providers did not give any reason for not performing a pelvic examination in cases where it was clinically warranted.

The quality of pelvic examinations varied widely between locations, and 22 of the 46 providers observed did not perform all steps correctly. There was general disregard for clients’ comfort and inattention to the essential steps, allowing potential transmission of infection and overlooking existing reproductive health problems. In private clinics, the majority of providers swabbed the external genitalia of their clients before conducting a pelvic exam (Table 5): Of 33 pelvic exams, swabbing was done in 29 cases, and aseptic technique was used in 18 cases. In public clinics (such as model clinics, thana health complexes and family welfare centers), 35 pelvic exams were observed; swabbing was done in 22 cases, but aseptic technique was followed in only seven (Table 5). Variations in aseptic technique included swabbing by hand (without gloves or with gloves), use of one swab for both internal and external genitalia, and not swabbing from inside to outside the genitalia. Any of these practices enhance the risk of reproductive tract infection.

A speculum was used in 20 of 35 observed pelvic exams in public clinics and in 23 of 33 pelvic exams in private clinics. However, a speculum examination was done prior to a bimanual pelvic examination more often in private clinics than in public ones. This practice may make it difficult for the provider to detect abnormal vaginal discharge. Private providers looked for discharge, tenderness and cervical abnormalities more often than did public providers.

Overall, infection prevention practices were better in private clinics than in public clinics. About two-thirds of providers in private clinics practiced regular hand-washing, compared with fewer than half of providers in public clinics. While the use of a speculum that has been boiled or chemically disinfected should be universal, this was not the case in public clinics (Table 5).

The techniques of pelvic examination, as it is currently practiced in both public and private facilities in Bangladesh, are in need of improvement. Following a step-by-step protocol, as well as taking precautions against iatrogenic infection, are essential. In locations where more than one service of a category was observed, there was very little variation in client management.

**Reproductive Tract Infection Management**

Out of 172 clients who were interviewed, 77% reported at least one symptom indicative of a reproductive tract infection. Observation of the service delivery process revealed that providers detected reproductive tract infections in only 21% of these women. One-third received specific treatment, and the rest got only symptomatic treatment. Treatment for the client’s partner was provided in two cases.

Among the 18 new IUD clients, providers detected reproductive tract infections in seven cases, but only two received specific treatment. One woman had an IUD inserted despite the presence of infection, and another infected woman received an alternate contraceptive method. Five clients in this group did not receive a contraceptive method or any treatment for their infection.

Of the 29 women using hormonal family planning methods who had scheduled a routine follow-up exam, 15 were diagnosed with reproductive tract infections by their providers, but only three women received specific treatment. In six cases, the contraceptive method was changed from the injectable to condoms, and in one case all method use was discontinued. Ten clients came for other reproductive health services, and providers detected reproductive tract infections in five of these women. Three of these clients received specific treatment, one was referred to another clinic and one got symptomatic treatment. Although four of the postnatal women reported symptoms of a reproductive tract infection, none received any treatment.

**Staff and Facilities**

All the clinics except two had a separate area for pelvic examinations that established adequate visual privacy, but 20 lacked a substantial light source and performed pelvic examinations under natural light. Many clinics also lacked a minimum amount of basic equipment, including disinfecting agents: Thirty-six clinics did not have a single complete set of instruments, and only 13 clinics had a regular supply of detergent.

All providers had some professional training and clinical experience. They were generally aware of reproductive tract infections and could relate such infections to sexual behavior, but none connected infections to poor infection prevention practices. It is possible that providers only associate reproductive tract infections with clients who have sexually transmitted diseases and do not realize that other women can be at risk. Providers were aware of the need for partner management and counseling, but the fact that most of them did not act on this knowledge may be due to the lack of current service delivery guidelines that specifically mention screening and treatment for reproductive tract infections.

**Discussion**

Reproductive tract infections are important health problems that affect women of reproductive age but that often remain unexplored in the current service delivery system. The women whom we observed in Bangladesh do not hesitate to discuss these problems in a clinical setting when the provider initiates such a discussion. However, despite the fact that most of the clinics we observed had trained staff, space, equipment and other necessary facilities for the diagnosis and treatment of reproductive tract infections, providers seldom explored relevant symptoms with their clients.

Our research identifies a number of missed opportunities and gaps in the knowledge and practice of these providers: Clinicians failed to elicit necessary reproductive health information from clients, across all types of clinics. Further, the pattern of client-provider interaction stayed focused on the initial reason for the woman’s visit and rarely looked beyond fertility regulation or pregnancy care.

In the current service delivery system