

Perception of Health Care Services among Students Studying in Higher Educational

Institutions in Amritsar City

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Abstract:

This study looks at how students participating in Bachelor, Master, and Doctorate degrees across several streams in different levels of higher education in Amritsar city view healthcare services. Data were gathered using a cross-sectional study design by means of planned interviews given to a stratified random sample of students, therefore capturing socio-demographic elements, health-seeking behaviours, satisfaction levels, and common health conditions encountered. The data was interpreted using quantitative analysis; qualitative comments included to support this. Results showed that students used both public and private healthcare systems outside of institutional facilities, usually dealing with long-term illnesses including respiratory and nervous diseases as well as short-term illnesses including colds, stomach aches, and seasonal allergies and drug abuse problems. Usually before seeking treatment, knowledge of sickness came first; many students pay out-of-pocket costs because they lack health insurance. While dissatisfaction usually resulted from perceived biased behaviour by providers, contentment with services was linked with excellent rapport, enough consultation time, and quality therapy. The study underlines the immediate necessity of health insurance programs, student-centered healthcare services, and institutional awareness campaigns to enhance healthcare experiences and results among students.

Keywords:

Healthcare services, Higher education, Students, Health-seeking behavior, Amritsar, Health awareness, Out-of-pocket expenditure, Health insurance, Preventive healthcare, Mental health services

1. Introduction

Academic progress and general well-being depend critically on the health of the students. Students have access to private and public health systems in addition to institutional amenities including first aid centres and polyclinics. Appropriate healthcare guarantees not only physical well-being but also promotes mental and emotional stability, which are necessary for academic performance, social integration, and general quality of life.

In metropolitan areas like Amritsar, students' experiences with healthcare services are much shaped by the urban health infrastructure. Understanding their health-related requirements becomes ever more crucial given the rising and varied student population seeking higher education from many angles. But often optimal use of health services is hampered by gaps in understanding, accessibility, affordability, and institutional support. Students routinely negotiate a challenging healthcare environment marked by different service quality, restricted insurance coverage, and financial restraints. Financial restrictions, time limits, or ignorance cause many students to turn to self-medication or delay seeking expert treatment even with public healthcare facilities and private clinics. Furthermore, urgently needed is a thorough strategy towards student healthcare for mental health issues, which are generally under-represented and neglected.

This survey seeks to give a whole picture of how students in Amritsar city view health care services. It aims to spot trends in health-seeking activities, degrees of satisfaction with current services, common health problems experienced, and the financial consequences of seeking healthcare. By stressing these elements, the study aims to propose complete, student-centric interventions and policy suggestions to close current gaps and improve the healthcare experience for students in higher education establishments.

2. Literature Review

Previous studies have underlined that students' view and use of healthcare services are complex and impacted by socioeconomic background, gender, age, academic discipline, and so-called demographic variables. These elements greatly influence health-seeking behaviours, decision-making processes, and degrees of satisfaction with the current healthcare providers.

Self-medication is a common habit among students, mostly motivated by budgetary

limitations, perceived triviality of symptoms, and the ease of over-the-counter remedies, Sharma et al. (2018) noted. Likewise, Kumar et al. (2019) underlined the critical requirement of organised health education initiatives inside educational institutions to close the knowledge gap and support responsible health practices.

Two main factors influencing healthcare use now seem to be accessibility and cost. A 2019 Patel and Mishra study found that students from economically underprivileged families are less likely to seek professional healthcare services, thus often postponing treatment until issues deteriorate. This emphasises the need of on-campus health programs and reasonably priced healthcare plans.

Students' degree of satisfaction has been demonstrated to be much influenced by the quality of healthcare services, including the attitude of healthcare practitioners, consultation time, and perceived empathy. In a 2021 Gupta et al. study, students said they were more satisfied when healthcare practitioners engaged them in decision-making about their treatment, showed cultural sensitivity, and effectively communicated.

In recent years, mental health has become ever more important for student health.

Studies by Sen and Ghosh (2022) found that although mental health services are underused among higher education students due of stigma, lack of awareness, and restricted availability, stress, anxiety, and depression are very common among them. This emphasises how urgently institutions should have easily available counselling services and proactive mental health education.

Moreover, the health results of students are much influenced by infrastructure elements like hostel conditions, cleanliness of sanitary facilities, and environmental hygiene.

Poor sanitation, waterborne diseases, and student absenteeism found significant relationships in a 2017 Bhatia and Verma research of Indian university dorms.

Within the framework of preventative healthcare, an increasing amount of research supports the inclusion of wellness promotion initiatives into learning environments. Many studies (e.g., Rajan et al., 2019) have advised initiatives include immunisation campaigns, frequent health exams, and health awareness seminars to help students develop a culture of health consciousness.

The evidence generally points to a multi-pronged strategy including health education, better service accessibility, quality healthcare provision, mental health assistance, and infrastructure development as necessary to improve students' health experiences and

outcomes. These results offer a crucial basis for the current research, which aims to investigate and place these dynamics among Amritsar's higher educated students in context.

3. Methodology

A cross-sectional descriptive study was conducted in Amritsar city. Data were gathered using structured interviews with **384 students** from diverse educational backgrounds and academic levels (Bachelor, Master, Doctorate). Stratified random sampling ensured representation across different streams (Science, Arts, Commerce, Professional Courses) and socio-economic statuses. The interview schedule included questions on socio-demographic details, health-seeking behavior, common illnesses, healthcare expenditures, mental health awareness, and satisfaction with services. Ethical approval was obtained from the institutional ethics committee, and informed consent was taken from all participants to ensure confidentiality and voluntary participation.

Table 1: Socio-Demographic Profile of Students

Demographic Variables	Categories	Percentage (%)
Gender	Male/Female	54/46
Educational Level	Bachelor/Master/Doctorate	60/30/10
Stream of Study	Science/Arts/Commerce/Professional	35/25/20/20
Residence	Hostel/Day Scholar	45/55
Family Income Level	Low/Medium/High	30/50/20

Interpretation:

With 54% men and 46% women, the demographic profile of the 384 respondents showed a quite equal gender ratio. With regard to educational credentials, most (60%) have a Bachelor's degree; 30% have a Master's degree; and 10% have a Doctorate, suggesting that most participants are either an undergraduate or above. The participants in the stream of research show a varied academic representation with 35% from a Science background, 25% from Arts, and 20% each from Commerce and Professional courses. Regarding residence, 45% of the respondents live in hostels and 55% are Day Scholars, which suggests a minor inclination for off-campus life. Indicating a majority of middle-income families among the

participants, 50% of the respondents fall in the medium-income group, 30% in the low-income group, and 20% in the high-income group.

4. Results and Discussion

4.1 Nature of Illnesses Reported

Students reported a range of health issues during the course of their studies:

- **Short-term illnesses:** Common cold, stomach aches, seasonal allergies, minor infections.
- **Long-term illnesses:** Respiratory ailments like asthma, nervous disorders such as anxiety and depression, and substance abuse issues.
- **Accidental injuries:** Physical injuries from falls, road accidents, and animal bites, notably dog bites.
- **Public health issues:** Sanitation problems leading to food poisoning and waterborne diseases, particularly in hostel settings.
- **Personal hygiene concerns:** Difficulties maintaining personal hygiene due to overcrowded and poorly maintained hostel facilities.

Table 2: Nature of Illnesses Encountered

Illness Type	Examples	Prevalence (%)
Short-term	Common cold, stomach ache	60
Long-term	Asthma, anxiety, substance use	25
Accidental Injuries	Falls, accidents, animal bites	10
Public/Personal Hygiene	Food poisoning, infections	5

Interpretation:

Out of the 384 respondents, the study of disease kinds shows that 60% of them are affected by short-term conditions like the common cold and stomach ache. 25% of the recorded instances include long-term health concerns like asthma, anxiety, and drug use disorders, therefore showing a sizable number of people coping with chronic medical problems. Ten percent of the health issues are accidental injuries like falls, mishaps, and animal bites, which

point to a smaller but nevertheless significant frequency. With 5% of the recorded occurrences, diseases connected to public and personal hygiene—including food poisoning and infections—are the least common. This distribution highlights the importance of continuous support for people with chronic diseases as well as of preventative healthcare actions.

4.2 Health-Seeking Behavior

Different degrees of health consciousness among students affected their patterns of treatment-seeking. Usually, awareness of symptoms led one to decide to seek treatment; then, a cost, accessibility, and perceived quality analysis of the available treatments followed. Although public healthcare services were used mostly due to cost constraints, private healthcare services were favoured for faster treatment and perceived greater quality.

Table 3: Health-Seeking Behavior Patterns

Behavior Aspect	Category	Percentage (%)
Initial Action	Self-medication	40
Consult Doctor	Private clinic/Hospital	50
Public Healthcare Utilization	Government facility	10

Interpretation:

Reflecting a major dependence on personal judgement or over-the-counter medications, the behavioural elements connected to health responses demonstrate that 40% of the 384 students initially resort to self-medication when encountering health difficulties. Indicating an inclination towards professional medical assistance, most, 50%, would rather see a doctor—either in a private clinic or hospital. Only 10% of people use public healthcare services via government facilities, implying low confidence or accessibility of public health infrastructure. These trends show how often private healthcare and self-reliant habits appear in first health-seeking behaviour.

4.3 Financial Aspects

Without health insurance, students mostly relied on out-of-pocket spending. Although minor illness expenses were usually within control (INR 500 to INR 1500), some students had financial difficulty since treatments for serious diseases or long-term ailments often topped INR 5000. The lack of institutional health insurance programs worsened this load and emphasises the immediate requirement of financial protection policies.

4.4 Satisfaction with Health Care Services

Satisfaction levels varied among students:

- **Satisfied students:** Attributed their satisfaction to effective communication with healthcare providers, adequate consultation time, friendly behavior, and quality of treatment received.
- **Unsatisfied students:** Cited reasons such as perceived biased behavior based on socio-economic background, inadequate consultation, rushed appointments, and long waiting times.
- **Neutral students:** These students often indicated a lack of strong positive or negative opinions, suggesting either low expectations or indifferent experiences.

Table 4: Satisfaction Levels with Health Care Services

Satisfaction Category	Reasons	Percentage (%)
Satisfied	Good rapport, effective treatment	55
Unsatisfied	Bias, inadequate consultation	25
Neutral	No strong opinion	20

Interpretation:

Of the 384 students, 55% are satisfied with their healthcare services; most of them may attribute their favourable experiences to good rapport with healthcare personnel and efficient treatment results. 25% of respondents, on the other hand, say they are unhappy and cite things like supposed prejudice and poor medical visit consultation. Twenty percent of respondents remain neutral, meaning they have no strong ideas regarding the calibre of the

received treatment. These observations imply that although most people are happy with their medical experiences, there is still a considerable number with issues that may be resolved to raise general quality of services.

5. Recommendations

Regular awareness camps on preventive healthcare, mental health, and cleanliness habits would help to improve student healthcare. Encouragement of family and institutional cooperation helps to increase support of student health programs even more. Creating a thorough digital health gateway connected to personal student profiles will enable frequent health updates and quick reminders. A student health report card system can also enable timely interventions and aid to actively monitor healthcare requirements. While student health insurance programs can greatly reduce out-of-pocket costs, encouraging alliances with nearby public health facilities would give students reasonably priced and easily available treatment. Crucially will be increasing investment on campus health infrastructure including mental health counselling centres, telemedicine services, and 24/7 clinics. Equally crucial is teaching institutional staff—including faculty members and hostel wardens—to manage simple medical crises and offer first mental health support. Lastly, planning seminars meant to destigmatise mental health problems will inspire students to get prompt treatment and create a better, more welcoming campus.

6. Conclusion

Many elements affect students' impressions of their healthcare: service quality, accessibility, financial load, and institutional support systems. Though Amritsar boasts a range of healthcare facilities, there are gaps in terms of mental health treatment supply, pricing, and health consciousness. These gaps can be greatly closed with organised interventions including awareness campaigns, insurance programs, improved university healthcare facilities, and proactive health monitoring systems. Not only will better use of health services among students improve their academic performance but also help to create a society that is healthier and more productive.

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