THE PRIMARY EDUCATION JOURNAL
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OPEN ACCESS

A Comprehensive Analysis of Health Services for Primary School-Aged Children in Türkiye: Current Status, Challenges, and International Perspectives

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ABSTRACT

This article comprehensively analyses the current status, legal and institutional framework, implementation practices, and challenges encountered in health services for primary school-aged children in Türkiye. Employing literature review and policy analysis methods, the study identifies that although Türkiye's school health system possesses a strong legal infrastructure, it experiences a significant policy-implementation gap, particularly due to the lack of institutionalised healthcare personnel (such as school nurses) in schools. A comparison with international best practice examples, such as Finland and Japan, reveals the structural deficiencies of the system in Türkiye. The article argues that the current system's structure, based on project-based and episodic interventions, is insufficient in meeting the continuous and holistic health needs of children. Consequently, evidence-based policy recommendations are presented, such as making the school nursing role legally mandatory, establishing sustainable funding models, ensuring digital data integration, and systematising family engagement.

ARTICLE HISTORY Received 10 October 2025; Accepted 8 November 2025

KEYWORDS school health services; school nursing; Türkiye

Introduction

The Global Importance of School Health Services

Schools are not merely centres where academic knowledge is transmitted, but also strategically important institutions for the protection and promotion of community health. International organisations such as the World Health Organization (WHO) and the US Centers for Disease Control and Prevention (CDC) define schools as critical public health settings (World Health Organization, 2021; Centers for Disease Control and Prevention, 2024). There is a direct and reciprocal relationship between health, well-being, and academic achievement; good health is a fundamental prerequisite for effective learning, and schools offer a unique platform to reach children and adolescents, a large and critical population, in a scalable manner (World Health Organization, 2021; Center for Health and Learning, 2025; Leroy et al., 2016). These institutions provide an ideal ground for promoting healthy behaviours, preventing diseases, and ensuring equity in access to health services (Gökçay, 2025).

The Critical Role of Primary School Years in terms of Health Interventions

The primary school period (approximately the 6-10 age range) offers a critical window for health interventions in children's development. This period is a phase where the foundations of lifelong health habits such as nutrition, hygiene, and physical activity are laid (Gökçay, 2025; Memorial Health Group, 2009). At the same time, it is the most appropriate time for the early detection of developmental problems such as visual and hearing impairments and growth-development delays (Memorial Health Group, 2009). The effective implementation of preventive

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measures such as immunisation plays a vital role in strengthening community immunity against infectious diseases in this age group (Memorial Health Group, 2009). The risks that the school environment carries in terms of the spread of infectious diseases and the occurrence of accidents reinforce the necessity of on-site and proactive health services during this period (Gökçay, 2025; Memorial Health Group, 2009; Ministry of National Education, 2017). Early interventions made during these years can prevent chronic diseases that may arise in later ages and reduce health inequalities (Office of Disease Prevention and Health Promotion, 2025).

In light of these global and developmental realities, the school health system in Türkiye faces a significant "dual burden". On one hand, it must fulfil traditional public health duties inherited from the General Public Hygiene Law of 1930, such as the control of infectious diseases, ensuring hygiene, and maintaining immunisation programmes (Özcan et al., 2013; General Directorate of Public Health, 2025; Ministry of Health, 2005; Ministry of Health, 2025). On the other hand, as noted by Baysal and İnce (2018), the social, economic, and lifestyle changes experienced by Türkiye have positioned the country as a "transitional society". This situation has also brought chronic and psychosocial health problems of modern society, such as malnutrition, obesity, high rates of dental caries, and increasingly rising mental health problems, to the school agenda (Baysal & İnce, 2018; Atak et al., 2023). While the current system's structure, largely based on out-of-school primary healthcare services, offers a suitable model for planned and episodic interventions like immunisations, it remains insufficient in coping with modern health problems that require daily observation, immediate intervention, and continuous follow-up. This dual burden places severe pressure on resources that are already limited, especially in terms of on-site healthcare personnel.

Aim, Scope, and Structure of the Article

The primary aim of this article is to analyse the current status of health services for primary school-aged children in Türkiye from a multidimensional perspective. In this context, the legal and institutional infrastructure of the system will be examined, the effectiveness of practices in the field will be evaluated, and the main challenges and deficiencies will be revealed along with the system's strengths. Furthermore, the current model in Türkiye will be compared with international best practice examples, and evidence-based policy recommendations for improving the system will be presented. Following the introduction, the article will address the legal and institutional framework of school health services in Türkiye, the implementation of in-school and out-of-school services, and the successes and challenges of the current system. Subsequently, international comparisons will be included, and the article will conclude with the results and policy recommendations section.

Legal and Institutional Framework of School Health Services in Türkiye

Historical Development

State commitment to school health services in Türkiye dates back to the early years of the Republic. The most fundamental legal regulation in this field is the General Public Hygiene Law no. 1593 dated 1930, which subjects schools to the supervision of the Ministry of Health (Özcan et al., 2013; General Directorate of Public Health, 2025). This law granted the Ministry of Health broad authority ranging from the hygienic conditions of school buildings to protection against epidemic diseases. In the historical process, significant turning points occurred, such as the acceptance of the concept of "school nursing" for boarding schools in 1949, health centres taking a role in school health services with the Law on Socialisation of Health Services in 1961, and the Ministry of National Education (MoNE) becoming more actively involved in the process from the 1980s onwards (Özcan et al., 2013). This historical background shows that school health has always been on the state's agenda, but responsibilities and implementation mechanisms have evolved over time.

Current Governance Structure

The main framework of today's school health services is formed by the "School Health Services Cooperation Protocol" signed between the Ministry of Health (MoH) and the Ministry of National Education (MoNE) on 17 May 2016 (Ministry of National Education, 2017; Ministry of National Education, 2021). This protocol aims to ensure coordination by determining the duties and responsibilities between the two ministries and to unite school health efforts under a comprehensive model (Ministry of National Education, 2017; Ministry of National Education & Ministry of Health, 2017). The scope of the protocol includes all relevant units, from the central

organisations of the ministries to provincial and district directorates, schools, and Family Health Centres (Ministry of National Education & Ministry of Health, 2017).

School Health Protection and Promotion Programme

The "School Health Protection and Promotion Programme", implemented on the basis of the 2016 protocol, is the main implementation framework aiming to gather all existing school health projects and activities under a single roof (Ministry of National Education, 2017; Ministry of National Education, 2021; Ministry of National Education & Ministry of Health, 2017). This programme aims to bring a holistic approach to school health and is built upon six basic components (Ministry of National Education, 2021):

1. Health Services: Periodic examinations, immunisations, screenings, and psychosocial support services for students.
2. Healthy and Safe School Environment: Making the school building and its surroundings physically and socially healthy and safe, ensuring hygiene conditions.
3. Healthy Nutrition: Inspection of school canteens, promotion of healthy eating habits.
4. Health Education: Gaining health awareness for students, staff, and families through curricular and extracurricular activities.
5. Physical Activity: Encouraging students to engage in regular physical activity and increasing opportunities.
6. Family/Community Involvement: Ensuring the active participation of families and the community in school health activities.

Distribution of Roles and Responsibilities

The organisational chart of the programme shares responsibility between the two ministries. At the provincial level, Public Health Directorates on behalf of the MoH and Provincial/District Directorates of National Education on behalf of the MoNE are jointly responsible for the execution of the programme (Özcan et al., 2013). Each school is obliged to establish a "School Health Management Team" within its own structure and prepare a school-specific "School Health Plan" (General Directorate of Public Health, 2025; Ministry of National Education & Ministry of Health, 2017; Ministry of Health & Ministry of National Education, 2013). Schools' compliance with the programme and the extent to which they implement their plans are audited by "School Evaluation Teams", also consisting of personnel from both ministries (Ministry of National Education, 2017).

Although this structure presents a highly detailed and comprehensive governance model on paper, it harbours a significant paradox in practice. The legal framework envisages cooperation between different actors with independent institutional hierarchies, such as school management, district directorate of national education, community health centre, and family physician. However, a single authoritative mechanism to manage, coordinate, and integrate this cooperation daily at the school, which is the final point where the service is delivered, has not been defined. The School Health Management Team is an administrative body rather than a clinical unit. As the WHO also states, in models where school health services are carried out solely by the education sector, interventions remain extremely limited; effective models require strong leadership from the health sector (World Health Organization, 2021). In the Türkiye model, the sharing of responsibility can lead to a dispersion of authority and weakening of accountability. Therefore, whilst the system is designed for cooperation, it lacks a "centre" to ensure integration at the point of service delivery. This situation carries the risk of transforming the comprehensive legislation itself into a source of complexity and potential failure, paving the way for implementation gaps that will be discussed in subsequent sections.

Implementation of School-Based and Out-of-School Health Services

School health services in Türkiye are shaped around two main axes: practices carried out within the school under the responsibility of the MoNE, and primary healthcare services offered predominantly outside the school by the MoH.

In-School Practices

Schools carry out various health promotion and environmental regulation activities under the responsibility of the MoNE.

- School Health Plans and Environmental Regulations: Each school is obliged to prepare an annual "School Health Plan". In line with these plans, project-based initiatives such as the "White Flag Project", which promotes cleanliness and hygiene standards in schools, and the "Nutrition Friendly School Project", which aims to create healthy food environments, are implemented. Within the scope of these projects, school canteens and dining halls are regularly inspected (General Directorate of Public Health, 2025; Ministry of National Education, 2017; Ministry of Health & Ministry of National Education, 2013).
- Health Education and Promotion Activities: Schools use materials such as posters and brochures to promote healthy lifestyle behaviours, organise activities through student clubs, and include health topics in their curricula (Ministry of National Education, 2017; Ministry of National Education & Ministry of Health, 2017).
- Physical Activity Assessment: The "Health-Related Physical Fitness Report Card", applied by physical education teachers, is a standard practice that measures students' basic physical fitness levels such as sit-ups, push-ups, and flexibility, and records the results in the e-School system (Ministry of National Education, 2017; Karakoç, 2018).

The Central Role of Primary Healthcare Services (Out-of-School Services)

The cornerstone of clinical health services is the family medicine system affiliated with the MoH.

- Periodic Follow-ups: The most fundamental clinical component of the programme is the periodic examination of every student by the family physician with whom they are registered (Özcan et al., 2013; General Directorate of Public Health, 2025; Ministry of National Education, 2021). These follow-ups are conducted in accordance with the "Infant, Child, Adolescent Follow-up Protocols" published by the MoH (Özcan et al., 2013; General Directorate of Public Health, 2015; General Directorate of Public Health, 2025). For primary school age (6-9 years), these follow-ups are envisaged to be carried out once a year (General Directorate of Public Health, 2015). Following the examination, the family physician fills out the "Student Examination/Follow-up Notification Form" (Form 1) and gives it to the family, and the family is expected to deliver this form to the school. School management is responsible for collecting and keeping these forms (Özcan et al., 2013; General Directorate of Public Health, 2025; Ministry of Health, 2016).

Specific Preventive Services

- Immunisation: Türkiye's national immunisation schedule is highly robust, and school-age immunisation is an important part of this programme. Students starting the first grade of primary school are administered two important booster doses, usually by health teams visiting schools: MMR (Measles, Mumps, Rubella) and DTaP-IPV (Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio) vaccines (Ministry of Health, 2025; Public Health Institution of Türkiye, 2018). This practice aims to strengthen the immunity provided during infancy.
- Screenings: The MoH conducts national screening programmes for school-age children. Within the scope of these programmes, screenings are carried out in schools by teams affiliated with Community Health Centres, especially for the early detection of hearing and vision problems (General Directorate of Public Health, 2025).

When current practices are examined, it is seen that the system is built on episodic (periodic) interventions but lacks a continuous health management mechanism. Immunisations occur once a year, and family physician checks are also annual events that take place under the family's responsibility. In-school activities are also generally periodic. However, there is no institutionalised mechanism to intervene in cases such as a minor accident a child experiences during the day, a sudden illness, the daily medication need for a chronic disease like asthma or diabetes, or an immediate emotional crisis. In such cases, the responsibility falls on teachers who are not healthcare professionals, or the family must be called to take the child to a health institution. This situation creates a reactive model where problems are intervened in only after exceeding a certain threshold, rather than a proactive model where they are solved immediately and on-site. This constitutes a fundamental difference in philosophy and practice from models such as Finland, where a full-time nurse is present in every school (Salman, 2023).

Evaluation of the Current System: Successes and Challenges

Although Türkiye's school health system has a strong policy foundation, it faces serious challenges and structural deficiencies in practice.

Strengths

- Comprehensive Legal and Political Framework: The inter-ministerial cooperation protocol and detailed implementation guidelines create a solid legal and political foundation for school health services (Özcan et al., 2013; Ministry of National Education, 2021; Ministry of National Education & Ministry of Health, 2017).
- Integration with Primary Health System: The use of the universal family medicine system ensures, in principle, that every child is connected to a physician responsible for their periodic health follow-up (Özcan et al., 2013; Ministry of National Education, 2021).
- High Immunisation Rates: The school-based immunisation programme demonstrates a significant public health success by reaching high coverage rates in critical booster doses (Ministry of Health, 2025).

Critical Challenges and Deficiencies

- Shortage of School Nurses: The most fundamental and critical weakness of the system is the absence of legally mandatory and funded school nurse positions in public schools (Özcan et al., 2013; Atak et al., 2023; Salman, 2023). Although the job description of the school nurse is defined in nursing regulations and a directive regarding their duties has been published (Özcan et al., 2013; Ministry of National Education, 2022), this role remains largely limited to private schools. This gap causes vital functions such as immediate first aid in schools, chronic disease management, health education coordination, and early diagnosis to not be fulfilled (Gökçay, 2025).
- Inconsistencies in Implementation: Studies show significant deficiencies in the implementation of school health programmes other than immunisation, despite the legal framework (Atak et al., 2023). The fact that the approach is project-based rather than institutionalised and systematic leads to serious differences in service quality between schools and regions (Salman, 2023).
- Prevalent Health Problems:
    - Oral and Dental Health: The prevalence of dental caries among students in Türkiye is quite high, and regular tooth brushing habits are insufficient. This is a significant public health problem that cannot be adequately addressed in the school environment (Baysal & İnce, 2018; Atak et al., 2023).
    - Mental Health: The fact that mental health problems, reported as under 1% in official screenings, are detected between 12% and 22% in focused projects indicates how insufficient the system is in detecting these problems (Baysal & İnce, 2018; Atak et al., 2023). Crowded classrooms and teachers' inadequate training on this subject pave the way for the problem to grow.
- Barriers to Family Involvement: Although it is the sixth component of the national programme, family involvement is not at the desired level. It is stated that parents cannot be involved in the process due to reasons such as intense working hours, distrust towards the school and teachers, or lack of knowledge; and teachers cannot establish effective communication with families due to time constraints and viewing it as an extra burden.
- Data Collection and Monitoring Issues: There is no digital platform where data collected in different systems such as e-School (physical fitness) and Family Medicine Information System (periodic follow-up) are analysed in an integrated manner, allowing for monitoring of health status and planning of interventions at the school or district level (Salman, 2023). The physical delivery of Form-1 containing family physician examination results to the school by families is an outdated method that leads to inefficiency and losses in data flow (Özcan et al., 2013; General Directorate of Public Health, 2025).

When these challenges are combined, it is understood that the issue of school health has a systemically secondary priority. The clearest indicator of a system's priorities is the budget and personnel it allocates. The model in Türkiye avoids the structural and financial investment necessary to assign permanent health personnel to every school. Historically, it is stated that the Ministry of Health's priorities have focused on maternal and newborn

health, and school health has only recently begun to receive more attention (Baysal & İnce, 2018). Project-based approaches such as "White Flag" allow for visible activities to be carried out without requiring permanent investment. This situation is the result of a political and economic compromise that avoids the cost that would make it fully functional, whilst giving the appearance of a comprehensive system on paper. This lack of prioritisation results in concrete consequences such as the continuation of preventable health problems, failure to meet mental health needs, and failure to realise the potential of schools to be strong public health centres as envisaged by the WHO (World Health Organization, 2021).

International Comparisons and Best Practice Examples

General Position of Türkiye's Health System

When evaluating Türkiye's school health system, it is important to consider the country's general health resources and system structure. OECD data show that Türkiye has made remarkable progress in access to education and student achievement in the last twenty years (OECD, 2023; Kitchen et al., 2019). However, the situation is different in terms of health resource indicators. Multidimensional scaling analyses position Türkiye's health system in the same cluster as Eastern European countries such as Romania, Bulgaria, and Poland, rather than Western European countries such as Luxembourg, Sweden, and Germany (Girginer, 2013). In a comparison made in terms of resources such as physicians, nurses, hospital beds, and medical devices per capita, Türkiye ranked last among the 29 OECD countries examined (Kıran & Akbolat, 2021). This resource constraint constitutes one of the main challenges to financing a comprehensive school health system, such as assigning a healthcare professional to every school.

The Finland Model: Holistic and Institutionalised Approach

Finland offers an institutionalised and integrated model in school health services. The system is secured by national laws, and there is a full-time public health nurse and a regularly serving school doctor in every school (Salman, 2023). All services are completely free for students and are a compulsory part of the education system. The model exhibits a holistic approach with multidisciplinary school welfare teams focusing not only on physical health but also on mental health, social services, and special education needs (Salman, 2023). This structure differs radically from Türkiye's model based on project-based and out-of-school services.

The Japan Model: Systematic Screening and Follow-up

Japan offers a highly systematic model, albeit with a different structure. Annual health check-ups are legally mandatory for all students from preschool to university (Medipol University, 2024). These comprehensive checks, carried out by school doctors, include height, weight, vision, hearing, oral and dental health, and tuberculosis screenings. In case of any detected health problem, the results are reported to the parents, and a clear referral process for further examination and treatment is operated (Medipol University, 2024). This model shows how effective a systematic screening and referral mechanism based on legal obligation can be.

The Nordic Model: Equity and Well-being Focused Philosophy

In a broader framework, Nordic countries view school health services as an integral part of the universal welfare state concept (Nordic Welfare Centre, 2019). These services are compulsory and free for all students. The basic philosophy accepts the strong link between health and educational performance, aiming to offer equal development opportunities to all children regardless of their social or economic background. In these countries, great importance is attached to health promotion programmes aimed at increasing positive mental health and general well-being in particular (Nordic Welfare Centre, 2019).

Conclusion and Policy Recommendations

Synthesis of Key Findings

This analysis reveals that Türkiye has a well-intentioned and comprehensive policy vision in the field of school health, but this vision is undermined by a critical implementation gap. The system's excessive dependence on out-of-school primary healthcare services for episodic interventions and the absence of healthcare professionals to provide continuous service in schools create a serious void in areas of coordination, immediate intervention, and

continuous care. This structural deficiency causes unmet needs and the persistence of health inequalities, especially in areas such as oral and dental health and mental health. The current model remains insufficient in closing the gap between policy and practice.

Evidence-Based Recommendations for Strengthening the System

To transform the current system and more effectively meet the health needs of primary school-aged children, the following policy recommendations are presented:

1. Institutionalisation of the School Nursing Role: The most fundamental and transformative reform is to remove school nursing from being a practice limited to private schools and make it a legally mandatory and state-funded position in every public school. The school nurse will serve as the coordinator and practitioner at the centre of all health activities (screening, immunisation, periodic follow-up tracking, health education, first aid) (Gökçay, 2025; Atak et al., 2023).
2. Transition from Project-Based Approach to Sustainable Funding: Instead of project-based and temporary initiatives such as "White Flag", a permanent and sustainable funding model from the national budget should be established for school health services. This will ensure that services are offered in an equal, continuous, and standard quality in all schools, as in the Finland and Nordic models (Nordic Welfare Centre, 2021; Salman, 2023).
3. Strengthening Digital Data Integration: The inefficient system based on families physically carrying forms should be abandoned; a secure, privacy-protected, and integrated digital data flow platform should be established between the Family Medicine Information System (AHBS) and the MoNE's e-School system. This system will allow for real-time monitoring of students' health status, determination of risk groups, and evidence-based public health planning (General Directorate of Public Health, 2025).
4. Systematisation of Family Involvement: To move family involvement beyond being coincidental, national-level guides should be prepared, and in-service training should be provided on structured and proactive family engagement strategies for teachers and school administrators. This should aim to establish a genuine school-family partnership by overcoming the communication and participation barriers identified in research (Gökçay, 2025).
5. Prioritisation of Oral and Mental Health Programmes: Considering high prevalence rates, school-based, standardised oral and dental health programmes (e.g., supervised tooth brushing, fluoride varnish applications) should be implemented. At the same time, teachers' mental health literacy should be increased, and referral chains between schools, guidance services, Guidance and Research Centres (RAM), and child psychiatry clinics should be strengthened (Baysal & İnce, 2018; Gökçay, 2025; Atak et al., 2023).

Disclosure statement

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Data availability statement

Data sharing is not applicable to this article as no new data were created or analysed in this study.

Ethics statement

N/A.

Consent

N/A.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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