Knowledge, Attitudes and Opinions of Families Applying to Education Family Health Center About Childhood Periodic Health Examinations

Ceyda Fatma EKİNCİ [1], Suat SİNCAN [2*] **Original Article**

[1] Tercan County Hospital, Erzincan, Türkiye

[2] Department of Family Medicine, Ataturk University, Medical Faculty, Erzurum, Türkiye

Received: December 26, 2024 **Accepted:** Dec 29, 2024 **Published:** December 31, 2024. **DOI: 10.5281/zenodo.14582701**

***Corresponding author:** Suat SİNCAN, Department of Family Medicine, Atatürk University Medical Faculty, Erzurum, Türkiye. Email: suat.sincan@atauni.edu.tr

Cite This Article as: Ekinci CF, Sincan S. Knowledge, Attitudes and Opinions of Families Applying to Education Family Health Center About Childhood Periodic Health Examinations. Essentials Frontline Med J. 2024:1(1); 6-13.

Externally Peer-Reviewed.

ABSTRACT

Objective: Childhood periodic health assessments are vital for sustaining well-being, preventing disabilities, and reducing mortality rates among infants and children. Achieving these goals requires that families possess adequate knowledge and awareness regarding such examinations. This study sought to evaluate the knowledge, attitudes, and perceptions of families about periodic health checks in childhood.

Methods: This research was conducted at the Atatürk University Faculty of Medicine Education Family Health Center with 126 participants who were parents of children aged 0-5 years and voluntarily completed a survey. Data analysis was performed using SPSS software, version 22.0.

Results: Among the participants, 76.2% were women, and 73.8% held university degrees. All participants unanimously agreed on the necessity of conducting periodic childhood health evaluations. A total of 97.6% (n=123) reported consistently attending family medicine follow-ups, while 74.6% (n=94) considered these evaluations sufficient for their children. Furthermore, 76.2% (n=96) of parents indicated that they conducted preliminary research before attending these follow-ups. High participation and awareness were noted in screenings for conditions such as heel prick tests (86.5%), vaccinations (76.2%), hearing assessments (100%), vision screenings (81%), and developmental hip dysplasia (93.7%). Conversely, lower levels of participation and knowledge were observed in screenings for hypertension (72.2%) and developmental conditions such as autism (23%), attention deficit hyperactivity disorder (15.1%), and specific learning disorders (50%).

Conclusion: Healthcare providers should enhance their efforts to provide comprehensive information about childhood health screenings, as parents often have knowledge gaps, particularly regarding hypertension and developmental disorders.

Keywords: Periodic health assessments, child wellness monitoring, preventive healthcare

INTRODUCTION

Family physicians play a pivotal role in delivering preventive healthcare services, as well as primary diagnostic, therapeutic, and rehabilitative care, without discrimination based on age, gender, or medical condition. One of the cornerstone services in primary care is child monitoring. These assessments ensure that children's growth and development are regularly tracked, their overall well-being is evaluated, and preventive healthcare is upheld through vaccination programs, screenings, and health maintenance efforts. The primary aim of preventive medicine is to reduce mortality and morbidity through periodic health examinations (PHEs) that facilitate early detection and treatment of health issues (1).

In our country, family medicine services are accessible and free of charge, placing a significant responsibility on family physicians to prevent diseases and promote health. Vaccination services, as a critical component of preventive healthcare, are predominantly provided by family physicians, focusing on safeguarding and enhancing child health.

Health education is an indispensable element of child health, yet it is often underestimated or overlooked. Educating families of children during their early years can significantly contribute to disease prevention. When offering counseling and health education, the child's age, family characteristics, and specific needs must be carefully considered (2). Continuity in child monitoring is crucial,

requires a cooperative relationship between families and physicians to ensure the sustained effectiveness of such follow-ups (3).

Periodic health examinations encompass physical assessments, screening tests, immunizations, and counseling services conducted at predetermined intervals for individuals without apparent health issues (4). These examinations not only provide comprehensive healthcare but also help reduce unnecessary medical expenses through education and counseling. Periodic health assessments for children focus on monitoring growth and development, evaluating their health status, and prioritizing preventive care. The primary objectives include maintaining health, preventing disabilities, and minimizing infant and child mortality rates (5). Achieving these goals necessitates that families are adequately informed about the importance of these examinations. Through early detection, timely treatment, and counseling, children can be guided toward healthier and more productive lives.

This study aims to assess the opinions and awareness of families with children aged 0–5 years regarding the implementation of required PHEs, as encountered in primary healthcare settings.

MATERIALS AND METHODS

This cross-sectional study was conducted at Atatürk University, Educational Family Health Center (FHC). Ethical approval for this research was obtained from Atatürk University, Medical Faculty, the Non-Interventional Clinical Research Ethics Committee (Date: 04.03.2021, Number: B.30.2.ATA.0.01.00/122). The study included 126 parents of children aged 0-5 years who applied to the Atatürk University Educational FHC between March 3, 2021, and April 1, 2021. Families with children over the age of 5, those with serious neurological or psychiatric conditions, and parents who did not consent to participate were excluded from the study.

During the sampling process, 290 parents registered at the Atatürk University Educational FHC were contacted. The power calculation for the study was performed using the G-power software. The minimum required sample size at a 95% confidence level and 80% power was calculated to be 100. Considering a potential 15% attrition rate, it was planned to include at least 115 participants. During the study period, 126 parents who met the inclusion criteria and had no exclusion criteria formed the study group.

To collect the data for the study, a questionnaire was created based on a literature review. This questionnaire consisted of 78 questions covering the sociodemographic characteristics of the participants and their attitudes toward childhood periodic examinations. The first part of the questionnaire included seven questions regarding sociodemographic characteristics, such as gender, age, marital status, educational level, household income, the number of children, and the ages of the children. The second part of the questionnaire contained 71 questions based on the Ministry of Health's childhood periodic examination guidelines. This section aimed to assess the participants' views and attitudes towards childhood periodic examinations. Although the number of questions was high, it could not be reduced due to the richness of the topics covered in the Ministry's recommended guidelines. Data for the study were collected through face-to-face interviews using the questionnaire.

The analysis was performed using the IBM SPSS 20 statistical analysis software. The data were presented as means, standard deviations, medians, minimum and maximum values, percentages, and frequencies. For 2x2 comparisons between categorical variables, the Pearson Chi-square test was used when the expected value was >5, the Yates Chi-square test was used when the expected value was between 3 and 5, and Fisher's Exact test was used when the expected value was <3. The statistical significance level was set at $p<0.05$.

A total of 126 parents participated in the study, consisting of 96 women (76.2%) and 30 men (23.8%). The mean age of the participants was between 30 and 40 years, with 28.6% (n=36) being aged 20-30 years, 61.9% (n=78) aged 30-40 years, and 9.5% (n=12) aged 40-50 years. Among the parents, 73.8% (n=93) were university graduates, 18.3% (n=23) were high school graduates, 7.1% (n=9) were middle school graduates, and 0.8% (n=1) were literate.

When asked, "Who provided the initial information for the first checks after your baby was born?", 57.9% (n=73) answered "the hospital," 41.3% (n=52) answered "both the family doctor and the obstetrician," and 0.8% (n=1) said they were not informed at all.

It was found that 90.5% (n=114) of the parents did not have premature children, while 8.7% (n=11) had a premature baby. 0.8% (n=1) of families did not remember.

Of the families, 97.6% (n=123) reported bringing their children to all the follow-ups conducted at family health centers, while 0.8% (n=1) did not bring their children, and 1.6% (n=2) did not remember. Among the families, 96.8% (n=122) reported that their children's follow-ups had been normal, 2.4% (n=3) reported abnormalities, and 0.8% (n=1) could not recall.

When asked, “Did your family doctor provide enough information about your child’s follow-ups?” 78.6% (n=99) answered yes, 11.9% (n=15) answered no, and 9.5% (n=12) were undecided. Of those

who answered no, 24.6% (n=31) stated that they would like more information on all aspects.

8.7% (n=11) of parents reported difficulty in finding time for follow-ups, while 90.5% (n=114) had no issues, and 0.8% (n=1) were undecided. 74.6% (n=94) of the families felt that the follow-ups for their children were sufficient, while 13.5% (n=21) thought they were insufficient. All participants expressed that follow-ups should be completed without omissions.

76.2% (n=96) of parents indicated that they conducted research to gather information before attending follow-ups. Of these parents, 37.3% (n=47) searched online, 36.5% (n=46) consulted their family doctor, 11.9% (n=15) referred to written sources such as books and magazines, and 4.8% (n=6) sought information from their family members.

97.6% (n=123) of the parents stated that breastfeeding protects babies from various diseases, 1.6% (n=2) disagreed, and 0.8% (n=1) had no opinion. 78.6% (n=99) thought that breastfeeding during the first year was more valuable, 17.4% (n=22) thought the first 15 days were more valuable, and 4% (n=5) thought the first 3 months were more valuable.

When asked, "Until what age should a baby be breastfed after starting supplementary food?" 79.3% (n=100) answered the first 2 years, 12.7% (n=16) the first year, 4% (n=5) the first 6 months, and 4% (n=5) had no opinion.

77% (n=97) of participants reported that health workers had previously provided information about breastfeeding, while 13.5% (n=17) had not received any information, and 9.5% (n=12) could not recall.

Regarding the question "Was vitamin D given to your baby?" 93.7% (n=118) answered yes, 4.8% (n=6) answered no. Among those who provided vitamin D to their babies, 12.7% (n=16) purchased it, while 76.2% (n=96) received it free of charge from their family doctor. Two cases (1.8%) did not recall.

81.7% (n=103) of children who received vitamin D did not experience any issues, while 10.3% (n=13) faced problems such as hypercalcemia, constipation, irritability, allergies, and nausea/vomiting. 57.1% (n=68) of those using vitamin D administered it regularly, while 34.5% (n=41) did not, and 8.4% (n=10) could not remember.

Regarding the question "Was a heel blood sample taken from your baby at birth?" 96.8% (n=122) answered yes, while 4.2% (n=4) did not remember. 86.5% (n=109) of parents knew the reason for the heel blood sample, 11.1% (n=14) did not know, and 2.4% (n=3) had no idea.

For the question "Did your family doctor examine your baby's testicles if it was a boy?" 34.1% (n=43) answered yes, 19.8% (n=25) answered no, and 13.5% (n=17) could not recall.

68.3% (n=86) of participants indicated that a hearing screening was performed at the hospital before discharge, while 31.7% (n=40) reported it was done after discharge. No participant reported that no hearing screening had been done.

When asked "Was a vision examination performed on your baby?" 81% answered yes, 12.7% (n=16) answered no, and 6.3% (n=8) could not recall.

85.7% (n=108) of parents reported that their baby was given iron treatment, 9.5% (n=12) did not, and 4.8% (n=6) could not recall. Among those who used iron drops for their babies, 16.8% (n=19) bought it, while 77.9% (n=88) received it for free from their family doctor. 32.6% (n=31) of families used iron supplements for 9-12 months.

46% (n=58) of parents reported that a hemogram test was conducted on their child, while 38.9% (n=49) said it was not performed, and 15.1% (n=19) could not recall.

For the question "Was a hip dislocation examination performed on your baby?" 93.7% (n=118) answered yes, 5.6% (n=7) answered no, and 0.8% (n=1) did not recall. 89.7% (n=113) of those who underwent hip ultrasonography for their baby, while 7.9% (n=10) did not. 5.6% (n=7) of babies received treatment due to hip dislocation at birth.

11.9% (n=15) of parents indicated that their child had at least one blood pressure measurement, while 72.2% (n=91) said it was never measured, and 15.9% (n=20) could not recall.

Regarding the question "Have you heard of a disease called autism?" 99.2% (n=125) answered yes, while 0.8% (n=1) had never heard of it. 23% (n=29) of participants reported that their baby had undergone autism screening, 65.1% (n=82) stated that it had not been done, and 11.9% (n=15) could not remember.

For the question "When do you think the first autism screening for your child should be done?" 50.8% (n=64) answered between 0-18 months, 27.8% (n=35) between 18-36 months, 4% (n=5) between 36-72 months, and 16.7% (n=21) had no opinion.

When asked "Have you heard of a disease called attention deficit hyperactivity disorder (ADHD)?" 97.6% (n=123) answered yes,

and 1.6% (n=29) answered no. 15.1% (n=19) of parents indicated that their child was screened for attention deficit, while 70.6% (n=89) reported that it was not done, and 14.3% (n=18) could not recall.

For the question “When do you think the first screening for attention deficit should be done?” 41.3% (n=52) said between 12-24 months, 24.6% (n=31) between 24-48 months, and 15.1% (n=19) between 48-60 months, while 16.7% (n=21) had no opinion.

Regarding the question “Have you heard of a condition called specific learning disability?” 50% (n=63) answered yes, 46.8% (n=59) answered no, and 3.2% (n=4) could not recall.

4% (n=5) of parents reported that their child was screened for specific learning disabilities, while 79.4% (n=100) reported that it was not done, and 16.7% (n=21) could not remember.

For the question “When should your child’s first specific learning disability screening be done?” 19% (n=24) said between 12-24 months, 21.4% (n=27) between 24-48 months, and 16.7% (n=21) between 48-72 months, while 43% (n=54) had no opinion.

A total of 25.4% (n=32) of the families reported that oral and dental health guidance and check-ups were provided at their family health center, 68.3% (n=86) stated that these were not offered, and 6.3% (n=8) could not recall.

Regarding the question, "Did you receive healthy nutrition and dietary counseling for your baby?" 20.6% (n=26) of participants responded positively, while 77.8% (n=98) said no, and 1.6% (n=2) indicated they could not remember.

26.2% (n=33) of parents reported having heard of the concept of functional foods, 70.6% (n=89) had not heard of it, and 3.2% (n=4) did not recall. Of those who were familiar with the concept, 6.3% (n=8) stated they were informed by their family doctor.

When asked, "Was there any counseling and follow-up for your child's excess weight?" 15.1% (n=19) responded affirmatively, 80.2% (n=101) responded negatively, and 4.8% (n=6) could not recall.

38.9% (n=49) of the parents reported using tobacco or similar products at home, while 60.3% (n=76) did not, and 0.8% (n=1) preferred not to disclose this information.

Regarding the question, "Do you know what passive smoking is?" 97.6% (n=123) answered yes, while 2.4% (n=3) answered no. 54.8% (n=69) of participants expressed a desire for more information on passive smoking, whereas 38.1% (n=48) did not wish to receive further information.

In response to the question, "Do healthcare professionals provide you with adequate information about vaccinations?" 79.4% (n=100) of participants answered yes, 13.5% (n=17) answered no, and 7.1% (n=9) were undecided.

76.2% (n=96) of parents believed they had sufficient information about their child's routine vaccinations, while 15.1% (n=19) felt they lacked enough information, and 8.7% (n=11) were uncertain.

96.8% (n=122) of parents confirmed that their children had received their vaccinations, while 2.4% (n=3) had not. Among those who had not vaccinated their children, 27.3% (n=3) stated they did not believe in the protective effects of vaccines, another 27.3% (n=3) cited concerns about side effects, 27.3% (n=3) expressed doubts about the safety of vaccines, and 18.2% (n=2) had similar concerns.

Regarding the perceived side effects of vaccinations, 27.8% (n=35) of participants believed that vaccines had side effects, 34.1% (n=43) thought there were no side effects, and 38.1% (n=48) were unsure.

When asked, "Did your family doctor ask and record when your baby started holding its head up, sitting with support, sitting independently, and walking?" 48.4% (n=61) answered yes, 36.5% (n=46) answered no, and 15.1% (n=19) could not recall. Among those who answered negatively, 47.6% (n=60) expressed a desire for more information.

Lastly, a comparison between parents' participation in family health center follow-ups and their educational background revealed no statistically significant difference (Table 1).

Table 1. Participants' Participation in Family Medicine Follow-ups According to Their Educational Status

Did you bring your child to all the follow-ups conducted at the family health center?

Educational Status	Yes (n)	No (n)	p
University	51	41	0.551
High School	13	10	
Middle School	8	1	
Literate	1	0	

When the participants' educational status and knowledge level were compared, a significant relationship was found only between the status of hearing about specific learning difficulties and educational status (Table 2).

Table 2. Comparison of Participants' Educational Status with Their Responses to Certain Questions

EDUCATIONAL STATUS	University (n)	Primary School (n)	p
Do you know why heel blood is taken?	Yes: 51, No: 36	Yes: 17, No: 15	0.677
Have you heard of autism as a condition?	Yes: 6, No: 87	Yes: 1, No: 34	0.434
Have you heard of attention deficit hyperactivity disorder (ADHD)?	Yes: 18, No: 75	Yes: 11, No: 22	0.147
Have you heard of specific learning disabilities?	Yes: 10, No: 83	Yes: 9, No: 24	0.044
Have you heard of the concept of functional foods?	Yes: 5, No: 88	Yes: 4, No: 29	0.240
Do you know what passive smoking is?	Yes: 10, No: 83	Yes: 9, No: 24	0.044
Do you think you have sufficient information about your child's vaccinations?	Yes: 78, No: 15	Yes: 22, No: 11	0.046

Fisher's Exact Test ($p < 0.005$ is considered significant).

DISCUSSION

In our study, the majority of the participants (76.2%) were women. This could be attributed to the fact that fathers may not have had enough time to participate in the screenings, while in Erzurum, mothers are generally more responsible for child care.

In our study, 97.6% of the families reported that they attended all the screenings. The high participation in our study may be linked to the fact that many of the interviewees had university degrees, which likely increased their awareness of the importance of Family Medicine Services (PSM). Additionally, since most of the participants were women, they may have had more time than men to attend the screenings, thus increasing participation.

Only 11.9% of participants (n=15) reported that they were not adequately informed by their family doctor on various matters. A study by Tugay in 2015 found that 51.1% of the family physicians participating in the study were not sufficiently informed (6). However, in our study, a very high percentage of families received information.

Whereas, 13.5% (n=21) of participants believed that the screenings for children were inadequate. There were no similar studies in the literature. The reasons for this result in our study may include insufficient information provided by family physicians during the screenings, parents' lack of awareness regarding the screenings conducted, and the belief that screenings might be better performed in a hospital setting.

In our study, 78.6% of the participants (n=99) considered the first year of life to be the most crucial period for breastfeeding and indicated that family physicians provided information about breastfeeding. Evidence suggests that breastfeeding support provided to women, both in healthy newborns and preterm infants, increases the duration of breastfeeding (7). Many studies have emphasized that adequate education and counseling on breastfeeding are not provided to mothers in our country (8). In our study, the large number of respondents who considered the first year of life to be the most important period for breastfeeding might be explained by the high intellectual level of mothers and the sufficient information provided by family physicians on the topic.

On the other hand, 12.7% of participants (n=16) reported purchasing iron supplements and 12.7% (n=16) reported buying vitamin D supplements at their own expense. In Turkey, the Ministry of Health provides free iron and vitamin D drops to infants during their first year of life through family physicians. Despite this, parents purchasing these supplements could be due to a lack of proper information. Among the parents using vitamin D in our study, 54% (n=65) indicated that they used it regularly. A study by Çataklı and colleagues in 2014 found that 67.2% of parents used vitamin D regularly (9). Despite free distribution of vitamin D drops by family physicians, the low regular usage in our study may be attributed to low awareness among families or forgetfulness due to their busy work schedules.

The purpose of vision screening is to identify children with visual impairments early. The most effective period for vision screening is the neonatal stage. In our study, 81% of participants reported that their family physician conducted a vision screening. In the United States, only 21% of preschool-age children undergo vision

screening (10). The higher rate of vision screening in our study could be explained by the family physicians working at the Family Health Centers where the study was conducted, as they are trained in the use of ophthalmoscopes and vision screenings.

The incidence of congenital hearing loss in newborns is between 0.1% and 0.6%. It is the most common congenital defect (11). Newborn hearing screening programs have been initiated worldwide for early detection of hearing loss. Hearing tests must be conducted within the first 72 hours after birth, before discharge from the hospital. According to the Ministry of Health's guidelines, the screening must be completed within the first month. In our study, 68.3% of participants reported that their hearing test was conducted before discharge, while 31.7% had the test done after discharge. Delays in hearing tests after discharge could be due to short hospital stays following normal deliveries, congenital issues delaying the tests, or preterm births. As per the guidelines, all newborns in our study underwent hearing screening within the first month, which could be attributed to the sensitivity of healthcare workers to hearing screenings and their adherence to the guidelines.

The expanded immunization program was introduced in 2005 to ensure that infants and children are protected from infections, with 18 doses of vaccines. According to a study by Eskiocak and Marangoz in 2019, vaccination rates continue to rise in our country (12). In our study, vaccination participation was quite high (96.8%). Recent studies suggest that the increased awareness about vaccinations may be the reason for the rise in vaccination rates.

In our country, the frequency of diagnosed subluxation and hip dysplasia after birth is 10 cases per 1,000 births, but with the increased use of ultrasound, this frequency has risen to 40-50 (13). Preventing developmental hip dysplasia (DHD) is a fundamental approach in preventing physical disabilities. According to the Ministry of Health's guidelines for childhood periodical examinations, family physicians are required to screen for DHD at the 41-day follow-up (between 30-55 days). In our study, the majority of parents had their children screened for DHD.

In our study, most participants reported that they knew the purpose of the heel prick test and why it was conducted. The high participation in the heel prick screening may be due to the mandatory nature of the test in our country, with information provided to parents after the birth and referrals to family physicians within the 3rd to 5th days.

In our study, it was observed that follow-ups related to blood pressure measurement, obesity tracking, ADHD, and autism were less frequently conducted. A study by Ulusoy, Yılmaz, and Çifçi in 2020 found that the most commonly mentioned low-priority follow-up parameters were obesity monitoring (18.9%), blood pressure measurement (19.8%), and ADHD and autism tracking (31.3%). When evaluated by actual performance, the lowest completion rates were found for blood pressure measurement (7.2%), obesity monitoring (8.4%), and ADHD and autism tracking (13.6%) (14).

The increasing prevalence of autism, its chronic nature, the economic, academic, and social benefits of early diagnosis, and the fact that symptoms are often missed by both families and doctors make early diagnosis crucial. In our study, it was found that family physicians did not perform adequate autism screenings, and most parents had low levels of knowledge regarding autism. The lack of awareness among family physicians affects the education provided to parents and subsequently reduces the level of awareness among the families.

The prevalence of ADHD in childhood is steadily increasing. In Turkey, the incidence of ADHD is about 8% (15). A study by Biçen in 2018 found that all children between the ages of 4-18 who exhibited symptoms of inattention and hyperactivity should be evaluated by their family doctor (16). In studies on childhood ADHD, it has been noted that a significant proportion of children have not been diagnosed. The main reason for this is the lack of sufficient knowledge and awareness among family physicians regarding ADHD (17). Additionally, a study by Zwi et al. in 2011 showed that parent education could have a positive impact on the behavior of children with ADHD (18). In our study, family physicians did not perform adequate ADHD screenings, leading to a lack of parent education and insufficient awareness among families.

Early recognition of Specific Learning Disabilities (SLD) is crucial for early diagnosis and providing necessary healthcare and educational services. In Turkey, the diagnosis of SLD is typically made at 8-9 years of age (19). Many children with SLD are perceived as mentally disabled due to the lack of awareness regarding this condition. Our study also found that there was insufficient screening for SLD, and families lacked adequate awareness of the condition.

Obesity or overweight has become a significant issue affecting approximately 30% of children (20). Obesity rates in the western parts of Turkey are around 7%, while in the eastern regions, it is between 2-3% (21). Childhood obesity continues to rise worldwide, particularly in developed countries. Childhood obesity can lead to chronic diseases such as hypertension, cardiovascular diseases, and

diabetes if it continues into adulthood. Therefore, preventing and treating obesity in childhood and adolescence is increasingly important. Several studies have found that many parents struggle to accept that their children are overweight and do not view it as a problem requiring treatment (22, 23). In our study, it was observed that follow-ups related to obesity were less frequently performed.

Childhood hypertension is becoming an increasing issue (24). Numerous studies have shown that high blood pressure in childhood increases the risk of hypertension and metabolic syndrome in adulthood (25). It is necessary to measure the blood pressure of all children aged 3-18 who visit a family doctor at least once a year. In our study, it was found that family physicians were insufficient in performing hypertension screenings, and both families and doctors lacked adequate awareness of the issue.

Limitations

This was a single-center study with a small sampling size, which limits the generalizability of the results. Further multicenter studies with large sample sizes are recommended.

CONCLUSION

In conclusion, our study aimed to understand the areas where deficiencies exist in childhood periodic examinations, as well as the factors influencing children's screenings. Key factors affecting PSM practices include low awareness and misinformation among families. Another reason is the lack of adequate information provided by family physicians. Family physicians should conduct screenings and follow-ups in accordance with the PSM guidelines.

DECLARATIONS

Contributions: All authors were involved in the conceptualization and design of the study. MB, SK, and DA conducted the search and performed the video evaluation and data extraction. MAN wrote the drafts of the manuscript and all other authors critically revised the manuscript. All authors read and approved the final manuscript.

Financial Support: No funding or support was received from any institution or organization for this study.

Conflict of Interest Statement: There are no potential conflicts of interest in this study.

Data Availability Statement: The datasets used and/or analyzed during the current study are available from the corresponding author upon reasonable request.

REFERENCES

1. Gür E. Sağlam Çocuk İzlemi. Istanbul University Cerrahpaşa Faculty of Medicine Continuing Medical Education Activities. October 2003, Istanbul/Turkey.
2. Tiraş Ü, Dilli D, Dallar Y. Evaluation of Cases Followed in the Healthy Child Unit at Ankara Training and Research Hospital. Erciyes Medical Journal. 2007;29(6):444-50.
3. Can E, Küçükemre B, Poyrazoğlu Ş, Gökçay G, Baysal SU. Characteristics of Infants and Families Followed in a Child Health Follow-up Clinic. Pediatric Journal. 2008;8(2):96-101.
4. Yangı DT, Top M, Görpelioğlu S. Evaluation of Family Physicians' Knowledge, Attitudes, and Behaviors Regarding the Periodic Examination Guide. Turkish Journal of Family Medicine. 2018;22(3):104-17.
5. Vitrinel A, Erdağ GÇ. Healthy Child Follow-up. Turkish Journal of Family Medicine. 2008;11(3):101-6.
6. Yangı D.T, Görpelioğlu S, Top M. Evaluation of Family Physicians' Knowledge, Attitudes, and Behaviors Regarding the Periodic Examination Guide. Turkish Journal of Family Practice. 2018;22(3):104-117.
7. Çalik KY, Çetin FC, Erkaya R. Mothers' Practices and Factors Affecting Breastfeeding. Gümüşhane University Journal of Health Sciences. 2017;6(3):80-91.
8. Onbaşı Ş, Duran R, Çiftdemir NA, Vatansever Ü, Acunaş B, Süt N. The Effect of Prepartum Breastfeeding and Breast Milk Education on Breastfeeding Behaviors. Turkish Pediatrics Archive/Turk Pediatri Arsivi. 2011;46(1):75-80.
9. Çataklı T, Taşar S, Oğulluk M, Dallar Bilge Y. Information and Usage Attitudes of Mothers Visiting a Hospital Regarding Vitamin D. Ege Medical Journal. 2014;53(3):135-140.
10. Ferebee A. Childhood vision: Public challenges and opportunities: A policy brief. November 2004, Washington, DC. The Center for Health and Health Care in Schools, School of Public Health and Health Services, George Washington University Medical Center.
11. Vehapoğlu Türkmen A, Yiğit Ö, Akkaya E, Uğur E, Kefeciler Z, Gözütok S. Results of Newborn Hearing Screening at Istanbul Training and Research Hospital. Istanbul Medical Journal. 2013;14(3):175-180.
12. Eskiocak M, Marangoz B. The Status of Immunization Services in Turkey. September 2019, Ankara.
13. Terlemez İH. Evaluation of Conservative and Surgical Treatment Methods in Patients with Developmental Hip Dysplasia Detected by Newborn Hip Ultrasound Screening. 2019.
14. Ulusoy E, Yılmaz TE, Çifci A, Yılmaz T, Kasım İ, Özkara A. The Role of Parents and Health Literacy in Healthy Child Follow-up. Ankara Medical Journal. 2020;20(3):588-604.
15. Eryılmaz E, Üstündağ-Budak AM. Gender Bias in the Early Diagnosis of Attention Deficit Hyperactivity Disorder. Turkish Psychology Articles. 2019;22(43):90-101.
16. Biçen G. Social Anxiety and Alexithymia in Children and Adolescents Diagnosed with Attention Deficit Hyperactivity Disorder. Işık University; 2018.
17. Kızılkaya A. Investigation of Cardiac Involvement in Children with Attention Deficit Hyperactivity Disorder. 2017.
18. Zwi M, Jones H, Thorgaard C, York A, Dennis JA. Parent Training Interventions for Attention Deficit Hyperactivity Disorder (ADHD) in

Children Aged 5 to 18 Years. Cochrane Database of Systematic Reviews. 2011(12):CD003018.

19. Aslan K. Early Signs of Specific Learning Disabilities and Early Intervention Practices: A Review. Hacettepe University Faculty of Health Sciences Journal. International Participation 3rd Child Development and Education Congress Proceedings. 2015.
20. Klısh WJ. Childhood Obesity: Pathophysiology and Treatment. Pediatrics International. 1995;37(1):1-6.
21. Önal Z, Adal E. Childhood Obesity. Okmeydanı Medical Journal. 2014;30(1):39-44.
22. Eckstein KC, Mikhail LM, Ariza AJ, Thomson JS, Millard SC, Binns HJ. Parents' Perceptions of Their Child's Weight and Health. Pediatrics. 2006;117(3):681-90.
23. Esenay FI, Yigit R, Erdogan S. Turkish Mothers' Perceptions of Their Children's Weight. Journal for Specialists in Pediatric Nursing. 2010;15(2):144-53.
24. Akgun C, Dogan M, Akbayram S, Tuncer O, Peker E, Taskin G, et al. The Incidence of Asymptomatic Hypertension in School Children. Journal of Nippon Medical School. 2010;77(3):160-5.
25. Kaplan MM, Yıldırım ZY, Aksu BY, Nayır AN, Yılmaz A. The Relationship Between Hypertension Etiology and Intra-Life Blood Pressure Monitoring in Children. Pediatric Journal. 2018.