

## **Abstract**

**Background:** Preconceptional care (PCC) is a key component in continuum of maternal and child health. It consists of risk screening, targeted interventions and reproductive health promotion.

**Objective:** To assess the utilization of pre conceptional care services and associated factors among newly married females in Maharagama Medical officer of Health area.

**Methods:** A community based descriptive cross-sectional study was conducted among 454 females married within last one year prior to the study. Clusters were selected using population proportionate to size method and house-to-house survey was conducted to recruit individual participants. A pretested self-administered questionnaire was used to collect data. SPSS version 21 was used and chi square test was performed to analyze associated factors .p value of < 0.05 considered as statistically significant.

**Results:** Mean age (SD) of the sample was 28 (4) years. Majority were Sinhalese (96.3 %, n= 437), Buddhists (92.3%, n=419), educated up to A/L or above (80.9%, n=367) and were employed (72.5%, n=329). There were 31.1% (n=141) who were pregnant. Majority of participants (61.9%, n=281) had a good knowledge and favorable attitudes (61.9%, n=281). The mean knowledge was 86.91% and out of seven sources, referring consultant gynecologist and obstetrician was the common source (41.2%, n=187) to obtain pre conception knowledge. Passing Advanced level (OR=4.383(95% CI 2.665-7.206), p=<0.05), being employed (OR=2.430(95% CI 1.596-3.701),p=<0.05) and being a health professional(OR=3.815 (95% CI 1.564-9.304),p=<0.05) were significantly associated with good knowledge and pregnancy status was not associated with good knowledge(OR=0.868(95% CI 0.578-1.304),P=0.495). Utilization of pre-conceptional care services was 24.8% (n =113). Nearly 15% (14.6%, n=66) has participated to clinic for newly married couples, conducted by the Medical Officer of Health office and 10.3 % (n=47) has used other places. Private hospitals (78.8%, n=37) were the common place used to get services other than Medical Officer of Health office and Consultant gynecologist and obstetrician was the common service provider (65.9%, n=31). Services include medical examination, targeted investigations and management and health education.

Conclusions and recommendations : Utilization of PCC services were suboptimal but knowledge and attitudes on PCC were good. Lack of awareness about the available services was the main reason for not utilizing services. Awareness on PCC services among newly married couples should be increased and expansion of service delivery with curative and private sector need to be considered in order to increase the utilization of PCC services.

**Keywords :** Preconception, Utilization, Knowledge