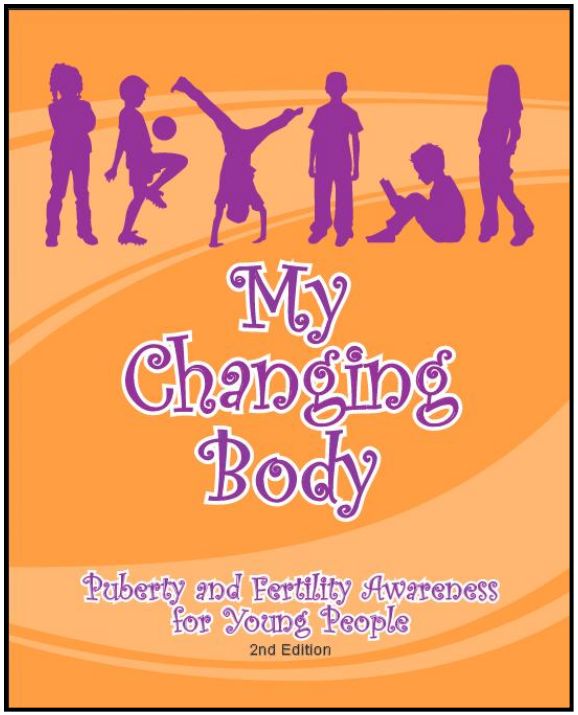
CATHOLIC RELIEF SERVICES



Catholic Relief Services and Planned Parenthood Style Sex Education

LEPANTO INSTITUTE

Issued January 2015

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EXECUTIVE SUMMARY

Over the course of the past few years, several organizations have investigated Catholic Relief Services (CRS) and its partnerships.

- In July of 2012, Life Site News broke the story of CRS giving $5.3 million to CARE, a contraception and abortion-promoting organization.
- August 2, 2012, Red State revealed that CRS is a dues-paying member of COREgroup, an organization that pushes contraception.
- On August 14, Red State also revealed that CRS is a dues-paying member and on the executive committee of MEDiCAM, an organization that pushes contraception and abortion in Cambodia. In fact, a CRS regional director was a member of the planning committee for MEDiCAM when it created a policy paper for 2011 indicating the intention to train abortion-providers.
- On September 6, 2012, Life Site News revealed that CRS had written several documents promoting condom use.
- In 2013, American Life League proved that CRS provided $64 million to organizations distributing contraception, committing abortion, and performing sterilizations.

In each instance, CRS gave excuse after excuse as to why they had to do these things, all the while maintaining the steady mantra that "CRS neither facilitates, endorses nor enables any violation of those [Catholic] teachings." However, this report proves that CRS has not been honest about how it implements programs funded by government agencies.

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What follows is an examination of CRS' partnership with Georgetown University's Institute for Reproductive Health (IRH) for the implementation of IRH's program, "My Changing Body: Fertility and Puberty Awareness for Young People." According to several sources, CRS was responsible for testing, revising and implementing the *My Changing Body* program in Rwanda. Of deep concern is the fact that *My Changing Body* promotes abortifacient contraception, masturbation, consistent condom use, the International Planned Parenthood Federation, the Planned Parenthood Federation of America, the Alan Guttmacher Institute and several other abortion and contraception providing organizations.

There is no justification for a Catholic organization to have had anything to do with this program as written, let alone actually implement and test it. However, even if CRS was implementing a sterilized version of *My Changing Body*, their participation is scandalous and their involvement directly opened the way for greater distribution and acceptance of this terrible program.

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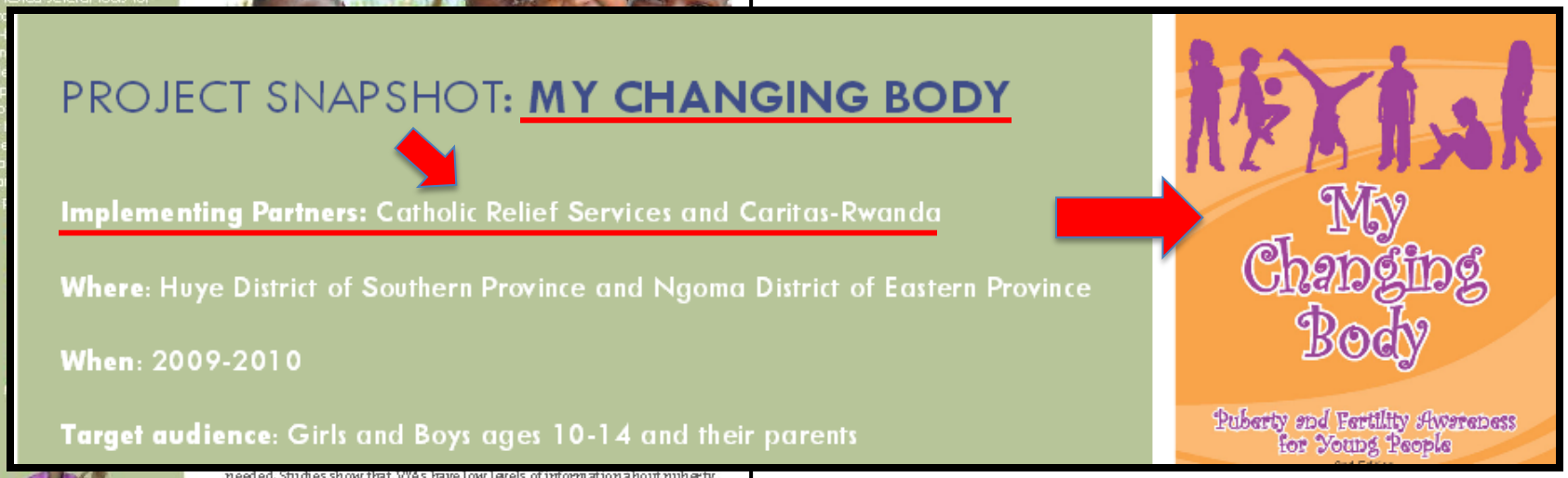


According to a 2013 brief by Georgetown University's Institute of Reproductive Health, Catholic Relief Services and Caritas Rwanda were "implementing partners" for IRH's "*My Changing Body*" program.

http://irh.org/wp-content/uploads/2013/04/VYA_Rwanda_Brief_8.5x11_2013.pdf

My Changing Body: Puberty and Fertility Awareness for Young People, 2nd Edition

A Pilot Study in Guatemala and Rwanda

Submitted December 2011
The Institute for Reproductive Health

The Acknowledgements section of a 2011 USAID report on the Pilot Study of *My Changing Body* shows that CRS was involved in the revision and testing of the *My Changing Body* program.

Acknowledgements

We would like to acknowledge the following individuals for their contributions to the development and completion of this report: Rebecka Lundgren, Susan Igras, Marie Mukabatskinda, David Colon Cabrera, Irit Sinai and Elizabeth Salazar. We also recognize the efforts of Marcus Catsum and Lissa Glasgo for substantial editing of the report. Finally, we would like to thank the staff and youth workers of APROFAM and CRS for their enthusiasm and hard work revising and testing the My Changing Body curriculum.

USAID FROM THE AMERICAN PEOPLE

FAM PROJECT

INSTITUTE FOR REPRODUCTIVE HEALTH GEORGETOWN UNIVERSITY WWW.IRH.ORG

http://pdf.usaid.gov/pdf_docs/PA00JN7J.pdf

The executive summary of this same report indicates that CRS and Caritas were responsible for implementing the second edition of the *My Changing Body* program in Rwanda.

Executive Summary

This report presents the results of the revision and pilot testing of My Changing Body (MCB), a training manual for youth originally developed by the Institute for Reproductive Health in collaboration with Family Health International (FHI) with support from the U.S. Agency for International Development (USAID). The updated version, *My Changing Body: Puberty and Fertility Awareness for Young People, 2nd Edition*, consists of six participatory education sessions for 10-14 year olds and their parents. Partnering with youth-serving organizations in both Guatemala and Rwanda, IRH implemented interactive sessions designed to teach girls and boys ages 10 to 14 about puberty, including fertility and the body, self-image, gender norms and roles, communication, protective and risk behaviors, and relationships within and outside the home. A corollary set of participatory exercises for parents improves their understanding of puberty-related issues and builds their skills to support their children as they navigate puberty. Take-home exercises also help facilitate communication between young adolescents and their parents. The curriculum, which was integrated into ongoing life skills programs in youth-serving organizations, was implemented in Rwanda by Catholic Relief Services (CRS) and its partner Caritas and in Guatemala by the Association for the Well Being of the Family in Guatemala (APROFAM) with 268 adolescents and 117 parents.

Page 12 of this report illustrates how CRS and Caritas integrated *My Changing Body* with already-existing programs, making sure to point out that MCB was implemented outside of Church settings.

IRH partnered with Catholic Relief Services (CRS) and its partner, Caritas, to integrate MCB sessions into its President's Emergency Plan for AIDS Relief (PEPFAR)-funded *Avoiding Risk, Affirming Life* program. Implemented in partnership with Caritas diocesan offices in several districts of Rwanda, the *Avoiding Risk, Affirming Life* program worked with a broad range of faith- and community-based partners to equip youth (10-19 years old) and young adults with the values, attitudes, skills, and support to abstain from sex prior to marriage, adopt secondary abstinence, and remain faithful in marriage. The *My Changing Body* pilot reached VYAs and their parents in collaboration with CRS and Caritas in the rural area of Nyundo Diocese in Ngororero and Rutsiro Districts (Western Province) and in peri-urban communities in Butare Diocese in Huye District (Southern Province).

Pre-intervention data collection occurred about one month prior to beginning MCB. About one month after completion of the last MCB session, post-intervention data was collected in eight parishes engaged in the *Choose Life* program in these dioceses. A post-intervention-only comparison group of children was interviewed in the adjacent Kibuye Diocese, in which CRS planned to introduce MCB after it had been field-tested in Kibungo and Butare dioceses. Endline data collection in intervention and control dioceses took place during two weekends in mid-February 2010 and the first three weekends of May 2010, as youth were only available weekends during the school year.

3.1.1. Partnership and Coordination

In Rwanda, the study was conducted under the supervision of IRH/Washington with direct coordination of local IRH and CRS staff. CRS coordinated all logistics of the research and hired a local evaluation consultant. IRH provided orientation and support to the consultant and later conducted data entry and analysis. The role of Caritas in the research was to recruit study participants. Although working with Catholic implementing partners, recruitment of VYAs and parents was done outside of church settings.

2011 INTERNATIONAL CONFERENCE ON FAMILY PLANNING
NOV 29 – DEC 2, 2011, DAKAR, SENEGAL

In 2011, IRH gave a presentation on My Changing Body, indicating that IRH paid CRS to "support piloting the second edition" of MCB. This means that CRS is directly responsible for introducing the MCB program for use even after CRS leaves.

PRESENTATION 1

Title: Filling the Gaps in Very Young Adolescent's Sexual and Reproductive Health Programs: Results and Lessons **Learned from Evaluating the My Changing Body, 2nd Edition curriculum**

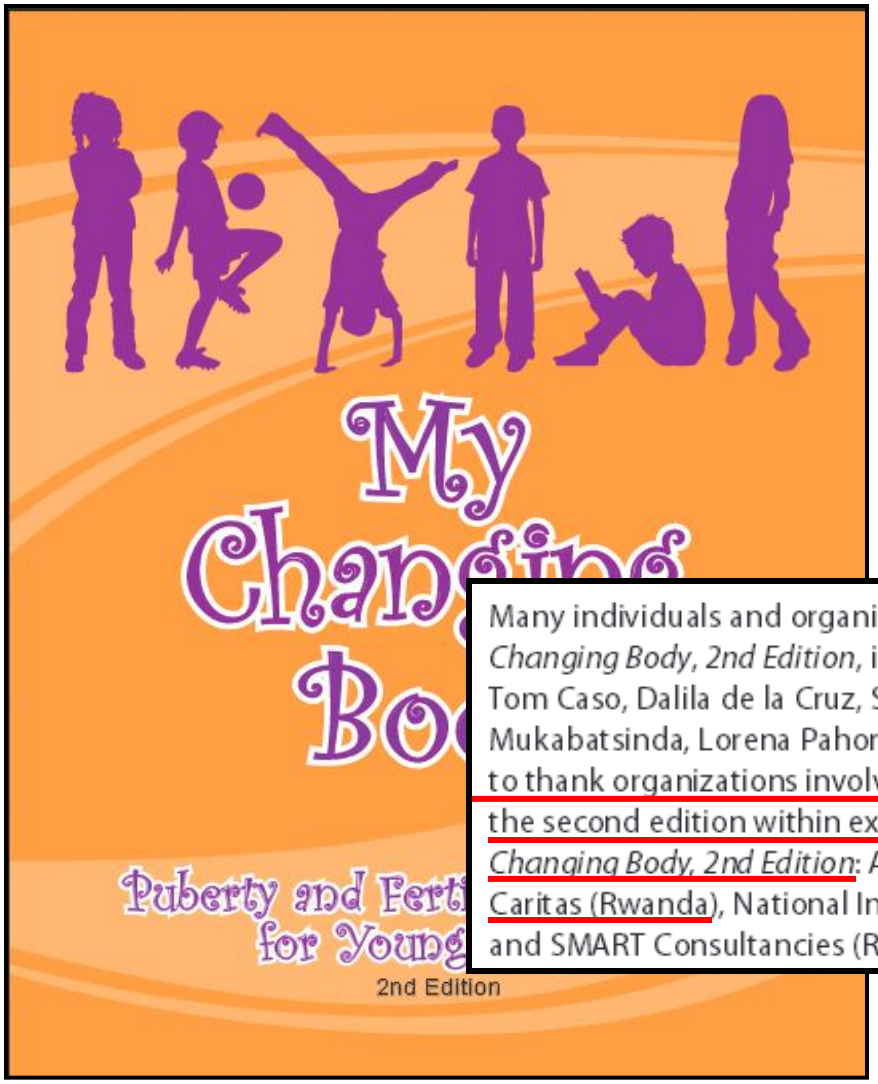
Authors: Susan Igras[1], Marie Mukabatsinda[2], Dalila de la Cruz [3], Elizabeth Salazar[1], Rebecka Lundgren[1], Yvonne Uwanyiriga[2]
[1]Georgetown University's Institute for Reproductive Health (IRH), Washington, DC, [2] IRH in Rwanda, [3] APROFAM, 4 IRH in Guatemala, 5 IRH Washington, 6 IRH in Rwanda

Background

The Institute for Reproductive Health developed the My Changing Body (MCB) curriculum in 2003 (in collaboration with FHI) to help VYAs understand puberty-related physical and emotional changes. The 2010 second edition includes new content related to concerns of youth and parents, including focus on gender and other social norms and parent-child communication on SRH related issues. VYA-only and parent-only sessions encourage peer discussion of issues, with child-parent discussion-themed 'homework' assignments creating a behavioral linkage between generations.

In 2010, IRH provided technical and financial support to Catholic Relief Services (CRS) and Caritas in Rwanda and APROFAM in Guatemala to contextualize MCB for their communities, train facilitators, and support piloting the second edition. Facilitators already working with adolescents led MCB sessions on weekends, one session per week. IRH and partners' staff visited several sites to observe sessions and ensure the quality of implementation.

https://www.conftool.com/fpconference2011/index.php?page=browseSessions&form_session=108&print=head



Page 6 of the second edition of the *My Changing Body* program book indicates that CRS and Caritas field tested this very version of the program.

Many individuals and organizations supported the development and field testing of *My Changing Body, 2nd Edition*, including (in alphabetical order): Bernadette Bimenyimana, Tom Caso, Dalila de la Cruz, Susan Igras, Marguerite Joseph, Rebecka Lundgren, Marie Mukabatsinda, Lorena Pahor, Elizabeth Salazar, and Aysa Saleh-Ramirez. We would also like to thank organizations involved in formative research that guided revisions, field testing of the second edition within existing youth programs, and in the curriculum evaluation of *My Changing Body, 2nd Edition*: APROFAM (Guatemala), Catholic Relief Services (Rwanda), and Caritas (Rwanda), National Institute for Public and Community-based Health (Madagascar) and SMART Consultancies (Rwanda).

http://irh.org/wp-content/uploads/2013/04/My_Changing_Body-Eng_FEB_2012.pdf

My Changing Body is designed for children ages 10-14.

Who is the Target Audience?

This manual is designed for adults who teach VYAs (and their parents) about human development and fertility. Youth group leaders, religious instructors, school teachers, or any adults regularly meeting with and instructing VYAs can use this manual. This manual is ideal for youth-serving organizations such as the Young Men's Christian Association (YMCA), Young Women's Christian Association (YWCA), World Association of Girl Guides and Girl Scouts (WAGGGS), World Organization of the Scout Movement (Boy Scouts), and others. The content and activities covered in *My Changing Body* are targeted towards very young adolescents, ages 10 to 14 and their parents who play an important role in the lives of VYAs.

Although this manual does not cover topics around sexual behavior and practice, participating VYAs will likely ask about these issues. Thus, there are questions and answers available throughout the manual to help guide these discussions. It is also very important for you to be objective in how topics concerning sexuality are approached. Personal biases and attitudes should not interfere with the teaching of this manual. VYAs have a right to honest, accurate, and appropriate information about their sexuality and reproductive health.

Page 77 of *My Changing Body* gives intimate details on the mechanics of sexual intercourse and claims that masturbation does not effect virginity. There is no mention of the fact that such acts are unchaste and immoral.

Q. Does a girl lose her virginity if she sticks her finger in her vagina?

A. No. Most people agree that women and men lose their virginity the first time they have sexual intercourse.

Q. What is an orgasm?

A. When a man has an orgasm, his penis gets larger and hard, and semen comes out. Then his penis gets smaller and soft again. The orgasm takes about five to 20 seconds. When a woman has a vaginal orgasm, her vagina squeezes together. It lasts about the same time as a man's orgasm, but can last longer. A woman can also have an orgasm when her clitoris is stimulated, either through masturbation or during sexual intercourse. A woman can get pregnant even if she does not have an orgasm.

Q. Do people ever have sex any way except for the man's penis to be inserted in the woman's vagina?

A. People express their sexual feelings in many different ways. The most important thing is that you should be comfortable with everything that you do.

Q. When is a good age to have sex?

A. Having sex for the first time can be an important emotional event. There are many questions that should be considered before actually doing it:

- Am I really ready to have sex?
- How will I feel about myself after I have sex?
- How will I feel about my partner afterward?
- Am I having sex for the right reasons?
- How will my parents and friends feel about me having sex?
- What do my religion and culture say about sex and sex before marriage?
- How will I protect myself against unintended pregnancy or infection?
- If I have sex, will I have to lie about it later?
- Will I feel guilty?

Q. Can a man get a woman pregnant if he removes his penis from her vagina before he ejaculates?

A. Yes. Sometimes even before he ejaculates, a tiny bit of fluid comes out of the penis, called pre-ejaculate, that contains sperm.

Page 78-79 runs through a list of contraceptive methods, including abortifacients.

Family Planning (Contraceptives)

Q. How do couples prevent pregnancy?

A. When a man and a woman want to have sexual intercourse without having a child, they can use a family planning method to prevent pregnancy. There are many types of family planning methods, also called contraceptives. The couple's choice is based on physical and emotional reasons. A couple can also avoid a pregnancy by abstaining from sex during the woman's fertile time, if they know when she is fertile. When a couple is using a family planning method correctly, this means they are "protected." Unprotected sexual intercourse means sex without any contraception.

Q. What kinds of family planning methods are there?

A. [Note: If someone poses this question and samples of family planning methods are available, show them while offering an explanation of the methods.]

- **Male Condom.** The male condom is a thin rubber tube. It is closed at one end like the finger of a glove so that when a man puts it over his penis, it stops the sperm from entering a woman's vagina.
- **Female Condom.** The female condom is a rubber sheath that fits inside the vagina and covers the vulva, preventing sperm from entering a woman's vagina.
- **Intrauterine Device (IUD) or Intrauterine Copper Device (IUCD).** IUDs are small plastic or metal devices of varying shapes and sizes that are placed in the uterus to prevent pregnancy.
- **Diaphragm.** The diaphragm is a shallow, dome-shaped rubber cup with a flexible rim. It fits into the vagina and over the cervix, keeping sperm from joining the egg. It is most effective when used with spermicidal cream, jelly, or foam.
- **Oral Contraceptives.** Oral contraceptives (sometimes called birth control pills or "the pill") contain hormones. These pills stop the release of an egg every month—but do not stop periods. A woman must take all of the pills in each pack to be fully protected.

- **Injectable Hormonal Contraceptives (Injectables).** The injection works the same as the pill. However, a woman receives a shot every eight or twelve weeks (depending on the type of injectable used) instead of taking a pill every day. Common names for these contraceptives are DMPA, Depo-Provera, and NET-EN.
- **Emergency Contraceptive Pills (ECPs).** Often called the "morning-after pill" or postcoital contraception, ECPs can reduce the risk of pregnancy after unprotected sexual intercourse. They work by using increased doses of certain oral contraceptive pills within 72 hours after sexual intercourse. The sooner ECPs are taken after unprotected sexual intercourse, the greater their effectiveness.
- **Spermicides.** Spermicides are chemical agents inserted into the vagina that keep sperm from traveling up into the cervix.
- **Male Sterilization (Vasectomy).** This is a surgical operation performed on a man. A small portion of each sperm duct is cut. Afterward, the sperm, which are produced in the testicles, can no longer be transported to the seminal vesicles. Therefore, the ejaculate of a man who has been sterilized does not contain any sperm.
- **Female Sterilization (Tubal Ligation).** This is a surgical operation performed on a woman in which the fallopian tubes are tied and cut, thus blocking the egg from traveling to the uterus to meet sperm.

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Dual Protection

Q. Is it possible to prevent pregnancy and STIs at the same time?

A. Yes. A couple can use the male or female condom to protect against both pregnancy and STIs, including HIV. A couple may also use two contraceptives (for example, a condom and an IUD) to protect against both pregnancy and STI/HIV transmission. Lastly, the surest form of protection from unintended pregnancy and infection can be achieved through abstinence, the avoidance of sexual intercourse altogether.

Q. How would you get your partner to use a condom?

A. Sometimes people are reluctant to use condoms, because they think that condoms diminish the experience of sexual intercourse. It is easier for two partners to discuss condom use before engaging in sexual intercourse. Talking about preventing an unintended pregnancy or STI before sexual intercourse helps partners understand the importance of using condoms.

Page 82 clearly promotes condom use.

The word "**masturbation**" is used in a positive way **48 times** throughout the document. A group exercise for boys called, "My Body Feels Good," selling masturbation as "normal" and "not harmful."

Step 2 **Boys: My Body Feels Good**

Group Exercise
(10 minutes)

Ask the group to think of a favorite activity or thing. Ask them how it feels to be doing, holding, or eating this thing. Ask them to describe the feelings of pleasure they experience. Ask if they have ever heard of getting a feeling of pleasure from touching their own body. Ask them what the word for this is. If they do mention masturbation, briefly describe what it is and why it happens, stressing that medical professionals say it is completely normal, but some cultures and religions do not support it. Encourage the group to say what they have heard about masturbation.

Make sure the following myths, and others that may be common in your community, are covered and corrected:

- Masturbation makes you insane.
- Masturbation makes you grow hair on the palms of your hands, causes pimples on your face, or makes you go blind.
- Masturbation makes you pale and uses up all of the boy's sperm.
- Masturbation makes you weak and makes it impossible for a man to father children.
- Masturbation causes you to lose your desire for the opposite sex.
- Girls who masturbate are obsessed with sex.

Facilitator Note

Discussing myths around masturbation will help make the topic seem less personal. There might be different myths about masturbation in your culture. Adapt this exercise to include any myths in your society.

After doing the exercise, explain to participants what masturbation is. Masturbation is rubbing, stroking, or otherwise stimulating one's sexual organs—penis, vagina, and breasts—to get pleasure or express sexual feelings. Both men and women can relieve sexual feelings and experience sexual pleasure through masturbation. Boys may stroke their penises until they ejaculate. Girls' vaginas may become wet, moist, or tingly from self stimulation, and they may experience orgasm. Many people, males and females alike, masturbate at some time in their lives. There is no scientific evidence that masturbation causes any harm to the body or mind. Masturbation is only a medical problem when it does not allow a person to function properly or when it is done in public. However, there are many religious and cultural barriers to masturbation. The decision about whether or not to do it is a personal one.

Continued from the previous slide …

Stress the Following

- Masturbation is often the first way a person experiences sexual pleasure.
- Many boys and girls begin to masturbate for sexual pleasure during puberty.

Pages 180-181 legitimizes homosexuality.

Circle #3—Sexual Identity

Sexual identity is a person's understanding of who she/he is sexually, including the sense of being male or of being female. Sexual identity consists of three "interlocking pieces" that, together, affect how each person sees him/herself. Each "piece" is important.

- **Gender identity**—Knowing whether one is male or female. Most young children determine their own gender identity by age two. Sometime, a person's biological gender is not the same as his/her gender identity—this is called being transgender.
- **Gender role**—Identifying actions and/or behaviors for each gender. Some things are determined by the way male and female bodies are built or function. For example, only women menstruate and only men produce sperm. Other gender roles are culturally determined. In the United States, it is considered appropriate for only women to wear dresses to work in the business world. In other cultures, men may wear skirt-like outfits everywhere.
- **Sexual orientation**—Whether a person's primary attraction is to people of the other gender (heterosexuality) or to the same gender (homosexuality) or to both genders (bisexuality) defines his/her sexual orientation. Sexual orientation begins to emerge by adolescence. Between three and ten percent of the general population is probably exclusively homosexual in orientation. Perhaps another ten percent of the general population feel attracted to both genders.

Heterosexual, gay, lesbian, and bisexual youth can all experience same-gender sexual attraction and/or activity around puberty. Such behavior, including sexual play with same-gender peers, crushes on same-gender adults, or sexual fantasies about same-gender people are normal for preteens and young teens and are not necessarily related to sexual orientation. Negative social messages and homophobia in the wider culture can mean that young adolescents who are experiencing sexual attraction to and romantic feelings for someone of their own gender need support so they can clarify their feelings and accept their sexuality.

Resources

At the end of the document, IRH states that *My Changing Body* is based on the works and philosophies of various organizations, nearly all of whom promote, perform or supply abortion and contraception. These resources include the Alan Guttmacher Institute, International Planned Parenthood Federation, and the Planned Parenthood Federation of America.

Our approach to youth programs is based on the following resources:

Organizations with Adolescent and Youth Reproductive Health Resources

Alan Guttmacher Institute (AGI)

AGI's mission is to protect the reproductive choices of women and men in the United States and around the world through research, public education and policy analysis. AGI seeks to inform individual decision-making, encourage scientific inquiry, enlighten public debate, and promote the formation of sound public- and private-sector programs and policies.

Alan Guttmacher Institute Headquarters,125 Maiden Lane, 7th Floor, New York, NY 10038 USA; Phone: +1 212-248-1111; Fax: +1 212-248-1951; or 1301 Connecticut Avenue, NW, Suite 700, Washington, DC 20036 USA; Phone: +1 202-296-4012; Fax: +1 202-223-5756; **www.guttmacher.org**

AGI is named after Alan Guttmacher, who was a past president of Planned Parenthood Federation of America and a leader of the International Planned Parenthood Federation.

International Planned Parenthood Federation (IPPF)

IPPF and its member associations are committed to promoting the rights of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health. IPPF links with autonomous national Family Planning Associations (FPAs) in over 180 countries worldwide.

International Planned Parenthood Federation, 4 Newhams Row, London, SE1 3UZ, UK; Phone: +44 20-7939-8200; Fax: +44-20 7939-8300; **www.ippf.org**

Planned Parenthood Federation of America (PPFA)

PPFA is the world's largest and most trusted voluntary reproductive health care organization. PPFA believes in the fundamental right of individuals to manage their own fertility regardless of income, marital status, race, age, sexual orientation, and national origin. PPFA believes that reproductive self-determination must be voluntary and preserve the individual's right to privacy.

Planned Parenthood Federation of America, 434 West 33rd Street, New York, NY 10001, USA; Phone: +1 212-541-7800; or 1110 Vermont Avenue, NW, Suite 300, Washington, DC 20005; Phone: +1 202-973-4800; Fax: +1 202-296-3242; or 800-230-PLAN refers you to your local Planned Parenthood organization; Fax: +1 212-245-1845; **www.plannedparenthood.org**

Advocates for Youth

Advocates for Youth is dedicated to creating programs and advocating for policies that help young people, ages 14 to 25, make informed and responsible decisions about their reproductive and sexual health.

Center for Education and Population Activities (CEDPA)

CEDPA designs and implements programs to improve the lives of women and girls, focusing on increased educational opportunities and increased access to reproductive health and HIV/AIDS information and services.

National Campaign to Prevent Teen and Unplanned Pregnancy

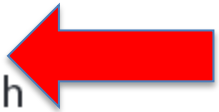
This organization is dedicated to preventing teen pregnancy by supporting values and encouraging acts that are consistent with a pregnancy-free adolescence.

Save the Children

Save the Children works to create lasting, positive change in the lives of children in need in the United States and around the world. They work with families and communities to define and solve the problems children face, including a focus on adolescent reproductive and sexual health.

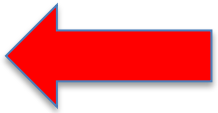
PATH

PATH's mission is to improve the health of people around the world by advancing technologies, strengthening systems and encouraging healthy behaviors. PATH focuses on adolescent reproductive health through such programs as: the China Youth Reproductive Health Project, the Kenya Youth Reproductive Health Project, the Entre Amigas Project, and the RxGen Pharmacy Project.



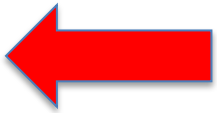
Pathfinder International

Pathfinder International provides women, men, and adolescents throughout the developing world with access to quality family planning information and services. Pathfinder works to halt the spread of HIV/AIDS, provide care to women suffering from the complications of unsafe abortion, and advocate for sound reproductive health policies in the United States and abroad. Pathfinder also implemented the FOCUS on Young Adults program which worked to improve the health and well-being of young adults in developing countries through the creation and strengthening of effective reproductive health initiatives.



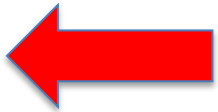
Population Services International (PSI)

The mission of PSI is to measurably improve the health of poor and vulnerable people in the developing world, principally through social marketing of family planning and health products and services, and health communications. PSI addresses youth sexual and reproductive health primarily through its YouthAIDS project. YouthAIDS targets at-risk youth between the ages of 15 and 24 with positive, upbeat messages of abstinence, mutual fidelity, and consistent and correct condom use for sexually active young adults.



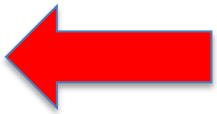
Sexuality Information and Education Council of the United States (SIECUS)

The mission of SIECUS is to affirm that sexuality is a natural and healthy part of living; to develop, collect, and disseminate information; to promote comprehensive education about sexuality; and to advocate the right of individuals to make responsible sexual choices.



ISOFI (CARE)

Inner Spaces Outer Faces Initiative (ISOFI) addresses inequities of power in gender and sexuality through the ISOFI toolkit. The toolkit includes training, reflection and monitoring tools that can help organizations increase their understanding of gender and sexuality issues and apply their new knowledge in their current programs.

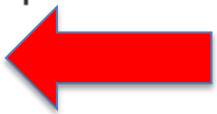


Population Council

Population Council seeks to improve the well-being and reproductive health of current and future generations around the world, primarily through research. One of Population Council's main goals is improve the reproductive health and well-being of adolescents in the developing world.

United Nations Children's Fund (UNICEF)

Present in 190 countries and territories around the world, UNICEF focuses on programs and research to aid children and young people. UNICEF has several resources and publications on youth, reproductive health, and HIV/AIDS.



United Nations Population Fund (UNFPA)

UNFPA helps developing countries find solutions to their population problems. It is the largest international source of population assistance. UNFPA has a number of resources and programs in reproductive health including family planning and sexual health.

Youth Coalition for Sexual and Reproductive Rights

The Youth Coalition is an international organization of young people between the ages of 15 and 29 committed to advocating for sexual and reproductive health and rights at the national, regional, and international levels.

Web Sites for Youth

Girls Incorporated (www.girlsinc.org)

Girls Incorporated is a nonprofit organization that inspires all girls to be strong, smart, and bold through a network of local organizations in the United States and Canada. The Girls Inc. website for girls offers unique online activities that guide girls through the entire goal-setting process, interviews with accomplished women and girls, and education and career planning resources.

Following the list of abortion and contraception-pushing organizations that this program was based upon, is a list of websites for youth. This list is made up entirely of websites devoted to indoctrinating children in abortion, contraception and sexual immorality.

GirlsHealth (www.girlshealth.gov)

This site is maintained by the Office on Women's Health in the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services. It aims to help girls (ages 10-16) learn about health, growing up, and issues they may face.

Go Ask Alice (www.goaskalice.columbia.edu)

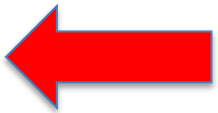
Go Ask Alice! is the health question and answer Internet resource produced by the Alice! Health Promotion Program at Columbia University — a division of Health Services at Columbia. The site features information about a range of health topics affecting adolescents such as alcohol and other drugs, nutrition, sex, and relationships. The site features a "question and answer of the week" and also allows adolescents to submit their own questions.

I Wanna Know (www.iwannaknow.org)

The *I Wanna Know* website serves as a trusted source of information for adolescents on such topics as sexual health, sexually transmitted infections, relationships, and reproductive health. The website is produced by the American Social Health Association (ASHA).

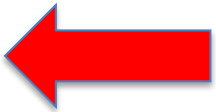
It's Your Sex Life (www.itsyoursexlife.com)

It's Your Sex Life is an interactive website maintained by Music Television (MTV). It provides young people with information about sexual and reproductive health and provides a forum for youth to ask questions and share their stories.



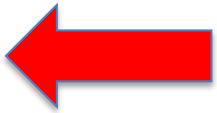
Sex, Etc. (www.sexetc.org)

The *Sex, Etc.* website is maintained by Rutgers University and features quizzes, videos, blogs, question and answer sections, and other forms of information to help youth become sexually healthy people and avoid pregnancy and disease during teenage years.



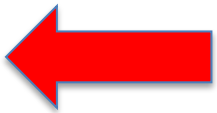
TeensHealth (http://kidshealth.org/teen/)

TeensHealth is supported by the Nemours Foundation and provides information on a variety of issues affecting adolescents including sexual health, relationships, food, fitness, drugs, and alcohol. TeensHealth also offers a weekly newsletter and is available in Spanish.



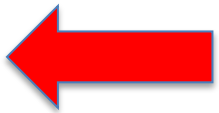
Teenwire (www.teenwire.com)

Teenwire is Planned Parenthood's Website for adolescents. It provides reliable information on body literacy, puberty, sex, masturbation, relationship, and sexuality.



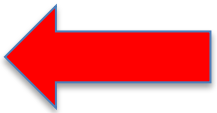
Voices of Youth (www.unicef.org/voy/)

VYA aims to offer all children and adolescents, including the hard-to-reach, a safe and supportive global cyberspace within which they can explore, discuss and partner on issues related to human rights and social change, as well as develop their awareness, leadership, community building, and critical thinking skills through active and substantive participation with their peers and with decision makers globally.



X-press (www.ippf.org/en/Resources/Newsletters/)

X-Press is IPPF's newsletter by and for young people



CONCLUSION

It is clear from multiple sources (Georgetown University, USAID, the 2011 International Conference on Family Planning, and the second edition of the *My Changing Body* program book) that CRS and Caritas Rwanda implemented the second edition of *My Changing Body* in Rwanda, with the full intention of passing the program on to other organizations afterward. It is equally clear that *My Changing Body* is completely incompatible with Catholic moral teaching.

There is no way any Catholic organization or individual could morally implement, promote, or give a positive review of *My Changing Body.* At the very core of this program is the perversion of children and the complete destruction of innocence.

As pointed out in the beginning of this report, CRS maintains that it "neither facilitates, endorses nor enables any violation of [Catholic] teachings." But CRS' involvement in the implementation, review, and testing of *My Changing Body* is an indisputable testimony that this repeated claim of CRS' is simply untrue.

Until CRS is forbidden from receiving government funds and funds from organizations that push abortion and/or birth control, it simply cannot be trusted.