misoprostol early (i.e., less than 24 hours after taking the mifepristone), and 10 women reported holding the misoprostol in their cheeks for fewer than 30 minutes. None of these women required a surgical intervention to complete the menstrual regulation. Few women made unscheduled calls (14%) or visits (2%) to the clinic.

Women who elected to take the misoprostol at home (N=540) cited several reasons for their choice, including ease or convenience (62%), a preference for fewer clinic visits (47%) and greater comfort with home administration (33%). Women who were given a choice and who chose to take the misoprostol in the clinic (N=30) did so because they believed that they would receive better care (83%), felt more comfortable (37%), or found it more convenient or easier (30%).

Most (73%) of the women who took the misoprostol at home had someone with them at the time of misoprostol administration; for the majority of women, it was their husband (47%) or mother (10%).

Women were asked about their preference for place of misoprostol administration in the future. Women who chose to take the misoprostol at home were significantly more likely to say they would choose to do so in the future than women who chose to receive the prostaglandin in the clinic (home, 93%; clinic, 59%; p<.001).

Acceptability of Menstrual Regulation with Medication

Overall, most women (92%) were satisfied with use of pills for their menstrual regulation (Table 3). The majority of both clinic and home users of misoprostol rated their experience as satisfactory or very satisfactory. Most women found the overall side effects associated with the method acceptable or very acceptable (90%). About two-thirds of women (67%) found the bleeding less than or the same as expected. Women’s expectations about bleeding, pain and pain management differed across sites. Significantly more women at phase-two sites than at the phase-one sites reported that the bleeding was more than expected (37% vs. 26%; p<.001). Most women (70%) enrolled in each phase found the pain management provided adequate. However, more women in the phase-one sites than the phase-two sites found the pain medication insufficient (17% vs. 9%; p=.01—not shown). Almost all women reported that they would recommend using pills for menstrual regulation to a friend (93%) or would prefer that method if they required another procedure (92%).

At the follow-up visit, women were asked to report the best and worst features of using pills for menstrual regulation (Table 4). The majority of women reported that the best features of the method were that it avoided surgery and anesthesia (64%) and was an easy, quick or simple treatment (55%). The features of menstrual regulation with pills most often identified as the worst were the pain and cramps (44%), anxiety or fear that the method would fail (26%) and bleeding (23%). Twenty percent of women said that there was no worst feature associated with menstrual regulation with pills.

### TABLE 3. Percentage distribution of women who had a menstrual regulation with medication, by selected responses

<table>
<thead>
<tr>
<th>Response</th>
<th>% (N=629)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Satisfaction</strong></td>
<td></td>
</tr>
<tr>
<td>Very satisfactory or satisfactory</td>
<td>92.4</td>
</tr>
<tr>
<td>Neutral</td>
<td>4.5</td>
</tr>
<tr>
<td>Unsatisfactory or very unsatisfactory</td>
<td>3.2</td>
</tr>
<tr>
<td><strong>Overall side effects</strong></td>
<td></td>
</tr>
<tr>
<td>Very acceptable or acceptable</td>
<td>89.5</td>
</tr>
<tr>
<td>Neutral</td>
<td>7.8</td>
</tr>
<tr>
<td>Unacceptable or very unacceptable</td>
<td>2.7</td>
</tr>
<tr>
<td><strong>Bleeding</strong></td>
<td></td>
</tr>
<tr>
<td>Less than expected</td>
<td>21.3</td>
</tr>
<tr>
<td>Same as expected</td>
<td>45.9</td>
</tr>
<tr>
<td>More than expected</td>
<td>31.6</td>
</tr>
<tr>
<td>Don’t know/no bleeding†</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Pain management</strong></td>
<td></td>
</tr>
<tr>
<td>Adequate</td>
<td>69.8</td>
</tr>
<tr>
<td>Not adequate</td>
<td>12.4</td>
</tr>
<tr>
<td>No pain medication taken</td>
<td>17.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Excludes 22 women lost to follow-up. †Four women did not know and three reported no bleeding. Note: Percentages may not total 100.0 because of rounding.

### Acceptability Among Providers

In the focus group discussions, the majority of all types of providers were open to and excited about learning a new procedure for menstrual regulation. As one observed:

“This is a nonsurgical method of menstrual regulation so it will become demandable among clients. The entire procedure was very much acceptable to both service providers and clients... This is an easy procedure and it has minimum side effects.”—Female medical officer, age 29, phase two, urban area

Yet other providers expressed an initial sense of trepidation about using medicine rather than manual vacuum as-

### TABLE 4. Percentage of women having a menstrual regulation with medication who reported selected factors as the best and worst features of the procedure

<table>
<thead>
<tr>
<th>Feature</th>
<th>% (N=629)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Best</strong></td>
<td></td>
</tr>
<tr>
<td>Avoided surgery/anesthesia</td>
<td>63.9</td>
</tr>
<tr>
<td>Easy, quick, simple treatment</td>
<td>54.7</td>
</tr>
<tr>
<td>Successful, no complications</td>
<td>17.2</td>
</tr>
<tr>
<td>Private, confidential</td>
<td>12.2</td>
</tr>
<tr>
<td>Home administration of misoprostol</td>
<td>7.8</td>
</tr>
<tr>
<td>Little/no pain</td>
<td>5.7</td>
</tr>
<tr>
<td>None</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>Worst</strong></td>
<td></td>
</tr>
<tr>
<td>Pain, cramps</td>
<td>43.6</td>
</tr>
<tr>
<td>Anxiety/fear of failure</td>
<td>26.4</td>
</tr>
<tr>
<td>Bleeding</td>
<td>22.9</td>
</tr>
<tr>
<td>Nausea, vomiting</td>
<td>20.7</td>
</tr>
<tr>
<td>Duration of procedure</td>
<td>9.4</td>
</tr>
<tr>
<td>Unsuccessful</td>
<td>3.2</td>
</tr>
<tr>
<td>Other side effects</td>
<td>1.7</td>
</tr>
<tr>
<td>Buccal misoprostol administration</td>
<td>1.0</td>
</tr>
<tr>
<td>None</td>
<td>20.0</td>
</tr>
</tbody>
</table>

*Excludes 22 women lost to follow-up. Note: Multiple answers were possible.