

Research Article

Knowledge, Attitudes, and Practices of Contraceptives among Pregnant Women Attending Antenatal Clinics at Teaching Hospital Anuradhapura, Sri Lanka: A Cross-Sectional Study

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Abstract

Introduction: Awareness of contraceptive methods is crucial for effective family planning and comprehensive reproductive healthcare. However, unplanned pregnancy is increasingly recognized as a health concern in Sri Lanka. Therefore, this study explores the knowledge, attitudes, and practices of contraceptive methods among pregnant women attending the Teaching Hospital Anuradhapura, Sri Lanka.

Methods: A cross-sectional study was conducted among 380 pregnant mothers aged 18-49 years attending antenatal clinics at Teaching Hospital Anuradhapura, Sri Lanka. An interviewer-administered questionnaire was used to assess the knowledge, attitudes, and practices of contraception.

Results: 82% of pregnant women have a positive attitude towards using contraceptives. The awareness of natural contraceptive methods was reported as abstinence (83.71%), coitus interruptus (80.31%), calendar method (28.48%), cervical mucus method (4.45%), and basal body temperature method (5.95%). Awareness of modern contraceptive methods was noted as oral contraceptive pills (OCP) (70.07%), injectable (63.51%), implants (61.41%), intrauterine contraceptive devices (60.1%), male condoms (66.92%), female condoms (16%), male sterilization (28.86%), and female sterilization (61.14%). The most commonly practiced natural method was coitus interruptus (17.12%), whereas the most commonly practiced modern method was OCP (55.47%). There was a significant difference between awareness and practices of the contraceptive methods, such as OCP (96.6% vs 42.6%, $p=0.01$) and male condoms (93.2% vs 15.8%, $P=0.02$).

Conclusion: Awareness of modern contraceptive methods is satisfactory compared to that of natural contraceptive methods. Actual practices of contraception are significantly lower than their awareness.

Keywords: Attitudes, Contraception, Knowledge, Practices

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Introduction

Family planning plays a pivotal role in enabling individuals to realise their desired family size and effectively manage the timing of pregnancies, as emphasised by the World Health Organization [1]. Notably, it helps prevent unintended pregnancies, reduces the transmission of sexually transmitted diseases (STDs), and contributes to the mitigation of infertility issues. In 2019, in a worldwide survey among 1.9 billion women of reproductive age, 1.1 billion needed family planning. While 842 million successfully utilized modern contraceptives, 270 million still faced unmet needs, highlighting the urgency to improve access to reproductive health services [1].

The underutilisation of contraceptives has a direct and significant correlation with the prevalence of abortions and unintended pregnancies. These unplanned pregnancies often result in difficult choices, with many opting for abortions as a solution. Nearly half of all pregnancies in the United States each year are unplanned, often resulting from improper use of contraception [2].

A study conducted by the World Health Organization among 36 low- and middle-income countries found that two-thirds of unintended pregnancies among sexually active women were due to either the non-use of contraceptive methods or the reliance on traditional methods [3].

In Sri Lanka, it is estimated that 5–31% of married women of reproductive age have an unmet need for contraception. Moreover, a higher incidence of unmet need for spacing is observed among younger women with 1 or 2 children [4]. These gaps in family planning contribute directly to unintended pregnancies, which carry substantial social, economic, and health consequences. By improving awareness and understanding of available contraceptive methods, their proper use, and associated benefits, individuals can be empowered to make informed reproductive choices. Further increased awareness of contraception not only promotes reproductive autonomy but also helps reduce the physical, emotional, and financial burdens associated with unintended pregnancies.

Therefore, in this study, we aimed to assess the knowledge, attitudes and practices of contraceptives among pregnant women attending the antenatal clinics at Teaching Hospital Anuradhapura, Sri Lanka - a developing Southeast Asian country.

Methods

Study design, setting and selection of population

A descriptive cross-sectional study was conducted to assess the knowledge, attitudes, and practices of contraceptives among pregnant women aged 18-49 years attending the antenatal clinic at Teaching Hospital, Anuradhapura. Pregnant mothers with psychiatric disorders and mothers who had experienced sexual harassment were excluded. A consecutive sampling technique was used to recruit pregnant women attending antenatal clinics at the Teaching Hospital in Anuradhapura, Sri Lanka. Data was collected from 20th November 2023 to 20th December 2023.

Sample size calculation

The estimated sample size for the study was calculated based on the prevalence reported in a previous study conducted in Sri Lanka, which found that positive attitudes toward the family planning practice was 58% [5]. Therefore, in this study, the sample size was calculated based on an expected percentage of 55% using the following formula.

$$n = \frac{Z^2 p (100 - p)}{d^2}$$
$$n = \frac{1.96^2 \times 55 (100 - 55)}{5^2}$$
$$= 380.31$$

So, the final sample size = 380

Data collection and data analysis

Data was collected using an interviewer-administered questionnaire (Supplementary file -1) designed to evaluate various aspects of contraception. This comprehensive tool explored participants' awareness and understanding of contraception methods, contraceptive practices, and attitudes. To ensure the questionnaire's reliability and relevance, it was pretested among 20 pregnant mothers attending the antenatal clinic in the Nuwaragam Palatha Central MOH area, Anuradhapura. The final questionnaire included four aspects: demographic data, awareness, attitudes, and practices regarding contraception, and the advantages and disadvantages of contraception. The awareness dimension comprises seven questions, while the contraceptive practices section includes five. The attitudes section comprised 12 questions, each scored on a 1-5 scale, with one indicating strongly disagree and five indicating strongly agree.

Informed written consent was obtained from pregnant women before data collection, and ethical approval

(ERC/2023/60) for this study was obtained from the Ethics review committee, Faculty of Medicine and Allied Sciences, Rajarata University of Sri Lanka. Data were analysed using PSPP (2.0.1), a free statistical software package. Descriptive statistics were used to present the frequency and percentages for each dimension: knowledge, attitudes, and practices. A chi-square test was used to compare knowledge and contraceptive practices among pregnant mothers, and a p-value of <0.05 was considered significant.

Results

Socio-demographic characteristics

Three hundred eighty pregnant mothers participated in this study, and 54.2% were aged 21-30 years. The majority (33.7%) were experiencing their second pregnancy, and 84.5% of them were unemployed (Table 1). Pregnant mothers have access to information on contraceptives from various sources: Medical Officer of Health (MOH, 78.2%), Public Health Midwife (PHM, 96.8%), hospitals (43.4%), private medical officers (36.3%), and pharmacists (8.4%).

Table 1: Socio-demographic characteristics

Demographic characteristics	Category	Frequency n = 381	Percentage (%)
<i>Age (years)</i>	<20	14	3.7
	20-35	322	84.7
	>35	44	11.6
<i>Religion</i>	Buddhism	348	91.6
	Hindu	2	0.5
	Islam	29	7.6
	Christian	1	0.3
<i>Race</i>	Sinhala	349	91.8
	Tamil	2	0.5
	Muslim	29	7.6
<i>Education level</i>	Below OL	58	15.3
	Up to OL	161	42.4
	Up to AL	120	31.6
	Higher studies	41	10.8
<i>Occupation</i>	Unemployed	321	84.5
	Employed	51	13.4
	Manual worker	8	2.1
<i>Marital status</i>	Married	378	99.5
	Unmarried	2	0.5
<i>Number of gestations</i>	One	121	31.8
	Two	128	33.7
	Three	84	22.1
	Four or more	47	12.4
<i>Partner's age</i>	18-30	136	36.0
	31-40	203	53.7
	41-50	37	9.8
	51-60	2	0.5

OL, Ordinary Level Examination; AL, Advanced Level Examination

Knowledge and practices of contraceptive methods

Regarding knowledge dimensions, all participants have heard the term contraception, and 95% have gathered information from a healthcare provider,

followed by the media (60%) and School and health education (40%) (Figure 1).

Table 2 demonstrates the awareness and practices of contraceptive methods. More than 90% of the pregnant mothers were well aware of modern contraceptive methods such as oral contraceptive pills (OCP), injectable, implants, intrauterine contraceptive devices (IUCD), and male condoms. Among natural methods, more than 90% were aware of abstinence and coitus interruptus; however, less than 50% were aware of the calendar method and cervical mucus method. The most practised natural method was coitus interruptus (13.2%), whereas the most widely practised modern method was OCP (42.6%). More than 50% of the population knew that OCP is not effective unless taken every day. There was a significant difference between awareness and practice of contraceptive methods, such

as OCP (awareness vs practice: 96.6% vs 42.6%; $p=0.009$) and male condoms (93.2% vs 15.8%; $p=0.02$).

More than 50% of the women knew that female and male sterilisation were permanent methods of contraception. In contrast, more than 70% of pregnant women were aware that OCP, injectable, and IUCD were temporary methods of contraception (Table 3). More than 60% of pregnant women believed that implants, Depo-Provera, IUCD, and condoms do not interfere with breastfeeding. 22% of pregnant mothers plan to use injectables as a contraceptive method following childbirth, while 21% prefer implants, and 9% opt for oral contraceptive pills.

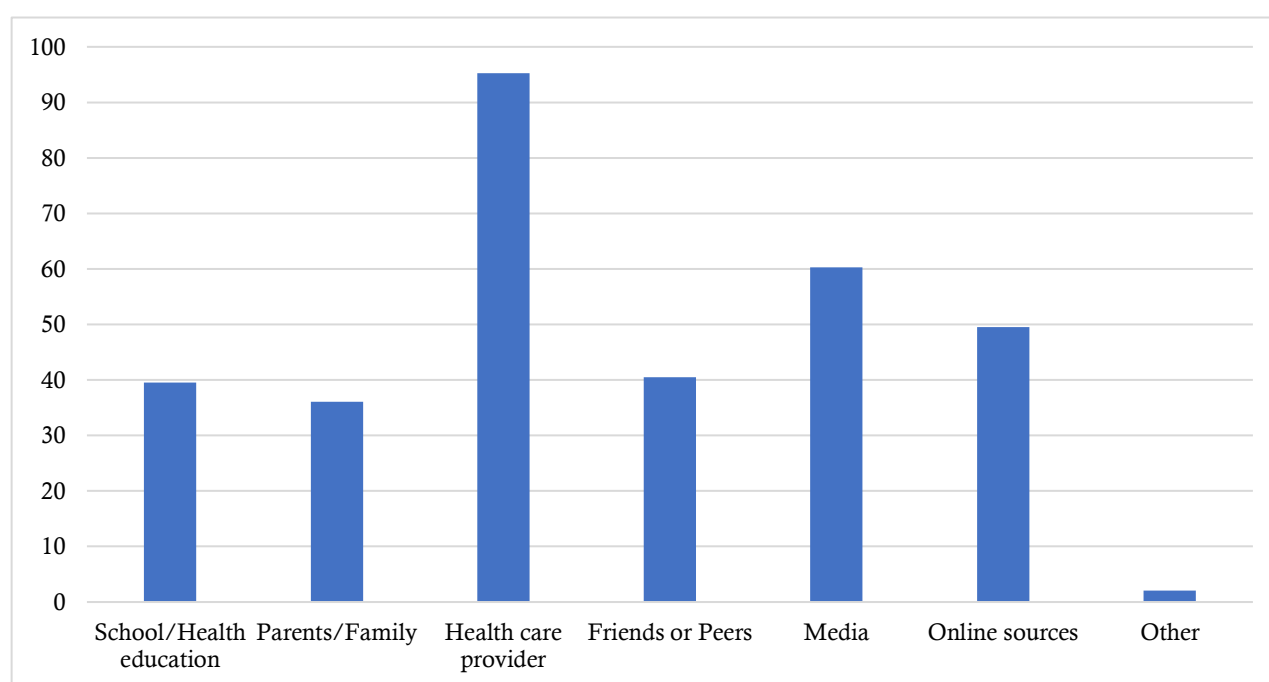


Figure 1: Types of resources on contraception

Advantages and disadvantages of contraceptive methods

Less than 50% of the study population was aware of the side effects, advantages, and disadvantages of contraceptive methods (Table 4). Only 23% of pregnant mothers were aware that condoms can prevent transmission of STDs and do not possess any side

effects. More than 20% of pregnant mothers are aware that long-acting injectables can lead to menstrual irregularities, delay in return to pregnancy, and allergic reactions. Around 40% of pregnant mothers knew that OCP can cause side effects such as nausea, vomiting, breast tenderness, headache, and weight gain.

Table 2: Knowledge and practices of contraceptives

Contraceptive methods	Knowledge n (%)	Practices n (%)	Odds ratio (95% CI)	p value
Abstinence	358 (94.2%)	39 (10.3%)	2.4 (0.3-19.1)	0.3
Coitus interrupts	346 (91.1%)	50 (13.2%)	5.4 (0.7- 40.7)	0.06
Calendar method	241 (63.4%)	15 (3.9%)	8.5 (1.1-65.4)	0.01
Cervical mucus method	48 (12.6%)	0 (0%)		
Basal body temperature	91 (23.9%)	0 (0%)		
OCP	367 (96.6%)	162 (42.6%)	9.3 (1.2-72.9)	0.01
Injectable	352 (92.6%)	114 (30%)	2.7 (0.9-8.0)	0.059
Implants	358 (94.2%)	68 (17.9%)	4.8 (0.6-36.5)	0.09
IUCD	360 (94.7%)	51 (13.4%)	3.0 (0.4-23.4)	0.2
Male condoms	354 (93.2%)	60 (15.8%)	1.2 (1.1-1.3)	0.02
Female condoms	133 (35%)	1 (0.3%)	1.0 (0.9-1.0)	0.1
Male sterilisation	228 (60%)	2 (0.5%)	0.6 (0.04-10.7)	0.7
Female sterilisation	336 (88.4%)	(0%)		

Table 3: Awareness of temporary, permanent, and emergency contraceptive methods

Contraceptive methods	Temporary n (%)	Permanent n (%)	Emergency n (%)
OCP	290 (76.3)	14 (3.7)	75 (19.7)
Injectables	304 (80%)	45 (11.8)	13 (3.4)
IUCD	275 (72.4)	71 (18.7)	14 (3.7)
Male condoms	253 (66.6)	17 (4.5)	90 (23.7)
Female condoms	168 (44.2)	10 (2.6)	55(14.5)
Female sterilisation	27 (7.1)	260 (68.4)	12 (3.2)
Male sterilisation	19 (5.0)	318 (83.7)	11 (2.9)

Table 4: Knowledge of the advantages and disadvantages of different contraceptive methods

Advantages	OCP n (%)	Long-acting injectable n (%)	Implants n (%)	IUCD n (%)	Condoms n (%)	Female sterilisation n (%)	Vasectomy n (%)
They are cheap and readily available	150 (39.5)	65 (17.1)	41 (10.8)	60 (15.8)	66 (17.4)	12 (3.2)	5 (1.3)
Important in STD prevention	75 (19.7)	19 (5)	10 (2.6)	20 (5.3)	88 (23.2)	4 (1.1)	6 (1.6)
Regularise menstruation	69 (18.2)	11 (2.9)	30 (7.9)	73 (19.2)	33 (8.7)	22 (5.8)	18 (4.7)
Immediate reversibility of fertility	58 (15.3)	22 (5.8)	15 (3.9)	65 (17.1)	71 (18.7)	11 (2.9)	10 (2.6)
Disadvantages							
Side effects are common, such as nausea, vomiting, breast tenderness, headache, and weight gain	148 (38.9)	113 (29.7)	31 (8.2)	16 (4.2)	4 (1.1)	1 (0.3)	4 (1.1)
Not highly effective unless taken every day	209 (55)	21 (5.5)	3 (0.8)	1 (0.3)	20 (5.3)	5 (1.3)	1 (0.3)
Can cause menstrual irregularities like amenorrhea and heavy bleeding	52 (13.7)	84 (22.1)	48 (12.6)	28 (7.4)	4 (1.1)	3 (0.8)	2 (0.5)
Delay in return to pregnancy	63 (16.6)	83 (21.8)	55 (14.5)	14 (3.7)	0 (0)	9 (2.4)	7 (1.8)
Removal can be problematic	1 (0.3)	3 (0.8)	104 (27.4)	123 (32.4)	8 (2.1)	10 (2.6)	8 (2.1)
There may be an allergic reaction	41 (10.8)	75 (19.7)	43 (11.3)	51 (13.4)	18 (4.7)	1 (0.3)	0 (0)

OCP; oral contraceptive pills; IUCD; intra-uterine contraceptive devices; STD; sexually transmitted diseases

Attitudes

In terms of attitudes, 96% of pregnant women believe that it is crucial to be aware of birth control options even

before engaging in sexual activity, and many of them have a positive attitude towards using contraceptives (82%). However, 35% of married women have an attitude that the use of contraceptives before their first

pregnancy can lead to infertility, and 64% of pregnant women believe that hormonal contraceptives affect female health (Table 5).

Table 5: Attitudes on contraceptive usage

Attitudes	Disagree n (%)	Neutral n (%)	Agree n (%)
I accept that using contraceptives is a good practice	32 (8.4)	34 (8.9)	314 (82.6)
Even before engaging in sexual activity, it is crucial to be aware of birth control options	6 (1.6)	8 (2.1)	366 (96.3)
Do you believe that married couples should use contraception to plan their families?	4 (1.1)	14 (3.7)	362 (95.3)
The use of contraceptives can lead to infertility	160 (42.1)	85 (22.4)	135 (35.5)
Hormonal contraceptives (pills/injections) affect female health.	71 (18.7)	64 (16.8)	245 (64.5)
Sex is not enjoyable when I use condoms	237 (62.4)	117 (30.8)	26 (6.8)
Contraceptive usage is against my religion	354 (93.2)	12 (3.2)	14 (3.7)
In my opinion, using birth control/contraception is expensive	29 (7.6)	96 (25.3)	255 (67.1)
I recommend family planning to my friends and relatives	18 (4.7)	51 (13.4)	311 (81.8)

Discussion

In our study, most pregnant women showed a greater awareness of modern contraceptives compared to natural methods and had a positive attitude towards using contraception. However, their understanding of the side effects, advantages, and disadvantages of various contraceptive methods, as well as the prevention of sexually transmitted infections, was insufficient. In terms of usage, many pregnant women preferred modern contraceptive methods over natural ones. Further, actual contraceptive practices were significantly lower than the level of awareness regarding these methods.

We observed that over 90% of the population is knowledgeable about contraception. This aligns with a previous study conducted in Sri Lanka, which demonstrated that the majority of women have excellent knowledge of contraceptive methods [5]. Additionally, a Sri Lankan prospective study has also shown that 78% of pregnant mothers were knowledgeable about contraceptive methods [6]. This may be due to the widespread dissemination of information through public health campaigns, educational programs, and the media, thereby significantly increasing awareness.

In the current study, the primary source that provided information on contraceptives to pregnant mothers was the healthcare provider. This finding was supported by a study conducted in Sri Lanka, which showed that the majority of pregnant mothers have received information on contraception from healthcare workers as a primary source [7]. This could be due to several factors. Healthcare providers are often trusted authorities on

medical and health-related issues, making them reliable sources of accurate, comprehensive information.

In our study, more than 90% of the pregnant mothers were well aware of modern contraceptive methods such as OCP, injectables, implants, IUCD, and male condoms. However, awareness of natural methods was insufficient. A study conducted among pregnant mothers in Sri Lanka has reported that they were well aware and preferred to use modern contraceptive methods such as OCP, DMPA, Implants, IUCD, and condoms over the traditional and natural methods [7]. A study conducted in India among women in tertiary care hospitals found that all participants were familiar with at least one modern contraceptive method. Specifically, 58% of them were aware of the condom method, while 41% were informed about oral contraceptives and intrauterine contraceptive devices [8]. Another study conducted among women of reproductive age in Nigeria revealed good knowledge of male condoms (98.6%), oral pills (97.2%), and injectable (96.2%) [9]. This could be due to the widespread dissemination of information through public health campaigns and media, mainly on modern contraceptive methods, but not the natural methods, which could possess higher failure rates.

Our study reported a relatively low level of awareness among pregnant mothers on STD prevention with the use of condoms. A study conducted among construction workers in Sri Lanka reported that nearly 50% were aware regarding the use of condoms to prevent HIV/AIDS [10]. This could be due to the fact that, in some communities, discussing STDs and their prevention might still be stigmatised, leading to insufficient dissemination of information about

condoms' protective benefits beyond contraception. Also, this discrepancy suggests that the focus of educational efforts is primarily on pregnancy prevention rather than comprehensive sexual health. To bridge this knowledge gap, integrating comprehensive sexual health education into prenatal care and broader public health campaigns is essential, emphasising the dual benefits of condoms for both contraception and STDs prevention, and addressing cultural stigmas associated with STDs.

In the present study, less than 50% of the study population was aware of the side effects, advantages, and disadvantages of contraceptive methods, which was not satisfactory. Around 40% of pregnant mothers knew that OCP can cause side effects such as nausea, vomiting, breast tenderness, headache, and weight gain. Similarly, a study conducted among women in Saudi Arabia showed that large proportions of women (more than 50%) were not aware of the side effects of oral contraceptives. 46% knew that OCP causes nausea, and nearly 50% were aware that OCP causes weight gain [11].

In terms of practices, our study demonstrated that many pregnant women prefer to use modern contraceptive methods over natural methods. A study conducted in Sri Lanka among pregnant women admitted for confinement at Colombo North Teaching Hospital demonstrated a similar finding, where 70% of women were using modern methods [12]. This could be due to a higher failure rate in natural methods. An Indian study conducted among women of reproductive age found that traditional contraceptive methods have higher failure rates, increasing abortions [13]. In the present study, the most practised modern contraceptive method was OCP (42.6%), followed by injectable (30%). A study conducted in India among married females of reproductive age showed higher use of modern methods (75%), and of them, 50% have mainly used condoms as contraception [14]. The UNICEF National Survey's findings showed that condoms (29%) were the most known method, followed by pills (24%). Notable changes in the practice of modern contraceptive methods worldwide may be due to variations in the demographic characteristics of study populations, affordability, cost-effectiveness, and temporal changes in contraceptive behaviours and practices.

We noted that in our study, the practices of contraceptive methods among pregnant mothers were significantly lower than their awareness. Similarly, a survey conducted in the Batticaloa area of Sri Lanka among antenatal mothers found that 85% of women

were aware of family planning methods. However, only 18.46% were practising barrier methods (such as condoms), 38.46% were using injectable contraceptives, and 10.76% were using intrauterine contraceptive devices [15]. A study conducted in India reported that all women (100%) knew about at least one method of contraception. However, the usage rates were reported to be low: 57.9% for condoms, 34% for oral contraceptive pills, and 22.7% for IUCD [14]. Also, a study conducted among childbearing women in South-South Nigeria showed that over 82% of the study participants were aware of at least one contraceptive method. Still, usage was relatively low, being 36% using male condoms, 17% using injectables, and 14% using OCP [16]. The awareness does not necessarily translate to higher usage, which might be due to personal preferences or perceived convenience of other methods. Financial constraints, lack of healthcare access, stigma, or misinformation may prevent individuals from accessing and effectively utilising contraception. Therefore, it is necessary to address the barriers to using contraceptives through healthcare programs, which should focus on partners, overcoming misconceptions, fears, and the lack of access to contraceptive methods. Further, to improve the quality of contraceptive practices, it is essential to establish follow-up support systems for women interested in using contraceptives. These systems could include reminders, consultations, and community support groups to encourage sustained usage.

In the current study, 82.6% of pregnant mothers show a positive attitude toward using contraceptives, and more than 90% of women believe that married couples should use family planning. More than 80% of participants recommend family planning to their friends and relatives. Similarly, a cross-sectional study conducted in Indonesia among pregnant women reported that more than 75% of participants had expressed their desire to recommend contraceptives to friends and family members [17]. More than 90% of participants in our study expressed their disagreement with the statement that contraceptives are against religious beliefs. In contrast, in 2020, a qualitative study conducted among Christian or Islamic women reported that many of them perceived that their religion is not supportive of contraceptive use. Cultural, social, religious, or educational factors may influence individuals' choices and behaviours towards the usage of contraception. Therefore, attitudes play a significant role in controlling the usage of contraceptive practices in a community. To overcome these barriers, educational programs and media publicity should be in place to build positive attitudes towards contraception.

We identified the strengths and limitations of our study. The use of interviewer-administered questionnaires enhances the accuracy of our data compared to self-administered questionnaires, as participants can seek clarification and provide more precise answers. On the other hand, in terms of cultural background, participants may be less willing to discuss sensitive topics such as contraception and sexuality during interviews. To overcome this, we ensured adequate privacy during interviews, and to alleviate any potential embarrassment for pregnant mothers, we offered a female chaperone when a male research assistant conducted data collection. Since our study was conducted at only one tertiary care hospital in Sri Lanka, serving mainly urban communities, it will be challenging to generalise the findings to the Sri Lankan population. Although our research focused on interviews with pregnant mothers, the decision to use contraception is not solely a female responsibility; male partners also influence it. Therefore, we recommend qualitative research studies that include focus group discussions with both partners to bridge the gap between awareness and actual contraceptive practices.

Conclusions

Many pregnant women possess satisfactory knowledge about contraception and hold a positive attitude toward its use. Most pregnant mothers demonstrated a better awareness of modern contraceptives compared to natural methods. However, their understanding of the side effects, advantages, and disadvantages of various contraceptive methods and the prevention of transmission of STDs was lacking. In terms of practices, many pregnant women prefer to use modern contraceptive methods over natural ones. Notably, our study revealed that actual contraceptive practices were significantly lower than the level of their awareness.

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Therefore, qualitative research studies are encouraged to explore the reasons behind the gap between awareness and actual practice, as understanding these dynamics can help tailor interventions more effectively.

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Patient consent for publication: Not applicable.

Ethics approval: This study involves human participants, and all procedures, including research, consent of study participants, data analysis, and publication, were approved by the Ethics Review Committee, Faculty of Medicine and Allied Science, Rajarata University of Sri Lanka; Reference number: ERC/2023/60.

Data Accessibility statement: Data are available on reasonable request. Please contact Dr Manori Kumari (manoadikari2@gmail.com)

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