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Availability and Utilization of School Health Services in Primary Schools in Agbani Education Zone, Enugu State

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Abstract

The study investigated the availability and utilization of school health services in primary schools in Agbani Education Zone, Enugu State. The cross-sectional survey research design was adopted. The population for the study consisted of 6,696 primary school teachers in all the 635 primary schools in Agbani Education Zone. The sample size was 400 primary school teachers drawn using the multi-stage sampling procedure. The instruments used for data collection were School Health Services Availability Checklist (SHSAC) and Utilization of School Health Services in Primary Schools Questionnaire (USHSPSQ). Frequency, and chi-square statistics were used for data analysis. The results revealed that school health services are available in the urban primary schools (63.6%) more than the rural primary schools. School health services are available in private primary schools (68.8%) more than public primary schools (43.5%). School health services are utilized in rural primary schools (53.0%) more than urban primary schools (48.9%) School health services are utilized in private primary school (62.3%) more than public primary schools (44.8%). There is no significant difference in the available school health services in primary schools in Agbani Education Zone based on school location (x^2=.591, df=1, p=.442> 0.05) and school ownership (x^2=.425, df=1, p=.119>0.05). There was a significant difference in the utilized school health services by primary school pupils in Agbani Education Zone based on school ownership (x^2=10.068, df=1, p=0.02<0.05). School health educators and other relevant stakeholders should enlighten school administrators on the importance of implanting school health services into the school plan.

Keywords: School health services, Availability, Utilization

Introduction

School health services are essential part of healthcare delivery for school aged children. School health services are unique in that they are designed exclusively to address the needs of children. Globally, the number of children reaching school age is estimated to be 1.2 billion children (18% of the world's population) and rising (United Nation Children Fund [UNICEF], 2007). Illness caused by some diseases are common in children in school and other childcare setting and this could be due to unavailability and underutilization of school health services (Czumbel et al., 2018). In Africa, including Nigeria, the situation is quite similar. School health services (SHS) in Nigeria remain underdeveloped and inconsistent across regions. According to the Federal Ministry of Health (FMoH, 2019), only about 30 per

cent of Nigerian schools have some form of organized health services, and even fewer offer comprehensive care, including routine health screenings, immunization, and first aid. The 2018 Nigeria Demographic and Health Survey (NDHS) also revealed that school-based health interventions, such as deworming and health education, are more prevalent in urban areas compared to rural communities (National Population Commission (NPC) [Nigeria] & ICF. (2019). Many schools lack health personnel, designated sick bays, or partnerships with nearby health facilities, and fewer than 20 per cent of primary schools had functional health records for pupils (Joseph, 2020). This situation calls for the urgent need of the government to ensure the availability of school health services in the country, and as well as ensuring that these school health services are also utilized by primary school pupils.

School plays a critical role in averting the health problems of pupils. School health services are particularly well placed to respond to these health problems faced by pupils. Leroy et al. (2017) posited that school health services are in a unique position to improve child health status, resilience and wellbeing, provide care essential to the pupil's attendance and identity and refer pupils with certain health risks and conditions. These services ultimately support the pupil's ability to learn, and contribute to both the school and community state of health. Littlecott et al. (2018) opined that recognition of the link between health and education have steadily increased with greater understanding that a child must be healthy to learn and a child must learn to be healthy. In the same vein, Sarkin-Kebbi and Bakwai (2016) expressed that if a child is sick they probably will not be able to concentrate on their lesson. These imply that a child must be healthy to be taught and should be educated to be healthy. The health of children is emphatically connected to their academic achievement which is affected by their health. Adekanmbi et al. (2017) expressed that improvement in health and learning of members of the school is largely dependent upon the provision of adequate school health services.

School health services are effective means of raising the health of school children. School health services constitute an essential component of an effective school health programme. Federal Ministry of Education (2006) defined school health services as preventive and curative services provided by members of school health team for the promotion of the health status of learners and staff. They are services rendered in the school environment that are directly or indirectly related to the health of pupils (Sabitu et al., 2016). Samuel and Nwimo (2012) described school health services as programme designed to equip the school population with health oriented activities directed at protecting, maintaining and improving their health by members of the school health team. According to World Health Organization (2021), school health services are services provided by a health worker to learners enrolled in primary or secondary education either within school premises or in health services situated outside the school. School health services make up the health care delivery system that is functional within a school.

Health of school children are promoted through availability of school health services. The term availability refers to whether a service is present or ready for immediate use. It is the quality of being at hand and ready for use. School health service has grown from the narrow concept of medical examination of children to the more comprehensive care of health and wellbeing of school children. Oladipo (2014) described availability as the degree to which a service is operational and accessible when required to function. Functional school health services are indeed required to promote positive health and safety behaviours of pupils. Utilization of school health services has been emphasized for effective service delivery. Awoyemi et al. (2011) defined utilization as the use of health care services by people. To achieve optimal level of utilization, the services should be adequately provided and the

service providers knowledgeable enough to render these services. Good utilization of school health services will improve the health status of school population which includes pupils (Adam & Awunor, 2014). Also, Adekanmbi et al. (2017) defined utilization as the act or process of making good use of health services for the improvement of health. In this study, utilization refers to the action of making practical and effective use of school health services by pupils to meet the health needs of primary school pupils. Availability and utilization of school health services may be influenced by some factors, such as location of school and school ownership.

This study was conducted in Agbani Education Zone. Agbani Education Zone is one of the six Education Zones in Enugu Education Zone. The zone is made up of three local government areas (LGAs) namely Enugu South, Nkanu East, and Nkanu West. These LGAs have a total of 635 primary schools within its jurisdiction where children study. Primary schools in this zone are managed by Enugu State Ministry of Education. Primary schools in Agbani Education zone is predominately in the rural areas. However, there are chances that these primary schools will not have all the required school health services needed for the healthy growth and development of pupils, and even if they do, there may still be chances that all the pupils in the schools will not be able to utilize the services due to the influence of certain socio-demographic factors. This study therefore sought to determine the availability and utilization of school health services in primary schools in Agbani Education Zone. Also, it was hypothesized that there was no significant difference in available school health services in primary school in Agbani Education Zone based on school location and school ownership. There was no significant difference in utilization of school health services in Agbani Education Zone based on school location and school ownership.

Methods

Study Design

The study adopted the cross-sectional survey research design to achieve the purpose of the study.

Area of the Study:

The study was carried out in Agbani Education Zone, Enugu State. Agbani Education Zone is made up of Enugu South, Nkanu East and Nkanu West Local Government Areas (LGAs). Enugu South is the only LGA that has urban schools in Agbani Education Zone. The remaining two LGAs are completely rural. The inhabitants of these three LGAs are mainly school children, traders, artisans, farmers, and very few civil servants. There are 635 primary schools in Agbani Education Zone. Public and private primary schools in Agbani Education Zone are managed by Enugu State Universal Basic Education Board (ENSUBEB). There are about 635 public and private primary schools in Agbani Education Zone in Enugu State. There are possibilities that all these schools will not have all the required school health services needed for the healthy growth and development of pupils, and even if they do, there may still be chances that all the pupils in the schools will not be able to utilize the services due to the influence of certain socio-demographic factors. It is in this light that the study investigated the availability and utilization of school health services in Agbani Education Zone in Enugu State

Study Population and Sample

The population for the study comprised of all public and private primary school teachers in Agbani Education Zone. There are 635 primary schools in Agbani Education Zone with a total population of 6,696 primary school teachers (Enugu State Universal Basic Education Board [ENSUBEB], 2021).

The sample size for the study comprised of 400 respondents. This is in line with the suggestion of Cohen et al. (2018) which states that when a population size is 5,000 and above at 95 per cent confidence level (5% interval), the sample size should be 357 and above. The multi-stage sampling technique was used to draw the study sample. Stage one involved the use of simple random sampling technique of balloting without replacement to select 39 primary schools in Agbani Education Zone. Specifically, 20 primary schools were drawn from Enugu South LGA, 10 primary schools were drawn from Nkanu East LGA and 9 primary schools were drawn from Nkanu West LGA respectively. This gave a total of 39 primary schools that were used for the study. Stage two involved using proportional stratified sampling technique to select 206 primary school teachers in Enugu South LGA, 98 primary school teachers in Nkanu East LGA and 96 primary school teachers in Nkanu West LGA. These gave a total of 400 primary school teachers used for the study. Stage three involved the use of convenience sampling technique to select the 400 teachers from the sampled primary schools drawn for the study. Convenience in the sense that only teachers', who had time and expressed their consent in responding to the questionnaires, were used for the study. The head teachers of each of the 39 sampled primary schools provided information on the availability of school health services. This was because they are the administrators of the school who have knowledge of the available school health services in the school.

Method of Data Collection

In order to gain access to the teachers, a letter of introduction from the Head, Department of Human Kinetics and Health Education, University of Nigeria, Nsukka seeking permission to carry out the study was presented to the Head teacher of the sampled primary schools in Agbani Education Zone who granted the researcher and the research assistants access to the teachers. The two research assistants (male and female) were briefed on the procedures for the administration of the questionnaire and collection of the completed copies from the respondents. The researcher and the research assistants visited the selected primary schools for the study. Subsequently, 400 questionnaires were administered to the teachers in their respective schools during the break periods. The teachers were encouraged to complete copies of the questionnaire on the spot where possible and return it to the researcher or research assistants. Out of the 400 copies of the questionnaire administered, 380 copies were returned which gave a return rate of 95.0 per cent. However, only 341 copies dully filled out were used for analyses.

Data Analysis: Data were coded and analysed using IBM Statistical Package for the Social Science (SPSS) version 25. Data were analysed using frequency and percentages. The null hypotheses were tested using Pearson Chi-square statistics at .05 level of significance.

Results

Table 1: **Available School Health Services in Primary Schools in Agbani Education Zone (n=39)**

S/N	School Health Services	Available f(%)	Not Available f(%)
	Health Appraisal Services		
1.	Physical examination of pupils' teeth	39(100.0)	0(00.0)
2.	Audiometer	0(00.0)	39(100.0)
3.	Physical examination of ear	2(5.1)	37(94.9)
4.	Stadiometer/measuring tape/wall chart	29(74.4)	10(25.6)
5.	Weight scale	14(35.9)	25(64.1)
6.	Snellen chart	0(00.0)	39(100.0)
7.	Physical examination of pupils' eye	0(00.0)	39(100.0)
8.	Immunization services	6(15.4)	33(84.6)
	Emergency Care and First Aid Services		
9.	School clinic, infirmary or sickbay	6(15.4)	33(84.6)
10.	Well-equipped first aid box	38(97.4)	1(2.6)
11.	Essential drugs	32(82.1)	7(17.9)
12.	Ambulance/School bus	10(25.6)	29(74.4)
	Health Counselling and Interpretations		
13.	Guidance counsellor	20(51.3)	19(48.7)
14.	Office for health counselling	1(2.6)	38(97.4)
	Prevention and Control of Communicable Diseases		
15.	Specific, written school health procedures for control of communicable disease	35(89.7)	4(10.3)
16.	Isolation room	2(5.1)	37(94.9)
17.	Gloves, face mask and other personal protective material such as handkerchief	22(56.4)	17(43.6)
	Health Promotion Services		
18.	School feeding Services	25(64.1)	14(35.9)
19.	Exercise/recreation programme	39(100.0)	0(0.00)
20.	Safe drinking water	39(100.0)	0(0.00)
21.	Hand-washing facilities	39(100.0)	0(0.00)
	Overall Percentage	**21(53.8)**	**18(46.27)**

Table 1 shows that overall, 53.8 per cent of school health services are available in primary school in Agbani Education Zone. Specifically physical examination of pupils' teeth (100%) and stadiometer/measuring tape/wall chart/ (74.4%) were the most available health appraisal services. Well-equipped first aid box (97.4%) and essential drugs (82.1%) were the most available emergency care and first aid services. Guidance counsellor in the school for consultation (51.3%) was the most available health counselling services. Specific school health procedures for control of communicable diseases (89.7%) and gloves, face mask and other personal protective material such as handkerchief (56.4%) were the most available means of prevention and control of communicable diseases. Additionally, almost all health promotion services were available.

Table 2: **Available School Health Services in Primary Schools in Agbani Education Zone Based on Factors of School Location and School Ownership (n=39)**

Factors	Available School Health Services	
	Available %	Unavailable %
School Location		
Urban (n=11)	63.6	36.4
Rural (n=28)	50.0	50.0
School Ownership		
Public (n=23)	43.5	56.5
Private (n=16)	68.8	31.2

Table 2 shows that overall, school health services were reported to be available in the urban primary schools (63.6%) more than the rural primary schools in Agbani Education Zone (50.0%). The Table also shows that overall, school health services were reported to be available in private primary schools (68.8%) more than public primary schools (43.5%) in Agbani Education Zone.

Table 3: **School Health Services by Utilized by Pupils of Primary Schools in Agbani Education Zone (n=341)**

S/N	School Health Services	Utilized f(%)	Not Utilized f(%)
	Health Appraisal Services		
1.	Dental screening	107(31.4)	234(68.6)
2.	Visual screening	35(10.3)	306(89.7)
3.	Hearing examination	41(12.0)	300(88.0)
4.	Height examination	126(37.0)	215(63.0)
5.	Weight examination	135(39.6)	206(60.4)
6.	Immunization services	237(69.5)	104(30.5)
	Emergency Care and First Aid Services		
7.	School clinic, infirmary, sickbay	92(27.0)	249(73.0)
8.	Well-equipped first aid box	314(92.1)	27(7.9)
9.	First aid services and emergency treatment	307(90.0)	34(10.0)
10.	Essential drugs	252(73.9)	89(26.1)
11.	Ambulance/School bus	104(30.5)	237(69.5)
	Health Counselling and Interpretation		
12.	Guidance counsellor	209(61.3)	132(38.7)
13.	Office for health counselling	28(8.2)	313(91.8)
	Prevention and Control of Communicable Diseases		
14.	Specific, written school health procedures for control of communicable disease	208(61.0)	133(39.0)
15.	Isolation room	60(17.6)	281(82.4)
16.	Gloves, face mask and other personal protective material, such as handkerchief	235(68.9)	106(31.1)
	Health Promotion Services		
17.	School feeding Services	150(44.0)	191(56.0)
18.	Exercise/recreation programme	330(96.8)	11(3.2)
19.	Safe drinking water	267(78.3)	74(21.7)
20.	Hand-washing facilities	304(89.1)	37(10.9)
	Overall Percentage	**177(51.9)**	**164(48.1)**

Table 3 shows that overall, 51.9 per cent of school health services are utilized in primary schools in Agbani Education Zone. Specifically, immunization services (69.5%) and weight examination (39.6%) were the most utilized health appraisal services. Well-equipped first aid box (92.1%) and First aid services and emergency treatment (90.0%) were the most utilized emergency care and first aid services. Guidance counsellor in school for consultation (61.3%) was the most utilized health counselling and interpretation services. Gloves, facemask and other personal protective material, such as handkerchief (68.9%) and specific, written school health procedure (61.0%) were the most utilized means of prevention and control of communicable diseases. More so, exercise/recreation programme (96.8%) and hand-washing facilities (89.1%) were the most utilized health promotion services.

Table 4: **Responses on School Health Services Utilized by Pupils of Primary Schools in Agbani Education Zone Based on factors of School Location and School Ownership (n=341)**

Factors	Utilised School Health Services	
	Utilised %	Not Utilised %
School Location		
Urban (n=90)	43.9	56.1
Rural (n=251)	53.0	47.0
School Ownership		
Public (n=203)	44.8	55.2
Private (n=138)	62.3	37.7

Table 3 shows that overall, school health services were reported to be utilized in rural primary schools (53.0%) more than urban primary schools (43.9%) in Agbani Education Zone. Also, overall, school health services were reported to be utilized in private primary school (62.3%) more than public primary schools (44.8%) in Agbani Education Zone.

Table 5: **Chi-square Test of Available School Health Services in Primary Schools in Agbani Education Zone Based on Factors of School Location and School Ownership (n=39)**

Factors	N	Available O(E)	Unavailable O(E)	x^2	df	p-value
School location						
Urban	11	7(5.9)	4(5.1)			
				.591	1	.442
Rural	28	14(15.1)	14(12.9)			
School ownership						
Public	23	10(12.4)	13(10.6)			
				2.425	1	.119
Private	16	11(8.6)	5(7.4)			

∗=Significant at p≤0.05

Table 5 shows that there is no significant difference in the available school health services in primary schools in Agbani Education Zone based on school location (x^2=.591, df=1, p=.442> 0.05) and school ownership (x^2=2.425, df=1, p=.119>0.05).

Table 6: **Chi-square Test of School Health Services Utilized by Pupils of Primary Schools in Agbani Education Zone Based on Factors of School Location and School Ownership (n=341)**

	N	Utilized O(E)	Not Utilized O(E)	x^2	df	p-value
School location						
Urban	90	44(46.7)	46(43.3)			
				.446	1	.504
Rural	251	133(130.3)	118(120.7)			
School Ownership						
Public	203	91(105.4)	112(97.6)			
				10.068	1	.002
Private	138	86(71.6)	52(66.4)			

*=Significant at p≤0.05

Table 6 shows that there is no significant difference in the utilization of school health services by pupils of primary school in Agbani Education Zone based on school location (x^2=.446, df=1, p=.504>0.05). However, there was a significant difference in the utilization of school health services by pupils of primary school in Agbani Education Zone based on school ownership (x^2=10.068, df=1, P=0.02<0.05).

Discussion

Findings in Table 1 showed that overall, more than half of the basic required school health services are available in primary school in Agbani Education Zone. Specifically physical examination of pupils' teeth (100%) and stadiometer/measuring tape/wall chart/health measurement were the most available health appraisal services. Well-equipped first aid box and essential drugs were the most available emergency care and first aid services. Guidance counsellor in the school for consultation was the most available health counselling services. Specific school health procedures for control of communicable diseases and gloves, face mask and other personal protective material like handkerchief were the most available means of prevention and control of communicable diseases. Additionally, almost all health promotion services were available. The findings are expected and not surprising because having school health services will enhance and maintain the health of school children so as to give them a good start in life and enable them benefit optimally from their school learning experience, hence, school administrators try to ensure the availability of these services. The findings are in line with the findings of Kimera (2008) that all school health services were available in over 90 per cent of primary schools in Mukono District. The findings disagree with the findings of Jiya et al. (2020) who found that the availability of school health services in Sokoto Town, Nigeria was poor. The authors further found a high proportion of schools had no health personnel, commonest health appraisal was routine teacher inspection, the main treatment facilities were first and box and essential drugs with no records kept in the schools, method of controlling communicable diseases was mainly by sending children home. The disparity in findings may be because of availability of school health services in Sokoto Town which is located in Northern Nigeria, is affected by the abysmally low primary school attendance in the region.

Findings in Table 2 showed that school health services are available in the urban primary schools more than the rural primary schools in Agbani Education Zone. The finding was

expected as most schools in the urban area are easily and regularly assessed to ensure the availability of school health services than in rural areas where no regular assessment is carried out. The corresponding hypothesis in Table 5 showed no significant difference in the available school health services in primary schools in Agbani Education Zone based on school location. The findings are in line with the findings of Lale and Achalu (2022) who found that there was high rate of non-implementation of school health services in public senior secondary schools in rural area Rivers State. Also, the findings agree with the finding of Bosede et al. (2023) that there was no significant difference in the quality of implementation of the school health programmes between schools in the rural and the urban areas in Ondo State, Southwest Nigeria. The findings however disagree with the findings of Adebayo and Owoaje (2016) that there is poor quality of implementation of the school health program in the selected rural and urban public primary schools in Oyo State as various essential equipment/items for effective school service delivery were either inadequate or lacking.

Also, Table 2 showed that school health services are available in private primary schools more than public primary schools in Agbani Education Zone. The finding was expected and not surprising. This is because by mere observation, public schools suffer a general lack of infrastructure compared to private schools who are always being scrutinized for excellence. The corresponding hypothesis in Table 5 showed no significant difference in the available school health services in primary school in Agbani Education Zone based on school ownership. The findings agree with the findings of Toma et al. (2014) that school health services were generally poor in public and private primary schools, although the situation was better in the private schools in Jos, Nigeria. The findings are also in line with Kuponiyi et al. (2016) who reported that the practice of various components of school health services was poor but better in private primary schools in Nigeria. However, the findings disagree with the findings of Osuorah et al. (2016) that private schools had treatment facilities within school premises, although routine screening of school pupils was done by more public schools in Nnewi North LGA, Anambra State. The disparity in findings may be attributed to difference in location and methods of data collection employed in the studies.

Table 3 showed that 51.9 per cent of school health services are utilized by pupils of primary schools in Agbani Education Zone. Specifically, immunization services and weight examination were the most utilized health appraisal services. Well-equipped first aid box and emergency treatment were the most utilized emergency care and first aid services. Gloves, facemask and other personal protective material like handkerchief and specific, written school health procedure were the most utilized means of prevention and control of communicable diseases. More so, exercise/recreation programme and hand-washing facilities were the most utilized health promotion services. The findings are expected because once the school health services are available, utilization will easily occur. The findings agree with the findings of Chabo and Akpan-Idiok (2019) who found that all the school health programme facilities assessed were being utilized by both students and teachers. For example, the utilization of toilet facilities, utilization of plastic waste bins and other school health services. However, the findings are in contrast with the findings of Sabitu et al. (2016) who reported that there was no enough qualified health personnel for effective utilization of school health services in Funtua Zone Katsina State.

Table 4 shows that school health services are utilized by pupils in rural primary schools more than urban primary schools in Agbani Education Zone. The findings are expected and not surprising. This is civilization in urban areas make health services easily accessible outside

the school at any time. The corresponding hypothesis in Table 6 showed no significant difference in the utilized school health services by primary school pupils in Abani Education Zone based on school location. The findings agree with the findings of Bosede et al. (2023) who reported no significant difference in the quality of implementation of the school health programmes between schools in the rural and the urban areas in Ondo State, Southwest Nigeria. Also, the findings agree with the findings of Adebayo and Owoaje (2016) that neither the rural nor the urban public primary schools in Oyo State, Nigeria had trained first aiders, school health assistants or school health nurses. The authors found that none of the public primary schools in both the rural and urban locations had major communicable health problems, HIV/AIDS education, and use and abuse of drugs in their health instruction curriculum. The findings disagree with the findings of Adebayo et al. (2019) who reported that the quality of the school health programme in selected rural public and private primary schools was generally poor in Oyo State.

Table 4 showed that school health services are utilized by pupils in private primary school more than public primary schools in Agbani Education Zone. The findings are expected and not surprising. This is because schools in private owner primary schools have more pupils from high income families who would want their children to be able to utilise these school health services than parents of pupils in public schools who may not even be aware of the need for school health services. The corresponding hypothesis in Table 6 showed a significant difference in the utilized school health services by primary school pupils in Agbani Education Zone based on school ownership. The findings are in line with the findings of Ezeonu and Akani (2010) who found that private primary schools within Abakaliki Metropolis performed relatively better than the public school with regards to the implementation of school health appraisal especially in pre-entry screening and referral of cases. The finding was in contrast with the findings of Toma et al. (2014) who reported that school health services were generally poor in public and private primary schools, although the situation was better in the private schools in Jos, Nigeria. Also, the findings disagree with the findings of Osuorah et al. (2016) who reported that school health services exist in the Nnewi North LGA but its implementation is suboptimal in both private and public schools. This disagreement in findings may be due to the consideration of implementation and not necessarily utilization.

Conclusion

The findings have shown that school health services are available in the urban primary schools more than the rural primary schools. School health services are available in private primary schools more than public primary schools. School health services are utilized by pupils of rural primary schools more than urban primary schools. School health services are utilized in private primary school more than public primary schools. Moreover, school location and school ownership were not important factors considered in the availability of school health services in primary schools in Agbani Education Zone. School location was not a very important factor considered in the utilization of school health services by pupils of primary schools, while school ownership was a very important factor considered in the utilization of school health services by pupils of primary schools.

The findings of this study are significant as they highlight critical disparities in the availability and utilization of school health services across different school types and locations within the Agbani Education Zone. The greater availability of SHS in urban and private primary schools underscores persistent inequalities in resource distribution, while the higher utilization by rural pupils suggests a greater dependency or need in these areas, potentially due to limited access to alternative healthcare services. Importantly, the revelation

that school ownership, rather than location, significantly influences school health services utilization points to the role of administrative commitment and resource allocation in promoting child health. These findings imply the need for targeted interventions and policies that bridge the gap between private and public institutions and ensure equitable access to school health services across all schools. Strengthening school health services in public and rural schools could improve health outcomes for a wider population of children, supporting the goals of the National School Health Policy and the broader pursuit of Universal Health Coverage in Nigeria.

Recommendations

Based on the findings, discussion and conclusion of the study, the following recommendations were made:

1. School health educators and other relevant stakeholders should enlighten school administrators on the importance of implanting school health services into the school plan. This will promote availability and utilization of school health services.
2. A state school health policy should be developed through inter-sectoral collaboration of the relevant stakeholders to use the platform provided by schools to ensure access to primary health care and also act as bridge for more formal medical care for school children.
3. Agencies, both governmental and non-governmental should sponsor and make available some school health services such as school nutrition services, physical education and physical activity, and others in the rural and urban primary school.
4. Teachers in both public and private schools should be encouraged to utilize the available school health services in the school. This way, the health of the students and staff is ensured during school activities.

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