methods for contraindications, it is essential that they obtain a comprehensive reproductive history for each client. Our observations revealed that service providers seldom obtained comprehensive information from new family planning clients, and focused mainly on their menstrual and obstetric history. Fifty-two of 68 new family planning clients were asked about the duration of their last menstrual period, but only 23 were asked about vaginosis and symptoms reported by the providers. They generally asked about these symptoms by the providers.

The IUD service delivery protocol requires providers to screen clients for history of blood loss and symptoms of reproductive tract infections, including vaginal discharge and lower abdominal pain. However, of 18 cases where providers fit a client with an IUD for the first time, they asked relevant questions only six times (Table 3), and only once did a provider explore the high-risk sexual behavior of a spouse. Providers asked only 15 of the 68 new family planning clients about a history of reproductive tract infections.

Service providers seemed most aware of a relationship between reproductive tract infections and the IUD and were less likely to consider reproductive tract infections when dealing with the complications of other methods. When women who had IUDs sought health care because they were experiencing side effects or had a routine follow-up appointment, providers generally asked them about vaginal discharge, lower abdominal pain, menstrual problems and vaginal bleeding. But women who used other contraceptive methods were not similarly queried. Among women who relied on the injectable for their contraceptive method and reported to the interviewer unusual vaginal discharge, lower abdominal pain or menstrual problems, only half were asked for more information about these symptoms by the providers. And of women who recently had given birth, providers often asked the date and place of the last delivery but rarely explored the presence of foul-smelling discharge and vaginal bleeding: Eight of 11 postnatal clients reported at least one such symptom during their interview, but providers commented on or explored the symptoms in only three cases.

Counseling and privacy. Ideally, counseling plays a role in all reproductive health services, particularly in terms of managing and avoiding reproductive tract infections. Of the 68 women who received a contraceptive method for the first time, 52 received some counseling, although most clients did not get complete information on side effects, complications and follow-up. When the reproductive history was being taken, providers maintained auditory privacy in only half the cases. This lack of privacy may affect women’s willingness to discuss sensitive subjects like reproductive tract infections. The providers’ general focus on the primary reason for the client’s visit may also inhibit effective communication between the client and the service provider about the presence of other reproductive health problems.

Provision of pelvic examination. A pelvic examination is the basic screening tool for most reproductive health care and is an essential tool for identifying and treating reproductive tract infections. Ideally, a pelvic examination should be performed for all new contraceptive users, as well as for women who experience contraceptive side effects and other reproductive health problems. A complete pelvic examination includes visual inspection, speculum examination and bimanual examination to assess uterine size, tenderness or the presence of any abnormalities.

Of the 68 women we observed receiving a contraceptive method for the first time, only 40 had a pelvic examination (Table 4). Of the 18 women who received a new IUD, 17 received a complete pelvic examination,* but in two cases an IUD was inserted without a bimanual examination being done. Only half of the women obtaining a new contraceptive method received a complete pelvic examination. Among 50 clients who came for routine follow-up exams or because they complained of side effects, 21 received a pelvic examination, and nearly 75% of these women used an IUD. None of the clients who came with other reproductive health problems received a pelvic examination.

In the majority of interviews, the

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* The protocol for a complete pelvic examination requires that the provider explain the procedure to the client, take necessary aseptic precautions and perform a visual inspection, a speculum examination and a bimanual examination.