Family planning is defined by WHO as “a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of family groups and thus contribute effectively to the social development of a country". India is the second most populous country of the world.  

The Govt of India launched a family welfare program in 1950’s to accelerate the economic and social development by reducing the population growth. But this program has met with only marginal success. This is because people of India being multilingualistic, multireligious and multiethnic, have different levels of awareness and acceptance of methods of family planning. It is thus, necessary to develop special program to tackle the needs of different groups. But before launching a special program, a thorough understanding of the difference. 

In developing countries Couple Protection Rate (CPR) is still very less. According to national family welfare statistics 2011, CPR in India is 40.4%. In Pakistan CPR was 30% in 2011 while most developed country like USA has 71% CPR for all methods.  

Now a days fertility rate has come down due to wide spread use of family planning methods, whereas some developing countries like India, Pakistan, the use of contraception is still low because of lack of awareness, education, religion, cultural, economic and political barrier. Proper counseling for family planning necessary because 27% of women are at risk of unplanned pregnancy. 

The essential aim of family planning is to prevent the unwanted pregnancies. An unwanted pregnancy may lead to an induced abortion. From the point of view of health, abortion outside the medical setting is one of the most dangerous consequences of unwanted pregnancy. Keeping this in mind one cross sectional study was carried out to assess the knowledge, attitude and practices of contraceptives of reproductive females.

Material and Methods  
Study type- Cross-sectional studyInclusion criteria- Married women 15-45 yrs age group and willing to participate in the study.  

Exclusion Criteria  
Unmarried, age more than 45 yrs and not willing to participate study.  
Method of data collection- The participation was on voluntary basis. Questions regarding factors responsible for non use of contraception were also asked. All data were analyzed by Epi-info software.

Results  
A total of 1000 married females of reproductive age were enrolled in the study. The study shows, mean age of respondent was 27.32 ± 10.12 years.
Table 1: Knowledge regarding different contraceptive methods

<table>
<thead>
<tr>
<th>Contraceptive methods</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>620</td>
<td>62.00%</td>
</tr>
<tr>
<td>OCP</td>
<td>610</td>
<td>61.00%</td>
</tr>
<tr>
<td>IUCD</td>
<td>523</td>
<td>52.3%</td>
</tr>
<tr>
<td>Injectable</td>
<td>63</td>
<td>6.3%</td>
</tr>
<tr>
<td>Tubectomy</td>
<td>484</td>
<td>48.40%</td>
</tr>
</tbody>
</table>

Out of 1000 women, 634(63.40%) had knowledge about family planning. 62.00% knew about condom, followed by OCPs & other methods.

Figure 1: Knowledge regarding emergency contraceptive methods

Only 8.00% Women were aware of emergency contraceptive.

Figure 2: Contraceptive practice among respondents

Contraceptive usage in our study was 61.00%. The gap between awareness and practices are seen to be prevalent across different reasons, where people are aware but reluctant to practices. The most common reason for non practice of contraception was fear of side effects. Other reasons for non practice were non access to health facility, preference of male child, religious beliefs, cost, and family
pressure. Some respondent also felt that the process of acquiring contraceptive is often embarrassing.

**Discussion**

63.40% were aware of at least one of family planning methods in our study. Ambareen Khanet al7 mentioned that 81% had awareness regarding any method of contraception. Tuladhar H et al8 also observed that the most common source of information on contraception was media (55.5%), and both printed and electronic.

**Conclusion**

Our study highlights that knowledge and awareness doesn’t always lead to the use of contraceptives. One needs to understand the level of awareness and practices in the community before implementing the family planning program.

**References**