# Screening and Health Education Services by Accredited Social Health Activists Regarding Impact of Psychoactive Substance Use and Self-Medication During Pregnancy and Lactation, at Government Health Centres in Bangalore, India

Sir,

A key strategy of the National Health Mission has been the recruitment of Accredited Social Health Activists (ASHAs) to augment grassroot level community mobilization. In southern Bangalore, across 42 Health Centers, ASHAs work closely with families in the slums and surrounding areas. Much of the activity of the ASHAs have traditionally been maternal and child health care. Keeping this in mind, we sought to explore the ASHAs' role in ensuring that the mother and baby are protected from teratogens-psychoactive substance use in particular, as most of these families have at least one member who is a substance user, and families consuming substances together (such as alcohol or tobacco), is common. Furthermore, notions that alcohol use facilitates easy labor, promotes uterine involution, increases milk production following delivery, commonly exist.

Prior literature has documented the harmful impact of maternal use of alcohol and tobacco, and pharmaceutical drug use during pregnancy, from developing countries, including India.[1-3] Literature also highlights the hazards to the baby when the mother uses drugs during lactation, and that although information regarding the adverse impact from drug use during pregnancy is available, women may not be aware of the effects during lactation.[4]

With this in mind, we invited ASHAs for a training program on screening for drug use during pregnancy and lactation. Ninety-six ASHAs attended the program. An exploratory assessment was carried out to assess if ASHAs screen women for psychoactive substance use during pregnancy and lactation, and whether they currently provide health messages regarding the adverse impact of use, and perceived barriers for screening and providing health awareness.

The mean age of the ASHAs was 34.07 years (standard deviation SD]-6.92), mean work experience was 2 years (26.05 months (SD-15.02)), and 73% had high-school education. Their responses regarding screening and health messages with regard to substance use among antenatal women are presented in Table 1. All the ASHAs considered screening for alcohol use during pregnancy as a sensitive issue and therefore reported, "We cannot ask the women (directly) about this." Regarding screening the antenatal women for tobacco use, 15% of the ASHAs said that they routinely ask antenatal women for tobacco chewing, adding that many women chew tobacco and continue even after becoming pregnant, "…they don't know it is harmful for the baby, so we tell the women to stop using during pregnancy." When the ASHAs were asked whether they feel comfortable to screen antenatal women for tobacco chewing, they said, "Yes, it is quite a common practice, they don't mind being asked."

Sixty-eight percent of ASHAs said that many women self-medicate for minor discomforts during pregnancy and are generally unaware about harmful effects on the baby. Hence, the ASHAs said that they routinely ask, as well as instruct the women, not to take any medicine without doctor's advice. The ASHAs further elaborated, "There is now quite a lot of awareness about this due to the District Mental Health Program, so we have been able to sensitize the women." Only 2% reported asking for exposure to secondhand smoke during pregnancy. Majority responded, "It's (a) sensitive (issue)… (besides), we didn't think it was important (sic)."

None of the ASHAs reported asking for alcohol use in the spouses saying these are sensitive issues, but added that "they are aware of families where the husband drinks." Thirty-percent of the ASHAs said that they ask the antenatal women if they face physical violence from their intoxicated spouses [Table 1]: "We know whose husband drinks and troubles them…and we try to support (the women), they are going to be mothers soon." None of the ASHAs reported asking if the women had faced verbal abuse from an alcohol-using spouse under intoxication. When asked why, they expressed, "Men (always) shout at their wives, it is not a big thing."

More than half of the ASHAs said that, at health programs conducted at the Health Center or in the community, they do warn about the dangers of substance use during pregnancy, "… it is dangerous for the baby…," "we tell in a general manner not to drink or use tobacco during pregnancy. But we cannot tell individually, these are sensitive (matters)." All the ASHAs said that they do not ask postnatal women if they use substances while nursing their infants, or inquire about self-medication: "We need to see to the newborn baby's health and so we have no time to ask if they are smoking or drinking. Besides, we did not think it was important: Does it affect the baby if the mother uses (substances) while feeding?"

**Table 1: Percentage of accredited social health activists who reported screening antenatal women for psychoactive substance use and providing health messages regarding related adverse impact ($n$=96)**

| | Percentage of ASHAs |
|---|---|
| a) Asking for (during pregnancy) | |
| Alcohol use | 5 |
| Smoking | 2 |
| Chewing tobacco/using snuff/zarda/gutkha | 15 |
| Use of medicines without doctor's advice | 68 |
| Exposure to secondhand smoke | 2 |
| Verbal abuse from spouse when he was under the influence of alcohol | 0 |
| Physical violence from spouse when he was under influence of alcohol | 31 |
| Stress/worry/tension/fear/anxiety due to spouse's alcohol use | 24 |
| b) Providing general messages during health programs about (during pregnancy) | |
| Avoiding alcohol use | 47 |
| Avoiding tobacco use (including chewing) | 69 |
| Avoiding use of medicines without doctor's advice | 68 |
| Avoiding exposure to secondhand smoke | 2 |

ASHAs: Accredited social health activists

All the ASHAs said that lack of time and resistance on the part of the women and their spouses are major barriers to screening for substance use or advising against substance use in their communities.

The findings indicate the urgent need for educating ASHAs on the adverse impact of psychoactive substance and integrating related screening and health education activities into their routine reproductive and child health care package. The ASHAs need to be sensitized that such activities do not really take away time, and can be included as part of the regular messages (such as nutrition, immunization). This will strengthen the ASHAs' efforts and add value to their efforts to improve mother and child health; the mothers and families are more likely to be receptive to such integrated messages.

Following our exploratory inquiry, the ASHAs have been trained by the present authors to provide screening and health education services with regard to psychoactive substance use during pregnancy and lactation, and a referral network to ensure continuity of care is being formulated. With the government's directive that ASHAs should prioritize homes with pregnant women and newborns for their focused attention,[5] bridging the gaps identified in the ASHAs' knowledge and practice can ensure that they contribute to the overarching goal of promoting comprehensive maternal and child health services, particularly among the marginalized sections of the community.

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## Conflicts of interest

There are no conflicts of interest.

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