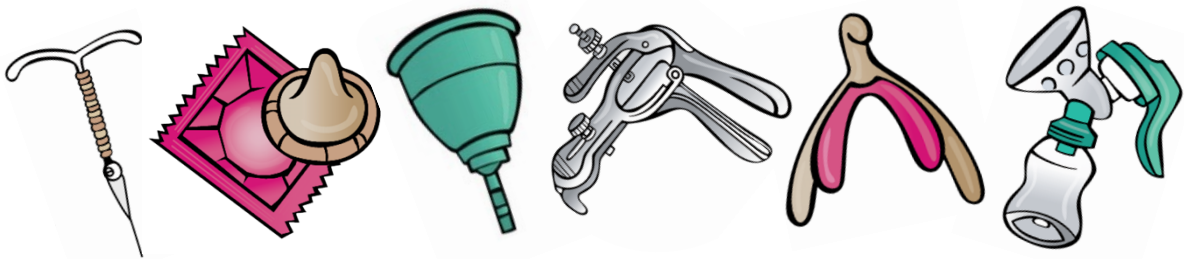




**WOMEN'S HEALTH  
IN THE NORTH**

voice • choice • power



Sexual Health Information  
Pathways Project  
– for International Students (SHIPP)

# Project Report

Findings and Recommendations

April 2020



WHIN acknowledges the support of Study Melbourne.



The SHIPP project was completed in partnership with La Trobe University, Bundoora campus. Women's Health In the North would like to acknowledge the contribution of La Trobe University's International Student Services and Accommodation Services.

Suggested citation: Women's Health In the North, (2020). *Sexual Health Information Pathways Project for International Students: Project report*. Thornbury: Women's Health In the North.

For further information about Women's Health In the North and other publications and resources, visit our website at [www.whin.org.au](http://www.whin.org.au).

---

© Women's Health In the North (2020)

This report and all its components (including formulas, data, images, and text) are copyright. Apart from fair dealing for the purposes of research, planning or review as permitted under the *Copyright Act 1968*, no part may be reproduced, copied or transmitted in any form or by any means (electronic, mechanical or graphic) without the prior written permission of Women's Health In the North. All requests and enquiries concerning reproduction and rights should be directed to the Manager Corporate Services, Women's Health In the North.



Women's Health In the North acknowledges the support of the Victorian Government.



Women's Health In the North acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services – the Wurundjeri people of the Kulin nation – and pay our respects to their Elders past and present and emerging. WHIN acknowledges that Aboriginal sovereignty was never ceded and expresses hope for justice and reconciliation.

## Contents

Contents.....	3
1. Executive Summary.....	4
2. About Women’s Health In the North .....	7
2.1 Sexual and Reproductive Health at WHIN.....	7
2.2 Sexual Health Information Pathways Project – for International Students (SHIPP).....	7
3. About Study Melbourne.....	8
4. Project Background and Context.....	8
5. SHIPP Consultation Process.....	9
6. Findings: Face-to-Face and Phone Student and Staff/Service Provider Consultations .....	10
Theme: Student, Staff and Service Providers’ Experience: Norms and Behaviours/Sociocultural Factors .....	10
Theme: Students’ Sexual and Reproductive Health in their Current Context.....	16
Theme: Healthcare.....	18
Theme: Potential Interventions to Improve Sexual and Reproductive Health for International Students .....	19
7. Online Student Consultation Findings.....	23
7.1 Preference of Information Delivery Style.....	25
8. Insurer Findings.....	26
9. Project Recommendations .....	27
10. Project Limitations .....	31
11. Conclusion.....	32
12. Glossary of Key Terms.....	33
13. References .....	34
14. Contact Details .....	34
15. Appendix 1: Consultation Processes .....	35

## 1. Executive Summary

In 2018, Women's Health In the North (WHIN) received funding from the Victorian Government's International Student Welfare Program, which funds activities to enhance the wellbeing and experiences of Victoria's international student community.

The 'Sexual Health Information Pathways Project for International Students' (SHIPP) aimed to improve the sexual and reproductive education for female international students, advocate for their rights, equip them with the skills and understanding to negotiate safe and consensual sexual relationships, and increase their access to sexual and reproductive health services. The SHIPP project builds on WHIN's existing sexual and reproductive health work, leadership and resourcing. This includes:

- development and implementation of A Strategy for Going South in the North (2016–2021)
- health practitioner sexual and reproductive health education and training
- coordination, resourcing and chair of the Going South in the North Strategic Advisory Group and Community of Practice
- development and implementation of various sexual and reproductive health projects.

Extremely high numbers of unplanned pregnancies, terminations and sexually transmissible infections (STIs) occur for female international students studying in Australia. Deakin University's research report *Unplanned Pregnancies and Sexually Transmitted Infections in International University Students Research* (2012) revealed the complex interlinking factors that contribute to this issue for female international students, including:

- extremely low levels of basic sexual and reproductive health literacy
- moving from conservative cultural norms, values into a highly-sexualised university environment
- contraception being viewed as a woman's responsibility, and misinformation and low literacy around contraception
- poor access to health services, and a mistrust of doctors
- reproductive coercion, sexual assault, rape and violence against women
- social isolation.

The SHIPP project was delivered in partnership with La Trobe University. This included consultations with international students, staff and service providers to gain a sound understanding of sexual and reproductive health literacy, issues and barriers to access services and information. A total of 28 international students and eight staff/service providers were consulted. The majority of these consultations occurred in a face-to-face format, in addition to online and phone consultations.

These consultations aimed to establish an understanding of the students':

- sexual and reproductive health literacy e.g. STIs, contraception and pleasure
- understanding of consent and respectful relationships
- knowledge of options in the event of unintended pregnancy
- understanding of what is provided by overseas student health cover (OSHC)
- level and experience of access to sexual and reproductive health services and information
- experience of sexual and reproductive health education and health promotion through La Trobe University

- preferred methods of delivery of sexual and reproductive health information.

WHIN project staff transcribed and analysed the qualitative data thematically, then compared and contrasted across groups. Facilitators of the consultation groups also completed post-session reflections wherein they documented insights, key observations and emerging themes.

One follow-up online consultation was open to the 28 international students who attended the face-to-face consultation groups. The purpose of this online consultation was to test different styles of information delivery in relation to one sexual and reproductive health topic.

Additional information was also sought via phone and email consultations conducted with overseas student health cover insurance providers Medibank and BUPA, Family Planning Victoria, Mercy Hospital for Women, Centre for Culture Ethnicity and Health, Multicultural Centre for Women's Health and La Trobe University International Student Services.

The following key conclusions emerged from consultation groups:

- inadequate knowledge of OSHC among international students
- importance of increasing the capacity and capability of university staff to support international students
- persistent misunderstanding of informed consent among international students
- lack of knowledge about abortion laws and services
- heterogeneity of the international student population
- lack of access to female doctors
- persistent stigma, fear and shame around accessing sexual and reproductive health services
- persistent stigma, fear and shame around the topic of unintended pregnancy
- value in information delivery to gender-specific groups
- the internet as a major source of sexual and reproductive health information
- a need for targeted, impactful sexual and reproductive health communication strategies for international students
- the sociocultural dissonance between international and domestic students, highlighting both the gap in sexual and reproductive health knowledge between the groups and the ongoing pressure to conform to norms in a new country.

This report provides recommendations to support the sexual and reproductive health of international students studying in Australia, largely calling for commitment and strategic direction from tertiary institutions to overcome barriers to lasting change.

SHIPP project findings support existing evidence about sexual and reproductive health outcomes for international students and highlight the need for tertiary institutions to apply a greater intersectional lens to their provision of information and services. The findings emphasise the importance of improving the sexual and reproductive health literacy of international students studying in Australia, both to promote their sexual and reproductive health outcomes and also their general safety and wellbeing.

It should be noted that over the course of this project, Women's Health In the North began work to apply an intersectional lens to the organisation and its outputs. As part of this process it was agreed that the term 'female international students', as it was used in the original project brief, is not an accurate representation of the students involved in this project. The term female refers to a person's

biological sex. This project, instead, focused on student's gender identity and therefore uses the language of woman/man/gender diverse throughout this report. The term female is still used at certain points, as this is the language used in referenced research and data.

## 2. About Women's Health In the North

Women's Health In the North (WHIN) is the women's health service for the northern metropolitan region of Melbourne. WHIN is a not-for-profit, member-based organisation committed to improving the health, safety and wellbeing of women. WHIN is run for and by women.

WHIN's vision is that all women in the northern region have voice, choice and power in all aspects of their health and wellbeing.

WHIN's priority areas are: gender equity, health and wellbeing, sexual and reproductive health, economic equality, prevention of violence against women, family violence system leadership and environmental justice.

### 2.1 Sexual and Reproductive Health at WHIN

All women have the right to optimal sexual and reproductive health. This includes the freedom to express their sexuality and to choose if, when and how they reproduce, access to affordable sexual and reproductive health services and to experience safe respectful intimacy and relationships.

WHIN provides leadership and resourcing for strategic regional work to promote women's sexual and reproductive health, including the development and implementation of *A Strategy for Going South in the North 2016–2021*. WHIN established and resources the Going South in the North Strategic Advisory Group and Community of Practice to provide networking and professional development opportunities. In addition, WHIN delivers a range of sexual and reproductive health education sessions and professional development.

For more information and access to our sexual and reproductive health fact sheets and strategy, *A Strategy for Going South in the North 2016–2021*, please visit <https://www.whin.org.au/current-work/sexual-and-reproductive-health/>.

### 2.2 Sexual Health Information Pathways Project – for International Students (SHIPP)

In 2018, WHIN received funding from the Victorian Government's International Student Welfare Program – Study Melbourne which funds activities to promote the wellbeing and experiences of Victoria's international student community.

WHIN's 'Sexual Health Information Pathways Project – For International Students' (SHIPP) aimed to address the high rates of unplanned pregnancies, terminations and STIs for female international students studying in Australia. This project was delivered in partnership with La Trobe University, and worked to improve students' sexual and reproductive health through education, advocacy and access to health services.

### 3. About Study Melbourne

Study Melbourne provides dedicated services that support international students in Victoria. The Study Melbourne Student Centre offers free and confidential support and information 24 hours a day, seven days a week. It encourages online communities, cultural experiences and exclusive social events for international students. It also enables and promotes personal development and employability programs to enhance the study experience.

### 4. Project Background and Context

Research from Deakin University indicates that extremely high numbers<sup>1</sup> of unplanned pregnancies, terminations and STIs are occurring for the 230,000 plus female international students studying in Australia (Babastikos & Lamaro, 2012; Multicultural Centre for Women's Health, 2013), a fact that is widely acknowledged within the international education industry. The majority of these unplanned pregnancies occur within the first 12 months of arrival.

The consequences can be dire for female international students. For many, there is huge cultural shame around pregnancy outside of marriage, which, coupled with the loss of their substantial course fees, and fear of deportation or family backlash often results in women delaying connecting with health services until very advanced stages of pregnancy. For many female students, there is a lack of partner support, with the burden of responsibility falling primarily on their shoulders.

OSHC for international students studying in Australia is mandatory, however pregnancy and birth-related health cover is not included in the first 12 months. This is despite research showing that more than 70% of all claims for pregnancy-related treatment for all international students occur within the first 12 months of cover, and between 33% - 48% of claims for all hospital items relate to pregnancy. There is a significant lack of transparency from health care providers, and many students are unaware of this clause in their insurance.

Anecdotal evidence reveals a number of poor health outcomes specifically linked to study-related debts and the nuanced experience of being a female international student. These can include poor mental health and depression for those who have unplanned pregnancies and terminations, along with interrupted, or ceased, studies.

Deakin University's research report entitled *Unplanned Pregnancies and Sexually Transmitted Infections in International University Students Research* (2012) revealed the complex interlinking factors that are contributing to this issue for female international students.

---

1. It is very difficult to get data on numbers, due to the stigma concerning this topic. This issue has been identified as a high priority based on confidential and unpublished data from international student health insurance companies, revealed to the Deakin University Medical Centre, which showed a high rate of terminations amongst international students studying at Deakin University. One third of abortions conducted in Adelaide involved international students, with the majority of Chinese origin. We know that the international student industry is aware of the issue. This project contributed to the evidence base about this issue and to increasing the understanding of the issue for women.



These include:

- extremely low levels of basic sexual and reproductive health literacy
- moving from conservative cultural norms, values into a highly-sexualised university environment
- contraception being viewed as a woman's responsibility, and misinformation and low literacy around contraception
- poor access to health services, and a mistrust of doctors
- reproductive coercion, sexual assault, date rape and violence against women
- social isolation.

The report clearly identified that international students have substantially different sexual and reproductive health knowledge, different experiences of risk, different requirements of sexual health information and different health access pathways compared to domestic students. It is essential that any investigation in this area is informed by the voices of these students and tailored to their unique needs and delivered in a culturally sensitive way.

It should be noted that this study was informed by conversations with service providers as opposed to international students.

## 5. SHIPP Consultation Process

### Face-to-face

Students were free to participate in whichever face-to-face consultation group they felt most aligned with their own gender identity, or to attend a group open to all genders. Five face-to-face consultation groups were held:

- Two consultation groups were held with those who identify as women.
- One group was held with those who identify as men.
- One group was held with students of all genders.
- One group was held with La Trobe University staff and service providers (who all identified as women).

The participants of all face-to-face consultation groups were recruited by International Student Services at La Trobe University through a variety of methods including:

- advertisement of SHIPP consultation sessions in e-Newsletters sent to the international student cohort
- direct email invites
- word of mouth.

Students who participated received a monetary incentive of a \$25 Coles Myer voucher.

### Online

One online consultation was conducted with international students who attended one of the four face-to-face consultation groups. 25% of those involved in these groups participated in the online consultation. Students who participated received a monetary incentive of a \$30 Coles Myer voucher.

### Phone and email

In addition to this, phone and email consultations were conducted with overseas student health cover insurance providers Medibank and BUPA, Family Planning Victoria, Mercy Hospital for Women, Centre for Culture Ethnicity and Health, Multicultural Centre for Women's Health and La Trobe University International Student Services.

For further details regarding the consultation processes and methodology please see Appendix 1.

## 6. Findings: Face-to-Face and Phone Student and Staff/Service Provider Consultations

### Theme: Student, Staff and Service Providers' Experience: Norms and Behaviours/Sociocultural Factors

#### Sub-theme: Sociocultural dissonance and taboos around sex

La Trobe University has a diverse cohort of international students with varying experiences of norms and behaviours around discussing and managing their sexual and reproductive health. One student who participated in the women's consultation group relayed an active disinterest in learning about sexual and reproductive health as she did not 'plan on having sex anytime soon' yet desired more publicising of other elements of sexual and reproductive health information beyond sex itself. This one comment demonstrated a barrier to the education of students as the intimidation or reluctance to engage with sexual and reproductive health in the first place. This cohort of International students, as well as staff, suggested that sex and sexual and reproductive health were not topics discussed in some of the communities with which students identified, with one student expressing that if she were to access sexual and reproductive health while wearing her religious attire she felt she would attract attention and potentially experience stigma.

The sociocultural dissonance between the norms of students' home countries and their current context was expressed by a student who participated in the men's consultation group:

*So even the awareness that has to be created has to be done gradually. Because it's a huge shift when you move from one country to another country and you know, to start talking about these issues (pregnancy and sexual and reproductive health) out in the open, it requires a lot of confidence...*

- International student (participant in men's consultation group)

This comment also highlighted this student bearing personal responsibility; requiring 'confidence' for bridging this gap in knowledge and communication. The call for a gradual increase in awareness is a reminder to sexual and reproductive health educators to apply a culturally sensitive lens in supporting students to improve their sexual and reproductive health knowledge and practice.

In comparing the responses between the three groups (student groups and staff and service providers), there was uniformity in the discomfort and difference in experiences and cultural norms around sexual and reproductive health and sexuality.

Some staff described reports of young women experiencing peer pressure to conform to Australian culture, a culture that for this staff member is suggested to include engaging in sex:

*But I've heard of young women actually, I've heard of that (cultural pressure) being used against them. People say this is how we do it in Australia.*

- Staff participant

This comment further emphasised the sociocultural dissonance between international and domestic students, highlighting both the gap in sexual and reproductive health knowledge between the groups and the ongoing pressure to conform to norms in a new country. Additionally, this drew attention to the impact of domestic students on the sexual and reproductive health of international students and requires sexual and reproductive health educators to consider addressing the existing diversity of sexual and reproductive health knowledge and attitudes within and between both groups of students.

#### Sub-theme: Gendered norms around sex

International students who participated in the women's consultation group described the increased societal objectification of women compared to men. They discussed the contradiction of women being shamed for enjoying sex or having multiple sexual partners, as well as the negative mental health impacts, while men's sexual 'needs' are justified as biological. A student who participated in the men's consultation group could also confidently say that he was 'behaving quite well' on the premise that he had just one partner. Another student's comment of 'male partner cannot push [sexual activity if female partner does not want]' had an underlying understanding that this is a deviation from a historical gender norm akin to only relatively recently recognised marital rape.

Given the diversity of students attending La Trobe University, it is likely that there are students within the international student cohort who have had female genital cutting (FGC), or have come from communities where FGC is traditionally practised. One student who participated in the women's group consultation referred to FGC as a practice to prevent women from feeling pleasure and confining their 'job' to childbearing. The impacts of FGC on sexual and reproductive health should be included when comprehensively addressing the sexual and reproductive health needs of international students. This issue needs to be addressed with respect and sensitivity. It should also include prevention messages about the practice that draw upon the existing body of work in this area in Victoria. See the following link for WHIN's FGC resources and information, <https://www.whin.org.au/resources/sexual-and-reproductive-health-resources/>.

#### Sub-theme: Respectful/healthy relationships

Students who participated in the women's consultation group conveyed ideals reflecting traditional relationship norms as being healthy. These included family approval of relationship and marriage before engaging in a sexual relationship. Other attitudes of preserving family honour and enduring unhealthy relationships appeared. One student pointed out the traditional gender norms of women's submission to their husband and that this attitude would be considered healthy in her home country. Other ideas of a healthy relationship being a precursor for a healthy consensual sexual life were also expressed.

*Sometime I still really confusing about that because I come from a really Eastern culture, where healthy relationship means totally different from Western culture. For example, in my country, the wife most of the time going to be the submissive one and has to really listen to the husband. That is a healthy relationship. But then for Western cultures as in the opposite, or maybe THEY have equal rights. So for me I don't know.*

- International student (participant in women's consultation group)

Some students who participated in the men's consultation group expressed concern around the privacy surrounding the sharing of their intimate problems or their partner doing so. If students do not share their problems with other peers, friends or support services, they hold this emotional burden alone and are unlikely to access support services. This also suggested dominant ideals and gendered stereotypes of unhealthy masculinity by way of self-reliance and stoicism. This was a finding from another Australian study where male international students were found to be at increased risk of several adverse health outcomes while also being less likely to seek help for mental health and related problems (Skromanis et al., 2018). The comments of self-reliance and not sharing problems can be interpreted through the *Change The Story Framework* (VicHealth, Our Watch, & ANROWS, 2015) that iterates 'men's control of decision making and limits to women's independence' as a gendered driver in violence against women.

### Sub-theme: Sex and pleasure

Students who participated in the women's consultation group expressed a variety of ideas around sex and pleasure. These included the separation of reproductive value and pleasure, gendered norms and taboos of experiencing pleasure and the importance of intimacy and respect in negotiating sexual activities. One student who participated in this same group noted the difference in pressure from a partner to experience pleasure and the personal desire to feel pleasure. Another student described pleasure to be forbidden outside of marriage. This idea can perhaps be linked to the contradiction of women being shamed for enjoying sex while men's desire for pleasure is understood as a biological function.

Students who participated in the men's consultation group were more obtuse in expressing ideas when asked about sex and pleasure:

*It's also important to while you are having sex, you need to understand that it's not that you always need to be wild. You need to understand. You need to respect the sexual activity. The mood, and that's not just from the male's perspective. It should be from both.*

- International student (participant in men's consultation group)

This comment appeared sex negative and was another example of taboos held, even by those who may be sexually active. It is assumed that sex negative attitudes are inhibitive in discussions around sex, consent and in seeking health services. However, students who participated in women's and student who participated in men's consultation groups aligned when speaking about sex being a shared moment, a 'mutual understanding', where communication about pleasure should come from both partners.

One staff member spoke of a recent La Trobe University health promotion intervention 'Get Cliterate' that educates students on sex and pleasure in a sex-positive framing. This intervention

needs to be adapted so that it is delivered in a culturally sensitive and accessible way for international students.

### Sub-theme: STIs knowledge and stigma

Participants from both the women's and the men's consultation groups had limited knowledge of STIs and some related misinformation. Comments referring to hygiene illustrated beliefs that those contracting STIs are inherently dirty and highlighted the fear of being labelled as unclean for having an STI.

One student who participated in the women's consultation group referred to the stigma and shame faced by those who have an STI:

*You don't want to be known as that kind of person [with an STI]. Be classified as ... separate from us, we shouldn't be associated with you because you are this thing, but it may not even be their fault.*

- International student (participant in women's consultation group)

One student who participated in the men's consultation group was aware of the need to engage in STI testing from a resource he had read but was unsure of the recommended timeframe between checks. Another student alluded to the practice of safe sex not being limited to vaginal penetration, but to also include oral sex.

Considering that all STIs have either curable treatment, or successful management through access to treatment, the unnecessary and misinformed stigma reflects a lack of sexual and reproductive health knowledge within this cohort. This perhaps indicates a reluctance to engage in health-seeking behaviour. With students coming from diverse backgrounds, such ideas reflect a likely social reality wherein the level of access to care in some home countries of those living with HIV may be not at the same level of coverage as in Australia. That being said, HIV stigma is still strong in Australian society, despite the liveability of HIV (Department of Health, 2018).

### Sub-theme: Contraception knowledge

Students who participated in the women's consultation group related some knowledge of condoms, oral contraceptive pill and intrauterine devices (IUDs), but had little knowledge of other long acting reversible contraceptives (LARCs) and emergency contraception (formerly known as 'the morning-after pill'). They were misinformed about diaphragms, referring to them as female condoms, which they are not. They also referred to emergency contraception as the 'post-day pill' which 'might help', reflecting misinformation not only about the timeframe for using emergency contraception, but also its efficacy. Other ideas of limiting numbers of partners as a contraceptive may also be stigmatising, conflating sexual experience with an increased chance of STIs. Such comments appeared sex negative, amplifying both STI stigma and taboos associated with having multiple sexual partners. One student acknowledged the limited scope of information about contraception they had previously received in the classroom:

*First thing is those classes, they used to say that [there] are just two methods, say no, or just a condom.*

- International student (participant in women's group)

Students who participated in the men's consultation group were much more guarded when asked about contraception, with hesitance to speak about condoms. Some students were aware of contraceptive pills, IUD and vasectomies, but did not offer information beyond naming contraception types.

One staff member was informed about the types of contraception but other staff participants did not know about different methods of LARCs. Another staff member said they would not feel comfortable advising on this matter:

*We certainly wouldn't promote it [LARC] because we consider it outside the area of our confidence, so it'd be better off referring to someone else.*

- Staff participant

Prevention of unintended pregnancies and STI transmission rely heavily on access to contraceptives, and the lack of knowledge in this area is a barrier for students in managing their sexual and reproductive health. Minimal knowledge of contraception, or lack thereof, begs for the provision of comprehensive information to enhance healthy sexual decision-making for these students. Ensuring the sexual and reproductive health of university staff can help facilitate the provision of support to international students as needs arise.

#### Sub-theme: Unintended pregnancy/abortion knowledge and stigma

All students and staff detailed the significant impacts of unintended pregnancy on a pregnant student's education, finances, wellbeing, and mental health, regardless of the choice she might make regarding the pregnancy. Other significant discussion points were the social impacts of experiencing social exclusion and judgment, feelings of shame and guilt from community and family in home countries and in current situations, and the uncertainty of reactions. Fear of reaching out and risking reputation was also a cause for anxiety. Students expressed concerns about feeling guilty if they were to choose abortion:

*I think I would be feeling guilty my whole life, and I don't want to carry that negative feeling for the rest of my life. Sometimes I've heard that many women who decide to abort, which I completely respect the decision, of course, because you are in charge of your body as well, but I think most of the women I've known and I've heard of, they feel guilty and miserable the rest of their lives. So I think I don't want to carry with those negative feelings.*

- International student (participant in women's consultation group)

Uncertainty about where to access abortion and its associated costs emerged among students. One staff member questioned how international students would know their options in the event of an unintended pregnancy, and where they can access those options. Considering that pregnancy-related services are not included within the first 12 months of OSHC, it is vital that international students are aware of this clause in their insurance on arrival, in addition to where they can access termination services if desired.

### Sub-theme: Differing sex educations – by country and by gender

A variety of experiences of sexual health education were related by students. Awkwardness and hesitancy on the part of teachers meant that lessons were taught in a way that students did not understand. Gender segregation for sexual health education meant that:

*...girls were told only about periods and about sanitary napkins. [The boys were told] about masturbation and how to use a condom.*

- International student (participant in women's consultation group)

When students were asked 'Do you think that you'd want to hear about men's sexual and reproductive health' in the women's session, and vice versa? 'Do you think it's important for men and boys to learn about women's sexually reproductive health?', participants in the women's consultation group agreed, with one student expressing that knowledge of each other's sexual health concerns would be empowering in knowing her responsibilities.

Students who participated in the men's consultation group had little understanding of what constitutes good sexual and reproductive health with many views expressing misinformation that was also stigmatising and sex negative:

*[Good sexual and reproductive health is]... to keep track of things they're doing, like how many sex they're having a week or something like that. For me, it's something like that. Like if I'm having sex 10 days, 10 times in a week, something like that.*

- International student (participant in men's consultation group)

*It's not good to have sex more number of times, because it might affect your hormones, like as a guy, if you're having sex. Same goes for the girls. It might, I don't know how to put that, but from a female's perspective. But from a man's perspective, important to be responsible and not be involved in sex a multiple number of times. I think it affects your hormone count or something like that. If you get involved in sex on a regular basis.*

- International student (participant in men's consultation group)

*I would say it's signs of bleeding, which we really get it. Sometimes some of your organs start bleeding due to unwanted or more of the sex.*

- International student (participant in men's consultation group)

Barriers to assessing one's own sexual and reproductive health and being sensitive to the sexual and reproductive health of a partner were apparent. One staff member acknowledged the responsibility of La Trobe University in equipping students with the skills and knowledge to manage their own sexual and reproductive health.

International students are not one homogenous group but have varied cultural backgrounds and educations around sex education. A sexual and reproductive health education based on misinformation and taboos may be just as detrimental as having no formal sexual and reproductive health, or even more so if it creates a challenging barrier to improving knowledge and practices.

## Theme: Students' Sexual and Reproductive Health in their Current Context

### Sub-theme: Seeking reliable information and information sources

Students who participated in the women's consultation group pursued various sources for seeking reliable information. These included asking friends, searching online, visiting general practitioners, reading flyers pasted around campus and in bathrooms, using mobile sexual and reproductive health applications, as well as what they see in film and media. Numerous students expressed concerns that content on the internet was not necessarily trustworthy. Though students who participated in the women's consultation group said they discussed sexual and reproductive health with their friends, they acknowledged the limitations of knowledge and experience.

Students who participated in the men's consultation group did not relate to discussing sexual and reproductive health with their peers or friends. They identified reading articles (presumably online), noticing flyers in accommodation services, being sent emails from La Trobe University and visiting their general practitioner for information.

Staff participants, considered the internet and peers as sources of information.

### Sub-theme: Consent Matters module and consent in practice

When participants in the women's consultation group discussed consent and the Consent Matters<sup>2</sup> online module available through La Trobe University, they related a positive experience where they learnt to be more protective of themselves and their friends. They also noted that this behaviour is deviant from bystander behaviour at home, where consent breaches were perhaps ignored during and after the fact. They related feeling confident negotiating consent and discussing consent with friends. One student said:

*I think for me, the sexual consent happens before anything starts.*

- International student (participant in women's consultation group)

Yet, another student described her experience from a less explicit stance:

*I will let you know if I'm fine or not it's an unspoken thing for me. I'm not saying it's right or wrong or that it should be the same for everyone but if I'm enjoying myself and I'm having a good experience I don't want someone asking, 'is this ok?'*

- International student (participant in women's consultation group)

Students who participated in the men's consultation group had a more relaxed approach to consent and the module:

*When you're in that situation, you will not think about what the module says. You will just go by the understanding of what the other person is.*

- International student (participant in men's consultation group)

---

<sup>2</sup> For more information on the Consent Matters online module visit

<https://www.latrobe.edu.au/mylatrobe/consent-matters-what-is-it-and-why-its-important-to-you/>



*Comfort in the people who are engaging in the act. If something's not going well, it's very much evident on your face or in your behaviour. So that's very much, you will start picking up things from there. So that's how simple it is. At least for me, it is.*

- International student (participant in men's consultation group)

Considering the complexity of consent and its negotiation, a reliance on non-verbal cues as is expressed here may signify a need for adapting the modules and similar resources to target male students. Value also lies in explicitly addressing the concept of enthusiastic consent: an ongoing process which is voluntary, informed, mutual, honest, sober and wanted, indicating permission to engage in sexual activity that has been mutually agreed upon. WHIN's stance on consent is clear: enthusiastic consent is non-negotiable. It is act-specific, ongoing, and may be withdrawn at any time.

A staff participant related a disclosure from an international student of sexual harassment from another student, wherein she said that she only realised that the behaviour that she had experienced was not consensual upon completing the module. This retrospective realisation demonstrates the importance of university staff in providing guidance to students when a need arises; to have the skills to manage disclosure and to make a referral to appropriate support services.

#### Sub-theme: Implications of unintended pregnancies

Beyond the attitudes around abortion, the practicalities and implications of unintended pregnancy were discussed. Students who participated in the women's consultation group related concerns about telling family in the home country, where abortion laws may be different. One student gave an example of a friend who was covered by OSHC but still had to defer a semester. The financial burden of not being able to work during semester breaks due to pregnancy or birth was also related, with the necessity of this work for paying for future tuition.

Students who participated in the men's consultation group empathised with mental and family stress, and the fear of revealing the pregnancy to new friends. One student was explicit about the role of a partner in the event of an unintended pregnancy. However, the student's comment reinforced traditional notions of gender roles wherein the man is the gatekeeper for the woman's health:

*The best way to deal with the situation is that the partner should be more responsible, and he's the one who should be taking care of the girl. Because no matter what the girl tell her partner, that such as this things and that so that's not just the girl. It's her partner, also.*

- International student (participant in men's consultation group)

Staff participants had a wider range of responses on this topic. Beyond the emotional and social impacts, staff related the impacts on study, but also the avenues of university support available to students, such as through the Equity, Diversity and Disability services currently available at La Trobe. Staff related longer term effects of failed semesters and financial consequences for students and their families. They also questioned the clarity of support avenues, and that students may be inhibited from accessing services at the risk of losing study visas or good standing with the university.

### Sub-theme: Knowledge of pregnancy choices, abortion laws and processes

Students consulted did not know whether abortion was legal, and did not know about medical abortion, the processes of abortion nor the timeframes for access. Some had misinformation, taken from current news about the legality. One student related the assumption that abortion is legal, describing Australia as a progressive country. However, there was a lack of awareness of the disparity in laws between states.

One staff member remarked that decriminalised abortion did not necessarily mean practical access, and none of the other staff knew for certain the legal stance on abortion in Victoria.

## Theme: Healthcare

### Sub-theme: Accessing condoms

Some students knew about the availability of free condoms on campus – either as promotions or at residential services. There was also awkwardness in discussing this topic, with two students who participated in the women's consultation group relating stories where they experienced attitudes of awkwardness and shame in accessing condoms in a public space, and concerns of whether they would be judged by others.

### Sub-theme: Accessing healthcare services

On accessing healthcare, students who participated in the women's consultation group identified the value of seeking a doctor speaking their own language, and being able to see a woman doctor. One student noted that there were no woman doctors available at La Trobe Medical Centre and she would be seeking a new clinic for her care. Another student spoke of the confusion about the referral systems involved in making appointments to see specialists. One student related distrust of telehealth services after a negative experience.

Students who participated in the men's consultation group relayed little information on this matter but had knowledge of community health services. Students' limited engagement with healthcare services may explain the lack of understanding around contraception previously noted, as healthcare services are a potential information pathway.

### Sub-theme: Overseas Student Health Cover (OSHC)

When asked if she organised her own OSHC, a student who participated in the women's consultation group said:

*I didn't get mine (OSHC) personally done. I'm in the scholarship and my sponsors, they deal with that. I just activate it. I don't even know what's covered in mine, to be honest.*

- International student (participant in women's consultation group)

One student remembered Allianz providing an information booth at orientation, and another student talked about Allianz coverage not being financially worth accessing when paying for her oral contraceptive pill as the minimum spend required to claim benefits surpasses her average prescription cost.

Some students remembered Allianz having information sessions where this information was provided and that pregnancy care was not included for the first year while in Australia but did not know much about the coverage of contraception.

One staff participant admitted to scarce knowledge of OSHC, its place within the university and the coverage involved for international students.

## Theme: Potential Interventions to Improve Sexual and Reproductive Health for International Students

### Sub-theme: Face-to-face approaches

Students who participated in the women's consultation groups spoke positively about face-to-face interventions. Some suggestions were small group sessions that were interactive and informal for learning sexual and reproductive health information. Participants were asked 'What would help you feel like it (education session) was something you could go to?'. With the agreement of other students, one participant responded:

*Other topics. Sexual health. Mental health. General health. Different parts of it. Then I'll go, that's the feeling about the pressure or hesitant at all.*

- International student (participant in women's consultation group)

One student who participated in the women's consultation group believed that an explicit invitation to a 'sex discussion' would not be well-attended. Staff also reflected this idea in reference to a general practitioner-led information session:

*Because I think that came up once we tried to get the medical doctor to come out every so often to residential and different things... If we frame it in sex education, nobody will come to the session, but if we frame it in health and wellbeing ... And then the students get to know the doctor and feel confident with the doctor or whatever. The likelihood is they will approach that doctor about more information or their concerns.*

- International student (participant in women's consultation group)

Another student suggested a specific counsellor for matters regarding sexual and reproductive health, where she could go speak with someone with knowledge, without having made an appointment. Some students who participated in the women's consultation group expressed an interest in having both public and private face-to-face options:

*If you send a private email for every student telling them that you have private sessions, public sessions as well because some people are comfortable talking privately, their stuff, but some people are not.*

- International student (participant in women's consultation group)

Students who participated in the men's consultation group expressed that they were open to face-to-face approaches but were more comfortable if it was facilitated by a man, and one student explicitly stated that they would not approach a woman staff counsellor if seeking one-to-one advice. Some students expressed a preference for an international peer-facilitator/educator, similar in

relationship to the student-leader program that some of these participants were a part of. Some students also expressed that they would prefer someone from the same cultural group to impart sexual and reproductive health information.

Participants from both the women's and the men's consultation groups felt there should at least be a component of sexual and reproductive health that was gender-segregated, if not all content be delivered separately. Some students expressed that they would feel more comfortable in a group session with facilitators and participants of their own gender.

*I think you can have a mixed session, initially. Then at a certain part, you can separate them into males and females and then it will be the best.*

- International student (participant in men's consultation group)

*There might be something that we can't say in front of the opposite gender. Maybe someone might feel uncomfortable.*

- International student (participant in women's consultation group)

*I think it's better if we can separately, because women and men, our body function differently and our thinking also different.*

- International student (participant in women's consultation group)

Staff reflected some of these same concerns about mixed and gender-segregated sessions. One staff member suggested that the facilitator or counsellor being external of the university might increase a sense of privacy and confidentiality, with an assurance that conversations would not come back to La Trobe.

Other suggestions put forward by staff were training up student leaders to triage sexual and reproductive health concerns within the student body:

*Just want to say as well that we train up our student leaders extensively over a week. Even if we don't specifically say, if an actual student comes up to you and has an unwanted pregnancy, they know how to refer on and how to support and hold space for them really in a beautiful way. So I think that's key as well because there are linked to the students.*

- Staff participant

Another staff member working within residential services referred to existing sexual and reproductive health promotion:

*It's [Sex Week, through Accommodation Services] five days of doing events and evening events.*

- Staff participant

Existing programs at La Trobe University should be tailored to be culturally sensitive and accessible to international students.

### Sub-theme: Digital and phone-based approaches

Students had mixed responses when speaking about digital approaches. One student who participated in the women's consultation group did not want any paper based learning, and another student in the same group suggested sexual and reproductive health resources on the La Trobe

University website akin to information provided related to finances or other topics. Throughout all consultation sessions, students referred back to the La Trobe University Consent Matters module as informative and engaging and another student who participated in the women's consultation group suggested a sexual and reproductive health module as parallel or within the consent module:

*Maybe it's in the module, it's going to be that kind of video, more interactive, more like putting the situation in another way with another perception, it's going to be more meaningful and practical.*

- International student (participant in women's consultation group)

Students who participated in the men's consultation group suggested a phone line similar to 1300 La Trobe that they could call if in need of sexual and reproductive health information, and other students in this group said they would prefer this method to receiving information by email, due to high volume of emails already received:

*So I know that out of all the mails sent, some sort of information of here, I know that if I called this fellow up, he will direct me to the right person. So I would rely on that, rather than going through all those mails, opening them, you know?*

- International student (participant in men's consultation group)

Another student suggested the use of media such as memes on screens in public spaces as a form of information sharing:

*But they have these big screens and I think that can be used to do a slide show regarding that. But a video... could be too long or people are in a rush. But a slide show containing memes or something would be ways to increase people's awareness.*

- International student (participant in men's consultation group)

Staff reflected similar ideas where short-form information could be relayed in lieu of longer information sessions.

*In order to reach that group [students who are choosing not to access sexual and reproductive health information] we probably look at the more targeted shortened communication just to get that message there to ensure that they know how to reach it rather than the full gamut of information.*

- Staff participant

Another staff member from Residential Services related the work she was doing in that community, called 'Dunny Dispatch':

*[Dunny Dispatch] is this newsletter which goes into every toilet on residence. And it changes every two weeks, so I did two affirmative consent things about that as well.*

- Staff participant

She also informed a specific sexual health education week-long event:

*... five days of doing events and evening events. And one of the day events is an online webinar called 'Get Cliterate', which I think is an amazing name...I'm going to do some international sex ed[ucation] as well.*

- Staff participant

### Sub-theme: Systems-based approaches

Students who participated in the men's consultation group had more of a systems view, that placed more responsibility on the university to provide effective support, rather than focusing on students' deficit of sexual and reproductive health knowledge or their relying on peer support:

*...it's more often you want a system which is going to support me, which is what I would look for, because that is what is going to help me out rather than my friends. Because I can't sit and convince them, 'This is what my position is. I want you to support me.' I can't be dependent that support.*

- International student (participant in men's consultation group)

Similarly, a student pointed out that, alongside support from La Trobe University systems, there is a need for a multi-pronged approach. This student considered that students arrive with varying levels of sexual and reproductive health education and openness to discussion, and this transition to learning about sexual and reproductive health should be done gradually as it requires growth in confidence. This comment suggests the consideration of a tiered approach to sexual and reproductive health modules, from first year to third year. However, given that 70% of all claims for pregnancy-related treatment occur within the first 12 months of OSHC for international students, tiered engagement in sexual and reproductive health education may prove insufficient for international students in the first year.

Staff also touched on systems based approaches, with some relating their own experiences of not being equipped to handle a student's disclosure of sexual harassment:

*I experienced a disclosure just last semester. I'm new to the university, so I had no idea where to direct her. I'm just thinking about, being in the business school, about how extensive our international student cohort is. In fact, that is our student cohort.*

- Staff participant

Another staff participant emphasised a need build the capacity of academic staff and support staff, as they might be noticing changes in attendance which may be a sign of a student requiring special consideration and support, perhaps due to an unintended pregnancy or similar unexpected events.

*I guess this is from my being a lecturer, how much does this information get to program coordinators, course coordinators, subject coordinators because really on a day to day basis they're the people they're going to see most or not if they're dropping out of class or not being able to access.*

- Staff participant

Improving sexual and reproductive health literacy among La Trobe staff can act to facilitate the support of students as needs arise. It is important that taboos and stigma around sexual and

reproductive health and sexuality that exist within the mainstream community are not reflected by the staff and service providers. All university staff would benefit from capacity-building exercises from leadership in the management and support of international students in relation to their sexual and reproductive health.

There were no responses recorded about systems-based approaches from participants of the women’s consultation group.

## 7. Online Student Consultation Findings

The topic of contraception was chosen to test educational materials by an online survey. This was due to clear knowledge gaps emerging from consultation groups about contraception. Additionally, it was considered practical to offer students education on a topic that could positively impact their understanding of STI and pregnancy prevention.

A number of themes emerged in student feedback following online evaluation of contraception resources provided to La Trobe University international students that had previously attended consultation groups. Four modes of information delivery were offered: a fact sheet, a poster, a PowerPoint presentation and a video. As the evaluation was to be completed electronically, the PowerPoint presentation was recorded with a voice over in the form of a seminar.

The video was identified as the most preferred mode of information delivery for international students, followed by the poster.

Feedback on the four resources is summarised in figures below:

Figure 1. Fact Sheet: Feature Rating

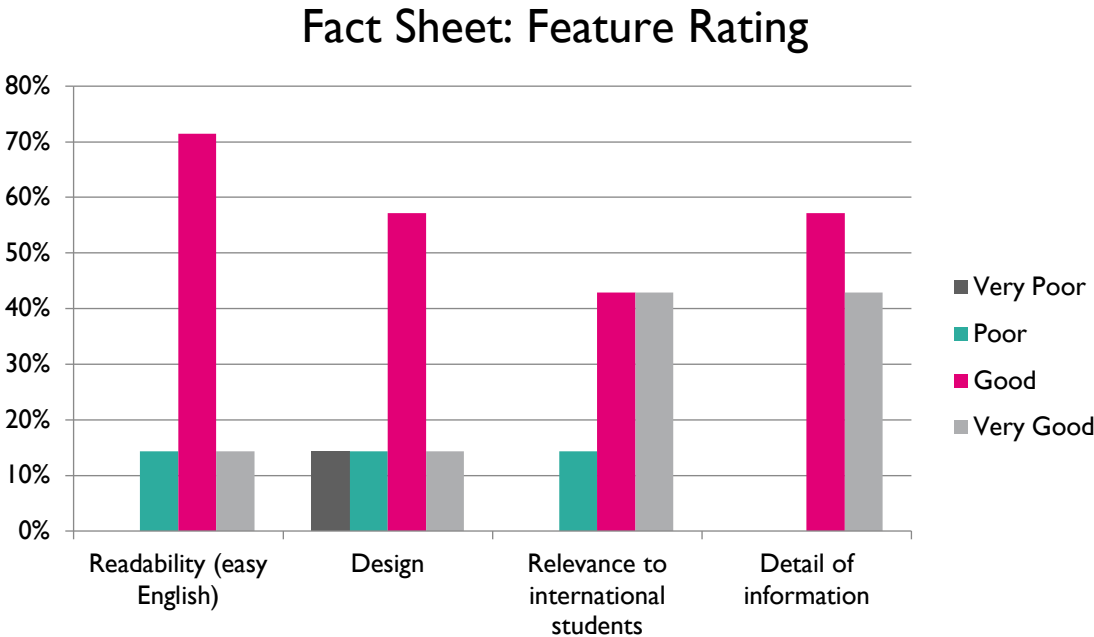


Figure 2. Poster: Feature Rating

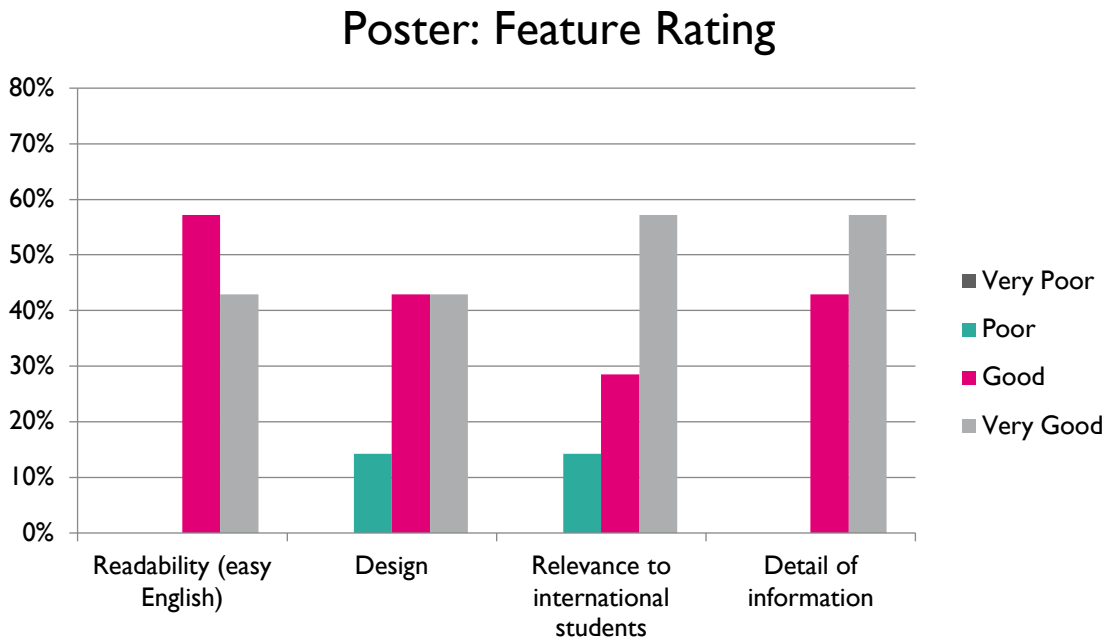


Figure 3. PowerPoint: Feature Rating

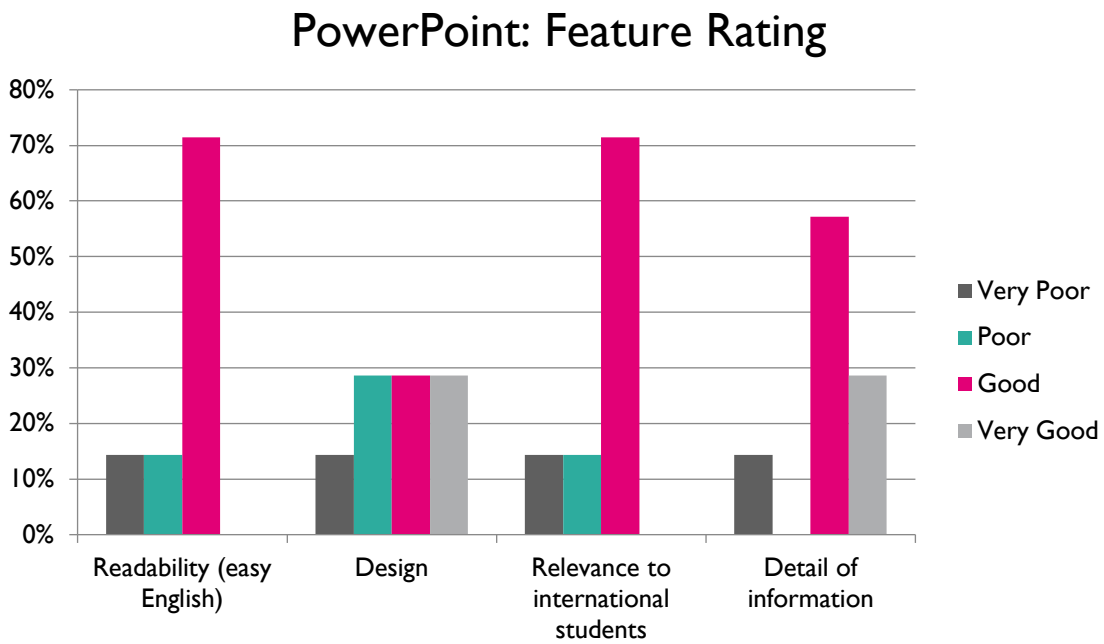
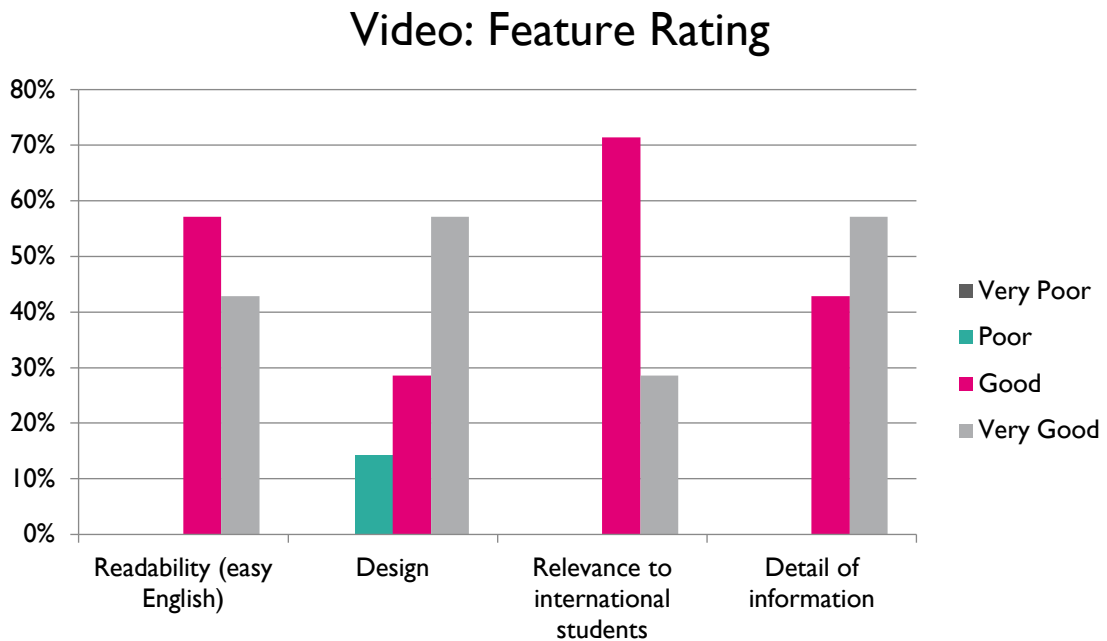




Figure 4. Video: Feature Rating



## 7.1 Preference of Information Delivery Style

The video was identified as the most preferred mode of information delivery for international students, followed by the poster.

A word cloud has been developed from participant responses as a thematic representation of why these styles were preferred.

Figure 5. Information Delivery Preference: Word Cloud



## 8. Insurer Findings

It is important to note that consultations with overseas student health care insurers formed a very small component of the SHIPP project. More work needs to be done by Government and tertiary institutions to understand how best to collaborate with this stakeholder group and address the systemic issues they face. The results of discussions with insurers is outlined below.

### Medibank

Phone and email consultations with Medibank reinforced the experiences reported by students and support data gathered from this project, as well as from previous research. Key issues for the student cohort as identified by Medibank included: unintended pregnancy and abortion; unsafe and clandestine abortion practices; the need for in-hospital care when complications arise; confidentiality, fear that their parents will find out and shame; misinformation regarding contraception, sex before marriage and STIs; students seeking advice from unreliable sources which perpetuates misinformation; and students unsure of who to trust.

There is great potential around collaborating with insurance advisors to address issues faced by international students. In consultative discussions WHIN had with Medibank, BUPA and Allianz as part of the SHIPP project; both Medibank and BUPA communicated that they wanted to take a more active role in this area, but are unsure of where to start. It should be noted due to the relationship between the insurance companies and the universities that this is an area for them to pursue in partnership. Study Melbourne could lead the future work in this area.

Medibank identified the key structural and organisational issues faced in the area of international students' sexual and reproductive health as:

- A reluctance to release policy information in languages other than English due to perceived issues with inaccurate translations of a legal document
- International students' ineligibility for the pharmaceutical benefits scheme or Medicare funded Pre Exposure Prophylaxis (PrEP). PrEP is one of many tools used to reduce the risk of HIV transmission, in addition to condoms and achievement of an undetectable viral load (when a person living with HIV is on treatment, and is virally suppressed, they cannot transmit the virus). PrEP does not prevent other STIs. People who are ineligible for subsidised PrEP through the Pharmaceutical Benefits Scheme (PBS) must pay full price for the drug, currently up to \$800 per 30 day supply. For more information about the PBS visit <http://www.pbs.gov.au/info/about-the-pbs>.

### BUPA

Phone and email consultations with BUPA identified the key sexual and reproductive health issues for international students as being the stigma associated with talking about these issues within their culture. For example, sexual health, respectful relationships, safe sex, STIs and contraception are often considered 'taboo', and compounded with body image issues, stress, mental health conditions, social isolation and loneliness, this can create huge barriers for women.

## 9. Project Recommendations

The recommendations outlined below have been grouped thematically in reference to conclusions emerging from the project.

### Inadequate knowledge of OSHC among international students

Statements from international students suggest that they are not adequately informed about what their OSHC entails. Some students indicated that they were not included in the process of obtaining their OSHC policy at all, whereas others revealed that they were not clear on the benefits covered within the insurance scheme. While students reported the presence of an Allianz Insurance information booth during orientation week, there was no indication that students utilised this opportunity to learn about the bounds of OSHC. Staff comments also suggested scarce knowledge of OSHC from their part.

- 1. Recommendation:** International students should receive comprehensive information about what is included within their OSHC upon arrival. It is ideal that insurance companies take responsibility for this during the application process.
- 2. Recommendation:** Tertiary institutions should provide detailed information about overseas student health cover to all incoming international students at the beginning of their first semester, with periodical follow-up messaging at the advent of each new semester. If feasible to ensure student attendance at an information session, a face-to-face approach is endorsed for initial contact with international students. However, more realistically, email messaging is endorsed for the delivery of this information, and it is recommended that such information be disseminated in language where possible.

### Increasing the ability of university staff to support international students

Testimonials from international students and staff participants indicate that university staff are in need of further education and capacity building in order to be prepared to support international students' sexual and reproductive health if the need arises. Multiple students expressed that they expect more support from the university, with one student specifying the need for an effective, supportive system rather than sole reliance on peers.

Two themes emerged from staff input. One indicated an open self-reflection of insufficient sexual and reproductive health knowledge. The second theme comprised evasive statements that reassigned the responsibility to bridge this gap in sexual and reproductive health knowledge for international students to accommodation services, student leaders, or external counsellors.

It is also important to note that some university staff expressed attitudes that perpetuate myths about cultural groups and practices when working with international students. This may be unintended yet, this intersection of race and gender in staff comments illustrates systemic discrimination toward international students that may contribute to their experiences of poor sexual and reproductive health outcomes.

- 3. Recommendation:** Staff and service providers are encouraged and supported to apply an intersectional lens to their work with all students.

4. **Recommendation:** Educational institutions should provide professional development for staff so they can better support international students in sexual and reproductive health outcomes.
5. **Recommendation:** Investment in staff professional development across themes such as sexual and reproductive health, managing disclosures of sexual assault, directory of sexual and reproductive health services, and cultural sensitivity, are integral to building a supportive environment for international students in managing their sexual and reproductive health.
6. **Recommendation:** Pastoral/welfare responsibility for international students, including their sexual and reproductive health, should be held by the tertiary institution. This should not be deflected to student leadership and/or accommodation services.

### Persistent misunderstanding of consent among international students

Statements from international students indicate that diverse understandings of consent in practice persist among the group following the Consent Matters module. Various themes emerged among students who participated in the women's consultation groups, including learning to be more protective of themselves and their friends, suggestions that asking explicitly for consent ruins the mood and retrospective realisation of sexual harassment (disclosed to a staff member). Testimonials from students who participated in the men's consultation groups indicated a continued reliance on nonverbal cues for receiving consent despite having completed the module.

7. **Recommendation:** Completion of the Consent Matters modules continue to be encouraged among all students, promoting safe and respectful navigation of decision-making in relationships.
8. **Recommendation:** Consent Matters module should be adapted to target men more specifically, given indications of their continued reliance on nonverbal cues despite having completed the online module.
9. **Recommendation:** Tertiary institution investment in staff professional development in managing disclosures of sexual assault is vital in fostering a safe environment for international students seeking support if the need arises.

### Lack of knowledge about abortion laws and services

Statements from international students indicated that they are not familiar with abortion laws in Victoria, nor types of abortion available and their associated timeframes for access. Misinformation about abortion law seemed to stem from media, and from assumptions about Australian culture. Staff comments also suggested scarce knowledge of abortion legality from their part.

10. **Recommendation:** Educational institutions should provide detailed information to all incoming international students about accessing abortion services in Victoria. It is vital that this information be provided at the beginning of their first semester, with periodical follow-up messaging at the advent of each new semester.
11. **Recommendation:** Ensure student attendance at an information session, a face-to-face approach is endorsed for initial contact with international students. However, more

realistically, email messaging is endorsed for the delivery of this information, and it is recommended that such information be disseminated in language where possible.

### International students are a heterogeneous group

Group discussions revealed heterogeneous knowledge and attitudes among international students about sexual and reproductive health. A number of students held sex-negative attitudes, associating sexual experience with notions of 'uncleanliness'. Other emerging themes included adherence to traditional gender norms as indicators of healthy relationships, embarrassment in accessing condoms, and unawareness of contraceptive options. One student went so far as to dismiss her need for sexual and reproductive health information, having no intention of engaging in sexual activity in the near future. Ignoring the heterogeneous cultural and linguistic backgrounds within the group erases the different language, literacy and social barriers experienced by the students.

**12. Recommendation:** Sexual and reproductive health initiatives/education should be tailored to consider the diversity of lived experiences within the international student cohort.

**13. Recommendation:** Future work with international students must consider cultural mainstreaming, to take into account the nuanced sexual and reproductive health concerns and backgrounds among the group.

**14. Recommendation:** Sexual and reproductive health information should be disseminated in a range of languages.

### Access to female doctors

Statements from students who participated in the women's consultation group indicated that they value the care of a woman doctor, and value seeing a doctor who speaks their language, where possible. It was suggested that the medical services at La Trobe University, Bundoora, are largely populated by practitioners who are men, which presents an access barrier to these women.

**15. Recommendation:** University-associated medical services should be staffed by practitioners of all genders, aiming towards diverse representation. While subscribing to a gender quota may not be feasible, increased access to doctors of all genders within clinics is recommended to increase international student engagement with medical services.

**16. Recommended:** Pathways should be identified by tertiary institutions so that international students can access bilingual practitioners from migrant backgrounds who speak languages other than English.

### Stigma, fear and shame around accessing sexual and reproductive health services

Group discussions indicated that international students hold feelings of stigma, fear and shame around accessing sexual and reproductive health services. Emerging themes included embarrassment in being seen accessing condoms, disclosing sexual and reproductive health concerns, and fear of social exclusion. The promotion of health-seeking behaviours is critical in encouraging students to access health services for their sexual and reproductive health. It is vital to consider the diversity of

language, health literacy and social barriers experienced among international students when tailoring sexual and reproductive health information for them.

- 17. Recommendation:** Future sexual and reproductive health initiatives should adopt a sex positive framework when discussing sexual and reproductive health themes, while concurrently subscribing to culturally sensitive practice when working with international students.

### Unintended pregnancy

Group discussions indicated that international students hold feelings of stigma, fear and shame around the topic of unintended pregnancy. Emerging themes included significant impacts on a pregnant student's education and finances, experiences of social exclusion, risk to reputation, and feelings of shame and guilt from community and family in home countries.

- 18. Recommendation:** Sexual and reproductive health initiatives should aim to normalise conversations around the topic of unintended pregnancy.
- 19. Recommendation:** Educational institutions should provide non-directive, detailed information about pregnancy options in the event of an unintended pregnancy, in addition to support avenues available such as phone-counselling service 1800 My Options. Detailed information about accessing abortion services in Victoria should be included.

### Delivery of information to gender-specific group

Group discussions indicated that international students value interventions with a gender-segregated component with a facilitator of the same gender. Short-form messaging was also indicated to be preferred when receiving sexual and reproductive health information.

- 20. Recommendation:** Future sexual and reproductive health initiatives for international students should consider incorporating a sex-segregated component with a facilitator of the same gender, to address any discomfort associated with mixed gender groups.

### Internet as a source of sexual and reproductive health information.

Group discussions indicated that international students seek sexual and reproductive health information largely through the internet and through their peers. However, students recognised the limitations of and experience from these sources, acknowledging their potential unreliability.

- 21. Recommendation:** Future sexual and reproductive health initiatives should utilise online platforms extensively for information delivery. While the wider internet leaves consumers susceptible to misinformation, an online platform removes much of the shame, fear and stigma associated with accessing sexual and reproductive health information that was identified in consultation sessions. Tertiary institutions should provide links to online resources containing sex-positive, accurate, and culturally appropriate sexual and reproductive health information via the institution's student portal to address concerns of potential misinformation and internalised shame.

## Impactful sexual and reproductive health communication strategies for international students

International students' level of health literacy directly affects their ability to not only act on health information but also to take control of their health as individuals and communities. Group discussions identified students' desire for strong communication strategies that are culturally appropriate, incorporate health literacy and utilise La Trobe's existing communication platforms.

**22. Recommendation:** Tertiary institutions should consider establishing a sexual and reproductive health group comprising international students, university staff and wellbeing staff and university communication staff to:

- co-design a culturally appropriate communications strategy that is relevant to the demographic and utilises available communications platforms
- develop a digital communications strategy that fully exploits relevant social media platforms
- explore engaging communications students from international backgrounds studying at the university to help develop and implement digital strategies
- secure ambassadors and influencers to promote sexual and reproductive health messaging as part of the communications strategy.

## 10. Project Limitations

WHIN acknowledges limitations that may influence the robustness of the project, namely:

- The consultation findings reflect the more confident and vocal participants. Data therefore, may not capture the voices of those who may find talking about sexual and reproductive health particularly uncomfortable or inaccessible.
- Some participants were known to each other which may have inhibited what they shared in a group and their feeling that they were at risk of potential social consequences. The findings of the consultation groups may have been limited in comparison to what may have been shared in a more private setting.
- Question framing contributed to discussion foci, centring sexual and reproductive health conversations on deficit/disease/fear/worst-case scenarios, for example unintended pregnancy and STIs. On reflection, the framing of questions/statements could have been more sex positive.
- Facilitators both identified as female, which may have influenced the responses of those who participated in the men's consultation groups.
- Data from transcriptions may have been prone to bias or misinterpretation due to removal from the original context.
- Students were provided with a monetary incentive for their participation.
- Access to students and staff was difficult to coordinate due to semester dates, competing priorities and university timetables.

- The scope of this project was limited to the amount funded and offered in-kind.
- WHIN's had limited oversight on administrative/secretariat activities, therefore were unable to influence meeting dates, consultations dates and recruitment.

## 11. Conclusion

SHIPP has extended the evidence base regarding the sexual and reproductive health issues faced by international students studying in Victoria. The project findings support existing evidence about international students and highlight the need for tertiary institutions to apply a greater intersectional lens of their provision of information and services.

It is evident improved sexual and reproductive health education and information is much needed and has the capacity to contribute to the improvement of international students' sexual and reproductive health, and also general wellbeing and safety. WHIN acknowledges the link between sexual and reproductive health, respectful relationships and sexual and reproductive coercion, and SHIPP is providing an opportunity to examine the intersection of these issues. However, without high-level support and strategic direction from a tertiary institution, making lasting change will be difficult.



## 12. Glossary of Key Terms

**Cultural mainstreaming** is the process of assessing the implications of any planned action for people of different cultural groups. It is a strategy for making each person's cultural identity an integral dimension of the design, implementation, monitoring and evaluation of policies and programs. It acknowledges diversity of experiences, and its ultimate goal is to achieve equality among people of all cultures.

**Female genital cutting (FGC)** comprises of all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

**Intersectionality** asks us to move away from simplistic understandings of identity, diversity and inclusion. Our understanding of intersectionality takes as central the concept that exclusionary and unjust social structures (our welfare, immigration, and prison systems for example) lead to compounding forms of discrimination and violence, as opposed to anything inherent about an individual or group.

**Pre Exposure Prophylaxis (PrEP)** is the use of medication to prevent HIV. By taking PrEP, people who are HIV-negative (meaning they do not have HIV) can reduce the chance of getting HIV by up to 99%. The drugs used in PrEP are also often used in treating HIV.

**Sex positivity** is all about maintaining a healthy attitude towards sex, or lack thereof. It involves valuing sex given you individual needs and affirming other people's decisions about what is right for them sexually (as long as it's consensual), even though you might not personally understand the appeal. Sex positivity embraces comprehensive sexual education and staying safe and promotes sex as a healthy part of human life which should be free from shame and stigma.

**Sex negativity** refers to the criticism of certain aspects of sexuality and sexual culture. It is often represented as the converse of sex positivity, which aims to reduce shame and stigma around sex and sexuality by promoting sexual education and a non-judgemental approach to most sexual behaviours (as long as they are consensual).

**Sociocultural dissonance** refers to the stress, strain and incongruence caused by belonging to two cultures – the ethnic culture and the dominant culture.

## 13. References

- Babastikos, G., & Lamaro, G. (2012). Unplanned pregnancies and sexually transmitted infections in international university students: provider opinions.
- Department of Health. (2018). *Eighth national HIV strategy*. Retrieved from [https://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\\$File/HIV-Eight-Nat-Strategy-2018-22.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/$File/HIV-Eight-Nat-Strategy-2018-22.pdf)
- Multicultural Centre for Women's Health. (2013). *Position paper: International student access to pregnancy related care*. Retrieved from <http://www.mcwh.com.au/downloads/MCWH-International-Student-OSHC-Position-Paper-2013.pdf>
- Skromanis, S., Cooling, N., Rodgers, B., Purton, T., Fan, F., Bridgman, H., ... Mond, J. (2018). Health and well-being of international university students, and comparison with domestic students, in Tasmania, Australia. *International Journal of Environmental Research and Public Health*, 15(6), 1147.
- VicHealth, Our Watch, & ANROWS. (2015). *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*. Retrieved from <https://www.ourwatch.org.au/getmedia/c81eceab-c8a0-4f3a-a6fb-2202334b398b/Change-the-story-framework-prevent-violence-women-children-AA-new.pdf.aspx>
- Women's Health In the North (WHIN). (2017). *A Strategy for Going South in the North 2017-2021*. Thornbury: WHIN
- Women's Health In the North (WHIN). (2017). *Women's Health In the North Strategic Plan 2017-2021*. Thornbury: WHIN
- Women's Health In the North (WHIN). (2017). *Information for Health Professionals: Female Circumcision*. Thornbury: WHIN

## 14. Contact Details

### **Rosie Brennan**

Sexual and Reproductive Health Coordinator

Email: [rosieb@whin.org.au](mailto:rosieb@whin.org.au) Phone: 03 9484 1666

### **Sandra Morris**

Manager, Health Promotion

Email: [sandram@whin.org.au](mailto:sandram@whin.org.au) Phone: 09 9484 1666

## 15. Appendix 1: Consultation Processes

### Student consultation process

The scoping and development stage of SHIPP engaged 28 international students. Engaging international students in the design and development of this project was a priority. Students were invited to be involved in the SHIPP consultation groups and the SHIPP project advisory group via La Trobe University International Student Services department and the Council of International Students Australia. Students were free to participate in whichever face-to-face consultation group they felt most aligned with their own gender identity, or to attend a group open to all genders.

#### Face-to-face

WHIN consulted with 28 international students at La Trobe Bundoora campus.

These consultations aimed to establish the students’:

- sexual and reproductive health literacy e.g. STIs, contraception and pleasure
- understanding of consent and respectful relationships
- knowledge of options in the event of unintended pregnancy
- understanding of what is provided by OSHC
- level and experience of access to sexual and reproductive health services and information
- experience of sexual and reproductive health education and health promotion through La Trobe University
- preferred styles of delivery of sexual and reproductive health information.

The student consultation session plan, questions and prompts were based on existing evidence and literature. Each session was co-facilitated by WHIN staff. This assisted in not only the smooth running of the sessions but also comprehensive documentation of emerging themes and the creation of a safe environment for discussion of sensitive issues.

At commencement of each consultation group session, the aims of the SHIPP project and the role of the WHIN were clearly explained. Group agreements were established outlining respectful and time equitable sharing of opinions but not personal experiences and respecting other participants’ privacy by not sharing any other participants’ details or input in any other setting. Sessions were 90 minutes in length, with a short break of approximately 10 minutes.

Audio recording from each consultation group was transcribed and analysed. This content was then coded into themes and compared and contrasted across the three groups: women’s consultation groups; men’s consultation groups; university staff. The facilitators completed reflection notes after each consultation and documented their own insights, key observations and emerging themes.

#### Phone and email

Two additional students completed phone consultations in lieu of face-to-face interviews.

#### Online consultation

One online consultation was open to the 28 international students who attended one of the four

face-to-face consultation groups. 25% of those involved in these groups participated in the online consultation. Students who participated received a monetary incentive of a \$30 Coles voucher. The purpose of this specific consultation was to test different styles of information delivery around one sexual and reproductive health topic.

## Staff and service provider consultation process

WHIN consulted with staff and service providers at La Trobe Bundoora campus in a single session. A total of 8 staff and service providers were consulted.

This consultation aimed to establish staff/service provider perceptions of international students':

- sexual and reproductive health literacy e.g. STIs, contraception and pleasure
- understanding of consent and respectful relationships
- knowledge of options in the event of unintended pregnancy
- understanding of what is provided by OSHC
- level and experience of access to sexual and reproductive health services and information
- experience of sexual and reproductive health education and health promotion through La Trobe University
- preferred methods of delivery of sexual and reproductive health information.

Information from staff and service providers was combined with student data to inform the findings of this report.

## Insurer consultation process

### Allianz

Allianz have held the contract for La Trobe University overseas student health cover for a number of years. Despite numerous attempts to make contact with this provider, WHIN was unable to include Allianz as part of this consultation.

### Medibank

WHIN conducted phone and email consultations with the Partnership Manager - Overseas Portfolio at Medibank. Medibank provides OSHC for international students at RMIT, Swinburne, Department of Education and Training and other tertiary schools.

### BUPA

WHIN conducted email and phone consultation with several BUPA staff in different departments. BUPA, at the time of writing were submitting a tender for the OSHC contract at La Trobe University. They currently lead a number of overseas health and wellbeing research projects, including a study with the University of Wollongong, and the world's first pre-departure mental wellbeing survey of prospective international students with their partner QS Enrolment Solutions.