



Journal of International Students
Volume 16, Issue 15 (2026), pp. 1-26
ISSN: 2162-3104 (Print), 2166-3750 (Online)
jistudents.org
<https://doi.org/10.32674/qfnk0x69>



Understanding international students' well-being in China: A mixed-method analysis of health challenges and opportunities

Kashif Iqbal

*Department of Sociology, School of Public Administration,
Hohai University, Nanjing, People's Republic of China*

Kashif Iqbal, kashifhurmaz@gmail.com and 0009-0004-5507-643X

ABSTRACT: *This study investigates the challenges international students in China face in accessing healthcare services using a mixed-methods approach. Data from 384 students at Nanjing universities and 22 interviewees reveal that health-related difficulties are driven primarily by language barriers (89% agreement; $M = 1.8$, $SD = 0.9$) and financial constraints (73%; $M = 1.9$, $SD = 0.8$). Additionally, 56% of participants expressed dissatisfaction with the mandatory insurance system ($p < 0.001$), particularly regarding limited coverage for specialized care. Students also reported challenges in navigating traditional Chinese medical practices ($M = 2.3/5$), which further restricted healthcare utilization. While university medical facilities are generally viewed positively (78%), their effectiveness is constrained by inconsistent English proficiency among staff and limited mental health support. A significant proportion of students (70%; $r = 0.62$; $p < 0.001$) rely on peers for healthcare guidance, highlighting informal support networks. The findings underscore the need for expanded insurance coverage, improved multilingual and culturally competent services, and formalized peer support systems to promote equitable healthcare access for international students in China.*

Keywords: Health access, healthcare challenges, health insurance, healthcare opportunities, health policy, institutional support, international students' health.

Received: Dec 4, 2025 | **Revised:** April 2, 2026 | **Accepted:** May 10, 2026

© Author(s), 2026. Published by Star Scholars Press. This article is distributed under the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits

INTRODUCTION

Based on reports from the Jiangsu Education Department, only Jiangsu Province has enrolled more than 90,000 international students in the past few years (Li, 2023), placing Jiangsu as the 3rd-largest international student-hosting province in China (Chen, Zhang, & Chen, 2024). The movement across countries by students pursuing their tertiary education has risen rapidly (Altbach, Reisberg, & Rumbley, 2019) and has altered the provision of higher learning studies (De Wit, Hunter, Howard, & Egron-Polak, 2015) with host countries as they seek to benefit from the cultural, economic and academic diversity of international students (Altbach et al., 2019; De Wit et al., 2015). Among these countries, China held a middle position, with more than 492,000 cross-border learners in 2018 from 196 nations (Li, 2022; Xu, 2024). This growth complements the overall Chinese goal of the internationalization of the higher learning system and an increase in academic power globally (Huang, He, Lian, Yang, & Jiang, 2024). While the learning of foreign citizens and their rights in the host state is promoted, certain urgent problems emerge, primarily related to students' safety and adaptation in the new country.

Education, in general, and learning, in particular, through both physical and psychological health, are the key indicators of international students' productivity and social adaptation. Studies have reported that academic achievement, intelligence, and the ability to cope well with cultural demands are strongly correlated with learners' physical and mental well-being (Khawaja & Dempsey, 2008). Health problems that result from self-organized transitions inevitably involve cultural disparities, as students move into another sociocultural context, especially when they face language barriers, unfamiliarity with different health systems, and differing perceptions of health and of seeking help (Andrade, 2006). In addition, other stressors, such as academic pressure, homesickness, and financial problems, may increase the risk of international students developing mental health problems, including anxiety and depression (Bektaş, Demir, & Bowden, 2009). To this end, it is not a mere concern of the students' physical and health well-being but a necessity for creating efficient, accessible, and sustainable learning environments in host institutions.

Most of the health problems that international students face in China are mediated by cultural, linguistic or systemic factors. Although learning in a foreign country has some advantages that are synonymous with learning in a traditional foreign country, the learning internationals, especially from third-world countries, need assistance in most aspects of their lives but obtain none because they are not considered integrated into the foreign country in which they are learning, as international students are integrated into their home country during learning. Research highlights interesting arguments that stress factors, such as high tuition fees, impact students' health and consequently result in poor health standards.

Changes in cultural and educational environments are among the factors that increase acculturation stress, isolation, and health issues, including sleep and diet disturbances. International students are more vulnerable to physical and mental difficulties and are less likely to seek medical advice as soon as local students are. In China, to gain the necessary medical resources, patients are additionally challenged by a relatively unfamiliar healthcare system with different procedures and standards from those of America. Such barriers are magnified for some populations, exemplified by disparities in insurance use; health disparity, therefore, offers a lens for advocating for access to healthcare and enhanced comprehensive support for international students to improve their quality of life and the quality of their education (Men, Li, Khan, & Gillies, 2024). In addition, recent studies have increasingly emphasized the multidimensional nature of international students' well-being, particularly in non-Western contexts. Studies highlight how institutional support, cultural adaptation, and access to services significantly shape students' academic success and psychological well-being (Wang & BrckaLorenz, 2018; Yuan et al., 2024). These findings underscore the importance of examining healthcare accessibility as a critical yet underexplored dimension of international student experiences, particularly in rapidly internationalizing systems such as China.

This requires a detailed identification of both health-related issues that act as barriers to learning and the available learning opportunities. To this end, using the two perspectives of problems and opportunities as lenses for analysis, the present study aims to present a realistic and pragmatic picture of international students' health status in China and the available opportunities and to propose targeted measures to enhance their well-being. This study focuses on international students in China, who constitute the largest population of international students worldwide and use healthcare services disproportionately, investigating their healthcare-seeking behaviors to identify the health challenges they face and the opportunities provided by host and peer communities. This study was designed to answer the following questions: What are the challenges and available opportunities for accessing healthcare services among international students in China? Such an approach emphasizes that countries welcoming international students should go beyond simply providing homes and places to study and instead support them in any way possible to achieve their goals in the foreign country.

This research has significant implications for multiple stakeholders. First, it contributes to the academic discourse on international student mobility by foregrounding the intersection of health and higher education in the context of China's internationalization efforts. Second, it offers actionable insights for policymakers seeking to enhance the inclusivity and accessibility of health services for international students, thereby reinforcing China's reputation as a global educational hub. Third, the findings will aid university administrators and healthcare providers in designing culturally competent, student-centered health programs that address the diverse needs of international students. Ultimately, this study aims to advance both academic and practical understanding of how host countries can foster healthier and more inclusive environments for their

international student populations and provides a recent report to comprehensively understand how international students in China seek healthcare services.

Conceptual Framework

This research is underpinned by several related concepts that provide a composite approach to understanding the health encounters of international students, as presented in Figure 1.

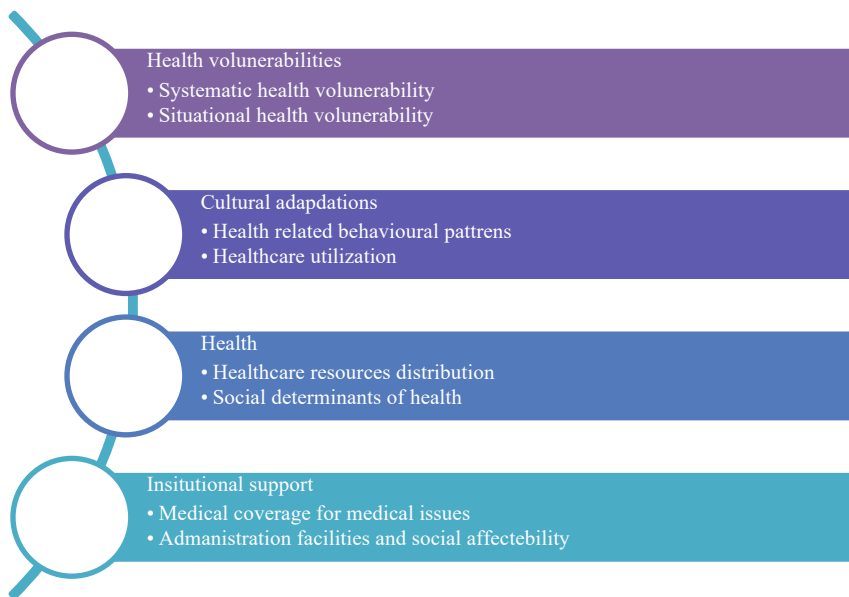


Figure 1. Conceptual framework of the study

Health Vulnerabilities: Health vulnerabilities, therefore, can be defined in two broad forms: systematic health vulnerability and situational health vulnerability. These vulnerabilities include language barriers, a lack of understanding of the new system, differences in approaches to health and illnesses, and a lack of enough cash (Zhang & Goodson, 2011). These factors may heighten existing inequalities in health-care access and intensify the risks linked to both physical and mental health. **Cultural Adaptation:** When acculturation theory advanced by Berry (1997) is used, individuals explain how they cope with processes of cultural change through processes such as assimilation, integration, or segregation (Berry, 1997). Specifically, the sample results show that culture plays a major and deterministic role in health-related behavior patterns and health care utilization among international students. For example, varying attitudes toward mental illness or discrimination against people suffering from these disorders in some cultures may lead to nondisclosure of information and failure

to seek professional assistance (Khawaja & Dempsey, 2008). Health Equity: In simpler terms, health equity focuses on the distribution of healthcare and related resources for a populace and allows all the members of that populace, irrespective of race, to enjoy optimum health (Braveman, 2006). Health equity for international students is likewise needed, where social determinants of health, including language barriers and inadequate insurance to access health care services, are well documented. Institutional Support: Organizations play a significant role in addressing various medical issues by offering frameworks such as medical coverage, facility administration, and social support programs. Not only do these sources focus on the signs of illness, but they also establish them with the feeling of community belongingness, which is critical to learning achievements as well as individual performance (Andrade, 2006).

RESEARCH METHODOLOGY

This section describes the overall research method used in this study, the sample selection procedure, the ways in which the data were collected, the techniques used in the analysis of the data collected, and the ethical considerations employed in the study. The research methodology of this work was combined, which involved the use of both qualitative and quantitative data collection methods to determine the number and nature of health issues and health prospects among international students in the People's Republic of China. An integration of qualitative and quantitative approaches was adopted for this study since both approaches offer their unique measurement strength in addressing a research problem. Such approaches enable rich subjective analysis of the subjects while simultaneously providing an investigator with a large-picture view of the population. In more detail, the qualitative portion offers descriptive records of international students' experiences in response to the current questions placed on improvement and privatization from the neoliberal perspective (Plano Clark, 2017; Creswell & Clark, 2017). This approach makes the findings local and global in equal measure.

Study area

This study was conducted at six universities in Nanjing city, a provincial capital of Jiangsu Province, P. R China. The selected universities are Nanjing University, Hohai University, Nanjing Normal University, Southeast University, China Pharmaceutical University, and Nanjing Forestry University. These universities host international students from diverse regions and countries annually, encompassing international students from various backgrounds and disciplines. Nanjing city hosts colleges and universities. There are international students from different countries enrolled in colleges and universities in Nanjing. These different universities were chosen to gather data, which ensured representative and diverse findings for the study. A significant number of international students study in Nanjing because it functions as an education center

where institutions possess different academic conditions alongside their healthcare frameworks and student support mechanisms. The research benefits from higher external validity through its multi-institutional methodology because this approach involves the collection of data from various university environments. Such a sampling method reduces institutional subjectivity while making it possible to conduct cross-university assessments of health problems together with international students' adaptive strategies. The proportional stratified sampling method achieves a representative distribution of participants across different-scale institutions, which enhances the statistical validity of the quantitative analysis results. Diversity in the study population reinforces practical healthcare and social science research methods, as it improves both the reliability and its real-world application.

Sampling and participants

The study involved international students studying in Chinese universities of different disciplines and levels and different nationalities to ensure the reliability and broader applicability of the study results. The purposive sampling technique was used in the study to ensure that people of different backgrounds were included. The selection of purposive sampling was due to its advantage in obtaining targeted subjects, who, owing to their experience, could provide useful and meaningful data pertaining to the study goals. Data were collected through 384 survey questionnaires and 22 in-depth interviews concerning their use of healthcare services, the challenges they faced, healthcare opportunities for them, the assistance they needed from external sources, and the navigation strategies they followed. The inclusion criteria for participants were that they had been studying as international students at a Chinese university for at least one semester and were willing to provide informed consent in English. To qualify for the study, the participants were selected on the basis of this criterion to ensure that they had a wealth of knowledge about the Chinese systems in the health and education sectors. The widely accepted Cochran's formula helps us determine an appropriate sample size for quantitative research because it works effectively when analyzing large populations (Cochran, 1977). The researchers selected their sample size because it simultaneously maintained statistical accuracy for the study and maintained proper population representation. The formula for determining sample size is as follows: $n_o = \frac{z^2 \cdot p(1-p)}{e^2}$

where n_o represents the sample size, Z is the critical value corresponding to the desired confidence level (1.96 for 95% confidence), p is the estimated proportion of the population (0.5), and e is the margin of error (0.05 or 5%). After these values are substituted, the calculation proceeds as follows:

$$n_o = \frac{(1.96)^2 \cdot 0.5(1-0.5)}{(0.05)^2} = \frac{3.8416 \cdot 0.25}{0.0025} = 384.16$$

The calculated sample size requires 384 participants to survey at a 95% confidence interval with a 5% error range. The size of this survey is sufficient for achieving both statistical power and research result applicability because Nanjing University has many international students. We chose to conduct a quantitative

survey involving 384 respondents to improve both the reliability and the representative nature of the study findings. Consequently, 22 participants were selected for the in-depth interviews, which is an appropriate sample size recommended for thematic saturation in qualitative research (Guest, Namey, & Chen, 2020). In addition, we considered this sample sufficient, as we believed that the themes derived from the participants would effectively address our research questions. To promote diverse and representative participants and samples, the participants were from different universities in Nanjing, China, and had diverse nationalities and backgrounds. The characteristics of the participants, including sex, age, discipline, healthcare service experience, and university, are given in Table 1.

Table 1: Sociodemographic characteristics of the participants

Variables	Code	Characteristics	Frequenc y	Percentage	Mode
Gender	1	Male	216	56.25	1
	2	Female	168	43.75	
Age group	1	18-22	43	11.2	2
	2	23-26	162	41.92	
	3	27-29	120	31.25	
	4	30+	60	15.63	
Civil status	1	Married	151	39.3	2
	2	Unmarried	214	55.7	
	3	Divorced or separated	19	5	
Residence	1	Live in campus	262	68.22	1
	2	Out of campus	38	31.8	
Experience of utilizing medical services in China	1	Yes	384	100	1
	2	No	00	00	
University	1	Hohai	67	17.48	4
	2	University	63	16.40	
	3	Nanjing	65	16.92	
	4	university	70	18.22	
	5	Nanjing normal	59	15.36	
	6	university Southeast university China Pharmaceutical University Nanjing Forestry University	60	15.62	
Degree level	1	Doctoral	129	33.59	2
	2	Postgraduate	164	42.70	
	3	Undergraduate	91	23.69	

Nationality	1	Afghanistan	17	4.42	13
	2	Egypt	15	3.9	
	3	Laos	40	10.41	
	4	Ghana	31	8.15	
	5	Pakistan	29	7.55	
	6	Bangladesh	28	7.28	
	7	South Korea	5	1.30	
	8	India	15	3.90	
	9	Vietnam	22	5.72	
	10	Thailand	19	4.94	
	11	Algeria	17	4.42	
	12	Sudan	20	5.20	
	13	others	126	32.81	

Data collection

Data collection was conducted using three main methods: Quantitative data were collected by an online survey distributed through university networks, affiliated international students’ associations, and social media platforms. The questionnaire included both ordinal and narrative questions, which were grouped into demographic data, the respondents’ self-reported physical and mental illnesses, views toward and experiences with the health care system, and their assessments of the support provided by different organizations. Moreover, the survey was developed based on the recommended and validated scales and oriented to the study’s context. Such an approach helped to compare samples and look for patterns in a rather heterogeneous dataset. Surveys were selected on the basis of the feasibility of population coverage, as they would allow the study to calculate the prevalence and dispersion of significant health-related problems among international students in China. The qualitative data were gathered through interviews with participants from different universities. The questionnaires were designed to assess participants’ attitudes about their health status, received health care, and perceived obstacles to health care access and to discuss standardized topics about health and institutional health promotion programs as suggested by an interview guide. The interviews took approximately 50 to 60 minutes so that the participants’ experiences could be described comprehensively and the researchers could follow up on the identified themes. The interviews were audio taped with the consent of the participants. This method was deemed suitable for obtaining details about the barriers to and prospects for China’s healthcare accessibility. National health policies together with the university standards that touch on the health systems for international students were also analyzed to obtain an added understanding of the results that were obtained from the interviews. This method provided practical data on the structural and institutional determinants of the health of international students residing in China. The use of these mechanisms ensures that the study provides a triangulation that enables a combination of qualitative findings with quantitative results, hence presenting a robust paradigm on the complicated aspect of international student health and possibilities.

Data analysis

The data were analyzed systematically in response to issues related to the rigor and reliability of the study (see Table 2). The survey data included quantitative data, which were analyzed using descriptive and inferential statistics in SPSS software. Meaningful summaries in the form of frequency tables and graphs were used to describe the demographic data and prevalent health conditions of the participants. Inferential statistics, on the other hand, included chi-square tests, ANOVA, regression, and t tests to compare the demographic and health characteristics of the participants. Data collected from interviews were analyzed using the thematic analysis developed by Braun and Clarke (2006) based on six phases, namely, familiarizing with the data, generating initial codes, searching for themes, defining themes, reviewing themes, and defining and refining the final themes (Clarke & Braun, 2017). This involved an initial identification of the data that were to be used, the development of an initial set of codes, the identification of themes in the data, and the refinement of these themes. To analyze the qualitative data, NVivo software was used to ensure that the data collected were well sorted. The coding structure was well defined because the authors ensured interrater reliability across datasets, and they used a planned software package called NVivo. Furthermore, content analysis was carried out to analyze the policy documents; the areas of emphasis were as follows: health insurance policies, health care accessibility policies, and institutional support policies for international students. To increase the validity and depth of the conclusions of the study, the findings were cross-referenced with interview and survey information.

Ethical consideration

The rights of the participants in this research were protected and respected, and the ethical integrity of this research was given due importance for this purpose. The data collection procedures of this study received ethical approval from the Department of Sociology, School of Public Administration, Hohai University, before data collection began. The study follows all the moral guidelines specified in the Declaration of Helsinki for research that involves human participants (Association, 2013). The study's aims and purpose were explained to all the participants, and their right to withdraw at any point was ensured. Written informed consent was obtained from participants before the formal beginning of the interviews.

RESULTS

Quantitative data analysis: Descriptive statistics

The sample included 384 international students studying at various universities in Nanjing, China. Some sociodemographic characteristics of the participants are presented in Table 1. In addition, the study employed reliability

analysis to verify the authenticity, internal consistency, and reliability of the survey responses. For the internal consistency of the model, Cronbach's alpha test of reliability was employed. Table 2 shows the reliability results of all the variables, which are deemed highly consistent. In addition, although participants were chosen from different backgrounds, there was still a chance of a common bias issue because the data were gathered from international students, who were regarded as a single source. For this reason, common method bias was tested for all the variables by Harman's single-factor technique to address common method bias. Only 37.93% of the variance was explained by the components, which was below the half threshold (Zhonglin, 2020). Hence, the results demonstrated that this study was free from common procedure bias and could proceed with additional analysis.

Table 2: Cronbach's alpha values of the sections

S.NO.	Items	No. of items	Cronbach's alpha values
i.	Language barriers	4	.873
ii.	Lack of awareness	3	.798
iii.	Financial constraints	3	.861
iv.	Cultural differences	3	.803
v.	University support	4	.796
vi.	Government policies	3	.789
vii.	Peer support	3	.892
	Overall Reliability	23	.830

The quantitative data on challenges in healthcare access to international students demonstrate that 88% of participants agree that language barriers hinder communication with healthcare providers. The mean score was 1.8, and the standard deviation was 0.9, which indicates strong agreement. The chi-square was $X^2=52.17$, which indicates that the students with low Chinese proficiency were 2.8x more likely to delay treatment ($X^2=52.17$; $P<0.001$). With respect to financial challenges, 74% of the participants agreed that noncovered costs were burdensome. According to the results of the independent t test, compared with insured peers, uninsured students mostly paid more ($M=1550$ yuan, $SD=425$) ($M=700$ yuan, $SD=185$; $T=8.35$, $P<0.001$). The regression results reveal that each increase in medical expenses reduced healthcare visits by 0.5x ($B=0.47$; $P=0.003$). With respect to cultural challenges, 67% of the participants reported feeling discomfort with traditional medicine in China ($M=2.3$, $SD=1.1$). ANOVA revealed that non-Asian students reported greater discomfort ($F=5.21$, $P=0.006$). The greatest variability in mental health stigma ($SD=1.2$) was detected. The details of the variables are given in Table 3.

Table 3: Challenges and Opportunities in healthcare access for international students

Core variable	Variables	Item	Mean (1-5) ±SD	% Of Agree (1-2)	Test	P value
Challenges	Language barriers	Language differences hinder communication	1.8 ±0.9	87%	Chi-square test ($X^2=52.17$)	<0.001
		Translation apps are not effective for explaining medical symptoms	2.1 ±1.0	78%	T test ($t=5.43$)	<0.003
		Students avoid seeking healthcare due to language barriers	2.3 ±1.1	70%	Logistic regression (Wald=15.2)	<0.001
		Lack of English-speaking healthcare staff increases stress during treatment	2.0 ±0.8	83%	ANOVA ($F=7.85$)	<0.001
	Lack of awareness	I was not aware of the healthcare facilities on my campus	2.8 ±1.2	53%	Chi-square test ($X^2=18.3$)	<0.001
		I find it difficult to navigate the healthcare system in China	2.6 ±1.0	59%	T test ($t=4.92$)	<0.001
		I lack knowledge about the healthcare insurance policy provided by the university	2.5 ±1.1	62%	Logistic regression (Wald=2.1)	<0.003
		I rely on peers for information about healthcare services	2.0 ±0.8	71%	ANOVA ($F=6.45$)	<0.008
	Financial constraints	Uncovered healthcare costs are a burden for me	1.7 ±0.8	74%	Independent t test ($t=8.35$)	<0.001

Opportunities		Due to high medical expenses, I avoid follow up	2.0 ±1.0	69%	Chi-square test ($X^2=28.1$)	<0.001
		Insurance policy doesn't meet my all-healthcare needs	1.8 ±0.9	72%	Logistic regression (Wald=12.3)	<0.001
	Cultural differences	Chinese traditional medicine practices are uncomfortable	2.4 ±1.2	68%	ANOVA (F=5.21)	<0.005
		Cultural stigma hesitates me to seek mental health support	2.6 ±1.3	60%	Chi-square ($X^2=18.8$)	<0.001
		Cultural differences in the healthcare system discourage me from seeking treatment	2.5 ±1.1	63%	Regression (B=-0.34)	<0.002
	University support	My university provides accessible and affordable healthcare services	4.3 ±0.8	79%	T test (t=6.92)	<0.001
		The university counseling services help me manage my mental health	3.9 ±1.1	66%	Chi-square ($X^2=24.7$)	<0.001
		On-campus healthcare facilities are sufficient for my needs	4.0 ±1.0	73%	Regression (B=-0.33)	<0.005
	Government policies	The comprehensive health insurance policy is beneficial for emergencies	2.2 ±1.1	55%	Chi-square ($X^2=36.46$)	<0.001
		The comprehensive health insurance covers most of my health needs	2.5 ±1.2	47%	T test (t=4.12)	<0.003

Peer networks	Government health policies are effectively addressing the healthcare challenges of international students	2.9 ±1.4	40%	Regression (B=-0.21)	<0.002
	In navigating healthcare services in China, I rely on peer support	1.8 ±0.7	71%	Correlation (r=0.62)	<0.001
	Peer groups and communities help reduce the stress associated with healthcare access	2.0 ±0.8	76%	Chi-square (X ² =22.3)	<0.001
	Community networks provide useful information about healthcare resources and services.	2.1 ±0.9	69%	Logistic Regression (Wald=7.8)	<0.005

In addition, a significant number (79%) of international students accessed on-campus clinics, which provided English-speaking staff, according to the data (r=0.58, p<0.01). The results of logistic regression indicate that offering consoling access decreases mental health stigma among students (Wald=9.12, p= 0.002). Even though insurance benefits were confirmed by 55 percent of participants, approximately forty percent reported that they already had gaps in their coverage. A significant statistical relationship existed between healthcare limits and Asian and African students because Asian/African students faced more coverage limitations than other students did (X²=36.46, P<0.001). The consistent agreement among participants regarding peer support was demonstrated by the low standard deviation of 0.7, but policy effectiveness received broad student disagreement, with an SD of 1.2. Table 3 presents complete details about the studied variables.

Qualitative data analysis: Thematic analysis

The qualitative data were analyzed thematically, and the findings highlighted two major themes related to the healthcare access of international students in China. To address these challenges in healthcare services and healthcare opportunities, the study outcomes are systematically arranged across themes and case study categories. The analysis examines healthcare challenges and opportunities experienced by international students through multiple subthemes that enhance the understanding of their healthcare access problems and opportunities. The

central themes and extracted subthemes, along with descriptive coding, are listed in Table 4.

Table 4: Themes established through descriptive coding

Extracting central themes	Extracting subthemes	Example of Descriptive coding
Challenges in healthcare services (Barriers)	Language barriers in accessing healthcare	“I can’t communicate properly with doctors. Most of them don’t speak English, and I don’t know Chinese well.”
	Lack of awareness about available health services	“I didn’t know where to go when I first got sick. It was confusing to find the right hospital.”
	Cultural differences in health-seeking behaviors (Cultural Variances)	“Doctors don’t understand my cultural background, and I feel hesitant to explain my needs.”
	Financial challenges, including health insurance gap (High cost)	“Healthcare here is very expensive for international students. The insurance covers only part of it.”
Healthcare opportunities for international students	University provided health services	“My university provides a clinic, which helps when I have minor health issues. It’s convenient and affordable.”
	Government policies aimed at improving healthcare access	“The government introduced health policies that make it easier for students to access healthcare.”
	Peer and community support systems	“I get support from my friends and community here. They help me navigate the healthcare system.”

Challenges in healthcare services (Barriers)

The findings of this study revealed the following major health issues that affect international students’ health and learning in China. The challenges are categorized into four themes: language barriers in accessing healthcare, lack of knowledge of the existing programs in healthcare services, cultural perceptions and practices, and financial issues (see Figure 2). In addition, Figure 3 presents a model of challenges in healthcare access to international students.

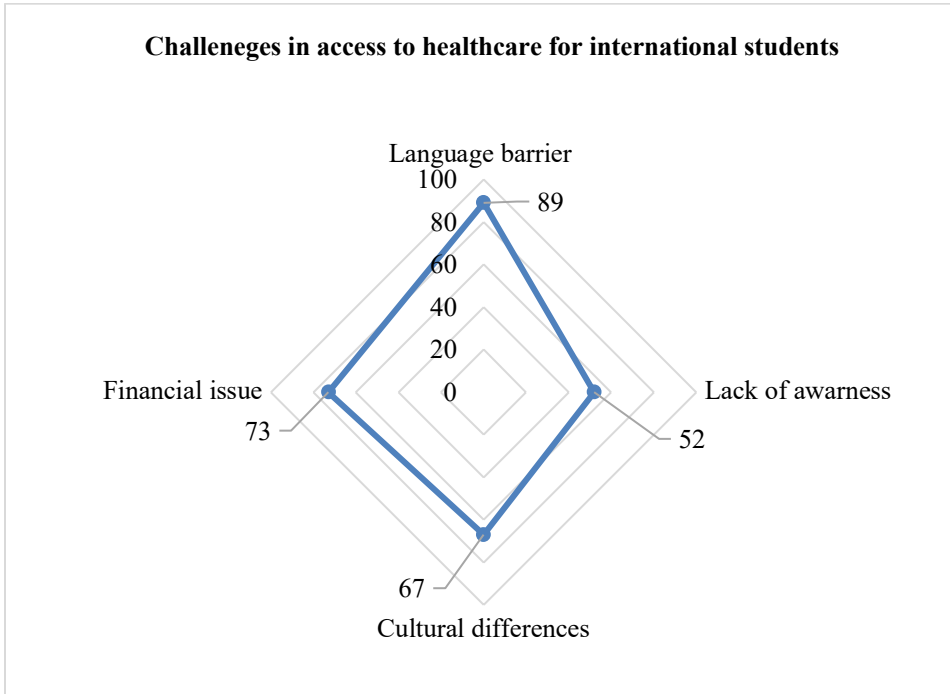


Figure 2: Challenges in healthcare access for international students

Language barriers in accessing healthcare

Limited communication ability with a healthcare provider was reported as a barrier that was experienced by 89% of the patients in a survey. These barriers caused misunderstandings, delayed health care, and an overall increase in anxiety. Most students accused the applications of translation, but the translations were far from accurate when they came to medical terms most of the time.

“When I got abdominal pain and had to visit the hospital, I could not truly describe it clearly. The staff members themselves did not understand English, and even if I tried an interpreter app, they looked quite puzzled. I was given medicine, but I could not even gather what the doctor was treating me for” (Male, 24, Morocco).

Some respondents complained about doctors who did not speak English fluently or that medical professionals who worked as interpreters were not available very often. Inability to interpret symptoms or disease was another source of frustration and anxiety for many participants.

“It is already stressful to be sick and to have to try to describe symptoms when all one knows is how to speak another language. I had to carry along a

friend each time I was going to the hospital; I felt so helpless most times” (Female, 27, Indonesia).

Language barriers negatively affected the treatment since they would either receive treatments late or fail to communicate that would see them receive the wrong treatment.

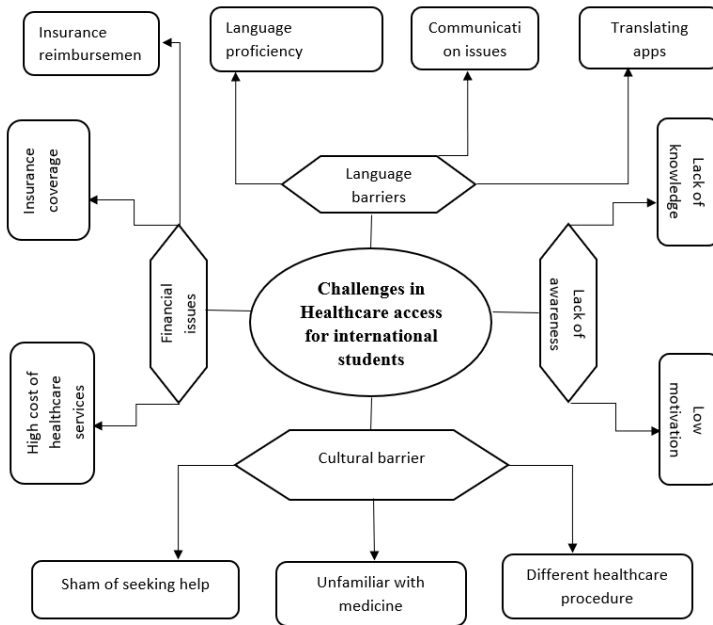


Figure 3: Model of healthcare access challenges for international students

Lack of awareness about available health services

Approximately 52% of the respondents reported that they had no prior knowledge of the healthcare services offered at their universities or other healthcare facilities. Finally, the results of the interviews revealed that despite having disease prevalence, many international students had no knowledge of clinical locations, enrollment in health insurance programs, or how to access healthcare when in an emergency.

“When I first came, I didn’t know where to go if I fell ill. During orientation, nobody described the available health care, and I had known about the clinic on campus about half a year after my arrival because another student’s experience” (Female, 21, Ghana).

Owing to the general minimal knowledge about the available health care facilities and procedures, many students relied on fellow students as their source;

therefore, they depended on the network of friends. They mostly avoid taking medical care from healthcare services because of their lower level of awareness about the utilization of healthcare services.

Cultural differences in health-seeking behaviors (Cultural Variances)

Students' culture affected their health care behaviors, with 67% of the respondents feeling uncomfortable or hesitant in regard to Chinese health care, including traditional medicine or a contrasting approach to patient treatment. These students were unfamiliar with or unconvinced by traditional Chinese medicine because most of them came from countries with a great degree of dependence on Western-style medicine.

“When I recently went to the university clinic for flu symptoms, their prescription was the giving of herbal medicine. Down our neck of the wood, we normally receive antibiotics for this purpose. That is why most people can't go there, and in my case, I never knew if the herbs would help me, so I never took them” (Male, 26, Nigeria).

The cultural disparity also reflected on issues of mental health and revealed that students from stigmatized backgrounds avoided seeking counseling, even when they needed it. Moreover, the study revealed that the treatment and appointment procedures were complicated, as one respondent shared,

“In our country, the process is so simple; we go to the hospital, tell the doctors, and they do our treatment simply. Here, at first, finding is difficult and then understanding with hospital staff, followed by the doctor's diagnosis. It's unknown and very time-consuming, which caused more pain and tension sometimes” (Female, 27, Algeria).

Financial challenges, including the health insurance gap (high cost)

Although health insurance is compulsory for international students, 51 percent of the participants stated that this option does not completely satisfy their requirements (see Figure 4). Some patients received extensive treatments beyond free coverage, and they had to pay out of pocket.

“Insurance only counts for the basic care; they do not include dental treatments and some of the tests I needed, which cost me almost 500 RMB.

For a student on a tight budget, that's a lot of money, and it made me think to myself, hell no for a follow-up care” (Male, 23, India).

Some sought vision, and others insurance that excluded treatment and diagnostic procedures, as well as those from low-income families, found the costs beyond their reach.

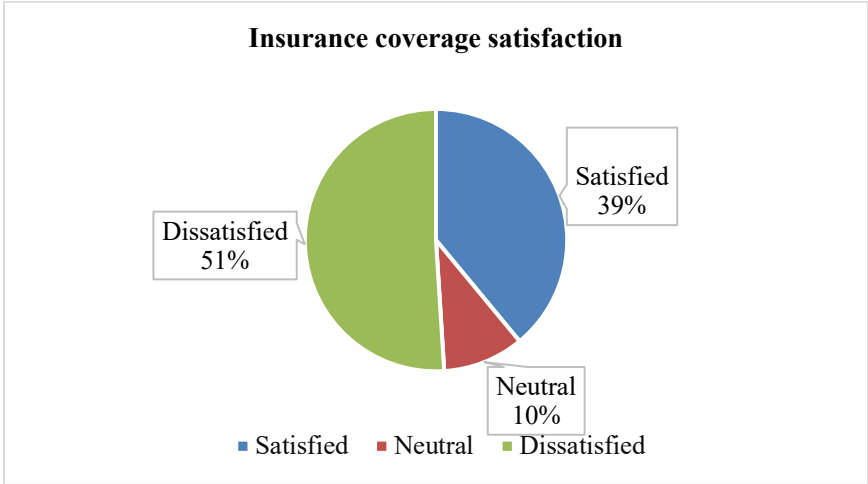


Figure 4: Insurance coverage satisfaction

Healthcare opportunities for international students

However, the study revealed several opportunities that positively impact the health of international students. These include health services offered by the university, favorable government policies, and peer and community reinforcement (see Figure 5).

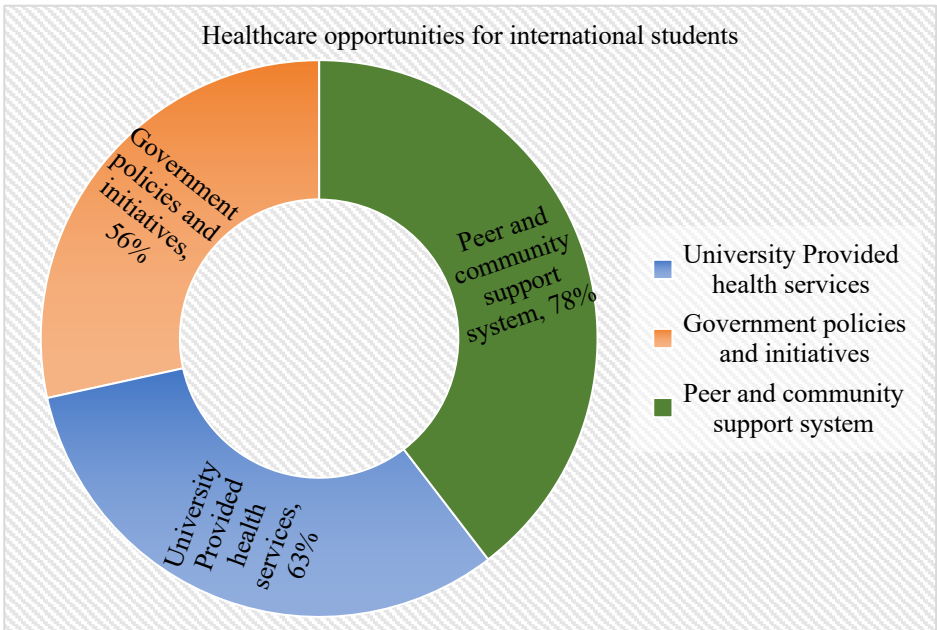


Figure 5: Healthcare opportunities for international students

University-provided health services

On-campus clinics, health care centers, and counseling services have been widely developed at universities, and they are appreciated by international students; 63% of the respondents described these services as being available and inexpensive. Individuals who performed particularly well were university staff who tried to offer English-speaking persons or interpreters.

“The university clinic is phenomenal in its outpatient services, as much as we wish that this was not the case. They are endowed with doctors who understand and communicate simple English; accessing care is relatively faster than in the public facilities” (Female, 23, Indonesia).

Specifically, counseling was found to be the most important support, given that some students receive a “lifeline” during stressful or lonely times. It is an important part of students’ daily lives because these services respond to all their health needs for those who are new to the country.

Government policies aimed at improving healthcare access

The Chinese government requires them to have health insurance, which entails payments for basic and emergency services. With respect to this policy, some of the 56% of the participants agreed that this policy is useful, especially during disasters. Furthermore, the government’s drive toward the globalization of education in China in the recent past has increased capital investment in operational costs, such as healthcare services for students.

“The obligatory insurance is a wonderful idea. It relieved me when I got here because I knew that if I had an emergency, I wasn’t going to have to spend a lot of money. However, it could also include more services, for example, surgery, and other diagnosis and treatment services” (Female, 23, Indonesia).

Although some of the participants appreciated the available insurance system, they made some recommendations for the addition of its coverage and advertising.

Peer and community support systems

Underpinning social support identified by international students included informal support from peers, student associations, and cultural organizations. These networks were often utilized for support in practical matters such as taking the students to the hospital or providing information about medical services available to the students because of the language barrier; practically all of them sought the assistance of friends or fellow students, among which 70% said they were frequently guided to health care services.

“The student association has health awareness sessions, and they also offer a list of English-speaking doctors. Such measures go a long way to improving conditions for students such as myself who begin studying in the new country” (Male, 25, Ethiopia).

These support systems also helped some students overcome language and culture differences because they would have to translate what the students wanted to say or even hear from healthcare providers.

DISCUSSION

In this section, the study's conclusions are situated from the theoretical and policy perspectives, while the theoretical and practical contributions are emphasized. In this section, the findings are contextualized within the current discourse related to the well-being of international students, cultural adjustment, and health disparities, further highlighting the need for both challenges and facilitators in enhancing health outcomes among international students at universities in China. The conclusions point to the requirements for structural change and culturally competent practices for enhancing international students' health while contributing to their academic achievement and social belongingness.

Interpreting findings

The results are consistent with and build on prior work examining international student health issues while elucidating some features related to China that are less developed in previous studies. The study findings revealed that the majority of international students encounter language barriers as the greatest challenge in accessing health in China (Li et al., 2020). This result is supported by Maringe and Gibbs (2009), who report that communication challenges are rated as an enduring problem for international students regardless of the institution (Maringe & Woodfield, 2013; Alam & Angsor, 2024). This finding is in agreement with our work, where self-reported communication problems with healthcare providers were reported by 89% of the participants. However, the problem of having few English-speaking medical staff members is even more serious in China because that market offers few opportunities to work in public health where the language is spoken but English is rare (Smith & Khawaja, 2011). The degree of language issues would be hard to overestimate. Students fail to understand healthcare professionals during consultations, use translation apps incorrectly, and rely on fellow students for interpretation, making their healthcare experience even worse (Harrison et al., 2020). These findings underscore language and bureaucracy in regard to the topic of the provision and accessibility of medical attention.

The levels of awareness about various health services also present similar issues, as concluded in previous investigations. As Yeh and Inose (2002) noted, insufficient orientation was provided for international students, which led to increased acculturative stress, as evidenced by the responses obtained in the present study. Another comprehensive barrier was related to cultural differences in the ways people sought help for their conditions (Sarkodie-Mensah, 1998; Wu, Garza, & Guzman, 2015). Whereas (Liu, 2018) and (Tham, 2024) describe the

nature of mental health stigma in many Asian societies, this study shows how such cultural practices interface with a lack of knowledge of traditional Chinese medicine (Liu, 2018; Tham, 2024). Essentially, the students who were expecting Western-oriented treatment were reluctant to accept traditional remedies, thus creating a culture of disbelief with adversaries and noncompliance with the recommended treatment. For instance, participants linked their health-related concerns, such as doubts about the effectiveness of herbal medicine and cultural doubts about using it, and fear of it, to rural compatibility. Finally, financial issues were mentioned by the respondents, and 73% of participants mentioned that financial difficulties are known to be international student issues (Lee & Rice, 2007). Moreover, the opportunities revealed in this study of university health services as well as government policies and student support suggest that Chinese higher education institutions are awakening to the role of student well-being. The importance of informal networks, especially peer support groups, is consistent with that of other aspects, especially cultural and institutional accomplishments (Neri & Ville, 2008). These findings are consistent with recent research, which emphasizes that institutional responsiveness and culturally competent services are central to improving international students' well-being and adjustment outcomes (Yuan et al., 2024). Our findings extend this literature by demonstrating how healthcare access operates as a structural determinant of well-being within the context of Chinese higher education.

Theoretical and practical implications

This study contributes to the theoretical knowledge concerning the effects of health equity, cultural relevance, and institutional assistance for the international student population. This situates the study in line with the tactical approach to equities in health systems proposed by Whitehead (1992), which seeks to address mainly systematic injustice that excludes people in the minority. The identification of language and financial barriers indicates that system inequalities are operational within the healthcare system framework to limit the access of international students to care (Whitehead, 1992). As this study highlights the need for culturally competent health-promoting efforts, the need to develop strategies to promote the health of students from diverse cultures cannot be overemphasized. In addition, the findings extend models of acculturation, such as those of Berry (1997), by revealing how, and by what means, health-intermediate obstacles interact with cultural and institutional processes (Berry, 1997). On the basis of the findings of the study, sound recommendations are made to universities, policy makers, and healthcare givers in China to address the health issues of international students. The following recommendations are made on the basis of both barriers and facilitators in an attempt to improve patient experience and organizational culture in the healthcare setting. Enhanced orientation programs: To address this issue, universities should run efficient orientation sessions that cover important, easy-to-understand information about services, insurance, and available medical facilities. This may comprise translations and training sessions meant to accommodate international students in the intended learning process. Language

support in healthcare settings: Many measures should be taken to improve communication between patients/clients and doctors at university clinics: i) increase the number of English-speaking personnel; and ii) develop cooperation with local hospitals and hospitals where translators can be contacted. Proactive mental health outreach: More effort can be made by universities to provide counseling services and eradicate cultural stigma through awareness and peer counseling programs. An increase in culturally relevant mental health promotion would also help students seek assistance when needed.

Conclusion

As a result, this paper discussed the problems and possibilities that affect the health of international students in China and the factors that hinder or enhance their well-being and health. In using both quantitative and qualitative data, the study captured the complex experiences of students' health access and constraints on language, cost, culture, institutions, and policies. The results of the current study enrich the conversation about international students' well-being, especially in terms of culturally appropriate and culturally responsive health care. This study analyzed the following health issues: The problem of language has not been eradicated, and with no access to interpreting services, the students suffer from a lack of healthcare services and face frustration and isolation. Likewise, other barriers, such as financial barriers due to a lack of insurance, strongly affect the ability of patients to receive adequate and timely care. Cultural differences greatly increase these challenges, mainly because of stigma or a lack of knowledge and understanding of Chinese medical practices and, thus, difficulties in seeking help with mental health issues. Moreover, this study aimed to reveal broad and promising opportunities in the analyzed subject area. On this basis, counseling services, planned health care, pharmacies, and other services provided by universities play important roles in support. Public policies, including compulsory insurance, constitute one of the basic prerequisites for meeting the healthcare needs of populations; however, there is always a need to increase coverage. As a final social resource, another type of helpful network was identified: peers that assisted the students with issues related to their interactions in the context of the healthcare field, as well as culture. This research yields the following useful findings. It enriches different theories, which have been previously used in the field of health equity, cultural adaptation, and student integration, showing exactly how these ideas can be applied in the context of international students in China. This study also provides evidence of how institutional and governmental actors can address disparities in health inequality and academic achievement.

This study has several limitations. The relatively small sample size of the study from a single city in China might have limited the specific and geographical diversity, while robust variability in our sample was observed on the basis of our findings. In addition, the study's dependence on participants' subjective interpretations of their experiences might impact the depth and breadth of the insights gathered.

Recommendations

- Multilingual medical services for medical institutes.
- Medical services, assistance, and psychological support for educational institutions
- Spreading awareness and improving the accessibility of medical information for policymakers.
- All aspects of health should be covered in students' medical insurance from insurance companies or insurance-making policy makers.

Acknowledgment

I would like to give special thanks to teachers, colleagues, and friends for their valuable insights and assistance in conducting this study. I also appreciate the contributions of the study participants who provided the data for this study. Furthermore, during the preparation of this work, the author(s) utilized OpenAI technology, such as Grammarly and QuillBot, to improve language accuracy.

Conflict of interest

The authors declare that there are no conflicts of interest regarding the publication of this article.

Funding statement

The authors received no financial support for the research, authorship, or publication of this article.

Data availability statement

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

REFERENCES

- Alam, T., & Angsor, M. A. M. (2024). Language Barrier, Academic Stress and Cultural Differences Toward International Students' Satisfaction. *Research in Management of Technology and Business*, 5(1), 1831-1837.
- Altbach, P. G., Reisberg, L., & Rumbley, L. E. (2019). *Trends in global higher education: Tracking an academic revolution* (Vol. 22): Brill.
- Andrade, M. S. (2006). International students in English-speaking universities: Adjustment factors. *Journal of Research in International education*, 5(2), 131-154.
- Association, W. M. (2013). World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *Jama*, 310(20), 2191-2194.
- Bektaş, Y., Demir, A., & Bowden, R. (2009). Psychological adaptation of Turkish students at US campuses. *International Journal for the Advancement of Counseling*, 31, 130-143.
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied psychology*, 46(1), 5-34.

- Braun, V., & Clarke, V. (2021). To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative research in sport, exercise and health*, 13(2), 201-216.
- Braveman, P. (2006). Health disparities and health equity: concepts and measurement. *Annual review of public health*, 27(1), 167-194.
- Chen, J., Zhang, X., & Chen, R. (2024). Global comparison of international education Education in China and the World: Achievements and Contemporary Issues (pp. 505-549): Springer Nature Singapore Singapore.
- Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology*, 12(3), 297-298.
- Cochran, W. G. (1977). *Sampling techniques*: John Wiley & sons.
- Creswell, J. W., & Clark, V. L. P. (2017). *Designing and conducting mixed methods research*: Sage publications.
- De Wit, H., Hunter, F., Howard, L., & Egron-Polak, E. (2015). *Internationalization of higher education*. Brussels: European Parliament, 10, 444393.
- Guest, G., Namey, E., & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PLoS ONE*, 15(5), e0232076.
- Gyamerah, K.-G., Osafo, P. J., Gyasi-Gyamerah, A. A., & Boadu, E. S. (2024). Examining acculturative stress among international students in Ghana using an interpretative phenomenological approach. Unpacking the social support systems. *PLoS ONE*, 19(9), e0311123.
- Harrison, R., Walton, M., Chitkara, U., Manias, E., Chauhan, A., Latanik, M., & Leone, D. (2020). Beyond translation: engaging with culturally and linguistically diverse consumers. *Health Expectations*, 23(1), 159-168.
- Hoang, S. D., Tučková, Z., Pham, N. T., Tran, T. H., & Nguyen, D. T. (2024). Moderating effect of social media in shaping ecotourism loyalty: A two-stage-cross-sectional study. *Sage Open*, 14(2), 21582440241247699.
- Huang, Y., He, X., Lian, Z., Yang, Z., & Jiang, Q. (2024). The Progress and Trends in Overseas Education: A Bibliometric Analysis. *SAGE Open*, 14(4), 21582440241296658.
- Khawaja, N. G., & Dempsey, J. (2008). A comparison of international and domestic tertiary students in Australia. *Journal of Psychologists and Counsellors in Schools*, 18(1), 30-46.
- Lee, J. J., & Rice, C. (2007). Welcome to America? International student perceptions of discrimination. *Higher Education*, 53(3), 381-409.
- Li, J. (2022). Shaping Education Policy Discourse: *Insights From Internationalization of Education Development in China*: Springer Nature.
- Li, N. (2023). Department of Student Affairs, Jiangsu University of Science and Technology, Zhangjiagang Campus, Zhangjiagang 215600, Jiangsu, China prince_rinoa@163.com. Innovative Computing Vol 2-Emerging Topics in Future internet: Proceedings of IC 2023, 1045, 213.
- Li, W., Liu, C., Liu, S., Zhang, X., Shi, R.-g., Jiang, H., . . . Sun, H. (2020). Perceptions of education quality and influence of language barrier:

- graduation survey of international medical students at four universities in China. *BMC medical education*, 20, 1-13.
- Liu, C. M. (2018). *The impact of individual and parental Confucian attitudes on mental illness stigma and help seeking attitudes among Asian Americans from Confucian cultures*: University of Massachusetts Boston.
- Maringe, F., & Woodfield, S. (2013). Contemporary issues on the internationalization of higher education: critical and comparative perspectives. *Compare: A Journal of Comparative and International Education*, 43(1), 1-8.
- Men, Q., Li, W., Khan, A., & Gillies, R. M. (2024). Challenges and strategies for navigating Australian healthcare access: experience from Chinese international students. *International Journal for Equity in Health*, 23(1), 189.
- Neri, F., & Ville, S. (2008). Social capital renewal and the academic performance of international students in Australia. *The Journal of Socio-Economics*, 37(4), 1515-1538.
- Plano Clark, V. L. (2017). Mixed methods research. *The Journal of Positive Psychology*, 12(3), 305-306.
- Sarkodie-Mensah, K. (1998). International students in the US: Trends, cultural adjustments, and solutions for a better experience. *Journal of Education for Library and Information Science*, 39(3), 214-222.
- Sawir, E., Marginson, S., Deumert, A., Nyland, C., & Ramia, G. (2008). Loneliness and international students: An Australian study. *Journal of Studies in International Education*, 12(2), 148-180.
- Smith, R. A., & Khawaja, N. G. (2011). A review of the acculturation experiences of international students. *International Journal of Intercultural Relations*, 35(6), 699-713.
- Tham, C. (2024). Mental Health Stigma and Help-Seeking Behaviors Among Eastern Asian/Eastern Asian American College Students and Their Parents: A Mix-Method and Art Therapy Intervention Study. <https://doi.org/10.33015/dominican.edu/2024.AT.06>
- Whitehead, M. (1992). The concepts and principles of equity and health. *International journal of health services*, 22(3), 429-445.
- Wu, H.-p., Garza, E., & Guzman, N. (2015). International student's challenge and adjustment to college. *Education research international*, 2015(1), 202753.
- Xu, W. (2024). *Linguistic entrepreneurship in Sino-African student mobility*: Springer.
- Yeh, C., & Inose, M. (2002). Difficulties and coping strategies of Chinese, Japanese, and Korean immigrant students. *Adolescence*, 37(145).
- Zhang, J., & Goodson, P. (2011). Predictors of international students' psychosocial adjustment to life in the United States: A systematic review. *International journal of intercultural relations*, 35(2), 139-162.
- Zhong, Y., Xu, T., Dong, R., Lyu, J., Liu, B., & Chen, X. (2017). The analysis of reliability and validity of the IT-MAIS, MAIS and MUSS. *International Journal of Pediatric Otorhinolaryngology*, 96, 106-110.

- Zhonglin, D. T. W. (2020). Statistical approaches for testing common method bias: problems and suggestions. *Journal of Psychological Science, 43*(1), 215.
- Yuan, X., Yang, Y., & McGill, C. (2024). The impact of academic advising activities on international students' sense of belonging. *Journal of International Students, 14*(1), 424-448.
- Wang, R., & BrckaLorenz, A. (2018). International student engagement: An exploration of student and faculty perceptions. *Journal of International Students, 8*(2), 1002-1033.

Author bio

KASHIF IQBAL is a PhD scholar in the Department of Sociology at Hohai University, Nanjing, China. His major research interests lie in the areas of migration studies, migrant students, higher education research, gender studies, and environmental studies. Email: Kashifhurmaz@gmail.com
