom usage between men and young women who engage in transactional sex is well-documented in SSA (Luke, 2006; Shai, Jewkes, Levin, Dunkle, & Nduna, 2010).

**Peer pressure.** Research on the African continent and elsewhere has proven that peer pressure plays an important role in the general life and sexual lives of adolescents and young people (Djamba, 2004; Masvawure, 2010; Plummer & Wight, 2011). During FGDs and IDIs, the researcher established that peer pressure was another factor that influenced the susceptibility of young women to transactional sex and HIV infection. This was apparent in the following statements:

When we go to social events I want to look good like other girls, otherwise they gossip and laugh at you if you don't have beautiful stuff, you need to get a working boyfriend who can afford to buy you beautiful stuff.

In my group of friends I'm the "starring" because I set example about all the latest fashion and beauty products . . . my "blesser" buys me whatever I want.

Nowadays you must have a "blesser" so that he can buy you a cellphone or tablet and data so that you can go to facebook and whatsapp to mingle with other potential "blessers" . . . me and my friends we always get men from social media platforms.

The statements above are in line with the findings of an ethnographic study by Wamoyi, Wight, Plummer, Mshana, and Ross (2010) in which the link between peer pressure, transactional sex, and HIV risk was established. These young women are often pressurized by their peers to get involved in transactional sex for financial and material gain to fit in or assimilate into their friendship circles and social networks. It was also apparent during FGDs and IDIs that the ability to get involved in transactional sex and acquiring more benefits improved your social status in peer groups. A qualitative study titled *Love, Money, and HIV: Becoming a Modern African Woman in the Age of AIDS* captures the situation of peer pressure and transactional sex in SSA in an extensive manner (Mojola, 2014).

**Multiple concurrent relationships.** Due to the fact that most of young women who participated in this study were not married, many engaged in multiple concurrent sexual relationships in which they argued that the situation offered them the potential to get married in future.

If you have more boyfriends you stand a chance to get married soon by one of them and have a better life because your husband will then support you.

These young women further argued that multiple concurrent relationships improved their chance of acquiring more financial and material resources.

I have three boyfriends, the first one usually gives money, the second one buys me groceries and the third one buys me clothes and beauty products. You just have to know how you schedule your time to accommodate them all.

The more boyfriends the more benefits, I've been using the strategy of friends with benefits for a long time and it works for me because I'm never broke when its month end although I'm not working.

Multiple concurrent sexual relationships are in many cases facilitated by the casual nature of such relationships. For example, one young woman during IDIs mentioned that

I only have sex with my partners when they have money, no money no sex, so I know those who get paid weekly, fortnightly and monthly, and that is when I can have sex with them when they have money in their pockets.

Engaging in multiple and concurrent sexual relationships is inevitably a risk factor for HIV infection. This situation of transactional sex, multiple concurrent relationships, and HIV is well-documented in a study by Furman and Shaffer (2011).

**HIV-related complacency.** There is a paucity of research on HIV-related complacency in South Africa. However, a recent study conducted by Mampane (2016) among rural women in South Africa revealed a situation in which these women developed what is called "HIV fatigue" which consequently resulted into HIV-related complacency. This was also evident during FGDs and IDIs in this study.

Everywhere you go its HIV, HIV, HIV . . . its now boring and HIV can't stop me from what I'm doing (transactional sex) because it doesn't kill anymore. I know people who have tested HIV positive many years ago and today they still look fine.

I'm on ARVs (Anti-Retroviral Therapy) and the nurse at the clinic told me that the virus is gone from my blood (undetectable) so I cannot infect my men . . . I really need the money.

They have been telling us about this useless ABC (Abstain, Be faithful, Condomise) strategy . . . but can they give us money to survive?

Based on these statements, it is conspicuous that these young women are complacent about the ramifications of contracting and/or transmitting HIV. In South Africa, HIV-related complacency was also found among one of the key populations at risk of HIV infection (i.e., men who have sex with men; Jobson, de Swardt, Rebe, Struthers, & McIntyre, 2013).

## Sociocultural Factors

These are factors that combine social and cultural variables which influence the susceptibility of young women to transactional sex and HIV risk.

**Gender norms.** In African culture, a man is normally required to pay “lobola” (bride price) to the family of the woman he intends to marry. As a result, this gender norm has inculcated a cultural expectation for which men are compelled to provide for women economically. In this light, men are mainly viewed as providers and women as receivers of financial and material benefits in relationships, including in transactional sex encounters (Jewkes & Morrell, 2012; MacPherson et al., 2012).

Although I’m not that poor because I have financial support from my parents, I still expect him to give me something in return when I have sex with him.

I’m married but I demand that he “blesses” me now and then, especially after I gave him good sex.

My husband doesn’t give me money anymore since we got married so I have “makhwapheeni” (extra-marital affairs) who give me money.

No pain no gain . . . I expect to at least be thanked for the services I rendered, nothing for “mahala” (free).

These statements clearly indicate that gender norms have instilled a culture where women prefer to engage in transactional sex relationships with the aim of benefiting financially and materialistically. The situation inevitably places them at risk of contracting HIV. The link between gender norms, transactional sex, and HIV in SSA is extensively discussed in studies conducted in Mozambique and South Africa (Bandali, 2011; Jewkes & Morrell, 2010; Pettifor, MacPhail, Anderson, & Maman, 2012).

**Forced marriages.** Forced marriages, locally known as “ukuthwala,” are a prevalent phenomenon in rural communities in South Africa. In this situation, young women are forced into marriage by being abducted by a potential husband or being coerced into marriage by elders (usually parents of the young woman). In many cases, these young woman are coerced into marriage for their parents to gain the monetary and material benefits from prospective husbands. This situation mainly occurs in poverty-stricken households where young women are only regarded as a commodity to be sold to alleviate poverty. During the IDIs, some young women reported that

In the beginning I didn’t have any romantic feelings for my present husband. I was forced into marrying him because my father chose him for me . . . he’s from a rich family so my father wanted to be rich through me . . . after a long time of dating in

which he showered me and my family with expensive gifts I eventually agreed to marry him because I was enticed by his riches.

I was forced into a religious courtship by my church elders but I did it because the guy they hooked me up with was stinking rich.

I married my late husband’s brother due to the advice of the elders but for me it was a matter of remaining in a wealthy family where I’m used to getting what I want.

The statements above are consistent with a South African study in which Tladi (2006) found that young women with a decreased decision-making power are particularly at risk of HIV infection, especially those from poverty-stricken households. In another study titled “Women Bodies Are Shops,” both young women and their parents condoned transactional sex and regarded it as a resemblance of love and any woman who had sex with men without claiming any financial or material exchange was seen as a worthless person or a prostitute (Wamoyi, Fenwick, Urassa, Zaba, & Stones, 2011).

**Intergenerational relationships.** Age-disparate sexual relationships are very common in SSA. Recently in South Africa, these relationships have been glamorized in the media by the “blesser and blessee” phenomenon. Men who engage in these relationships are usually more than 10 years old than the young women they get involved with. During FGDs and IDIs, the majority of young women in this study expressed their willingness to engage in intergenerational relationships.

Sugar daddies are “blessers” because they bless you with expensive things that your own boyfriend can’t even afford.

I like older men because they take good care of you both financially and sexually . . . unlike boys who will just have sex with you and dump you.

Married men are perfect because they don’t spend much time with you because of their family responsibilities . . . so I have ample time to meet other men when he’s with his family.

His wife is old so he likes me more because I’m sexy and young . . . he buys me everything I want.

A study in KwaZulu-Natal, a province hard hit by the HIV epidemic in South Africa, discovered high rates of new HIV infections among young women who engage in intergenerational relationships and transactional sex (Harling et al., 2014).

## Socioeconomic Factors

These are factors concerned with the interaction of social and economic variables which influence the susceptibility of young women to transactional sex and HIV risk.

**Poverty.** People in rural South Africa usually have a low socioeconomic status and generally live below the poverty line. Research in SSA has identified poverty as a driving force for HIV transmission. This is because many young women who are uneducated and unemployed are likely to engage in risky sexual behaviors including transactional sex. During IDIs some young women reported that

I've been sending my CV (curriculum vitae) all over but I can't get a job . . . maybe is because I didn't finish matric, so I'm forced to use my body to earn a living.

My parents passed away and I'm the eldest one at home . . . we are orphans so I must make means to support my siblings.

Poor living conditions of young women in rural South Africa play a major role in exposing them to the risk of contracting HIV. This is because these young women engage in transactional sex not willingly but because of economic reasons. Studies have reported high HIV prevalence and incidence rates among uneducated and unemployed young women who live in poverty in rural parts of SSA (Barnett & Maticka-Tyndale, 2011; Nobelius et al., 2010).

**Circular labor migration.** This study also identified circular migration as a socioeconomic risk factor of HIV transmission among young women in rural South Africa. Due to lack of job opportunities in rural areas, most young men and women migrate to urban areas in search of employment. During IDIs, it was discovered that young women who migrate to urban areas to look for work get involved in transactional sex when they are there in exchange for basic needs such as food and shelter.

I was once stranded in Pretoria (capital city of South Africa) when I was doing odd jobs as a domestic worker. I had to use sex to pay for my accommodation from a guy I met there.

I went to Rustenburg (mining town) to look for work and didn't find any . . . I used to go to bars at night to be picked up by men who can offer me food and a bed to sleep in exchange for sex . . . it was a terrible experience and I ultimately returned home.

In addition, during IDIs some young women reported incidents of infidelity because their boyfriends and husbands had migrated to urban areas.

He just disappeared for a long time to Johannesburg (economic hub of South Africa) and my children were starving, so I had to look for "blessers" to support my children when he's not around.

He earns peanuts as a gardener in the suburbs . . . I have to keep up with today's standards, so "ukuphanda" (transactional sex) is a solution for me now and then when he's working.

These statements are consistent with the findings of studies about circular migrant labor, transactional sex and HIV in South Africa (Delany-Moretlwe et al., 2014; Zuma et al., 2005).

## Conclusion

Physiologically, women are more vulnerable to the risk of HIV infection than their male counterparts. In addition, there are also social, behavioral, and structural factors that exacerbate the susceptibility of women to the risk of contracting HIV. Young women in the age group of 15 to 24 years are particularly at risk of HIV infection. Young women who live in poverty-stricken communities such as rural areas have an elevated risk of acquiring HIV than other young women who live in affluent communities such as urban areas. Gender inequalities and the subordination of women in society in general and in rural areas in particular have aggravated the vulnerability of women to the risk of HIV infection. This study has found that transactional sex is one of the major driving force of HIV transmission among older men and young women in rural South Africa. The study aimed at shedding some light into the "blesser and blessee" phenomenon as well as the motivations of women to engage in transactional sex and the repercussions of contracting HIV. The study found that there are sociobehavioral, sociocultural, and socioeconomic factors that influence the susceptibility of young women to transactional sex and HIV infection in rural South Africa. In a nutshell, the study discovered that young women in rural South Africa have in most cases used sex primarily as an economic resource to ameliorate their living conditions. This financial and material exchange for sex is often characterized by continuous sex partner change and inconsistent condom usage. Against this backdrop, HIV prevention efforts in rural South African communities have been undermined as the country is still experiencing high HIV prevalence and incidence rates among women, especially young Black women.

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