



Women's Experiences with Postpartum Anxiety: A Qualitative Study in Vashantek Slum Area in Dhaka City

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ABSTRACT

Experiences of postpartum anxiety among mothers have been a major concern for today's society. To explore this, the study tries to explain the reasons behind the post-birth stress, also the researcher tried to explore cultural aspects such as attitudes, behavior, and fear of stigma among mothers regarding post-partum anxiety within the study area. Furthermore, the researcher tried to explain the attitudes of mothers toward medical care for post-partum depression. To conduct this study, qualitative methods were used and within the study area, purposive sampling was employed to collect data from those mothers who had given birth in the last five years. So, the target population was those women who gave birth to a baby in the last five years and the sample size for this study was 30. Results of the study indicated that socio-economic conditions, illiteracy, unemployment, and underemployment, trigger financial instability, and tensions among family members which eventually results in postpartum anxiety. Because of the economic insolvency new member in the family seem to be a burden which increases intimate partner violence. Apart from this, cultural attitudes of family members to prioritize the male child in the family over the female child, superstitious behavior, negligence towards the mother's health, and forceful intercourse by the husband after being addicted to drugs are the major concerns to trigger post-partum depression. Lack of knowledge about post-partum depression, and lack of uniformity regarding the problem among the mothers in the study area is also a vital cause of this issue. All these matters are elaborately discussed throughout the study.

Keywords: *Postpartum, Anxiety, Depression, Mother, Children, Mental health, Slum area.*

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Introduction:

In our country, maternal health is a neglected aspect and it is considered a normal health condition of a mother during her pregnancy period. General people think that pregnancy is a sickness and this is constructed by society. So, the people of our country do not give any importance to the term postpartum depression or anxiety. As a consequence, society has seen different crimes like babies being killed by their mothers, mother's suicide, etc. The arrival of a new child is an exciting moment filled with big changes and new obligations. Being a mother is regarded as one of life's most meaningful and fulfilling experiences (Brockington, Macdonald & Wainscott, 2006). However, the postpartum period is a trying time marred by psychiatric illness for other women. While some worry in reaction to becoming a new mother is acceptable and even appropriate, some moms may feel excessive and severe anxiety (Anniverno et al, 2013). There have been a lot of studies done on the clinical appearance, prevalence, etiology, and therapy of postnatal depression; however, there have been fewer investigations on postnatal anxiety disorders (Agrati et al, 2015). Anxiety during the perinatal period is frequent and has long-term and severe consequences for women and their infants, even at pre-clinical levels. In particular, postnatal anxiety is linked to disordered mother-infant connection, postnatal depression, decreased chance of breastfeeding, greater risk of baby maltreatment, delayed social and cognitive development in newborns, and an increased likelihood of anxiety in children. Given the extent of the impact of postpartum anxiety on a woman and her child, it is critical to comprehend the complexities of this phenomenon. Anxiety disorders are more frequent in postpartum women than in the general population, with estimates ranging from 6.1 percent to 27.9 percent within the first 6 months after postpartum (Wenzel et al, 2005). There are no anxiety-specific screening tools that are frequently used in the postnatal period, and there is a dearth of reliable screening tools for postnatal depression. While coping with depression is challenging at any time, dealing with elevated anxiety levels while caring for a new infant may make it much more difficult. Furthermore, these new moms may find it difficult to be nervous during a period that is normally seen and expected to be a time of tremendous joy. Maternal anxiety has also been linked to a new mother's perception of herself as a "mother". Hart and McMahon (2006), discovered that greater levels of postpartum anxiety were linked to more unfavorable attitudes regarding parenthood and the self as a mother. Pregnancy and motherhood have a significant influence on women's health, well-being, and societal responsibilities (Huizink et al, 2004). According to Brockington (2004), postpartum depression is

an umbrella term that includes several illnesses. Some studies have discovered that anxiety symptoms, particularly generalized worry about parenting and self-criticism, account for a large portion of what they refer to as “postpartum mental distress” (Marrs et al., 2009). Given the ambiguity of the circumstance, anxiety disorders in the postpartum should be considered as a different category of diseases from depression. Strong historical links between the concepts of women's health and reproductive health have resulted in a focus of international attention and resources on maternal health and human immunodeficiency virus infection, particularly in low- and middle-income countries (Bustreo, Knaul, Bhadelia, Beard, & Carvalho, 2012). Maternal depression symptoms during delivery have long been thought to be culturally specific and unusual or non-existent outside of Western society (Cox, 1996). Maternal worry has also been shown to influence a new mother's perception of herself as a “mother.” According to Hart and McMahon (2006), higher levels of postpartum anxiety were related to more unfavorable opinions regarding parenthood and the self as a mother. Furthermore, these effects were shown to be stronger in cases of mother anxiety than in cases of maternal depression. A history of psychiatric problems during pregnancy, a bad marital connection, a lack of social support, and stressful life events have been identified as the biggest predictors of postpartum mother depression symptoms (O’Hara & Swain, 1996).

Statement of the Research Problem

Fischer et al. (2011) reported a prevalence of almost 20% for common mental disorders such as depression and anxiety postpartum in low- and middle-income countries (including Bangladesh). The most frequent causes of postpartum anxiety include socioeconomic difficulties, a lack of intimate empathy, a lack of emotional and practical assistance, unfriendly in-laws, and a history of intimate partner abuse. Depressive symptoms were shown to be prevalent in 18.3 percent of rural Bangladeshi women during pregnancy, 14.1 percent at 23 months, and 31.7 percent from 6 to 8 months postpartum (Nasreen, 2011). Giving birth in Bangladesh is still dangerous for women, with 76 percent of births taking place at home with the assistance of traditional birth attendants. Almost 80% of maternal death occur in rural areas of the nation (Mamun et al., 2012). Traditional practice in Bangladesh is for new mothers to relax for 40 days after childbirth, consume a specific diet, and stay inside during the first postpartum period. Because the new mother is considered “unclean” owing to menstrual blood, she is not permitted to wash or prepare meals, and therefore

housekeeping is typically done by others (Eberhard-Gran et al., 2010). Bina (2008) said that cultural rituals alleviated depressed symptoms, while a lack of cultural traditions increased the incidence of depressive symptoms postpartum. According to a WHO AIMS study, a national survey conducted in Bangladesh between 2003 and 2005, 16.1 percent of the adult population had a mental illness, with women being more likely than males to be affected (19 cf.12.9 percent) (Islam and Biswas, 2015). So, in this study, the researcher tried to explore the women's experiences with postpartum anxiety who live in slum areas. To conduct this study the researcher also studied the reasons for post-birth stress, cultural attitudes, fear of stigma, and attitudes toward medical care for postpartum depression. The study is mostly based on the subjective implementation of information.

Objectives of the Study

Broad Objective

The broad aim of this study is to know the women's experiences with postpartum anxiety.

Specific Objectives

To understand the broad aim of this study the researcher tried to explore:

- (i) Reasons for post-birth stress
- (ii) Cultural attitudes and fear of stigma
- (iii) Attitude towards medical care for postpartum anxiety.

Limitations of the Study

This study's primary drawback is its small sample size. Temporary constraints can make obtaining adequate expected data difficult. Due to a shortage of time and other academic responsibilities, the researchers were unable to form a relationship with respondents to obtain a deeper understanding of the situation. There is a lack of existing research and information available on the websites of government agencies and non-governmental organizations (NGOs) regarding postpartum depression in the Bangladeshi context which is a major limitation of this study.

Theoretical Framework

The theories are formulated by researchers to understand phenomena, make relations, and make predictions. In the theoretical framework, you clarify the assumptions that support your study and demonstrate that your research is focused on existing concepts (Vinz, 2015). In this part theories that support this study are elaborately discussed.

Attachment Theory of Postpartum Anxiety

John Bowlby and Simpson have given a theory about postpartum depression and the name of this theory is Attachment Theory of Postpartum Anxiety. According to this theory, because their personal needs are not being satisfied, ambivalent moms exhibit neediness and anxiety with their partners and infants through behaviors such as intrusiveness or rage. Ambivalent moms whose spouses react to this conduct by being unsupportive are more likely to develop PPD than ambivalent mothers whose spouses are supportive. As a result, avoidant moms who do not anticipate spousal assistance are less likely to develop PPD. This theory considers the inner micro world with a working model of the self and the outer macro world with a working model of social interaction with the spouse, but it does not consider the possibility of changing the dynamic relationship between them to facilitate positive interactions, and it does not consider the social and cultural context. The effect of postpartum anxiety is common during the prenatal period and can harm the developmental attachment between a mother and her child. While depression has long been linked to bonding difficulties, the relationship between anxiety disorders and maternal-fetal attachment has received less study (Matthies et al, 2020). The researcher in her study relates this theory with the findings which are collected from the field. Researchers found that those mothers who have able to fulfill their needs and get support from their husbands, mothers, mothers-in-law, and neighbors are really happy after giving birth to a child. But maximum mothers say that they do not get any support or sympathy from their husbands. So, they experienced postpartum anxiety. Slum areas mothers claimed that they have poor emotional feelings and love for their children because of this postpartum anxiety.

Earthquake Theory of Postpartum Anxiety

Sichel and Driscoll were given this theory, name Earthquake Theory of Postpartum Anxiety. According to this theory, when a woman's life experiences a critical mass of stress, an "earthquake"

of depression erupts, culminating in PPD. The earthquake model sees a woman suffering from PPD as a victim of the stress she is subjected to. Interventions based on this paradigm would thus focus on reducing the stresses that lead to the earthquake, rather than supporting a woman in developing interpersonal methods to have meaningful connections with her newborn, family, and social and cultural network. In lower-class families mothers have always tensions which give them stress. Economic crisis always gives them stress. Maximum mothers from which the researcher collected data; are living with their in-laws. In slum areas, maximum women mainly the mothers are doing housemaid work. Their husband's occupations are driver, cloth sellers, a rickshaw puller, and cooking in the hotel. Among maximum respondents' husbands are rickshaw pullers. So, their income is not so much. All the respondents said that their expenditure is higher than their regular income. Maximum mothers from which the researcher collected data; are living with their in-laws. In slum areas, maximum women mainly the mothers are doing housemaid work. Their husband's occupations are driver, cloth sellers, a rickshaw puller, and cooking in the hotel. The maximum number of respondents' husbands are rickshaw pullers. So, their income is not so much. All the respondents said that their expenditure is higher than their regular income. Every mother has faced different physical problems in their postpartum period. Twenty mothers out of the 30 mothers experienced cesarean section also known as C-section. The rest of the ten mothers delivered their babies at their husband's houses or their maternal houses. Psychological stress also increases this postpartum anxiety.

RESEARCH METHODOLOGY

Research Design

This research is exploratory. As there is no study done before on this topic in the context of the Vashantek slum area, this study attempts to explore women's experiences with their postpartum anxiety. The study used qualitative methods following the phenomenological approach (i.e., the subjective experience of the respondents) to meet the requirements of the study objectives.

Sampling Procedure : The purposive sampling method has been used to conduct this study for considering the very purpose of the study and selecting the relevant respondents who can provide the required information for conducting the study. Accordingly, the data has been collected from mothers who have given birth to a child in the last five years. To collect the data, the study has

selected the Vashantek slum area, near the Mirpur area of Dhaka City, Bangladesh. Among the 30 mothers, researchers interviewed 29 mothers and did one case study.

Study Area and Population

The study area is near Mirpur, Vashantek Slum area. The total population number is unknown because the researcher doesn't have any reliable data source about the population.

Target Population

To conduct this study target population is those who gave birth in the last 5 years and also live in the Vashantek slum area.

Sampling Procedure and Sample Size

The researcher followed a non-probability sampling method to conduct this study. To do this study the researcher followed the purposive sampling method. Purposive sampling was employed to collect data from those mothers who had given birth in the last five years. The sample size is 30. The researcher reached the saturation level after collecting 30 responses from the respondents.

Data Collection Methods and Techniques

In this study, researchers used both primary and secondary sources of data. To collect the primary data, an in-depth interview was undertaken to know about the women's experiences with their postpartum anxiety. In this regard, a semi-structured interview method was used to explore the issues related to post-birth stresses and reasons behind the postpartum anxiety. Researchers ensured face-to-face oral consent from the mothers before taking the interviews. The secondary sources of data were collected from newspapers, websites, and govt. reports to complement the primary data.

Data Analysis Procedure

At first, researchers transcribed the interview recordings in Bengali and then translated them into English. Researchers ensured that the transcriptions were accurate compared to the recordings. Translations were then across-checked the relevant information was summarized. Based on the responses, the data were coded, and categorized following elaborative coding technique and

thematic analyses have been implemented. Along with the analysis of primary data, researchers also conducted the content analysis.

Literature Review:

This is important because postpartum anxiety may be more frequent than is often acknowledged, and women who suffer from anxiety may not receive an appropriate acknowledgment, support, or medication. There is no consistent information on the occurrence and appearance of anxiety in the postpartum period in social and media debates about postpartum depression (PPD) (Ross & McLean, 2006). According to some experts, the prevalence of Generalized Anxiety Disorder might reach 8.2 percent (Wenzel, Haugen, Jackson & Brendle, 2005) and panic symptoms can increase during the postpartum period (Bandelow et al., 2006). Anxiety (e.g., restlessness, racing heart, ruminating, sense of dread, worry, panic attack, fears and phobias, irritability, sleep disturbance) and depression (e.g., sadness, diminished pleasure in activities, fatigue or loss of energy, feelings of worthlessness or excessive guilt, diminished concentration, indecisiveness, changes in appetite/weight, insomnia or sleeping out). The absence of regular procedures for anxiety screening and the lack of appropriate instruments sensitive enough to test for various kinds of anxiety during the postpartum period are the main causes of anxiety disorders during the postpartum period. Although anxiety screening tools exist, no anxiety-specific screening devices are utilized frequently during the postpartum period (Rowe, Fisher, & Loh, 2008). Given the increase in stress, anxiety may arise as well, because it is well recognized that psychosocial stressors can play a substantial etiological role in the development of anxiety in those who are predisposed to it (Wenzel et al., 2003). Furthermore, learning to handle the increased external obligations that come with motherhood may contribute to the development of anxiety, given that the presence of seemingly uncontrolled demands has been related to worry (Wenzel et al., 2003). The transition to parenting does not appear to be a one-time event for women, but rather a long and intricate process that lasts much after the actual delivery (Woollett & Parr, 1997). The anxiety of the multifarious women in their sample reduced from pregnancy through the first 24 postpartum months, but the anxiety of first-time moms increased, indicating a significant social and environmental, rather than biological, relationship to anxiety (Dipietro, Costigan, & Sipsma, 2008). To this, Western societies have a strongly individualistic attitude in which nuclear families are expected to raise their children with minimal family help and without the protection of a close

communal network. This lack of social support in the society may result in maternal worry, which impairs a new mother's sense of herself as a "mother" (Hart and McMahon, 2006). Bangladesh is a highly populated country of over 160 million people, with Dhaka housing over 15 million of them (United Nations 2016). The vast majority of these people are Muslim. Bangladesh's health has improved dramatically since its independence from Pakistan in 1971, especially in terms of maternal mortality (Arifeen et al. 2014). While maternal mortality, diarrhea, and infectious disease prevention have received substantial funding, little has been invested in mental health. In Bangladesh, just 0.5 percent of the health budget is allocated to mental health, there is a significant scarcity of mental health human resources and facilities, and there is no national comprehensive mental health strategy (Islam and Biswas 2015). Under-detection of depression and a lack of treatment are probable contributing factors to Bangladesh's high suicide rate, which claims the lives of over 100,000 people each year, with teenage females being the most vulnerable (Mashreky, Rahman, and Rahman 2013). A study on the stigma of mental health among South Asian immigrants in high-income countries has been done. Although Asian-British populations appear to have lower rates of psychiatric illness in the United Kingdom, one study found that Asian-British individuals suffering from mental illness were less likely to access British mental health services for a variety of reasons, including stigma, a lack of understanding of what the services are, and a lack of belief in their effectiveness (Greenwood et al. 2000). Because of their pre-existing lack of authority in most Bangladeshi communities, women are more exposed to the consequences of stigma. Losing a woman's reputation in a community might entail being cut off from a source of income, the husband left, and/or social isolation. In addition, in certain rural regions, mental illness is associated with witchcraft (Nizamie and Goyle 2010).

FINDINGS AND DISCUSSION

Theme	Code
1. Socio-economic factors for post-birth stress	1. Economic factors 2. Illiteracy 3. Religion
2. Physical challenges during post-birth stress	1. Irregular menstrual cycle 2. C-section

3. Psychological issues for postpartum anxiety	1. Indecision 2. Negligence 3. Express anger
4. Intimate partner violence	1. Unemployment & drug addiction 2. Demand for a male child
5. Culture of superstition	1. Fake belief
6. Cultural attitudes of family members towards mother	1. Abusive behavior
7. Negligence toward the feeling of the mother	1. Mood swing
8. Lack of knowledge	N/A

Table-1: List of Themes and Codes

Source: Researcher's articulation from the study

Socio-economic Factors for Post-birth Stress

While collecting the data, the researcher found that most of the respondents claimed their socio-economic condition is one of the biggest reasons for their postpartum anxiety. Here socio-economic factors refer to the income, expenditure, the profession of the respondents and also their husbands, the level of education of the respondents, and the number of children.

Economic Crisis

Twenty-seven mothers out of the 30 mothers reported everyday worry or despair as a result of their economic crisis. One mother said that she was a garment worker but now she is begging. After giving birth to this child, she lost her job because the manager did not allow her to continue the job with her baby. There are seven members in her family. Her husband is a rickshaw puller. She has four children now and the age of these children are 9 years, 5 years, 2 years, and, 11months respectively. Now her husband is also unable to maintain this large family. So, she comes to ECB chatter every day with her 11 months baby for begging. She does not get any rest and always she thinks about how this day will go and is she able to manage her family's food.

Maximum mothers from which the researcher collected data; are living with their in-laws. In the Vashantek Slum area, maximum women mainly the mothers are doing housemaids works. Their husband's occupations are drivers, cloth sellers, and rickshaw pullers. The maximum number of respondents' husbands are rickshaw pullers. So, their income is not so much. All the respondents said that their expenditure is higher than their regular income. One young Mohamed Sumi said, "There are six members in my family. I am the only earning member of my family and I work as a maid. My husband is suffering from an asthmatic problem and for this, he is unable to do any work. My family lives in one room and for this, I have to pay 2000 tk per month. Besides I have also to pay the electricity and water bill every month. I used "matter Chula" for cooking our foods and I bought the "lake" which price is 200 per bag. My monthly income is 5000 and I can't maintain my family. So, I started begging with my younger son whose age is 2 years. My begging area is ECB. I come here within 5:00 pm and stay there till late night. Then I go back to my home by walking on foot. Every day I earn 150 tk to 200 tk. With the help of this money, I bought rice and medicines for my child and husband. I am not able to eat three times daily. In the early morning, I bought tea and bread from the hotel, and at night, when I return home from work, I prepare dinner by myself. I do not have any rest after giving birth to this son."

Illiteracy

Maximum mothers are illiterate in the slum area. Their family members like husband, mother-in-law, father-in-law, and sister-laws, as well as their maternal family members, are also illiterate. So, they do not have any idea about post-birth anxiety. As they are illiterate so they always experienced poverty in their daily life. One mother said, **"bape ghor there over the astachi, buyer or o sei oval ei Tachi, baccha Khobarforr china to aro barche. Goriber Gibson e china sarajibon er sathi"** (I have experienced poverty still from my father's home to my husband's home and it is increasing after my childbirth. For a poorer, poverty is the constant partner for doing tension).

Religion

Religion is another factor for postpartum anxiety. In slum areas, some families maintain the Hindu religion. The mothers of this minority group experience this postpartum period differently just for their religious identity.

Physical Challenges during Post Birth Stress

C-section & Irregular Menstrual Cycle

Every mother has faced different physical problems in their postpartum period. Twenty mothers out of the 30 mothers experienced cesarean section also known as C-section. The rest of the ten mothers delivered their babies at their husband's houses or their maternal houses. Every mother claimed that they have experienced an irregular menstrual cycle for a long period. Hormonal imbalance is caused for their different physical changes like their skin color is changed, hair fall problems are increasing and they became short-tempered. Some mothers said that they feel weak and for the shortage of medicines and proper knowledge they are suffering the most. Every cesarean section experienced mother has back pain, anesthesia injection pain. They lost their power of activity. One mother said that before she was a very strong woman. But after giving birth to her second daughter she faced a lot of problems, now she is living alive because of the blessings of the Almighty and some medicines.

One mother whose her son's age is 4 years she expressed her physical challenges in this way, **“Amar baccha hobar por majate tumor hoi, operation korai, 16 ta selai lagche jar jonno ami ekhon r vari kichu korte pari na, ochol ami”** (after giving birth of my baby, I had a tumor on my waist so I did the operation and there are 16 stitches so now I am not able to do any hard works. So, I am a burden for them).

Rimi, one mother shared her experienced and said that, when my delivery pain was started, my in-law's family did not want to admit me to the hospital. But my condition was too much worse, at last, they admitted me to the hospital. To excessive convulsion, my brain was injured and there was water. I am taking 10 high-power injections for curing my condition. But after taking these injections, my skin color changed. Now my mother-in-law, husband as well as my neighbors are calling me **“Kala”** which gives me pain.

Another aspect that researchers found that all the mothers are highly emphasized their baby's health more than their health.

Psychological Issues for Post-Partum Depression

Psychology refers to a person's mental and emotional state. In our country, mental health is a matter which is neglected by everyone as well as our government. According to a WHO AIMS study, a national survey conducted in Bangladesh between 2003 and 2005, 16.1 percent of the adult population had a mental illness, with women being more likely than males to be affected (19 cf.12.9 percent) (Islam and Biswas 2015). Mothers who have faced postpartum depression, all experienced psychological challenges. Twenty-one mothers out of the 30 mothers said that they have faced different psychological difficulties during their post-birth stress period.

Indecision

Among these twenty-one mothers, most of them feel that taking the baby is the wrong decision for their life. Because of this baby, they lost the peace which was present before. They said that this baby creates a distance from their husbands. Besides other crises are arriving when this baby is born. So, they see this baby as a burden. One mother said that, if this baby comes into our life lately then it will be good for us. Another mother said that I lost my 8000Tk's job for having a child in this crisis moment. Just because of this child, now I am a street bigger. Another mother claimed that her baby is the main cause for leading this stressful life. The research can also some different findings from the field. Those mothers said that they do not think that having a baby is the wrong decision for them. One mother said, **"Allah r mal Allah diche". (God has given God's goods)**. Another mother said that before having any child she did not have the right to talk about any family matters but now she can able to talk and for her **"mother"** is a powerful identity. The rest of the mothers said that their babies are the blessings of their life. Seven mothers argued that they feel that their babies are the biggest problem and also a burden for them. One mother named, Parul Begam said that,

"I have two daughters and my husband died last year because of Dengue. Now, I am working in a hotel, making food and managing three-person food. If I have one child then it will be easy for me to look after my family."

Negligence

The researcher asked the mothers if they feel any negligence from their family side after giving birth to their children on that time twenty-four mothers replied positively and they shared their experiences. Maximum mothers said that they did not able to work for their sickness but their husbands, in-laws' family members said different bad words, and sometimes they faced torture. One mother said, "They do not give me any support to recover my sickness. I also understand myself that, I am a bad luck person, no one is there for me in this world". Every mother said that their family members give more importance to their children than them.

Express Anger

All the mothers agreed that they expressed their anger or depression toward their children. One mother said that, when she gets angry or feels depressed at that time, she beats her daughter. After the beating, she feels pain for it but she cannot control her anger.

One mother said, "My husband always wants to see me as a happy wife. When I feel depressed, I cannot share anything with him. So, I have maintained a fake smile on my face every time. This drama gives me more depression."

Some mothers feel depressed when they think that why she is not able to give a male baby to their family. A Baby's skin color and health are also concerning matters for the mother. If their baby's skin color is dark or their baby is not healthy at that time, they feel depressed.

Intimate Partner Violence (IPV)

Intimate partner violence is one of the biggest reasons of occurring post birth stress. In our patriarchal society, make rules, laws, and cultures for women, and women have to follow these. After giving birth to a child almost every mother experienced intimate partner violence and it makes post-birth stress conditions more critical. According to the needs assessment working group of Bangladesh (2020), IPV of 20-24 years of age is 28% among unmarried women. Bangladesh Bureau of Statistics estimates that 54.2 percent of married females are exposed to IPV, both sexual and physical (Hasan, 2020). In Bangladesh from January to March of 2020, 42 women were killed, according to *Ain o Salish Kendra* (ASK) (Hasan, 2020). The Foundation "Manusher Jonno" states

that there are more than 300 domestic and 36 rape incidents occurred in March alone in three districts of Bangladesh: Bogura, Jamalpur, and Cox's Bazar (Hasan, 2020).

Demanding a Male Child

Among 30 mothers, 25 mothers have experienced Intimate partner violence during their postpartum period. One mother said that, after giving birth female baby, her husband bit her almost every day. Her husband forced her to conceive frequently for a boy child. She explained in this way, **“Gorom kunti diye cheka ditto shorire”**. When mothers are not able to do work after their child's birth the time torture level was increased. One of the mothers said,

“My husband respects me but in this COVID-19 pandemic period he lost his job, then my baby was born. So, he does the tension all the time and as a consequence, he bit me. Another woman said “After giving birth to my daughter I have faced some problems. So, when my husband wants to do intercourse with me, I do not agree and for this, he bitts me and then sex with me forcefully.”

Maximum mothers faced these same problems. Moreover, mothers are busy with their children so they can do their work like cooking in a timely. For these reasons, sometimes their husbands fight with them and then they are bitten by their husbands.

Unemployment & Drug Addiction

Maximum women's husbands lost their jobs in this pandemic, so for their economic crisis, they tortured their wives physically and also mentally. Drug addiction is another reason for this violence. Mothers who are doing the house are doing hard work and from that, they earn some money. Their husbands take this money from them forcefully and buy drugs. When the mother refuse to give money, they bite their wives. One of the mothers said,

“I am starting my work again after just two weeks of my delivery because there is no money in my hand. But when I get my salary, my husband takes it forcefully. When I am trying to save this, he bites me so badly that my one finger is broken and my baby girl is also injured.”

One mother said about her husband, **“Ragle r manush thake na uni, khun kore felte parbo”** (when he gets anger at that time he does not belong to a human, he can do to murder).

Many mothers said that it is normal to get tortured by their husbands. They said, **“Purush manush er raag na thakle se ki r chelebeta hoilo”** (the man who does not have anger is not a man).

Culture of Superstition

In slum areas most people are illiterate and they blindly believe in superstitious things. After giving birth to a child, every mother is dirty, they have maternal bleeding and for these reasons, evil eyes are easily put on them. So, when any mother, shared her problems after her delivery at that time society puts different superstitions and here religion plays an important role.

Fake Beliefs

13 mothers said that when they suffered different psychical problems and hormonal problems, on that time their family members claimed that they are possessed by demons or bad souls.

One woman said that **“Amar shashuri amake tabij dichilo r tin din khabar dei nai khete, shudhu pora pani dichilo”** (my mother-in-law give me amulet and for three days I do not allow to eat any food just drink holy water).

Maximum mothers said they do not allow to go anywhere or eat fish or spicy food because of cultural superstitions.

One mother said,

“I love to eat spicy vorta, curry but my baby is suffering from dysentery for a long time. My mother and mother-in-law do not support me to go to a hospital rather they give me different amulets as well as my baby also bears seven amulets in her belly. I always eat vegetable curry and they do not allow me to eat one piece of fish or meat. They claim that everything is happening for my fault.”

Mothers said that they do not allow to wear any red dress for the first three months after their delivery. Sometimes they feel like they are locked in a cage.

Negligence towards the Feelings of Mother

In the Vashantek slum area, all the mothers said to the researcher that, their feelings have no value in their family.

Mood Swing

After giving birth, they faced some problems both physically and mentally. Maximum mothers said that they had mood swings. So they do not understand their own needs. Feeling sad, depression these suffer them most. One mother said that, when she does not work at that time her mother-in-law, sister-in-law, and also sometimes her husband said that she is acting. Sometimes their husbands help them but their neighbors say different negative words like “**Bou Pagol**” (luxurious). Besides their mother-in-law and sister-in-law say “**Tumi ekai ma hoicho amra ki r hoi nai.**” These things also increase mother’s post-birth stress.

Cultural Attitudes of Family Members towards Mother

In this aspect, the researcher found that in our society gender discrimination still exists at a very high level.

Abusive Behavior

Among these thirty mothers, twenty-five mothers said that their family members behaved negatively after giving the birth female baby. One mother said that,

“After giving birth to two female babies, my mother-in-law, husband, and sister-in-law bit me almost every day. They addressed me like a curse to their family. My husband forced me to conceive frequently for a boy child.”

Aklima Akter, a mother of two girls expressed her feeling in that way “**Amar shasuri, nonod Atkure, banji bolto**” (My mother-in-law, sister-in-law called me Atkure, Banji). Maximum mothers said that their husbands forced them to take any herbal medicines for getting a male baby and as a consequence of taking these herbal medicines they suffer different physical problems. Moreover, their husbands forcefully sex with them and they treat them that if they (mothers) are not able to give birth to a male baby then they will divorce them or do second marriage.

Maximum mothers claimed that now they are also getting fear if they do not have a male baby at that time what will happen in their future day.

In our country, the culturally male baby is called the light of the family. So, when mothers give birth to female babies at that time it is very common that they faced different difficulties.

Lack of Knowledge

In our country, postpartum depression is an unknown term. And it is very difficult for the slum areas' mothers to share their experiences of postpartum anxiety with someone even if their husbands do not understand them. So, taking any medical help is a luxurious desire for the slum areas' mothers. Only seven mothers did post-natal checkups among these thirty mothers. The rest of the mothers do not able to go because their husband does not want to send money to this side. In their slum, no medical workers or NGOs came to raise awareness about this matter. So, they never listen to postpartum anxiety terms but they all experienced different mental and physical difficulties after their delivery. They just go to the doctor when their babies are sick mainly their female babies. So, the researcher found this matter when she went into the field.

Conclusion

The concept of postpartum depression is relatively a new phenomenon in a developing country like Bangladesh. Although there are only a few studies the researcher has found while conducting the literature review, the incidents of post-partum depression or anxiety are significantly increasing in contemporary Bangladesh. As a result, in this paper the researcher attempts to know the reasons behind the post-birth stress, and also the researcher tried to explore cultural aspects such as attitudes, behavior, and fear of stigma among mothers regarding post-partum anxiety within the study area. Furthermore, the researcher tried to explain the attitudes of mothers toward medical care for post-partum depression. As per the study, the socio-economic condition is the main reason for experiencing post-birth stress. Illiteracy is an important factor that lets people live under the conditions of unemployment, underemployment, and low-paid workers like day laborers, rickshaw pullers, housemaids, bus conductors, or even beggars. Such situations trigger financial instability and tensions among family members which eventually results in postpartum anxiety. Because of the economic insolvency new member in the family seem to be a burden which increases intimate partner violence. Apart from this, cultural attitudes of family members to prioritize a male child in

the family over a female child, superstitious behavior, negligence toward the mother's health, and forceful intercourse by the husband after being addicted to drugs are the major concerns to trigger post-partum depression. Moreover, almost everyone in the study area has not heard the term "post-partum depression" before and they do not even have any idea regarding this. So, lack of knowledge among the people of slum areas is another reason for such an alarming issue. A mother's mental health is the most important factor to make a good relationship between mother and a child. To ensure this, Government along with NGOs, INGOs have to work in the field of postpartum anxiety or post-birth stresses. In our country, there is a lack of initiatives, policies, and awareness among both government and non-governmental bodies to reduce the prevalence of post-partum depression. In slum areas, most of the people are illiterate and they do not show any interest to read any posters or leaflets. As a result of such a negative situation post-partum anxiety becoming a major threat to mothers' mental health in modern Bangladesh society.

Recommendations

1. It is necessary to ensure more mental health support options for the mothers who are belonging to the lower class.
2. From the findings, researchers can say that in slum areas there should be a maternal health clinic or birthing center. This must be run by the Government or any NGOs.
3. These poor people have many false perceptions about the postnatal checkup of mothers. In this aspect, different awareness activities should be increased to reduce this negative conception.
4. Mother's mental health is the most important factor to make a good relationship between a mother and a child. To ensure this, Government has to work in the field of postpartum anxiety or post-birth stresses. In slum areas, most of the people are illiterate and they do not show any interest to read any posters or leaflets. So, in these areas, the government should amplify different communication methods. Different awareness-raising meetings, field health workers, and different entertainment tools about post-birth stress should be helpful in this aspect.
5. Maximum women in the Vashantek slum area, do not have any idea about this postpartum anxiety. Rather they have built different superstitious beliefs in their mind and they behave in that way. So, doctors, health workers, and different NGOs or INGOs have to give enough information

so that the mothers who experienced post-birth stress can identify themselves and seek help from others.

6. The mothers who already experienced postpartum ty, they can help the other mothers by sharing their experiences and being able to give the right information.

7. Cultural attitudes and cultural stigma are the biggest barriers in this matter. So, to reduce this, different organizations have to research it and their findings will help the government and also the health ministry to take proper action to ensure the treatment of postpartum depression.

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