ning content. The following exchange between two women in a 1998 focus group illustrates the role of *Apwe Plezi* in stimulating interpersonal discussions.21

32-year-old woman: “Well, we used to talk about [Apwe Plezi].”

28-year-old woman: “You mean argue. Those women were always arguing about who was right or wrong.”

32-year-old woman: “I think it made us think and talk a lot. I even used to tell my cousin to listen to [Georgie, a transitional character] on the program.”

The proportion of respondents who reported talking to their spouse or partner about family planning declined from 77% in the pretest to 67% in the posttest (odds ratio, 0.6), and the change was statistically significant (Table 2). Differences among listenership categories were not significant. Between the pretest and the posttest, there were also statistically significant declines in the proportions of respondents who reported discussing family planning with a same-sex friend (69% vs. 57%; odds ratio, 0.6) and with a family planning worker (37% vs. 27%; odds ratio, 0.6). Casual listeners reported more discussion with friends than nonlisteners (odds ratio, 1.9), and listeners generally reported more discussions with friends and family planning workers than nonlisteners, although most of these relationships were not statistically significant.

Current use of family planning methods was slightly but nonsignificantly higher at the posttest (54%) than at the pretest (53%). Given the level of regular listenership among women (16%) and the self-reported adoption of family planning among regular female listeners (15%), one would expect an increase of two percentage points (0.16 x 0.15 = 0.02), rather than one point. Therefore, our unprompted self-reports may not be overstated, and are consistent with the hypothesis of a small *Apwe Plezi* effect on women’s family planning adoption. Similarly, casual listeners seemed somewhat more likely than nonlisteners or regular listeners to be current users, but these differences were not statistically significant. However, these results are based on very small numbers of listeners; in analyses based on all respondents in 1998, listeners were significantly more likely than nonlisteners to be current users of a family planning method (52% vs. 43%; odds ratio, 1.6).

Among men who were in a sexual union, the proportion currently using condoms was 21% at pretest and 24% at posttest, but this increase was not statistically significant. Men who reported not being in a regular sexual union have a much higher rate of condom use than men in a union (39% vs. 21% in 1995—not shown), possibly because they were using condoms with casual partners to avoid contracting an STD. Regular listeners were the most likely to report using condoms (31%), but the difference was not significant, perhaps because of the small sample of male listeners.

Finally, although the proportion of family planning users who cited protection from STDs as their primary reason for use increased slightly from pretest (9%) to posttest (13%), this change was not significant and occurred about equally among listeners and nonlisteners.

**Service Statistics**

Condom importation increased modestly between 1995 and 1997, and then rose 45% in 1998 and 143%, reaching 7,043 kg, in 1999 (Table 3). By contrast, imports of chemical contraceptives (hormonal and spermicidal methods) decreased 9% from 1995 to 1996, roughly doubled in 1997 and fluctuated at about 1,200 kg through 1999. The number of new family planning acceptors at SLPPA clinics increased each year from 1995 to 1999, although the increase was small (1–6%) in most years, it reached 13% in 1997. The generally larger increases in contraceptive imports and new method users after 1996 are consistent with the hypothesis that *Apwe Plezi* would positively affect service demand, and SLPPA attributes much of the increase to the radio program.22

Approximately 40,630 women aged 15–54 resided in St. Lucia in 1997.26 Sixteen percent of women in our survey were regular listeners to *Apwe Plezi*, and 4% of regular listeners had gone to an SLPPA clinic because of *Apwe Plezi*; together, these findings suggest that the program should have motivated 260 women nationwide to attend an SLPPA clinic. This estimate is approximately 60% of the actual cumulative increase in new acceptors at SLPPA clinics (431) between 1995 and 1998.8

**Fertility Trends**

Between 1990 and 1995, the total number of births to St. Lucian women was approximately constant, at an average of 3,673 births per year, but for the period 1996–1999, the annual number dropped 13% to an average of 3,183 (Figure 2, page 154). Births to teenagers have been declining steadily since at least 1990; this decline may be partly attributable to the aging of the population as a result of previous fertility declines, but it accelerated after 1995. The proportion of all births that were to teenagers declined from 21% in 1990 to 16% in 1999.8

These changes in fertility correspond with the broadcast of *Apwe Plezi*, and are consistent with an effect of the radio soap opera on fertility in St. Lucia. But it is difficult to establish a causal relationship because of the correlational nature of the analyses and the small number of years available for regression analysis. Also, the declines in both overall births and those occurring among teenagers began somewhat sooner than might be expected, given the necessary nine-month lag between a change in contraceptive behavior and any decline in births.

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21 Of women who were using a family planning method in 1995, 28% reported receiving their method from an SLPPA clinic, 25% from a Ministry of Health clinic, 40% from private doctors and 7% from other sources. Many people prefer private doctors so as to avoid any embarrassment that might be associated with being seen going to a family planning clinic. Our service statistics do not include either Ministry of Health clinics or private physician visits.

22 This estimate is derived from the 1991 census and is based on the government’s revised population estimate for 1992 of 36,981 women in this age range and on an annual rate of natural increase of 1.9%.

26 The cumulative increase was obtained by calculating the difference between the number of new acceptors in 1995 and each subsequent year, and then adding the differences together.

25 For births overall, the slope of a linear regression of births vs. years for 1990–1995 is not significantly different from zero; the slope of a linear regression of births vs. years for 1995–1999 is 180 births per year (R²=.77, p<.06). For births to teenagers, the slopes are –26 (R²=.90, p<.01) for the earlier period and –44 (R²=.85, p<.03) for the later years.