

# Chapter 3: Power walk

Gendor 101 training materials

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# Chapter 3: Power walk

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## Learning objectives

By the end of this session, participants will be able to describe how gender and sexual identities impact access to health services across different populations

## Time needed

45 minutes

## Materials needed

- One copy of one of the following Powerwalk Jamboard templates (see the **Technology Note** below)
  - [Option 1](#): 10 sticky notes per slide
  - [Option 2](#): 17 sticky notes per slide
- Facilitator Resource: Character Profiles
- Facilitator Resource: Power Walk Statements I: Gender Inequalities in Health Services
- Facilitator Resource: Power Walk Statements II: Gender Inequalities in the Community

**Technology Note:** In order to participate in this activity, each participant will need their own sticky note on the Jamboard. While the Option 1 Jamboard provides only 10 sticky notes, it allows participants greater movement on the Jamboard and facilitators may consequently read more statements (up to 9 or 10 statements). The Option 2 Jamboard, in contrast, provides 17 sticky notes, and consequently allows for more participants. However, facilitators will only be able to read up to 6 or 7 statements. Facilitators should consider which option is preferable for their context.

If there are more participants than Jamboard sticky notes, select enough participants to fill the sticky notes, and ask the others to observe the activity.

**The activity notes below assume facilitators are using the Option 1 Jamboard; some directions (i.e., the direction in which participants should move their sticky notes) will need to be adapted if facilitators elect to use the Option 2 Jamboard.**

## Advance preparation

1. Refer to **Facilitator Resource: Character Profiles** and select enough character profiles for each participant (one profile per participant) and/or enough character profiles for each sticky note. (Participants who observe the session will not need a character profile).
2. Review the **Facilitator Resource: Power Walk Statements I: Gender Inequalities in Health Services** and **Facilitator Resource: Power Walk Statements II: Gender Inequalities in the Community**. Prioritize the 7 to 12 statements that you would like to use during this activity.
3. (**Optional** – See Step 1 under “Power walking” below for an alternative means of distributing character profiles). Send a private email to each participant with their character profile. *Make sure that each character profile that is distributed to participants is **numbered**, and that each participant receives a different number.*

4. Make a copy of your preferred Jamboard Template (Option 1 or Option 2). As necessary, delete sticky notes so that the number of sticky notes reflects the number of participants.

**Facilitator note:** The purpose of this activity is to allow participants to experience the ways in which gender and other health determinants interact. Participants will represent a range of characters to demonstrate varying experiences of vulnerabilities and privileges with respect to health behavior and interactions with the health system. It is important, therefore, to select character profiles that will have maximum impact. Make sure to select profiles that are relevant to the social and cultural context.

**Facilitator note:** Regardless of the number of participants present, make sure to always include the character of the heterosexual man with a wife and two children.

## Steps

### Introduction (1 minute)

Explain to participants that they will spend some time reflecting on the links between social norms and sexual and reproductive health outcomes. State that this activity is intended to provide them with greater insight into the ways a person's social position influences their capacity to exercise their sexual and reproductive rights.

### Power walking (22 minutes)

1. *[If you have not already emailed participants a description of their character profile]* As participants arrive to the meeting, send each participant a **private message through the Zoom chat** with their assigned character profile. *Make sure that each character profile that is distributed to participants is numbered, and that each participant receives a different number. Numbers should be reflective of the numbered sticky notes on the Jamboard.*

**Facilitator Note:** It is not necessary to distribute the characters based on participants' sex. Male participants may receive female character descriptions, and female participants may receive male character descriptions.

**Facilitator note:** Because the Jamboard limits the number of participants on a single board, you may consider inviting some participants to just listen and watch. This can be helpful in the case that you have participants who are accessing the meeting from their phone or have extremely low bandwidth. Screen share the Jamboard throughout the exercise so they can watch the activity. Additionally, encourage them to reflect silently on each statement as it is read.

2. Explain to participants that they have each received a character profile through the Zoom chat/in their email. Confirm that all participants have indeed received their character profile, and that their profile came with a number. Participants who did not receive a character profile should raise their hand. (Re)Send them their character profile in a private Zoom chat message.
3. During the exercise, each participant will represent the character they were assigned. Explain that you will read a series of statements with which participants can either "agree" or "disagree." Their answer will depend on the character they represent—that is, they will answer based on how they believe their character would answer.

4. (Optional) Explain that, in person, this exercise would normally take place with the group standing in a single line. As a facilitator would read statements, participants would take one step forward if their character would be likely to agree with the statement; if their character would be likely to disagree with the statement, they would take one step backwards.
5. Explain that we'll be completing a version of this activity, adapted for the virtual space.
6. Next, one by one, ask each participant to unmute and read their character profile aloud to the group. If they cannot unmute, ask them to put their profile description in the chat and the facilitator will read it out loud. As participants share their character profiles, answer any questions they may have about their character.

**Facilitator note:** Some participants may feel uncomfortable representing characters who do not conform to dominant gender and/or sexuality norms (e.g., transgender and gay characters). It is important to emphasize that this is only an exercise and explain that this activity is intended to explore precisely the types of feelings people may have about non-normative sexual and gender identities.

**Facilitator note:** Some male participants may feel uncomfortable representing a female character. The facilitator should be sensitive to reactions of discomfort expressed by male participants and, when appropriate, remind them of any previous discussions about gender roles. The facilitator should also encourage the men to reflect on their reactions. If absolutely necessary, male participants who are not comfortable representing a female character may be given a male character description.

7. **Technology Action:** Screen share the Jamboard on which participants will move their sticky notes.
8. **Provide the following instructions:** "On this Jamboard, you'll notice we have a grid. On the grid are a series of sticky notes, each with a number. In just a minute, I'll post a link to this Jamboard in the Zoom chat so that you can all access it. Once you are on the Jamboard, you will want to locate the number from your character profile. You will use the sticky note with your number during this activity."
9. "As I read each statement, you're going to take one of the following actions: If you believe your character would agree with the statement, you're going to move the sticky note to the right on the board (towards the yellow). If you believe character would disagree with the statement, you're going to move your sticky note to the left on the board (towards the pink)."

**Facilitator note:** The colors within the Jamboard template are currently structured such that as participants move "back", their sticky note begins to disappear into the background—mirroring the ways in which those with less privilege/power often are unseen within the larger society.

**Facilitator note:** If the Option 2 Jamboard is being used for this exercise, participants will get the following movement instructions: "If you believe your character would agree with the statement, you're going to move the sticky note up on the board (towards the yellow). If you believe character would disagree with the statement, you're going to move your sticky note down on the board (towards the pink)."

10. **Technology Action:** Post a link in the Zoom chat to the Jamboard.

11. Ask participants to open the Jamboard. Confirm with participants that everyone has been able to access the board. Have all participants try moving their sticky note to the right or left. (Spend no more than 7 minutes on steps 1 to 11).

**Technology Note:** If participants are having any problem moving their sticky note, explain that participants should move their cursor over the sticky note such that their cursor switches to an icon with four arrows (see image to right). This cursor will allow them to move the sticky note.



12. Refer to **Facilitator Resource: Power Walk Statements I and/or II** and read the first statement aloud. After you have read the statement, allow participants a few seconds to decide on their answer and move their sticky note accordingly. Then, read the next statement aloud. (Spend no more than 15 minutes on this step; you may not be able read all statements)

**Facilitator note:** Depending on the focus you desire for the exercise and time available, you may choose to read the statements that focus on health services, on the broader community gender norms and roles, or a mix of both. A mix of both is recommended.

13. After you have read your final statement, pause. Ask participants to look at the Jamboard and notice how sticky notes have moved across the slide. Instruct participants to take a moment to reflect on their own sticky note's position and the positions of others.
14. Ask participants to close or minimize the Jamboard and re-open the Zoom meeting, so they can see others' videos.
15. **Technology Action:** Continue to screen-share the Jamboard so participants can reflect on where character profiles ended up on the grid. You may want request that participants re-share their number and character profile; alternatively, post all the numbered character profiles in the chat for participants to reference.
16. **Technology Action:** Stop sharing your screen so that everyone can return to Gallery View for the closing discussion.

### Group discussion (20 minutes)

1. Next, facilitate a 20-minute group discussion using the following questions and the important discussion points related to each statement in **Facilitator Resource: Power Walk Statements:**
  - How did you feel about portraying your character?
  - Who tended to move to the right (into the yellow) the most during the exercise? Why?
  - Who tended to move to the left (into the pink) during the exercise? Why?
  - How did you feel at the end when you saw your sticky note in relation to others?
  - How did expectations about acceptable/normal female and male behavior affect how people moved? For which questions?
  - How did expectations about proper/normal sexual behavior affect how people moved?
    - In relation to which questions?
  - What benefits do more equal gender roles bring to men's lives? Women's lives?
  - What does this exercise tell us about the impact of social expectations on individuals' health?
  - What does all of this mean for our sexual and reproductive health (SRH) programming?

**Facilitator note:** During the group discussion, it may be necessary for participants to briefly remind others of their character profile.

## Closing (2 minutes)

1. End the activity by making the following points:
  - Gender and sexual norms reinforce each other. Together, gender and social norms enforce power inequalities. The traits most highly valued in society are masculine, heterosexual, white (or the dominant ethnic/racial group in a given context), 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). Gender and sexual norms determine which sexual practices are valued or are stigmatized and punished by society, who has the power to make decisions about sex, and whose sexual pleasure and well-being is most important.
  - Gender roles and inequalities drive who has power and who is at greater risk of violence.
    - In general, women typically have less power than men.
  - Social norms that dictate that women should be subservient to men can limit women’s access to SRH services and contraception. In some contexts, providers may even refuse to provide women with contraception without the male partner’s consent.
  - Social norms dictate acceptable and unacceptable sexual behaviors/practices. “Acceptable” sex is penile-vaginal intercourse, while other sexual practices are often stigmatized and/or discouraged.
  - Social norms also dictate that sex is supposed to occur within the institution of marriage or within stable partnerships. Having multiple sexual partners, having sex before marriage, or paying for sex are generally stigmatized (and in many instances, criminalized). Unmarried and/or young women and men may be discouraged (or prohibited) from accessing SRH centers to obtain contraceptive methods.
  - Social norms that dictate what constitutes “normal” sexual behaviors for women and men also inform the delivery of SRH services, ultimately limiting women’s and men’s access to SRH services as well as access to services by socially marginalized populations (e.g., transgender, gay, lesbian, bisexual, and intersex persons; men who have sex with men; women who have sex with women; etc.). As such, these individuals cannot exercise their sexual and reproductive rights and ensure their SRH.

## Sources

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- Interagency Gender Working Group (IGWG). 2010. *IGWG Gender, Sexuality and HIV Training Module*.
- Washington, DC: IGWG. [http://www.healthpolicyinitiative.com/Publications/Documents/1408\\_1\\_IGWG\\_GSHIV\\_Module\\_Oct\\_2010\\_acc.pdf](http://www.healthpolicyinitiative.com/Publications/Documents/1408_1_IGWG_GSHIV_Module_Oct_2010_acc.pdf).
- Michau L. 2008. *The SASA! Activist Kit for Preventing Violence against Women and HIV*. Kampala, Uganda: Raising Voices. <http://raisingvoices.org/sasa/download-sasa/>.

## Facilitator resource: Character profiles

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**Male sex worker**

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**Female sex worker**

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**Transgender woman** (born as male sex, but self-identifies as a woman)

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**Transgender man** (born as female sex, but self-identifies as a man)

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**Single woman living with HIV**

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**Married man living with HIV**

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**Gay man** (a man who is sexually, romantically, and spiritually attracted to other men)

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**Gay woman** (a woman who is sexually, romantically, and spiritually attracted to other women)

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**Man who has sex with women and men** (a man who engages in sexual activity with men and women but who does not self-identify as gay or bisexual)

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**Poor woman who often trades sex for basic necessities**

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**15-year-old girl married to a 45-year-old man**

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**Male religious leader who is sexually active**

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**Married woman who is a victim of domestic violence**

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**Male adolescent who has HIV**

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**Unmarried, 50-year-old heterosexual man who is sexually active**

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**Sexually active single adolescent girl**

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**Sexually active single adolescent boy**

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**Heterosexual man with a wife and two children**

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**Married woman with no children**

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**Sexually active, 20-year-old unmarried woman with three young children**

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**Policeman who frequently pays for sex**

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## Facilitator resource: Power walk statements I: Gender inequities in health services

1. I feel respected by health care workers.

### Important points for the group discussion:

- Many gay and transgender people are not respected by health care workers when they go for services because in many countries around the world, being gay and/or transgender is socially unacceptable and, in some cases, illegal. Although health care workers are supposed to suspend personal judgment and treat the individual, many allow their personal beliefs to interfere with service provision, which may result in their exhibition of discriminatory behaviors and attitudes toward gay and transgender clients. As a result of this discrimination in health facilities, many gay and transgender individuals may not seek out health services even when they really need them. This has serious implications in terms of their sexual and reproductive health (SRH) outcomes.
- Many of the other characters might also face judgment and discrimination from health care workers because they are seen as not complying with dominant norms regarding acceptable female and male sexual behavior (e.g., male and female sex workers, single woman with HIV, poor woman who often trades sex for basic necessities, unmarried sexually active woman, sexually active adolescents, boy with HIV, and married woman with no children).

2. I can consult health services when and if I need to.

### Important points for the group discussion:

- Given the stigma and discrimination faced by many gay and transgender individuals, most may not feel that they can access health services. This discrimination may also limit their ability to speak openly about their health concerns, thereby further limiting the quality of the service provided.
- Similarly, some of the other characters may also feel unable to consult health services when they need to because they fear stigma and judgment from providers (e.g., female and male sex workers, boy with HIV, single woman with HIV, unmarried woman who is sexually active, etc.). Some other characters may be unable to consult services altogether because they lack the financial means (e.g., poor woman who often trades sex for basic necessities), or because their mobility and decision-making power may be restricted by others (e.g., married woman who is a victim of domestic violence, 15-year-old girl married to a 45-year-old man, sexually active single adolescents).

3. I can easily find a health facility able to address my particular health needs.

### Important points for the group discussion:

- Given widespread discrimination against non-normative gender and sexual identities, most health facility staff do not possess the required sensitivity, skills, and knowledge required to provide equitable and respectful services to gay and transgender clients.
- Female victims of domestic violence may not be able to easily access health facilities equipped to address the specific needs (medical, psychosocial) of gender-based violence (GBV) survivors. Similarly, the young characters might also find it challenging to access health services adapted to their needs.

4. It would be easy for me to find relevant information about my sexual health in local health facilities.

**Important points for the group discussion:**

- Given widespread discrimination against non-normative gender and sexual identities, most health facility staff do not possess the required sensitivity, skills, and knowledge to provide equitable and respectful services to gay and transgender clients.
- Similarly, the young characters might find it challenging to access health services adapted to their needs.

5. I can openly discuss my sexual practices and concerns with a provider.

**Important points for the group discussion:**

- Due to widespread stigma and fear of non-normative gender and sexual identities, many gay and transgender individuals may not feel that they can access health services at will because of the discrimination they are likely to experience from insensitive and ignorant health workers. This discrimination may also limit their ability to speak openly about their health concerns, thereby further limiting the quality of the service being provided.
- Young clients may also find it challenging to openly discuss their sexual practices with providers because not only are many providers ill-equipped to provide youth-sensitive services, but many also have their own personal judgments about youth and sexuality.

6. I can insist on condom use during sex.

**Important points for the group discussion:**

- Gender norms in many cultural contexts tend to make it more challenging for women (compared to men) to negotiate the conditions of sex. Gender and sexuality norms are interlinked. Social norms that dictate that women should be submissive to men and that men should dominate women contribute to the challenge women face in being able to decide when, where, how, if, and with whom to have sex.

7. I am allowed to be treated by a health care worker of the opposite sex.

**Important points for the group discussion:**

- Depending on the sociocultural context, it may not be socially (or legally) acceptable for clients to be treated by providers of the opposite sex.

8. I can visit a health facility without asking permission from any family members.

**Important points for the group discussion:**

- Depending on the sociocultural context, it may not be socially (or legally) acceptable for women, in particular, to leave the house unaccompanied. Women's limited mobility has implications in terms of their ability to make decisions about their SRH (e.g., ability to access family planning services).
- Young people may also be limited in terms of their ability to seek health services without parental consent.

9. My sexual practices are respected and accepted by the broader community.

**Important points for the group discussion:**

- In many countries around the world, non-heterosexual sex is not acceptable because it does not conform to practices that are considered socially acceptable. It is important to note that the perpetuation of dominant norms of masculinity and femininity depends upon the enforcement

of specific sexual norms. Dominant masculinity is defined in direct opposition to femininity. This opposition rests on the rationale that masculinity is superior to femininity. Common stereotypes of gay men as feminine therefore challenge the notion of dominant masculinity that society attempts to uphold. Homophobia sustains dominant masculinity since its main goal is to censor in men any expression of feminine characteristics (e.g., tenderness, sensitivity, gentleness, and caring), thereby reinforcing male stereotypes like aggression, physical strength, and dominance.

- Society may judge the sexual practices of many of the other characters as unacceptable because they do not fit within the norms of acceptable sexual practices for women and men (e.g., transgender woman and man, sex workers, poor woman who often trades sex for basic necessities, unmarried sexually active woman, sexually active adolescents, married woman with no children, sexually active single woman with children).

### **Facilitator resource: Power walk statements II: Gender inequalities in the community**

1. I was raised in a community where the majority of police, government workers, and politicians were of my gender.
2. I have been in a situation where a teacher has promised me better school results in exchange for sexual favors.
3. I have never been sexually harassed or disrespected.
4. Most doctors, lawyers, professors, and other “professionals” are the same sex as me.
5. People of my gender generally do not fear violence in their relationship or homes.
6. People of my sex can beat a partner and others generally accept this behavior.
7. Scientists have never considered my sex as inferior.
8. People of my sex often pay for sexual favors.
9. I have never been discouraged from pursuing activities of my choice because of my sex.
10. I generally do not fear being attacked if I walk home alone after dark.
11. I generally am not expected to take part in household chores and childcare responsibilities.
12. I have never worried about being called a prostitute.
13. I do not rely on my partner to pay for my clothes and food.
14. I have never been offered presents for sexual favors.
15. I have never worried about how to dress to keep myself safe.
16. It is generally accepted for people of my sex to have different partners.
17. My religious leaders are the same sex as me.
18. I have never feared being raped.
19. My sex is the one who usually makes the decisions about household expenditures.