It makes a world of difference in providing health care facilities if a clinician considers to which social background the patient belongs. The approach of blending both Medical and Social aspects got a way in my mind right from the days of my postgraduate studies almost 20 years back. In fact, my first 'case presentation' as a PG student in the Department of Obstetrics and Gynaecology was not related exclusively to medical problems. But I presented a case of 'motherhood in unmarried girl' to bring about discussion regarding social problems, which a consulting Gynaecologist is going to face ahead in his professional career. Thus, over a period of last two decades this approach gave me satisfaction of treating patients holistically, by knowing which social strata they belong to, their caste, occupation, income, educational status and their belief system.

The population control programme always beckoned me to go further in the field of Medical Sociology, there by leading to the conception of the present study.

Even though, the family welfare programme, in our country is being implemented for over fifty years, the results are not satisfactory. When I look at the statistics related to population control programme it gives me some satisfaction. But, the day to day clinical experience tells me that a rock of work still remains to be carried out in this sphere. This is the source that motivated me to carry out this study.

The 'building' of population control programme should rest on the foundation of good quality primary health care services. We need to redistribute our resources to achieve this. The general medical practitioners (GMPs), who mostly are non-MBBS in our country, must be looked as major source. This medical manpower, which is being wasted in absence of coherent action plan to develop them as best communicators of the programme. Unfortunately, serious efforts are
not carried out in this regard right from designing the curriculum particularly for the non-MBBS medical students. At present it seldom gives an opportunity to get into the community and see how the people live who they are attempting to serve. Nevertheless, the general medical practitioners have better understanding of the social background of the clients they deal with. This potential of GMPs makes them effective communicators. Therefore, I began this study with what they 'know' regarding contraception-hoping to know what they 'have'.

The present study is related to the sociology of professional group-general medical practitioners. It emphases the relationship between health profession and people who need contraception. The outcome of study is definitely going to contribute to the understanding of the current status of medical practitioners and their role as family planning providers. The present day situation regarding use of contraception, is a challenge posed to health profession. The ways and means to meet the challenge through this 'army' of GMPs is also a feature of the results of this study.

As a study in sociology of professional group, the present work intends to bring out the scientific knowledge of medicine of the GMPs related to contraceptives on one hand, and their advice on contraception to the clients' social context on the other. I hope that the findings and suggestions of this study will find a place in the population control programme.