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Female international students and sexual health

A qualitative study into knowledge, beliefs and attitudes

Background
International students make up an increasing proportion of university students in Australia. Research suggests that they have poor sexual health knowledge compared with local students.

Methods
Thematic analysis was undertaken on focus groups carried out at the University of Adelaide (South Australia), with 21 female international students from Malaysia and China.

Results
Four themes were identified: poor sexual health knowledge; complex attitudes about premarital sex; difficulty accessing sexual health information, and poor understanding the role of general practitioners in this area; and ideas about future education.

Discussion
Participants believed that international students have insufficient sexual health education when they arrive in Australia. They were concerned that some students may become more sexually active in Australia, and may not have adequate access to health services and information. All participants felt it was necessary for international students to receive better sexual health education. International students are important to Australian universities, and it should be mandatory to ensure that culturally appropriate sex education is made available to this group.

Keywords: adolescent health services; women's health; vulnerable populations (health); health promotion; qualitative research, research

International students make up an increasing proportion of university students in Australia. In 2008 there were 435 000 international students studying in Australia[1] with the largest group being from China (22.2%).[2] A recent Australian survey suggested that international students have poor sexual health knowledge compared with local students.[3]

In preliminary interviews conducted by the authors, healthcare workers at the University of Adelaide (South Australia) and at local public hospitals, expressed concerns that the international students they were seeing had inadequate sexual health knowledge, resulting in termination of unwanted pregnancies and sexually transmissible infections. The only Australian study published in this area uses quantitative methods.[4] In our study, we chose to use qualitative techniques to gain a deeper understanding of the sexual health knowledge and practices of female international students at the University of Adelaide in South Australia.

Methods

We asked representatives from the University of Adelaide's International Student Centre (ISC) to approach students at informal social events and ask them if they would be interested in participating in the project. Students were required to be female, unmarried, undergraduates, and from either China or Malaysia; the two largest groups of international students at the university.

The research team emailed students who had registered an interest with details about the project and an invitation to participate in a focus group. Participants were invited to bring an eligible friend as part of a 'snowball' sampling technique. The focus groups were conducted in English, lasted approximately 90 minutes, and took place at the University of Adelaide campus, between March and May 2009. The decision to conduct the focus groups in English was made in discussion with the university's ISC, to avoid the practical issues posed by different language groups within each nationality. Students received a $40 gift voucher in recognition of their time.

Three groups were held with students from China, and one with students from Malaysia. Group size varied from 4–7 women. Groups were moderated by one author (AB), and an assistant. Due to the limited research conducted in this area, we were unable to find a validated question guide for use in the focus groups. Therefore, a question guide was developed by the authors (*Table 1*) focusing on issues highlighted from a literature review,[3–5] and following consultation with university healthcare providers and workers at the international student office. To facilitate discussion, focus group moderators and assistants displayed contraceptive devices to students and described specific scenarios (*Table 1*).

The focus groups were audio recorded and then transcribed. One author (AB) undertook coding using NVivo qualitative analysis software. Principles of thematic analysis were applied.[6] A second author (CL) then reviewed the coding independently, and differences were resolved by recoding to consensus. A summary of preliminary findings was provided to participants to facilitate feedback. Focus groups were held until saturation had been reached.

The University of Adelaide's Human Research Ethics Committee approved this study.

Results

Twenty-one participants attended and four focus groups were held. Selected characteristics of

Table 1. Focus group question guide[3,4,7]

Key questions
• Can you tell us about the sexual health education you received whilst growing up?
• How do you feel about people having premarital sex?
• What types of contraception do you know of that are used by international students?
• How do you think that living in Australia impacts on the sexual activity of international students?
• How do international students access sexual health information?
• Do you think that international students would like more sexual health education?
• How do you think international students would like sexual health education to be delivered?
Scenarios
• Your best friend calls you up on Sunday night sounding quite upset. She had a date with an Australian boy last night, who she liked a lot. Toward the end of the night, she was a little drunk, and ended up having sex with him. She didn't mean to do this, and is worried. What are some of the concerns that she might have?
• Your friend has been seeing her boyfriend since they met in orientation week 6 months ago. They are from the same part of China. The relationship is getting more serious and she thinks they might have sex soon. Discuss some of the issues. Where might she go to get professional advice?
• In the library one morning, you overhear two girls from your country talking about their weekends. Both of them appear to have slept with several different people over the weekend, who they do not plan to have a relationship with. How do you feel about this?

the participants are shown in *Table 2*. Four main themes emerged from the groups.

These were: poor sexual health knowledge, complex attitudes about premarital sex, difficulty accessing sexual health information, and poor understanding of the role of general practitioners in this area and ideas about future education.

Poor sexual health knowledge

Students felt that they had received limited sexual health education. Participants stated that their parents were unlikely to have spoken to them about sexual health, and that their school programs were limited to education about basic anatomy and physiology with no teaching about contraception or sexually transmissible infections.

'The teacher just told us about the cell and later on how the baby come out but... the actual sexual part is not talked about.' (FG 4)

Students stated that they obtained information about sexual health from sources such as friends, magazines and the internet.

'Our teachers don't tell us about it and our parents didn't talk about it. So we just learn from ourselves. I don't think we learnt much from ourselves – we all have the same knowledge.' (FG 4)

Overall, the students had limited knowledge about contraceptive options. Most had heard of the combined oral contraceptive pill (COCP) and condoms, but only a few had heard of intrauterine devices (IUDs), diaphragms and injectable or implantable contraception. Most women believed incorrectly that condoms were more reliable than the pill, and very few students knew of the positive benefits of the COCP. There were also many widely held misconceptions about the COCP, including a belief that the pill causes infertility:

'I heard the pill is harmful for our health... it can make you never be pregnant again.' (FG 2)

Complex attitudes about premarital sex

The students had complex attitudes about premarital sex. Most said that female virginity is still an extremely important concept in their home countries.

'Because if you're married to a Chinese guy, most of them are going to think if you've had sex before the marriage, you're kind of damaged goods.' (FG1)

Many participants accepted that their peers would have premarital sex, but stated that, personally, they could not because of a fear of being judged by others. They displayed particular opposition to casual sexual encounters.

'When I look at other people, when other people do it, I think it's okay. It's like perfectly fine, but when it comes to myself, I probably wouldn't do it.' (FG1)

Opinions were fairly divided about whether students are more likely to engage in sexual activity while studying in Australia. While some stated that being away from parents gave them more freedom, others disagreed, explaining that there is also a trend toward premarital sex in their home countries:

'I used to assume that all Chinese girls who study in China are still very traditional and don't believe in premarital sex, but I was wrong. When I actually talked to friends about it, they're less conservative than I thought they would have been.' (FG1)

Overwhelmingly, there was a sense that moving to Australia was unlikely to produce a radical change in attitudes toward premarital sexual activity.

Difficulty accessing sexual health information and poor understanding of the role of general practitioners in this area

Given that most students felt they had insufficient sexual health knowledge, they were asked how they might access more information. Many students said that they would seek advice from friends, although they admitted that this might not be reliable. Some suggested that they would use the internet, but they could not name any particular websites.

'If I knew that I needed to get advice, I'd just go on to Google and search for some of the websites, maybe.' (FG1)

Table 2. Selected focus group participant characteristics

	Malaysian	Chinese	All
N=	7	14	21
Median age	22.1	20.5	21
Median years in Australia	1.6	2.8	2.4

Most students did not realise that the role of GPs in Australia includes prescribing contraception and providing counselling about sexual health. Many thought that the contraceptive pill was available from the pharmacy without prescription. When asked why she would see a doctor, one student said:

'...coughs and colds. I don't see how the [GP] – I wouldn't ask them about this [sexual health]. Is it part of their duty? Is it part of their job? I wouldn't think so.' (FG1)

Students regarded the decision to become sexually active as emotionally important, but did not see any reason to engage with a professional such as a doctor to discuss sexual health. When asked whether a woman contemplating becoming sexually active should seek professional advice, several of the students became confused:

'I don't understand why she would need to seek professional advice; she just wants to have sex!' (FG2)

'The more important thing is the emotional decision, whether or not to do it, rather than the logistic thing.' (FG1)

In contrast, when discussing a scenario related to unprotected intercourse, students quickly suggested that the subject should see a doctor to test for disease and pregnancy. There was a general understanding that a doctor could help after sexual intercourse, which was quite distinct from the perception that doctors had no role in advising before intercourse.

Ideas about future education

Almost all of the students in the focus groups were very keen to have more sexual health education. There was a lot of disagreement about the best way to do this with regards to the timing and format of interventions. This was largely due to concerns about stigmatisation. Participants generally agreed that female health professionals should run educational groups for female students only.

Discussion

The female international students at the University of Adelaide in this study reported very limited sexual health education. Attitudes to premarital sex were complex: many participants stated they would not have premarital sex for fear of being judged by others but also noted a general softening of taboos, both at home, and in Australia. Despite this, the students were unable to access reliable resources to improve their sexual health knowledge and did not understand the counselling role of GPs. While keen to improve their sexual health knowledge, participants expressed concerns about privacy in the delivery of educational interventions.

Study participants had limited sexual health knowledge. This is consistent with findings from a study in Sydney[3] which compared the sexual health knowledge of first year university students from Australia and Asia. In China, similar issues were reported by Zhang,[7] who expressed concern that Chinese high school sex education courses focus solely on physiology. Chen et al[4] found that only 38.4% of Shanghai university students reported having had formal sexual health education.

Study participants had poor knowledge about the COCP. This may be because of low usage of the COCP in China, and concerns of Chinese women and their gynaecologists about risks and side effects.[5] It is difficult to comment on the situation in Malaysia, as the literature review did not produce any papers from this country.

The students' inability to access sexual health education was also consistent with Chen's study[5] which reported that students had a tendency to rely on the internet and friends, without considering the reliability of these sources. Importantly, participants in this study were not aware that Australian doctors could be a source of information. While barriers to healthcare access are also a problem for Australian young people,[8] they are likely to be a bigger problem for Chinese students because in China, doctors do not usually provide sexual health advice to unmarried young people,[9] and indeed, many are unwilling to do so.[10] Recent research from China suggested that students find the internet an effective and acceptable way to access sex education.[11]

The international students in this study appeared to find themselves buffeted between conflicting cultures, between the conservative attitudes of their upbringing and a more sexualised Australian culture. Students accept that their friends might have premarital sex, but feared disapproval if they behaved in the same way. They felt that boys might regard them as 'damaged goods' if they were no longer virgins, but did not judge friends who were in sexual relationships.

An important issue raised by this study is the pivotal role of cultural sexual taboos in each of the four themes identified. Poor sexual health knowledge is likely to be related to limited sex education by parents and schools and the evident fear of being judged if students are seen to attend a doctor or an educational event to learn more about sexual health. Zhang[7] suggests that Westernised sexual health education programs are inappropriate for Asian students because of social stigma. He also states that stigmatisation reduces the use of condoms due to fear of discovery. Certainly, students in this study felt that embarrassment was a significant barrier to accessing contraception. Embarrassment and stigma are pivotal issues in this area and would need to be taken into account when developing sexual health education programs for these students. Importantly, this study highlights the importance of developing culturally appropriate education programs within universities, which may include education on the role of GPs in discussing sexual health, and guiding students toward reliable online information sources.

Our study has a number of limitations. First, while we collected information from participants on nationality, we did not collect detailed information about their ethnic, cultural or religious backgrounds. Importantly, such differences may have impacted on their sexual health knowledge, attitudes and practices. Also, while the nationality of participants reflected the two largest groups at the University of Adelaide, Australia wide, international students are predominantly Chinese and Indian, rather than Malaysian. As a result, the findings of this study can not be generalised to students in other areas. Another limitation might be lack of full disclosure by participants, due to the sensitive nature of the topics being discussed. We decided to use focus groups instead of one-on-one interviews because we felt that for discussion of sensitive issues, a one-on-one interview with a researcher who was older and from a different cultural group might limit open discussion. However, given the fear of being judged by others described by participants, self censorship may have also been a limiting factor in the focus group discussions. Conversely, the comment below suggests that for some

students, self censorship was minimal.

'Can you tell me more about the implant? I think I need to know about that one!' (FG3)

Further research needs to be undertaken to explore the knowledge, attitudes and educational needs of female international students from other cultural groups, as well as those of male international students.

This research has generated increased discussion at the university about the sexual healthcare needs of international students and changes are being implemented. Nurses at the university health centre are being trained in the speciality area of sexual health. The ISC is increasing the emphasis on sexual health in their orientation program, and providing reliable internet based resources to students.

Implications for general practice

International students may be at risk of adverse sexual health outcomes because of poor knowledge, and increasing sexual activity. General practitioners who see international students need to be aware of this so that they can provide opportunistic sexual health education and take into account cultural taboos around premarital sex.

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