

## Love, Hope and Despair of Pregnant Women Living in the Slum of Sylhet City Corporation: A Study

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### Abstract

Pregnancy is a joyous but stressful phase in every woman's life as it takes a ten-month-long journey. Support and caring attitude from family members and others, along with regular ante-natal treatment during pregnancy, is essential for every woman because it will protect the health of the unborn baby and future mother. However, in Bangladesh, patriarchal social structure and cultural components bring unequal treatment for women even when they feel sick. So, this qualitative study was conducted to explore the experiences of pregnant women living in the slum area of Sylhet city corporation, Bangladesh. Data were collected purposively from pregnant women during gestational weeks 36–38 who came for treatment at the Urban Primary Health Care Service Delivery Center of Shimantik (NGO). Ten in-depth interviews were conducted through a semi-structured interview schedule, and then collected data were thematically analysed. Data were presented under four themes: role of husband and family members during pregnancy, challenging circumstances within and outside of the family, the reason for the adverse social concern arising and the strategies employed to deal with the hostile condition. This study recommends that there should be a professional counsellor in every maternity health clinic, especially for pregnant women, with whom they can share their personal grief and sufferings.

**Keywords:** Love; Hope; Despair; Pregnant Women; Slum; Sylhet City Corporation; Bangladesh

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### **Introduction: Background to the Study**

Women need support and care from their husbands, in-laws and family during the challenging period of pregnancy. But in the patriarchal culture of Bangladesh, “caregiving” is considered feminine work delivered by a wife to her husband (Amin et al., 2010). Besides, decisions related to prenatal care are usually influenced by husbands and senior family members (Sutopa, 2019). Like all other South-Asian countries, in Bangladesh, a young woman is bound to listen to her in-laws and seniors and obey their decisions (Selwyn, 1996). Moreover, women are not allowed to visit the clinic alone without a guardian. In Bangladesh, it is expected that a young daughter-in-law will do all household chores, including taking care of children, husband, mother-in-law and father-in-law (Abedin & Arunachalam, 2020; Akter et al., 2018; Amin et al., 2010; Bhattacharyya et al., 2018; Das et al., 2015; 2016; 2020; Selwyn, 1996). But the excessive work pressure becomes a burden to them during pregnancy, giving them insufficient rest time (Choudhury & Ahmed, 2011; Lautarescu et al., 2020). Urban areas have more access to health services, including pharmacies, commercial and public health facilities (Fakir & Khan, 2015). But women living in the slums are considered the poorest of the poor and have limited access to healthcare and education facilities. It is found that maternal and infant mortality rates increase when there is poor access to water and sanitation in the slum area (Andre, 2009; Bhattacharyya, 2016).

Scholars like Khatun et al. (2012) found that Bangladesh’s maternal and neonatal mortality rate in a slum area is high. Abusing own wife, whether verbally, physically or sexually, is considered a matter of pride and a symbol of male dominance in slum areas. It is a matter of shame for husbands not to let the wife do heavy work or do that for her instead of going to the pharmacy to buy vitamins for the wife during pregnancy (Amin et al., 2010; Bhattacharyya, 2018; Das et al., 2015; 2016; 2020). Sometimes husbands and in-laws refuse to take responsibility for medical treatment during their

pregnancy. In that case, a pregnant woman only can depend on her parents (Bhuiya et al., 2003; Kamal, 2013; Lewis et al., 2015). On the other hand, studies have consistently demonstrated that husbands’ role in prenatal care is an essential factor in promoting the health of pregnant mothers and reducing maternal and infant mortality (Kululanga et al., 2011). The pregnancy period can be a time of hope, excitement, and positive transformation in preparation for parenthood (River et al., 2019). Support during pregnancy refers to the provision of emotional help during stressful events, help in having a proper diet, providing transportation to medical checkups and financial assistance and helping to reduce psychological stress (River et al., 2019; Lewis et al., 2015). To lower maternal mortality, Bangladesh is currently on pace to meet ‘SDG’s third goal. So, this qualitative study was undertaken in the slum area of Sylhet City Corporation to understand the expectations of pregnant women from her husband and in-laws and the reality they encounter during this phase. Love is an idea that includes the action or relation between lover and beloved (Beall & Sternberg, 1995). It has an enormous impact on how people think about themselves and others. Despair is the opposite of hope (Danczak, 2013). This study explored the actions, relations, care and support a husband and his family members perform towards the wife.

The literature review is discussed in the next section. Following the literature review section, it discusses the methodology. The findings are critically discussed in the sections following the methodology.

### **Literature Review**

Pregnancy is a time of profound physical and emotional change and an increased risk of mental illness (Bedaso et al., 2021). Strong family support helps reduce the risk of physical and psychological health problems like depression, anxiety and self-harm, as well as complications during and after pregnancy (Bedaso et al., 2021). But in the culture of the Indian sub-continent women and daughters-in-law are expected to prepare meals for the rest of the household

before they can eat themselves, serve them to everyone else, and then eat whatever is left over even throughout the entire pregnancy (Mullany, 2006; Naz et al., 2021). Society has developed some set of gender roles for females because of which they cannot ask for help from their husbands as some works are only for females. Moreover, women hold less decision-making power regarding their health, directly affecting them and their unborn children (Bhattacharyya, 2016; Mullany, 2006).

Maternal mortality is still high compared to other developing countries because of complicated pregnancy (Akter et al., 2018; Hossain & Hoque, 2015). These complications during pregnancy arise from various violence faced by women before labour (Curry, 1998; Alhusen et al., 2015). Women are victims of violence, especially during pregnancy, because they lack decision-making power (Akter et al., 2018; Hossain & Hoque, 2015; Mumtaz & Salway, 2009). They gain many unwanted experiences during their pregnancy as they are not treated equally to men (Okojie, 1994).

A husband's love and support in the prenatal stage are essential in ensuring the health and wellbeing of the pregnant mother and unborn child (Lewis et al., 2015). It also reduces the chance of maternal and infant mortality during the time of pregnancy, labour and delivery. Studies have shown that those who get emotional support from their husbands in the prenatal stage feel a lower level of stress (Stapleton et al., 2012). And those who do not get support from husbands and family face a high rate of miscarriage during the first trimester (Mosunmola et al., 2014). They develop hypertension as a danger and complication during pregnancy. So, men have a significant role in safe childbirth and maternal wellbeing (Sigalla et al., 2017; Stapleton et al., 2012). Studies found that partner support in the first month postpartum has been associated with infant stress reactivity and affective responsiveness during subsequent mother-child interactions (Eddy & Fife, 2020). Moreover, a good relationship, trust and communication with the partner's family of origin decreases the risk of

violence and risks during pregnancy (River et al., 2019). It reduces the risk to women's mental health and wellbeing during the sensitive and transformational period of pregnancy (River et al., 2019; Eddy & Fife, 2020).

A slum is a heavily populated area in a city (Kamruzzaman & Hakim, 2016). People living in slum have a complicated life. Moreover, in the slum areas, like their counterparts elsewhere, the daughter-in-law holds a secondary position. Husbands or other elder family members judge a woman's mobility, health, and healthcare expenditures (Akter et al., 2018; Hossain & Hoque, 2015; Mumtaz & Salway, 2009; Shahabuddin et al., 2017). Women are restricted in their ability to travel, which reduces their prenatal medical appointments. If a slum woman has a medical issue, in most cases, she will only seek treatment from a traditional healer recommended by her in-laws as they think prenatal care is unnecessary (Heise & Ellsberg, 1999; Mumtaz & Salway, 2009). Moreover, slum people do not have sufficient money to consult doctors in prenatal cases and think this is a waste of money (Akter et al., 2018). Furthermore, women have to take on heavy domestic workloads such as cooking, cleaning, washing, and taking care of children without any help from family members. Their mother-in-law does not treat them well (Simkhada and Porter, 2010). All these adverse circumstances lead a pregnant woman to face unpleasant experiences during her pregnancy period. These unpleasant situations make a woman feel depressed, hopeless and despaired. The need for love, care, and support from the husband and his family toward a pregnant woman is discussed in many studies. Thus this qualitative study explored the kind of support women living in slum areas get from their husbands and in-laws during their pregnancy.

### **Methodology**

This is a qualitative study. An exploratory study was designed to understand the kind of support pregnant woman in slum areas of Sylhet City Corporation receives from their husband and in-laws. Shimantik (a national NGO) implemented Urban Primary Health Care Services Delivery

Project to provide maternity health care services to the women living in the slum areas of Sylhet City Corporation. There are seven primary health care centres from where pregnant women living in the different slums of Sylhet city receive antenatal and post-natal services. All pregnant women living in slum areas and receiving antenatal care from the primary health care centres of Shimantik were the population for this study. Out of them, ten respondents were identified through a purposive sampling procedure who came for antenatal care during their gestational weeks— 36 to 38 at the Urban Primary Health Care Service Delivery Center of Shimantik. To collect data from the antenatal patient of Shimantik, researchers first contacted the higher authorities of Shimantik. After taking their consent, data were collected from the respondents through the in-depth interview using a semi-structured interview schedule to explore pregnant women's expectations from their husbands and family members and the role of their husbands and family members during pregnancy. The face-to-face interviews were taken from January to March 2022 at the primary health care centre of Shimantik. After interviewing, the recordings were transcribed and translated from *Bangla*, the local language, to English (Bhattacharyya et al., 2018; Das et al., 2020). Then researchers analysed all the data thematically. All ten interviews were coded and analysed in terms of participants' opinions and attitudes. By analysing data, four themes were developed— role of husband and family members during pregnancy, challenging circumstances within and outside the family, the reason for adverse social situations arising and the strategies employed to deal with hostile conditions. Verbal consent was taken from each respondent before the interview by explaining the study objectives. Respondents participated in the interview session voluntarily. Confidentiality and privacy were maintained.

### **Findings**

As mentioned above, four themes and sub-themes were developed by analysing the data thematically.

### **Role of husband and family members during pregnancy**

#### **Husband took sole responsibility for earning**

Most of the respondents who worked outside and earned for their families shared that during the last stage of their pregnancy, they could not go out due to their physical condition. So, their husbands became the only earning members of their family. Although their husband did not manage extra income sources, they needed to take a loan from the usurer to run their family. Six respondents described:

Our husband took responsibility to run all our family's expenditures with their only earnings, as we cannot work in this condition. But they are in debt now.

#### **Instrumental support from the family members**

When pregnant women could not continue their household chores, their family members, including their in-laws and children, helped them. Most of them received help cooking, washing clothes, and cleaning their house. Female family members and neighbours accompanied them when they went to the doctors. Four respondents narrated:

When we could not do our household activities, we requested our female relatives and neighbours to help us. They helped us. Sometimes our young children helped us by cleaning our house and washing clothes.

### **Challenging circumstances within and outside the family**

#### **Reality is different from expectations**

The majority of the respondents shared that when their husbands heard the news of their pregnancy, they became happy. But with the advancement of the pregnancy period, when their husband found that they could not work or behave as before, their happiness turned into anger. Four respondents said:

When our husbands noticed we could not perform our regular activities due to pregnancy, they became violent. They do

not try to understand our physical condition.

A significant number of respondents said they expect their husbands to be with them when they go for checkups and delivery. But their husbands reckoned that pregnancy is a feminine matter, so they did not accompany their wives. As six respondents shared:

When we became pregnant, our husband spent a lot of time outside the home, so we had to go for a checkup with our female relatives. We are illiterate and do not understand 'doctors' advice properly. If our husband is with us at the 'doctors' chamber they can take the initiative, which would have been good. But, they always refused to go with us.

### **Husband's dominating relationship**

Husbands do not take or arrange special care facilities for their pregnant wives. They remain busy with their work and do not pay any attention to the demands of their wives. Sexual abuse is also common during pregnancy. One of the respondents told the researchers about being a victim of marital rape. She said:

My husband thinks it is wife's duty to please her husband. He forced me to get intimated with him and 'didn't consider my consent. As I am six months pregnant, it is very painful for me to perform intercourse, but I am helpless. My husband threatens me that 'he will leave me or go to other women if I don't cooperate with him. Even he said he would divorce me and would do second marriage. I can't tell this situation to anybody because everyone in the family may think it's very normal between husband and wife.

### **Nutritious food is considered a luxury**

People who live in slums are usually below the poverty line. They cannot ensure their basic needs like nutritious foods, standard of living, good shelter etc. During pregnancy, a woman requires to have enough calories to guarantee her and her future child's physical wellbeing. But

due to poverty, slum women cannot have nutritious food during their pregnancy. Three respondents described:

In my family, we are seven people. We all live in a small house with one bedroom and kitchen. I and my husband sleep on the kitchen floor. He used to work in the garage but lost his job in the last lockdown for Covid-19. Till then, his earnings are not fixed. Some days we get to eat food, and some days we starve. In this situation, thinking about nutritious food is a luxury for me.

### **Struggle to have a medical checkup**

Pregnant women must remain under continuous monitoring of a specialised doctor. But all respondents said, only lucky women can complete their four antenatal visits, and others do not get a chance of a single visit to the health care centre. In slums, because of poverty and male dominance, wives do not get any support from their husbands or in-laws regarding medical facilities. Sometimes pregnant women are bound to bring money from their parents or brothers for their treatment. Two respondents shared:

When I got to know that I am pregnant, I told my husband that we should go to a clinic for a checkup. I studied till eight standards, and I know that a would-be mother needs to be under medical observation. My husband asked his father about this, and he said there is no need to go to a clinic. When I tried to convince them that I should go for the betterment of the baby. They said I should ask my parents for doctor's fees and transportation costs. They will not accompany me to the clinic, and I must go there with my mother or sister.

### **Reason for arising adverse social situation**

#### **Poverty: the key culprit**

Most respondents said financial problems within the family are the cause of the above-mentioned hostile situation. However, almost all of the respondents acknowledge that their primary

focus is on fulfilling their basic needs, such as food and housing. So, getting proper treatment, medicine and nutritious food for pregnant mothers is considered secondary. Seven respondents described:

Managing food and a sleeping place for us and our family members is tough with our little income. Our husbands and family members are always in tension to solve financial constraints, so they cannot provide mental support.

### **Knowledge gap of family members**

Most of the family members are unaware of the supportive role of the husband and others for the pregnant women. When health workers visit the house in the slum, senior members are reluctant to talk with them. They thought different health care organisations try to attract pregnant women to run their businesses. If any pregnant woman goes to the clinic for a checkup and delivery, doctors refer her to a C-section instead of vaginal delivery, which requires huge money. Most of the participants said:

We get advice from doctors and health workers for our betterment during pregnancy. But we could not convince our family's aged person or decision makers, as they already have strong outdated beliefs. When we share our ideas with them, they make fun of us and force us to follow only their advice.

### **Influence of community people**

Slum dwellers have a strong community bond. Community people influence the decision making process of an individual. Although, different people have various opinions regarding pregnancy, sometimes their ideas negatively influence attitude of husbands and in-laws towards pregnant women.

An interviewee shared:

My husband was very caring to me during the first three months of my pregnancy. But one day, one aunt-in-law came to visit us. When she saw that my husband was pampering me, she insulted my husband after that my husband changed

his caring attitude and stopped taking care of me.

Another respondent said:

Our neighbour suggested that my husband always put work pressure on me. It helps in the easy delivery process and helps reduce labour pain. So, my husband asked me to stand all day and work.

### **Lack of awareness and a state of insecurity**

Pregnant women are not aware of their rights. They think it's very usual for husbands and in-laws behave this way. According to one respondent:

We are six siblings. I am the eldest. My father used to beat my mother a lot. He wanted everything according to his wish. Every night he used to come home drunk and beat us. I saw my father never sparing my mother, even during her pregnancy. In that sense, I am lucky that my husband doesn't drink alcohol. Husbands are allowed to rebuke and slap or sometimes beat their wives. It is our fate. My husband is giving me food and shelter. What should I complain about?

Some women also fear that their husbands will leave them if they protest. They will be alone, or the husband will marry another woman and will refuse to take her and children's responsibilities. Due to these insecure feelings, they bear every torture during their pregnancy. An interviewee said:

I lost my parents in childhood. My uncle married me off here. I have no other place to go. If I say anything against my husband or my in-laws, they will kick me off from their home. Where will I go? Who will bear the expenses of me and my unborn child? That's why I never disobey them.

### **The strategies employed to deal with the hostile condition**

#### **Obeying guardians' decision**

Sometimes pregnant mothers become rebellious toward their husbands and in-laws; they try to protest the unwise decisions taken for them. But this brings suffering to them as they often go through physical and verbal violence. So, most respondents said they need support during their pregnancy, and therefore they follow their guardians' advice instead of health workers or doctors' instructions. This was reinforced by six interviewees:

We needed the support of our family members during our pregnancy, so we tried to maintain a good relationship with them. We often listen to their advice to avoid quarrels with the family members.

### Discussion

Women living in slum areas are one of the vulnerable groups in Bangladesh. They suffer from poverty, malnutrition, poor living standards, unemployment etc. (Akter et al., 2018). Pregnancy increases their suffering multiple times (Bates et al., 2017). Although this study finds that during the last phase of their pregnancy, their husband took financial responsibility for their family, and the respondents received instrumental support from others, their pregnancy period became stressful due to the aggressive behaviour of their husbands due to their inability to perform their daily activities, lack of nutritious meal, difficulties in ante-natal care. Medical treatment is also a luxury for them. Different non-government organisations like Shimantik made treatment almost free of cost for poor women in urban areas. Even though some husbands do not wish to bear a little expense and consider this an extra burden, they are not interested in giving transportation costs to their wives for the clinic. All these physical, mental and sexual harassment lead to permanent damage to would-be moms and their unborn children. Society portrays the husband as God and the sole provider of amenities (Choudhury et al., 2012). The stressful situation arose due to poverty, knowledge gap, the patriarchal mentality of community people and lack of awareness. Some pregnant women are forced to work at home and outside to ensure living (Bhuiya et al., 2003; Bhattacharyya

et al., 2018; Das et al., 2015; 2016; 2020; Naz et al., 2021), making their pregnancy miserable. Slum women are also not aware of legal laws due to their illiteracy. So, they cannot make any strategy to overcome this adverse situation; instead, they respect their guardian's decision. In short, at the crucial stage of pregnancy, a slum-living woman has to bear all kinds of abuse, torture and oppression as she has no power to tackle the circumstances. But most of the respondents were found to be depressed during their pregnancy and did not know the adverse impact of their stress on their unborn babies.

### Conclusion

The government of Bangladesh takes different steps to reduce maternal death in slum areas. Providing support to the pregnant mother makes a woman psychologically strong, a precondition of good physical health. This study finds pregnant women living in slum areas have very few expectations from their husbands and family members. But most of the time, these little expectations remain unfulfilled. These women do not have anybody to share their grief and sufferings with. So, this study recommends that every clinic appoint a psychologist and psychiatrist to counsel these women to overcome their woes during pregnancy, which would help the pregnant women to receive psychological treatment with their physical therapy from each clinic

### References

- Abedin, S., & Arunachalam, D. (2020). Maternal autonomy and high-risk pregnancy in Bangladesh: The mediating influences of childbearing practices and antenatal care. *BMC Pregnancy and Childbirth*, 20(1), 1–8. <https://doi.org/10.1186/s12884-020-03260-9>
- Akter, M. K., Yimyam, S., Chareonsanti, J., & Tiansawad, S. (2018). The challenges of pre-natal care for Bangladeshi women: a qualitative study. *International Nursing Review*, 65(4), 534–541. <https://doi.org/10.1111/inr.12466>
- Alhusen, J., Ray, E., Sharps, P., & Bullock, L. (2015). Intimate Partner Violence During Pregnancy: Maternal and Neonatal Outcomes. *Journal of Women's Health*, 24(1), 100-106.

<https://doi.org/10.1089/jwh.2014.4872>.

Amin, R., Shah, N. M., & Becker, S. (2010). Socioeconomic factors differentiating maternal and child health-seeking behavior in rural Bangladesh: A cross-sectional analysis. *International Journal for Equity in Health*, 9, 1–11. <https://doi.org/10.1186/1475-9276-9-9>

Bates, L. M., Schuler, S. R., Islam, F., Islam, K., & Bates, B. M. (2017). *Socioeconomic Factors and Processes Associated with Domestic Violence in Rural Bangladesh* Linked references are available on JSTOR for this article : *Socioeconomic Factors and Processes Associated With Domestic Violence in Rural Bangladesh*. 30(4), 190–199.

Beall, A. E., & Sternberg, R. J. (1995). The Social Construction of Love. *Journal of Social and Personal Relationships*, 12(3), 417–438. <https://doi.org/10.1177/0265407595123006>.

Bedaso, A., Adams, J., Peng, W., & Sibbritt, D. (2021). Prevalence and determinants of low social support during pregnancy among Australian women: a community-based cross-sectional study. *Reproductive Health*, 18(1). doi: 10.1186/s12978-021-01210-y

Bhattacharyya, R. (2016). An Account of India's under-5 Mortality Rate. *International Journal of Social Work and Human Services Practice*, 4(4), 82–88, DOI:10.13189/ijrh.2016.040402

Bhattacharyya, R., Das, T., Alam, F and Parvin Amina (2018). Researching Domestic Violence in Bangladesh: Critical Reflections. *Journal Ethics and Social Welfare*, 314–329. <https://doi.org/10.1080/17496535.2018.1458889>

Bhuiya, A., Sharmin, T., & Hanifi, S. M. A. (2003). Nature of domestic violence against women in a rural area Bangladesh: Implication for preventive interventions. *Journal of Health Population and Nutrition*, 21(1), 48–54.

Choudhury, N., & Ahmed, S. M. (2011). Maternal care practices among the ultra poor households in rural Bangladesh: A qualitative exploratory study. *BMC Pregnancy and Childbirth*, 11, 1–8. <https://doi.org/10.1186/1471-2393-11-15>

Choudhury, N., Moran, A. C., Alam, M. A., Ahsan, K. Z., Rashid, S. F., & Streatfield, P. K. (2012). Beliefs and practices during pregnancy and childbirth in urban slums of Dhaka, Bangladesh. *BMC Public Health*, 12(1), 1. <https://doi.org/10.1186/1471-2458-12-791>

Curry, M. (1998). Effects of abuse on maternal complications and birth weight in adult and adolescent women. *Obstetrics & Gynecology*, 92(4), 530–534. [https://doi.org/10.1016/s0029-7844\(98\)00258-0](https://doi.org/10.1016/s0029-7844(98)00258-0)

Danczak, A. (2013, January 29). *Hope from despair*. BMJ. <https://doi.org/10.1136/bmj.f420>

Das, T., Bhattacharyya, R., Alam, F., and Parvin, A. (2020). In-depth Semi- structured Interviewing: Researching Domestic Violence as a Public Health Issue in Bangladesh. *SAGE Research Methods Cases Medicine & Health, Disciplines: Public Health*, DOI: <https://dx.doi.org/10.4135/9781529719840>

Das, T., Bhattacharyya, R. Alam, F., and Parvin, A. (2016). Domestic Violence in Sylhet, Bangladesh: Analysing the Experiences of Abused Women. *Journal Social Change*, 46 (1), 106–123, DOI: 10.1177/0049085715618561

Das, T., Alam, F., Bhattacharyya, R. and Parvin, A. (2015). Causes and Contexts of Domestic Violence: Tales of the Help Seeking Married Women in Sylhet, Bangladesh. *Asian Social Work and Policy Review*, 9(2), 163–176, DOI:10.1111/aswp.12055.

Eddy, B. P., & Fife, S. T. (2020). Active Husband Involvement During Pregnancy: A Grounded Theory. *Family Relations*, 70(4), 1222–1237. <https://doi.org/10.1111/fare.12486>

Fakir, A., & Khan, M. (2015). Determinants of malnutrition among urban slum children in Bangladesh. *Health Economics Review*, 5(1). doi: 10.1186/s13561-015-0059-1

Heise, L., & Ellsberg, M. (1999). Ending violence against women. *Population Reports. Series L, Issues in World Health*, 11, 1–43. <https://doi.org/10.4324/9780429269516-5>

Hossain, B., & Hoque, A. A. (2015). Women Empowerment and Antenatal Care Utilization in Bangladesh. *The Journal of Developing Areas*,

49(2), 109–124.

<https://doi.org/10.1353/jda.2015.0045>

Kamal, S. M. M. (2013). Domestic Violence, Unwanted Pregnancy and Pregnancy Termination among Urban Women of Bangladesh. *Journal of Family & Reproductive Health*, 7(1), 11–22.

<http://www.ncbi.nlm.nih.gov/pubmed/24971097>  
<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC4064740>

Kamruzzaman, M., & Hakim, M. A. (2016). Socio-economic status of slum dwellers: an empirical study on the capital city of Bangladesh. *Age (years)*, 20(35), 11-11.

Khatun, F., Rasheed, S., Moran, A., Alam, A., Shomik, M., & Sultana, M. et al. (2012). Causes of neonatal and maternal deaths in Dhaka slums: Implications for service delivery. *BMC Public Health*, 12(1). doi: 10.1186/1471-2458-12-84

Kululanga, L., Sundby, J., Malata, A., & Chirwa, E. (2011). Striving to promote male involvement in maternal health care in rural and urban settings in Malawi - a qualitative study. *Reproductive Health*, 8(1). doi: 10.1186/1742-4755-8-36

Lautarescu, A., Craig, M., & Glover, V. (2020). Prenatal stress: Effects on fetal and child brain development. *International Review of Neurobiology*, 17-40. doi: 10.1016/bs.irn.2019.11.002

Lewis, S., Lee, A., & Simkhada, P. (2015). The role of husbands in maternal health and safe childbirth in rural Nepal: a qualitative study. *BMC Pregnancy and Childbirth*, 15(1). <https://doi.org/10.1186/s12884-015-0599-8>

Mosunmola RN, S., Adekunbi RN, F., & Foluso, RN, O. (2014). Women's perception of husbands' support during pregnancy, labour and delivery. *IOSR Journal of Nursing and Health Science*, 3(3), 45–50. <https://doi.org/10.9790/1959-03314550>

Mumtaz, Z., & Salway, S. (2009). Understanding gendered influences on women's reproductive health in Pakistan: Moving beyond the autonomy paradigm. *Social Science and*

*Medicine*, 68(7), 1349–1356.

<https://doi.org/10.1016/j.socscimed.2009.01.025>

Mullany, B.C. (2006) Barriers to and Attitudes towards Promoting Husbands' Involvement in Maternal Health in Katmandu, Nepal. *Social Science & Medicine*, 62, 2798-2809.

<https://doi.org/10.1016/j.socscimed.2005.11.013>

Naz, S., Muhammad, D., Ahmad, A., Shabnam, & Ali, P. (2021). Pregnant women perceptions regarding their husbands and in-laws' support during pregnancy: a qualitative study. *Pan African Medical Journal*, 39. doi: 10.11604/pamj.2021.39.229.25659

Okojie, C. E. E. (1994). Gender inequalities of health in the third world. *Social Science and Medicine*, 39(9), 1237–1247.

[https://doi.org/10.1016/0277-9536\(94\)90356-5](https://doi.org/10.1016/0277-9536(94)90356-5)

River, L. M., Narayan, A. J., Atzl, V. M., Rivera, L. M., & Lieberman, A. F. (2019). Romantic partner support during pregnancy: The discrepancy between self-reported and coder-rated support as a risk factor for prenatal psychopathology and stress. *Journal of Social and Personal Relationships*, 37(1), 27–46.

<https://doi.org/10.1177/0265407519850333>

Selwyn, B. J. (1996). Birth practice patterns in urban slums of Dhaka, Bangladesh. *Women and Health*, 24(1), 41–58.

[https://doi.org/10.1300/J013v24n01\\_03](https://doi.org/10.1300/J013v24n01_03)

Shahabuddin, A., Nöstlinger, C., Delvaux, T., Sarker, M., Delamou, A., Bardají, A., Broerse, J. E. W., & De Brouwere, V. (2017). Exploring maternal health care-seeking behavior of married adolescent girls in Bangladesh: A social-ecological approach. *PLoS ONE*, 12(1).

<https://doi.org/10.1371/journal.pone.0169109>

Simkhada B, Porter MA, van T. E. (2010). The role of mothers-in-law in antenatal care decision-making in Nepal: a qualitative study. *BMC Pregnancy Childbirth*. 2010 Jan;10:34. *BMC Pregnancy and Childbirth*, 10, 34.

<http://www.biomedcentral.com/1471-2393/10/34>

Sigalla, G. N., Rasch, V., Gammeltoft, T., Meyrowitsch, D. W., Rogathi, J., Manongi, R., & Mushi, D. (2017). Social support and intimate partner violence during pregnancy among women attending antenatal care in Moshi Municipality, Northern Tanzania. *BMC Public Health*, 17(1). <https://doi.org/10.1186/s12889-017-4157-3>

Stapleton, L. R. T., Schetter, C. D., Westling, E., Rini, C., Glynn, L. M., Hobel, C. J., & Sandman, C. A. (2012). Perceived partner support in pregnancy predicts lower maternal and infant distress. *Journal of Family Psychology*, 26(3), 453–463. <https://doi.org/10.1037/a0028332>

Sutopa, T. S. (2019). Maternal Health Care Seeking Behavior in Urban Area of Bangladesh: Does Migration Create Inequity? *Dhaka University Journal of Science*, 67(2), 131–138. <https://doi.org/10.3329/dujs.v67i2.54586>

### Conflict of Interest

The authors declare that there is no conflict of interest.

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### Author Contribution Statement

**Priyanka Bhattacharjee** handled conceptualisation, methodology, data collection and analysis, first draft development, cross-referencing, final review, and rewriting of the final draft.

**Samantha Ahmed** played her role in conceptualisation, methodology, literature search, reference gathering, writing the first draft, preliminary reviewing, and writing the final draft.

The submitted manuscript was reviewed and approved by both authors.

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