

## Relationships and Sexual Health Promotion Project for QUT International Students

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### Abstract

*International students may experience a variety of sexual health problems which include unplanned pregnancies, abortions and sexually transmitted diseases. These are often because of limited knowledge of sexual health matters and lack of sexual health education and/or access to health services in their home country. A study was undertaken to identify the concerns of international students and how to provide culturally appropriate promotion of sexual health for international students at Queensland University of Technology (QUT). The project included consultations with stakeholders, interviews with key informants, an online survey and focus group discussions with international students.*

*The project found that sexual health is a concern for international students, particularly in developing relationships and when becoming sexually active in Australia, and there is a perceived lack of access to health services and insufficient knowledge on sexual health matters. Preferred methods of dissemination of sexual health information included use of student mentors, web-based online resources, brochures and confidential on-line advice.*

### Keywords

Sexual health, international students, a culturally appropriate approach

### Project outline

International students in Australia may have different views on relationships and sexual behaviour depending on their cultural background and knowledge. Although students in a university environment are supported to follow their own beliefs about what is appropriate for them in a relationship, some international students may have limited knowledge and awareness about sexual and reproductive health (Poljski 2011, Burchard, Laurence & Stocks 2011). This is expressed in a variety of sexual health problems including a high incidence of sexually transmitted infections and unplanned pregnancy (Burchard, Stocks & Laurence 2009; Vu et al. 2009). Several studies have cited barriers such as language and cultural practices as the underlying causes of sexual health problems (Dowson & Gifford 2004; Poljski 2011). However, sexual health issues confronting international students are increasingly becoming a concern for universities in Australia (Borrett & Zysk 2007; Burchard, Stocks & Laurence 2009; Poljski 2011).

Counsellors at International Student Services (ISS) at QUT became interested in sexual health promotion for international students when a representative from an Overseas Student Health Cover (OSHC) provider expressed concerns about the number of international students with sexual health issues (Verbal Communication, OSHC WorldCare 2010). Reports from the OSHC providers indicated increasing numbers of unwanted pregnancies and abortions amongst international students (OSHC Worldcare 2010).

While there were increasing numbers of international students at QUT, there had been no studies undertaken to explore sexual and reproductive health concerns of international students at QUT. In addition, there appeared to be very limited culturally appropriate and effective health promotion materials for these students to promote better awareness of sexual and reproductive health.

In response to this apparent problem, ISS undertook a study to explore sexual health and relationship concerns of international students and identify culturally appropriate methods for developing and disseminating sexual health information. The research questions for the project were:

1. What are the sexual health and relationship concerns for International students studying at QUT?
2. What are strategies for informing and promoting sexual health and relationship information to QUT international student?

The research project involved an initial stage of consulting with key representatives from Ethnic Communities Council of Queensland (ECCQ), Public Health Promotion Unit, Family Planning Queensland (FPQ), Children by Choice (CHC), Queensland Health (QH) and Overseas Student Health Cover (OSHC) providers. A survey of international students studying at QUT was undertaken to ascertain sexual and reproductive health concerns for international students and how best to develop and promote health promotion materials for this group. Focus groups of international students from diverse cultural backgrounds were conducted to discuss sexual health perspectives and information needs. Even though specific cultural and religious views and its impact on sexual health were not part of this study, a general consensus on issues and a need to promote sexual health and relationships were indicated. A report was written and recommendations made with input from international students and professional staff from QUT. During the project implementation, a professional development program was conducted for QUT staff and members of International Student Advisors of Network Australia (ISANA) on Sexual Health Promotion and Support for International Students by the Ethnic Communities Council of Queensland (ECCQ) Public Health Promotion Coordinator.

## Introduction

It is widely acknowledged that international students face a variety of challenges when they leave their home country and travel overseas to pursue their studies (Baker & Hawkins 2006; Constantine et al. 2005; Sherry, Thomas & Chui 2010). Although international students experience difficulties in adjusting to a new culture, a different educational system and an unfamiliar language environment (Baker & Hawkins 2006) often preside over concerns for sexual health and relationship matters. Discussing sexual health needs and concerns are difficult and challenging for many international students (Andrade 2006; Baker & Hawkins 2006; Leder & Forgasz 2004; Sawir et al. 2008; Sherry, Thomas, & Chui 2010; Yeh & Inose 2003).

Poljski (2011) undertook an extensive consultation with key stakeholders and a literature review aimed at developing sexual health promotion programs for international students. The author found that female international students were concerned with issues including unplanned pregnancy, abortion, STIs and violence. Prior studies on sexual health practices of international students indicate that international students may engage in risky sexual behaviour and do not seek adequate help when required (Borrett & Zysk 2007; Kalsi, Do & Gu 2007). It has been argued that international students often have limited sexual health knowledge due to insufficient (inadequate) sex education in their country of origin where talking about 'sex' and sexual health topics are taboo (Burchard, Stocks & Laurence 2009). Burchard, Laurence and Stocks (2011) conducted focus groups amongst 21 female international students from Malaysia and China to ascertain sexual health knowledge and practices of female international students from the University of Adelaide. The authors concluded that international students had limited knowledge about sexual health and faced difficulty accessing sexual health information. The reason for these was because the participants felt that disclosing personal information about 'sex' was not common in their home countries and therefore upheld extremely conservative values on female virginity. However, some indicated that there was a change in attitude towards premarital sex.

Poljski (2011) also found that sexual health knowledge of female international students was limited, and students did not possess the skills required to participate in the sexual decision-making process. In addition, students' access to health care in Australia was often poor due to a lack of understanding of the Australian health systems (Poljski 2011). International students may also have a passive attitude towards seeking professional assistance (Borrett & Zysk 2007; Burchard, Laurence & Stocks 2011).

Sexual health does not merely mean being safe from sexually transmissible infections (STIs) or unplanned pregnancies, but taking responsibility for one's body, health, partner's health and decisions about sex. In this context, some studies have investigated sexual regret, forced sexual intercourse and sexual assertiveness among college students (Brener et al. 1999; Lindgren et al. 2009; Oswalt, Cameron & Koob 2005). Song et al (2005) examined the knowledge and beliefs about sexual health, HIV and sexual practices of first year international students. The study further compared the sexual health knowledge, including HIV and sexual behaviour between Australian-born and overseas-born students, mainly from Asia living in Sydney. The study found that Asian-born international students had poorer knowledge about STIs and HIV than Australian-born students. It was concluded that given overseas students were sexually active and had a tendency to travel frequently, sexual health education should be instituted by all universities. However, this research failed to suggest ways to disseminated health promotion materials on sex education for international students.

Similar findings were highlighted by Rosenthal, Russell and Thomson (2008) suggesting that a large number of international students were sexually active and a significant number of students (26.3% of male students and 19% of females) never used a condom. As part of the wider health and wellbeing study to explore sex related practices of international students attending the University of Melbourne, the authors argued that international students were unaware of the importance of using condoms and were also possibly putting themselves and their partners at risk. This raises the issue of limited awareness amongst international students of risks associated with sexual practices and poor sexual health knowledge.

Although few studies aimed at developing pertinent approaches to promote sexual health awareness of international students, they have however emphasized relationships, sexuality and friendships as the main themes rather than sexual health as the key discussion amongst international students. For instance, Borrett and Zysk (2007) in a forum, used storytelling as part of an educative method aimed at engaging University of South Australia international students in conversations about their friendships, relationships and sexuality. The forum was held as an information session and panel discussions facilitated by counseling staff and senior students from the university. The study found that using peers in a storytelling approach was far more effective in promoting awareness and discussing information on sexual health amongst international students. The study further emphasized the importance of incorporating sexual health and healthy relationship information into the orientation program for new international students (Borrett & Zysk 2007). Even though the focus of the study was not on sexual health, the topics discussed in the forum covered a comprehensive range of relationship issues that international students may experience during their period of transition in Australia. Similar studies have also focused on international student cohorts based on either same gender (e.g. female international students) or a specific cultural group such as Chinese international students.

Even though there is anecdotal evidence that some international students undergo profound sexual health problems (Rosenthal, Russell & Thompson 2008; Borrett & Zysk 2007), accurate data on these issues are not yet publicly available (Poljski 2011). Furthermore, there is a limited number of studies that examine relationships and sexual health issues amongst international students. A need for culturally appropriate education programs for international students including reliable online information that students can easily access is recommended (Burchard, Laurence & Stocks 2011). Poljski (2011) emphasizes that educational institutions should deliver mandatory gender-specific health education; reinforce health messages through social media and international student leaders; distribute multilingual written health information at student services and events and provide information about Overseas Student Health Cover policy to address the concerns for international students in relation to sexual health needs.

Despite the range of research aimed at developing programs for international students in general or trying to understand the extent of sexual health knowledge specifically, there is still limited research in Australia that explores the needs of international student regarding sexual health and relationship issues and strategies to promote international students' sexual health in a culturally adequate manner. Since mainly female or commencing international students have been the target group of these studies, it is crucial to undertake inclusive studies which investigate concerns about sexual health of both female and male international students and to develop appropriate methods for promoting and disseminating sexual health information, materials and/or programs to international students who come from diverse backgrounds.

## Methods

### Consultation and interviews with key stakeholders

The project coordinators consulted with key stakeholders from the Ethnic Communities Council of Queensland (ECCQ), Queensland Health (QH), Children by Choice (CHC) and Family Planning Queensland (FPQ). Interviews with Overseas Student Health Cover (OSHC) representatives, University Health Services nursing staff and International Student Advisors at QUT were conducted to ascertain information on: (a) what sexual health issues international students encounter; (b) what causes them to engage in risky behaviour; (c) what services and resources are available for international students; and (d) how we can approach students to promote their sexual health in a culturally appropriate manner. Semi-structured interviews with students and staff enabled the project coordinators to identify key themes and issues for international students concerning sexual health and also assist with developing a questionnaire and focus group schedule.

### Focus Group Discussions

The focus group schedule was developed by the project coordinators based on the issues identified from the literature review and consultation with key informants. Three focus groups with 14 students originating from China, Indonesia, Malaysia, Philippines, Kiribati, Iran, India, France, and Germany were undertaken using a focus group schedule to facilitate discussions. There were two same gender focus groups and one combined gender group with equal numbers of females and males participating in the focus group discussions. The sessions were facilitated by two project coordinators; one was the moderator and other the note taker. The project coordinators were female, former international students from Korea and Fiji with public health and social work backgrounds. The group discussions were guided by a schedule which was developed from the literature and key informant interviews. The schedules were iteratively modified after each focus group discussion when new themes emerged. The focus group discussions lasted 2 hours and took place at QUT Gardens Point campus between October and December 2010. The discussions were recorded on tape with the participants' consent, and then transcribed. The transcripts were distributed to the participants to be reviewed and final changes made for thematic analysis.

*Table 1: Focus Group*

Focus Group	Number of Participants
Group 1	5 participants (2 females; 3 males)
Group 2	5 female participants
Group 3	4 male participants

### Questionnaire (Sexual Health Promotion Survey)

The questionnaire consisted of both open-ended and closed-ended questions. The answers to the closed-ended questions included 'yes' or 'no' choices and multiple-choice responses. The aims of the questionnaire were to identify:

- Whether QUT international students considered relationships and sexual health an issue,
- If international students received or would like to receive information relating to sexual and reproductive health,
- What type of information international students think would be useful in the promoting sexual health? and
- What was the preferred method of receiving sexual health promotion information?

The questionnaire developed was piloted with a small number of international students and reviewed by International Student Advisors and Medical Health Service staff at QUT. The questionnaire was an online survey (KEY Survey) which was accessible to all international students who were enrolled in undergraduate or postgraduate courses at QUT in October 2010. The online survey was distributed to QUT international students via an electronic International Newsletter with information regarding voluntary participation and confidentiality. A total of 366 international students completed the sexual health promotion survey. The information collected was analysed, results collated and presented to the key stakeholders and QUT staff.

### Data Analysis

*Quantitative data analysis:* Data collected from the questionnaire was analysed based on calculation of the sum of the answers given to each question using descriptive statistical analysis. It provides simple descriptive statistics of the data collected from the survey

*Qualitative data analysis:* The key informant interviews, semi structured interviews and focus group data were analysed based on Sarantakos’ theory (1998, cited in Alston & Bowles, 2003) with three general stages of focus group analysis which included data reduction, data organisation and interpretation. Data reduction involved a comprehensive reading of the recorded transcribed data from interviews and focus groups and main themes that emerged from the data were identified. The themes were then sorted into specific categories during data organization and categorization. Interpretation of the categories and conclusions were drawn related to the research question through identified patterns and trends.

## Results

### Survey results

366 QUT international students completed the on-line survey including 190 (51.9%) undergraduate students and 176 (48.1%) postgraduate students. Figure 1 shows the proportion of age and gender distribution of respondents. The majority (73.3%) of respondents were in their 20’s and more female students (56.2%) than male students (43.8%) participated in the survey.

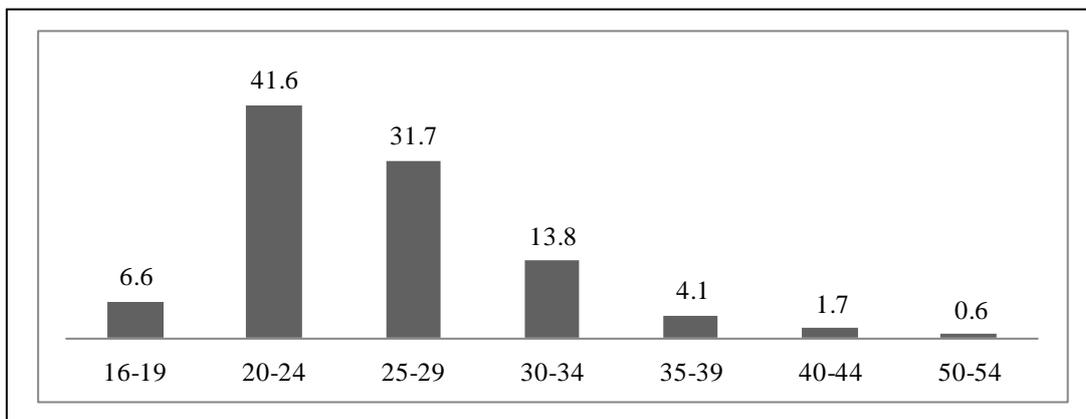


Figure 1. Respondent's age distribution (%)

As shown in Figure 2, 23.2% of respondents identified themselves as a Christian, 18.3% Muslim, 17.4% Buddhist, 4.3% Hindu and 15.7% Atheist.

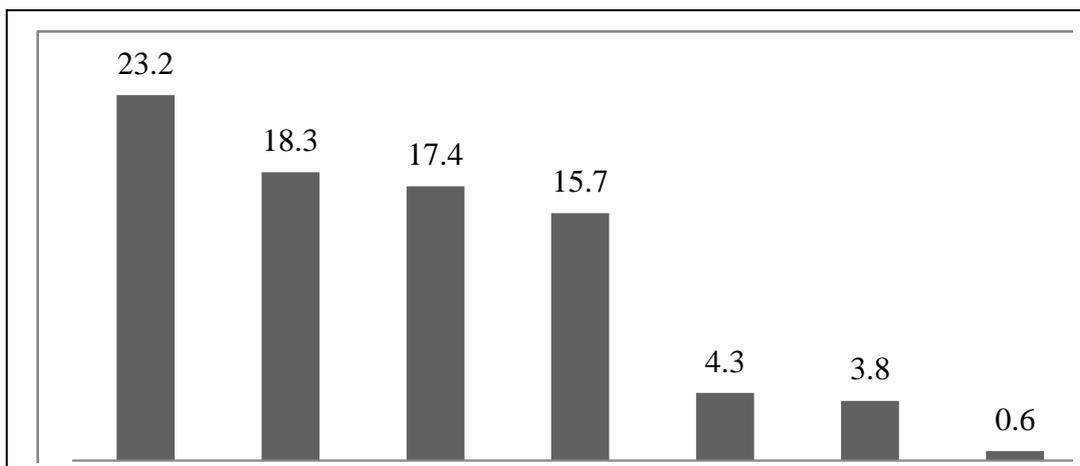


Figure 2. Proportion of respondent's religion (%)

Figure 3 shows the largest proportion of respondents was from Asia (63.5%) followed by Europe (13.2%), Middle East (11.4%), North America (4.1%), Latin America (2.6%) and Africa (1.1%).

Asia 63.5% n=216		Europe 13.2% n=45		Middle East 11.4% n=39		North America 4.1% n=14		Oceania 3.8% n=13		South America 2.6% n=9		Africa 1.1% n=4	
China	56	Germany	14	Saudi Arabia	23	Canada	7	Papua new Guinea	6	Colombia	5	Malawi	1
Malaysia	35	Norway	8	Iran	12	USA	7	Fiji	3	Brazil	2	Mauritius	1
Taiwan	20	France	6	Kuwait	3			New-Caledonia	1	Argentina	1	Botswana	1
India	17	Russia	4	United Arab Emirates	1			Solomon Islands	1	Peru	1	Egypt	1
Singapore	14	Austria	3					Tahiti	1				
Korea	10	Switzerland	2					Vanuatu	1				
Indonesia	9	Sweden	2										
Hong Kong	8	Denmark	2										
Sri Lanka	8	Servia	1										
Vietnam	8	Italy	1										
Philippines	7	Netherlands	1										
Bhutan	5	Finland	1										
Thailand	4												
Brunei	3												
Laos	2												
Japan	2												
Bangladesh	2												
Turkey	2												
Burma	1												
Nepal	1												
Kazakhstan	1												
Maldives	1												

Figure 3: Country of Birth

86.8% of participants answered that they ‘understand what sexual health is’ and 63.5% reported that forming relationships and sexual health is an issue for international students. Almost two thirds of respondents (65.7%) reported they want to know more about relationships and sexual health.

Participants were asked about their preferred topic of sexual health information and they were allowed to choose multiple answers. As described in Figure 4, participants reported that information in relation to sexual health checks (23.1%), sexual education (20.3%), STIs (19.8%) and relationships (17.8%) would be useful for international students. Contraceptives (6.1%), unwanted pregnancy (6.1%) and abortion (4.5%) were chosen by fewer students.

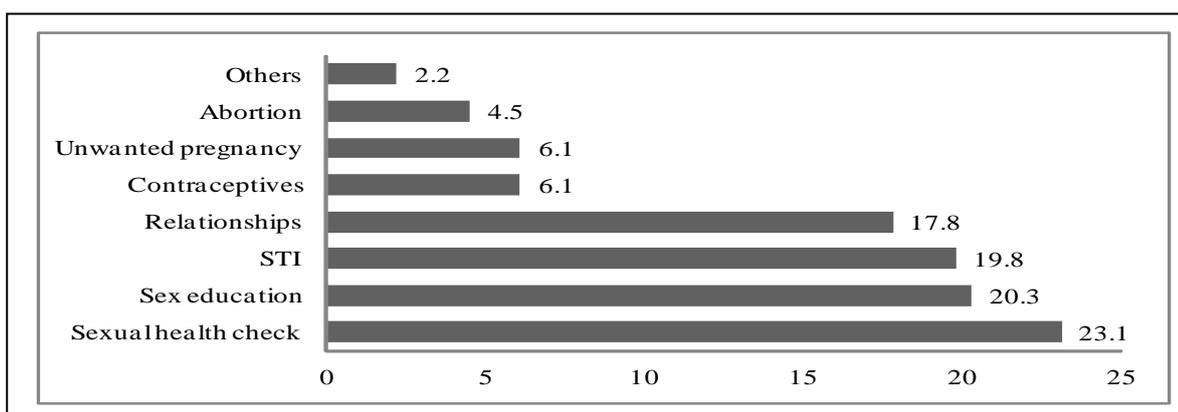


Figure 4. Preferred sexual health information (%)

In response to the question regarding the method of receiving this information, respondents preferred web-based online resources (24.4%), brochures (15%), confidential online advice service (11.3%) and individual confidential appointments with counsellors (5.1%). In the context of the discussion group, more participants (4.2%) preferred gender-specific information and small discussion sessions rather than combined gender discussion sessions (3.4%),

whereas having more combined information sessions (5.4%) was preferred over separate information sessions (4.5%). (See Figure 5)

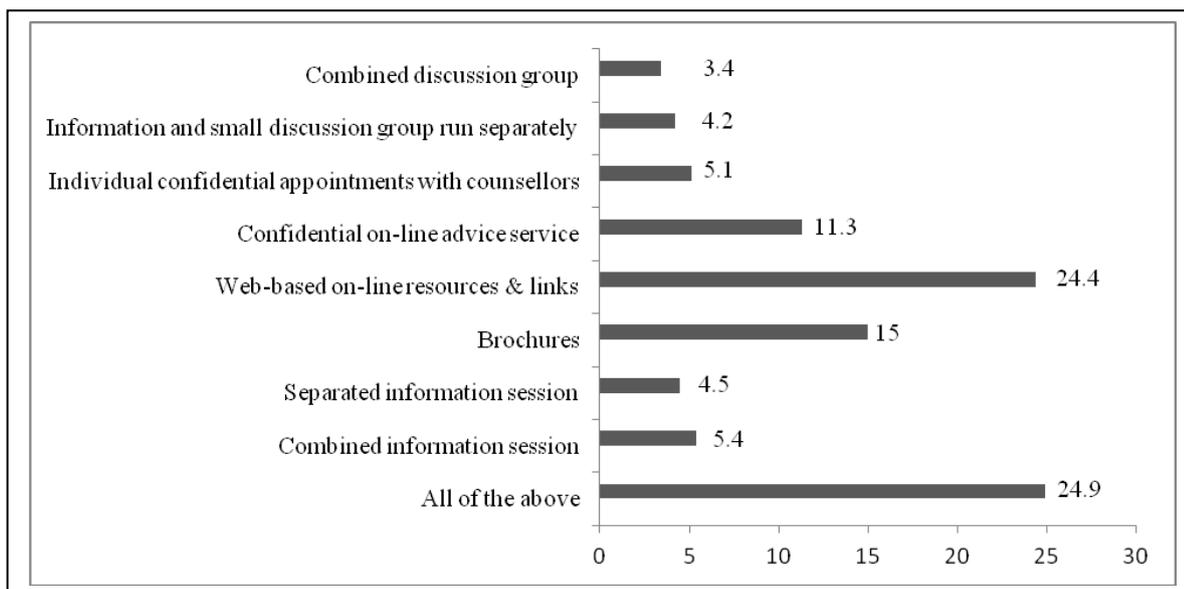


Figure 5. Preferred form of sexual health information (%)

### Focus group

Through the focus group discussions, three key issues for international students emerged from the analysis and five strategies for sexual health promotion to international students at QUT were identified.

#### Tendency to indulge in risky behaviour due to insufficient knowledge of sexual health

Students stated that international students feel lonely while staying in Australia and they tend to take risks.

*'So many young students come here and feel alone'.*

*'Sometimes we just need a person for being accepted emotionally'.*

*'They need company and they are not aware of risks relating sexual issue... Sometimes my friend comes to me for asking about their relationship'.*

*'The problem with relationships was so strange and I didn't know what to say'.* (Focus Group 2)

#### Limited access to sexual health resources

Students mentioned that they need more information about sexual health issues and highlighted that international students are not aware of where sexual resources are available.

*'It's about knowing where to go to have a sexual health check and what to do. Students don't even know where the clinics are (for sexual health checks) especially when they just arrive... So far there is no available resource about how to use condom and how to have an abortion'.*

*'There is no condom machine even in toilets'.*

*'We need to know how to deal with or prevent pregnancy, STIs, contraceptives and know where to go for help'.* (Focus Group 1)

#### Complexity in building cross cultural relationships

Students emphasised that international students often face difficulties in building relationships due to cultural differences.

*'I guess the issue is Australian attitude toward relationship and sex is quite different'.*

*Whole issue is about expectation within relationships. When you enter cross cultural relationship, there are a lot of different expectations. They don't know what is the parameter or boundaries in relation to dating across cultures'.*

*'For example, if students are not used to seeing couples hold hands in their own country, being exposed to those sorts of interactions and encounters could make them uncomfortable. It could be stressful on top of also adjusting to a new environment and culture totally different to one's home country.'* (Focus Group 1)

*'Cross cultural relationships have same problem... In some culture, religion is important. If your family is very strict, they won't allow you to have a guy who has a different religion.'*(Focus Group 2)

*'The relationship between people from different culture background could be different. For example, kissing a girl on the street, that is not a big deal within European (In France) but here, would be different. I could easily kiss a girl and not feel uncomfortable.'*(Focus group 3)

### **Strategies for promoting sexual health and relationship information**

Strategies to promote international students' sexual health knowledge proposed in the focus groups included (1) linking online resources, (2) using electronic correspondence system, (3) conducting mandatory orientation and separate group sessions based on gender preferably, (4) training peer leaders and (5) utilising media such as newsletters, e News and web based information disseminated through the QUT website.

#### **(1) Linking online resources**

Students suggested that because of sensitivity of sexual issues, international students prefer online resources in relation to sexual health information.

*'I think visiting website is easy to access because some people don't want to talk about their private issue'.*

*I imagine if I was a new student, I wouldn't speak about how I can use condom. It is sensitive'.*

*I wouldn't speak with people. Online is the best way to get entry and it does not need to have a professional supervisor. Just she can tell where she can go...'*(Focus Group 2)

*'Must give brief information and links: What this site is about; what information is there and what is available.'*(Focus Group 1)

#### **(2) Usaging electronic correspondence system**

Students suggested that the use of an online chatting system could be effective in enabling international students to talk about their concerns about sexual health. They also emphasised that anonymity of users should be ensured.

*'Chatting with online counsellor is an easy way to communicate. We are embarrassed and wouldn't want to be face to face... It's similar to QUT chat'.*

*'They can build online chatting route like a librarian. They answer immediately.*

*'They could send email or let them know emergency contact number for sexual information through the twitter'.* (Focus Group 2)

*'I think having an online chat is practical actually. Like a 'Facebook'. There is privacy issue so we need to make sure the confidentiality. It should be anonymous. We can use nick name or avatar.'* (Focus Group 3)

#### **(3) Conducting mandatory orientation and separate group sessions**

Students suggested that general information should be included in mandatory orientation for international students and then separate group sessions based on gender and cultural background should be held.

*'We can explain general idea as part of mandatory session for information on relationships and expectations within Australian context - what's acceptable behaviour when new international students arrive to study in Australia and QUT. It's just general information and more about letting them know that if this may happen to you – then information about awareness regarding risks or knowing so you could know what to do.'* (Focus Group 1)

*'We can present general Australian culture during orientation and then break down according to the culture and needs of different students. They can be asked if they want such sessions that can be tailored to run for*

*their specific needs or within their cultural groups. For example, Muslim students have a counsellor who is from Muslim background.*

*'Same culture or origin of country is important for them to talk comfortably... in Islamic culture, woman shame to listen to such things in public. I have seen ever in some Arabic cultures women do not enter the same lift, with a man.'* (Focus Group 2)

*'Gender is significant. Some student wouldn't be comfortable to see male counsellor or female counselor.'* (Focus Group 3)

#### **(4) Training peer leader group**

Students noted that they may be more at ease when seeking information on sexual health from their peers.

*'I would be more comfortable to talk to peers even though we are not same age but it's more about being at a comfortable level'.*

*'It's just general information and more about letting them know that if this may happen to you – then information about awareness regarding risks or knowing so you could know what to do'.* (Focus Group 1)

*'Peer leaders group would be a useful means to run small group sessions for other international students. We can train them and they can be mentor leaders of their language or peer groups.'* (Focus Group 2)

#### **(5) Utilisation of media**

Students suggested sexual health information could be distributed in various forms of media such as cartoons, video clips and songs.

*'We can send a newsletter having a little cartoon related sexual issue everyone may happen to have once a week or fortnightly. And then link them how they deal with or where to go.'* (Focus Group 2)

*'It's a good idea to use comics rather than using text. It's more approachable. "Don't do that" usually doesn't work... We can use any media, video and song. Once we make it, we can use again and again to target group.'* (Focus Group 3)

## **Discussion**

According to Australian Education International (2011), in 2010 there were 48.4 % of international students aged between 20 and 24 years and 27.6 % aged between 25 and 29. The age distribution of participants in this study is consistent with the figure with 41.6% of participants aged between 20 and 24 years and 31.7% aged between 25 and 29. While the proportion of Christians made up 23.2% of all participants, students' religions included Muslim, Buddhist and Jewish. International students studying at QUT represent diverse religious background indicating that this religious diversity should be taken into consideration when examining and developing programs on sexual health and relationships for international students. Lack of consideration of students' religious views in sexual health programs may prevent students from participating because of feeling alienated from any initiative (Ulanowsky 1998). Given that international students from Asia countries including India, China, Singapore also represents the largest number of international students in Australian tertiary institutes (Australian Education International 2010), previous studies on sexual health for international students have therefore focused mainly on Asian cohorts (Burchard, Stocks & Laurence 2009; Song et al. 2005). The findings of these studies therefore reflect views and perceptions of students from Asian backgrounds. This study had over 60% of survey participants from Asian backgrounds.

Previous literature has suggested that international students are likely to be exposed to sexual health risks due to poor knowledge of sexual health; lack of sex education and different cultural and religious expectations (Burchard, Laurence & Stocks 2011; Kalsi, Do & Gu 2007; Reeders 2011; Song et al. 2005). The findings of this study demonstrate that the majority of respondents are interested in learning about relationships and sexual health. The students indicated that they would like to have more access to information regarding sexual health and different avenues through which the information can be made available. For instance, suggestions about being able to discuss with either peers or counselors or simply accessing online of linked resources were emphasized through focus group discussions and interviews with students. As one student stated *"I would be more comfortable to talk to peers even though we are not same age but it's more about being at a comfortable level. Counsellor may have more resources and knowledge but in terms of comfortable level, it would be good, cultural background as well"*.

International students who participated indicated that information about sexual health checks, sex education, STIs and relationships would be useful and they need to be made aware of issues to reduce the incidence of students' risky behaviour. A number of students felt the focus groups gave them the opportunity to discuss these issues openly for the first time and confidence to seek support.

The survey results and discussions suggest that international students prefer a form of online resources or confidential on-line advice service. This is because many felt that privacy regarding these matters was important. They would seek advice or support only if it was easily accessible and not make them feel uncomfortable or ashamed. Sexual issues were considered taboo in many cultures with international students relying on their culture, religion and other public moral discourses. For example, in a number of Asian cultures, sex is not a public or discussable topic and thus students from these backgrounds are often reluctant to seek professional assistance even when help is needed. As a student stated *"imagine if I was a new student, I wouldn't speak about how I can use condom. It is sensitive for me ... I wouldn't speak with people about it. Online is the best way to get entry and it does not need to have a professional supervisor. Just she can tell where she can go. There might be an emergency case and general case. Young people don't want to speak about this. So this online website will let them know"*. Therefore, the provision of sexual health services needs to be implemented with caution and sensitivity (Xu 2004).

In addition, participants expressed their concerns about vulnerability to sexual health risks because of their loneliness and lack of awareness regarding the issues and health services. Participants highlighted that international students experience difficulties in integrating with different cultural norms in relationships. This suggests that there is confusion when dealing with the gap between the student's own belief of relationships and his or her counterpart's expectation stemming from a different culture. The expectations around relationships and sexual health for many international students are different compared to Australian norms and therefore while living in a different country, the lack of knowledge of these expectations can be challenging, such as *"what do I do in first date? How do you talk to each other about the expectation and the norms in relationships?"* Emphasis was made by students regarding knowledge and awareness of Australian norms and expectations around relationships and sexual health even though cultural diversity within Australian was acknowledged by most participants. For instance, *"there are general norms and behaviors that are acceptable and should be known. Knowledge about such issues is important and so international students need to be informed about such norms"*.

When discussing the development of culturally appropriate sexual education, most students preferred the utilisation of online resources including web-based information links, an online chatting system and social networking through peer mentors and buddies. This proposal is consistent with the result of the questionnaire which showed that respondents preferred online resources. Many students agreed on the importance of having a compulsory orientation session to inform newly-arrived international students of general information about relationships and sexual health. They noted that a separate follow-up session should be conducted by a facilitator of the same gender and cultural origin. Many reported that they would feel more comfortable opening up about the sexual health issue to their peers. Borrett and Zysk (2007) study supports this form of awareness and sex education for international students where information on relationships and sexual health should be included in orientation programs and using peer groups to disseminate information effectively. Reeders (2011) also claimed that peer education approaches can be used as a measure of raising awareness of issues around sex and relationships. Likewise, gender-specific health education sessions should be mandatory to all international students (Poljski 2011).

This exploratory study highlights issues and concerns regarding sexual health and relationship for international students at QUT. Issues such as lack of awareness and knowledge about sexual health; education and relationships; where to access resources; complexity in cross cultural relationships and expectations about sexual health in Australia were highlighted. The study also provided practical strategies for raising awareness of sexual health issues for international students at QUT. Although this initial study was exploratory, its findings suggest the need for developing a sex education program for QUT international students.

As a result of this study, a culturally appropriate approach to addressing sexual health education was suggested and reported to international students, stakeholders and International Student Services. International Student Services responded to the recommendations and introduced sexual health information sessions presented by peer mentors (Safety Buddies) as part of the compulsory 'student safety session' at the orientations for international students.

Two professional development workshops were conducted on sexual health promotion that included all International Student Advisors, QUT Health Services staff and Queensland ISANA members. These professional development workshops were implemented as part of the project outcome to increase awareness of the issue for staff working with international students. Topics discussed included raising awareness of sexual health for international students and dealing with sexual health issues during counselling.

International Student Services has also produced online resources and web-based links on the ISS student web pages that provides detailed information on sexual health services. Sexual health information tips are advertised in the weekly on-line ISS newsletter that is sent to all international students in the university and on the ISS Facebook. A new on-line confidential advice and counselling service provided for international students is promoted through these links.

### **Limitations of the study**

This study has a number of limitations. While the information from participants on nationality and religious backgrounds was collected, the study did not examine how such differences may have impacted on their sexual health knowledge, attitudes and practices. Therefore, an investigation into whether or not the preferred method of receiving sexual health information varies according to respondents' cultural and religious backgrounds is recommended.

Another limitation might be the lack of full disclosure by participants, due to the sensitive nature of the topics being discussed. As focus group methods were used in the study, due to fear of being judged by others, self-censorship may have also been a limiting factor in the focus group discussions. Further research needs to be undertaken to explore the knowledge, attitudes and educational needs of international students from specific cultural groups.

Lastly, the international student population in Australia is from diverse backgrounds. In this study, only a limited number of students participated and, as a result, the findings of this study cannot be generalised.

### **Actions followed from student recommendations**

This research has, however, generated increased discussion at the university about the sexual healthcare needs of international students and changes are being implemented. International Student Advisors and Counsellors at the QUT International Student Services (ISS) have been given professional development training on "Sexual health for International Students". ISS is increasing the emphasis on sexual health in their orientation programs, and providing reliable internet based resources to students. Specific recommendations implemented include:

- (1) Promoting websites in relation to sexual health in ISS Newsletter and Facebook, to enable students to be aware of the resources available.
- (2) Provision of ongoing individual face to face and on-line counseling by International Student Advisors and Counsellors.
- (3) Conducting sexual health information sessions facilitated by trained peer mentors (Safety Buddies) as part of the orientation program.

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