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Senate Standing Committees on Community Affairs  
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Submitted online at  
[https://www.aph.gov.au/Parliamentary\\_Business/Committees/OnlineSubmission](https://www.aph.gov.au/Parliamentary_Business/Committees/OnlineSubmission)

14/12/2022

Dear Committee Members,

RE: Submission to the Senate Standing Committees on Community Affairs, inquiry on  
universal access to reproductive healthcare

### **Background**

The International Student Sexual Health Network (ISSHN) comprises academics, sexual and reproductive health providers, community members, student services and individuals with a shared interest in progressing action toward achieving fairer sexual and reproductive health rights for international students in Australia. The Network's shared knowledge and experiences have identified the critical need for strong, evidence-based public health policy to support the priorities of the National Women's Health Strategy. Please find attached a submission to the Senate Standing Committees on Community Affairs, written in direct response to the consultation listed on the committee website.

We welcome the opportunity to submit a range of recommendations to the Committee pertaining to the specific needs of Medicare Ineligibles particularly, International Students.

We consent to this submission being published on the inquiry website and shared publicly online.

Universal access to reproductive healthcare is essential. If you have any questions about this submission, you are welcome to contact us at

14/12/2022

## **Terms of Reference response**

For the purposes of this submission, we focus on the particular sexual and reproductive needs of International Students pertaining to the identified term of reference.

Barriers to achieving priorities under the National Women's Health Strategy for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies', with particular reference to:

- a. cost and accessibility of contraceptives, including:**
  - i. Pharmaceutical Benefit Scheme (PBS) coverage and Therapeutic Goods Administration (TGA) approval processes for contraceptives,**
  - ii. awareness and availability of long-acting reversible contraceptive and male contraceptive options, and**
  - iii. options to improve access to contraceptives, including over the counter access, longer prescriptions, and pharmacist interventions;**

International students face multiple intersecting barriers to accessing services to support their health and well-being while studying in Australia; this includes basic services to support their sexual and reproductive health and well-being [1]. International students do not qualify for contraceptive related safety nets domestic students have access to, they can't access bulk billed health care and all visits to a general practitioner (GP) or emergency hospital care leads to an upfront payment or, if they're lucky, a bill that needs to be paid within a tight timeframe and includes a large gap fee that needs to be covered by the student. In addition, International Students living in rural areas may struggle to access a GP who is willing to prescribe contraception or find health care services that are trained and can provide IUD insertion services [8]

Compared to their Australian born counterparts, many International Students lack baseline sexual and reproductive health literacy that is assumed across the board [2]. Importantly, research suggests poor sexual and reproductive health literacy has adverse impact on their help seeking behaviours [3]. Confidentiality concerns and lack of skills to navigate the Australian healthcare system act as a barrier in accessing sexual and reproductive health services [maddi]. Sexual health has been found to be a taboo subject in country of origin, with stigma and embarrassment hindering access to services, specifically when seeking contraception [3].

These compounding factors are exacerbated by the prohibitive costs associated. Simply put, International Students are not necessarily aware of what options are available and when they are, the cost is unaffordable and highly inequitable. It is therefore recommended that reimbursement of contraceptives should match what people with Medicare are eligible for. This will assist in facilitating better access to contraceptives for International Students.

- b. cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas;**

The cost and accessibility of reproductive health care, including pregnancy care and termination services across Australia, is unaffordable and inequitable for International Students. Under current Overseas Student Health Cover (OSCH) policy, a 12-month waiting period applies for reimbursement for pregnancy-related conditions. Studies indicate the waiting period for pregnancy-related services has led to access and equity challenges, resulting in university dropouts, reluctant abortions, sex work to pay for unplanned children, and severe mental health issues compounded by multiple terminations [4, 7]. International students may need to upgrade from a single policy to a family policy to receive pregnancy-related care, which is considerably more expensive. Termination costs range from AUD \$1,000 to AUD \$1,700 and increases after this period.

International students who choose to keep their baby are often faced with the choice to return to their country of origin to proceed with their pregnancy (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. An infant that may require newborn intensive care unit support, which may compound further financial and mental stress [4, 7]. Of note, services and support for International Students living in regional and rural areas are very limited, and costs (including travel) associated with accessing services are high [10].

Evidently, unplanned pregnancies equate to hefty bills for basic health screening and services. International students who cannot afford ante-natal care, screening and/or classes to prepare for their birth are faced with delivering a baby without the basic screening that is considered fundamental to pregnancy care in Australia.

To mitigate access and cost barriers, consistent pricing across OSCH providers and fee waivers regarding access to reproductive healthcare is needed. Abolition of the 12-month waiting period for pregnancy related care for people who are ineligible for Medicare is also recommended.

**c. workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals;**

Barriers to youth focused sexual health promotion programs and resources include a lack of cultural sensitivity, and language barriers as some sexual health terms do not translate clearly to English [9]. Of note, in studies of Chinese International Students, hesitancy was observed to engage in sexual health promotion or seek advice from General Practitioners due to concern of being perceived to be engaging in premarital sexual activity and promiscuity, highlighting the salient challenge that cultural norms can present [3, 9].

This evidence highlights the critical need for culturally appropriate health promotion programs and healthcare services to ensure equitable sexual and reproductive health information and services and to ensure a rights-based approach to health [7]. Greater investment in training, workforce development and health promotion programs that are culturally safe are needed in order to create more equitable and accessible reproductive

healthcare services for International Students.

**d. best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery;**

As previously discussed in the section above, evidence clearly points to the need for targeted, culturally sensitive approaches to sexual and reproductive healthcare to meet the sexual and reproductive health needs of International Students [3, 5].

**e. sexual and reproductive health literacy;**

It is well-reported in Australian studies that international students are disproportionately affected by adverse sexual and reproductive health outcomes, which is related to poor sexual and reproductive health literacy [3]. Knowledge among international students of STIs and HIV is lower in comparison to domestic-born students, demonstrating a poorer understanding of STI transmission, presentation, and treatment [2, 6]

It is therefore vital that all International Students should be provided with sexual and reproductive health information that is targeted and culturally appropriate [3, 5]. Education should be provided over the first 12 months on arrival, in a manner that scaffolds and reinforces their health literacy. This should include information on sexual and reproductive health, prevention of blood borne viruses and sexually transmissible infections, consent and healthy relationships, mental health, services navigation and contraception, reflecting a holistic approach to sexual and reproductive health. This education package must be built on a strong prevention and evidence-based platform.

**f. experiences of people with a disability accessing sexual and reproductive healthcare;**

No comment

**g. experiences of transgender people, non-binary people, and people with variations of sex characteristics accessing sexual and reproductive healthcare;**

No comment

**h. availability of reproductive health leave for employees; and**

No comment

**i. any other related matter.**

No comment

## Recommendations

Universal access to reproductive healthcare is essential. ISSHN support this important Inquiry, with the following recommendations:

- People who are ineligible for Medicare be granted the same access to sexual and reproductive health as their Australian born counterparts.
- The cost of contraception to be equivalent to what an Australian citizen or resident would pay under Medicare.
- Consistent pricing across OSCH providers and fee waivers regarding access to sexual and reproductive health care, particularly prevention and contraception.
- Abolition of the 12-month waiting period for pregnancy related care for people who are ineligible for Medicare.
- Sexual and reproductive healthcare should be culturally sensitive, with greater investment towards training and workforce development for service providers and health promotion programs.
- On arrival to Australia, International Students are provided with sexual and reproductive health information for a period of no less than 12 months to improve health and wellbeing outcomes, health literacy and service navigation with a strong focus on prevention.
- The DEED between the Australian Government and the OSCH providers ensures better health outcomes for students by creating more comprehensive, affordable access and holistic culturally competent services.
- Regular consultation with ISSHN to support the development of the next DEED and a realignment of services to meet the needs of their targeted consumers, in this case, International Students.

Sincerely,

The co-chairs of the International Student Sexual Health Network

## References

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7. 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):150-163.
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## **Appendix I. Case Study**

Almost all the international students presenting to NSW International Student Support and Referral Service (IAR) with health-related matters report they do not have the resources for the up-front/gap fees for basic health screening and treatment and as a consequence, they forgo critical health checks and screening related to their sexual and reproductive health.

This is in spite of the compulsory health insurance international students sign up to as a requirement of their student visa. The vast majority of International Students presenting at the IAR work in low paid casual or gig economy jobs to pay for their studies, and their course fees can cost them up to three times what domestic students have to pay so health screening and treatment is not routinely accessed unless they have an emergency. On top of this, international students need to manage their cost of living expenses (rent, food and other necessities) and many students report they have a student loan from their country of origin they're also repaying.

Detailed case studies and further information regarding presentations of International Students at the IAR is available upon request.