

The Practice & Reproductive Impact of Female Genital Mutilation

New Legacy Radio-Episode 7: Angela Peabody

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VoiceAmerica 00:05

Welcome to New Legacy Radio with Christine Erickson. Are you someone who doesn't have children by circumstance, choice or chance? This show is for our collective community. Are you someone who influences policy, DEI initiatives or media narratives? Learn how you can co-create inclusive, equitable policies and environments for people without children. Now, here's your host, Christine Erickson.

Christine Erickson 00:31

Welcome to New Legacy Radio, everyone. I'm your host, Christine Erickson. And today we have a very powerful show for you. We are going to talk about a very sensitive issue, the practice and reproductive impact of female genital mutilation. So I just wanted to say that ahead of time for those who might be activated by this topic, we believe it's a very important topic to address at this time. And thank you for listening today. We have with us a wonderful speaker, conversationalist, journalist, all the things. Angela Peabody is the Executive Director and Founder of Global Woman Peace Foundation, which is founded on the principles of eliminating violence and injustices against women and girls. After her celebrated career as a television broadcast journalist in Liberia, West Africa, Special Press Secretary to the country's first woman Minister of Agriculture, Angela immigrated to the US, following the bloody and brutal military coup in her native Liberia. The first Liberian woman to ever pen and publish a full-length novel, Angela is now an accomplished and award-winning author. The proceeds from her second novel were donated to help build the Hope Academy in Liberia, to teach girls and boys about the risks of violence against children. She is a current voice and in the forefront of the legal accountability for female genital mutilation, and has worked to change policy in the US. Welcome, Angela.

Angela Peabody 02:13

Thank you, Christine. It's a pleasure to be here. And thank you for having me.

Christine Erickson 02:17

We're grateful that you're here today to discuss this very important topic, a sensitive one and a meaningful one. If you could start by just sharing a little more about the foundation, Global Woman P.E.A.C.E. Foundation, and how you started it, and what your move your evolution toward this focus and work on FGM was, that you're doing?

Angela Peabody 02:41

Well, as you know, I'm from Liberia. I was born and grew up in Liberia, West Africa. And Liberia happens to be one of the FGM practicing countries in West Africa. And I just was exposed to the practice called female circumcision at the time, when I was a child growing up in Liberia. And it was only when I immigrated to the United States, many, many years later, that I made the discovery; I kept hearing about female genital mutilation. And it interested me and it piqued my interest. And when I started researching as a journalist, I started connecting the dots, that it was the same as female circumcision, which I had heard of when I was growing up in Liberia. So I became more interested. And then I had the opportunity to interview and write my first article; interview a survivor of FGM, and write my first article on FGM, which was published in a magazine. And the more I wrote that article, after I had had that interview, the angrier I became, and I knew that I wanted to do something I wanted, but I didn't know what and how I was going to go about doing it. And it was later that my sons, my two sons said to me, you're getting more concerned and angrier, you need to do something, why don't you start an organization? I shied away from it at first, but then I decided this is the way to go. If I'm going to make a difference in anybody's life, I will need to start this organization, and so Global Woman P.E.A.C.E. Foundation was finally born, and here we are today. And we focused on female genital mutilation, specifically because looking at all the gender-based violence issues in the United States, we realized that FGM, or female genital mutilation was the least known, the least familiar to the United States. So we wanted to raise awareness and bring it to focus.

Christine Erickson 05:28

And we're so glad that you did. For some of our listeners, I know it might be surprising to learn that this is practiced in the United States. I think so often, it's easy to remove ourselves if we're not familiar with something and say it happens over there, or it happens to somebody else, like, like many things in life. Can you share a little bit about what you discovered is happening right here in this country?

Angela Peabody 05:57

Yes, I know, it's hard to believe. It was hard for me to believe that it was happening right here in the United States, until a couple of cases surfaced. Just ironically, for example, after I had decided to start Global Woman P.E.A.C.E. Foundation, one evening, I was watching the evening news, or the nightly news, national news, and I saw a story where they had arrested a father in Atlanta, Georgia, because he had taken a pair of unsterilized scissors at home, and clipped the clitoris of his three-year-old daughter. When she started bleeding profusely and he couldn't contain the bleeding, he rushed her to the emergency room. And so it was revealed then to the authorities that this is what he had attempted doing. And he was arrested. And I kept thinking about the little girl. I found out what Hospital in Georgia she had been admitted to and I wanted to check on her. But of course, when I called, they wouldn't give information because I was not a family member, or authorized. They would not give me any information. But that incident, because at that point, I had just founded the organization, but I had not really started work, and when I saw that case on the news, I knew that that little girl needed somebody if she lived, to guide her. And I wanted to be one of those people who would come to her rescue and help her. I never had that opportunity. But that just took me to where I needed to be from the beginning to where I wanted to be.

Christine Erickson 08:12

Wow. Yeah, thank you for that. I guess it's a good time to maybe back up a step and look at, you know, defining FGM, and looking at its origins. I wanted to hear about what you're doing and introduce Global Woman P.E.A.C.E. Foundation. So thank you for that. And, you know, as you said, there's been different terminology used for female circumcision, female genital mutilation. And there are reasons for using

female genital mutilation in trying to end this, I understand as well. So maybe if you could take us back, and share your understanding and perspectives on the origin and what it is.

Angela Peabody 09:00

Well, female genital mutilation as defined by the World Health Organization, and everyone has followed that definition, is the removal, the intentional removal of either all or part of the external female genitalia. And it is for no medical reason. We like to add that at the end, because it is important for people to know that it doesn't have any medical reason for doing it. It's a cultural practice. It's not even a religious practice. It's a cultural practice. So there's no reason, no medical reason for them to do that. And it originated in Egypt during the Pharaoh time. In fact, they are several types of female genital mutilation, and one of them is named after Pharaoh, which is the "pharaonic" type. But it originated in Egypt, more than 5000 years ago. And it trickled down to Sub Saharan Africa, years later, and then to parts of the Middle East and to parts of Southeast Asia. Today it's practiced all over the world, from Australia to the United States to North America to parts of South America. Europe, parts of Europe. Yes. And of course, Africa. 28 countries in Africa currently practice FGM.

Christine Erickson 11:00

Thank you for that. Yeah. Some of these things, no matter how much again, that I know about it, or that we've discussed it, or I've read about it, it can still take my breath away. When I imagine the enormity of it and the impact of it. And within those countries, are there other differential laws? I mean are the laws similar? Are there moves to change those laws? I know there's a lot of global activism. What does that landscape look like in terms of trying to change that?

Angela Peabody 11:41

Well, for example, I will start with Africa. Among the 28 countries that practice FGM in Africa, all of them have passed laws. Egypt, it's ironic that Egypt started FGM, and they were the first country in 2006 or 2007, I believe, that imposed a law against some practicing FGM. But there are only currently three countries in Africa

that haven't passed laws, mandated laws against FGM. And they are Liberia, Mali, and Sierra Leone. Sadly, enough, Liberia being my country of origin, they have not passed laws. They're working up to it. I know Mali, they are working very hard to get a law passed. So is Sierra Leone, and Liberia has been the most stubborn, but I saw something recently, an article where I think the Vice President was pushing for a law to be passed.

Christine Erickson 13:07

I was just curious, from your perspective, or your awareness, have those laws made inroads into stopping the practice?

Angela Peabody 13:18

When Egypt passed the law in 2007, I remember it was a celebration. And then, two years later, a 13-year-old girl died as the result of FGM. She died during the, during the performance of it. So yes, when the law is passed, it depends on where and how it's going to be enforced. But so those countries in Africa, I don't feel that the law makes a difference. It's on the books, and that's what's important. So it means that it's on the books, it's unlawful, if you're caught, with no recourse, you will get prosecuted. But the likelihood of that in certain parts, like my own Liberia, even if they had a law, I don't think it would make a difference because FGM is practiced mainly by a society group, called Sande Society, and they're not going to stop. So laws being passed, we have pushed for laws to for policy to be passed here in the United States. It does make a difference here in the United States, I think, because we know that it's going to be enforced.

Christine Erickson 15:05

Well, thank you for that. I know that you and the foundation have been integral to some of those changes, particularly in the state of Virginia. Can you walk us through how that came about, and what was on the books at the time? What was being practiced? What initiated the move toward changing this policy? And how were you able to be successful with that?

Angela Peabody 15:33

Well, it all came to us, not, I wouldn't say by accident, but there's a Virginia Senator. He's retired now, who said he received many flyers in his mailbox. But he said, he received one that caught his attention. And he said it was just one of one of those simple flyers that would be generated on somebody's computer, and they put it in the mail and it was about FGM. It caught his attention. He was a state senator, and he decided he wanted to do something about it. When he researched and discovered what it's all about and that the victims or the initial victims are little girls, he said, he's the grandfather of eight granddaughters. So he wanted to do something and make a difference. So he set out to write a bill that would later be passed. He needed the help of an advocate organization in the state of Virginia, so his assistant called me out of the blue. I was surprised and complimented at the same time. She said, "This is what we are faced with and the senator needs somebody to assist and support. We want an organization that will support the bill." And I just jumped to it and said, "Absolutely, we will support it." The reason why another organization in Virginia had turned the bill down to support, was because it only was calling for a misdemeanor and not a felony. And they wanted a harsher penalty. Yes, so did I. But at the time, we would take what we had. And the senator explained to me that once we get this misdemeanor bill passed into law, "I promise you" he said, it was due to budgetary constraints. It was my first time, hearing that it took actual money to pass a bill, so I was learning as I was going along, and he explained to me that it costs \$50,000 to get this misdemeanor bill through, so I promise you, if you support this bill, next year, I will make sure that it is budgeted for a harsher penalty. So he the next year, he kept his promise, and we were successful with the misdemeanor bill. My fellow advocates in the area were not too pleased about it, but I kept the senator to his promise, to his word. We headed to the capital of Virginia, Richmond, and we testified and convinced them and I told them, "Look, I know the mentality of the people who practice this thing. If you impose a misdemeanor, it's a slap on the wrist, they'll pay the penalty and continue to practice it. We need something that will be more of a deterrent. We don't actually want to see people go to jail or see their children taken away from them." This was my testimony. I said, "but we want something that will frighten them enough to say, I will not do it because I don't want to jail." And sure enough,

we were successful. We were greatly successful, and this was in 2018 because we didn't only get the harsher penalty. It was a class 2 penalty felony class with \$100,000 fine, and with imprisonment of 22 year to life. So I knew then that we had a big enough deterrent.

Christine Erickson 20:11

Wow, I am sitting reflecting from the beginning of your story. I mean, congratulations on that it was a big move. Certainly. And I'm thinking back to the beginning of what you said, and the flyer in his box. There are so many laws in the reproductive framework right now being challenged in the US. Just last night, I signed something, and I'm going to call in about something today. And I think, gosh, a flyer, you know, when it pays to make those calls, to send a flyer to do those things. I mean to go from a flyer to a felony legal penalty is quite an arc, particularly in the sphere of protecting women and girls.

Angela Peabody 21:00

Yes, at the time, when Virginia passed its law, even just the misdemeanor law in 2017, the misdemeanor law was passed. But we were Virginia became the 25th state. So there were only 24 states out of the 50 states in the US that had imposed laws against FGM. Virginia became the 25th. And I clearly remember one of my fellow advocates, tweeting and saying 25, down 25 more to go. And as we speak here today, I'm really proud to say that and congratulate all the other states and advocates that pushed for it, but we only have 10 more states in the US now that don't have laws against FGM. So we've come a long way.

Christine Erickson 22:02

That is an incredible journey and accomplishment. Yes. Congratulations to everyone involved in that. When you don't know something's there, you know, just like the senator, when you're not aware of something, you can't do anything. Right? And we can opt to do something or not. But I think just having this awareness and how it infiltrates lives of women and girls everywhere. It's not just in a special location where it happens on "X" day. This is happening all of the time.

Angela Peabody 22:39

Yes, it is. More so than we know or we realize.

Christine Erickson 22:49

Thank you for that. I know the downside of issues like this is we don't track statistics, well. We spoke to cases in the US, but outside of the US, or I believe the UK also has something if I'm if I'm not wrong, but how do you see this statistically still happening with the mix of, well, there are laws on the books, but the practice happens, and there might not be statistical data kept. How do we look at and assess the frequency of this and the impact of this on the number of girls that this is still happening to?

Angela Peabody 23:30

Yes, well to date, we have and I know that this number is not accurate, because this number was published by the CDC and the Population Reference Bureau, and we rely on those two entities to for our own records that we put out. If we go out to speak, we rely on those statistics. And these numbers came out in in 2013, and the number that was released for the United States was 213,000 girls. And then it was updated, and it took a leap. It was updated, after we advocates started pushing and raising more awareness. This was 2013, and by 2017, that figure had jumped all the way to 513,000. And that's where it has remained that those are the number of women and girls that currently live in the United States that have undergone FGM, or that are at risk. So it's one big number clumped together, where we don't have the division of how many women have actually experienced FGM in the US, and how many girls are at risk in the US. They put these all together, and those numbers have not been updated since 2017. I know that if it could take a leap from 2013 to 2017, how much do you think it has risen since then?

Christine Erickson 25:33

Yes, we are five years out, right, or six, depending when the research was done?

Angela Peabody 25:38

I'm sure it's much higher now.

Christine Erickson 25:41

And that's one country.

Angela Peabody 25:43

That's just one country. The UK is much farther ahead of us when it comes to FGM. The UK mandated teaching, including FGM, in their school curriculum, since 2013. And to think that since we're talking about the laws, it was only in 2019, that same senator who worked with us for the criminalization of FGM in Virginia, he was about to retire. He called me and said, I need your help one more time. We're going to do this. I'm not done yet with FGM. I want to mandate that every school in Virginia, every public school in Virginia, teaches FGM in their curriculum. And it was a dream come true, because I had dreamed about that happening. And so naturally, we worked with him, and he crafted the bill. We headed back to Richmond, the capitol, to do another testimony in front of the Senate Committee, and there again, we were successful. And in July of 2019, the bill was passed into law and mandated that every public school in Virginia would learn about FGM. We wanted all of the students, but they said no, only the middle and high school students. So there again, what took what we could get.

Christine Erickson 27:30

Right, right. I imagine, you know, just the awareness of that if someone is going through that, or something changes with someone. I'm just thinking about these young girls, in their friend circles, just so much awareness that could be preventative. Wow. It's an incredible work that's been done. And thank you so much to everyone, and especially you and Global Woman P.E.A.C.E. Foundation for driving these things. It's a fabulous, in- depth amount, an enormity of policy work in a short time, collectively within the United States. And I'm so grateful to hear that and thank you for sharing that with our listeners. We're going to take a short break and when we come back, we're going to continue our conversation with Angela Peabody.

VoiceAmerica 28:37

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Voice America programs are now available on your favorite connected device including Amazon Alexa and Google Home through streams with Apple Podcasts TuneIn and I Heart Radio. You are listening to New Legacy Radio with Christine Erickson. Now back to the show. Here is Christine Erickson.

Christine Erickson 30:03

Welcome back, everyone. We are speaking with Angela Peabody today about the practice and reproductive impact of female genital mutilation. And before the break, we discuss a lot of the policy changes that she's been active in and that have happened over the past few years in the United States. And Angela, I wonder if we might just go back to looking at what are some of the FGM health risks and the harmful results? What are some of the outcomes of this practice for young girls and women?

Angela Peabody 30:35

They are so many. There's a myriad of reasons of risks, health risks to girls and later women, because they grow into women, caused by FGM. For example, short term risks are just hemorrhaging, which could lead to death. Not being able to have sexual intercourse, not being able to conceive. They are left with a lot risks, because it's not done mostly in a clinical environment. Therefore, they are left with a lot of hanging skin and keloids and they are not healed properly, the skin is not healed properly when they do the cutting. Therefore, it can sometimes close up, the vulva.

And it depends on the types. I mentioned earlier in the conversation about types. So there's type one, which is when they cut off the hood of the clitoris, that's type one. Type two, they remove the entire clitoris, and they remove the small lip or the labia minora, as clinically called. And then type three is the most drastic of all, where they remove the entire clitoris, they remove both the labia minora and labia majora, and then with whatever skin is left, they pull it together and stitch it up, leaving only a tiny opening to accommodate urination and later on, menstrual period. Well, if that girl or that young woman went through type three, she's been stitched up. She has all kinds of problems. Like the very first survivor I interviewed, she had gone through type three, which is called the infibulation type. And she's told me that it took her 30 minutes to sit on the toilet for one urination, because instead of a flowing motion, it comes out one drop at a time. So it takes 30 minutes for her to complete one urination. And so it's all of those things, infections, major infections, because of that too, because the urine needs to flow out. And if it's being suppressed, then and also menstrual period being suppressed. It's not coming out the way it's supposed to, and it can cause all kinds of major problems and complications. And I'll share with you a woman who went into labor and she had not had any prenatal care. I will back up here and say when they go through FGM they are sworn to secrecy not to ever tell anyone what happened to them. Therefore, when these women travel to Europe or to the United States, they are afraid or ashamed to go to receive prenatal care or go to a doctor or gynecologist, just to have an examination or an OBGYN examination. This one woman went into labor, she hadn't had any prenatal care, and she just walked into the emergency room. This was in Michigan. When they prepped her, and had her in the stirrups, prepping her for delivery. They took one look at her, and she had been infibulated as a child, type three, where they stitched up. The doctors in the emergency and the nurses had never seen anything like it in their lives. They panicked, and this woman and the baby would have died, had it not been for a colleague of mine from Zimbabwe, who was an administrator at the hospital. They remembered her and rushed to her office, called her and she came and took one look at the woman and she said "to the OR, stat." And they were able to save her and the baby. But just think, had my colleague not been at work that day, what would have happened? They had never seen anything like it. And that's one of the

reasons why we are pushing for the AMA the American Medical Association to start including FGM in their medical schools, because these doctors need to come out of medical school, knowing and being prepared for anything, any sight like that if they are faced with it. I shared the story because it happened right here in the United States, right in Michigan. And people need to know that. It's so harmful, and it affects women. So many women come to our care, don't want sex. It's not that they don't want it, but they have no desire for it. And they are afraid, they're embarrassed to even let a man know what happened to them. Some of them feel, they say, like half a woman; they're not a whole woman. They don't feel whole. So it doesn't only affect them physically, but it also affects them psychologically. And sometimes the psychological effect is even greater than the physical effect. So yes, it does keep them from having children, from childbirth. And even when they are able to conceive, miraculously, and they go to delivery, it's very risky. Because they need to know, the doctors need to be prepared and know what happened to them, so that they need to have a Caesarean birth, if needed.

Christine Erickson 38:12

Wow. Yeah, I think we spoke earlier about the maternal death statistics. What were you referring to? I don't know if it was a collective of countries in Africa or specific one, but just the maternal death rate and the infant mortality rate, and how it contributes to that as well, I imagine. I shared that I was just rereading recently that the number one cause of death in young girls, ages 15 to 19, is complications of childbirth and pregnancy. And I'm curious again, we don't have the exact data, but I would be so curious of how much this contributes to that. I mean, aside from even a healthy young girl, not having experienced FGM, and her body not being ready for that, but just so many consequences of that as well. I just think the range of impact physical, mental, traumatic, relational, social impact on these women. I really wanted to speak to this, you know, as a community as a collective community. I want, we want FGM survivors to know that we see them and that they're a part of our community. And we spoke in, I believe our last episode, we were talking about reproductive technologies, with Pamela Mahoney Tsigdinos, and you know, the outcomes of those and the shame that can happen, or just being childless and not being able to have a child for any reason. We talk a lot about this

in our community. Shame silences. And in these practices, you're also asked to be silent, as you spoke to. And so it is not something that we would necessarily recognize in each other, unless that is shared. And so it's very important to me that this is acknowledged, and that survivors know that we see you, we see you. And we're with you in community, not only around your experiences, but in the space of not having other experiences that you may or may not have desired. It wasn't a choice, so even if you would have chosen not to have children, part of that choice may have already been made for you.

Angela Peabody 40:48

Precisely so. If a woman decides, if a girl grows up into womanhood, and she decides, I don't want to have children, that's, her prerogative, and that's her choice to make. But don't make a decision for her when she's only five years old, or she's seven, because that's what FGM is doing. The people who are practicing it, or the parents who decide to have FGM done to their daughters, they are making that decision for them. She might never be able to conceive. And then there's the psychological stigma where she doesn't want to, she says ashamed, she doesn't want it to be known. I will share with you that, of course, with our support service that we have, we have a privacy policy and confidentiality. But I will share with you that one of our members is facing her third divorce, because in her culture, they are not allowed to have premarital sex. In her culture, they are not allowed to talk about sex or their genitalia with a man to discuss it. So what does she do? The question is, when she's she meets a man who's interested in her, how does she come to tell him that, "oh, something is missing from my genitalia, I don't know if he will still be interested in me." So in her case, she didn't tell any of the three husbands, and they left her because of that. The first one left her. And then she met another one and he married her, and then he left her. So she kept doing the same thing every time until she came to us, with facing her third divorce. And it was because of FGM, and she had been infibulated. So the main thing is you have to talk to him. You have to break that silence, you have to break that oath, or the expectation that your culture dictates. You have to break and communicate with him and say, "this happened to me when I was a child, and therefore will have

problems unless I have corrective surgery." We're going to have problems in the bedroom. And it's difficult for them to do that.

Christine Erickson 44:14

Yeah, that's a that's a heavy weight to carry into social interactions or just everyday living throughout your life on something that happened without your choosing, without your consent. The social consequences in addition to psychological and physical. Can you say more about the corrective surgery and who has access to that? Is that something that works for everyone, or does it depend on the type of FGM that they had? And how common is that?

Angela Peabody 44:53

The surgery was created or developed by a urologist, a French urologist in Paris. He continues to practice, and has operated on 1000s of women, of survivors of FGM. That's all he does, he corrects what happened to them. And one of the only other urologists, here in the US, in California, practices and does that same type of surgery. And those are the two surgeons that Global Woman P.E.A.C.E. Foundation refers our survivors. We know that many of the survivors don't have the means to do that. And they need the surgery to be able to have a normal sex life, or normal marriage life, to be able to conceive and have a child, if they want to or need to. We started raising money during our walk to end FGM. We do a big fundraiser every year, every Fall to support these women. Whatever funds we raise from the walk, we put it toward a surgery, so we are able to send at least one woman. Our aim is sending two women a year; to send one at least one woman to surgery every year. It's called the rest clitoral restorative surgery. So what they are doing is they are restoring what was cut off from them, and those that have been infibulated, they de-infibulate them. They develop the labia minora and labia majora, and then also recreate the clitoris so that it will look like a normal vagina, after the surgery.

Christine Erickson 47:30

Wow, that's incredible. Yes, you mentioned the walk and fundraising for the surgery, can you share a couple of things, about the work that you do with

survivors, the group or groups that you run, and then also come back and share a little bit more about how you started the walk. And gosh, which year is it in now?

Angela Peabody 47:52

Well, we started we did the first walk in 2014. So I think I think this year will be our 9th or 10th year, I think. So we started the walk to end FGM because we wanted to raise awareness. We've been talking a lot about awareness during the show. We felt that that was a good way to raise awareness. And we didn't realize that by 2016, two years later, we had the largest international audience coming to the walk, to Washington. They traveled from as far as South Africa, Egypt, different parts of West Africa, Europe, the UK, and they were here in Washington, just to walk with us. That was the biggest, and we have continued to do it. We only didn't do it one year. And that was 2020 because of the pandemic. We were able to get back in person last year to do it. And so it's the way to raise funds for the surgery, and to raise awareness. And it's been very successful. So it's worldwide known.

Christine Erickson 49:13

That's so, so wonderful. And can you quickly say something about the group, the support that you offer, the continual support to survivors?

Angela Peabody 49:23

Yes, the support group is the young lady's story I told about the three husbands. She's part of our support group. We started the support group, not realizing that we were the only support group in the entire Washington DC metro area, specifically for FGM survivors. And we didn't know how we were going to reach them when we first started, but fortunately we reached them and they kept coming. We used to meet in person prior to the pandemic And then since the pandemic, we started meeting virtually, and it helped to expand it, because now we have clients all the way in Canada, and all over the United States. They join us virtually.

Christine Erickson 50:16

That is so fabulous. Yeah, I mean, one of those better outcomes right, of going virtually? Well, thank you so much for being here today and for sharing this, all of the powerful work that you have done, and that the foundation has done. You want to give us your website quickly? Because I'll probably mess it up.

Angela Peabody 50:46

Yes, www.gwpfnd.org

Christine Erickson 50:51

Yeah, please go there for more information. I say that because there I use a different URL. And I'm like, I'm going to turn the letters backwards before I get it out, and I didn't want to do that. Please visit the Global Woman P.E.A.C.E. Foundation website to learn more. There are all kinds of things that you're doing even beyond the things that we spoke about today. I really invite people to educate themselves on this, and to create awareness when you can. I would like to continue this conversation on any of our platforms, and I'm sure Angela will be glad to do so as well. Please reach out. If you want to send us an email, you can email us at radio@newlegacyinstitute.com

Thank you for listening today. And again, I just want to say all respect and honor to FGM survivors, and all of those who are members of our larger community of people without children. We see you and we are here for you. Thank you so much.

Angela Peabody 52:05

Thank you.

VoiceAmerica 52:11

Thank you for listening to New Legacy Radio. We hope Christine and her guests have given you the context and insight to connect with our community in new ways. What personal or professional change might you consider to acknowledge and include our diverse community of people without children? Until we speak again, we invite you to engage with us on any of our platforms.