

# Awareness on ANC and PNC Services among Women of Urban Slum in Delhi

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## ABSTRACT

**Background:** Pregnancy and childbirth are accepted as normal events of life in India; therefore, any problems associated with it are also accepted without much havoc. It is estimated that globally, over 95% of maternal and child deaths occur in low and middle-income countries. In India, the maternal mortality ratio (MMR) has been maintained at a higher level since long. It was reported that the MMR among Indian women national average of MMR is 130 per 100,000 live births (SRS 2014-2016) which in itself is very high compared to the international scenario. <sup>[1]</sup>

**Objective:** The objective is to assess the awareness towards antenatal and postnatal care services among women (age 15-49 years) residing in the urban slum of Delhi.

**Materials and Methods:** This descriptive study was conducted in an urban slum of Delhi among women of reproductive age group. A pre-tested, structured interview schedule was used to collect the data. Sample size of 200 reproductive women was selected by using simple random sampling method for this study.

**Results:** The findings reveals that low level of awareness on ANC, PNC and new born care among illiterate women in Delhi slum. The awareness on PNC and new born care was very low compared to awareness on ANC. More than half (60%) of the women had knowledge about danger signs of pregnancy.

**Conclusion:** The need for a sustained and focused IEC campaign is suggested to improve the awareness among the community on RCH, will be helpful to improve the community participation and in improving the quality, accessibility, and utilization of maternal health care services provided by the government agencies in urban slums. Emphasis has to be laid on education on postnatal care services and danger signs of new born, so that complications can be detected at early stage to avoid mortality among mothers and children.

**Keywords:** Antenatal care; Postnatal care; Maternal care; New born care; RCH; Accessibility; Utilization; Urban Slum, IEC.

## INTRODUCTION

In India, the maternal mortality ratio (MMR) has been maintained at a higher level since long. It was reported that the MMR among Indian women national average of MMR is 130 per 100,000 live births (SRS2014-16) which in itself is very high compared to the international scenario. <sup>[1]</sup>

Promotion of maternal and child health concern must be reflected through Antenatal

care (ANC) and Postnatal care (PNC). ANC refers to pregnancy-related health care that include a basic, professional care for the minimum of four ANC visits recommended to monitor signs of complications, detect and treat pre-existing and concurrent problems, and provide advice and counseling on preventive care, diet during pregnancy, delivery care, PNC and related issues. <sup>[2]</sup>

PNC on the other hand is the care for all mothers and babies from the first 24 hours of delivery and subsequent home visits on 3<sup>rd</sup>, 7<sup>th</sup> and 42<sup>nd</sup> days after birth to identify and manage emergencies occurring during this period. The postnatal period is a critical phase in the lives of mothers and newborn babies as most deaths occur during this time. Lack of care during this time period can result in death or disability as well as missed opportunities to promote healthy behaviors, affecting women, newborns, and children. Yet, this is the most neglected period for the provision of quality care. [3]

The World Health Organization (WHO) reported that in 2015 around 830 women died every day from problems in pregnancy and childbirth. [3] Only 5 of the women who died lived in high income countries, the rest of the women lived in low income countries. The maternal health status of Indian women was noted to be lower as compared to other developed countries. Promotion of maternal and child health has been one of the most important components of the Family Welfare Program of the Government of India. For sustainable growth and development of country, there is a need to improve MCH Care in the country. Safe motherhood by providing good antenatal care (ANC) and postnatal care (PNC) is very important to reduce maternal mortality ratio and infant mortality rate.

Health Status of the slum population of Delhi

Slums have been recognized as neglected communities characterized by deteriorated housing, overcrowded, poor environmental managements with wide spectrum of adverse health conditions such as under nutrition, delivery-related complications, postpartum morbidity, and limited access to health care services.

In India, slums account for 21.68% (61.8 million) of the total urban population. The slum population registers 23.68% growth while the urban population growth stands at 32%. [4] This is as a result of rural-

urban migration in search of employment. In Delhi, one in every five resident lives in slums and nearly half in other urban poor habitations like unauthorized and resettlement colonies. [5] The existence of slums is an indication of poverty and the population dwelling in slums is termed as 'urban poor'. According to a 2001 Census of India, the number of cities and towns, which accounted for the total slum population is 40 605 418, comprising 22.76% of the urban population.

It is estimated that, on an average, the slum areas of a city that contain about 20% of its population will have about 50% of all its diseases. Slums are generally dirty and unclean, and have shortage of water supply, inadequate lighting and sanitation facilities. The United Nations has been more concerned with the slums of developing countries. The health hazards of the urban slum dwellers are directly related to poverty and a polluted and stressful environment. They are more prone to communicable diseases and malnutrition and at the same time exposed to greater risk of accidents at work. A study on health care delivery in an urban slum of Delhi revealed that negligence of preventive services by dispensaries of Delhi administration; inadequate maternal and child health services are some of the factors for improper health delivery system in slums.

There have been limited efforts to study the health of individuals especially women living in slums. Of the few studies that exist, most have reported considerable intra-urban disparity in reproductive and child health. [6] Study by Hazarika I (2010) revealed that 74% of non-slum women receive three or more ANC check-ups compared to only 55% in slum women. [7] Similarly, disparity exists in seeking institutional delivery. [8] These intra-urban disparities are probably the outcome of factors such as employment patterns, literacy levels, availability of health services, traditional customs, gender status, etc., all of which affect knowledge which this study opt to assess its influence on

reproductive and child health behaviour among the urban slum women.

**MATERIALS AND METHODS**

In this study, an urban slum namely Motilal Camp in Munirka Village was selected to collect data. The study with descriptive research design was followed and conducted during 2017. Structured interview schedule was used for collection of data from the study population, using simple random sampling method with a sample size of 200 reproductive women (i.e., 15-49 yrs). The data were analysed by using IBM SPSS ver.20. Frequency tables and cross tabulations were applied to analyze of each determinant on the awareness of ANC and PNC. Chi-square test was also used to determine association with background characteristics

**FINDINGS**

**3.1 Socio-Demographic and Educational Profile of Women**

The Socio-Demographic and cultural background plays major role in knowledge and opinion of women. Table-1 shows that women proportion was more in the age group of 25-34 years (50%) and only 6% of women were from the age more than 45 years in the total sample.

Majority of the women were married (84%). More than half of them were literate in which 7% were graduates and the same percent had only basic primary education and about 42% women were illiterate. Economic conditions seem to be poor, about 67 percent of women were living with income of Rs 5000-10,000 per month. Due to poverty, approximately one quarter of women was casual worker to support her family who were relying on daily wages. Majority of women (61%) coming from

nuclear family and rest (39%) were from the joint family. The women were predominantly from the Hindu religion (87%). Majority of women were multigravida (more than one pregnancy) (58%) followed by primigravida (30%) and only 12% were young unmarried girls.

**Table 1: Demographic Profile of the women in an urban slum, Delhi**

Variables		Number (n=200)	Percent
Age group	15-24	50	25.0
	25-34	100	50.0
	35-44	38	19.0
	45+	12	6.0
Marital Status	Single	26	13.0
	Married	168	84.0
	Divorce	4	2.0
	Widow	2	1.0
Education	Illiterate	72	36.0
	Primary	56	28.0
	Secondary	28	14.0
	Higher secondary	20	10.0
	Undergraduate	16	8.0
	Graduate & above	8	4.0
Occupation	Housewife	112	56.0
	Student	18	9.0
	Casual Labor	48	24.0
	Public Servant	22	11.0
Type of family	Nuclear	122	61
	Joint	78	39
Family income	5000-10,000	134	67.0
	10,001-20,000	44	22.0
	20,001-30,000	12	6.0
	> 30,001	10	5.0
Religion	Hindu	174	87.0
	Islam	14	7.0
	Sikh	6	3.0
	Christian	6	3.0
No. of Pregnancies	0	24	12.0
	1	60	30.0
	2	52	26.0
	3	28	14.0
	4	30	15.0
	5	6	3.0

**3.2 Awareness on Antenatal care**

The study found that about 63% of the respondents were familiar and had some information about ANC. Women were further asked about its importance and complications of pregnancy and findings are presented in table 2.

**Table 2: Awareness on antenatal care**

	Yes(n=200)	Percent
Antenatal care is valuable or not	178	89%
Necessary to go for ANC even if there is no complication	154	77%
TT Injection required to be given during pregnancy	184	92%
A pregnant woman need vitamin supplements	180	90%
Iron-folic acid supplements needed during pregnancy	186	93%
A pregnant woman need extra food compared to non-pregnant woman	126	63%
Smoking and alcohol consumption by a pregnant woman harmful for fetus	160	80%

\*Multiple responses: sum of frequencies will not total to 200

Nearly 90 percent of the women aware that, ANC is very important for the maternal and child health care. About 77 percent of the respondents reported that regular check-up is required even if there is no complication during pregnancy. The necessity of TT injection was mentioned by 92%. Approximately 90 percent of the women were aware of the necessity of vitamin and iron folic acid supplementation during pregnancy. When they were asked about food taken during pregnancy, 63%

were reported as highly nutritious food needed during pregnancy. However, 80% said that smoking and alcohol consumption by a pregnant woman is harmful for fetus.

Health check-up during pregnancy carries utmost priority in the strategies to ensure safe delivery. So during this period, screening and testing for any abnormality is necessary, so they were asked questions regarding awareness on various screening and testing (Table 3).

**Table 3: Awareness on screening and testing**

	Yes(n=200)	Percent
Weight and BP measurement required during every ANC visit	154	77%
Hb measurement required during pregnancy	160	80%
Blood sugar and urine test required during pregnancy	132	66%
USG be done to assess fetal well being	120	60%
Blood screening for the following required		
For HIV	150	75%
For Hepatitis B	126	63%
For Thyroid	162	81%

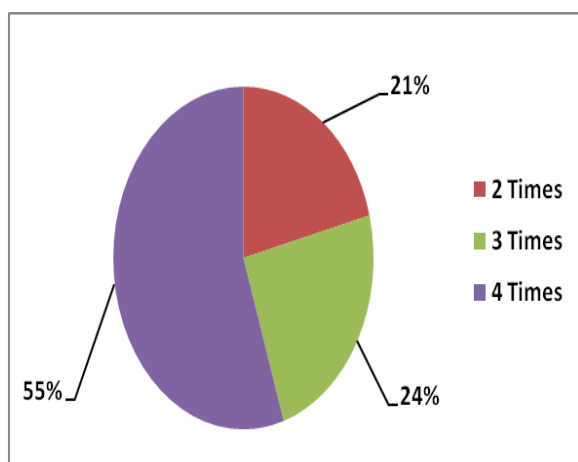
\*Multiple responses: sum of frequencies may not be 200

The analysis found that more than three-fourth of women (80%) were aware of hemoglobin testing and 77% were aware about weight and BP measurement during the antenatal visit. Approximately 60% were aware of blood sugar and urine test and also of USG that is used to be done to assess the fetal well being. Regarding blood screening, about 81 percent of women were aware of screening for thyroid, 75 percent were aware about screening of HIV and 63 percent were aware about Hepatitis-B (Table 3).

during pregnancy. Data reveals that more than half (55%) of them indicate that 4 ANC visits required while 24 percent mentioned that 3 visits and 21 percent said 2 ANC visit required.

Some past studies revealed that most of the maternal deaths occur due to lack of knowledge about the danger signs and symptoms occur during pregnancy, labour or the puerperium. So in the present study, the awareness of complications during pregnancy and danger signs and complications of pregnancy also was included. The results reveal that about 60 percent of the respondents were aware of the danger sign and symptoms like post partum haemorrhage (PPH), gestational hypertension, vaginal bleeding, oedema of hands and feet etc (Fig. 2).

On further probing, they were asked whether a pregnant woman continue to do household jobs and 74 percent were reported that household jobs should be continued even during pregnancy and just to be avoided lifting heavy weights. The findings are presented in Fig. 2



**Fig.1: Minimum ANC visits required**

The fig.1 describes minimum number of ANC visits that is required

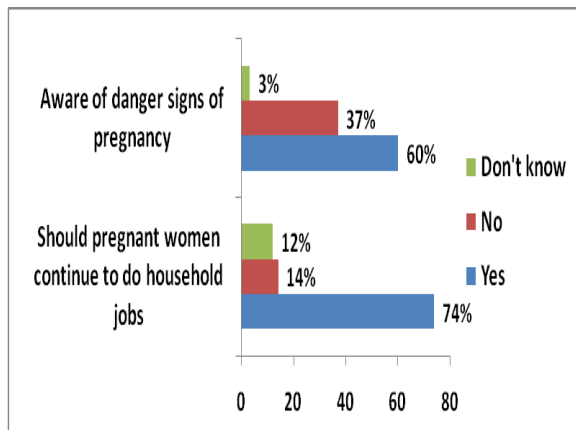


Fig.2: Awareness on danger signs / ANC activities

As we know, delivery should be taken place at the Health Institution for providing better care to the mother and new born baby, Fig.3 shows that 91% women were well aware of the fact. They think that home is the best place for the delivery, but still 9% were not. The main reason for avoiding institutional delivery, reported as they were behaved rudely in the hospital or

some other bad experiences they faced during the previous delivery in the hospital. The main motivational factor for institutional delivery is getting birth certificate, reported by one third of the respondents.

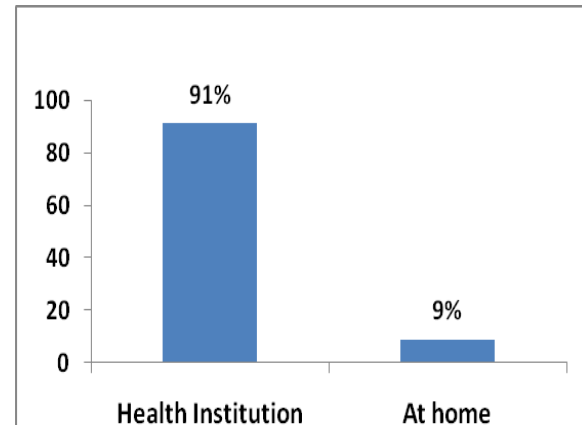


Fig.3: Awareness on place of delivery

Table 4: Association of Awareness on ANC with Background characteristics

		Yes		No		P-Value
		No.	Percent	No.	Percent	
Age Group	15-24	22	17.5	28	37.8	0.000***
	25-34	60	47.6	40	54.1	
	35-44	32	25.4	6	8.1	
	45+	0	0	12	9.5	
Religion	Hindu	116	92.1	58	78.4	0.002**
	Muslim	8	6.3	6	8.1	
	Others	2	1.6	10	13.5	
Marital Status	Single	6	4.8	20	27.0	0.000***
	Married	118	93.7	50	67.6	
	Widowed/Divorce	2	1.6	4	5.4	
Education	Illiterate	48	38.1	36	48.6	0.059
	Literate	12	9.5	2	2.7	
	Primary	22	17.5	6	8.1	
	Secondary	20	15.9	8	10.8	
	Higher Secondary	16	12.7	16	21.6	
Type of family	Nuclear	64	50.8	60	81.1	0.000***
	Joint	62	49.2	14	18.9	
Occupation	House Wife	76	60.3	44	59.5	0.000***
	Student	4	3.2	14	18.9	
	Casual Labour	24	19.0	12	16.2	
	Public Servant	22	17.5	0	0.0	
	Unemployed	0	0.0	4	5.4	

Significance level \*p<0.05, \*\*p<0.01,\*\*\*p<0.005

The association with the background variables with awareness of ANC was identified through chi-square test. The analysis reveals that awareness of ANC among women was significantly associated with age group of mother, religion, marital status, type of family and occupation of

women (table 4). The analysis also indicates that the awareness of ANC was highest among the women in the age group 25-34 (47.6%). When we study the marital status, married women were more aware about ANC (93.7%). About half (48.6%) of the illiterate women were not aware about

ANC. Occupation wise data shows that more than 60 percent of the house wives were aware on ANC and it is statistically highly significant (table 4).

### 3.3 Awareness on Postnatal care

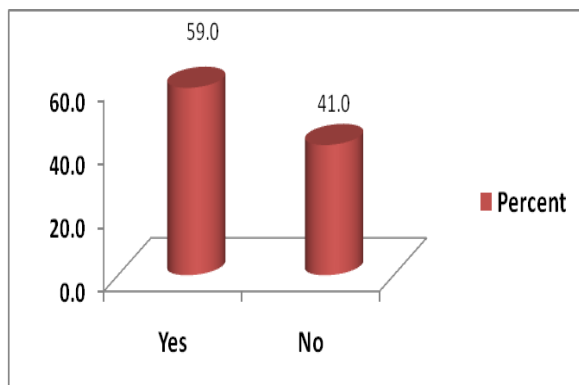


Fig.4: Information on PNC

Women were asked about the awareness on Post Natal Care (PNC). About 59 percent of the respondents reported that they were familiar with PNC and had some information regarding it (fig.4).

The study also found that more than half of the women (65%) were aware of immunization of new born and 38% of counseling on personal hygiene. While 48% were aware of early and exclusive breastfeeding till six months after delivery (table 5).

Table 5: Knowledge regarding services offered during postnatal care

	Yes(n=200)	Percent
Post natal check up	30	15%
Advice on good nutrition	44	22%
Advice on early and exclusive breastfeeding	96	48%
Immunization of newborn	130	65%
Check danger sign of mothers and newborn	22	11%
Counselling on personal hygiene	76	38%
Counselling and provision of family planning	40	20%
Rest and exercise	48	24%
Others	14	7%

\*Multiple responses: sum of frequencies may not be 200

Table 6: Association of Awareness on PNC with Background characteristics

		Yes		No		P-Value
		No.	Percent	No.	Percent	
Age Group	15-24	34	24.6	16	25.8	0.782
	25-34	72	52.2	28	45.2	
	35-44	24	17.4	14	22.6	
	45+	8	5.8	4	6.5	
Religion	Hindu	116	84.1	58	93.5	0.053
	Muslim	10	7.2	4	6.5	
	Others	12	8.7	0	0.0	
Marital Status	Single	14	10.1	12	19.4	0.061
	Married	118	85.5	50	80.6	
	Widowed/Divorce	6	4.3	0	0.0	
Education	Illiterate	54	39.1	30	48.4	0.000***
	Literate	4	2.9	10	16.1	
	Primary	28	20.3	0	0.0	
	Secondary	26	18.8	2	3.2	
	Higher Secondary	16	11.6	16	25.8	
	Graduate & above	10	7.2	4	6.5	
Type of family	Nuclear	78	56.5	46	74.2	0.017*
	Joint	60	43.5	16	25.8	
Occupation	House Wife	78	56.5	42	67.7	0.001**
	Student	12	8.7	6	9.7	
	Casual Labour	26	18.8	10	16.1	
	Public Servant	22	15.9	0	0.0	
	Unemployed	0	0.0	4	6.5	

Significance level \*p<0.05, \*\*p<0.01,\*\*\*p<0.005

Approximately 20-25% were aware of the fact that a women should follow a

healthy diet plan even after delivery and proper rest and some exercises are

mandatory during post natal period and were also aware of the fact that they should adopt methods of family planning which will allows them to attain their desired number of children and determine the spacing of pregnancies and also to prevent unintended pregnancy which will prevent deaths of mothers and children. While only 15% of women were aware of post natal check up.

There is a significant association of PNC with few background variables. Variables like Education, occupation and type of family were significantly associated with PNC (table 6). The cross tabulations indicates that awareness on PNC was highest among the women in the age group 25-34, but there is not statistically significant association. Nearly half (48.4%) of the illiterate women were not aware about PNC, there is highly significant association was identified. Women in the nuclear family have more awareness on PNC (56.5%), and type of family also significantly associated with the awareness on PNC. The analysis on Occupation shows that about 56.5 percent of the house wives were aware on PNC and it is statistically highly significant.

### 3.4 Awareness on New born care

There are various precautionary measures for the proper new born care which are described in Table 7. The analysis indicates that less than half of the respondents (48%) were aware about early and exclusive breast feeding. Half of the women agreed that baby should be kept

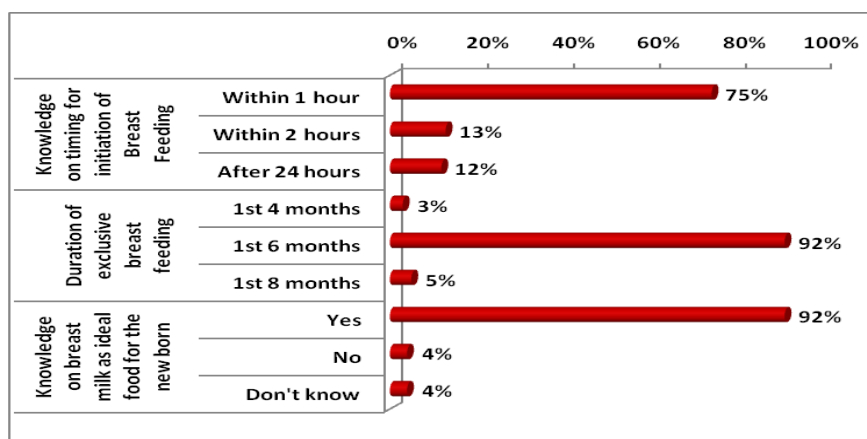
away from the sick person. While 38% were aware of regular monitoring the weight of the child. While very less women were aware about other important precautionary measures like providing warmth (23%), umbilical cord should kept dry (19%), no bath for 7 days (13%) and others (7%). Health workers need to work more to make awareness on these measures among women.

**Table 7: Precautionary measures for the new born care**

Precautionary measures	Yes(n=200)	Percent
Providing warmth	46	23%
Breastfeeding	96	48%
No bath for 7 days	26	13%
Umbilical cord kept dry	38	19%
Kept away from sick person	100	50%
Check weight of child	76	38%
Others	14	7%

\*Multiple responses: sum of frequencies will not total to 200

Fig.5 shows that three-fourth (75%) of the respondents were known of the fact that breast feeding should be initiated within an hour. While 13 percent of the respondents answered within 2 hours. Overall very small percentages (12%) wrongly reported as it should be initiated after 24 hours. On further probing when they were asked about the duration of exclusive breast feeding, about 92 percent were mentioned that it should be first six months, while very small percentages (3% and 5%) mentioned up to 4 months and 8 months respectively. Regarding the ideal food for the new born, 92 percent of the women were aware about breast milk and colostrum as the ideal food for the new born.



**Fig.5: Knowledge on feeding practices of infants**

However, few of the respondents (4%) were not aware about the ideal food and another 4 percent were not considered the breast milk as an ideal food (fig.5).

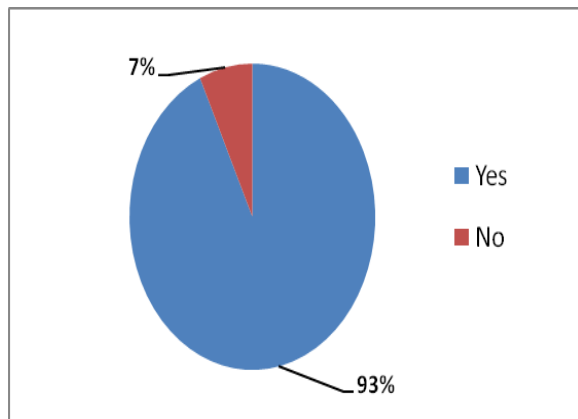
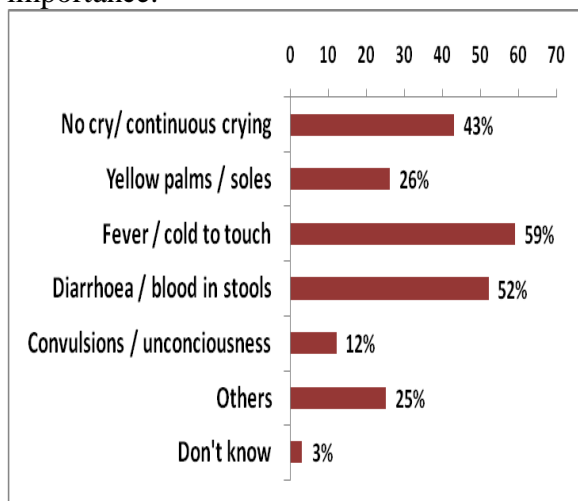


Fig.6: Awareness on immunization

The awareness on immunization of Infants is given in Figure 6. It reveals that good percentage of respondents (93%) were aware of the importance of immunization for the infants. But only one fourth of them were aware of the name of the individual vaccines given for the newborn babies and for which disease it is to be given. While only 7% women were not aware even of its importance.



\*Multiple responses: sum of frequencies will not total to 100%

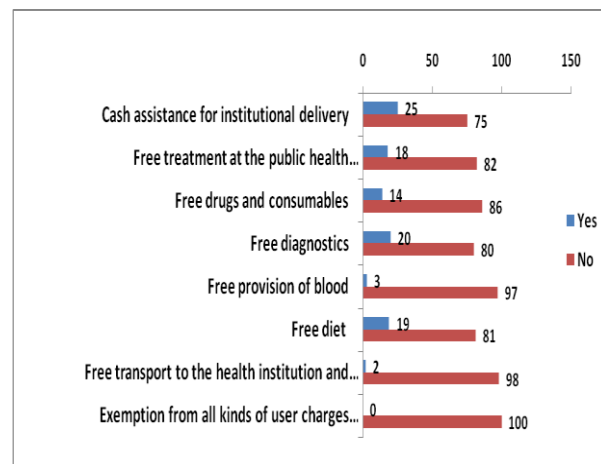
Fig. 7: Danger signs of new born

The results of danger signs of new born were presented in figure 8. The most common sign or symptom of fever/cold to touch was known among more than half of the respondents (59%), diarrhea/blood in stool (52%), no cry/continuous crying (43%) but symptoms like yellow

palms/soles (26%), convulsions/unconsciousness(12%) were less known.

### 3.5 Awareness on any government scheme related to maternal and child health care

The growing problem among low socio-economic women drew attention of government. Therefore, under the National Rural Health Mission (NRHM), Janani Suraksha Yojana (JSY), a safe motherhood intervention is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. Like JSY, In Jun 2011, Ministry of Health and Family Welfare, Government of India launched the Janani–Shishu Suraksha Karyakram (JSSK), a national initiative to make available better health facilities for women and child. Therefore, in this section some questions were introduced about awareness regarding these schemes and its various services or benefits.



\*Multiple responses: sum of frequencies will not total to 100

Fig. 8: Knowledge regarding benefits of government scheme (JSY/JSSK)

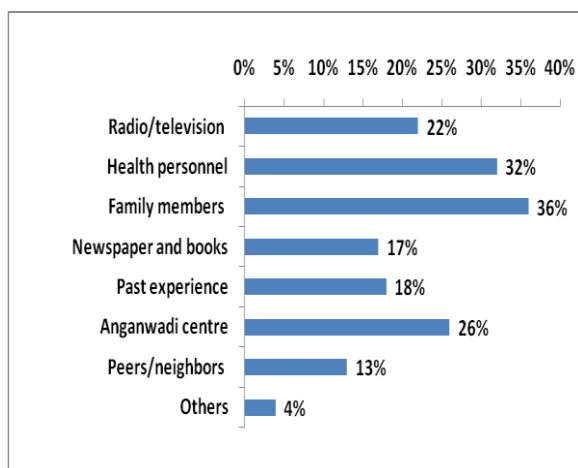
After assessing awareness about these schemes, equally important issue of awareness about its various services or benefits was enquired among women and findings are presented in the Fig. 8. Findings from the figure describes that awareness regarding services of govt. scheme was found to be very low among women and a lower proportion among them knew about the benefits given under JSY/JSSK. It was basically limited to cash



incentive for institutional deliveries (25%). A very low percentage of women were aware of other aspects of the scheme like free diagnostics (20%), free diet (19%), free treatment at the public health institution (18%), free drugs and consumables (14%), free provision of blood (3%), free transport to the health institution and back to home (2%).

### 3.6 Identification of the source of information available to slum women

Figure 9 indicates the source of information available to slum women regarding ANC, PNC, new born care and any of government schemes on maternal and child health care.



\*Multiple responses: sum of frequencies will not total to 100%  
**Fig.9: Source of information**

The prime source of information was family members (36%), followed by health personnel (32%) and Anganwadi centre (26%). Radio/TV consists as source of information for 22% of the respondents. Newspaper/books were the source reported by 17 % of the respondents, while, past experience, peers/neighbors and other sources as reported by 18%, 13% and 4% respectively.

## DISCUSSION

Present study was conducted to assess the awareness towards antenatal and postnatal care services among women of urban slum in Delhi. In the slum, majority of participants belongs to Hindu religion. Religion brings a gambit of cultures and

practices pertaining to pregnancy, nutrition, and diet in pregnancy and child bearing.

Education is the key factor for improving quality of maternal health care and even access to and utilization of ANC, PNC services. Educational level was low in the study area. Study results shows that 36% of the respondents were illiterate and 27% were educated till primary level and indicating over all pathetic scenarios towards women education. Because of low socio-economic status, approximately one fourth (24%) were engaged in some kind of work like as a domestic helper, labor, etc. A study done by Pandey et al.(2007) in Uttaranchal, found that women belonging to upper socioeconomic background (82.36%) preferred hospitals for delivery and those from lower (66.6%) and middle (57.83%) socioeconomic group preferred home. In the present study few participants (9%) preferred home delivery because of rude behavior of the hospital staff and being more comfortable at home. [9] The study also find that there is significant association between awareness on ANC with age of women, religion, marital status, type of family and occupation of women, observed in our study. Similar kind of result was found in the study conducted at Amritsar, Punjab. [10]

In the present study, knowledge regarding postnatal care was low as compared to awareness on antenatal care among the slum women. It was found that only 20-25% were aware of the fact that a women should follow a healthy diet plan even after delivery and proper rest and some exercises are mandatory during post natal period. While only 15% of women were aware of post natal check up. Majority of women (80%) were unaware about the need of family planning which will allows them to attain their desired number of children and determine the spacing of pregnancies and also to prevent unintended pregnancy which will prevent deaths of mothers and children. Devi et al. 2007 reported lack of contraceptive knowledge among women is due to the lack of education regarding

contraceptive methods during their adolescent phase. <sup>[11]</sup>

The early neonatal period is the most crucial time when effective postnatal care can affect the health of mothers and newborn significantly. <sup>[12]</sup> Timing for initiation of breastfeeding is crucial for the infant's health. It was reported that three-fourth (75%) of the respondents were known of the fact that breast feeding should be initiated within an hour. While only 13% answered within 2 hours. Knowledge of initiation of breastfeeding after one day was found in 12% of the respondents and awareness on importance of colostrum feeding was also present among very few women in the study.

In this study 93% of respondent were aware about the importance of immunization as to prevent transmission of diseases to children. But the knowledge of timing of vaccination was poor. In coverage evaluation survey conducted by UNICEF (2009) around three-fifths (58.1%) of the mothers knew about all the four vaccines that need to be given to the child within the first year of life. <sup>[13]</sup> Another study found that 17% were unprotected against tetanus and that is because of lack of awareness or interest among slum dwellers of Delhi in spite of the availability of the health facility in the vicinity. <sup>[14]</sup> The present study also indicates that among these 93% of aware respondent, only few of them could recall name of any vaccine.

In the present study, only 33% women were aware that, there is a programme for pregnant women which aims at safe institutional delivery, as compared to a Dehradun based study, conducted by Parul Sharma et al 2010, where 67.7% of women were aware of JSY. <sup>[15]</sup> In this present study, though who were aware about the existence of such schemes but they didn't have the exact knowledge or details of it. It was seen that the main source of information regarding ANC, PNC, new born care and any of government schemes on maternal and child health care in present study was Family members (36%) followed by health

personnel (32%) and Anganwadi centre (26%).

## CONCLUSION AND RECOMMENDATIONS

It is concluded that awareness level on antenatal care (ANC) and postnatal (PNC) in a study area was more or less same among slum women and was sufficient. But, the awareness towards the neonatal care has lots of lacunae, because, very less women were aware about important precautionary measures for the newborn. Majority of them were illiterate. Therefore priority should be given effectively in working out strategies for low socio-economic women, improving maternal and child health program for better counseling of the women. The most important indicators which need to be taken care for reducing the maternal and infant mortality are pregnant women received full ANC, institutional delivery, post natal checkup, full immunization and nutrition.

It is recommended that periodical re-orientation trainings of ASHAs and Anganwadi workers may be encouraged to improve their service delivery on reproductive health and training workshops to slum women on reproductive and child health should enforced effectively by educating them with involvement of their parents/family. In order to promote women's empowerment, it is necessary to create an environment that will allow women to participate in educational programs and share the benefits. It was therefore realized that while there is a need to set up specific education programs for the slum women, there is also a necessity to develop forms of education that will sensitize people towards gender discrimination and will raise their acceptance of women's promotion. A sustained and focused IEC campaign should be promoted to improve the awareness amongst community on RCH will help in improving community participation leading to sustaining and improving the quality, accessibility, and utilization of maternal health care services provided by the

government agencies in urban slum areas. IEC activities should also be intensified for dissemination of knowledge regarding JSY/JSSK scheme in slums, utilizing TV/Radio and latest social media as the main channel, so that people could be availed all the benefits of the scheme and it will certainly help in reducing maternal as well as infant morbidity and mortality.

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