Positive Life NSW

The voice of all people living with HIV

2024 International Student Sexual Health Survey

ACKNOWLEDGEMENTS

Positive Life NSW acknowledges and sincerely thanks the international students who participated in the 2024 International Student Sexual Health survey. Your time, honesty and willingness to share your experiences have shaped this report and will guide future work across NSW. Without your voices, this project would not have been possible.

We also acknowledge the invaluable contribution of our community members from international student backgrounds, whose lived experience, cultural understanding and commitment were critical; to ensuring that this consultation was welcoming, respectful and grounded in real-world insight.

Our thanks extend to the universities, colleges and community organisations who supported recruitment, promoted the survey and provided space for engagement, including during campus events and international student activities. We are grateful to the PlaySafe Program International Students Consortium; CALD Sexual Health Action Group; University of New South Wales (UNSW), UNSW College; University of Technology Sydney; Macquarie University; student unions; international student offices; and our community partners whose collaboration strengthened the reach and relevance of this work.

We especially thank Professor Limin Mao for her generous input, expert guidance and strong support throughout this project. Her contribution has been deeply appreciated and valued.

Positive Life NSW recognises the broader migrant and international student communities whose resilience, diversity and contributions enrich the HIV response in NSW. We are committed to ensuring that your voices continue to inform policy, practice and community-led solutions.

Finally, we acknowledge the ongoing support and partnership of NSW Health and the wider community HIV sector in advancing equitable, culturally responsive and strengths-based approaches to HIV prevention, testing, treatment and care.

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Executive Summary

This report presents findings from the 2024 International Student Sexual Health Survey, conducted by Positive Life NSW (Positive Life) as part of its Consultation and Engagement Framework (CCEF). The survey aimed to better understand how international students think about sexual health, how they access information and services, and what supports they need around HIV prevention, testing and care.

A total of 182 eligible international students completed the survey (205 total responses; 23 excluded due to not being international students or non-completion of the survey). Most respondents were young (around 80% aged 18 - 24 years), had been in Australia for less than one year, and came from a wide range of countries including China including the Special Administrative Regions (SAR) of Hong Kong and Macau, India, Indonesia, Saudi Arabia, Cambodia, the Philippines, Iran, Taiwan and Singapore, with others from across Asia, Africa, the Middle East and South American continents.

The survey highlighted a community that is engaged, motivated and keen to learn, but often under-informed and under-served when it comes to HIV and sexual health. While many respondents had heard of HIV, there were clear gaps in detailed knowledge about prevention, treatment, and the free HIV care available in Australia regardless of visa status.

Key findings include:

HIV testing

- 75 % (135/182) had never had an HIV test.
- Only a small proportion had tested in the past 6-12 months.
- Common reasons for not testing included never being offered a test, not knowing what services were available, concerns about confidentiality (it should be noted that two respondents stated their country of origin as Antarctica), stigma and discrimination, language barriers, and worries about cost and Medicare ineligibility (even though HIV and STI care and testing is available free of charge in NSW in the public health system).

Risk perception

- Most respondents rated their risk of getting HIV as ‘very low’ or ‘neutral’. Only a small group saw themselves as at ‘high’ or ‘very high’ risk.
- This may reflect genuine lower risk in some cases but also suggests limited understanding of HIV risk in the Australian context.

Information sources

- Social media and the internet were the main sources of sexual health and HIV information.
- Fewer students used university health services, PLHIV/LGBTQIA+ organisations or health promotion workshops, suggesting that many are navigating information alone rather than through trusted services or peers.

Barriers to information and care

- Language barriers, limited culturally relevant information, fear of stigma and discrimination, and not knowing where to go were commonly reported barriers to finding sexual health and HIV information.
- Some students reported delaying sexual health care due to worries about cost, confidentiality, diagnosis and treatment, and uncertainty about available services.

Overall, the survey shows that international students are not starting from a point of zero knowledge, they already have some awareness and motivation, but structural, cultural and informational barriers are leaving them at higher risk of delayed testing and care.

The findings support the calls for culturally responsive, peer-led, gender-sensitive approaches and peer-based system navigation to reduce anxiety, improve confidence, and connect students including those who are Medicare ineligible to free, confidential sexual health and HIV care earlier.

Recommendations in this report centre on:

- Strengthening peer-led models of education and navigation
- Co-designing health promotion with international students
- Embedding sexual health content in university and college settings
- Improving visibility of free, confidential HIV and sexual health services
- Supporting future research and consultation to keep international students' voices at the centre of HIV responses in NSW.

1. Background & Rationale

International students play a vital part of the social, cultural and economic life of NSW. Many are young, newly arrived, navigating a new country and health system, and adjusting to different cultural expectations around health, sexuality and help-seeking. At the same time, research across Australia shows that people on temporary visas, including international students, face unique barriers to sexual health and HIV information, testing and care. These barriers can contribute to delayed diagnoses and missed opportunities for early intervention and support.

1.1. HIV in NSW

NSW remains a leader in HIV prevention and care, guided by the NSW HIV Strategy and strengthened by partnerships with community organisations such as Positive Life NSW. Testing coverage, treatment uptake and viral suppression rates are high, and NSW provides free HIV medication to everyone living with HIV, regardless of Medicare or visa status. This is a crucial protection for international students, though many are unaware of it.

Despite statewide progress and declining diagnoses among Australian-born residents, new HIV notifications in NSW increasingly involve people born overseas, including recently arrived students and heterosexuals which are not included in key or priority populations. Many are diagnosed late, often with multiple health conditions.

Key contributing factors include:

- Lack of awareness of sexual health
- Uncertainty about how to access sexual health care
- Lack of culturally relevant or translated information
- Concerns about privacy, stigma or discrimination
- Relying on peers or the internet instead of health professionals
- A belief that HIV care might be expensive or affect one's visa status

These gaps highlight the importance of **peer-led, strengths-based, culturally informed approaches** to support international students in navigating sexual health and HIV services in NSW.

1.2. Why focus on international students?

Positive Life's International Student Consultation Project recognises that HIV disproportionately impacts people with temporary visas, including international students of all genders and sexualities. Many people attend health services multiple times without being offered an HIV test or having HIV considered, which leads to missed opportunities for early diagnosis and treatment.

International students may also:

- Be navigating a new health system in a second or third language
- Have limited social support locally
- Rely on social media or peers for health information
- Experience racism, xenophobia, HIV stigma, homophobia, biphobia and transphobia in both home and host communities.

Within this context, Positive Life sought to:

1. Map international students' sexual health and HIV knowledge, behaviours and barriers
2. Understand where and how they seek information and support
3. Inform the design of peer-led, culturally responsive HIV prevention, testing and support initiatives.

2. Methodology

2.1. Study design

The International Student Sexual Health Survey 2024 is a cross-sectional, anonymised online survey conducted by Positive Life as part of its Consultation and Engagement Framework (CCEF).

2.2. Recruitment and data collection

The survey was hosted online and promoted between September and November 2024.
Recruitment channels included:

- University and college email lists and student portals
- On-campus events such as SEXtember at UNSW and City of Sydney international student events
- Social media and Positive Life networks

Participation was voluntary and anonymous. No identifying personal information (such as name or contact details) was collected through the survey itself, as stated in the survey introduction.

2.3. Eligibility criteria

Respondents were eligible if they identified as international students. The first question asked if the respondent was an international student; those who responded 'No' were excluded from the analysis.

2.4. Survey instrument

The survey contained 15 core questions, covering:

- Demographics (international student status, gender, age, country of origin, time living in Australia)
- HIV testing history and reasons for testing or not testing
- Sources of sexual health and HIV information and support
- Comfort talking to healthcare providers about sexual health
- Barriers to finding information
- Delay in seeking sexual health care and reasons
- Self-rated HIV knowledge, knowledge of HIV prevention, and perceived risk (5-point Likert scale from 'very low' to 'very high').

Questions included single-choice, multiple-choice (select all that apply) and 5-point Likert-scale items.

2.5. Data management and analysis

- Data was exported from SurveyMonkey as a XLXS file and cleaned for analysis.
- Descriptive statistics (counts and percentages) were generated for key variables.
- For multiple-response questions, each option was summarised as a count and proportion of the total sample.

This report focuses on descriptive and exploratory findings to guide service development.

2.6. Limitations

This survey provides valuable insights into the experiences and needs of international students in NSW, but several limitations should be noted. Firstly, the sample reflects students who self-selected into an online survey, which may overrepresent those who are already somewhat engaged with health information or campus networks. The sample is also skewed toward younger respondents (80% aged 18–24) and those who have been in Australia for less than one year, meaning the findings may not fully represent older students, those in longer-term programs, or students who have developed greater familiarity with the health system over time. In addition, participation was highest among students from East and South Asia, which mirrors broader international student trends but may not capture the full diversity of smaller student communities.

Most respondents appeared to be studying at universities rather than private colleges or vocational training providers, which often have different support structures and may face distinct challenges. Finally, due to the descriptive and exploratory nature of the analysis, findings cannot be generalised to all international students in NSW; instead, they should be interpreted as indicative patterns that support further consultation, qualitative work and targeted program development. These limitations reinforce the importance of ongoing engagement with diverse international student communities across multiple education settings.

Since the data collection for this survey, there has been an expansion of availability of hivtest.au online HIV-self testing kits and well as the introduction of the MyTest HIV self-test vending machines across NSW. The results therefore of this survey are not reflective of or infer any correlation around the increased availability of self-testing technologies and/or HIV testing rates among international students.

3 Participant Demographics

3.1. Sample size

Total respondents analysed: 182 international students (23 responses excluded).

3.2. Gender

·Female: 103 (57.0%)
·Male: 78 (43.0%)
·Other gender (self-described): 1 (0.0%)
This suggests a predominance of female respondents, with meaningful representation of male students and a small number of gender-diverse participants.

3.3. Age

- 18–24 years: 145 (80.0%)
- 25–34 years: 30 (16.0%)
- 35–44 years: 5 (3.0%)
- 45 years and above: 2 (1.0%)

The sample was largely younger international students, which aligns with the typical age profile of undergraduate and early postgraduate cohorts.

3.4. Length of time in Australia

- Less than 6 months: 113 (62.0%)
- 6–12 months: 33 (18.0%)
- 1–2 years: 19 (11.0%)
- More than 2 years: 17 (9.0%)

In total, around 80% had been in Australia for less than one year, indicating many were newly arrived and may still be adjusting to the health system, language and social environment.

3.5. Country of origin

Top ten countries of origin were:

- China including SAR – 102
- India – 14
- Indonesia – 12
- Saudi Arabia – 5
- Cambodia – 5
- Singapore – 3
- Philippines – 3
- Taiwan – 3
- Iran – 3

These top ten countries broadly reflect the international student by country profile in NSW.[1] All other country responses (36 in total) are listed in Appendix 3.

[1] https://www.education.gov.au/international-education-data-and-research/international-student-numbers-country-state-and-territory

4. Findings & Observations

4.1. HIV testing history

A large proportion of respondents had never had an HIV test, despite being young, newly arrived and at an age where many people are becoming sexually active or exploring relationships. This suggests that HIV testing is not being routinely offered during healthcare visits and that international students may not recognise HIV testing as a normal part of sexual health care. Those who had been tested tended to do so because the test was prompted externally, such as:

- A doctor suggesting the test
- A visa application requiring a health screening
- A friend or partner encouraging testing
- Personal worry after a specific sexual encounter

This pattern shows that students are generally willing to test but rely on clear cues from trusted people or institutions.

4.2. Reasons for not testing

Students who had never tested identified a range of barriers which reflected structural, informational and cultural challenges rather than personal reluctance. Many were unaware of where HIV testing was available, which services were trustworthy (reliable and/or confidential), or whether clinics were open to people without Medicare. Others reported that HIV testing was not offered during GP visits or campus health consultations, resulting in missed opportunities for reassurance.

Concerns about confidentiality, including fears that results might affect visa status, also discouraged help-seeking behaviour. Stigma related to culture, sexuality, gender or perceived behaviours made discussions about sexual health difficult, while language barriers contributed to misunderstanding of written information or consent processes. Confusion about Medicare and Overseas Student Health Cover (OSHC) led many to assume they were “uninsured”, despite HIV testing and treatment being free at public health services in NSW. Some students perceived themselves at low risk due to monogamy, or infrequent sexual activity. Together, these factors show that non-testing is primarily driven by system navigation challenges, not avoidance.

4.3 Reasons for testing

Among students who had been tested, their decision was shaped by several consistent influences:

- External prompts: doctor suggestion, visa requirements, or being contacted for partner notification
- Social encouragement: friends, peers or partners normalising testing behaviours
- Routine practice: students who had been exposed to sexual health messaging before arriving in Australia were more likely to regard testing as a normalised practice

These findings highlight opportunities to improve testing uptake by:

- Embedding HIV testing in routine healthcare interactions
- Increasing provider confidence in suggesting HIV tests
- Using peer support and student networks to normalise testing practices

4.4 Sources of sexual health and HIV information

Students primarily relied on the internet and social media to learn about HIV and sexual health. While easily accessible, these sources vary in accuracy and may not be culturally sensitive. Students used formal services less:

- University health centres were used, but primarily for general health rather than sexual health.
- Community organisations, including HIV and LGBTQIA+ groups, were used minimally suggesting low awareness or uncertainty about eligibility.
- Health promotion workshops were attended by only a small group, meaning most students miss out on accurate, interactive learning opportunities.

This indicates a gap between students' information-seeking behaviour and the availability of high-quality, culturally safe, peer-led education and information.

4.5. Comfort talking to healthcare providers

Level of openness and willingness to engage. However, this finding stands in contrast to the large proportion of students who have never had an HIV test, indicating a gap between stated comfort and actual behaviour.

This discrepancy highlights an important insight that students may feel comfortable in theory but often wait for an external prompt, such as a doctor's suggestion, a visa requirement, or encouragement from a friend or partner, before acting.

Many students appear willing to engage in sexual health conversations once the topic is raised by a provider, but may not initiate the discussion themselves due to:

- Uncertainty about whether sexual health is an appropriate topic to bring up
- Fear of asking 'the wrong question'
- Cultural norms discouraging patient-initiated discussions about sex
- Assumptions that testing must be provider-directed
- Not wanting to be perceived as sexually active

This dynamic suggests an opportunity for early intervention **when healthcare providers proactively raise the topic of sexual health.**

Therefore, healthcare provider communication must be:

- Trauma-informed, recognising the diversity of cultural and personal histories around sexual health
- Culturally responsive, acknowledging different comfort levels and communication norms
- Proactive, ensuring clinicians—not students—initiate sexual health conversations
- Clear about confidentiality, addressing uncertainty about privacy, records, and visa implications

By taking the lead, healthcare providers can transform theoretical comfort into real uptake of HIV testing and sexual health care.

4.6 Barriers to finding sexual health and HIV information

Students described a range of challenges when looking for sexual health and HIV information. While online information is often available in many languages, it may not always include up-to-date, accurate, or Australian-specific guidance. Information sourced from overseas may also reflect different healthcare systems, legal environments, or cultural attitudes toward HIV, which can reinforce confusion or stigma rather than provide clarity.

Key barriers included:

- Language challenges: difficulty understanding complex medical terms, navigating English-language health websites, or interpreting translated content that lacks nuance.
- Variation in quality of multilingual information: although information may exist in students' own languages, it may be outdated, overly general, or shaped by stigma in the country of origin.
- Uncertainty about reliable sources: students were unsure which websites, organisations or services to trust for factual and culturally safe information relevant to Australia.
- Stigma-related concerns: cultural norms, privacy concerns and fear of judgement made some students hesitant to seek information or ask questions in person.

These barriers point to the need for accessible, culturally informed and locally relevant information sources, along with clear pathways that build confidence in navigating sexual health and HIV services in NSW.

4.7. Delaying sexual health care

A proportion of students reported delaying seeking medical attention for sexual health concerns. The reasons provided point to a pattern where delays were not due to lack of motivation, but rather a combination of uncertainty, fear and practical barriers that made timely help-seeking behaviour feel difficult.

Students commonly delayed care because they were unsure where to go, unsure whether services were affordable, or worried about privacy and confidentiality in a new health system. Practical pressures, such as study schedules, work commitments, and adjusting to life in a new country, also contributed to postponing care. For some, the delay stemmed from fear of the possible outcome, including anxiety about a diagnosis or what follow-up care might involve.

These findings reflect a broader sense of navigational uncertainty, where students recognise the need for care but do not feel fully confident accessing the system. Delays in seeking sexual health care are not unique to international students, but can be intensified by:

- Differences between the Australian system and healthcare systems in their home countries
- Confusion about Medicare, OSHC coverage, and potential costs
- Concerns about whether seeking care could impact visa status or enrolment
- Limited familiarity with Australian sexual health services, which often operate differently to those overseas
- Cultural norms that make discussing sexual health more difficult, leading to hesitation before approaching a provider

The pattern suggests that even when symptoms or concerns arise, students may postpone seeking help until they feel absolutely certain they must act. This highlights the need for clear, reassuring, and culturally sensitive pathways that reduce fear, make the process predictable and accessible, and emphasise that sexual health care in NSW is confidential, judgement-free, and available regardless of Medicare status.

4.8. Self-Rated HIV Knowledge, Prevention Awareness and Perceived Risk

Across the survey, students generally rated their level of knowledge of HIV as low to neutral. When this self-assessment is considered alongside earlier responses, such as low testing rates, mixed responses about prevention options, and confusion about how to access services, this compounds the areas of prevention awareness and perceived risk.

Many students relied on online information, which varied in accuracy, relevance to the Australian context and clarity. This suggests that confidence in HIV knowledge and prevention awareness may not always align with evidence-based, culturally appropriate, updated or locally applicable information.

Most students rated their personal risk of acquiring HIV as very low or neutral. Although the survey did not explore the reasons behind individual risk perceptions, this is significant when viewed against low HIV testing uptake. Stigma and unconscious biases about 'who gets HIV', as well as discourse around HV from their own country and media stereotypes around the Australian HIV context and key or priority populations that may not reflect international students' personal lived experience, may influence how students understand and categorise risk. For some, perceived low risk may be mirrored in their own behavioural characteristics, but for others, it may reflect limited understanding of local HIV epidemiology or discomfort engaging with topics of sexual health or health services.

Awareness of prevention strategies, such as condoms, PrEP, PEP and Treatment-as-Prevention or U=U, were **neutral to very high**. However, when taken in the context of their low to neutral personal knowledge around HIV and modes of transmission, coupled with their low perception of personal risk and relative low risk of HIV acquisition in Australia, rendered their awareness of prevention strategies as not relevant or invalid.

While a significant majority of the students reported familiarity and understanding of these approaches, this did not always translate into the practical use of these strategies because of a perception of low personal risk. Other factors that may have contributed to the lack of implementation, may be due to outdated notions around efficacy, personal applicability, perceived barriers to accessing prevention strategies and/or the lack of understanding of the terminology around them. There appears to be a mismatch between perceived knowledge and practical understanding. Persistent confusion about Medicare eligibility, OSHC entitlements and potential costs further shaped uncertainty about which prevention options were available and under what conditions they could be used.

5. Interpretation & Discussion

5.1. What do these results mean?

Taken together, it points to a clear need for accurate, culturally responsive and plain-English sexual health education that explains HIV, prevention options and risk in a supportive, judgement-free way. Across the survey, a consistent pattern emerges. International students are willing, engaged and curious, yet face systemic, cultural and informational barriers that limit their access to HIV testing, reliable information and timely care. These barriers include uncertainty about eligibility, confusion about OSHC and Medicare, limited exposure to sexual health education before arriving in Australia, and difficulty interpreting online information that may not be relevant to the NSW context.

The survey results also reinforce the importance of peer-led, culturally responsive and strengths-based approaches. Students often utilise peers or online sources, and many express comfort discussing sexual health once the topic is raised by a healthcare provider. This suggests that students are not disengaged; rather, they may be waiting for clear, culturally safe cues that a conversation about sexual health is appropriate.

Notably, students who had been tested for HIV commonly reported that their decision was prompted by external cues such as a doctor's suggestion, visa health requirements, partner notification, or encouragement from peers or partners. A smaller number described HIV testing as routine in their home countries. These patterns indicate that international students are generally willing to test when HIV testing is normalised or prompted by trusted individuals or systems. This highlights a key opportunity: when healthcare providers and institutions proactively raise the topic of sexual health, students tend to respond positively and are more likely to engage in testing and care.

Overall, the findings underscore that improving access is less about changing students' attitudes and more about reducing uncertainty, strengthening navigation support, and ensuring that services deliver consistent, culturally safe, proactive communication. With the right structures in place, international students can confidently navigate HIV prevention, testing and care in NSW.

5.2. Medicare Ineligibility & OSHC Misunderstanding

A number of students identified Medicare ineligibility as a barrier to HIV testing and sexual health care, expressing fears about cost, billing and whether they were even permitted to access services. While not having Medicare can feel like a disadvantage, international students are covered under OSHC, which in many cases provides broader coverage than Medicare for routine GP visits, pathology tests, blood work and hospital care (in-patient). However, many students were unsure of what OSHC includes, how to use it, or whether sexual health care was covered. Some assumed they would face large out-of-pocket costs for HIV testing, clinic appointments or follow-up care. This confusion, combined with limited health-system literacy and mixed or outdated online information, meant that students often avoided care because they feared financial consequences that did not exist.

At the same time, students were largely unaware that HIV testing is free in publicly funded sexual health services in NSW and that HIV treatment is free for everyone, regardless of visa or insurance status. The survey suggests that the perception of being 'uninsured' or 'not eligible', rather than actual cost, is a key barrier shaping decisions about testing and care. This highlights the need for clear, culturally appropriate information about OSHC entitlements, free sexual health services, and the rights of temporary visa holders to access confidential, low-cost or no-cost care in NSW.

A broader sense of us versus them, shaped by their temporary visa status and public conversations about migration, eligibility and access, and feeling like 'temporary residents' rather than full participants in the health system contributed to hesitancy and self-exclusion, even when services were available to them. This perception that sexual health care is designed for citizens and permanent residents, not for people on visas further reinforced uncertainty, reduced willingness to seek help, and amplified fear of doing something 'wrong' within the system. Addressing these perceptions requires communication that is reassuring, rights-based, and clearly signals that international students are welcome, eligible and entitled to safe, confidential, judgement-free care.

5.3. Understanding Sexual Health in Cross-Cultural Contexts

Many international students arrive in Australia with a fundamentally different understanding of what 'sexual health' means or may not be familiar with the term at all. In many countries, sexual health education is limited, inconsistent, or framed through moral, abstinence-based or risk-focused narratives. As a result, concepts that are routine in the Australian context such as regular STI testing, confidentiality protections, asymptomatic infections, PrEP, PEP, undetectable viral load, and the idea that sexual wellbeing is part of overall health may be unfamiliar or counterintuitive. For some students, conversations about sex are not culturally acceptable, not openly discussed, or not supported within family or school environments.

Although online information is available in multiple languages, it often reflects different healthcare systems, cultural norms, or outdated guidance, which can reinforce confusion or stigma. For international students, navigating Australia's more open, prevention-focused, public-health approach to sexual health is therefore not simply a matter of learning new information, it requires a cultural transition. This broader context helps explain several patterns observed in the survey, including low perceived risk, uncertainty about prevention options, difficulty interpreting sexual health information, and delays in seeking care.

It is also important to recognise that for some students, sexual health messaging may be misinterpreted as promoting or encouraging sexual activity. Providing information in a way that emphasises knowledge, safety and personal health rather than behaviour is essential to ensure students feel respected and not pressured. Framing sexual health as information that may or may not be relevant at different points in a person's life can support comfort, reduce stigma, and build trust across diverse cultural contexts.

Understanding this cultural shift is essential for designing relevant, respectful and effective sexual health education tailored to international students' diverse backgrounds.

5..4. Peer-led and culturally responsive approaches

The findings strongly reinforce Positive Life's focus on peer-led, culturally responsive and gender-appropriate practice. Many students indicated they were seeking information from friends or peers than from formal services, highlighting a natural readiness to engage in informal, trusted spaces.

Peer-led approaches where people with lived experience facilitate conversations, workshops and system navigation build on this existing comfort and are uniquely effective for international students. Peers help establish trust, reduce fear and create space for honest, judgement-free discussion in ways that feel culturally safe and familiar. Culturally responsive practice remains essential for acknowledging language needs, cultural norms and the diverse ways HIV, sexuality and relationships are understood across different communities, while gender-appropriate approaches recognise the different expectations placed on women, men and gender-diverse students.

By positioning international students as partners and experts in their own experiences, rather than as 'at risk' subjects, peer-led models can leverage students' natural inclination to talk to one another, reduce shame, and provide practical strategies for navigating sexual health services in NSW. This suggests that peers are not only the messengers but key entry points for engagement, making them a critical component of an effective response.

6. Recommendations

Recommendation 1: Build a Comprehensive Entry Pathway into NSW's Sexual Health System

International students need a simple and predictable pathway into sexual health care from the moment they arrive in NSW. HIV and sexual health information should be integrated into university and college orientation programs, supported by clear, plain-English guides explaining how healthcare works, what services are free, and how to access them without Medicare. Universities and colleges should have easy referral pathways to public sexual health clinics, strengthened through campus-based testing days and annual HIV/STI screening campaigns delivered in partnership with sector partners such as Positive Life. Together, these strategies help normalise sexual health as a routine and expected part of student life, rather than something hidden, stigmatised or difficult to navigate.

Recommendation 2: Tailor Approaches for Universities and Private Colleges Based on Their Distinct Resources and Student Populations

University students typically have access to campus health centres, counselling services, international student advisors and peer programs, whereas private college students often study in settings with fewer on-site wellbeing supports, smaller student services teams and limited health infrastructure. Students in private colleges may also work longer hours, have tighter schedules and rely more heavily on peers or online networks for information. Sexual health strategies must therefore adapt to each environment. Universities offer opportunities for structured partnerships, workshops and ongoing collaboration, while colleges may benefit more from mobile outreach, short drop-in peer navigation sessions, digital engagement, simplified resources and direct referral pathways to external services. Recognising these structural differences ensures that all international students, regardless of education setting, receive equitable access to accurate, relevant and culturally safe sexual health support.

Recommendation 3: Expand Peer-Led Prevention and Education Initiatives

Because many students feel more comfortable speaking with peers than with formal services, peer-led approaches should be expanded and embedded across education settings. Peer educators can act as cultural translators, offering judgement-free conversations and practical support that reduce stigma and increase trust. This includes peer mentoring for newly arrived students, informal drop-in sessions, structured HIV 101 workshops, co-designed digital content and visible peer presence on campuses. Leveraging the existing tendency of students to seek information from friends ensures engagement begins in familiar, trusted spaces and supports pathways into formal services when needed.

Recommendation 4: Develop Culturally Adapted, Plain-English Sexual Health Literacy Resources

Foundational sexual health literacy varies widely among international students due to differences in schooling systems and cultural norms. Culturally adapted resources are needed to explain what sexual health means in Australia, how HIV is prevented, the relevance of PrEP, PEP and U=U, and how to access free HIV and sexual health care without Medicare. Visual, low-text and multilingual materials, including FAQs on confidentiality, rights and eligibility, can help address misunderstanding and reduce fear. Comparing healthcare norms between students' home countries and the Australian system can also support clearer expectations and reduce confusion.

Recommendation 5: Strengthen Trust Through Clear, Consistent Communication About Rights, Eligibility and Confidentiality

Students frequently feel like 'temporary residents' who do not fully belong in the health system, shaped by public discourse on migration and eligibility. Services must actively counter this by clearly stating that international students are welcome, eligible and entitled to confidential, judgement-free care. Repeated communication about free HIV testing and free HIV treatment, regardless of visa status, is essential. Addressing common fears relating to privacy, visa implications and system navigation can significantly reduce hesitation and encourage timely care-seeking.

Recommendation 6: Improve Service Accessibility and Cultural Safety Across Clinics, GPs and Campus Health Settings

Health services should ensure that their environments and practices reflect cultural diversity, safety and inclusion. This includes staff training in cultural humility and trauma-informed communication; increased access to interpreters; flexible clinic hours for students balancing work and study; and gender-matched clinicians where appropriate. Universities should integrate sexual health education across student life through collaborations with advisors, student mentors, clubs, cultural groups and support services, ensuring that sexual health is visible, approachable and normalised.

Recommendation 7: Enhance Digital and System Navigation Support Throughout the Student Journey

Given that international students are highly digitally literate, digital engagement should be strengthened through multilingual microsites, myth-busting content, WhatsApp or Telegram broadcast channels, and clear online maps of free testing locations. Equally important is system navigation support: students need help understanding how OSHC works, how Medicare differs, what costs to expect, how billing works, and what happens during a sexual health appointment. Providing step by step guides, peer-led navigation sessions and ongoing online support can reduce anxiety, improve confidence and encourage earlier care-seeking. Long-term monitoring and repeat surveys should be embedded to track changing needs and evaluate the impact of these strategies over time.

7. Conclusion

The 2024 International Student Sexual Health Survey demonstrates that international students are a diverse, resilient and engaged community, yet they face avoidable barriers to HIV prevention, testing and care in NSW.

Most respondents had never had an HIV test, and many lacked clear information about where to go, what is available and what care will cost. At the same time, they are actively seeking information online, are receptive to peer-led approaches, and value confidential, non-judgemental support.

By investing in peer-led, culturally responsive, strengths-based initiatives, Positive Life and its partners can ensure that no international student is left behind in the HIV and sexual health response in NSW.

Appendixes

Appendix 1: Full survey questions

Introduction

Positive Life NSW would like to find out your thoughts about sexual health and HIV.

This survey is 15 questions. All answers are anonymous and confidential.

·We do not collect any personal information in this survey.
·The results of this survey are collective and not individual.
·Questions marked with * must be answered.
·This survey will take between 5 and 20 minutes to complete.

If you have any other questions about the survey, you can contact Billy Suyapmo on (02) 8357 8386 or 1800 245 677 (freecall) or email contact@positivelife.org.au

About you (5 questions)

1. Are you an International Student? *
a.Yes
b.No

2. What is your gender? *
a. Female
b. Male
c. Other (please specify) _____

3. How old are you?
a. 18-24 years of age
b. 25-34 years of age
c. 35-44 years of age
d. 45 and above

4. What is your Country of Origin? *
_____

5. How long have you lived in Australia? *
a. I've lived here less than 6 months
b. I've lived here between 6-12 months
c. I've lived here 1-2 years
d. I've lived here more than 2 years

About your sexual health and knowledge of HIV (6 questions)

6. Have you ever had a HIV test? *
a.Yes, Within the past 6 months [go to Q8]
b.Yes, Within the past 7-12 months [go to Q8]
c.Yes, Within the past 1-2 years [go to Q8]
d.Yes, More than 2 years ago [go to Q8]
e.Never [go to Q7]

7.If no, what factors have prevented you from testing? (Select all that apply) *
a. I have never been offered a HIV test before
b. I have never had sex
c. I don't know what services are available
d. I am worried about confidentiality
e. I am afraid of stigma or discrimination
f. I have language barriers
g. I don't have access to Medicare
h. I don't have the money to pay for it
i. I only have sex with my partner
J. Other _____

8.What influenced your decision to do HIV testing? (Select all that apply) *
a. I was worried about a previous sexual encounter/partner
b. It was a requirement for my visa renewal
c. My friends and/or family encouraged me to do it
d. Contact tracing/partner notification
e. My doctor asked me to do a HIV test
f. I had symptoms that I was concerned about
g. I saw a health education campaign
h. It was part of my regular testing
i. Other _____

9.Where do you get information or support about sexual health and/or HIV? (Select all that apply)
a.I use the university health services
b.I look at the Internet or social media
c.Sexual health phone line or service
d.PLHIV or LGBTQIA+ organisation
e.I rely on my friends to tell me
f.I rely on my family to tell me
g.I attend health promotion sessions or workshops
h.Other _____

10. How okay/comfortable are you talking about your sexual health concerns with your health care providers?
a. Completely okay
b. Somewhat okay
c. Neutral
d. Somewhat not-okay
d. Completely not-okay

11. What problems or barriers, do you have when looking for information about sexual health and HIV? (Select all that apply) *
a.Language barriers
b.Lack of culturally relevant information sources
c.Limited access to reliable information sources
d.Fear of stigma or discrimination
e.Don't know where to go or look
f.Other (please specify) _____

12. Have you ever delayed seeking medical attention for sexual health concerns?
a. Yes (Go to Q13)
b. No

13. What is your reason for delaying the care? (Select all that apply)
a.I don't have time
b.I don't have access to Medicare
c.I am afraid of the cost
d.I am worried about diagnosis or treatment
e.I am worried about confidentiality and privacy
f.I don't know what is available
g.Other _____

Please rate your knowledge of HIV in Australia (4 questions)

The following questions are on a scale from 1 to 5.
1 = you have a very low knowledge
3 = neutral
5 = you have a very high knowledge.

7.Please rate your level of knowledge about HIV?

Very Low		Neutral		Very High
1	2	3	4	5

8.Please rate your level of knowledge how to prevent HIV?

Very Low		Neutral		Very High
1	2	3	4	5

9.Please rate your risk of getting HIV.

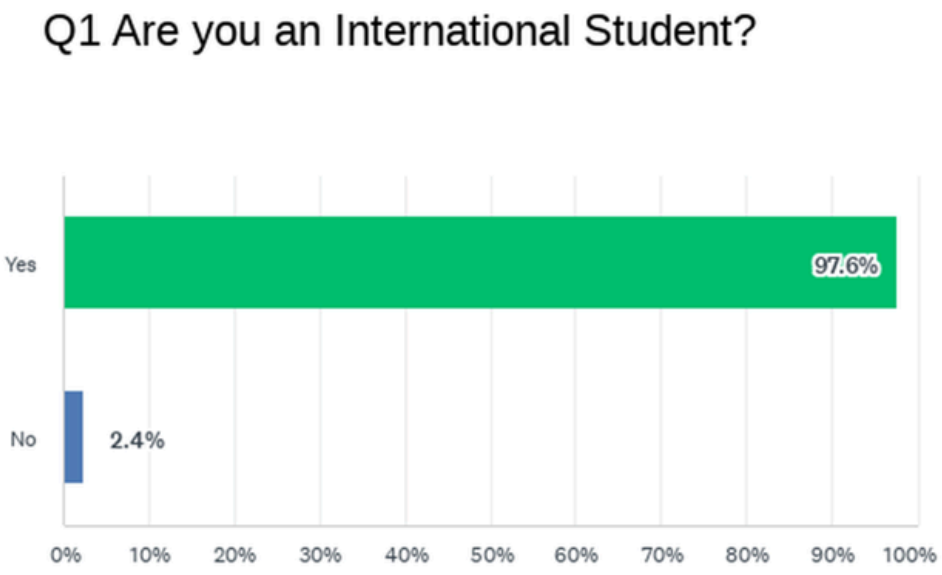
Very Low		Neutral		Very High
1	2	3	4	5

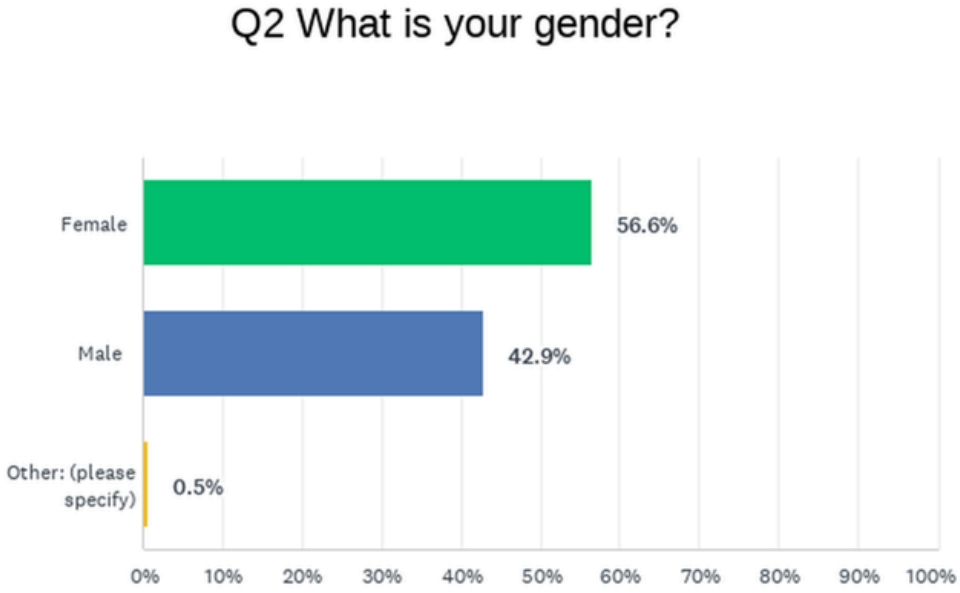
10. What do you think is your risk of getting HIV in Australia?

Very Low		Neutral		Very High
1	2	3	4	5

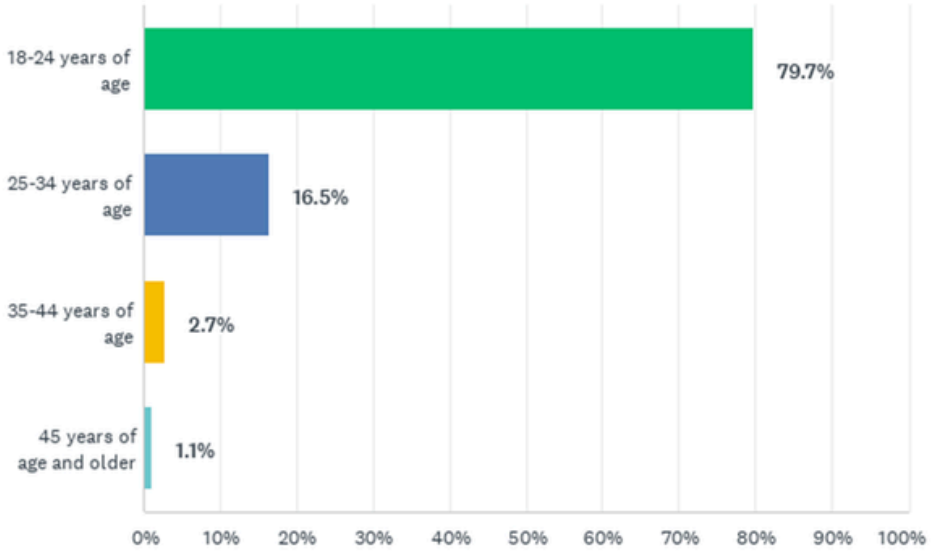
Survey completed
Thank you very much for your time.
If you have any other questions about the survey, please contact Billy Suyapmo on (02) 8357 8386 or 1800 245 677 (freecall) or email contact@positivelife.org.au

Appendix 2: Response Summaries

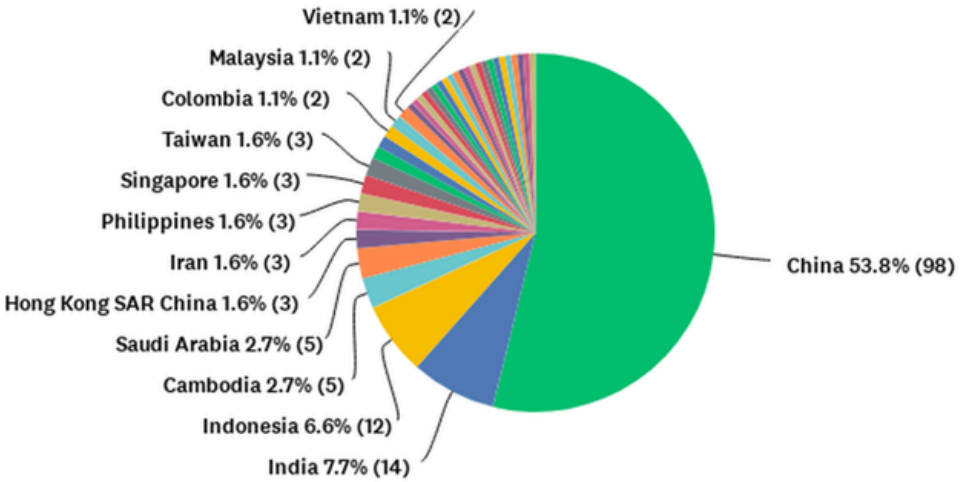




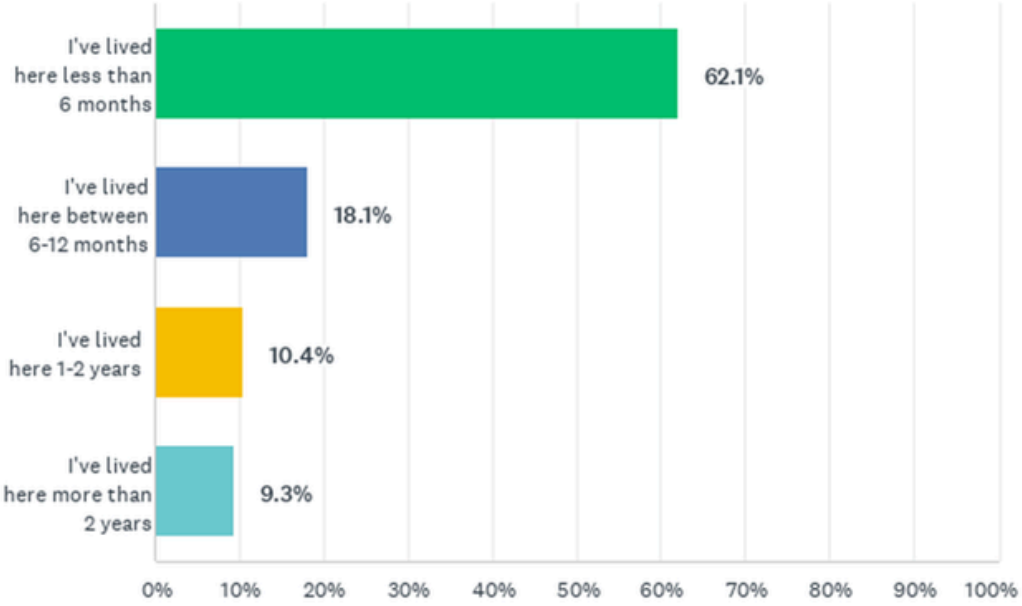
Q3 How old are you?



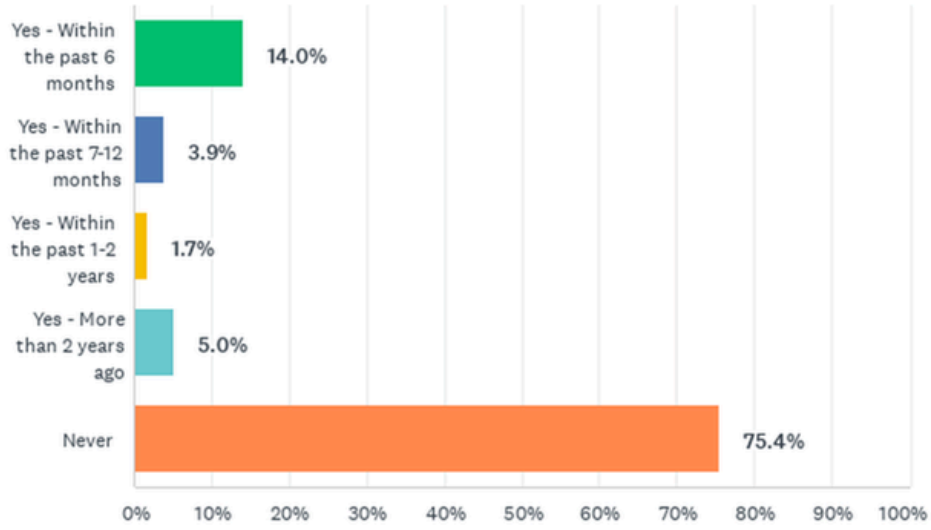
Q4 What is your Country of Origin?



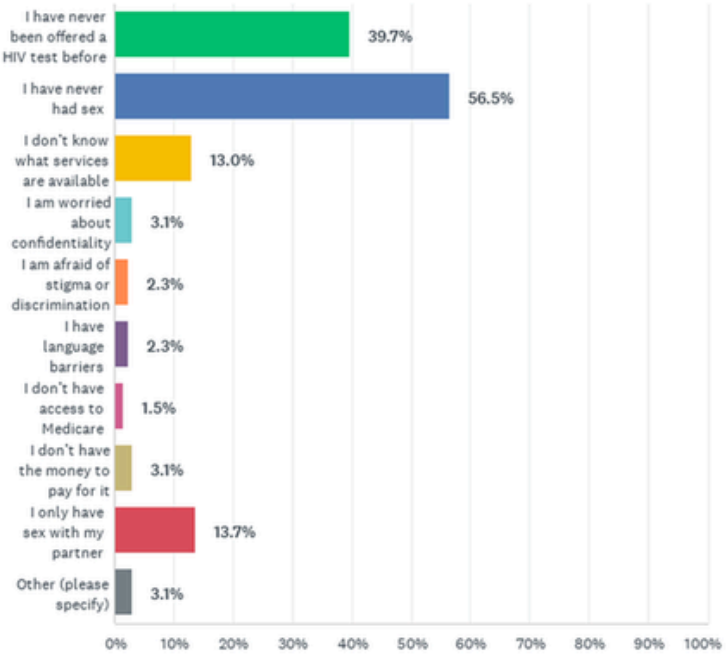
Q5 How long have you lived in Australia?



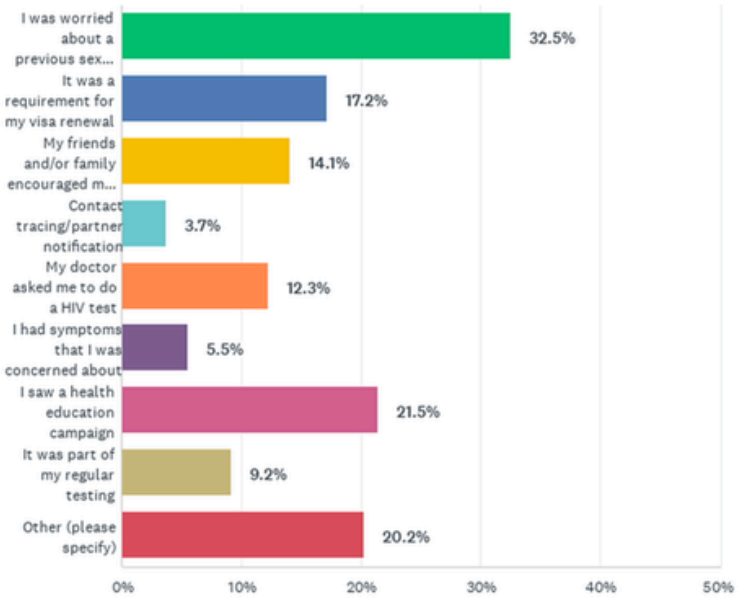
Q6 Have you ever had a HIV test?



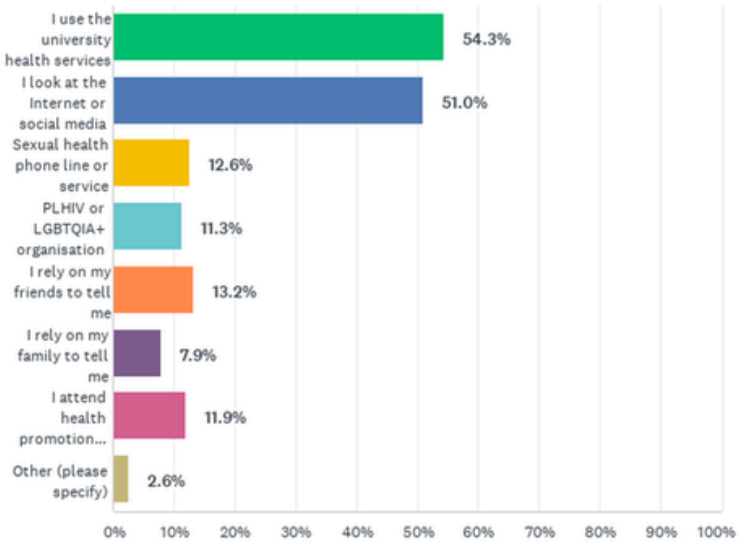
Q7 what factors have prevented you from having a HIV test? (Select all that apply)



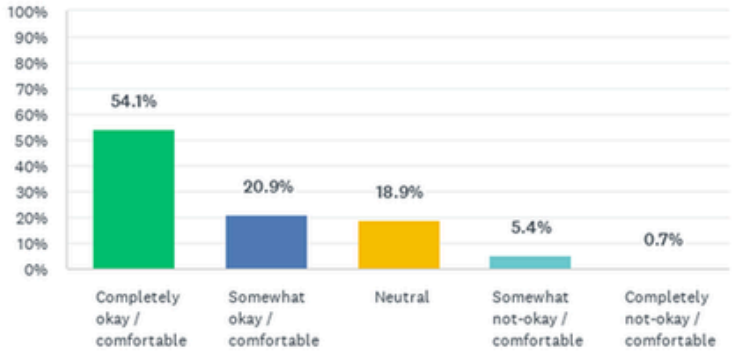
Q8 What influenced your decision to do HIV testing? (Select all that apply)



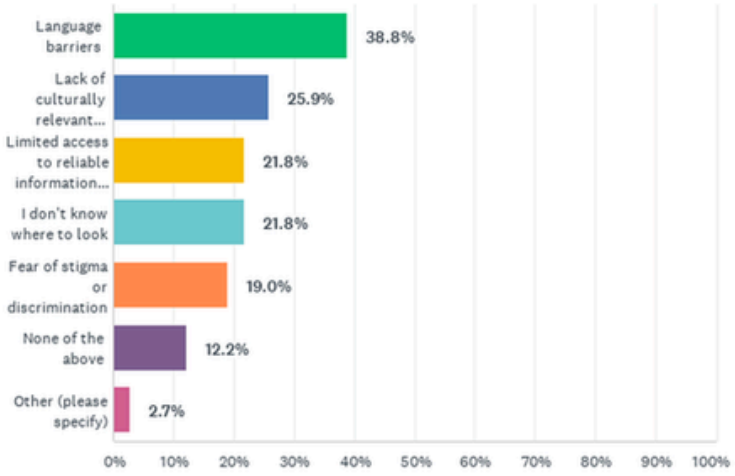
Q9 Where do you get information or support about sexual health and/or HIV? (Select all that apply)



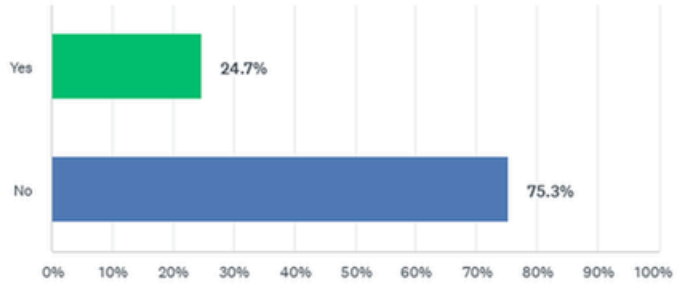
Q10 How okay/comfortable are you talking about your sexual health concerns with your health care providers?



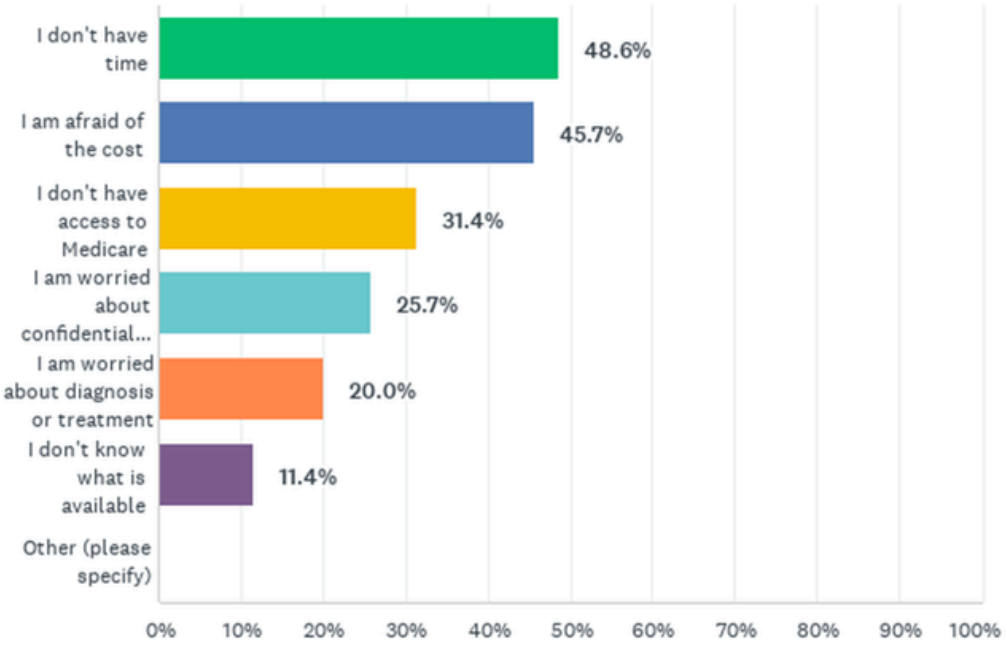
Q11 What problems or barriers, do you have when looking for information about sexual health and HIV? (Select all that apply)



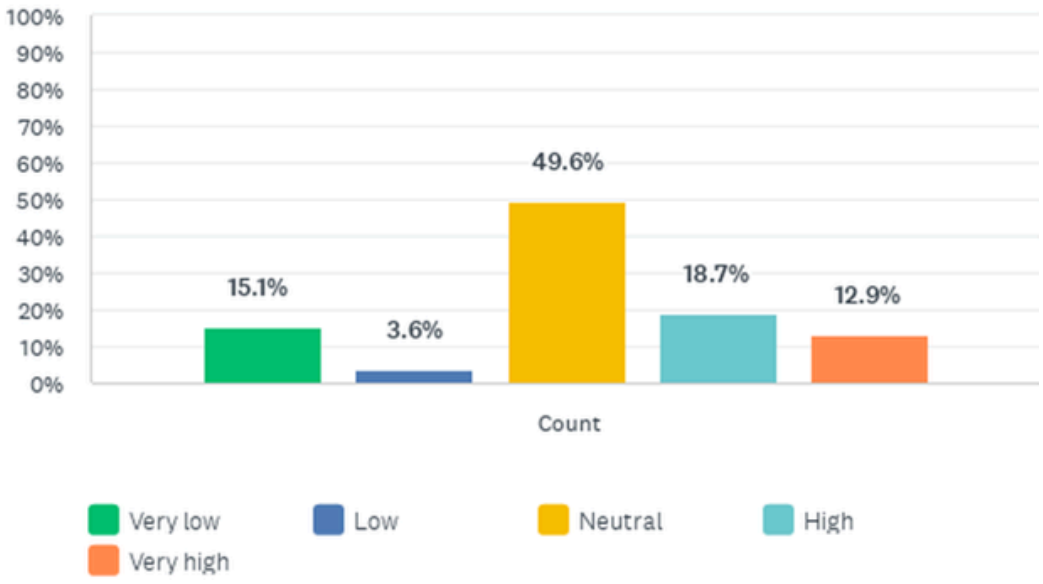
Q12 Have you ever delayed seeking medical attention for sexual health concerns?



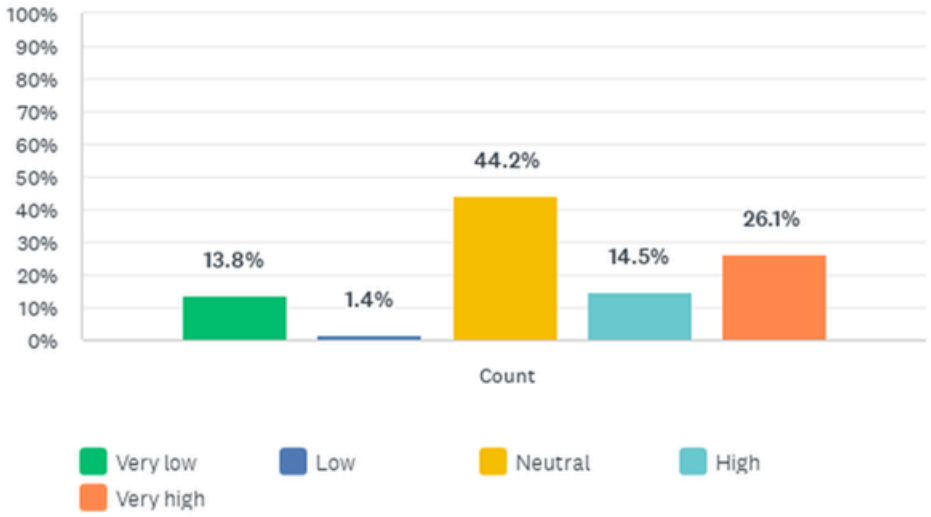
Q13 What is your reason for delaying the care?



Q14 Please rate your level of knowledge about HIV



Q15 Please rate your level of knowledge how to prevent HIV



Appendix 3: Full country-of-origin

China including SARs - 102
India - 14
Indonesia - 12
Cambodia - 5
Saudi Arabia - 5
Singapore - 3
Philippines - 3
Taiwan - 3
Iran - 3
Vietnam - 2
Colombia - 2
Malaysia - 2
Bangladesh - 2
Antarctica - 2
Andorra - 1
Chile - 1
Kyrgyzstan - 1
Bahamas - 1
Nepal - 1
Comoros - 1
Belgium - 1
Egypt - 1
Ghana - 1
Mongolia - 1
Russia - 1
Oman - 1
South Africa - 1
Christmas Island - 1
Thailand - 1
Guatemala - 1
Armenia - 1
Åland Islands - 1
United Arab Emirates - 1
Algeria - 1
Australia - 1
Japan - 1

PO Box 831, Darlinghurst NSW 1300

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