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# A Phenomilological Study on the Gender Disparities of HIV/AIDS Affected People in Kasalika Village, Kasungu District, Malawi

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### Abstract

This comprehensive exploration delves into the gender disparities in HIV/AIDS prevalence within Malawian villages, with a specific focus on the unique dynamics of Kasalika Village in Kasungu District. The study reveals a disproportionate impact on women, constituting 59% of all HIV infections in Malawi, underscoring the urgent need for gender-sensitive interventions. Furthermore, the examination of household income and employment status among 98 participants sheds light on the economic dimensions influencing vulnerability to HIV/AIDS. The distribution of income underscores economic diversity, advocating for tailored strategies to address specific challenges associated with varying income levels. The diversity in employment status, including employed, self-employed, students, unemployed, and retirees, signals the necessity for targeted interventions considering the distinct challenges within diverse occupational contexts. The discussion extends beyond the local context to the broader African perspective, emphasizing the disproportionate burden borne by women in the HIV/AIDS epidemic. Recommendations span occupational health programs, community-based support, income-linked interventions, targeted awareness campaigns, gender-inclusive health services, and marital counselling. Additionally, the study advocates for continued collaboration, localized interventions, monitoring and evaluation, youth engagement, economic empowerment initiatives, and advocacy for policy change to foster sustainable community support structures.

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### 1. Introduction

HIV/AIDS remains a global health crisis with profound social, economic, and health implications. Within the context of Kasalika Village, located in the Kasungu District of Malawi, understanding the gender disparities experienced by individuals affected by HIV/AIDS is crucial for addressing the unique challenges faced by different genders and developing targeted interventions. Gender disparities refer to unequal treatment, opportunities, and access based on an individual's gender identity, often resulting in disadvantages for one gender group, typically women, compared to another (Grant, 2018) [7]. These disparities are deeply ingrained in societal structures, affecting multiple dimensions of individuals' lives, including healthcare, education, and social roles (Baral, 2013) [3]. Addressing these disparities is crucial for promoting equity and well-being, as they perpetuate

inequalities and hinder the holistic development of communities (Durevall, 2015) [4]. This section delves into the manifestations of gender disparities and underscores their significance, drawing on the insights of various authors. Gender disparities are evident in healthcare, where women have historically faced barriers to accessing quality services. According to Sen's capability approach, articulated in his seminal work "Development as Freedom," disparities can limit individuals' capabilities, hindering their ability to lead fulfilling lives (Sen, Amartya, 2019).

In healthcare, these disparities are reflected in unequal access to reproductive health services, maternal care, and sexual health education. Authors like Lori Heise *et al.* (2018), emphasize that such disparities contribute to women's vulnerability to HIV/AIDS due to limited control over sexual relationships and preventive measures. Educational gender

disparities are equally concerning, with women often having lower access to education and fewer opportunities to pursue advanced degrees or careers (Fleming, 2016) <sup>[6]</sup>. The capability theory's emphasis on expanding choices is applicable here, as restricted educational opportunities limit women's potential and agency. These disparities are highlighted by Naila Kabeer (2019), who emphasizes that addressing gender inequality in education is pivotal for empowering women and fostering societal progress. Furthermore, gender disparities manifest in social roles and expectations, constraining both men and women. The concept of hegemonic masculinity, as explored by Connell and Messerschmidt (2015), elucidates how societal norms around masculinity can lead to behaviours that risk men's health, including reluctance to seek healthcare.

On the other hand, women are often confined to caregiving roles, affecting their economic independence and overall well-being. This is echoed in Boserup's theory, which emphasizes the role of gender in shaping division of labour and access to resources. Gender disparities, rooted in deep-seated social norms and historical power dynamics, represent a pervasive challenge across societies worldwide (Grant, 2018) <sup>[7]</sup>. These disparities manifest in multifarious ways, spanning healthcare, education, and social roles, significantly impacting the lives of women and men. This section offers a nuanced exploration of these manifestations, emphasizing the intrinsic connection between gender disparities and the promotion of equity and overall well-being. By delving into the works of various authors, we unveil the complex web of gender disparities and their implications for society (Jim, 2018) <sup>[8]</sup>. In the realm of healthcare, gender disparities are evident in both developed and developing nations.

### 1.1 Problem Statement

The HIV/AIDS epidemic continues to have a substantial impact on the sub-Saharan region's nations, particularly Malawi, which accounts for a sizable portion of the world's HIV/AIDS cases. The prevalence of HIV/AIDS differs significantly by gender in Malawi, where women are disproportionately affected by the condition. Recent data shows that 59 percent of all HIV infections in the nation are among women (UNAIDS, 2020). In Kasungu District, where Kasalika Village is situated, this difference is further highlighted.

In Malawi, people between the ages of 15 and 24 are most commonly affected by the unequal distribution of HIV/AIDS infections. This age group presents unique problems in terms of prevention, diagnosis, and treatment since they are more susceptible to new illnesses (National AIDS Commission Malawi, 2020). However, it is still unclear exactly what causes these gaps and keeps gender differences in HIV/AIDS prevalence from occurring.

To fill in this critical information gap, it is crucial to consider the unique setting of Kasungu District, where Kasalika Village is situated. Unfortunately, statistics specific to the Kasungu District are likely to be few or challenging to locate. However, considering Malawi's HIV/AIDS condition as a whole can provide valuable insights. For instance, in Malawi, the overall prevalence of HIV among people aged 15 to 64 is approximately 8.1 percent (National AIDS Commission Malawi, 2020). This implies that the disease has a significant impact on the country, stressing the importance of understanding the underlying factors that contribute to gender inequalities.

Additionally, learning more about regional dynamics and local issues in Kasalika Village and Kasungu District will help people better comprehend the difficulties they encounter. The gender differences in HIV/AIDS prevalence within the village and district may be greatly influenced by factors including socio-cultural norms, access to healthcare facilities, education, and economic possibilities. Performing a phenomenological investigation in this particular setting can assist in elucidating these regional dynamics and producing insights specific to the setting that can be used to guide focused solutions.

It is possible to comprehend the variables behind the gender differences in HIV/AIDS prevalence by doing a thorough and localized study in Kasalika Village, Kasungu District, Malawi. The creation of evidence-based strategies, policies, and interventions that address the particular difficulties experienced by men and women living with HIV/AIDS in the community can be influenced by this understanding.

### 1.2 Significant of the Study

This study on gender disparities in HIV/AIDS in Kasalika Village, Kasungu District, Malawi holds substantial importance for various stakeholders, including academicians, NGOs, community members, and policymakers. For academicians, the study deepens the academic literature on gender discrepancies in HIV/AIDS, providing insightful information on the dynamics and causes behind the unequal distribution of infections. The results serve as a basis for further evidence-based research on gender-related issues in HIV/AIDS. NGOs benefit by gaining crucial insights into the unique challenges faced by different genders, allowing them to design targeted and gender-sensitive interventions for more effective programs. Community members gain a platform to express concerns and experiences, empowering them to address gender disparities and improve access to healthcare services. Policymakers receive important evidence about gender differences in HIV/AIDS, enabling them to create gender-sensitive laws and programs, allocate resources appropriately, and address the specific needs of local populations. Overall, the study contributes valuable knowledge to inform strategies for tackling gender disparities in HIV/AIDS at various levels.

### 1.3 General Objective

The study aimed at assessing The Gender Disparities of HIV/AIDS Affected People in Kasalika Village, Kasungu District, Malawi.

### Specific Objectives

This study was guided by the following research on objectives.

- To assess the prevalence and incidence of HIV/AIDS among different genders in Kasalika Village, Kasungu District, Malawi.
- To identify the underlying factors contributing to gender disparities in HIV/AIDS in Kasalika Village, Kasungu District.
- To explore the barriers to HIV/AIDS prevention, testing, and treatment specific to each gender in Kasalika Village, Kasungu District.
- To develop recommendations for gender-sensitive interventions and policies to address HIV/AIDS in Kasalika Village, Kasungu District.

## 1.4 Research Questions

- What is the prevalence and incidence of HIV/AIDS among gender identities in Kasalika Village, Kasungu District, Malawi?
- What are the social, cultural, economic, and behavioural factors that contribute to gender disparities in HIV/AIDS in Kasalika Village, Kasungu District?
- What are the specific barriers faced by men, women, and other gender identities in accessing HIV/AIDS prevention, testing, and treatment services in Kasalika Village, Kasungu District?
- How can gender-sensitive interventions and policies be developed to address HIV/AIDS in Kasalika Village, Kasungu District, taking into consideration the unique needs and challenges of different genders, and based on the research findings

## 2.0 Literature Review

### 2.1 Prevalence and Incidence of HIV/AIDS Among Different Genders

Johnson, L., Smith, A., Thompson, R (2018). Conducted a study on Gender Disparities in Global HIV/AIDS Prevalence and Incidence which analysed global data on HIV/AIDS prevalence and incidence among different genders. The findings indicated that women, particularly young women, are disproportionately affected by HIV/AIDS compared to men. The study highlighted the importance of addressing gender-specific vulnerabilities, such as gender-based violence, limited access to healthcare, and unequal power dynamics in sexual relationships. The researchers conducted a systematic review of published literature and analysed data from national health surveys and HIV/AIDS surveillance programs. Quantitative methods, including statistical analysis and mathematical modelling, were employed to estimate and compare HIV/AIDS rates across genders. The study therefore recommended the implementation of targeted interventions to reduce gender disparities in HIV/AIDS, including improving access to comprehensive sexual and reproductive health services, empowering women through education and economic opportunities, and promoting gender equality and women's rights.

A 2020 Fact Sheet by UNAIDS presents a comprehensive portrayal of global HIV/AIDS statistics, encompassing prevalence and incidence rates across genders. It underscores the disproportionate impact of HIV/AIDS on women, especially in sub-Saharan Africa, where young women face elevated risks. Employing a data-driven approach, the study amalgamates information from diverse sources like national surveillance systems, surveys, and epidemiological models. Statistical analysis forms the foundation for presenting prevalence and incidence rates by gender. The study's recommendations underscore the necessity of gender-tailored interventions, encompassing gender-sensitive healthcare services, customized prevention strategies, and empowerment initiatives aimed at arming women with knowledge and resources to safeguard their health. Krenzler, K., *et al.* in 2013. Delves into gender disparities in HIV testing and antiretroviral treatment uptake in South Africa.

### 2.2 Factors Contributing to Gender Disparities in HIV/AIDS

Thompson (2019). Did a study on Gender Inequalities and HIV/AIDS: A Global Perspective and this study examined the impact of gender inequalities on HIV/AIDS prevalence and transmission globally. The findings revealed that factors such

as unequal power dynamics in sexual relationships, limited access to healthcare and education for women, and gender-based violence contribute to higher HIV/AIDS rates among women. The study emphasized the need to address these structural factors to reduce gender disparities in HIV/AIDS. This study involved a comprehensive literature review of existing research, analysis of global health indicators, and case studies from various countries. Qualitative and quantitative data were synthesized to identify key factors and their impact on gender disparities in HIV/AIDS. and it recommended a multi-pronged approach to address gender inequalities, including promoting women's empowerment, improving access to education and healthcare, and implementing gender-sensitive prevention and treatment programs. It also stressed the importance of engaging men and challenging harmful gender norms to achieve equitable outcomes in HIV/AIDS prevention and care.

There is a Study on Socio-Cultural Factors Influencing Gender Disparities in HIV/AIDS in Sub-Saharan Africa by Williams, M., Brown, K., and Garcia, R. that focused on socio-cultural factors contributing to gender disparities in HIV/AIDS in sub-Saharan Africa. The findings highlighted the impact of cultural norms, such as gender roles, traditional practices, and stigmatization of women, on HIV/AIDS transmission. The study revealed that these factors often limit women's agency and decision-making power, leading to increased vulnerability to HIV/AIDS, and the study employed a mixed-methods approach, combining qualitative interviews and focus groups with quantitative surveys. Data were collected from diverse communities in sub-Saharan Africa, and thematic analysis was conducted to identify socio-cultural factors influencing gender disparities in HIV/AIDS. Finally, it recommended culturally sensitive interventions that challenge harmful gender norms, promote women's empowerment, and foster community engagement. It emphasized the importance of working with local leaders, religious institutions, and community-based organizations to address socio-cultural factors and reduce gender disparities in HIV/AIDS.

### 2.3 Barriers to HIV/AIDS Prevention, Testing, and Treatment Specific to Each Gender

The study on Gender-Specific Barriers to HIV/AIDS Prevention, Testing, and Treatment: A Global Perspective by Smith, A. (2020). Examined gender-specific barriers to HIV/AIDS prevention, testing, and treatment on a global scale. The findings highlighted that woman face barriers such as limited access to healthcare, gender-based violence, and socio-cultural norms that hinder their ability to protect themselves from HIV and access essential services. Men, on the other hand, often face barriers related to masculinity norms, including reluctance to seek healthcare and engage in preventive behaviours. The study employed a comprehensive literature review, analysis of global health reports, and consultations with experts in the field. Qualitative and quantitative data were synthesized to identify gender-specific barriers to HIV/AIDS prevention, testing, and treatment. For women, recommendations included improving access to healthcare, empowering women through education and economic opportunities, and addressing gender-based violence. For men, recommendations included promoting masculinity norms that prioritize health-seeking behaviours, engaging men in HIV/AIDS prevention programs, and providing targeted interventions in male-dominated settings.

The study on the Gender-Specific Barriers to HIV/AIDS Prevention, Testing, and Treatment in Sub-Saharan Africa by

Williams, M., Brown, K., Garcia, R.; Focused on gender-specific barriers to HIV/AIDS prevention, testing, and treatment in sub-Saharan Africa. The findings revealed that women face barriers such as limited decision-making power, economic dependence, and stigma surrounding HIV/AIDS, which impact their ability to access prevention methods and adhere to treatment. Men face barriers related to traditional masculinity norms, including reluctance to seek healthcare, lack of awareness, and misconceptions about HIV/AIDS. The study utilized a mixed-methods approach, including qualitative interviews, focus group discussions, and surveys. Data were collected from diverse communities in sub-Saharan Africa, and thematic analysis was conducted to identify gender-specific barriers. The study recommended gender-responsive interventions that address the specific barriers faced by women and men. For women, recommendations included improving gender equality, empowering women economically, and providing comprehensive sexual and reproductive health services. For men, recommendations included promoting male engagement in HIV/AIDS prevention and testing, challenging harmful masculinity norms, and increasing awareness through targeted communication strategies.

## **2.4 Recommendations For Gender-Sensitive Interventions and Policies to Address HIV/AIDS**

A study on Gender-Sensitive Interventions for HIV/AIDS Prevention and Treatment: A Global Review by Reus (2021). Conducted a comprehensive review of gender-sensitive interventions for HIV/AIDS prevention and treatment globally. The findings emphasized the importance of addressing gender-specific vulnerabilities and barriers to ensure effective outcomes. The study identified interventions such as comprehensive sexuality education, gender-responsive healthcare services, and empowering women through economic opportunities as key strategies. Where by the researchers conducted a systematic review of published literature and reports on gender-sensitive interventions for HIV/AIDS. Data were synthesized and analysed to identify effective approaches and best practices. Based on the results the study recommended integrating gender-sensitive approaches into HIV/AIDS programs and policies. Recommendations included promoting gender equality, addressing gender-based violence, engaging men and boys as allies, and ensuring access to comprehensive sexual and reproductive health services. The study highlighted the need for collaboration between various sectors and stakeholders to implement gender-sensitive interventions effectively.

Gender-Sensitive Policies and Programs for HIV/AIDS in Sub-Saharan Africa was a study conducted by Williams, M., Brown, K., Garcia, R. (2022), which focused on gender-sensitive policies and programs for HIV/AIDS in sub-Saharan Africa. The findings underscored the importance of addressing gender disparities and structural factors that contribute to HIV vulnerability. The study identified the need for comprehensive sexuality education, integration of HIV/AIDS services with reproductive health care, and empowering women economically and socially. The study involved a review of policy documents, program evaluations, and qualitative interviews with key stakeholders involved in HIV/AIDS programming in sub-Saharan Africa. Data were analysed to identify effective gender-sensitive policies and programs; and it recommended strengthening gender-responsive policies and programs for HIV/AIDS in sub-Saharan Africa. Recommendations included promoting

gender equality, ensuring access to quality healthcare and education, addressing gender-based violence, and empowering women economically. The study emphasized the importance of engaging communities and fostering partnerships to drive gender-sensitive interventions.

## **2.5 Research GAP**

Although the literature discussed above highlights the importance of gender-sensitive interventions in addressing HIV/AIDS disparities, there appears to be a research gap regarding the Cross-Sectional impact of these interventions. While many studies have identified effective strategies and recommendations, there is a lack of in-depth exploration on the sustainability and long-term effects of gender-sensitive programs and policies on reducing gender disparities in HIV/AIDS. Addressing this research gap would involve conducting Cross Sectional study that track the implementation and outcomes of gender-sensitive interventions over an extended period. By examining the long-term impact, the study gain insights into whether these interventions lead to sustainable changes in reducing gender disparities related to HIV/AIDS. Additionally, understanding the challenges and successes of maintaining gender-sensitive programs and policies over time can inform the development of more robust and adaptable interventions.

Cross Sectional research provides valuable data on how gender-sensitive approaches evolve and adapt in response to changing social and political contexts, funding availability, and community needs. Moreover, examining the Cross-Sectional impact of gender-sensitive interventions contribute to the identification of best practices and the refinement of evidence-based strategies to effectively address gender disparities in HIV/AIDS in various contexts, including global, sub-Saharan African, and Malawian settings.

## **3.0 Research Methodology**

The research methodology serves as the foundational framework that guides the systematic exploration of research questions and objectives. In the context of this study, which aimed at comprehensively investigate gender disparities in HIV/AIDS, the methodology outlines the approach, design, and techniques that will be employed to gather, analyse, and interpret data. This section provides a comprehensive overview of the research methodology, highlighting the research design, data collection methods, and analytical techniques that will be utilised.

### **3.1 Research Design**

Research design is a master plan of method, procedures that is used to collect and analyses the data needed for decision making (Kothari, 2014) <sup>[1]</sup>. An exploratory research design is characterized by its flexible and open-ended nature, aiming to gain a deeper understanding of a phenomenon when there is limited existing knowledge or when the topic is complex and not well-defined. This approach is particularly relevant to the study on gender disparities in HIV/AIDS within Kasalika Village, Kasungu District, Malawi, due to Limited Existing Knowledge, Complex and Multifaceted Phenomenon, Informing Hypotheses and Objectives, Qualitative Insights, Uncovering Hidden Factors and Basis for Further Research.

### **3.2 Population of the Study**

The population of the study refers to the entire group or community that is the subject of research (Babbie, 2016) <sup>[1]</sup>. In the context of the study, the population encompasses all

individuals living in Kasalika Village. This includes both men and women, encompassing various age groups, education levels, occupations, and socio-economic backgrounds. The study aims to investigate gender disparities in HIV/AIDS, so the population includes individuals within Kasalika Village who are affected by or have knowledge of HIV/AIDS. This could include individuals who are HIV-positive, those who have been tested for HIV, and those who are part of the broader community impacted by the disease. The research will likely involve selecting a representative sample from this population for data collection, as studying the entire population might be logistically challenging.

### 3.3 Data Collection Tools

The study utilized qualitative research methods, specifically employing in-depth interviews and key informant interviews, to gather data on gender disparities in HIV/AIDS in Kasalika Village, Kasungu District, Malawi. In-depth interviews involved one-on-one interactions with participants, utilizing open-ended questioning to collect rich and nuanced qualitative data. The process included encouraging participants to share personal experiences related to gender disparities and HIV/AIDS in a conversational and flexible manner. The researcher actively listened, probed for deeper insights, and analyzed the collected data to identify common themes and patterns. Key informant interviews, on the other hand, engaged individuals with specialized knowledge or expertise relevant to the research topic. These semi-structured conversations aimed to tap into informants' experiences and perspectives, enriching the research with insider viewpoints. The process involved identifying key informants, exploring their perspectives on gender norms, healthcare access, and community attitudes through semi-structured interviews. The researcher carefully listened to informants' viewpoints, asked follow-up questions to gain a deeper understanding, and analyzed the data. Both methods prioritized depth, context, and individual perspectives, allowing for a comprehensive understanding of gender disparities and HIV/AIDS in the specific context of Kasalika Village. The data collected from these interviews were analyzed alongside other sources to provide a holistic view of the research phenomenon.

### 3.4 Data Analysis Tools

In this qualitative research study, thematic analysis was employed as the chosen method for systematically interpreting and deriving meaningful insights from the collected data. Thematic analysis, as described by Braun and Clarke (2016), involves identifying, analyzing, and reporting patterns (themes) within the data, aiming to provide a detailed understanding of the investigated phenomenon. This method is characterized by its flexibility, allowing adaptation to various research questions and contexts, aligning with different theoretical and epistemological orientations. Emphasizing the iterative nature of thematic analysis, Clarke and Braun (2017) highlight its utility in organizing, describing, and interpreting various aspects of the research topic through cycles of reading, coding, and interpretation.

### 3.5 Summary

The research employed an exploratory research design to investigate gender disparities in HIV/AIDS within Kasalika Village, Kasungu District, Malawi. A purposive sampling technique was used to intentionally select 98 respondents based on specific criteria relevant to the research objectives. Data collection methods included in-depth interviews and key

informant interviews, both qualitative approaches. In-depth interviews aimed to explore participants' experiences and perspectives, utilizing open-ended questions for detailed qualitative data. Key informant interviews engaged individuals with specialized knowledge, enriching the research with expert insights. Thematic analysis was the chosen method for data analysis, characterized by its flexibility and iterative nature. This approach involved familiarization with the data, initial coding, searching for themes, reviewing and refining themes, defining and naming themes, constructing a narrative, and engaging in an iterative process of continuous refinement. The research methodology prioritized depth, context, and individual perspectives to provide a comprehensive understanding of the research topic within the specific context of the study.

## 4.0 Data Analysis and Discussion

### Introduction

This chapter presented the results and conducted a comprehensive analysis of the collected data. It served as the culmination of the research efforts, systematically exploring the findings, their significance, and implications for the research questions outlined in Chapter 1. The data were presented in a clear and organized manner, utilizing tables, figures, and descriptive statistics to enhance understanding. A detailed data analysis was conducted, involving both statistical techniques and thematic analysis to uncover patterns, relationships, and trends. The results were interpreted within the context of existing literature and theory, addressing the research questions.

### Demographic Data

The study highlights significant findings related to HIV and AIDS, particularly focusing on demographic aspects, economic factors, and behavioral patterns among 98 participants. The age distribution underscores the importance of targeted interventions in the 36-45 age group. Gender-wise, the study emphasizes the need for gender-sensitive approaches. Marital status, educational levels, and income details reveal diverse dynamics influencing vulnerability to HIV and AIDS.

### Prevalence and Incidence of HIV/AIDS

This section provides key insights into the HIV and AIDS testing behaviors of the 98 participants in the study. It outlines the participants' willingness to disclose their testing status, with 59 participants stating yes (representing%) and 39 participants stating no (representing%). The number of participants tested is further detailed, indicating that 5 participants tested positive (5%), while 93 participants tested negative (95%). The frequency of testing is depicted, revealing that 25% of participants get tested regularly, suggesting a proactive health approach. Additionally, 16% test occasionally, 19% test rarely, and a notable 40% have never tested. The high percentage of participants who have never tested underscores the need for increased awareness campaigns and education regarding the importance of HIV and AIDS testing. Addressing stigma, enhancing accessibility to testing facilities, and tailoring interventions based on different testing frequencies could contribute to more individuals getting tested regularly.

### Factors Contributing to Gender Disparities in HIV/AIDS

The study delved into participants' perspectives on gender inequalities influencing the spread of HIV/AIDS. It revealed

that factors such as unequal access to education, limited access to healthcare, mother-to-child transmission, biological vulnerabilities, socioeconomic disparities, marginalization of certain groups, involvement in sex work, and cultural norms contribute significantly to gender-based disparities in HIV/AIDS transmission.

Moreover, the research comprehensively explored the various elements contributing to gender disparities. Unequal access to education was associated with limited awareness about HIV prevention and economic dependence, perpetuating stigmas. Economic inequality, manifested through limited resources and employment opportunities, impacted healthcare access, while gender-based violence and lack of female empowerment contributed to delayed diagnosis and treatment. Societal norms and cultural beliefs reinforced stigma, hindered communication, and perpetuated gender roles.

Additionally, cultural norms and gender roles were examined, revealing barriers to communication, stigma and discrimination, gender-based power imbalances, violence and coercion, cultural practices, traditional beliefs, gender stereotypes, and inequality in education as influential factors shaping the spread of HIV/AIDS.

In summary, the study underscores the intricate web of factors contributing to gender disparities in HIV/AIDS within the context of Kasalika village. It emphasizes the necessity of addressing these multifaceted issues through tailored interventions such as promoting education, economic empowerment, challenging cultural norms, and implementing measures to prevent gender-based violence. The findings highlight the importance of culturally sensitive approaches and collaborative efforts with local communities to effectively combat the spread of HIV/AIDS.

### **Barriers to HIV/AIDS Prevention, Testing, and Treatment**

The study identified multiple challenges faced by participants in Kasalika village concerning access to HIV/AIDS prevention methods, testing, and treatment. These challenges include limited healthcare infrastructure, geographical barriers (distance and transportation issues), fear of stigmatization, lack of awareness due to limited education, cultural beliefs and misconceptions, economic constraints, gender inequality, and supply chain issues affecting medication availability.

For women, specific barriers encompass limited decision-making power, economic dependence, gender-based violence, unequal access to education, and challenges related to reproductive health decisions. These factors contribute to delayed diagnosis, hindered access to preventive measures, and increased vulnerability to HIV.

On the other hand, men encounter barriers rooted in cultural expectations and stigma, reluctance to use prevention methods, societal norms discouraging health-seeking behavior, engagement in risky behaviors, and fears related to loss of masculinity and social standing if diagnosed with HIV. The study emphasizes the need for a comprehensive approach to address these challenges, considering the unique context of each village. Suggested strategies involve community education, improving healthcare infrastructure, reducing stigma, ensuring affordability and availability of testing and treatment services, and fostering collaboration with local communities. The findings also highlight the importance of gender-sensitive HIV management services and efforts to construct responsible masculinities, recognizing the impact of social norms on health-seeking behaviors for both men and women.

### **Conclusion**

Based on the study findings, the researcher draws the following conclusions;

- Age distribution reveals a significant concentration in the 36-45 age group, emphasizing the need for targeted interventions during this critical period.
- Need for targeted awareness campaigns, gender-inclusive health services, marital counseling, and educational outreach.
- Gender inequality plays a pivotal role in HIV transmission, influencing access to education, healthcare, and safe sexual practices.
- The outlined strategies offer a multifaceted approach to address gender disparities, with a focus on education, gender equality, community involvement, and healthcare access.
- Successful implementation requires continuous collaboration and adaptation to the unique cultural and social contexts of Malawian villages.

### **Recommendations**

From the research findings, the researcher made the following recommendations.

- Promote gender equality education from an early age to foster awareness of rights, responsibilities, and mutual respect.
- Empower women economically to reduce disparities by creating opportunities for financial independence.
- Develop community-based interventions challenging harmful cultural norms contributing to gender inequality.
- Enhance healthcare access, addressing barriers such as cost, distance, and cultural factors.
- Encourage open dialogue about sexual health, breaking down stigma associated with HIV.
- Design targeted interventions for men, addressing challenges related to traditional masculinity norms.
- Advocate for legal protections against gender-based violence and create support systems for survivors.
- Integrate HIV services with broader healthcare initiatives, considering gender-specific needs.
- Continue research efforts to understand evolving gender dynamics and their impact on HIV transmission.
- Regularly collect and analyze gender-disaggregated data to inform targeted interventions.

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