

**GLOBAL FEMINISMS
COMPARATIVE CASE STUDIES OF
WOMEN'S AND GENDER ACTIVISM AND
SCHOLARSHIP**

SITE: PERU

**Transcript of Susana Chavez
Interviewer: Karen Bernedo Morales**

**Location: Lima, Peru
Date: September 8, 2020**

**University of Michigan
Institute for Research on Women and Gender
1136 Lane Hall Ann Arbor, MI 48109-1290
Tel: (734) 764-9537**

**E-mail: um.gfp@umich.edu
Website: <http://www.umich.edu/~glbfem>**

© Regents of the University of Michigan, 2017

Susana Chavez Alvarado, born in 1959, has a master's in Public Health from Cayetano Heredia University. She is an obstetrician graduated from the National University of San Marcos and a specialist in sexual and reproductive health public policy. Susana is a founder, member, President, and Executive director of Promsex, a non-profit organization with a focus on sexual and reproductive rights that reflects a dignity, justice, and equity approach. She is also an executive secretary of the Latin American Consortium against Unsafe Abortion (Consortio Latinoamericano contra el Aborto Inseguro, CLACAI). She has significant experience in the development of programming and scholarship around sexual and reproductive health, and gendered violence. Along with her level of expertise in the field of sexual and reproductive health, Chavez has a particular interest in helping adolescent and child mothers navigate pregnancy. Her work with these adolescent and child mothers includes advocating for abortion rights. Susana is a widely published scholar in the field of Women and Politics Research, Human Rights, and Health Policymaking, collaborating with other researchers in various studies. She has authored, co-authored, and edited several books, including *Life Histories of Women Who Experienced An Abortion Because Of Sexual Violence* (2015), *Stories To Avoid Forgetting: Violence In Relation To Adolescents' Maternal Mortality*, a qualitative study in Peru 2012-2014 (2015), *Border spaces: Encounters between social services and health needs of women in La Pampa* (2017), and *Perceptions About Sexual And Reproductive Rights In Adolescents* (2007), among others. Susana has published several studies in academic journals. She has also been an instructor of Health Public Policy with the Institute for Citizenship and Democracy (Instituto Ciudadanía y Democracia).

Karen Bernedo Morales is a curator and researcher of Visual Anthropology and Gender Studies. She is professor at Universidad Científica del Sur and a founding member of the award-winning peripatetic Museum of Art and Memory. She has directed documentaries on memory of the internal armed conflict of Peru: *Ludy D, women in the armed internal conflict*, *Mamaquilla, threads of war* and the series *Other memories, art and political violence in Peru*, and has curated visual arts projects with a gender perspective such as: *María Elena Moyano, texts of a women on the left* (2017), *Collaborative Carpet of Visual Resistance* (1992-2017), *Pedro Huilca, let's struggle for a cause that is superior to our lives* (2017), *Las Primeras, women encounter history* (2018, 2020), *Emancipadas y emancipadoras, the women of independence of Perú* (2019). She is currently completing the documentary *The invisible heritage*, which explores the fewer representations of women in monuments in the public space in Lima.

The interviews for the Peru country site were conducted in summer 2020, during the COVID-19 pandemic. These interviews were conducted over Zoom, and due to this format, there were some interruptions in the interview due to problems with connectivity. Many of these interviews discuss life and activism during the pandemic.

Karen Bernedo Morales: The interview is for the project of Global Feminisms, which is done in nine countries. Shelly Grabe, who is the coordinator in Peru, was also the coordinator in Nicaragua, and all the interviews of all the feminists and women who are being interviewed are archived and placed on a website with free access to researchers, academics, and the general public, right?

Generally, what we are going to discuss in this interview is your life history, your work, your experience with your work, your work in relation to the women's movement, how you see the feminist movement in Peru, and finally, analyze the situation we are living now. Okay. So, those are more or less the issues that we are going to address.

Susana Chavez: Okay.

KBM: Well, to begin, I know that everybody asks, for sure, about your work, the work that you do in your organization. But I would like to start with your life story. What memories, what recollections do you have that may seem important to you for what you ended up doing, where you ended up, where you are now, right? What stories, what anecdotes, what memories?

SC: Let's see, I would say that I am the daughter of teenage parents, both mom and dad. I am their second daughter, and they had me very, very young both. My mother was probably 16 when she had her first child, and my father was 18. I was born immediately after my brother. I was born in Lima, by absolute chance, because my mother had a serious complication in childbirth, but my early years were actually very, very rural. I mean, my village was of-- I always say of 300 people, and we were all uncles, cousins, and friends. And if you weren't family, you were the *compadre*, and the *compadre* was a family relationship. For some reason, my father never wanted me to stay in Cumbille, which was what my town was called, but every year my mother went out to visit her mother, who lived in Lima, because I think my mother was so young that she could never be separated enough from her mother, and of course she carried her children.

So, I had a summer life in Lima, and a daily life in my village. So, this, definitely, I think, marked a lot, a lot of my life. And my father... and my mother too, surely, but I think it was more my father, because he was like the one who sacrificed himself the most... My mother had her mother here [Lima], my father didn't, my father was from there [the town]. Then when I was seven years old my parents decided to send me to my grandmother's house and to be raised in her house right? I think this was because... Years later I understood that this had much to do with my father, I think that he was terrified by adolescent pregnancy, I later understood. He was terrified that I would get married, that I would cut my life short. So, I understood later, right? But the separation hurt me a lot, but it also sent me into a totally

different world, a very competitive world. My whole family here were all, absolutely adults, older than me, many men, many many men. The house was full of men. Therefore, I began to survive among many, among many men. I mean, I love those men very much, I love them very much because they are my family, my brothers. But they were teenage men, they were men a little older than me and where there was a lot of conflict and a lot of anger, and my grandmother could not always protect me, so, yes, I think my life, I don't know, I was obligated to [pause] be a fighter and to be competitive.

KBM: In trying to find a place for yourself even among your own family...

SC: Yes, because I learned from a very young age that I had to earn myself every place. So, for example, my grandmother was a very rigid woman, everyone was afraid of her because she was a woman who had also raised her children alone. None of my grandmothers had married, my grandmothers were always women who had many husbands, many partners, so... My mother was like the first one who married, but my grandmothers did not. My grandmothers were the ones who supported the family, right. My paternal grandmother like my maternal grandmother. Therefore, they were very strong women. They were both very strong, they were also young. And the most interesting thing that I know about my life is that my whole family was young. So, I remember that my grandmother was, I mean now, surely when she received me, my grandmother was no older than 45.

KBM: She was young.

SC: Consequently, it's been just recently, in the last 15 years, I have recognized that I have my first generation of old family, which I have seen die, which I have accompanied, but it is not that I have a long history of women, not of old family, but, no, they were hard working, and those I did not know surely died early but, no no they were like very close families too, somehow closed as well. And so, I think it was very particular.

KBM: Is that related in any way to the career you choose to study, the professional option you take?

SC: I don't know, I don't know I don't, I mean I think it was more of a later definition because my dad always had this idea that I had to be absolutely superior right. So, I remember having to be kind of like the example [for the rest of the family]. I was slaving my life away. [My father] Would also say that I had to be president of the republic, or just things of that kind. My father was a man who had only studied elementary school, but it was very clear that his... I, his daughter, could not get married, that is, she had to make a living, she had to be economically independent, she had to work, she had to be famous, that is. My father has always been a big burden in that sense. My mother, too, has an incredible capacity for self-improvement. For example, when she got married, she probably quit school, but then she studied after having children. I remember as a child accompanying my mother to present her thesis. And yes, I remember everything that it meant to a woman with...pulling the children to study, to not stay behind, to wake up. And I remember doing mischief, like one day I dropped all the ink on her books, and on her... and my mom would start crying and I would say to her "why are you crying though?" and just things like that.

So yes, very strong vicissitudes, right?

KBM: Sure.

Chávez: Mhmm

KBM: And how is your later, this, later stage [of your career] in terms of your studies? How do you decide to go into...?

SC: The studies actually come from, I mean, I was thinking of studying anything from veterinary, law, accounting, which is the only thing that seemed terrible, to study accounting, they are careers that seem frightening. I once thought about sociology. Then I thought about medicine. And actually, my decision came when I finished school and I felt that, well [during this time] my family separated, we got back together when I was 15 years old. We went to live in an interior city, and it was like a rupture with the grandmother, with these men. Suddenly I was living with younger brothers, which I didn't know much, but whom I had to take care of. This generated a very special relationship with my younger brothers [and I]. Plus, there were five of us, so I was the second one. And it turns out that when I finished school in Chiclayo,¹ I don't know if I wanted to stay there, so instead, I came to Lima and then I found San Marcos.² And San Marcos was a huge, historic university. No one in my family had ever been admitted to San Marcos. And suddenly, I stumbled across this career and I thought, what's this career about? And then I began to see around the neighborhood, women who were taking care of other women. But but they were midwives, so fat [and I thought] I don't know if I'm going to [grow up to be] that big and like them. But I was fascinated by the world, that relationship right. And that's how I get into a career like the one I have, right?

KBM: What do you think contributed, that is, from your childhood, or from what, from what you have shared about your life story, inspires the work you do now or contributes to what you are doing now?

Chávez: I think that throughout my life, I knew the history of women, I knew the history of my grandmothers. I knew or had an awareness of [pause] sexuality, of unwanted pregnancy, of rigid norms. In other words, since I was a child, I was very reluctant to the idea that people have to get married, that people... in other words, always appeared to me like... I mean, I always said, "but what if I fall in love with someone else?" I mean, I always said the same thing, right. I mean, I didn't want to... I wasn't like the girls who used to say, "Oh, so now we're going to get married and we're going to make each other happy", and I would say, "What if I fall in love with someone else? What would I do if I got married and couldn't get a divorce?" So that was my thing, so I never took on the subject, let's say... but I was very aware of the subject of violence, the subject of unwanted pregnancy, and things

¹ Chiclayo is a city in Peru, northeast of Lima. "Chiclayo." Britannica. <https://www.britannica.com/place/Chiclayo> (Accessed on September 18, 2021)

² San Marcos is a public research university in Lima, Peru. For more information, visit <https://unmsm.edu.pe/> (Accessed on September 18, 2021).

definitely open up for me when I go to the maternity ward and I see... and also crossed with the racial subject, the class subject.

I studied during a time when hospitals were much poorer than they are now. Back then there were the famous duplets and triplets. That means that a single bed could accommodate two or three women in the hospital. And I remember the mistreatments and I remember the screaming, so, this is when I began generating empathy with this issue, [this issue] was too important for women. Therefore, that's how it happened. No, it was then that I think I was distancing myself plenty from my colleagues in terms of what we wanted to do with the career. I feel that there were colleagues who wanted to, what do I know, well, [they wanted to] attend the birth very well, be experts, do good minor surgery, use medications. I wanted to do public health. But when I went to read about public health, I found the number of beds, patients, [and thought] the public health needed to have something else. Until one day I found the ENDES,³ the survey, which are the population and development surveys. And I see hundreds of tables analyzing contraceptive use and suddenly I find it fascinating that that is a route. So, more or less, in about the third year [at college] I said I wanted to be an obstetrician,⁴ I didn't want to work in a hospital, I wanted to do psychoprophylaxis⁵ or I wanted to do public health and I wanted to do research and [pause] teach maybe, but I didn't want to work in a hospital. Or to have my own practice in my home, to have my own service. But no, the hospital was never my, my aspiration.

KBM: And how did you first get involved in the area you are working in now? [pause] That is already in...

SC: In public health?

KBM: Yes

SC: I mean, that begins when I finish the career path. I mean all my information is hospitable, all my information is... But when I finish the career, someone tells me about a, about a group of professionals who are going to teach in different communities. So, I say, wow, I love that. I want to go and teach. So, I volunteer in some groups or in some small NGOs. Of course, at the time I did that, there were no obstetricians doing that.

³ The Demographic and Family Health Survey (ENDES) contains information about maternal and child health, contraceptive prevalence, fertility and mortality, knowledge of HIV/AIDS, women's status and domestic violence. "Peru Demographic and Family Health Survey 2017." Global Health Data Exchange. <http://ghdx.healthdata.org/record/peru-demographic-and-family-health-survey-2017> (Accessed on September 18, 2021)

⁴ An obstetrician is a kind of doctor whose focus is in pregnancy, childbirth, and the reproductive system. They are also referred to as OB/GYNs. "What Is an Obstetrician?" WebMD. <https://www.webmd.com/baby/what-is-an-obstetrician-twins#1> (Accessed on September 18, 2021)

⁵ Psychoprophylaxis is the procedure for coping with labor pain using patterned breathing techniques and relaxation. "Psychoprophylaxis during labor: associations with labor-related outcomes and experience of childbirth." *Obstetrics & Gynaecology*. <https://obgyn.onlinelibrary.wiley.com/doi/full/10.3109/00016341003694978> (Accessed on September 18, 2021)

KBM: Mmm.

SC: So, I went with my doctor friends, some nurse friends and I was the only obstetrician. So, the only, the only thing in the field was child control and development and vaccines. But there was nothing for pregnant women. So, I thought I'd do a community pregnancy thing. So, I think I see a newspaper where someone mentions my work because I was very young. I was 25 years old, 26 years old. And I was fascinated by the community work on pregnancy and community control, and the ladies and the whole pregnancy. And suddenly how menstruation works, and then how the sexual organs work. And then I realized I had a world, right, but it wasn't, it was, there weren't many people in it.

KBM: Has your work in any way influenced your experiences in your own life?

SC: Yes, definitely because I've had periods where I've been very influenced [by my work]. For example, studying, that is, after having that first basic approach, I mean, I had the idea that there had to be other experiences, there had to be systematizations, there had to be research. And I remember going to my office, at the NGO that hired me, and then coming home and continuing to study until 11 or 12 at night, for two or three years. I had small children, I had a little girl, I mean. But [I knew] I had to learn because what I had [learned] from the university was not enough. So yes, I have always been a hard worker, I mean I have always been a very hard worker. So, my husband was going to ask me for a divorce because I would come and go, you see. I would go to the library, check out books, register for magazines, read, take out cards, systematized for three years, I think I did that intensely, right, until I felt safe. I felt that I could talk. And I would walk or work with young health workers who were, in fact, the kings of the colony. So, I wasn't queen of the colony or anything like that. I was someone who also didn't have--- my career wasn't as well-known as that of the doctors. So, for me, I always felt that I had to do twice as much so that someone would take into account the work, but I also wanted to show my work, I also wanted to show my work (sic), I also wanted it to be appreciated. I also wanted someone to know that I made a record, of diagnosis, fast, self-instructive, what do I know. Right, as a pioneer, it was a barbaric passion, I was... [pause] And that's what attracts me a lot with people when they come to the office, you see. I love to see that person who is, who surpasses themselves and who comes out ahead. And the truth is that everyone who passes by my office comes out talking on TV, arguing, fighting, and it reminds me of my time.

KBM: And now that you've just mentioned that, having to demonstrate in a professional world of men... What, what other experiences have you had in this regard? Have you felt discrimination in your work, in the organizations in which you've worked? With colleagues?

SC: I think so, that is, let's say, always, as an obstetrician it has been more difficult for me to have my contributions considered. I remember one time... I have always been very studious, so when I got into a new subject, I would document myself, and up to now I document myself. And I am very argumentative. So, I remember that at some point I came in to discuss a little bit about the topic of vaginal infections. It was a real innovation of what was happening, to understand. And the bugs and the treatments and the diagnoses. And I,

of course, soaked up a lot of it. So, at the institution, where I was working as a feminist, there was a discussion. So, I promote a discussion, let's say, of experts, of female experts. And there comes a... and we invited a doctor, or I think my partner was a doctor, I don't remember exactly. So, I contradict him because he was saying some outrageous things, you see. Then all of a sudden, my boss turns to me and says, "Susan, but he's a doctor, and he knows." I tell her, "he doesn't know, he's a brute!"⁶ I tell her, "he doesn't know! He hasn't checked, he doesn't know." So, you see, I felt that I had to make much more effort. What I had studied was not enough. I think that was for me, it marked me a lot, I mean, it's not like I was silent, of course it hurt a lot, but it was like a difficult part. Another difficult part, let's say, that, [pause] sexual harassment is definitely something that always accompanied me. And I'm a person who interacts a lot with men and women. I think it affected me more, I think it affected me in a very significant way when I was very young. It had to do with my age. But I think this had a lot to do with the fact that I am not especially, particularly perceptive, honestly, I'll tell you that too. I'm not especially perceptive, but I can tell when someone can cause an issue, and if it's hard for me, I mean, I haven't had any serious issues, fortunately, something that I would say has inhibited me, but has generated a special effort, right.

KBM: And what is the importance of feminism for you, Susana?

SC: It's very important, I think that let's see, for me feminism is... I came from the quarries of the left because it was also imminent left, from a university background, from the federated center, yes [I had] a very active life, in that sense. But I also came from friendly relationships, from compact groups, people who I believed to be highly accepting of bullying⁷. In other words, we always had to have an idiot on the team [pause] I always tried not to be the team idiot. And I rarely was, or it wasn't particularly something I felt. But I did see that... and since I've always been around people who were a little older, I always felt that there was a very aggressive, violent, disrespectful way of relating [with one another]. And I thought it was like that. I mean, life is like that. So, for someone who's doing badly, everyone made fun of them, everyone laughed, everyone made fun of them. Until I got to know the feminist spaces [pause] and suddenly I realized that the bullying, the mockery, was not normal. Or at least in the group I was in. It wasn't normal. And suddenly I made a very clear separation between this question of bullying, mockery, the non-acceptance of the other, even homophobia, I would say, [I realized] it wasn't normal. So, I think that was my first connection or realization and without realizing it I was moving away from my reference group and every time I came, I found it less easy to tolerate. I was already, I could criticize them, I could say no, I could separate myself [from them]. I think those were my first years [of work] This, of course, as with any group, one finds, issues that have since dissected differently right. I've found the issue of agendas very useful, the issue of understanding violence, the issue of understanding the issue of unwanted pregnancy more globally. In other words, I was given much more solid elements.

⁶ Informally, a brute is a cruel or insensitive person.

⁷ The federated center, or centro federal, refers to the Peruvian constitution. Chavez is referring to leftist feminist who work within the constitution, rather than supporting anarchy which was the goal of Peruvian terrorist groups (extreme leftists).

KBM: What has feminism meant for your work?

SC: Let's see, I think feminism first gave me the gender focus, definitely. I mean, the gender focus was my greatest differential, you see, I think that's what it was in the beginning. But it also opened my eyes to the issue of de-medicalization.⁸ It gave me a lot of confidence in de-medicalizing things. It gave me a lot of confidence in transferring knowledge, transferring autonomy, being able to make decisions. I think that's what it gave me. Because in my career, authoritarianism⁹ is very strong. And you have the knowledge, that knowledge is [the ability to] control, to decide, to impose. So, yes, I think it gave me that dimension.

KBM: How would you define feminism?

SC: I don't think there is one single way to be a feminist. I think there are many ways. I hate, and have always hated, when there is the feminist meter, who is more feminist than who? Yeah, I don't like that at all. I hate femi-- I hate the use of feminism to say, 'only feminists do things right'. Not too long ago I participated in an investigation, right, they interviewed me for a study, and they began saying that "there's a difference between studying as a feminist and a non-feminist. And you know that, no, that's not right. I mean, discipline goes beyond ideology, I mean, you have to be disciplined, use the tools, and you can - feminism can be a great gum too right. I think [pause] that feminism gives you a certain possibility, a certain approach, a certain understanding. But as I say, there is no one way to be a feminist, right? So, I'm not a feminist who says another great discussion, and many times that has been very difficult for me. I am not making my bets to work among feminists, on the contrary, it bores me, because at a given moment, I think we need to interact with others. So, the segregation of the feminist world seems limited to me. So, in particular, I don't deny that there are groups, organizations that work entirely in a feminist world, a feminist posture, a feminist articulation. I am particularly interested in how we bring feminism to others. So, there are other kinds of skills, and other kinds of competencies.

KBM: And talking a little bit about your work, and now that you mention that talking to the others... eh eh, what are the strategies that you have used to work from your organization?

SC: From the beginning we said that we want a feminist organization of men and women. That it is very expensive, it is not easy either! [laughter] It's too expensive, I'd say. This is so, so very hard, in the sense that, yes, you can have a committed man but, the structural issues, the violence and all that remain, and there is also a certain sexism as well, sometimes behind feminism. That sexism is saying that women can be feminists and men cannot be feminists. Or women can never be the object of suspicion, while men are always the object of suspicion, and that is not true, that is not true. That [those qualities] are

⁸ Demedicalization is the process by which a behavior or condition moves from an illness or sickness to something that is considered more natural and normal. "Demedicalization." Open Education Sociology Dictionary. <https://sociologydictionary.org/demedicalization/> (Accessed on October 10, 2021)

⁹ Authoritarianism is a form of government that encourages submission to authority without question, and limits and constrains personal freedom. "Authoritarianism." Britannica. <https://www.britannica.com/topic/authoritarianism> (Accessed on October 10, 2021)

inherent in all of it, so it's been kind of a complicated issue. Also, I think the other issue that has been kind of challenging, is understanding the world of LGBT, and particularly the issue of trans women [pause] So for me it's also been a learning experience to understand how complex the issue of gender identity is.

KBM: How has your work, the work of your organization changed in these different political climates and historical moments?

SC: I mean [pause] I do not cease to combine the theme of accession,¹⁰ the theme of political incidence.¹¹ I have had to witness or be a companion to a series of changes that have taken place in the last 20 years. I mean, at least I have been part of those changes. and I see [these changes] as our revolution. And I see the topics of discussion. It's not lacking, and this is something that has also been, like, challenging for me to go out into other worlds. There's no lack of people who label you and say, "Well, when we talk about abortion, you're going to talk about abortion and that's it" [laughter] like that right. But I also feel that certain agendas that before limited women, were restricted, have become more transversal and are becoming better understood [with time]. Before there was violence, okay, women cry and suddenly now you say, okay, violence is much more transversal right.¹² So now you question how much it costs to accept misogyny, how much it costs to accept to be, misogynist, this already constitutes itself in questions not so easily accepted right, homophobic.

KBM: What would it be, if you had to choose, well, choose two of the most important projects that you've worked on with your organization, what would they be?

Chávez: [pause] At Promsex¹³ [note] you say?

KBM: Yes, in Promsex.

Chávez: Or, or?

KBM: Or in general, if you want to talk about others, in general in your experience

SC: No, I think that in Promsex, then for me, for example [pause] evolving the abortion

¹⁰ Accession is the process by which one rises to power. "Accession." Merriam-Webster. <https://www.merriam-webster.com/dictionary/accession> (Accessed on October 10, 2021)

¹¹ A political incidence test analyzes whether an offence is part of and incidental to a political struggle. "Political offence exception." Wikipedia. https://en.wikipedia.org/wiki/Political_offence_exception (Accessed on October 10, 2021)

¹² Here, the interviewee may be referring to the fact that violence as a right has many intersecting considerations. A transversal line has an intersecting system of lines. "Transversal (geometry)." Wikipedia. [https://en.wikipedia.org/wiki/Transversal_\(geometry\)](https://en.wikipedia.org/wiki/Transversal_(geometry)) (Accessed on October 10, 2021)

¹³ The interviewee is a founder, member, President, and Executive director of Promsex, a feminist non-governmental organization that, through political advocacy, knowledge generation and alliances, helps people decide on their sexuality and reproduction with autonomy, dignity, justice and equality. For more information, visit <https://promsex.org/> (Accessed on October 10, 2021)

debate has been very important. I mean, I now recognize that I have many more arguments to talk about abortion, without having to appeal that abortion is bad and that it should be avoided. [pause] I'm not at all in favor of the speech: "how nice it is to have an abortion." I'm not, no one will ever talk to me, they won't hear me talk about it, right? [They won't hear me say] Abortion is nothing, right. Abortion is a necessity and it's a tension. Having an STI¹⁴ is not something that makes me, let's say this, [makes me say] how beautiful the STI is! No, it's a necessity, period. And what you have to do is incorporate it, naturalize it as part of your sexual and reproductive health, period.

[long technical pause]

KBM: That would be one, what would be the other project?

SC: The one that fascinates me, that I love, is the one of pregnancy in girls. I mean, I don't love it because of the subject, but because of the complexity and the resolution capacity it has.

KBM: Mmmhmm.

SC: So, that is a very important issue for me.

KBM: Mmmhmm. And what projects are you working on right now?

Chávez: Well, what I have developed in the last few years is in the spaces of articulation. So, I work at a regional level with a platform that has been very successful which is CLACAI¹⁵ I don't know if you know. CLACAI is an entity that brings together more than 150 organizations, has a very active life, and is a highly recognized space. I am very proud of that space. In the country, I have a lot of capacity and dialogues with different people. For example, right now I am formulating a health platform for the theme of COVID, health reform. In other words, I have developed some skills in bringing people together. So that takes a lot of my time and effort.

KBM: And what are your expectations with that, with that... Is it an alliance? Is it a...?

Chávez: From the CLACAI platform?

KBM: Yes.

Chávez: No CLACAI is a space that brings together all the organizations, people who work on abortion in the region. So it is, it's 15 years old CLACAI... and CLACAI emerged as a space

¹⁴ Sexually Transmitted Infection

¹⁵ The interviewee is the executive secretary of CLACAI (Latin American Consortium Against Unsafe Abortion), an articulation of activists, researchers, health care providers and professionals that contributes to the reduction of unsafe abortion in Latin America. It promotes access to information and to modern and safe technologies within the framework of full respect for sexual and reproductive rights, from a gender and equity perspective. For more information, visit <https://clacai.org/> (Accessed on October 10, 2021)

to end the stigma of abortion, so that there is an official, academic space, where we could discuss evidence, where we could formulate protocols, [where] health providers, lawyers, advocates, communicators [could all come together] Right now, for example, in CLACAI, we are developing a monitoring system in nine countries to see how the pandemic is affecting access to reproductive health based on indicators, and then... And we are participating in advocacy spaces, right?

KBM: Regarding the relationship between feminist research and activism, how do you perceive this relationship?

SC: I mean, I think that still, let's see... depending. I believe that there are great researchers who are producing extremely important and valuable information. There are also efforts ... more of a gray literature, which is giving [us], let's say, a certain weight that the movement should have, right? So... a lot of resources are being lost. Now, there is also very little money to do research, that is also absolutely real. So, it's also a very complicated situation, isn't it?

KBM: What would be your, your evaluation, your perception of the feminist movement in Peru?

Chávez: I mean, first of all, there is not a single movement. I believe that there are many expressions of movement. I believe that we are in a stage of emergence of diverse types of organizations. And, as never before, I think... I consider myself, for example, a second-generation feminist. I mean, ahead of me there were older feminists, who were my teachers. So, my generation was more of a feminist, I always say that don't I? The first feminists were fighters who got up on the table and harangued. And then this, or all of this still incipient production. The latter were, we were more professionals, more contributing to our careers, as lawyers, as obstetricians, as doctors, in other words, what do I know, right? Many of [the professionals] of my generation are working in different places, based on their professions. There is a third generation, I think, that has already tuned up to be much more academic, but I'm trying to put it in a way that is even stereotypical, I'll tell you, and there are rather emerging young people who have changed a lot. These three generations have moved on almost peacefully, we would say. That is, almost like [laughs]... and also without giving much ground to the following generations. And I think that has been the most complicated thing, right? I remember having the feeling of saying, I'm 45 years old and they still think I'm the young feminist [laughter]. So, I was laughing my head off because I was saying, "Hey, I'm 45! But and I think, instead that the new feminists, that the new groups have broken with all that [the old way of doing things] let's say, how could we say, acceptance of us that was not so, was so conflictive, now, so it's another way of earning space.

KBM: And what has been your relationship with other women's organizations, from, or with, if you yourself but also from your organization?

Chávez: No, let's see [pause] I think I haven't been very much in the day to day, we haven't been so so in the day to day honestly. I feel that there is still a [pause]. I mean, first of all, I think that many of the things that we have to do we have to do by conquering other

terrains, other groups. So, at least I don't think I'm going to do it from a feminist perspective. That is to say, I am not going to convince my colleagues of Flora¹⁶ of Manuela¹⁷ of something that we are all totally convinced of, but that we have to, rather, go on winning over other sectors. So yes, it could be that our work is still very separate in that sense, right? And in fact, competition from resources. We, I, being the creator of a new organization where there were others 25 years before, it is not easy then either, it has not necessarily been easy.

KBM: With other women's organizations that are not necessarily feminist?

SC: Since the beginning, what happened was that we had always been working on public policy advocacy. So, yes, for example, we have had a lot of work with service providers with our work. Yes, we have worked much more closely with congresswomen. We have had much closer work with women's unions, with organizations of young women. We've always had a greater facility on that side, right?

KBM: You have talked a lot about the different ways, that there is no one way to be a feminist, about these differences that exist. Do you think... How is the movement of these women dealing with these differences, with these different social positions of unequal oppression, with these different agendas that women have?

Chávez: In tensions, but I think that, these tensions are not so dramatic either, because they are very small, they are very circular. I always tell them "look, our world, if we stayed among ourselves, our world is this small and only we would know what's happening. But beyond our own cerci,¹⁸ the world is gigantic." So, the way I see it, that's the direction in which this is moving, right?

KBM: Mmmhmm. And a little bit to finish. The subject of COVID,¹⁹ I can't help but ask, how has your work changed as a result of the health crisis?

SC: Particularly, for me it has been very intense, particularly it has referred me to the more

¹⁶ The Flora Tristán Center for Peruvian Women is a feminist institution that was created in 1979 as a non-profit civil association. Its mission is to "combat the structural causes that restrict women's citizenship and/or affect their exercise of it. Consequently, it aims to influence the expansion of women's citizenship and development policies and processes so that they respond to criteria and results of gender equity and justice." "Mission and vision." Flora Tristán. http://www.flora.org.pe/web2/index.php?option=com_content&view=article&id=198&Itemid=27 (Accessed on October 10, 2021)

¹⁷ Manuela Ramos is a Peruvian non-profit feminist organization that has been working since 1978 to improve the situation and position of women. This organization is organized through four strategic lines: Right to a Life without Violence, Economic Rights, Political Rights and Citizenship, and Sexual and Reproductive Rights; whose transversal axes are: Gender Focus, Rights Focus, Intercultural and Environmental. For more information, visit <https://www.manuela.org.pe/> (Accessed on October 10, 2021)

¹⁸ The interviewee is referring to the fact that beyond your own circle, the world is gigantic. A cercus is a pair of sensory appendages at the tip of the abdomen in insects. "Cercus" Collins Dictionary. <https://www.collinsdictionary.com/us/dictionary/english/cerci> (Accessed on October 10, 2021)

¹⁹ Coronavirus disease 2019.

global issue of health. Eh it has returned me to the field of public health then, yes that has been mainly the focus, right? And yes, it has added work. And it has also allowed me to identify the particular effects and impacts of women, in various ways. [It has allowed me to identify] their needs, access to inputs, double and triple shifts. But as an everyday action, it has made me discuss what happens with the health systems, what happens with the levels of attention, and what happens with the impact itself and the deaths, right?

KBM: Mmhmm. Well Susana, we've completed our time.

SC: How nice!

KBM: And I thank you very much because I know you have a very busy schedule and all, look, this will be on a website when they finish processing all the interviews and there's a chance to add a picture of you and a little bio so if you have a picture that you can send us that would be great. You can send it to me by email.

SC: Yes, no problem, I'll write it down here so that I can send it to you.

KBM: Already great, good I thank you very much again for the time and ...

SC: No to you too, really, for accepting that my time be cut short because yes at four o'clock I have to go into a meeting.

KBM: Don't worry, I thank you again.

SC: To you, a hug, take care.

KBM: Bye Susana, thanks!

SC: Bye.