

POSITION PAPER- DEED POLICY REVISIONS
SUBMITTED BY THE INTERNATIONAL STUDENT SEXUAL HEALTH
NETWORK
(WORKING GROUP)

NETWORK BACKGROUND

The International Student Sexual Health Network is a network which was established in January 2015 to provide an opportunity for professionals working in the field who are addressing issues related to the sexual health of international students. The network has more than 35 members from all over Australia and provides an opportunity for members to share information in research, policy and practice, as well as collaborate on various projects to promote the sexual health and wellbeing of international students who are studying in Australia.

A sub-working group of volunteers from the network have worked on developing the policy recommendations for revisions to the DEED governing health insurance for international students in Australia, particularly with regards to pregnancy related coverage and sexually transmitted infections. In order to avoid a conflict of interest, this sub-group did not include a health insurance company that is part of the network.

IMPORTANCE OF INTERNATIONAL STUDENTS TO AUSTRALIAN ECONOMY

International education (i.e.: international students coming to Australia to study) comprises the third largest export sector for the Australian economy, ahead of tourism, injecting \$AU18.2 billion dollars into the Australian economy in 2014-15 (Australian Government Department of Education and Training, 2015). In 2015, there were approximately 640,922 international students residing and studying in Australia (Australian Government Australian Trade Commission, 2015). It is clear that international students are vital contributors, not only to the Australian economy, but also to the Australian education system, providing funds which essentially subsidizes education for domestic Australian students (Marginson, 2015). Therefore, international students represent a vital economic interest in Australia, and their wellbeing and success in studies is important from, both, a welfare perspective and an economic perspective.

REPRODUCTIVE HEALTH ISSUES FOR INTERNATIONAL STUDENTS IN AUSTRALIA

The sexual and reproductive health and wellbeing (SRHW) of university students has been an ongoing concern globally, including in Africa, Asia, Australia, Europe, Middle East, and North America (Cassidy, Curran, Steenbeek, & Langille, 2015) while the SRHW of international university students in Australia is an emerging public health concern (Babatsikos & Lamaro, 2012; Burchard, Laurence, & Stocks, 2011; Poljski, Quiazon, & Tran, 2014; Rosenthal, Russell, & Thomson, 2008; Simpson et al., 2015). The number of abortions/terminations by international students has been anecdotally reported as 'high' from insurance providers, as well as through hospital records (Burchard, N, & Laurence, 2009). One study conducted in Adelaide, a city with several tertiary and higher education institutions, revealed that one-third of abortions conducted in that city involved international students, with the majority of these being of Chinese origin (Shepherd, 2009). Research shows that international students are most likely to get pregnant within the first 12 months of arrival in Australia (Burchard et al., 2009; Multicultural Centre for Women's Health, 2013; Poljski et al., 2014). Furthermore, research shows that approximately a third of HIV infected persons in Australia who are Medicare-ineligible are students on international student visas (Petoumenos, 2015).

Recent qualitative research by network member Babatsikos and colleague Lamaro (2012) involving interviewing service providers found that the problem of unplanned pregnancies in international university students in Australia is influenced by complex health and social factors including cultural background (sexual health knowledge and values about relationships, contraception and terminations), social and mental health issues (depression, social isolation and social exclusion), relationship issues (including coercion and domestic violence), alcohol and illicit drug use, and financial challenges (including gambling and sex work). This research also revealed that access to prevention and support services related to limitations on insurance coverage for contraception, terminations, and pre- and post-natal care, were critical issues in health outcomes for international students in Australia. Specifically, the introduction of the 'waiting period' for pregnancy related services in 2011 has led to many access and equity challenges for international students, resulting in university drop-outs, reluctant abortions, sex work to pay for unplanned children, reluctant adoptions, and severe mental health issues compounded by multiple terminations.

Further research conducted directly with international students by network member Babatsikos and colleague Lamaro (Babatsikos & Lamaro, 2014) revealed that international students have limited sexual health literacy, have a limited understanding of the health system in Australia and how their insurance coverage works, and that experiences of unplanned and unwanted pregnancies by international students are distressing.

An investigation into the cost of contraception by network members Babatsikos and Zhu (Babatsikos & Zhu, 2015) has found that coverage for international students does not mirror the options and costs for Australians. For example, if an international student chooses an intrauterine device (IUD) such as Mirena as their contraceptive method, which costs \$296 retail¹, their reimbursement from OSHC insurance is \$50 (Australian Government Private Health Insurance Ombudsman, 2016), leaving students to pay a gap of approximately \$246. Further, they must pay the full retail cost of the contraception up front and then submit the claim for reimbursement for the gap. For Australians covered by Medicare, their gap is only \$38, or \$6 with concession card and the small gap is payable upon purchase. Similarly, for the hormonal implant such as Implanon, the total retail cost is around \$238, so international students are left with a gap of \$188, while Australians covered by Medicare have a gap of \$38, or \$6 with concession. Incidentally, the cost of most contraceptive pills and contraceptive shots such as Depo Provera are the same for international students and Australians covered by Medicare.

RECOMMENDATIONS

Health insurance for international students is intended to mirror the coverage Australian citizens/residents get through Medicare (Allianz Global Assistance, 2016). Since Australian women covered by Medicare do not have any wait period for accessing pregnancy related services, including terminations and pregnancies to term, and the cost of some long acting, reversible contraception is significantly cheaper for Australians, there are some recommendations to make access to reproductive health services more equitable among international students in Australia.

The first and foremost recommendation is that the DEED be revised to eliminate the wait period for coverage for pregnancy related services. This coverage will likely result in slightly higher premiums across the board, as would be expected to ensure coverage for students. As these pregnancies are typically unplanned and generally unwanted, it is not effective to provide an optional product for higher coverage for select students as students would usually not choose these and the problem of unplanned pregnancies and high levels

¹ Sample costs for contraception and gap payments for both international students and Australians covered by Medicare described in this paragraph are based on estimates from two chemists in Melbourne on 14 January 2016.

of terminations would continue. The elimination of this wait period should be required for all policies provided to all international students within Australia.

The second recommendation is that the cost of contraception is equivalent to that which an Australian citizen or resident would pay under Medicare. This may result in a sub-clause of insurance prescription reimbursement costs listed in the DEED, going beyond the \$50 per script limit to allow higher reimbursements specifically for the IUD and Implanon to make it on par with the cost for Australians. This would be a minimal investment to prevent terminations and unwanted pregnancies down the track.

The third recommendation is that the DEED be revised to cover treatments of blood borne viruses including HIV, Hepatitis B and Hepatitis C, in order to prevent forward transmission of these viruses which continue to drive the epidemic in Australia.

The fourth recommendation is for the expansion of health promotion targeting international students on the topic of reproductive health, including information on contraception, services available, what their insurance covers, cultural values in Australia around sexuality, and laws and rights related to reproduction, childbirth, consent, and the legal rights of women in Australia. This should be done in conjunction with insurance providers. This approach would be in line with the recent "Okanagan Charter: An International Charter for Health Promoting Universities and Colleges" signed in Okanagan, Canada at the 2015 International Conference on Health Promoting Universities and Colleges (2015), where the impetus is for preventative health services in university settings. This would prevent many of the unplanned pregnancies and STIs, as well as empower international students to have safe and healthy sexual relationships. Perhaps a portion of income paid to insurers could be redirected back into prevention which individual universities would have control over to develop localized prevention strategies.

The fifth recommendation is that mandatory summaries of key claim items (non-identified quantitative data only) be provided annually by health insurance companies to individual universities for whom they provide coverage. These would be reported confidentially to the medical centre directors. These items should include pregnancy, termination, and contraception claims. Universities need to know where their problem health areas lie so that health promotion programs can target these and so that they can track the impact of prevention efforts over time within individual universities.

The sixth recommendation is that education about health insurance coverage for international students be provided to hospital staff in order to prevent them from turning away or discriminating against international students who do have the appropriate coverage.

The seventh and final recommendation is that research which measures the effectiveness and impact of OSHC coverage for international students in Australia be carried out and published. The Australian newspaper, for example, has reported that health insurance coverage for international students is “inadequate and discriminatory and leave privately insured students little better covered than uninsured Australians” (Ross, 2011b). More specifically, there is evidence that international students have been refused obstetric care, with pregnant students being turned away for routine care at the Royal Brisbane and Women's Hospital and other public hospitals because they have “banned the provision of obstetrics and gynaecology care to ‘ineligible patients’ -- including international students -- irrespective of whether they have medical insurance” (Ross, 2011a). Comprehensive research is needed to inform governing bodies about the impact of such policies and inform improvements to coverage for international students. Improving prevention and support for international students in the area of reproductive health services will contribute to the welfare, wellbeing and success of international students in Australia, and in turn contribute the success of the Australian economy.

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