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Structural Challenges to Healthcare Access: A Comparative Analysis of International Students in Türkiye and Kazakhstan

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Abstract
The globalization of higher education has increased awareness of healthcare access issues by expanding international student mobility. This study examines the experiences of international students in Kazakhstan and Türkiye, guided by the Social Determinants of Health (SDOH) framework as a guide. Twenty students from various disciplines participated in semi-structured interviews (10 in each country), and the results were analyzed using a qualitative comparative method. The study identifies five main obstacles to healthcare access: insufficient knowledge about medical services, administrative shortcomings, cultural differences, financial hardship, and language barriers. While self-funded students must endure expensive private insurance and administrative obstacles and occasionally travel back to their home countries for treatment, state-funded scholarship recipients in Türkiye benefit from comprehensive health insurance. In Kazakhstan, low-cost private health insurance is more common, but students frequently struggle with language barriers and the lack of translation support. In both countries, insufficient orientation and unclear procedures delay access to healthcare or discourage students from seeking it. These findings emphasize that structural conditions play a more decisive role in healthcare access than individual adjustment processes. The study suggests initiatives to improve international students' health literacy, inclusive insurance plans, and multilingual information provision as ways to reduce disparities.

Keywords: International Students, Healthcare Access, Migration, Social Determinants of Health, International Student Mobility

Uluslararası Öğrencilerin Sağlık Hizmetlerine Erişimi: Kurumsal Engeller ve Yapısal Çözüm İhtiyacı

Öz
Yükseköğretimin küreselleşmesiyle birlikte uluslararası öğrenci hareketliliği artmış, bu da öğrencilerin sağlık hizmetlerine erişim sorunlarını daha görünür kılmıştır. Bu çalışma, sağlığın sosyal belirleyicileri (SDOH) çerçevesinde, sağlık sistemleri ve uluslararasılaşma politikaları farklı olan Türkiye ve Kazakistan'daki uluslararası öğrencilerin deneyimlerini karşılaştırmaktadır. Çeşitli disiplinlerden gelen 20 öğrenciyle (her ülkeden 10) yapılan yarı yapılandırılmış görüşmeler nitel karşılaştırmalı bir analizle değerlendirilmiştir. Bulgular, sağlık hizmetlerine erişimde beş temel engeli ortaya koymaktadır: ekonomik zorluklar, dil engeli, idari yetersizlikler, kültürel farklılıklar ve sağlık hizmetleri hakkında bilgi eksikliğidir. Türkiye'de devlet bursu alan öğrenciler kapsamlı sağlık sigortasına sahip olurken, kendi imkanlarıyla okuyan öğrenciler yüksek maliyetli özel sağlık sigortaları ve bürokratik engellerle karşılaşmakta ve kimi zaman tedavi için ülkelerine dönmektedir. Kazakistan'da düşük maliyetli özel sağlık sigortası yaygın olsa da öğrenciler dil engeli ve çeviri desteği eksikliği nedeniyle sağlık hizmetlerine erişimde güçlük yaşamaktadır. Her iki ülkede de sağlık hizmetlerine erişim konusunda yeterli oryantasyonun olmaması ve belirsiz prosedürler, öğrencilerin sağlık hizmetine ulaşımlarının geciktirmesine veya sağlık hizmetlerine erişmekten kaçınmasına yol açmaktadır. Bu araştırmanın sonuçlarıyla, sağlık hizmetlerine erişimde bireysel uyum süreçlerine kıyasla yapısal koşulların belirleyici etkisinin altı çizilmiştir. Eşitsizliklerin azaltılması için çok dilli bilgilendirme, kapsayıcı sağlık sigortası programları ve sağlık okuryazarlığını güçlendiren uygulamalar önerilmektedir.

Anahtar Kelimeler: Uluslararası Öğrenciler, Sağlık Hizmetlerine Erişim, Göç, Sağlığın Sosyal Belirleyicileri, Uluslararası Öğrenci Hareketliliği

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Introduction

In today's world, international student mobility is gradually rising, bringing attention not only to academic concerns but also to students' social and health challenges. While international university students make significant contributions to their host countries' academic and economic institutions, they frequently face challenges in adjusting to national healthcare systems. Variations in healthcare policies and practices across countries often create uncertainties, information gaps, and a lack of trust in accessing services (Beckfield et al., 2013). Despite the issue's increasing significance, little is known about international students' access to healthcare, as most of the literature currently available focuses on migrants and refugees rather than international students (Mackert et al., 2017; Tang et al., 2018).

Türkiye presents a compelling case for analyzing this topic owing to its swiftly growing international student demographic. The student population increased from 5,378 in 1983 to 43,000 in 2012, ultimately exceeding 185,000 by 2021 (Titrek et al., 2016; Masai et al., 2021). Türkiye's increasing internationalization policies, particularly the publicly funded "Türkiye Scholarships" program, are evident in the fact that the country currently accommodates over 336,000 international students, as reported by the Council of Higher Education (YÖK, 2025). Major healthcare reforms transformed the national system during the same period. The introduction of the family physician model, the restructuring of the Social Security Institution, and the expansion of universal health insurance, in conjunction with the Health Transformation Program, which was initiated in 2003, significantly improved healthcare access and public satisfaction (Ministry of Health, 2008; Atun et al., 2014). Additionally, these reforms expanded coverage to international students; however, there are still uncertainties regarding the degree to which students are capable of navigating the system in practice.

Kazakhstan provides a unique but equally pertinent context. Kazakhstan has prioritized international education and science policies as part of its broader modernization agenda since achieving independence in 1991. The country's mandatory health insurance system provides coverage for international students, who also have access to state-supported healthcare services (Parliament of the Republic of Kazakhstan, 2025). The Law on the Legal Status of Foreigners explicitly guarantees their right to healthcare. At the same time, national strategies such as the Education and Science Development Program (2020–2025) aim to strengthen global competitiveness in higher education, expand opportunities for young scientists, and raise the international visibility of Kazakhstani universities (Official Information Source of the Prime Minister of the Republic of Kazakhstan, 2024). For the 2024–2026 period, Kazakhstan also increased its science budget by 9% and introduced new support measures such as scholarships, internships, and housing opportunities, all of which promote academic growth and the integration of international students.

Despite these investments, Kazakhstan hosts a smaller international student population compared to Türkiye, around 31,400 students in 2025 (Ministry of Science and Higher Education of the Republic of Kazakhstan, 2025). Additionally, there are variations in the composition of student populations. The majority of international students in Türkiye are from Syria, Azerbaijan, Turkmenistan, Iran, Iraq, and Kazakhstan, which are indicative of historical, linguistic, and cultural connections. In Kazakhstan, students are more frequently recruited from Uzbekistan, India, Turkmenistan, Mongolia, China, and Russia. (Council of Higher Education, 2025; Ministry of Science and Higher Education of the Republic of Kazakhstan, 2025). The majority of international students are undergraduates in both countries, although the distribution of students at the master's and doctoral levels fluctuates. Türkiye reports 70.9% undergraduates, 16.47% associate degree students, 9.35% master's students, and 3.28% doctoral students, whereas Kazakhstan reports 90.84% undergraduates, 6.62% master's students, and 0.77% doctoral students (YÖK, 2025; Ministry of Science and Higher Education of the Republic of Kazakhstan, 2025).

The Social Determinants of Health, as a structural lens, offer strong explanatory value for understanding the difficulties international university students encounter in accessing healthcare. Accordingly, this framework serves as the central theoretical foundation of the present study (SDOH). Health inequalities are systematic, unjust, and preventable; they arise from social, economic, and environmental conditions such as income, education, housing, employment, and access to services (WHO, 2008; Marmot, 2017). SDOH frameworks illustrate the influence of larger structures, power dynamics, financial resources, and resource allocation on health (WHO, 2017; Blouin & Chopra, 2009) and have guided public health strategies (such as Healthy People 2030 (European Commission, 2013). Aimed at targeting upstream causes (Phillips, 2005). Although they also have an impact on health, non-social determinants (such as seasonal volatility and regional deficits) are different from socially created mechanisms (Balbus et

al., 2016). However, historically constructed and changing social categories (gender, class, and race) are important channels for allocating resources and opportunities, thereby influencing health outcomes and access to care (Link and Phelan, 1996; Blouin & Chopra, 2009).

While migration theories such as push–pull models or acculturation frameworks are frequently applied in studies of international students, they are less suited to the focus of this research (Lee, 1966; Hossin, 2020). The present study is not concerned with students' migration decisions or broader processes of cultural adaptation, but rather with their access to healthcare as a dimension of structural inequality. For this reason, the analysis is grounded in the framework of the social determinants of health (SDOH), which provides a more appropriate lens for examining how systemic, administrative, financial, linguistic, and cultural factors shape international students' experiences within healthcare systems. Accordingly, this study investigates the barriers international students encounter in accessing healthcare in Türkiye and Kazakhstan, with the intention of identifying both shared aspects and country-specific differences that can inform policy and institutional practices.

This study investigates international students' access to healthcare in Türkiye and Kazakhstan, focusing on systemic processes rather than individual issues. It explores administrative obstacles, financial challenges, informational deficits, linguistic limitations, and cultural disparities, highlighting both similarities and distinctions across two contexts and delineating areas where systems and organizations might enhance support for students.

Data and Methodology

In order to investigate the difficulties international students encounter in obtaining healthcare services in Kazakhstan and Türkiye, this study employed a qualitative research approach. The main goals were to identify parallels and differences between the two contexts, highlight the advantages and disadvantages of each system, and obtain student input on possible solutions. The results should be viewed as preliminary findings that offer insights to guide more thorough future research, as they are based on data gathered from a particular participant group.

A total of 20 international students were interviewed, with an equal distribution of 10 from Türkiye and 10 from Kazakhstan. The students encompassed all ages, genders, disciplines, and institutions, providing a wide array of opinions. In Kazakhstan, the interviews were held in English, the language of instruction for international students, but in Türkiye, they were conducted in Turkish, the language of higher education. All participants demonstrated sufficient proficiency in the interview language to respond comfortably to the questions. Names and other personal details were anonymized in accordance with the confidentiality agreement.

Data were collected through semi-structured individual interviews, conducted both face-to-face and online, depending on participants' availability. Each interview included nine demographic questions and fourteen open-ended questions exploring students' experiences with financial hardships, insufficient information, language obstacles, cultural disparities, and administrative issues. These areas were selected to capture the main potential obstacles faced by international students in accessing healthcare services. Participants were encouraged to provide detailed accounts of their experiences and to reflect on possible improvements.

The interview data were transcribed and processed using MAXQDA software. The analysis commenced with data cleansing and familiarization, subsequently leading to the formulation of a coding structure. Five primary themes, twenty codes, and five sub-codes were identified through iterative evaluation. The frequencies, thematic distributions, and differences between the two countries were analyzed, and the results are conveyed through narrative descriptions and visual representations, including figures.

The study was conducted with strict adherence to ethical standards. Before their involvement, each participant gave written consent after being briefed on the study's objectives. They received guarantees that their answers would be kept confidential and used only for scholarly research. To enhance trustworthiness, reflexivity was maintained during the research process. The researchers acknowledged their own positions as academics working in higher education and reflected on how this perspective might shape data interpretation. Coding decisions were made collectively, and intercoder agreement was pursued to mitigate individual bias. Utilizing MAXQDA helped establish a verifiable record of coding and theme evolution, while credibility was additionally reinforced through the incorporation of direct quotations from participants

to exemplify significant findings. With the methodological framework established, the following section presents the main findings of the study. The results are organized around five central themes: administrative barriers, financial difficulties, lack of information, language barriers, and cultural differences. Each theme is illustrated with participants' narratives and examined comparatively across the two contexts.

The responses of international students in both countries were analyzed using the same thematic framework, which enabled comparative analysis between the two contexts. The two groups were compared to identify significant patterns and differences after the data were categorized and coded. Table 1 provides a summary of the distribution of challenges reported by participants, including the frequency of the main themes, codes, and sub-codes.

Table 1. *Challenges Faced by International University Students Studying in Türkiye and Kazakhstan in Accessing Healthcare Services: Frequency of Variables by Themes, Codes, and Sub-Codes*

Themes	*Codes*	*Sub-Codes*	*International Students in Türkiye*	*International Students in Kazakhstan*	*Total*
Administrative Barriers			9	7	16
	Difficulties Experienced Regarding Waiting Times		5	3	8
	Visited the University Health Services Unit and Experienced Problems		1	3	4
	Did Not Visit the University Health Services Unit		4	1	5
	Visited the University Health Services Unit and Did Not Experience Problems		5	6	11
		Medical assistance is generally accessed through on-campus facilities	3	6	9
		Medical assistance is generally accessed through off-campus facilities	7	4	11
	Did Not Encounter		1	5	6
	Bureaucratic Barriers		3	3	6
		Systemic Weaknesses	4	3	7
Financial Barriers			8	8	16
	Adequate Insurance		0	5	5
	Did Not Encounter		2	2	4
	Treatment Costs		7	8	15
	Limited Insurance		6	2	8
Cultural Differences			3	5	8
	No Difficulties Experienced		7	5	12
	The Healthcare System for International University Students is the Same in Both the Host Country and My Home Country		4	3	7
	The Healthcare System for International University Students in the Host Country is Worse Compared to My Home Country		3	6	9
	The Healthcare System for International University Students in the Host Country is Better Compared to My Home Country		3	1	4
	Discrimination and Prejudice Against International University Students		1	1	2
		exists	9	9	18
		does not exist	1	1	2

... Table 1.

Themes	*Codes*	*Sub-Codes*	*International Students in Türkiye*	*International Students in Kazakhstan*	*Total*
Language Barriers			5	9	14
	exists		5	9	14
	does not exist		5	1	6
Lack of Knowledge Regarding Medical Services			7	3	10
	exists		3	7	10
	does not exist		7	3	10
Total		***257***	**Total**		***257***

Results

To situate the findings, it is important first to describe the characteristics of the students who participated in the study. A total of 20 international students were interviewed, with 10 studying in Kazakhstan and 10 in Türkiye. Participants ranged in age from 18 to 30 years, representing both younger undergraduates and older graduate students. Gender distribution varied notably between the two settings: in Kazakhstan, two women and eight men participated, while in Türkiye, the reverse was true, with seven women and three men. This difference shaped the diversity of perspectives included in the study.

In terms of educational level, participants were spread across undergraduate and graduate programs. In Kazakhstan, most students were in the early years of undergraduate study, though several were pursuing graduate education. In Türkiye, the sample was equally mixed, including undergraduates and master's students. Students were enrolled in a wide range of universities. In Kazakhstan, the majority attended Nazarbayev University (n=6) or Karaganda Medical University (n=4). In Türkiye, the distribution was broader, with students at Gazi University (n=3), Ankara University (n=4), and one each at Ankara Yıldırım Beyazıt University, OSTIM Technical University, and Medipol University. Academically, the participants represented diverse fields such as medicine, molecular medicine, robotics, software engineering, and international relations, reflecting the varied disciplinary backgrounds of international student mobility.

Finally, the length of stay also varied. In Kazakhstan, six students had been enrolled for one to three years, and four for three to five years. In Türkiye, seven students had studied for one to three years, and three for three to five years. These differences illustrate the varied trajectories and stages of adaptation among the students in each context.

Challenges Faced by International University Students in Accessing Healthcare Services

Interviews revealed a range of barriers that hindered international students' access to healthcare in their host countries. Figure 1 presents the five main challenges most frequently discussed: administrative obstacles, financial difficulties, lack of information, language barriers, and cultural differences. These categories correspond to the central themes explored in greater detail in the following sections.

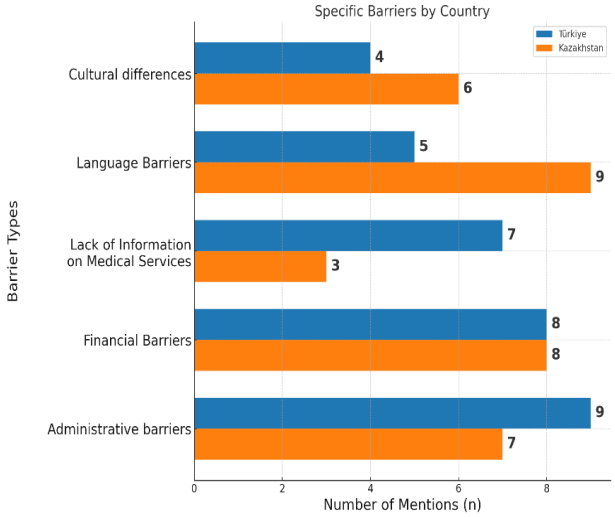

Figure 1. *Challenges Faced by International University Students in Türkiye and Kazakhstan in Accessing Healthcare Services, by Frequency.*

For students in Türkiye, the most frequently cited difficulty was administrative barriers (n=9). Students described being redirected between different units, experiencing long delays, and in some cases, abandoning treatment altogether. In contrast, cultural differences (n=4) were rarely mentioned, suggesting that cultural factors played a limited role in shaping healthcare access in this context.

Overall, the comparative overview presented in Figure 1 highlights that different obstacles dominated in each setting: administrative barriers in Türkiye and language difficulties in Kazakhstan. Additional concerns, including financial strain, inadequate knowledge, and cultural disparities, also emerged, although with differing degrees of intensity. The subsequent sections examine each of these themes sequentially, drawing on students' narratives to demonstrate how these obstacles influenced their daily experiences in accessing healthcare.

Language Barriers

Language emerged as one of the most critical factors shaping international students' access to healthcare. During the interviews, participants spoke candidly about the extent to which communication difficulties limited their ability to navigate healthcare services, explain their needs, and understand medical advice.

Clear differences were observed between the two contexts. Students in Kazakhstan frequently reported language barriers, describing them as one of the main challenges to accessing care, while students in Türkiye mentioned such difficulties less often. For some participants in Türkiye, language issues were temporary, occurring during the early period of adjustment, and improving over time. As one student explained:

KT7: "In my first year, I generally experienced significant difficulties with the language. I usually could not understand anything. For example, when I went to a hospital and they told me, 'go to this department,' I would not even understand where that department was located. Now, I do not face such problems to the same extent. My current difficulties are mostly related to specific words. For instance, if a medical specialist explains something to me about treatment, I generally understand about 90% of it. However, I may not understand the remaining 10%, mainly because those are medical terms. Overall, my language-related challenges stem primarily from not understanding certain medical vocabulary."

By contrast, students in Kazakhstan described language barriers as an ongoing and structural issue in their interactions with healthcare professionals. One participant noted:

KK1: "The main difficulty I encounter in accessing healthcare services in Kazakhstan is the language barrier. I often come across doctors who do not speak English, and this makes it a major challenge to communicate my thoughts accurately."

Institutional and Structural Reasons

This contrast reflects important institutional differences. In Türkiye, international students pursue their studies in Turkish, the official language, which over time helps them acquire sufficient fluency to handle

daily healthcare interactions. In Kazakhstan, however, most international students study in English, which is widely used in academia but far less common in hospitals and clinics. As a result, students often faced situations where doctors could not understand them, creating barriers at the point of care. One participant explained:

KK2: "The primary challenges are generally related to language. For example, about a month and a half ago, I had a tooth extracted here. Before booking the appointment, I was asked whether I spoke Russian or Kazakh. I explained that I could only speak English, as I had arrived just a month earlier. They told me that I would need to bring a native speaker with me because the doctors would not be able to understand me. As a result, I had to take a friend along to every appointment. This was the most difficult part, because if you cannot explain your problem to your doctor, the treatment process becomes truly challenging."

Medical Terminology as a Common Challenge

Even students who generally felt confident in their host country's language reported difficulty with medical terminology. Specialized vocabulary, combined with the stress of a medical encounter, often left students feeling uncertain about their understanding of diagnoses or treatments. These challenges were mentioned in both Kazakhstan and Türkiye, highlighting that language barriers in healthcare extend beyond general communication into the more technical aspects of medical care.

Overall, while some international students reported adjusting to language demands over time, others described language as the single most persistent barrier to accessing healthcare. The contrast between Kazakhstan, where English is the language of study but rarely spoken in hospitals, and Türkiye, where students gradually adapt to Turkish, underscores how institutional language environments shape healthcare experiences. Across both countries, difficulties with medical terminology emerged as a shared obstacle, demonstrating that even students with strong general language skills may struggle in clinical contexts.

Financial Barriers

Financial difficulties were among the most common challenges raised by international students when discussing access to healthcare. Their accounts made clear that financial constraints not only influenced whether they sought treatment, but also shaped the choices they made about where and how to receive care. During the interviews, students emphasized two primary causes of financial hardship: the cost of treatment itself and the limited scope of health insurance coverage.

Students in both Kazakhstan and Türkiye reported struggling with treatment expenses, but the issue appeared more pressing in Türkiye, where many students described paying directly for services even when insured. One participant noted:

KT4: "Although I have private insurance, in some hospitals my policy was not accepted, and I had to cover the expenses out of my own pocket."

Others added that limited coverage often forced them to choose clinics carefully or delay seeking treatment. In Kazakhstan, while treatment costs were acknowledged, they were less frequently described as burdensome. As one student explained:

KK1: "As a student of Nazarbayev University, we have a certain amount of health insurance. Therefore, access to healthcare is not really a major problem, because basic needs are covered by this insurance. For this reason, financial factors do not pose a serious issue."

Insurance coverage emerged as a second major concern, especially in Türkiye. Students described policies that were either not widely recognized or difficult to obtain on time. Missing the three-month window to register for General Health Insurance (GHI) with the Social Security Institution (SGK) created particular problems. One student stated:

KT2: "Because I did not have it done, by the time I went, the monthly fee had increased three to four times. For example, if I had taken out the insurance three months earlier, I would have paid 1,500 TL. But since three months had passed, when I went, they quoted me a price of 6,500 TL."

In Kazakhstan, students generally expressed greater satisfaction with the insurance provided through their universities. Services at *on-campus health* centers were usually included in the coverage, reducing the need for out-of-pocket expenses. Another participant explained:

KK3: "I make use of the healthcare services offered by the university. These services are covered by my insurance and are included within the scope of the free healthcare services provided by the university."

While finances were central to these accounts, they were often discussed alongside broader reflections on the quality and trustworthiness of healthcare systems. Several Kazakh participants, for example, emphasized that although local insurance reduced costs, they still preferred to seek treatment in their home countries, particularly in India, where they felt more confident in the medical system. One student explained:

KK3: "Medical practices in India are generally in line with the rest of the world; the Western system is taken as a model. However, the situation here is different. The system is more influenced by Russia. For example, in India, even for a minor cold, quite strong medications are prescribed, whereas here such conditions are approached more mildly. The medical approach in India has been shaped by the high population density. Here, a more immunity-focused approach is adopted. Even though my own country is not in a very good economic condition, I actually think that its healthcare services are quite good."

These comparisons suggest that financial concerns were sometimes compounded by perceptions of quality and familiarity. Not all participants reported financial challenges. Three Turkish students and one Kazakh student stated that they had not experienced difficulties paying for care. These accounts highlight that while financial barriers were widespread, they were not universal and depended on individual circumstances, insurance status, and personal healthcare choices.

Overall, financial barriers played a central role in shaping students' access to healthcare, though their impact varied across countries. In Türkiye, treatment costs, combined with gaps in insurance coverage, were especially burdensome, leading some students to pay out of pocket or miss opportunities for affordable coverage. In Kazakhstan, university-provided insurance eased many financial pressures, though some students nevertheless preferred to seek treatment in their home countries.

Administrative Barriers

As noted above, administrative issues emerged as one of the most significant challenges for international university students in Türkiye, whereas for students in Kazakhstan, they were described as a more moderate concern. Still, across both contexts, students highlighted how administrative barriers, ranging from appointment delays to bureaucratic procedures and uneven university support, affected their ability to access timely care.

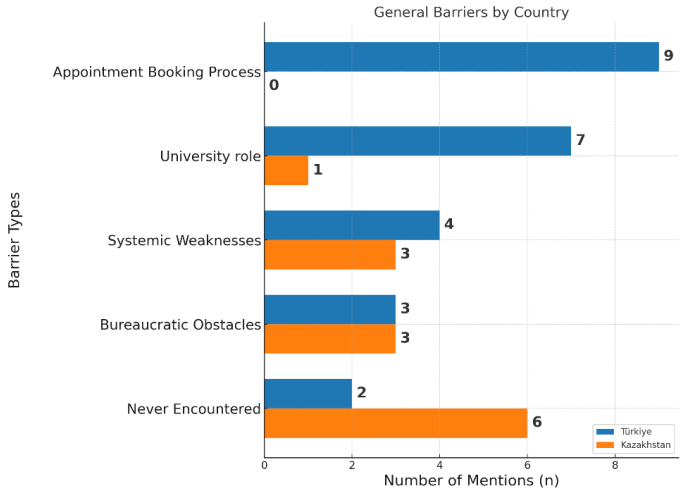

Figure 2. *Administrative Obstacles Faced by Students Studying in Türkiye and Kazakhstan*

As shown in Figure 2, the most frequently reported difficulty was related to appointment scheduling and long waiting times (n = 9). This issue was raised predominantly by Turkish students, while none of the Kazakh participants mentioned it as a problem. One Turkish student illustrated the challenges:

KT6: "In my opinion, access to healthcare services in Türkiye is quite challenging because doctors and specialists are distributed across different hospitals and clinics. For instance, you may be able to get a dental filling at one hospital, but for a tooth extraction, you might have to go elsewhere. This leads to a loss of time and complicates the process. In Russia, however, most services are usually provided in a single location, which makes the process more organized and faster. Furthermore, in Türkiye, it is difficult to receive an immediate consultation when experiencing pain. You need to make an appointment, and

sometimes that appointment is scheduled a week later. In Russia, if you go to a clinic and indicate that your tooth is in pain, they may exceptionally accommodate you and provide an immediate examination."

Others added that waiting times were so long that they preferred to return to their home countries for treatment. The role of universities (n=7) was another recurring theme. Several Turkish students reported insufficient support or guidance when seeking healthcare, while a smaller number of Kazakh students mentioned the opposite, noting that their universities provided coordination centers and advisory services that helped them navigate the system. One Turkish participant explained:

KT4: "Last year, in an emergency, I went to the nearest hospital, and it turned out that I did not have a registered residence. As a result, I was unable to benefit from free health insurance and could not receive a medical examination."

This contrast highlights the unevenness of institutional support, both between and within countries. Concerns about weaknesses in the healthcare system (n=4) were raised in both contexts, though slightly more often in Kazakhstan. Students described outdated procedures, shortages, and inefficiencies that made even simple treatments more complicated. One Kazakh student explained:

KK6: "I once had a fever and went to the university health center. The medication cost only 100 tenge. But before receiving the medicine, I was told I had to see a doctor for a prescription, get it stamped and signed. So, I had to wait there for several hours. Eventually, I paid out of pocket and received the medication directly because I was constantly being referred to different offices, which took up a lot of my time."

Such accounts reveal how systemic inefficiencies can turn routine care into a time-consuming process. Finally, students described bureaucratic obstacles (n=3), which were mentioned in both Türkiye and Kazakhstan. Complex paperwork, unclear regulations, and repeated referrals created additional barriers. As one Kazakh student noted:

KK1: "The main bureaucratic obstacle to receiving medical assistance is sometimes being referred to clinics outside the university. This can be problematic for international students like me because navigating an off-campus clinic can be more difficult."

Overall, administrative barriers were cited more frequently in Türkiye, especially regarding appointment systems and waiting times, while in Kazakhstan, students tended to emphasize systemic weaknesses and bureaucratic procedures. These challenges left many feeling that healthcare access was fragmented and inefficient, although a minority reported positive experiences when universities provided guidance and coordination.

Cultural Differences

Cultural differences were identified as a potential challenge for international students when accessing healthcare services in their host countries.

Kazakhstan

In Kazakhstan, cultural differences were more frequently reported. Five out of ten students indicated that cultural factors hindered their access to healthcare, often due to language and communication barriers. One student explained:

KK2: "Yes, there are many differences. The system in Pakistan is quite different from here. For instance, in countries like Vietnam or Taiwan, there are people in hospitals who speak English and can guide you. I think at least some staff in Kazakhstan should also be able to speak English."

Students also compared the quality of healthcare services to their home countries. Six students regarded Kazakhstan's system as worse, three considered it similar, and only one perceived it as better. One participant noted:

KK9: "If I were to compare Kazakhstan with my home country, India, I would prefer India."

Reports of discrimination were rare, though one student did describe instances of racism:

KK9: "Yes, in some cases we faced difficulties such as racism. Because we are Indian, we are sidelined and not treated properly."

Türkiye

Among students in Türkiye, cultural differences were less often described as obstacles. Only three out of ten students reported such issues, while most stated that they did not face cultural difficulties. One student explained:

KT8: "No. I do not believe there has been any discrimination in any way."

When comparing healthcare services to their home countries, students expressed mixed views: four found the system similar, three considered it worse, and three evaluated it as better. As in Kazakhstan, explicit reports of discrimination were limited. Most students emphasized that they had not faced prejudice. One student noted:

KT6: "I have never encountered obstacles such as discrimination or prejudice."

Only one student described an instance of discrimination, though these experiences were generally presented as isolated perceptions rather than systemic practices. Overall, the findings suggest that cultural differences were more frequently associated with healthcare access challenges in Kazakhstan than in Türkiye. While language and communication barriers were central in Kazakhstan, students in Türkiye reported fewer cultural obstacles. In both settings, explicit experiences of discrimination were rare, and most students emphasized that healthcare professionals demonstrated professionalism and respect.

Proposed Changes by International University Students in Türkiye and Kazakhstan to Improve Access to Healthcare Services

Participants in the interviews not only described their experiences with accessing healthcare services in the countries where they studied but also shared their views on the types of changes that could facilitate easier access for international university students. The data illustrated in Figure 3 highlight several key areas, with priorities differing between Kazakhstan and Türkiye.

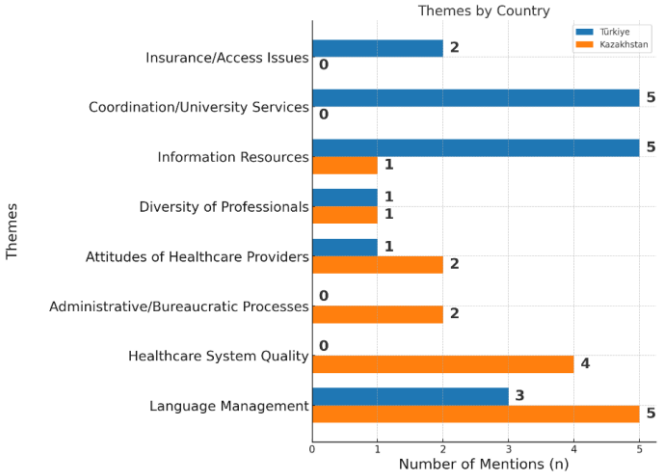

Figure 3. *Potential Changes to the Healthcare System Suggested by International Students in Türkiye and Kazakhstan to Improve Access to Healthcare Services*

Kazakhstan

For students in Kazakhstan, the most frequently mentioned issue was the management of language barriers (n=5). Communication difficulties between international students and healthcare professionals were regarded as the most decisive factor influencing access to quality care. Language challenges prevented students' needs from being fully understood and hindered the delivery of appropriate medical services. One participant noted:

KK1: "One important measure I would suggest to facilitate international students' access to healthcare services is enabling students to consult with doctors who speak English. This would make communication much easier. Additionally, finding ways to encourage international students to access healthcare services is crucial, because consulting someone whose language you do not know can sometimes discourage you, prompting you to seek alternative options."

Another student similarly emphasized the need for more English-speaking staff and language training for doctors (KK2). The second most significant theme was the simplification of administrative and

bureaucratic procedures (n=2). Students described bureaucratic obstacles as a central challenge that delayed or restricted access to healthcare. As one participant emphasized:

KK6: "If we are covered by insurance, a type of card or prescription system could be developed. This would prevent us from having to go back and forth continuously between the clinic and the doctor to obtain medication, which is very time-consuming. Additionally, medical forms could be prepared in two languages (English and the local language). Most medical reports are written in Kazakh or Russian, which we find difficult to understand. At the very least, an option could be provided for reports to be available in English. Such arrangements would be very helpful."

Students also pointed to the need for improvements in the overall quality of the healthcare system (n=4), including infrastructure and the competencies of healthcare professionals. Similarly, the attitudes of healthcare staff (n=2) were seen as barriers, underscoring the need to strengthen cultural sensitivity. As one student succinctly stated:

KK9: "Furthermore, people in Kazakhstan should be less prejudiced."

Finally, although less frequently mentioned, the diversification of healthcare personnel (n=1) was highlighted as a possible way to overcome cultural and linguistic barriers.

KK4: "I believe that the diversity of healthcare personnel should be increased. Medical staff with international experience can better meet the diverse needs of students."

Türkiye

In Türkiye, students emphasized a different set of priorities. The most frequently mentioned areas were the improvement of coordination services within universities (n=5) and the creation of accessible information resources (n=5). These findings reflect strong expectations for institutional support in helping international students navigate the healthcare system. As one participant noted:

KT6: "I would suggest establishing support centers in hospitals or universities to facilitate easier access to healthcare for international students, as currently no such provision exists. These centers could inform students about available healthcare options, how insurance works, and how to make appointments. Additionally, simplifying the system by consolidating all treatment services in one location could also be beneficial."

Another participant highlighted the need for clear and reliable guidance.

KT4: "First, I would like the provision of clearer and more easily accessible information."

Although less frequently reported, language barriers (n=3) still continued to affect some students' experiences in Türkiye. As one participant suggested:

KT9: "It would be very helpful if each university had someone in its hospitals who could assist international students in English, as students coming from other countries generally speak English."

Other issues were mentioned by only a few students, including the attitudes of healthcare professionals (n=1) and concerns regarding health insurance and access restrictions (n=2). One participant emphasized the challenges faced by younger students:

KT3: "In my opinion, the first issue that needs to be addressed is the removal of the age limit of 18 for medical insurance, as there are students under 18. Additionally, even when international students use medical insurance, they still have to pay fees. I think eliminating this requirement would be beneficial."

Another participant remarked on the attentiveness of healthcare professionals:

KT4: "I would have liked [healthcare staff] to be more attentive."

Coordination services and informational support for international students in Türkiye continue to play a crucial role in facilitating access to healthcare services. While language and behavioral issues stemming from healthcare professionals are significant, they remain secondary in their overall impact.

This study explored the barriers international students face in accessing healthcare services in Türkiye and Kazakhstan through a qualitative research approach involving 20 participants. Not intended for generalization, the study sheds light on differences in experiences between the two countries and the reasons behind them. In Kazakhstan, language barriers emerged as the primary issue, whereas in Türkiye, students emphasized the importance of coordination services within universities. While students in Türkiye highlighted the need to enhance information resources, those in Kazakhstan focused more on the quality

of the system and communication problems. Consequently, the needs and proposed solutions prioritized by students varied between the two countries. Taking them together, these themes point to potential changes in the healthcare system that could facilitate easier access for international university students.

Discussion

This study is a qualitative, preliminary investigation focusing on the individual experiences of 20 international students studying in Türkiye and Kazakhstan. The primary aim was to understand the nature of administrative, linguistic, cultural, and informational barriers to accessing healthcare services, as well as the impact of these barriers on the perceived accessibility and quality of such services. The study applied the Social Determinants of Health framework to analyze these findings, which conceptualizes barriers not as isolated adjustment difficulties but as structural inequalities shaped by institutional and systemic contexts.

The data were examined in relation to students' interactions with healthcare institutions, experiences with language obstacles, insurance policies, and the extent of information provided. The study compared the healthcare systems of both countries, revealing parallels and contrasts that offer insights into opportunities for mutual learning and the improvement of health policy. This framework selection is crucial, as alternative methodologies, such as push–pull migration models or acculturation theories, predominantly emphasize the reasons for student migration or their cultural adaptation rather than examining how systemic configurations of resources, procedures, and information dissemination affect healthcare access.

According to the findings higher education policies should be shaped with consideration for country-specific dynamics. For Kazakhstan, strengthening financial support programs and developing strategies to enhance academic reputation are recommended, whereas for Türkiye, increasing financial incentives to expand educational opportunities is advised. The research indicates that cultural context significantly influences students' choice of study destinations, with living and educational conditions playing a crucial role in these decisions. Considering these elements may facilitate the formulation of more effective internationalization initiatives and the establishment of policies that more effectively meet the genuine needs of international students. The SDOH perspective provides explanatory depth, emphasizing that students' decisions and experiences are intertwined with broader economic and policy contexts.

Based on interviews conducted with 20 international students studying in Türkiye and Kazakhstan, the study found that the primary challenges for students in Türkiye were related to administrative procedures and inter-institutional referrals, while in Kazakhstan, the main issue was the language barrier. In Kazakhstan, university notifications helped reduce information disparities about healthcare, but students in Türkiye were required to acquire this information independently. Despite the high cost of treatment in both countries, students in Kazakhstan expressed satisfaction with their insurance coverage, whereas those in Türkiye reported higher out-of-pocket expenses. From an SDOH viewpoint, these disparities illustrate how institutional frameworks, including insurance systems, communication channels, and bureaucratic processes, serve as upstream determinants influencing access, rather than relying solely on individual adaptability to shape student outcomes.

Administrative challenges were less prevalent in Kazakhstan; however, cultural differences had a greater impact compared to Türkiye. The nature of the challenges also varied according to students' nationality and length of stay in the host country. The results highlight that language problems continue to be a major impediment to healthcare access for international students. Insufficient language skills hinder effective communication with healthcare professionals, resulting in misunderstandings, administrative delays, and delayed or substandard treatment. Although migration frameworks may elucidate these dynamics through cultural distance or adaptation challenges, the SDOH perspective underscores that insufficient institutional support, exemplified by the lack of translation services, transforms a linguistic gap into a structural impediment. The establishment of medical language training programs, the provision of multilingual health information resources, and the enhancement of interpretation and counseling services are essential initiatives in both Türkiye and Kazakhstan.

Interviews with 20 international students revealed that consistent information from universities in Kazakhstan mitigates knowledge deficiencies about healthcare services, whereas students in Türkiye generally obtained this information independently, frequently encountering administrative obstacles, especially concerning insurance applications and appointment scheduling. Students in Kazakhstan indicated satisfaction with their insurance coverage, whilst those in Türkiye reported higher expenses. This disparity

demonstrates that differences in institutional accountability, rather than individual student behavior, shape experiences of healthcare access, further emphasizing the relevance of the SDOH framework.

Findings from the literature indicate that the challenges faced in both countries align with global trends, including a lack of information, complex procedures, high costs, and long waiting times. Interviews revealed that students in Kazakhstan perceived cultural differences more strongly than their counterparts in Türkiye and evaluated the healthcare system more negatively. In contrast, opinions among students in Türkiye were more diverse; some expressed satisfaction with the system, while others considered healthcare in their home countries to be of higher quality.

Furthermore, in Kazakhstan, students from countries such as India, Nigeria, and Russia experienced more pronounced linguistic, financial, and administrative barriers, whereas those from culturally and linguistically similar countries, such as Kyrgyzstan and Azerbaijan, reported fewer difficulties. The findings underscore the need to enhance information and communication support, simplify administrative procedures, and develop culturally sensitive service models to improve healthcare access for international students. By embedding the analysis within the SDOH framework, the study demonstrates that these variations are not random outcomes of personal adaptation but reflections of systemic arrangements that structure access. This strengthens the argument that addressing inequalities requires institutional reforms rather than expecting students to individually overcome such barriers.

Conclusion

The experiences of international students in Türkiye and Kazakhstan demonstrate that access to healthcare is influenced by structural factors rather than individual choices when viewed through the lens of the Social Determinants of Health. The most fundamental obstacles for students in both countries were the complexity of bureaucratic procedures and language barriers, as indicated by the interview findings. Nevertheless, the nature and intensity of these barriers differed between the two contexts. In contrast to students in Türkiye, who faced these challenges less intensely due to cultural and linguistic proximity, students in Kazakhstan encounter significant language difficulties and administrative confusion when navigating the healthcare system. However, complex administrative procedures and inadequate information provided by universities in Türkiye also posed significant obstacles to healthcare access.

This research illustrates that the access of international students to healthcare in Türkiye and Kazakhstan is influenced less by individual adjustment and more by systemic arrangements, particularly those related to language, insurance, and institutional support. Scholarship recipients in both countries faced fewer obstacles as a result of financial and administrative facilitation. However, self-funded students experienced more complex procedures and higher costs in comparison. These results emphasize the necessity of overcoming structural obstacles by ensuring that information is provided in multiple languages, administrative procedures are simplified, and insurance coverage is equitable.

By applying the Social Determinants of Health framework, the study contributes a structural perspective that moves beyond cultural adaptation models, emphasizing how institutional design and policy environments shape students' health outcomes. Future research should build on these preliminary findings with larger samples and comparative analyses across additional national contexts. Pursuing this direction would shed further light on how higher education internationalization and healthcare policy intersect, and how universities and governments can collaborate to promote both equity and well-being for international students.

Recommendations

Improving international students' access to healthcare in Türkiye and Kazakhstan requires acknowledging country-specific challenges and adapting positive practices between the two contexts. Findings from 20 participants, while not intended for generalization, offer preliminary insights for future research.

1. Language and communication barriers: Language obstacles are the primary challenge in Kazakhstan, but are less significant in Türkiye. Recommended measures include mobile translation applications, professional interpreter services, volunteer student support groups, online appointment systems, and language courses focused on medical terminology.

2. Financial barriers: High healthcare and insurance costs are a major issue in both countries. Proposed solutions include expanding insurance coverage, introducing subsidized healthcare programs, and establishing partnerships with medical institutions to reduce expenses.

3. Information support: Türkiye could adopt Kazakhstan's university-based information practices as an example. Regular information sessions, multilingual materials, surveys, and dedicated advisory units could enhance students' access to healthcare services.

4. Administrative barriers: Simplified and digitized application procedures could shorten waiting times. Collaboration between universities and consulates may help address administrative challenges.

5. Cultural differences: Strategies should be adapted to students' cultural and religious sensitivities. Examples include providing female physicians for female students and offering culturally tailored counseling services.

In conclusion, exchanging best practices between the two countries can facilitate the development of a more holistic and effective healthcare access system for international students.

Ethical Declaration

During the writing process of the study titled "*Structural Challenges to Healthcare Access: A Comparative Analysis of International Students in Türkiye and Kazakhstan*" scientific, ethical, and citation principles were followed. No falsification was made to the collected data, and this study has not been submitted to any other academic publication medium for evaluation. In addition, permission was obtained from the Ankara Hacı Bayram Veli University of Ethics Committee (Date: 23/10/2024 and Meeting no: 11 and Research code 2024/399) to conduct the research.

Etik Beyan

"Uluslararası Öğrencilerin Sağlık Hizmetlerine Erişimi: Kurumsal Engeller ve Yapısal Çözüm İhtiyacı" başlıklı çalışmanın yazım sürecinde bilimsel kurallara, etik ve alıntı kurallarına uyulmuş; toplanan veriler üzerinde herhangi bir tahrifat yapılmamış ve bu çalışma herhangi başka bir akademik yayın ortamına değerlendirme için gönderilmemiştir. Gerekli olan etik kurul izinleri Ankara Hacı Bayram Veli Üniversitesi Etik Kurulu'nun 23.10.2024 tarih ve 11 sayılı toplantısında alınmıştır (Araştırma kodu: 2024/399).

Statement of Contribution Rate of Researchers

Madina KONAKBAYEVA, the first author of this study, contributed to the literature review, fieldwork, and data entry, completing 70% of the work. Serra Sevde Hatipoğlu contributed to the literature, data analysis, and theoretical framework, contributing 30%.

Araştırmacıların Katkı Oranı Beyanı

Bu çalışmanın ilk yazarı olan Madina KONAKBAYEVA çalışmanın literatür taraması, saha çalışması, veri girişi konusunda katkıda bulunuş ve çalışmanın %70`ini tamamlamıştır. Serra Sevde Hatipoğlu literatür, veri analizi ve teorik çerçeve konusunda katkı sağlayarak çalışmaya %30 oranında katkıda bulunmuştur.

Declaration of Conflict

There are no potential conflicts of interest related to this study.

Çatışma Beyanı

Araştırmacıların araştırma ile ilgili diğer kişi veya kurumlarla çıkar çatışmaları yaşayabileceği bir durum yoktur.

Not

Bu çalışma birinci yazarın ikinci yazar danışmanlığında hazırladığı yüksek lisans tezinden geliştirilmiştir.

Note

This study was developed from the master's thesis prepared by the first author under the supervision of the second author.

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GENİŞLETİLMİŞ ÖZET

1990'lı yıllarda yükseköğretim kurumlarının finansmanı ve yönetimi, küresel gündemin merkezine yerleşmiş; politika yapıcılar, araştırmacılar ve uluslararası kuruluşlar nezdinde artan bir ilgi görmüştür. Bu artan ilginin temelinde, yükselen kayıt talepleri, hükümetlerin karşı karşıya kaldığı mali kısıtlar ve üniversitelerin küresel bilgi ekonomilerindeki değişen rolleri yatmaktadır. Ülkeler arasındaki siyasal-ekonomik yapılar, eğitim gelenekleri ve teknolojik gelişmişlik düzeylerindeki farklılıklara rağmen, bu dönemde yükseköğretim sistemlerindeki reform girişimleri belirli bir yakınsama ve benzer yönelimler sergilemiştir (Johnstone, 1998). Bu yakınsamalar tesadüfi olmayıp, Ekonomik İşbirliği ve Kalkınma Örgütü (OECD, 1987, 1989, 1990, 1998) ile Dünya Bankası'nın (1994, 1997) stratejik gündemlerinden önemli ölçüde etkilenmiştir. Söz konusu kuruluşlar, yaşam boyu öğrenme modellerine yönelimi teşvik etmiş ve piyasa odaklı, mali açıdan özerk, hesap verebilirlik, verimlilik ve yenilikçilik esaslı yükseköğretim sistemlerini desteklemiştir. Bu dönüşüm sürecinde yükseköğretimin küreselleşmesi yeni dinamikleri de beraberinde getirmiş; bunlardan biri de öğrencilerin sınır ötesi hareketliliğinin artması olmuştur. Üniversiteler uluslararasılaşma hedefleri doğrultusunda farklı kültür ve ülkelerden öğrenci çekmeye odaklanmışlardır. Ancak bu uluslararasılaşma süreci, beraberinde yeni sorunları da getirmiştir. Bunların başında, uluslararası öğrencilerin yeterli sağlık hizmetlerine erişimi gelmektedir. Akademik destek mekanizmaları üniversite yapısına görece daha kolay entegre edilebilmesine karşın, sağlık hizmetleri genellikle ulusal politikalar, idari prosedürler ve kültürel normlarla kesişmekte; bu durum ise yeni gelen öğrenciler açısından zorluklar yaratmaktadır. Uluslararası öğrenciler, ev sahibi ülkelere sosyo-ekonomik ve akademik katkı sağlamakla birlikte, temel sağlık haklarına erişimleri yeterince araştırılmamış bir alandır. Öğrenci refahının akademik başarı ve devamlılık üzerindeki kritik önemi bilinmesine rağmen, sağlık hizmetlerine erişimde karşılaştıkları engeller çoğu zaman politika tartışmalarında ve kurumsal planlamalarda göz ardı edilmektedir. Sağlık hizmetlerine erişim hususunda göz ardı edilen bu konuyu daha iyi anlayabilmek amacıyla bu çalışmada, Kazakistan ve Türkiye örneklerinde uluslararası öğrencilerin sağlık hizmetlerine erişimini ve bu hizmetlerin etkinliğini incelemektedir. Kazakistan ve Türkiye'nin çalışmada örneklem ülkeleri olarak seçilmesinin nedeni, her iki ülkenin de yükseköğretimin uluslararasılaşmasına güçlü biçimde destek vermesi ve farklı ülkelerden artan sayıda uluslararası öğrenciye ev sahipliği yapmasıdır. Ayrıca, Avrupa ve Asya'nın kesişim noktasında yer almaları, özellikle Orta Asya, Orta Doğu ve Afrika'dan gelen öğrenciler için cazip bir konumda bulunmalarını sağlamaktadır. İkinci olarak, sağlık sistemlerindeki yapısal farklılıklar kamu sigortası modellerinden özelleşme düzeylerindeki çeşitliliğe kadar kurumsal tasarımın öğrenci sağlık hizmetlerine erişim üzerindeki etkilerini değerlendirmek için karşılaştırmalı bir çerçeve sunmaktadır. Son olarak, her iki ülke de yükseköğretim ve sağlık politikalarında benzer geçiş süreçlerinden geçen diğer ülkeler için anlamlı karşılaştırmalar yapılmasına olanak tanıyabilecek sosyo-politik ve ekonomik özellikler barındırmaktadır. Araştırma, Kazakistan ve Türkiye'deki uluslararası üniversite öğrencilerinin sağlık hizmetlerinden yararlanırken karşılaştıkları engelleri, özellikle idari prosedürlerin karmaşıklığı, dil yeterliliği, mali kısıtlar, erişilebilir bilgi eksikliği ve ev sahibi ülkenin tıbbi uygulamalarına kültürel yabancılık gibi faktörleri odağa alarak incelemiştir. Nitel araştırma yöntemi kullanılarak, Kazakistan'dan 10 ve Türkiye'den 10 olmak üzere toplam 20 uluslararası öğrenciyle yarı yapılandırılmış mülakatlar gerçekleştirilmiştir. Kazakistan'daki mülakatlar İngilizce, Türkiye'deki mülakatlar ise katılımcıların dil yeterlilikleri dikkate alınarak Türkçe yapılmıştır. İngilizce yürütülen tüm mülakatlar, analizde tutarlılık sağlamak amacıyla Türkçeye çevrilmiştir. Toplanan veriler, MAXQDA nitel veri analiz yazılımı ile tematik kodlama ve karşılaştırmalı analiz yöntemiyle değerlendirilmiştir. Karşılaştırmalı analiz sonuçları, iki ülke arasında hem ortak hem de farklı deneyimlerin varlığını ortaya koymuştur. Kazakistan'da en belirgin engel dil bariyeri olarak öne çıkmıştır. İngilizce konuşabilen sağlık personelinin sınırlı olması nedeniyle öğrenciler, sağlık sorunlarını aktarmakta güçlük çekmiş; bu durum yanlış anlamalara, hatalı teşhislere veya tedavi gecikmelerine yol açmıştır. Bazı üniversiteler çeviri desteği sağlasa da bu uygulama kurumlar ve bölgeler arasında tutarlı değildir. Türkiye'deki uluslararası öğrenciler ise, önceden Türkçe öğrenmiş olmaları durumunda, dil açısından görece daha az sorun yaşamış; ancak sağlık kurumlarındaki bürokratik engellerle karşılaşmışlardır. Kayıt prosedürleri, sigorta belgeleri ve temel sağlık hizmetlerine erişim için gerekli idari süreçlerdeki belirsizlikler öğrenciler için zorluk yaratmıştır. Üniversitelerin rolü de iki ülke arasında farklılık göstermektedir. Kazakistan'daki üniversitelerin, sağlık konularında irtibat sağlayan uluslararası ofisler gibi daha yapılandırılmış destek mekanizmalarına sahip olduğu görülürken, Türkiye'deki üniversiteler arasında destek düzeyleri bakımından büyük çeşitlilik bulunmaktadır. Bazı üniversiteler sağlık hizmetlerine erişim konusunda detaylı oryantasyonlar ve kılavuzlar sunarken, bazıları öğrencileri kendi başlarına sistemde yol almaya bırakmaktadır. Her iki ülkede de mali engellerin varlığı dikkat çekmiştir.

Kazakistan'da, sigorta kapsamı dışında kalan hizmetler için öğrenciler kendileri ödeme yapmak zorunda kalmış; bu durum mali yük oluşturmuştur. Türkiye'de ise teorik olarak birçok hizmet, Genel Sağlık Sigortası (GSS) kapsamında yer almakla birlikte, öğrenciler kayıt işlemlerinde sorun yaşamış veya kapsam hakkında yeterli bilgiye sahip olamamıştır. Bulgulara dayanarak, her iki ülkede uluslararası öğrencilerin sağlık hizmetlerine erişimini artırmak için kanıta dayalı öneriler geliştirilmiştir. Bunlar arasında çok dilli kampüs sağlık danışma merkezleri kurulması, erişilebilir özel sağlık sigortası paketlerinin tasarlanması ve bunların açık biçimde tanıtılması, ayrıca üniversiteler ile sağlık otoriteleri arasında iş birliğinin güçlendirilmesi yer almaktadır. Bunun yanı sıra, üniversiteler sağlık farkındalığı programlarını öğrenci yaşamı faaliyetlerine entegre ederek, seminerler, bilgilendirme çalıştayları ve öğrenci liderliğinde oturumlar yoluyla öğrencilerin bilinçli sağlık kararları alabilmeleri hedeflenmelidir. Uluslararası öğrencilere hizmet veren sağlık kurumlarında tercüman hizmetleri ve çok dilli kılavuzların standart hale getirilmesi de öneriler arasındadır. Sonuç olarak, çalışma uluslararası öğrencilerin sağlık hizmetlerine erişimde karşılaştıkları çok boyutlu sorunlara dikkat çekmekte ve bu konuda reformların gerekliliğini vurgulamaktadır. Eşit sağlık hizmeti erişimi, halk sağlığı ve insan hakları kadar akademik başarı ve kurumsal itibar açısından da kritik öneme sahiptir. Kazakistan ve Türkiye örnekleri, yapısal ve deneyimsel engellerin anlaşılması ve öğrenci refahını iyileştirecek uygulanabilir önerilerin geliştirilmesi için önemli bir çerçeve sunmaktadır.