

POSITION PAPER - DEED POLICY REVISIONS

SUBMITTED BY THE INTERNATIONAL STUDENT SEXUAL HEALTH NETWORK

NETWORK BACKGROUND

The International Student Sexual Health Network (ISSHN), established 2015, comprises academics, community sexual and reproductive health organisations, international student services, community members and collaborators with a shared interest in progressing action toward achieving health equity in sexual and reproductive health rights for international students in Australia. The network provides an opportunity for members to share information on research, policy, and practice, as well as collaborate on projects to promote the sexual and reproductive health and wellbeing of international students studying in Australia. The network has over 80 members from all over Australia.

This policy paper is in response to the *Deed for provision of overseas student health cover*, which the working group considers to be unfair and inequitable for international students.

CONTRIBUTIONS OF INTERNATIONAL STUDENTS TO THE AUSTRALIAN ECONOMY

Easing of COVID-19 restrictions has seen the re-emergence of Australia as a study location. Nationally, 896,960 international students were enrolled in 2023, higher than pre-COVID-19 numbers; comprised mostly of students from China (159,484) and India (122,391) and other Asian countries (2).

Education is Australia's third largest export, following iron ore and coal (3). In the 2022-23 financial year, international education contributed \$36.4 billion to Australia's economy (4). International students also contribute to enhancing the skills and productivity of Australian workplaces and bring broader social and cultural benefits to Australian society (5).

The demand for high-quality education in students from low to middle-income countries is well documented, with Australia being one of the top destinations for international students. It is expected that the number of international students will continue to rise in line with the Australian Government's investment in the Universities Accord (6). Given the importance of international education to the Australian economy, the Australian Strategy for International Education 2021 – 2030 specifically states student wellbeing as integral to sustain the international education sector (7). Sexual and reproductive health as an integral part of individuals' wellbeing must not be overlooked and should be prioritised in the same way as their physical and mental health.

The sexual health needs of international students currently in Australia and the foreseeable growth in numbers in the coming year highlight sexual health as a priority focus for international students.

OVERSEAS STUDENT HEALTH COVER – THE INCONSISTENCIES

Overseas student health cover (OSHC) is compulsory for international students. However, cover is often inconsistent between providers and institutions, and may even differ within a provider (i.e. different tiers of membership). Cost for OSHC differs between institutions and preferred providers. Each provider has their own minimum cover and extras, often not known to students prior to accessing services. There may also be

differences in waiting periods, with some waiting periods waived in agreements between providers and institutions. These differences in cost, out-of-pocket fees, and waiting periods, are not equitable and disadvantages international students who are new to the Australian healthcare system.

Access to affordable, culturally appropriate education and services for international students is part of their human right to health (1). However, there is a lack of appropriate services linked to public health issues including domestic violence, unplanned pregnancy, HIV and other sexually transmissible infections (STIs). Additionally, international students face multiple intersecting systemic and sociocultural barriers that affect their health and wellbeing, and access to sexual and reproductive health. Some of these include the intersections between sociocultural taboo around sex and sexuality, language barriers, perceived racism from health care providers, costs, and unfamiliarity with the Australian healthcare system.

The inconsistencies and inequity in OSHC coupled with socio-cultural stigma and lack of education and resources have a negative impact on international students' access to sexual and reproductive health.

ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Compared to Australian-born counterparts, international students may have lower levels of sexual and reproductive health literacy (8-13), impacting risk-taking behaviours (8, 10, 14) and help seeking behaviours (9, 10). Sexual and reproductive health has been found to be a taboo subject in several countries of origin, with stigma and embarrassment hindering access to services, specifically when seeking contraception (9, 10). These compounding factors are exacerbated by the prohibitive costs associated with health services. Research has repeatedly shown that many international students delay or forgo accessing health services, including urgent healthcare, due to financial constraints (15). International students also have concerns over confidentiality and whether a pregnancy and/or STI diagnosis would negatively affect their student visa status and, in some cases, scholarships. Delayed access to sexual and reproductive health services, such as pregnancy, testing and treatment for STIs and blood borne viruses (BBVs), may come at a greater cost to the Australian economy. Australia's national policies on HIV and other STIs note the importance of accessible testing services to reduce community transmission (16, 17). Yet, international students are largely left behind in the national response.

In short, international students are not necessarily aware of what service options (testing, contraception, etc.) are available to them. International students in regional areas are also disadvantaged due to lack of services in their areas, and travel costs associated with accessing these services. When students become aware of sexual and reproductive health services, they hold genuine concerns over the cost, or they simply can't afford them.

Increasing number of international students and HIV diagnoses

Notably, data indicates an increase in STI and BBV notifications in populations from East and Northeast Asia (18), where a majority of international students are from. Over half (61%) of Asian-born men diagnosed with HIV between 2014-17 were international students (19).

Delayed sexual health screening contributes to onward community transmission of STIs and BBVs

Early sexual health screening is critical to reducing transmission of STIs and BBVs, with regular screening foundational to national strategies on prevention (16, 17), and blueprints to virtually eliminate HIV transmission by 2025 (20). However, genuine concerns over cost (including pathology tests), lack of awareness,

and confusion over navigating the Australian healthcare system could result in international students delaying sexual health screening.

Unaffordable pregnancy-related healthcare – bad for mother and baby (and the economy)

Pregnancy care and termination services often have a 12-month waiting period, with high out-of-pocket costs (21). Studies indicate that the waiting period for pregnancy-related services has led to access and equity challenges, resulting in university dropouts, reluctant terminations, sex work to pay for unplanned children, and severe mental health issues compounded by multiple terminations (22). Regular antenatal care during pregnancy may help prevent complications for both mother and baby, with early intervention reducing associated healthcare costs. International students who continue with their pregnancy choose to return to their country of origin (which may impact their continuation of studies and opportunities) or to proceed while studying or living in Australia with insufficient or no antenatal care due to associated costs. A lack of antenatal care may contribute to an infant requiring newborn intensive care unit support, or ongoing complications, which may compound further financial and mental stress (22, 23).

The committee into *Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia* has recommended the amendment of Schedule 4d of the Overseas Student Health Cover Deed to abolish pregnancy-care related wait periods (24).

RECOMMENDATIONS

The current OSHC policy is unaffordable and does not meet the needs of international students, exposing inequities for international students and their Australian born counterparts. The ISSHN proposes the following actions are addressed as a matter of urgency.

- 1. An annual meeting of ISSHN, Universities Australia, the Australian Tertiary Education Commission, international student organisations, and relevant ministers and policy makers**
- 2. Universal access to culturally safe sexual and reproductive healthcare and prevention technologies**
 - 2.1 Standardise pricing across OSHC providers, including fees associated with prevention, testing and treatment inclusive of pathology tests.
 - 2.2 Eliminate waiting periods to access sexual and reproductive health, including termination of unplanned pregnancy
 - 2.3 OSHC fees and out-of-pocket costs relating to SRH are transparent and up-front, easy to understand, and cover the full costs of medical care inclusive of pathology tests and hospital inpatient treatment
 - 2.4 Affordable access to biomedical prevention technologies (biomedical contraception, PrEP and PEP), consistent with cost for Australian citizens
- 3. OSHC funded initiatives to improve sexual health literacy (including relationships, consent and pleasure) of international students that is culturally safe and appropriate, delivered by educational institutions in partnership with members from ISSHN and international student organisations.**

CONSENSUS FOR ACTION

The below organisations and individuals support the need for action on the above recommendations described in this document.



CoPAHM
Community of Practice
for Action on HIV & Mobility



Amy Mullens, Professor, University of Southern Queensland

Asha Ramzan, Executive Officer, Sydney Community Forum

Belinda Meggitt, Health Promotion Team Lead, UNSW Sydney

Catherine Gomes, Professor, RMIT University

Catherine MacPhail, Associate Professor, University of Wollongong

Danielle Hartridge, Co-Founder & Principal, IEP Advisory

Helen Rogers

Karina Reeves, Coordinator – Health Promotion, WAAC

Limin Mao, Professor, Centre for Social Research in Health, UNSW

Lisa Cranfield, Medical Service Manager, Murdoch University

Na Mon Cheung Outreach Manager SWOP NSW

Piergiorgio Moro, Co-ordinator, Multicultural Health Support Service

Jane Middleton, PhD, Social Worker

Jen Johnson, Programs Manager, Living Positive Victoria

Joseph Debattista, Sexual Health & BBV Coordinator, Metro North Public Health Unit

Kathy Htun, Macquarie University Student Representative Council

Rosemary Bond, Clinical Manager, Monash University Health Services

Rummana Shafein

Tracey Hutt, Chief Executive Officer, Family Planning Alliance Australia

And ISSHN co-chairs

Alison Coelho, Director, Coelho Networks (Alison@coelhonetworks.com.au)

Budi Sudarto, Monash University (budiadi.sudarto@monash.edu)

Corie Gray, Project Officer, Community of Practice for Action on HIV and Mobility (copahm@curtin.edu.au)

Published June, 2024

REFERENCES

1. Australian Human Rights Commission. Principles to promote and protect the human rights of international students. Sydney, NSW: Australian Human Rights Commission; 2012.
2. Australian Government Department of Education. International students | Monthly Summary 2023 [cited 2024 5/03/2024]. Available from: <https://app.powerbi.com/view?r=eyJrljoiYmY1ZDYyYWUtZDQ1Yi00YTc0LTliMjQtN2VhZDFkM2YxYzZiliwidCI6mRkMGNmZDE1LTQ1NTgtNGIxMi04YmFkLWVhMjY5ODRmYzQxNyJ9>.
3. Australian Government Department of Education and Training. Research snapshot: Export income to Australia from international education activity in 2016-17. Canberra, ACT: Department of Education and Training; 2017.
4. Australian Government DoE. Education export income - Financial Year 2024 [cited 2024 1 Apr]. Available from: <https://www.education.gov.au/international-education-data-and-research/education-export-income-financial-year>.
5. Australian Government. The value of international education to Australia. Canberra, ACT: Australian Government; 2015.
6. Australian Government. Australian Universities Accord. Canberra, ACT: Australian Government; 2024.
7. Australian Government. Australian Strategy for International Education, 2021 - 2030. Canberra, ACT: Australian Government; 2021.
8. Lim MS, Hocking JS, Sancu L, Temple-Smith M. A systematic review of international students' sexual health knowledge, behaviours, and attitudes. *Sexual health*. 2022;19(1):1-16.
9. Parker A, Harris P, Haire B. International students' views on sexual health: a qualitative study at an Australian university. *Sexual health*. 2020;17(3):231-8.
10. Mundie A, Lazarou M, Mullens AB, Gu Z, Dean JA. Sexual and reproductive health knowledge, attitudes and behaviours of Chinese international students studying abroad (in Australia, the UK and the US): a scoping review. *Sexual Health*. 2021;18(4):294-302.
11. Engstrom T, Waller M, Mullens AB, Durham J, Debattista J, Wenham K, et al. STI and HIV knowledge and testing: a comparison of domestic Australian-born, domestic overseas-born and international university students in Australia. CSIRO Publishing; 2021. p. 346-8.
12. Simpson S, Clifford C, Ross K, Sefton N, Owen L, Blizzard L, et al. Sexual health literacy of the student population of the University of Tasmania: results of the RUSSL Study. *Sexual Health*. 2015;12(3):207-16.
13. Cassidy C, Curran J, Steenbeek A, Langille D. University students' sexual health knowledge: A Scoping literature review. *Canadian Journal of Nursing Research Archive*. 2015:18-38.
14. Okeke SR. How perceived Australian sexual norms shape sexual practices of East Asian and sub-Saharan African international students in Sydney. *BMC Public Health*. 2021;21:1-11.
15. Backman B, Dunn M, George NA, Whiteside B, McKay FH. "Am I Really Living or Just Getting by?" Financial Security and Health-Related Decisions among International Students in Australia. *Journal of Studies in International Education*. 2023:102831532311781.
16. Australian Government. Fourth National Sexually Transmissible Infections Strategy. Canberra, ACT: Commonwealth of Australia; 2018.

17. Australian Government. Eighth National HIV Strategy. Canberra, ACT: Commonwealth of Australia; 2018.
18. King J, McManus H, Kwon A, Gray RT, McGregor S. HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2022. Sydney: The Kirby Institute, UNSW Sydney; 2022.
19. Blackshaw LCD, Chow EPF, Varma R, Healey L, Templeton DJ, Basu A, et al. Characteristics of recently arrived Asian men who have sex with men diagnosed with HIV through sexual health services in Melbourne and Sydney. *Australian and New Zealand Journal of Public Health*. 2019;43(5):424-8.
20. Australian Federation of AIDS Organisations. Agenda 2025: Ending HIV transmission in Australia. Sydney, NSW: AFAO; 2021.
21. Multicultural Centre for Women's Health. Position Paper on International Student Access to Pregnancy-Related Care. Multicultural Centre for Women's Health: Collingwood, VIC; 2012.
22. Babatsikos G, Lamaro Haintz G. Unplanned pregnancies and sexually transmitted infections in international university students : provider opinions. Deakin University; 2012.
23. Poljski C, Quiazon R, Tran C. Ensuring rights: improving access to sexual and reproductive health services for female international students in Australia. *Journal of International Students*. 2014;4(2):150-63.
24. Parliament of Australia. List of recommendations 2023 [cited 2024 1 Apr]. Available from: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ReproductiveHealthcare/Report/List_of_recommendations.