Time: 1 hour and 45 minutes

Activity Objectives:
- Identify how gender and sexual norms shape sexuality and power for different groups.
- Understand how gender and sexual norms related to sexuality shape the HIV epidemic.
- Identify opportunities to address gender and sexual norms related to sexuality, and how these interventions can enhance HIV programming.

Materials:
- Cards with identity of each character
- PPT presentation “Gender, Sexuality, and HIV: So What?” Part II “Shaping Our Sexualities (SOS): Gender and Sexual Norms”

Part I: Step In/Step Out

Time: 40 minutes

Activity:
1. In Part II of the Powerpoint presentation, show slide entitled “Gender and Sexual Norms.” Tell participants that we are going to explore in more depth how sexual and gender norms shape sexuality.

2. Create six small groups. Ask participants to number off from 1–6 until everyone knows which group she or he is in. Note: Choose the characters that are most relevant to participants’ programming contexts. If there are fewer than 12 participants, use only 5 groups and remove the character or situation that is least relevant. The exclusively heterosexual male must remain.

3. Show the activity instructions on the PowerPoint slide. Ask the participants to stand together in their small groups. Together, ask participants to form a larger circle, so that all of the groups are facing each other. Once the participants have broken into their small groups, announce that each group will represent a different person; give them their corresponding character cards as follows:

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**Characters:**

**A married woman** who grows vegetables and sells them in the market. Her husband spends time away from home for seasonal work. He can be violent upon return, accusing her of having earned extra money from relationships from other men while at the market.

**Non-married, exclusively heterosexual man** who owns a small business. He most often pays for sex, especially when traveling outside of his town.

**A young man who has sex with both men and women** and lives with his extended family, who assume that he is heterosexual. He is attracted to and looks for validation from older men who assume the more dominant role.

**Female sex worker with a boyfriend.** While they used condoms at the start of their relationship, they have not recently as they have been together now for six months and their relationship is getting more serious.

**A non-married, female high school student** who is living away from home for the first time. She has her material needs met. She is attracted to a boy a year ahead of her at high school. When in town, some young men at the university have also started to notice her.

**A young, recently married man who has had one daughter with his wife.** He and his wife have agreed to wait until they have more children. His extended family and neighbors tease that he is almost like a girl (and make jokes about his virility), because he spends time with his wife and daughter—and has no immediate plans to try to produce a son.

**A middle-aged, out, self-identified gay man** who has lived through the HIV epidemic in his country and feels comfortable spending time at established social clubs and restaurants that make a point of welcoming gay, bi, trans, and other MSM.

4. Discuss briefly as a large group what each behavior/identity means. Make any clarifications needed.

**Facilitator Note:** This exercise can also be done as a “board game” using flipchart paper. Make six columns on the flipchart, one for each group, and then add rows according to the number of questions being asked (choose 10–12 questions).

5. Each group assumes the assigned behavior or identity. Tell the group that we are going to see how much room each person has to move, related to their sexuality. Explain that the facilitator will ask a series of questions. Each group should briefly discuss how they think their person would respond to the question. For each question it is possible to answer only YES or NO. If the answer to a question is YES, then the group takes one step forward into the circle. If the answer is NO then the group stays where it is. The groups will be asked to explain their responses to the rest of the participants. Any of the groups may comment on or question another group’s response. After participants have responded to each question, they all go back to the edge of the circle (prior to responding to the next question).
6. All questions are related to the levels of empowerment and marginalization of the characters, related to sexuality. The questions link to the different areas of sexuality examined in the Circles of Sexuality exercise. To help the participants understand the exercise, you may use the first question as an example and help the teams to work out their responses. If their response is YES, make sure that they take a step forward into the circle.

**Sensuality**
- Do you nearly always experience pleasure during sex?
- Do you know what is most pleasurable to you sexually?
- Do you know what is most pleasurable to your partner?

**Practices**
- Is it acceptable for you to masturbate?
- Would your sexual practices be respected and seen as legitimate by the broader community?

**Health and Reproduction**
- Would it be easy for you to find relevant information (brochures, posters, etc.) about your sexual health?
- Can you openly discuss your sexual practices and concerns with a provider?
- If you are HIV positive, are you treated with respect, empathy, and care in public health facilities?

**Intimacy**
- Could you have a long-term relationship with the partner of your choice?
- Do you feel comfortable sharing intimate feelings, thoughts, or gestures with your partner?

**Sexual orientation and gender identity**
- Would most people you meet be correct in their assumption about your sexual orientation?
- Can you openly express your sexual orientation and gender identity without fear of violence?

**Power**
- Can you ask for sex when you want it?
- Can you refuse sex when you want to?
- Is it easy for you to insist that a condom be used during sex?
- Can you carry out your sexual practices without fear of being arrested, fined, or otherwise criminalized?
7. Upon completion of the game, ask participants to come back to the larger group. How did the different groups feel about the position of the individual they were representing? Did they feel happy, unhappy, frustrated, discriminated against, etc.? Were participants surprised by the outcomes—who was able to move, and who was not?

8. Facilitate a discussion regarding the various factors that allowed them to move (to step into the circle) or kept them from being able to move.

*What patterns, similarities, and differences, did you see among characters?*

- Who was able to move? Who could not?
- What questions (dimensions) of sexuality had more movement? Less?
- How did expectations of proper ‘masculine’ or ‘feminine’ behavior (gender norms) affect who was able to move? For which questions (and dimensions) of sexuality?
- How did expectations of what’s proper ‘sexual’ behavior (sexual norms) affect who was able to move? Which sexual behaviors are privileged (accorded more power and ability to move)? How do these affect who was able to move—and in relation to what questions?
- How did norms work (enable or constrain movement) within relationships or sub-cultures, versus within broader community and institutional expectations?

*What does this tell us about:*

- What is most valued in society? What is/isn’t acceptable?
- Who has more power? When?
- What does this imply for HIV programming?

9. Summarize the discussion, highlighting the following points:

- Gender and sexual norms shape who has power in sexual relations.
- Gender norms—expectations of what is proper feminine or masculine behavior related to sexuality—affect men, women, and trans people in relations with same and opposite sex partners. For example: men in a traditional masculine role decide when and how to have sex; women and those in a feminine role are expected to comply and face threat of violence if they do not. In the broader community, same-sex relations are often stigmatized for violating gender norms (that proper norms of masculinity include sex with and dominance over women). For women, sexual behaviors and relations that fall outside of norms are often met with threats or acts of violence, stigma and discrimination.
- Sexual norms—expectations of what’s acceptable sexual behavior—also affect men, women, and trans people in relations both with same and opposite sex partners. ‘Acceptable’ sex is penile-vaginal intercourse. Other forms of sexual behavior are often stigmatized and silenced. Sex is supposed to occur within the institution of marriage or within stable partnerships; multiple sexual partners or paying for sex is stigmatized (and in many instances criminalized). Talking about sexuality openly is
still often taboo; most providers do not feel comfortable talking about sexual practices.

- Gender and sexual norms related to sexuality also shape power in other areas of one’s life—such as how the community or institutions respect, protect, and uphold your rights, or enact stigma and discrimination.

- Other sources of inequality also contribute to a person’s relative status and power related to sexuality (e.g., age, race, ethnicity, etc.).

- Gender and sexual norms reinforce each other. Together, gender and social norms enforce dominant power inequalities. What is valued/privileged/assumed/correct in society is masculine, heterosexual, white (or the dominant ethnic/racial group), and financially secure. This reinforces a hierarchy of relations (men over women, more ‘masculine’ men over ‘less masculine’ men, and adult men over younger men).

- Individuals and groups may have the agency to act outside of these norms. The degree to which individuals and groups are able to successfully act outside them and reshape sexual power relations to be more equitable depends on many contextual factors (including a person’s own social position, social capital, community norms, laws, etc). It is important to identify where these opportunities exist, while also recognizing the larger inequalities that constrain these factors.

- These gender and sexual norms—and the related inequalities or opportunities to reshape them—carry over into which sexual practices are valued or stigmatized and punished, who has the power to make decisions about sex, whose sexual pleasure and well-being is most important, and whose experiences and what perceived opportunities inform the development and delivery of HIV programming and services.

**Part II: Lecturette with PowerPoint**

**Time:** 20 minutes

**Activity:**

1. Transition by saying that we now want to focus in more detail on the HIV implications of gender and sexual norms related to sexuality.

2. Deliver the PowerPoint slides on sexual and gender norms and inequalities, making connections with the activity and discussion.

3. After the presentation, debrief by asking the following questions:

   - Was there anything in the presentation that surprised you?
   - Do you agree with the main points of the presentation? Why or why not?
   - What further points or examples would you add?
   - Can some of the key points made in the presentation apply to the work that you do? Why or why not?
Part III: Identifying Intervention Opportunities

**Time:** 45 minutes

**Activity:**

1. Explain that we will return to each of the characters. We want to consider what specific programming interventions might help to address the power imbalances each character faces with regard to sexuality, and to enhance HIV program outcomes.

2. Ask each group to return to their character, and take 20 minutes to answer the following questions:

   • In what areas (dimensions of sexuality) did your character experience constraints on their power and agency? Opportunities?
   • What key gender or sexual norms contributed to these constraints or opportunities?
   • What 2–3 options can you identify to address these gender and sexual norms?
   • How would these proposed interventions reduce HIV vulnerability and/or enhance access to prevention, treatment, and support?

3. Ask each group to report. When all groups have finished, facilitate a discussion addressing the following:

   • How was this exercise? Easy or hard?
   • What struck you about people’s responses?
   • What new intervention ideas do you have?

4. Close the activity by recapping the central role that gender and sexual norms play in shaping sexuality—and in the relative power and well-being with which people are able to enjoy their sexual relations. Emphasize that being able to identify and respond to gender and sexual norms that shape sexuality is critical to effective HIV responses.