

The usage of contraceptive pills in birth control by a sample of Jordanian women (August 2013)

1. **Age** 18-25 26-30 31-35 36-40 41-45 more than 46
2. **Education**
 Primary Secondary Community college Undergraduate Postgraduate
3. **Occupation** Student Employee at public sector Employee at private public
 Business owner Housewife Retired
4. **Residence** Amman Irbid Zarqaa Salt Ma'an Madaba Tafileh Mafrag
 Aqaba Karak Jarash Other cities in Jordan
5. **Nationality** Jordanian Not Jordanian
6. **Monthly income of the family** Less than 1000 JD More than 1000 JD
7. **Number of members who benefit from the monthly income**
 1-2 3-5 6-10 More than 10
8. **Marriage period** Less than 1 year 1-2 years 2-5 years More than 5 years
9. **Any previous pregnancies?** Yes No
10. **If the answer to the previous answer was yes, how many?** 1 2 3 4 More than 4
11. **Do you have children?** Yes No
12. **If the answer to the previous answer was yes, how many?** 1 2 3 4 More than 4
13. **Has there been any abortions?** Yes No
14. **If the answer to the previous answer was yes, how many?** 1 2 3 4 More than 4
15. **Have you ever used contraceptive pills?** Yes No
16. **If the answer to the previous answer was yes, for what purpose did you use them?**
 Birth control To stop menstrual cycle Other
17. **Have you consulted a doctor before using the pills?** Yes No
18. **Were pills dispensed with prescription?** Yes No

19. Do you prefer using contraceptive pills on other contraceptive methods? Yes No

20. If the answer to the previous answer was yes, what is the reason?

Easiness of use Availability Effectiveness Suits body type Safe

21. Do you think that contraceptive pills are effective? Yes No

22. Do you think that contraceptive pills are safe? Yes No

23. Are you afraid of the side effects of the pills? Yes No

24. Do you think that contraceptive pills are related to any of the following diseases?

Breast cancer Uterine cancer Infertility Hormonal turbulence None

25. Did you suffer any side effects from the pills? Yes No

26. If the answer to the previous answer was yes, what side effects did you manifest?

Weight gain Mood swings Headache Migraine PMS Premenstrual bloating

Irritability Breast swelling Change in sexual desire Menstrual turbulence Acne

27. Who recommended the contraceptive pills?

Husband Family Neighbors Physician Pharmacist Nurse Midwife Media

28. Have you ever stopped using the pills and tried any other contraceptive methods? Yes No

29. If the answer to the previous answer was yes, what was the reason for trying other methods?

Suffered side effects Pills were not effective Hard to commit to the pills Pills are expensive

Pills unavailability Other

30. Do you know how the contraceptive pills work? Yes No

31. If the answer to the previous answer was yes, how do you know?

Physician Pharmacist Media Books Internet Other

32. Were the contraceptive pills effective in birth control? Yes No

33. Did any pregnancies occur during pills usage? Yes No

34. Do you know what medication can counteract the effect of contraceptive pills? Yes No

35. Do you think that antibiotics could counteract the effect of contraceptive pills? Yes No

36. Did the physician/pharmacist give you information on how to preserve the pills effect?

Yes No

37. Did the physician/pharmacist give you information on how to use the pills? Yes No