



Dr. Asya Banu Babaoglu is an Associate Professor of Public Health at Izmir Katip Celebi University, with expertise in health education, health literacy, sexual, and reproductive health, child and adolescent health, and non-communicable disease control. Prior to joining academia, she served in various roles at the Ministry of Health in Istanbul and Izmir, where she led initiatives to improve public health outcomes. Dr. Babaoglu currently coordinates the Non-Communicable Diseases Working Group at the Association of Public Health Professionals (HASUDER) and serves as a member of the Izmir Provincial Health Directorate Healthy Nutrition and Active Life Provincial Board. She is also the Medical Faculty representative for the "Accessible Campus Coordinator" initiative and a volunteer trainer in health literacy studies at the Alternative Life Association."

Contact:

asyabanu.babaoglu@ikcu.edu.tr

linkedin.com/in/asyababaoglu



Breaking Barriers to Adolescent Health: Strategies for Promoting Accessible Healthcare

Asya B. Babaoglu

Abstract: Adolescence is a critical period for developing healthy behaviors and preventing health problems in adulthood. However, deficits and missed opportunities in adolescent healthcare services exist in many countries, including Turkey. In this article, the focus is on the status of adolescents' access to health services, the need for health information, and the preferred sources of information for adolescents to reorganize health systems for greater accessibility. Adolescents are often considered "healthy" by decision-makers and not among the priority groups in healthcare, making them a "disadvantaged" group in the first place. The article highlights the importance of taking precautionary measures before adolescents develop risky behaviors, which may result in severe morbidity or death. The article also emphasizes the importance of access to information and inclusion, which are crucial for achieving sustainable development goals (SDGs) 3, 4, 5, and 10. The article discusses the role of family health centers and family physicians in providing preventive, therapeutic, and rehabilitative health services to adolescents, as well as the need for increased awareness of adolescent health needs among family physicians. The article also

stresses the importance of strengthening reliable health education in schools and multidisciplinary approaches and inter-sectoral cooperation to improve adolescent health comprehensively. Finally, interventions to reduce inequalities in communities are critical to ensure equal access to healthcare facilities for everyone.

Keywords: Adolescent health, Healthcare access, Preventive care

Context

Literature reviews and observations suggest that there are deficits and missed opportunities in adolescent healthcare services in Turkey, as well as in many other countries. In this article, I aim to focus on the status of adolescents' access to health services, the need for health information, and the preferred sources of information for adolescents to reorganize health systems for greater accessibility. Adolescents are not among the priority groups in healthcare as they are generally considered "healthy" by decision-makers. This makes them a "disadvantaged" group in the first place. Adolescence is a critical period for developing healthy behaviors and preventing health problems in adulthood. However, risky behaviors such as tobacco, alcohol, and drug use, unprotected sexual intercourse, inadequate physical activity, unhealthy diet, and violence are common during this period. It is important to take precautionary measures before adolescents develop unhealthy behaviors, as these risky behaviors may result in death or severe morbidity. Many premature deaths due to risky behaviors can be prevented with appropriate and timely interventions. There are many opportunities to reach young people, either individually or collectively, within or outside the health system. Likewise, there are many choices for young people to search for help or information. The school environment, family members, friends, books, and media tools are common sources of health information that adolescents seek, other than healthcare professionals. However, the reliability of

information from these sources is difficult to verify and may result in incomplete or incorrect information. Inclusion and access to information are essential components of health literacy, which is crucial for achieving sustainable development goals (SDGs) 3, 4, 5, and 10. Goal 3 aims to ensure healthy lives and promote well-being for all at all ages, including the promotion of mental health. Goal 4 aims to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. Goal 5 aims to achieve gender equality and empower all women and girls. Finally, Goal 10 aims to reduce inequality within and among countries, including inequalities in access to health care services.

Family health centers, which are part of primary healthcare services, play an important role in adolescent health since they are easy to reach and free of charge. Family health centers in Turkey are particularly important in this regard. They constitute mainly the first point of contact between individuals and the health system. Family physicians working at family health centers are expected to provide preventive, therapeutic, and rehabilitative health services to their registered population. Individuals can register with any family physician of their choice. According to the Family Medicine Practice Regulation in Turkey (2013), every family physician is required to update the health records for each registered person - regardless of age and gender - at least once a year. Besides, more frequent monitoring of groups with certain characteristics, such as women of reproductive age, infants, children, and adolescents, is recommended. Guidelines have been created by the Ministry of Health for the standardization of these follow-ups. According to the national "Infant, Child & Adolescent Screening Guideline," which is recommended for use by family physicians, adolescents should receive a routine well-care visit during each stage of adolescence: i) early adolescence (10-14 years), ii) middle adolescence (15-18

years), and iii) late adolescence (19-21 years). During these visits, it is aimed to conduct a general physical examination, obtain information about the adolescent's psychosocial status within the scope of the HEEADSSS assessment tool, and provide counseling if needed. HEEADSSS is a psychosocial assessment tool that covers topics such as Home and Relationships, Education and Employment, Eating, Activities and Hobbies, Drugs, Alcohol, and Tobacco, Sex and Relationships, Self-harm, Depression and Self-image, Safety, and Abuse.

Unfortunately, although most of adolescents have access to healthcare facilities, young people do not receive adequate preventive health services. Studies indicate that very few adolescents get psychosocial screening according to guideline recommendations. As family physicians are usually the most preferred source for counseling, interventions to increase family physicians' awareness of adolescent health needs are important to trigger preventive adolescent health services. In particular, studies should be carried out to increase family physicians' regular use of the guidelines. Non-preventive care visits should also be considered as an opportunity to reach out to adolescents.

Schools, where adolescents receive the most information should be strengthened in terms of standard and reliable health education. Considering the large dimension of adolescent health, it is recommended to give importance to the multidisciplinary approach and inter-sectoral cooperation to improve adolescent health comprehensively.

Adolescents' expectations should be valued and taken into consideration, but should not be the only criterion when deciding on

topics of health interventions as they may have a low-risk perception.

Besides, interventions to reduce inequalities in communities are critical to ensure equal access for everyone to healthcare facilities.

References:

- 1) **World Health Organisation. Adolescents: health risks and solutions. World Health Organization. <https://www.who.int/health-topics/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>. Published 2018.**
- 2) **Tezel B, Aydın S, eds. Infant, Child, Adolescent Screening Guideline. Ankara: T.C. Sağlık Bakanlığı; 2018. p.46-51.**
- 3) **Babaoğlu A. B. , Babaoğlu Ü. T. , Cevizci S. , Tozduman B. , Karakaş H. , Tözün M. Missed Opportunities in Adolescent Health: An Overview From Turkey. Turkish Journal of Family Medicine and Primary Care. 2020; 14(4): 588-597.**