The Role of Public Administration and University Practices in International Students' Access to the Right to Health in Türkïye: An Evaluation from the Perspective of Turkish Law

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ABSTRACT

In recent years, Türkiye has become a significant destination for international students within the framework of higher education internationalization policies. This development has transformed international students' access to healthcare services from a social policy concern into an issue with important legal, administrative, and educational policy dimensions. This study aims to evaluate international students' access to the right to health within the framework of Turkish law and to examine how public authorities and higher education institutions shape this access in practice. The study adopts a socio-legal research design based on normative legal analysis and qualitative document review. The normative legal analysis examines the Constitution of the Republic of Türkiye, Higher Education Law No. 2547, Social Insurance and General Health Insurance Law No. 5510, Foreigners and International Protection Law No. 6458, and relevant secondary legislation. The qualitative document review was carried out through Atlas.ti, and analyzed institutional documents published by public authorities and universities, including guidelines, announcements, student guides, and web-based information materials related to general health insurance, healthcare access procedures, and psychosocial support. Findings indicate that although international students' right to health is legally guaranteed to a considerable extent, access to healthcare services is shaped by general health insurance requirements, residence permit-related obligations, time-sensitive procedures, and administrative processes. The study argues that effective access requires not only legal guarantees but also accessible, student-centered, and standardized institutional practices.

Keywords— access to healthcare, general health insurance, international students, Turkish administrative law, university practices.

I. INTRODUCTION

Over the past few decades, Türkiye has transformed into a primary hub for global higher education, driven by strategic internationalization initiatives, state-funded scholarship programs, and shared cultural ties (Beşe & Avşar, 2025; Dogutas, 2024; Konakbayeva & Hatipoğlu, 2025). As reported by the Council of Higher Education (CoHE), the country's international student population has reached to 350,000 individuals (Council of Higher Education, 2025). Therefore, evaluating how this demographic navigates health services and social welfare has become a vital field of academic inquiry (Konakbayeva & Hatipoğlu, 2025; Öktem & Çiftçi, 2024). Although these students enrich the host country's academic environment and economy, they frequently encounter an array of systemic, linguistic, socioeconomic, and cultural obstacles (Gündüz & Alakbarov, 2019). Moreover, these challenges severely impede their ability to achieve equitable access to healthcare and successful social integration (Demir et al., 2025; Dogutas, 2024).

In the context of the legal framework and health insurance coverage, Türkiye has established a comprehensive legal framework guaranteeing the right to healthcare for all individuals within its borders (Beşe & Avşar, 2025). For international students, healthcare access is primarily provided through the General Health Insurance (GSS) system, which requires registration within the first three months of university enrollment. However, the General Health Insurance enrollment process is often found to be highly challenging for international students due to the complex bureaucratic procedures, systemic language obstacles, and a deficit of clear, accessible information (Konakbayeva & Hatipoğlu, 2025). In addition, students who fail to register within the prescribed period become ineligible for the standard GSS scheme and are often required to pay substantially higher premiums or purchase costly private health insurance. Moreover, even insured students have reported difficulties accessing healthcare services, with some incurring significant out-of-pocket expenses despite their insurance coverage (Öktem & Çiftçi, 2024).

Even when international students successfully secure legal medical coverage, they regularly confront a variety of administrative and structural barriers in healthcare. Among these logistical hurdles are complex medical appointment booking systems, extended wait times, and a fragmented service model that frequently redirects patients back and forth between various clinical units (Konakbayeva & Hatipoğlu, 2025).

A primary driver behind these barriers is a lack of institutional orientation and clear information. Existing research demonstrates that a significant portion of the international student population remains are poorly informed about the mechanics of the Turkish healthcare system, the specific parameters of their insurance policies, and the way of navigating bureaucratic protocols (Beşe & Avşar, 2025). Furthermore, studies reveal an inverse relationship between a student's duration of stay and their satisfaction with the medical system: as their length of residence in Türkiye increases, their perception of healthcare quality generally tends to decrease, highlighting the systematic frustrations in time (Arslan et al., 2021).

In addition to the lack of informing on the healthcare system of the host country, communication difficulties are also identified as the most critical obstacle to healthcare accessibility of international students by the existing research (Gebru & Yuksel-Kaptanoglu, 2020). Although a significant portion of international students pursues their university degrees in English, the operational language of public hospitals and community clinics is overwhelmingly Turkish (Konakbayeva & Hatipoğlu, 2025). This creates a critical vulnerability, as there remains a profound scarcity of medical staff and administrative personnel fluent in English. This linguistic discrepancy yields critical, negative outcomes for patient care. It frequently results in clinical misdiagnoses, an inability for patients to articulate their symptoms accurately, prolonged delays in receiving necessary medical interventions, and, in severe cases, students completely neglecting their medical needs out of avoidance. Furthermore, during psychiatric evaluations or medical emergencies, clinical scenarios where nuanced, precise communication is absolutely vital, the widespread absence of professional translation or interpretation services leaves international students feeling profoundly alienated, helpless, and disenfranchised by the healthcare system (Gebru & Yuksel-Kaptanoglu, 2020).

Adaptation to a new environment and culture is another factor affecting the access rate of international students to healthcare services. The process of relocating and adjusting to an unfamiliar host country subjects international students to psychological distress, social

isolation, loneliness, and rigorous academic demands (Beşe & Avşar, 2025). Despite being a highly vulnerable demographic, their engagement with institutional and professional psychological support remains remarkably low.

A comprehensive, multicenter study revealed a stark awareness gap: nearly 46% of university students were entirely unaware of the existence of medical and counseling services on their own campuses; while a mere, 13% had ever actively sought assistance from them (Karadag et al., 2025). Furthermore, rather than pursuing institutional or clinical interventions, international students frequently depend on informal peer support or unhealthy avoidance strategies to manage their psychological challenges (Snoubar, 2017).

Overall, the literature suggests that although Türkiye has become an important destination for international students, their access to health and social rights remains constrained by systemic, linguistic, financial, and sociocultural barriers. Bridging the gap between legal entitlements and actual access requires targeted institutional and policy interventions. These include extending the health insurance registration period, providing multilingual health and counseling services, offering comprehensive orientation programs, and promoting culturally inclusive campus environments that reduce discrimination and facilitate social integration (Aygüler et al., 2024; Beşe & Avşar, 2025; Gebru & Yuksel-Kaptanoglu, 2020; Konakbayeva & Hatipoğlu, 2025).

Addressing this gap, the current study aims to examine the legal regulations concerning the healthcare access of international students in Türkiye, alongside the internal regulations and practices of universities regarding how they inform and assist these students. In doing so, it aims to highlight both the current efforts and the prospective responsibilities of universities in overcoming the challenges students face in accessing to health insurance and healthcare services within their host country. Ultimately, the study seeks to evaluate the adequacy of these health rights from the perspective of international students, analyze how universities fulfill their informational duties, and determine whether they effectively facilitate students' access to these services.

II. CONCEPTUAL AND LEGAL FRAMEWORK

International students' access to the right to health should primarily be examined on the basis of the principles of the social state and the right to health guaranteed under the Constitution. While Article 2 of the Constitution defines the Republic of Türkiye as a social state governed by the rule of law, Article 56 recognizes everyone's right to live in a healthy and balanced environment and imposes upon the State the duty to ensure that everyone maintains their life in conditions of physical and mental well-being and to plan and provide healthcare services (Constitution of the Republic of Türkiye, 1982, Arts. 2, 56). The use of the term "everyone" in these provisions indicates that the constitutional protection afforded to the right to health is, as a general rule, not limited solely to citizens. Nevertheless, Article 16 of the Constitution, which provides that the fundamental rights and freedoms of foreigners may be restricted by law in accordance with international law, establishes a constitutional basis for subjecting international students to legal conditions that may differ from those applicable to citizens (Constitution of the Republic of Türkiye, 1982, Art. 16). Accordingly, international students' access to the right to health should be assessed, on the one hand, within the framework of the social state's positive obligation to provide healthcare services and, on the other hand, in light of the possibility of differentiating the legal status of foreigners by law.

This constitutional framework is further elaborated, in terms of the law governing foreigners, by the Law on Foreigners and International Protection No. 6458. The Law regulates student residence permits for foreigners who intend to pursue higher education in Türkiye and thereby establishes the administrative basis of their lawful residence status in the country (Law on Foreigners and International Protection No. 6458, 2013, Arts. 38-41) Due to the legal relationship established between health insurance and residence status, health insurance coverage constitutes not merely a mechanism for financing healthcare services for international students, but also an administrative element capable of affecting the continuation of their legal status in Türkiye. In this respect, international students' access to healthcare services cannot be considered independently of administrative procedures relating to the legal status of foreigners.

The social security dimension of access to healthcare services is mainly regulated by the Social Insurance and General Health Insurance Law No. 5510. Pursuant to the seventh paragraph of Article 60 of the Law, foreign students studying in Türkiye are considered covered by GSS if they submit a request within the period prescribed by law (Social Insurance and General Health Insurance Law No. 5510, 2006, Art. 60/7). Hence, international students' access to public health insurance coverage is regulated not as an automatic status, but as an entitlement dependent upon compliance with the statutory conditions and application procedures. This arrangement is particularly significant from the perspective of administrative law, since an international student's access to the right to health becomes dependent not only upon the existence of substantive legal rules but also upon the proper and timely completion of application, registration, and other administrative procedures. This relationship between the effective exercise of the right to health and administrative procedures further increases the importance of information and guidance mechanisms for international students.

The position of higher education institutions within this framework should be assessed under the Higher Education Law No. 2547. Article 47 of the Law assigns higher education institutions responsibilities concerning the provision of necessary services for the protection of students' physical and mental health (Higher Education Law No. 2547, 1981, Art. 47). Accordingly, the role of universities in facilitating international students' access to the right to health should not be limited to requesting documentation during enrollment or merely communicating regulations adopted by other public authorities. As public legal entities responsible for the provision of the public service of higher education, universities perform a direct public function in establishing information and guidance mechanisms, medico-social services, and psychological counseling services that facilitate students' access to healthcare. In this context, the responsibilities assigned to universities under Law No. 2547 may be regarded as an institutional manifestation, within the field of higher education, of the State's positive obligations concerning the right to health under Article 56 of the Constitution.

Consequently, under Turkish Law, international students' access to the right to health is shaped not by a comprehensive system regulated under a single statute, but by a multi-layered administrative framework arising from the intersection of the Constitution, legislation governing foreigners, social security legislation, and higher education legislation. Within this framework, the Presidency of Migration Management performs administrative functions concerning students' lawful residence status; the Social Security Institution is responsible for registration and financing procedures relating to general health insurance. Furthermore, universities perform distinct but complementary administrative functions concerning the provision of information and guidance to students and their access to institutional support mechanisms throughout their higher education. Therefore, the effective realization of the right to health depends not only on the legal recognition of the right, but also on ensuring coordination among the relevant administrative authorities and developing clear, accessible, and foreseeable administrative practices that facilitate international students' access to healthcare services.

III. METHODOLOGY

This study adopts a socio-legal research design based on normative legal analysis and qualitative document analysis. The normative legal analysis examines the Constitution of the Republic of Türkiye, Higher Education Law No. 2547, Social Insurance and General Health Insurance Law No. 5510, Foreigners and International Protection Law No. 6458, relevant secondary legislation, and international human rights instruments to which Türkiye is a party. This analysis focuses on the legal framework regulating international students' access to healthcare, general health insurance, residence permit-related health insurance requirements, and access to healthcare services.

The qualitative document analysis examines institutional documents issued by national public institutions and universities. The document set includes materials from the Social Security Institution, the Presidency of Migration Management, CoHE/Study in Türkiye, Türkiye Scholarships/YTB, and selected state universities in Türkiye. University-level documents were collected from institutions located in eleven cities in order to reflect institutional variation across different higher education contexts. These documents include application guides, registration documents, residence permit instructions, health insurance pages, student handbooks, international student guides, and medico-social service pages.

Documents were selected through purposive sampling based on their relevance to international students' access to healthcare in Türkiye, and they were included if they contained information on general health insurance, private health insurance, health insurance obligations, application deadlines, premium payments, residence permit-related health insurance requirements, healthcare access, university health services, medico-social services, emergency healthcare, psychological counselling, or health-related student guidance.

A document pool consisting of 89 institutional documents was created for the qualitative document analysis. Of these documents, 21 were published by national public institutions, while 68 were published by selected state universities. After the initial screening, 37 documents containing directly relevant information were coded in ATLAS.ti, including 11 national-level documents and 26 university-level documents. The coding process produced a total of 59 coded quotations. A summary of the screened and coded documents is provided in Table 1.

TABLE I
DISTRIBUTION OF INSTITUTIONAL DOCUMENTS INCLUDED IN THE QUALITATIVE DOCUMENT ANALYSIS

Source type	**Number of documents in the document pool**	**Number of coded documents**	**Number of coded quotations**
national public institutions	21	11	20
selected state universities	68	26	39
total	89	37	59

The documents were coded using a directed qualitative content analysis approach. The main codes focused on general health insurance, health insurance obligation, application period, premium/payment information, private health insurance, hospital access, emergency healthcare, medico-social services, psychological counselling, health-related guidance, administrative procedures, and institutional responsibilities. Code frequencies were used descriptively to identify the relative visibility of themes across the documents, not as statistical findings. The findings were organized thematically around health insurance as the dominant access mechanism, procedural and obligation-based framing, the role of universities in institutional guidance, access to university-based health services, and the limited visibility of psychological and psychosocial support.

IV. RESULTS AND DISCUSSION

In this chapter, the normative findings on the legal framework and the qualitative findings gathered from the institutional documents are presented.

A. Normative Findings on the Legal Framework

Although international students' access to the right to health is constitutionally guaranteed under Turkish law, the effective exercise of this right largely depends on administrative procedures situated at the intersection of immigration law, social security law, and higher education legislation (Constitution of the Republic of Türkiye, 1982; Higher Education Law No. 2547, 1981, Social Insurance and General Health Insurance Law No. 5510, 2006, Law on Foreigners and International Protection No. 6458, 2013). Article 56 of the Constitution imposes upon the State the duty to ensure that everyone maintains their life in conditions of physical and mental well-being and entrusts public authorities with the planning and provision of health services (Constitution of the Republic of Türkiye, 1982, Arts. 2, 56). Nevertheless, international students' access to healthcare services depends not only on the existence of constitutional guarantees but also on the continuation of their residence status, their inclusion in the social security system, and their compliance with the relevant administrative procedures. In this respect, Law No. 6458 requires foreign nationals pursuing higher education in Türkiye to obtain a student residence permit, which constitutes one of the principal legal instruments ensuring their lawful stay in the country. (Law on Foreigners and International Protection No. 6458, 2013, Arts. 38–41) Furthermore, Law No. 5510 conditions access to healthcare services upon enrollment in the General Health Insurance Scheme and compliance with the statutory requirements

prescribed by law (Social Insurance and General Health Insurance Law No. 5510, 2006).Accordingly, for international students, the right to health cannot be regarded merely as a social right; rather, it has evolved into a multidimensional administrative status shaped by the decisions and practices of various public authorities operating within the fields of residence, social security, and higher education. The principal challenge, therefore, lies not in the formal legal recognition of the right to health but in the coordination deficiencies that arise among different legislative frameworks and administrative institutions. From the perspective of administrative law, and particularly in light of the principles of the social state, legal certainty, and good administration, the effective enjoyment of the right to health depends not only on the existence of normative regulations but also on the fulfillment of the administration's positive obligations to inform, guide, and facilitate access to public services. For this reason, policies concerning international students' access to healthcare should be addressed through a holistic approach that encompasses not only social security considerations but also the right to education, human dignity, and the principle of the social state. In particular, strengthening institutional coordination among the Directorate General of Migration Management, the Social Security Institution, and universities, expanding multilingual information mechanisms, and promoting student-centered administrative practices would constitute significant steps toward enhancing the practical realization of the right to health.

The normative findings establish the formal legal framework regulating international students' access to health-related rights and healthcare services. The following section examines how this framework is reflected, interpreted, and communicated in institutional documents produced by public bodies and universities.

B. Qualitative Findings from Institutional Documents

Although the normative framework provides a formal route to healthcare access through GSS, the institutional documents tend to communicate this access primarily as a time-sensitive administrative procedure rather than as part of a broader rights-based approach to student health.

The qualitative document analysis generated twelve substantive codes concerning the ways in which public institutions and universities communicate international students' access to health-related rights and services in Türkiye. These frequencies are not treated as statistical indicators of legal importance; rather, they show the relative visibility of particular issues within the institutional document set. In this sense, the frequency distribution provides an overview of the dominant and less visible areas in institutional communication on international students' health access.

TABLE II
DISTRIBUTION OF HEALTH-RELATED CODES IN INSTITUTIONAL DOCUMENTS

Code	**National institution documents**	**University documents**	**Total**
general health insurance / gss	10	13	23
insurance obligation	2	12	14
application deadline	4	6	10
medico-social services	2	4	6
private health insurance	0	6	6
emergency healthcare	2	3	5
hospital access	1	4	5
premium/payment information	2	2	4
psychological counselling	0	2	2
financial proof/receipt for health-related procedures	0	2	2
vaccination	0	1	1
communicable disease	0	1	1
total	23	56	79

Note: National institution documents include documents issued by public bodies such as migration, social security, CoHE/Study in Türkiye, and Türkiye Scholarships/YTB sources. University documents include institutional guides, registration documents, residence permit instructions, health insurance pages, and student support/service documents.

As shown in Table 2, health-related codes appeared more frequently in university documents than in national institution documents. This is expected because university documents function as implementation-level guidance for international students, translating national rules into registration, residence permit, insurance, and student service procedures. National institution documents, by contrast, mainly communicate general administrative and legal requirements, particularly in relation to GSS, application deadlines, and premium/payment information. The distribution also shows that some issues, such as private health insurance, psychological counselling, vaccination, communicable disease, and financial proof/receipt for health-related procedures, appeared only in university-level documents.

While Table 2 presents the distribution of health-related codes by document type, Table 3 focuses specifically on university documents and shows how widely each issue appeared across the university sample. This distinction is important because a high number of coded references does not necessarily mean that a topic is addressed by many universities; it may also result from repeated references within a smaller number of institutional documents.

TABLE III
VISIBILITY OF HEALTH-RELATED CODES ACROSS UNIVERSITIES

Code	**Number of universities mentioning the code**	**University-level coded references**
general health insurance / gss	8	13
insurance obligation	6	12
application deadline	6	6
private health insurance	5	6
medico-social services	4	4
hospital access	4	4
emergency healthcare	3	3
premium/payment information	2	2
psychological counselling	2	2
financial proof/receipt for health-related procedures	2	2
vaccination	1	1
communicable disease	1	1

Table 3 shows whether health-related issues were widely distributed across universities or concentrated in a smaller number of institutional documents. General health insurance/gss was mentioned by eight of the eleven universities and had the highest number of university-level coded references, indicating both broad visibility and frequent occurrence. Insurance obligation and application deadline were each mentioned by six universities, although insurance obligation generated more coded references. By contrast, psychological counselling, premium/payment information, and financial proof/receipt for health-related procedures were mentioned by only two universities. This pattern suggests that while insurance-related requirements are relatively visible across university documents, support-oriented and procedure-specific information is less consistently communicated across institutions.

While Table 3 shows the visibility of each health-related code across the university sample, it does not show how comprehensive the guidance of each university was as a whole. Therefore, an additional university-level analysis was conducted to examine the breadth and intensity of health-related guidance within each anonymized university group. The number of distinct health codes indicates how many different health-related issues were addressed by a university, whereas the total number of coded references indicates how frequently these issues appeared in that university's documents.

TABLE IV
VARIATION IN THE BREADTH AND VISIBILITY OF HEALTH-RELATED GUIDANCE ACROSS UNIVERSITIES

University group	Number of distinct health codes	Total coded references
U1	4	9
U2	7	8
U3	6	7
U4	5	6
U5	5	6
U6	4	6
U7	4	4
U8	3	3
U9	3	3
U10	2	2
U11	1	2

Note: Universities were anonymized as U1-U11 to avoid presenting the findings as an evaluative ranking of individual institutions.

Table 4 shows that universities differed considerably in the scope and intensity of health-related guidance. The number of distinct health codes indicates the breadth of issues addressed, while the total number of coded references indicates the visibility of health-related information within the documents. This distinction is important because a single reference to gss as a requirement does not carry the same informational value as a document that also explains application deadlines, premium payments, private insurance, hospital access, or university-based health services. Therefore, the findings suggest that health-related institutional guidance is uneven across universities rather than standardized.

The qualitative document analysis revealed that international students' access to health-related rights and services in Türkiye is predominantly framed through health insurance, particularly general health insurance (GSS). Across the coded documents, references to GSS appeared as the most visible and recurrent theme. This indicates that institutional information on international students' healthcare access is largely organized around whether students have valid health insurance, how they can apply for GSS, and under what conditions they can benefit from health services.

A central finding is that healthcare access is frequently presented as a procedural and time-sensitive process. Several documents state that international students should apply for GSS within three months of their first university registration. SGK-related texts indicate that foreign national students studying in Türkiye may be registered under GSS if they submit a written request to the relevant social security provincial directorate or social security center within this period. Similar wording appears in university-level documents, where students are informed that they can apply to SGK within three months of registration by paying the relevant GSS premium.

This repeated emphasis on the three-month application period suggests that access to health insurance is not presented merely as a general entitlement, but as a right that depends on compliance with specific administrative steps. The documents commonly refer to written applications, student certificates, application deadlines, premium payments, and the responsible administrative offices. Therefore, access to healthcare is mainly constructed through procedural requirements rather than through a broader rights-based explanation of health-related rights.

Another important theme is the obligation-oriented framing of health insurance. Health insurance is frequently described as a required document for residence permit procedures or as a condition that students must fulfill during their stay in Türkiye. In this sense, health insurance is positioned not only as a mechanism that enables access to healthcare, but also as an administrative requirement linked to residence and student status. This is particularly visible in documents that ask students to submit proof of valid health insurance or choose one of the acceptable health insurance documents for residence permit applications.

The finding that the practical information provided to international students is predominantly administrative, insurance-oriented, and focused on legal obligations, rather than being student-centered, is consistent with the systemic shortcomings in health literacy identified in the literature (Beşe & Avşar, 2025). Health literacy, commonly defined as the capacity to obtain, process, and comprehend essential health information, has been recognized as a significant barrier to healthcare access among international students. When universities and public institutions present information in a predominantly bureaucratic manner without offering preventive, explanatory, or practical guidance, students often encounter difficulties in navigating hospital appointment systems, understanding the scope of their insurance coverage, and identifying appropriate healthcare services (Konakbayeva & Hatipoğlu, 2025). As it is evident in the literature, the current study also suggests that merely informing students of their legal responsibilities is insufficient; instead, they require comprehensive, accessible guidance that enables them to understand and effectively navigate the Turkish healthcare system in practice.

The analysis also shows that institutional guidance is often incomplete in relation to time-sensitive health insurance procedures. Although the three-month application period for GSS is frequently mentioned, the documents generally do not explain what students should do if this period has already expired. This absence of remedial guidance suggests that institutional communication is designed primarily for students who follow the expected administrative timeline, while students who miss the deadline are left with limited information about subsequent options. As a result, the accessibility of health-related rights depends not only on the existence of legal mechanisms but also on the clarity and completeness of institutional guidance.

The findings also indicate that health insurance is more visible than direct information on healthcare services. References to hospitals, emergency healthcare, university health centers, medico-social units, and polyclinic services appeared less frequently than references to GSS and insurance obligations. In the documents where university health services are described, the information generally concerns the existence of medico-social centers, campus-based health services, emergency care, or access to particular medical units. For example, some university documents mention medico-social service units that provide outpatient services, family medicine, dental care, psychiatry, psychological counselling, laboratory services, or emergency support. These documents are important because they move beyond insurance status and provide information on actual service points within the university setting.

Despite this, university-based health service information remains uneven. Not every university document gives clear information on how international students can access medico-social services, whether services are available in languages other than Turkish, whether appointments are required, or whether international students are explicitly included in the scope of these services. In some documents, health services are described as available to "students" in general, but international students are not specifically addressed. This creates a potential ambiguity: although international students may be covered under the general student category, their specific linguistic, administrative, and adaptation-related needs are not always made visible.

Overall findings indicates that institutional documents primarily conceptualize healthcare access in terms of financial responsibilities, insurance premium payments, and compliance with Social Security Institution (SGK) requirements. This administrative emphasis corresponds closely with the financial barriers widely reported by international students in the literature. Although the General Health Insurance system constitutes the principal legal framework governing healthcare access, the requirement to complete registration and premium payments within three months of university enrollment creates a considerable administrative and financial burden (Beşe & Avşar, 2025). When institutional communication focuses predominantly on these financial obligations without offering adequate guidance or navigational support, students who fail to meet the prescribed deadlines may face substantially higher insurance premiums or be compelled to obtain costly private health insurance (Konakbayeva & Hatipoğlu, 2025). As a result, financial hardship and the expense of out-of-pocket healthcare services frequently emerge as major factors contributing to delays in, or avoidance of, necessary medical treatment among international students as also stated by Konakbayeva and Hatipoğlu (2025).

Psychological and psychosocial support emerged as a much less visible theme, although psychosocial well-being is closely connected to students' health, academic adjustment, and effective participation in higher education. Where psychological counselling appears, it is usually embedded within medico-social or health center descriptions rather than presented as a distinct support mechanism for international students. This suggests that mental health and psychosocial support are not as systematically foregrounded as health insurance in institutional guidance documents.

The limited visibility of psychological and psychosocial support within institutional documents highlights a significant gap that is consistently reflected in the existing literature. A substantial body of research demonstrates that international students frequently experience elevated levels of psychological distress, loneliness, social isolation, and academic pressure throughout the acculturation process (Beşe & Avşar, 2025; Karadag et al., 2025). Despite these well-documented challenges, higher education institutions often do not communicate the availability of mental health services effectively. For example, a multicenter study conducted in Türkiye found that nearly half of university students were unaware of the health services available on their campuses, while only a small proportion had ever accessed these services, despite many reporting persistent sleep disturbances and concentration difficulties (Karadag et al., 2025). The insufficient emphasis on psychosocial support in institutional documentation may therefore leave international students to cope with these challenges independently, increasing their reliance on informal support networks and reducing the likelihood of seeking appropriate professional assistance (Aygüler et al., 2024; Nazir & Yılmaz, 2026).

Another important finding concerns the relationship between healthcare access and financial responsibility. Some documents refer to premium payment or students' obligation to cover the cost of their health insurance. SGK-related documents specify that students registered under general health insurance are required to pay the relevant premium. University documents may also refer to financial capacity declarations or the student's responsibility to cover health insurance and living expenses. This indicates that access to health-related rights and services is partly framed through students' financial capacity and ability to complete payment-related procedures.

Overall, the findings suggest that international students' access to healthcare is legally and institutionally recognized, but the practical information provided to students is mainly administrative, insurance-based, and obligation-oriented. GSS appears as the central access mechanism, while issues directly related to effective and inclusive healthcare access, such as psychosocial support, preventive health information, and student-oriented explanations of healthcare procedures, are less visible in the coded documents. The analysis therefore points to a gap between the formal availability of health insurance and the broader conditions required for effective, informed, and inclusive access to health services.

The findings also show that universities are key actors in the implementation stage of healthcare access policies together with the identified need for standardized, multilingual, and student-centered guidance. Previous research is align with this finding, consistently identifying institutional support as one of the most effective means of improving international students' access to and utilization of healthcare services, particularly through comprehensive orientation and ongoing support initiatives (Beşe & Avşar, 2025).

Since many coded segments come from university application, registration, residence permit, health insurance, and student guide documents, the accessibility of healthcare depends not only on national legislation or SGK regulations, but also on how universities communicate these rules to international students. This finding points to the importance of clearer, more standardized, multilingual, and student-centered institutional guidance on health insurance, healthcare services, and psychosocial support. The literature reinforces this recommendation that higher education institutions establish multilingual health and counseling support services, translate healthcare-related procedures and documentation into English and other widely spoken languages, and provide clear, continuous, and accessible institutional guidance (Beşe & Avşar, 2025; Hatipoglu, 2024; Konakbayeva & Hatipoğlu, 2025). Such measures are considered essential for reducing the linguistic and administrative barriers that continue to impede international students' effective access to healthcare and the realization of their right to health.

V. CONCLUSION

The number of international students in the higher education of Türkiye has been increasing for the last decades with the higher education internationalization policies of the country. Although Türkiye has established a comprehensive legal framework guaranteeing the right to healthcare for all individuals intending to create a comfortable and healthy environment for international students in higher education within its borders, it is still challenging for international students to access health services due to various reasons.

Considering the problems international students encounter in accessing to health services in Türkiye, this study intended to compare the position of the issue in Turkish law and universities' regulations by examining how public authorities and higher education institutions shape this access in practice. The study adopted a socio-legal research design based on normative legal analysis and qualitative document review.

Main findings of the research suggested that although Turkish law protects the health rights of international students and relevant information is involved in the documents of both the institutions and CoHE, there remains a gap between the rights guaranteed by legislation and their accessibility and implementation in practice. The findings further indicate that universities play a vital role in the implementation of healthcare access policies.

The findings of the current study underscores the need for clearer, more standardized, multilingual, and student-centered institutional guidance regarding health insurance, access to healthcare services, and available psychosocial support.

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