# Allianz ⬤ | Allianz Partners

2024

# State of Student Healthcare

## Annual Report

# Disclaimer

The second annual *State of Student Healthcare Report (2024)* has been prepared by The Voyage Group, who have conducted market research on behalf of **Allianz Partners Australia**. This report presents insights into the needs, concerns, attitudes and behaviours of international students in Australia, with a focus on their everyday life, health and wellbeing. The report findings are general in nature and based on information available at the time of publication.

**The Voyage Group** is an insights-driven, independent, student-centric Australian education technology company.

# What's inside?

# List of figures and tables

## Data preparation

All percentages in this report have been rounded to one decimal place for consistency and readability. As a result, minor variations of ±0.1% may occur when summing multiple values, and some totals in charts or tables may not add up to exactly 100.0%. These small differences do not affect the overall accuracy of the findings.

# A message from Miranda

**This year's *State of Student Healthcare Report* reflects our ongoing commitment to listening and learning from international students. We have deepened our exploration into their physical health, mental wellbeing, and the barriers they face as they adapt to life in Australia. Importantly, this report highlights the real, lived experiences of students during an economically turbulent time and provides actionable insights for solutions that can make a difference.**

At Allianz Partners Australia, we recognise that international students are not just visitors, but valued members of our society. Acknowledging their substantial contribution to the Australian economy, international students also bring vibrancy, culture, and ambition to our country. Understanding their unique challenges and evolving needs is essential to ensuring their success, and it is our privilege to support them.

The past year has brought significant challenges for international students as they navigate an unprecedented cost-of-living crisis.

From rising accommodation expenses to everyday essentials, financial strain is impacting their overall health, wellbeing, and academic experience.

At Allianz Partners Australia, we believe that healthcare goes beyond insurance—it's about providing students with the tools, resources, and the care they need to thrive. By working closely with our partners, we aim to deliver practical, innovative solutions that help alleviate pressures, support their wellbeing, and ensure they remain focused, resilient, and ready to achieve their academic goals.

We hope this report serves as a catalyst for meaningful change, driving initiatives that not only address today's challenges but also pave the way for a better, more supportive future for international students in Australia.

Together, we can ensure these students feel supported, valued, and equipped to succeed in all aspects of their Australian journey.

**Miranda Fennell**
Executive Head of Health
**Allianz Partners Australia**

# 2023 reflections

In 2023, we launched the inaugural *Allianz Partners Australia State of Student Healthcare Report*. This pioneering report shed light on the unique experiences of international students studying in Australia and served as the foundation for pivotal initiatives, such as our Foodbank Impact Partnership, enabling us to provide meaningful support to students in their times of need.

Reinforcing our commitment to providing seamless, student-centered care, we developed the 2024 report with three key objectives:

1. **Expand the sample size** to better represent the diverse international student population.
2. **Eliminate Overseas Student Health Cover (OSHC) product-related questions** and broaden the survey scope to include all international students in Australia regardless of their health insurance provider.
3. **Enhance the depth of insights** to empower educators, insurers, and medical providers across Australia to better serve this vital community.

We are thrilled to report significant progress toward these goals. This year, we increased the sample size to 2,038 respondents—a remarkable 159.0% increase from the 787 participants in 2023.

To gather richer insights while maintaining the 20-minute survey duration, each year we will conduct an in-depth exploration of 1 of the 5 core themes—*Living in Australia, Health literacy, General health, Mental health, and Sexual health and relationships*. Given the prominence of the national cost-of-living crisis in 2024, we selected *Living in Australia* as this year's hero theme. The 2024 report explores international students' expectations around cost of living, their challenges in finding suitable employment, accommodation, and their experiences building local support networks in Australia.

These nuanced insights will continue to shape the future of healthcare for international students, ensuring we can continue to support students in the moments that matter.

| | 2023 | 2024 |
|---|---|---|
| **Total sample size** | 787 | 2,038 |
| **Gender split** | | |
| Female | 47.1% | 51.7% |
| Male | 51.8% | 47.2% |
| Non-binary | 0.0% | 0.5% |
| Prefer not to say | 1.1% | 0.6% |
| **No. of countries presented** | 32 | 114 |
| **Source country split (by Allianz Partners sub regions)** | | |
| China/Hong Kong | 32.4% | 14.7% |
| Other Asia | 20.2% | 22.0% |
| South Asia | 25.3% | 27.0% |
| Other | 22.1% | N/A |
| North America | N/A | 11.1% |
| Europe | N/A | 9.2% |
| Africa | N/A | 8.7% |
| South America | N/A | 6.0% |
| Oceania | N/A | 1.3% |
| **Student location (Australian state)** | | |
| NSW (New South Wales) | 32.2% | 29.1% |
| VIC (Victoria) | 27.9% | 27.0% |
| QLD (Queensland) | 15.4% | 21.4% |
| WA (Western Australia) | 11.2% | 9.5% |
| SA (South Australia) | 5.4% | 6.5% |
| Other states or territories: TAS, ACT and NT | 7.9% | 6.5% |
| **Average age** | 24.9 | 25.3 |
| **Qualification (ELICOS, VET, Undergrad etc.)** | | |
| A university | 77.6% | 82.4% |
| A private college / TAFE | 15.8% | 9.8% |
| VET | 0.0% | 6.9% |
| An English language college | 4.1% | 0.7% |
| Other (please specify): | 2.5% | 0.2% |
| **Time in Australia** | | |
| Less than 6 months | 27.6% | **1.2%** |
| 6-12 months | 22.7% | **4.1%** |
| 1-2 years | 26.6% | **30.5%** |
| 2-3 years | 6.5% | **31.9%** |
| More than 3 years | 16.7% | **32.3%** |

**Tab 1.** Comparison of key respondent statistics: 2023 vs. 2024

# Executive summary

This year's report reveals a significant gap between international students' perceived knowledge and their practical approach to key aspects of life in Australia, such as managing the cost of living and navigating the Australian healthcare system. These findings highlight the need for ongoing education that extends beyond initial arrival programmes, as single exposure to information is insufficient for this cohort.

Students are frequently turning to offshore support networks, increasing the risk of misinformation or ineffective approaches to accessing support. Despite these challenges, the report presents encouraging findings, with a majority of students expressing satisfaction with their time in Australia and many wishing to remain in the country after completing their studies.

## Living in Australia

The rising cost of living continues to present a substantial challenge for international students, with 61.7% reporting that daily expenses in Australia were significantly higher than anticipated. This financial strain is so severe that 28.1% of students have considered withdrawing from their studies and returning home. Employment emerged as a major concern, with 56.6% of students underestimating how difficult it would be to secure suitable work in Australia.

Despite these challenges, international students are demonstrating resilience and adaptability. A significant proportion (72.2%) are managing their course load effectively and have a good understanding of study requirements, even while navigating English as a second language. Encouragingly, only 10.4% of students reported lacking access to support systems while studying in Australia. Family back home and fellow international students were identified as key sources of support, with 51.3% and 53.7% of students respectively relying on these networks. Although 17.5% of students found it difficult to make friends, most international students have been able to find social and emotional support during their time in Australia. Overall, 75.5% of students reported being satisfied or very satisfied with their experience living in Australia, reinforcing the country's position as a preferred destination for education.

## Health literacy

Confidence in navigating the Australian healthcare system remains low, with only 25.6% of students expressing high confidence. Notably, one-third of students admitted they would not know how to seek appropriate medical treatment during a life-threatening emergency. Confidence improves the longer students stay in Australia, with those who have been in the country for more than 3 years feeling significantly more confident than new arrivals. Insights gathered from focus group sessions reveal a concerning gap between students' theoretical understanding of healthcare pathways and their ability to translate this knowledge into real-life scenarios.

Financial barriers emerged as a significant challenge for healthcare access, with 60.0% of students expressing fears about out-of-pocket expenses. These financial concerns were compounded by cultural preferences, with 38.7% of students indicating they would rather wait until they returned home to seek medical treatment. General practitioners were identified as the most trusted and accessed form of healthcare, while digital resources were the preferred medium for learning about health information.

## General health

The cost-of-living crisis has clear and concerning impacts on the health and wellbeing of international students. Financial pressures have made it increasingly difficult for students to maintain healthy lifestyles, with 30.7% reporting they regularly skip meals due to the cost of groceries and 24.9% unable to afford fresh fruit and vegetables. These barriers extend beyond nutrition, as students also face challenges engaging in extracurricular and wellbeing activities. Limited time, competing priorities, and financial constraints mean that 31.8% of students have few or no opportunities to participate in leisure activities, and many are foregoing basic wellbeing practices such as regular exercise, sufficient hydration, and balanced diets.

Sleep quality is another area of concern, with 60.3% of students reporting they get fewer than 7 hours of sleep each night. This cumulative strain is reflected in their ability to manage daily living activities, with 18.8% expressing dissatisfaction with their overall capacity to meet daily demands.

## Mental health

While 81.6% of students rated their mental health as good, very good or excellent, a significant portion still faces challenges—26.4% struggle with their mental health, and 22.4% report feeling their lives lack meaning. Approximately 1 in 5 students reported frequent symptoms of anxiety, nervousness, difficulty concentrating, body image concerns, and a loss of interest in activities they once enjoyed.

Students also reported mixed impacts on their mental health since transitioning to living in Australia. While nearly half experienced improvements in areas such as stress management, mood stability, and social life satisfaction, a significant portion reported no change, and up to 18.2% experienced a decline in their emotional stability. Cultural stigma, fears of being seen as weak, and concerns about social judgment remain significant barriers to seeking professional mental health support.

## Sexual health and relationships

The findings around sexual health reveal a disparity between students' perceived confidence and their actual understanding of sexual health topics and care pathways. While 70.1% of students expressed confidence in their sexual health knowledge, 18.0% reported being unaware of where to access sexual health services, and one-third felt neutral or uncomfortable discussing their sexual health with medical providers.

Partners and friends remain the most relied-upon sources of sexual health advice, creating risks of misinformation and delays in seeking professional care. Mixed levels of sexual health education prior to arrival further reinforces the need for foundational and ongoing education that aligns with cultural values, addresses stigma, and builds trust through non-judgmental and inclusive approaches.

# Method

The *State of Student Healthcare Report (2024)* is an annual research initiative conducted by Allianz Partners Australia, designed to provide in-depth insights into the health, wellbeing, and lived experiences of international students in Australia. This report explores their healthcare needs, behaviours, and attitudes, offering valuable perspectives on the unique challenges they encounter.

## Study design and sample

Driven by our commitment to enhancing international student health and wellbeing, Allianz Partners Australia engaged leading EdTech vendor The Voyage Group, to support this research.

Building on the foundations of the 2023 report, this year's research has expanded to include a broader range of participants, extending beyond our core customer base. Our sample of 2,038 students from 114 countries offers deeper insights into the trends identified in last year's report, providing more nuanced perspectives on the realities of life in Australia. This research explores students' ability to navigate challenges, willingness to seek support, and motivation to stay in Australia post-study.

In September 2024, Voyage invited international students to complete a 20-minute online survey to share their unique perspective on themes related to their health, wellbeing and experience living in Australia. The 76-question survey, covering 5 key themes has been complemented by a series of qualitative focus groups, capturing diverse student perspectives from across Australia. These focus groups have provided additional context, enriching our data and offering a comprehensive view of international student experiences in 2024.

Out of the 76 questions included in the quantitative survey, only two questions were optional. These concerned students' sexual activity status and reasons for not being sexually active. All other questions required a mandatory response.

## Promotion and recruitment

A total of 2,038 international students attending Australian universities, private education institutions, and English language colleges completed the quantitative survey, with an additional 32 students participating in qualitative focus group sessions. Students self-reported demographic information, including age, gender, and country of origin, as part of the survey. The collected data was then weighted according to age, gender, country of origin, time spent in Australia, and the Australian state of residence.

Survey participation was promoted through Voyage's social media channels and email database. Allianz Partners Australia also encouraged participation among their Overseas Student Health Cover (OSHC) policyholders who had consented to receiving marketing communication. To incentivise responses, the first 2,000 survey participants received a $20 GiftPay gift card, while all remaining respondents were entered into a draw to win 1 of 2 $1,000 Visa gift cards.

Participants for the focus group sessions were recruited from the pool of quantitative survey respondents who had consented to receiving further communication. Session attendance was also promoted via Voyage's social media channels and email database. Four virtual focus group sessions were conducted, each lasting 90 minutes, with a maximum of 12 attendees per session. Participants received a $100 gift card as compensation for their time and insights.

# Student profile

## Cohort snapshot

### Age

Avg. age
**25.3**

| 18 | | 53 |
|---|---|---|
| **5.9%** | | 20 years or younger |
| **57.1%** | | 20–25 years |
| **19.1%** | | 26–29 years |
| **11.8%** | | 30–35 years |
| **4.2%** | | 36–40 years |
| **1.9%** | | 40+ years |
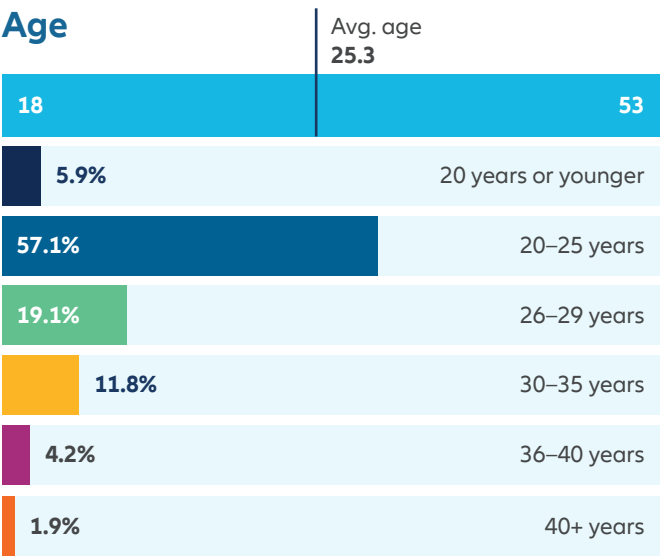
**Fig 1.** 2024 age distribution

### Gender

(n=2,038)

- Female **51.7%**
- Male **47.2%**
- Prefer not to say **0.6%**
- Non-baniary **0.5%**
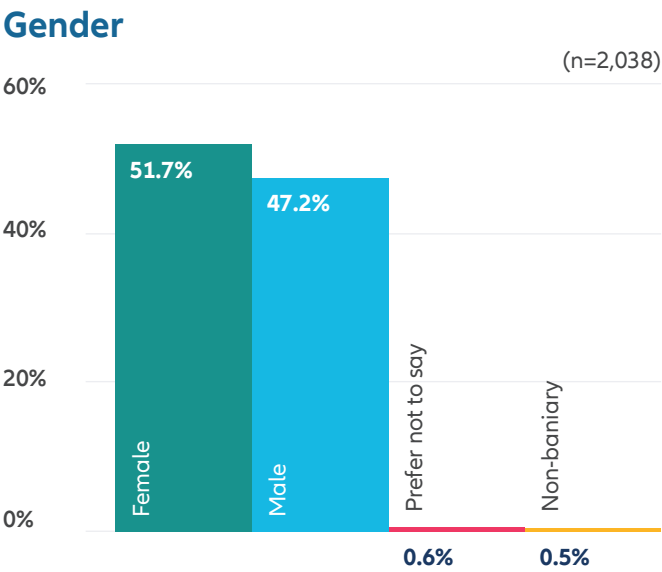
**Fig 3.** 2024 gender distribution

### Level of study

| Undergraduate | **46.7%** |
|---|---|
| Postgraduate / PhD | **39.1%** |
| Other | **14.2%** |
| Certificate II/III, Diploma, Advanced Diploma | |
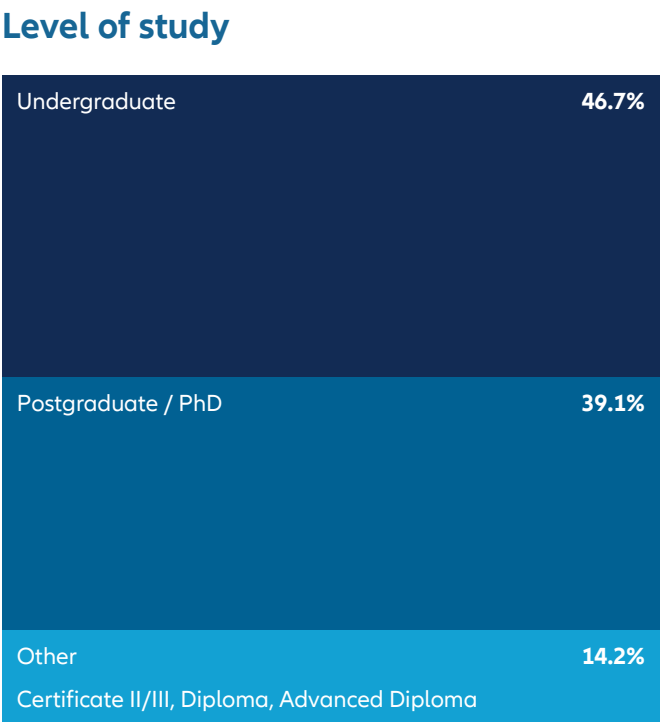
**Fig 2.** 2024 level of study distribution

### Length of time in Australia

Less than 6 months **1.2%**

- More than 3 years **32.3%**
- 2 to 3 years **31.9%**
- 1 to 2 years **30.5%**
- 6 to 12 months **4.1%**
- Less than 6 months
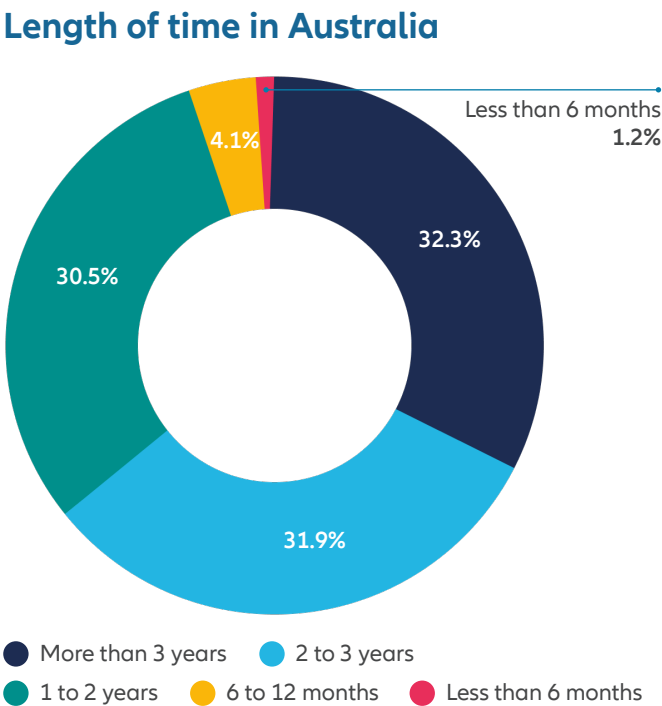
**Fig 4.** 2024 respondents' time in Australia distribution
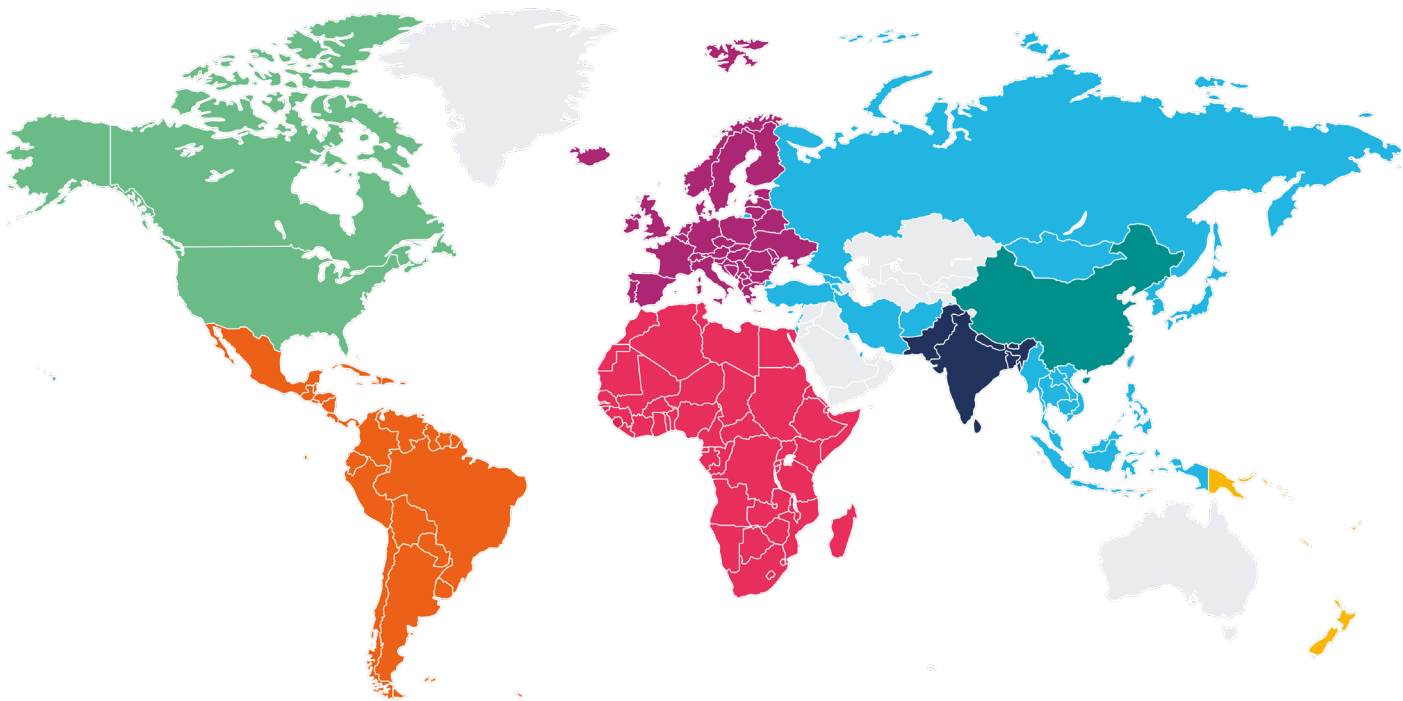
## Region of origin

A total of 114 countries were represented in the sample for the *2024 State of Student Healthcare Report*. These countries have been grouped into 8 regions: South Asia, Other Asia, China/Hong Kong, North America, Europe, Africa, South America and Oceania. This classification allows for a comparative analysis of the unique experiences of different student groups across regions.

**Sample size consideration:** Please note, while sample sizes for Africa, Europe , and Oceania are low (n= <200), we have included commentary on these subgroups for informational purposes only; however, in some cases, the findings may not be statistically significant when compared against other regions (n= >200).

| South Asia | | Other Asia | | China/Hong Kong | |
|---|---|---|---|---|---|
| **27.0%** | 550 Participants | **22.0%** | 449 Participants | **14.7%** | 300 Participants |
| North America | | Europe | | Africa | |
| **11.1%** | 226 Participants | **9.2%** | 187 Participants | **8.7%** | 177 Participants |
| South America | | Oceania | | Total | |
| **6.0%** | 122 Participants | **1.3%** | 27 Participants | **100%** | 2,038 Participants |

**Fig 5. Respondents' regional split**

| South Asia | 550 | 27.0% |
|---|---|---|
| India | 192 | 9.4% |
| Nepal | 144 | 7.1% |
| Bhutan | 88 | 4.3% |
| Sri Lanka | 60 | 2.9% |
| Bangladesh | 38 | 1.9% |
| Pakistan | 28 | 1.4% |
| **Other Asia** | **449** | **22.0%** |
| Philippines | 111 | 5.4% |
| Vietnam | 58 | 2.8% |
| Malaysia | 56 | 2.7% |
| Korea, South | 36 | 1.8% |
| Taiwan | 31 | 1.5% |
| Indonesia | 30 | 1.5% |
| Singapore | 28 | 1.4% |
| Thailand | 18 | 0.9% |
| Iran | 15 | 0.7% |
| Myanmar (Burma) | 14 | 0.7% |
| Japan | 11 | 0.5% |
| Cambodia | 6 | 0.3% |
| Afghanistan | 5 | 0.2% |
| Lebanon | 4 | 0.2% |
| Turkey | 4 | 0.2% |
| Korea, North | 4 | 0.2% |
| Georgia | 3 | 0.1% |
| Israel | 3 | 0.1% |
| Armenia | 2 | 0.1% |
| Brunei | 2 | 0.1% |
| Bahrain | 2 | 0.1% |
| Azerbaijan | 1 | 0.0% |
| Cyprus | 1 | 0.0% |
| Qatar | 1 | 0.0% |
| Mongolia | 1 | 0.0% |
| Kuwait | 1 | 0.0% |
| Laos | 1 | 0.0% |
| **China/Hong Kong** | **300** | **14.7%** |
| China | 300 | 14.7% |
| **North America** | **226** | **11.1%** |
| United States | 175 | 8.6% |
| Canada | 51 | 2.5% |

| Europe | 187 | 9.2% |
|---|---|---|
| United Kingdom | 36 | 1.8% |
| France | 16 | 0.8% |
| Denmark | 14 | 0.7% |
| Austria | 14 | 0.7% |
| Germany | 14 | 0.7% |
| Belgium | 12 | 0.6% |
| Finland | 11 | 0.5% |
| Italy | 10 | 0.5% |
| Bulgaria | 6 | 0.3% |
| Belarus | 6 | 0.3% |
| Ireland | 5 | 0.2% |
| Russia | 4 | 0.2% |
| Portugal | 4 | 0.2% |
| Andorra | 4 | 0.2% |
| Estonia | 3 | 0.1% |
| Spain | 3 | 0.1% |
| Poland | 3 | 0.1% |
| Sweden | 3 | 0.1% |
| Croatia | 3 | 0.1% |
| Albania | 3 | 0.1% |
| Macedonia | 2 | 0.0% |
| Netherlands | 2 | 0.0% |
| Czech Republic | 2 | 0.0% |
| Latvia | 1 | 0.0% |
| Bosnia and Herzegovina | 1 | 0.0% |
| Greece | 1 | 0.0% |
| Leichtenstein | 1 | 0.0% |
| Luxembourg | 1 | 0.0% |
| Iceland | 1 | 0.0% |
| Hungary | 1 | 0.0% |
| **Africa** | **177** | **8.7%** |
| Kenya | 39 | 1.9% |
| Nigeria | 21 | 1.0% |
| Algeria | 16 | 0.8% |
| Egypt | 15 | 0.7% |
| Angola | 11 | 0.5% |
| Burundi | 10 | 0.5% |
| South Africa | 7 | 0.3% |
| Ethiopia | 7 | 0.3% |
| Equatorial Guinea | 5 | 0.2% |
| Djibouti | 5 | 0.2% |

| Benin | 5 | 0.2% |
|---|---|---|
| Cameroon | 5 | 0.2% |
| Ghana | 5 | 0.2% |
| Botswana | 4 | 0.2% |
| Mauritius | 4 | 0.2% |
| Eritrea | 4 | 0.2% |
| Rwanda | 3 | 0.1% |
| Côte d'Ivoire | 2 | 0.1% |
| Congo, Republic of the ... | 2 | 0.1% |
| Comoros | 2 | 0.1% |
| Morocco | 2 | 0.1% |
| Gabon | 2 | 0.1% |
| Cabo Verde | 1 | 0.0% |
| **South America** | **122** | **6.0%** |
| Brazil | 25 | 1.2% |
| Colombia | 24 | 1.2% |
| Argentina | 18 | 0.9% |
| Mexico | 10 | 0.5% |
| Chile | 10 | 0.5% |
| Dominica | 6 | 0.3% |
| Nicaragua | 4 | 0.2% |
| Cuba | 4 | 0.2% |
| Antigua and Barbuda | 3 | 0.1% |
| Barbados | 3 | 0.1% |
| Bolivia | 2 | 0.1% |
| Jamaica | 2 | 0.1% |
| Peru | 2 | 0.1% |
| Ecuador | 2 | 0.1% |
| El Salvador | 2 | 0.1% |
| Dominican Republic | 1 | 0.0% |
| Belize | 1 | 0.0% |
| Uruguay | 1 | 0.0% |
| Costa Rica | 1 | 0.0% |
| Panama | 1 | 0.0% |
| **Oceania** | **27** | **1.3%** |
| Fiji | 15 | 0.7% |
| New Zealand | 4 | 0.2% |
| Papau New Guinea | 4 | 0.2% |
| Vanuatu | 3 | 0.1% |
| Tonga | 1 | 0.0% |

**Tab 2. Nationality and regional distribution**

## Study choices

The diverse composition of the 2024 cohort offers valuable insights into the study preferences of international students across the 8 regions sampled. Among South Asian students, over a third (36.4%) are pursuing studies in information technology, accounting, finance, or business-related fields. These areas of study continue to be popular, attracting 27.3% of students from China/Hong Kong.

For African students, education emerges as the most popular field, with 11.9% enrolling in related programmes. Meanwhile, European students demonstrate a strong preference for health-related disciplines, with 17.2% pursuing studies in areas such as biology, allied health, dentistry, medicine, community health, nutrition, nursing, public health, or psychology.

## Confidence speaking English

While 88.9% of the cohort report feeling confident speaking English, regional analysis reveals students from China/Hong Kong are the least confident, with more than a quarter (26.4%) indicating they are 'not confident' speaking English.

## Where in Australia



- New South Wales: 29.1%
- Victoria: 27.0%
- Queensland: 21.4%
- Western Australia: 9.5%
- South Australia: 6.5%
- Australian Capital Territory: 4.0%
- Northern Territory: 1.3%
- Tasmania: 1.2%
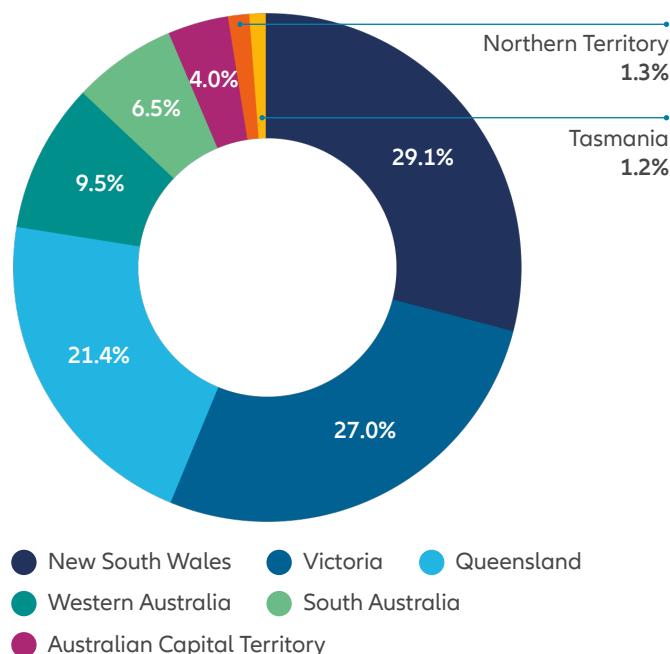
**Fig 6.** State of residence in Australia

## Location of residence

Notably, the universities most attended by survey respondents are predominantly from 'The Group of 8' institutions, accounting for 44.8% of respondents. These universities are located in the capital cities of each state and territory in Australia. Students from South Asia account for the highest percentage (20.7%) of participants living in regional Australia, followed by students from North America at 16.5%.

This report further explores how a student's proximity to major towns, amenities and infrastructure may influence their health and wellbeing.



Metropolitan location: 88.0%
Regional location: 12.0%

**Fig 7.** Students place of residence in Australia (regional vs metropolitan)

## First-timers & going solo

For the majority of participants, this is both their first time studying abroad and their first time in Australia. Two-thirds came to Australia by themselves, with 65.1% reporting they have a small circle of friends in Australia. Among students who have been in Australia for anywhere from a few months to 2–3 years, more than two-thirds (67.0%) report having a limited social circle. This suggests the experience of navigating life independently continues throughout their time in Australia.

| | |
|---|---|
| **84.2%** | First time studying abroad |
| **83.0%** | First time studying in Australia |
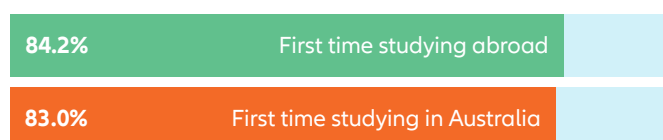
**Fig 8.** **Students' initial study abroad experiences in Australia**



Other **3.9%**

**12.0%**

**18.0%**

**66.1%**

● Arrived by themselves      ● Arrived with a partner
● Arrived with family
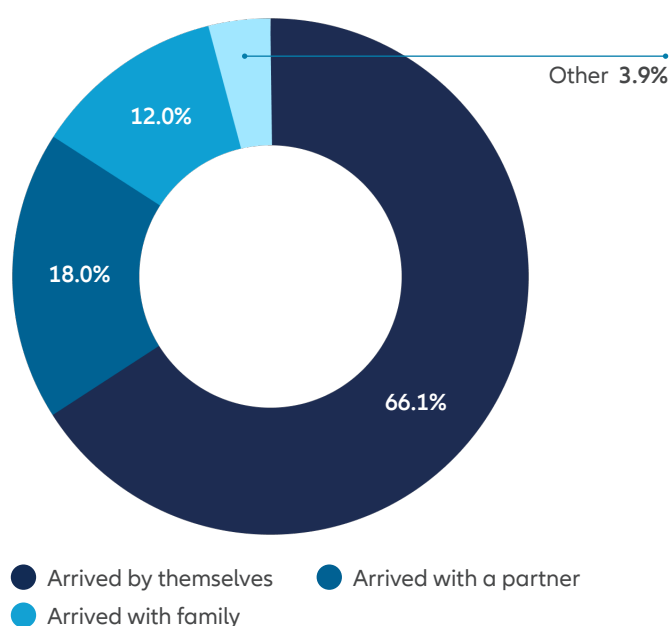
**Fig 9.** **Who accompanies international students in Australia during their studies?**

## In it for the long haul

The majority of students disclosed plans to stay in Australia after completing their studies (68.4%), indicating their decision to study here is likely part of a long-term goal. However, students from South Asia and China/Hong Kong show less interest in staying, with 58.9% and 61.2% respectively expressing intentions to continue living in Australia. 87.1% of students from Africa intend to stay post-graduation. Despite these differences the overall trend is overwhelmingly positive.

> 51.2% of students staying in Australia for less than six months intend to remain. This increases to 80.3% among those who have been in the country for over three years.

## Expectation vs. reality

Insights from our focus groups revealed life in Australia often differs from students' expectations. Many students shared that prearrival, their preparation focused primarily on basic logistics, such as accommodation and course requirements. Our data further supports this, showing a noticeable gap between students' feelings of financial preparedness prior to arrival and their experience of higher than anticipated living expenses once in Australia.

In the next chapter, we delve into the realities of life for international students upon arrival, examining how factors such as age, country of origin, length of stay in Australia and location can impact their overall experience. We also consider how these factors affect their potential to thrive throughout their student journey in 2024 and beyond.

## Next theme: Living in Australia →

# Living in Australia

## In their own words: international students' experience in Australia

We asked focus group participants how they would describe life in Australia in 2024:

Loneliness **Exciting** Mix-feeling

**Wonderful** Confusing

Hard Busy

Intense **Challenging**

**Daunting** Costly

**Opportunities**

**Stressful** Life-changing
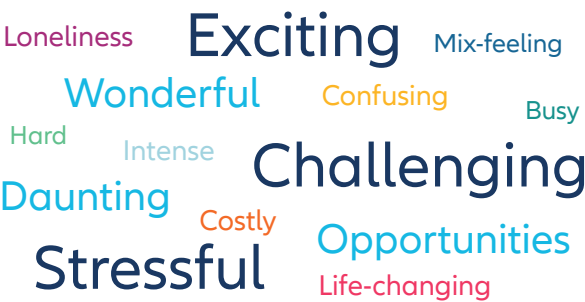
**Fig 10. Life in Australia for international students: voices from 2024**

## Cost of living

Cost of living was a central topic of Australian public discourse in 2024. As supermarket prices, rent, airfares and household expenses continue to climb, affordability pressures will only continue, affecting not only Australians, but those who choose to live, work and study here.

## Reality check: experience uncovered

The cost of living for international students in 2024 reached unprecedented levels with 61.7% reporting daily life in Australia is significantly more expensive than anticipated. A concerning 28.1% have stated their experience with the cost of living has made them consider withdrawing from study and returning home.

**Students who agreed or strongly agreed** the cost of living in Australia was significantly more expensive than they expected:

| | |
|---|---|
| 63.4% | Students in metropolitan locations |
| 48.3% | Students in regional locations |

**Fig 12. International students' cost of living expectations: metropolitan vs. regional**

| Statement | (1) Strongly agree | (2) Agree | (3) Neutral | (4) Disagree | (5) Strongly disagree |
|---|---|---|---|---|---|
| I had a fair understanding of my course load and have been able to easily balance my studies with my need to work and still meet everyday expenses. | 16.4% | 41.9% | 29.7% | 9.2% | 2.9% |
| The cost of living in Australia has made me consider withdrawing from study and returning to my home country. | 8.6% | 19.5% | 23.7% | 29.5% | 18.7% |
| I underestimated how difficult it would be to find suitable work when arriving in Australia. | 21.1% | 35.5% | 27.8% | 13% | 2.7% |
| The cost of living in Australia was signficantly more expensive than expected. | 21.3% | 40.4% | 25.0% | 10.1% | 3.3% |
| Prior to arriving in Australia, I had a strong understanding of the cost of living and felt prepared for the transition. | 12.5% | 42.7% | 29.2% | 11.9% | 3.8% |

● (1) Strongly agree ● (2) Agree ● (3) Neutral ● (4) Disagree ● (5) Strongly disagree

**Fig 11. International students' reflections on living and studying in Australia**

The student demographic most acutely affected by cost-of-living stress was South Asia (76.7%) against an average of 69.4% across all cohorts.

| Cost of living stress | |
| --- | --- |
| South Asia | 76.7% |
| Other Asia | 74.6% |
| South America | 70.5% |
| Africa | 69.5% |
| Oceania | 66.7% |
| Europe | 64.2% |
| North America | 59.7% |
| China/Hong Kong | 58.7% |
| Whole cohort | 69.4% |

**Tab 3.** Cost of living stress among international students by region of origin

Over half of the cohort (55.1%) reported feeling confident in their understanding of the cost of living and prepared for the transition to Australia. However, qualitative focus group sessions revealed varied approaches among students when preparing for life in Australia. Most students emphasised researching topics related to immediate needs, such as accommodation, course details, and visa requirements. Students commonly relied on migration agents and desktop research from a range of sources including Google searches, university websites, and real estate apps for this information. Social media platforms like YouTube, Facebook community groups, and TikTok were also popular for gaining insights into everyday life in Australia.

Scholarship recipients who participated in mandatory in-person pre-arrival orientation felt the most prepared. Additionally, many students highlighted the value of Orientation Week presentations (O-Week) in easing their transition upon arrival. However, those who missed O-Week presentations due to visa delays often felt disadvantaged.

This highlights a clear opportunity to enhance student education on the full spectrum of living expenses they may encounter beyond these initial priorities. By addressing this gap, students are more likely to navigate their experiences in Australia with confidence.

## Settling in

It is encouraging to note 72.2% of students are managing their course load and understand study requirements, even while navigating English as a second language. However, Chinese and Hong Kong students reported the greatest challenges with 12.7% selecting 'disagree or strongly disagree', which is consistent with the English language confidence insights explored in the *Student profile*. Age and life experience seem to play a supportive role in easing this transition. Students over 25 reported more positive experiences (83.5%) compared to their younger counterparts, with 66.1% of students under 25 expressing similar confidence levels.

The majority of students (60.4%) recognised significant differences in the Australian learning environment, with nearly half (42.0%) reporting challenges in adjusting to Australian assessment methods. Despite these difficulties, 59.9% of students feel their institution provided adequate support to help them adapt to this new academic setting.

While most students reported having access to the necessary tools to succeed in their studies, cost-of-living pressures may contribute to the 9.5% who indicated they lacked access to these critical resources. This highlights the need for targeted interventions to ensure all students can fully engage and thrive throughout their academic journey.

Overall, two-thirds of the cohort (65.6%) are managing to balance maintaining social relationships, their work schedule and study. Conversely, 16.4% of African students disagreed, representing the largest cohort struggling to balance these priorities.

| Statement | (1) Strongly agree | (2) Agree | (3) Neutral | (4) Disagree | (5) Strongly disagree |
|---|---|---|---|---|---|
| I found it challenging to adjust to the assessment methods (e.g. exams) used in Australia. | 11.5% | 30.5% | 33.0% | 19.8% | 5.2% |
| I recieved adequate support from my institution to help me integrate into the Australian learning environment. | 19.7% | 40.3% | 27.1% | 9.1% | 3.8% |
| The Australian learning environment is different from what I was used to. | 23.2% | 37.3% | 24.7% | 11% | 3.8% |
| I have access to the tools and materials to support study i.e. internet connection at accommodation, affording textbooks or other materials for course. | 29.5% | 41.7% | 19.4% | 7.5% | 2.0% |
| I am maintaining social relationships and my work schedule without it affecting my study. | 25.6% | 40.0% | 23.5% | 8.3% | 2.6% |
| I am managing my study courseload and understand my study requirements with English as a second language. | 30.0% | 42.2% | 19.7% | 5.2% | 2.8% |

● (1) Strongly agree  ● (2) Agree  ● (3) Neutral  ● (4) Disagree  ● (5) Strongly disagree

**Fig 13.** International students' experiences settling into studies in Australia

## Student satisfaction

Despite these challenges, 75.5% of students reported being satisfied or very satisfied with their overall experience in Australia.



25.8%
49.7%
18%
4.8%
1.8%

● Very satisfied  ● Satisfied  ● Neutral
● Dissatisfied  ● Very dissatisfied

**Fig 14.** Overall satisfaction with living in Australia
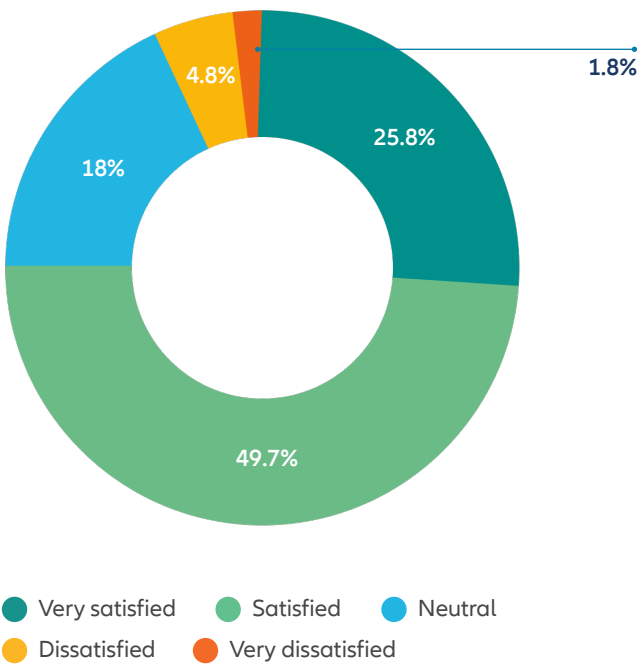
## Advantages of living in Australia for international students

When asked about the advantages of living in Australia, key themes from our focus groups emerged:

Balance    Freedom    Pace of life
Weather
Career    Diversity
Transport    Networking
Nature    Wildlife

**Fig 15.** Key advantages of living in Australia for international students

59.5% of students found rental costs to be more expensive than anticipated.

These findings revealed accommodation costs, along with healthcare and medical expenses, are consistently underestimated by students across all regions. Given that accommodation is likely to be their highest expense, this underestimation puts students at a significant financial disadvantage from the outset, making effective pre-arrival planning even more critical.

## Everyday expenses

We asked international students to evaluate their experience with domestic expenses in Australia compared to their expectations before they arrived:

| | Less expensive | As expected | More expensive |
|---|---|---|---|
| Accommodation (rent) | 16.8% | 23.7% | 59.5% |
| Healthcare and medical expenses | 15.2% | 28.0% | 56.8% |
| Eating out (including delivery/takeaway) | 15.0% | 28.8% | 56.2% |
| Returning home, travel or holidays | 14.5% | 30.2% | 55.3% |
| Groceries | 20.0% | 34.2% | 45.8% |
| Utilities (e.g., electricity, gas, water) | 18.9% | 35.3% | 45.8% |
| Telecommunications (e.g., phone, internet) | 19.8% | 39.3% | 40.9% |
| Clothing, shoes, and personal care (e.g., grooming, fitness) | 18.8% | 40.3% | 40.9% |
| Public transport (e.g., trains, buses, trams, taxis) | 27.1% | 34.2% | 38.7% |
| Hobbies and entertainment (e.g., Netflix, movies) | 20.5% | 43.9% | 35.6% |

Tab 4. International students' experiences with everyday expenses in Australia: expectations vs. reality

### Top 3 underestimated expenses by region

| | Top expense 1 | Top expense 2 | Top expense 3 |
|---|---|---|---|
| Africa | Healthcare and medical expenses (53.7%) | Returning home, travel (52.0%) | Accommodation (rent) (46.9%) |
| China/Hong Kong | Accommodation (rent) (58.5%) | Eating out (56.9%) | Healthcare and medical expenses (50.2%) |
| Europe | Returning home, travel (43.3%) | Healthcare and medical expenses (39.0%) | Accommodation (rent) (33.7%) |
| North America | Returning home, travel (40.7%) | Accommodation (rent) (39.4%) | Healthcare and medical expenses (38.1%) |
| Oceania | Healthcare and medical expenses (81.5%) | Returning home, travel (70.4%) | Accommodation (rent) (70.4%) |
| Other Asia | Accommodation (rent) (70.6%) | Eating out (69.0%) | Healthcare and medical expenses (61.7%) |
| South America | Returning home, travel (49.2%) | Accommodation (rent) (45.1%) | Healthcare and medical expenses (41.8%) |
| South Asia | Accommodation (rent) (74.7%) | Healthcare and medical expenses (73.1%) | Eating out (72.9%) |

Tab 5. Top 3 most underestimated expenses for international students in Australia by region

| | NSW | QLD | SA | TAS | ACT | NT | VIC | WA |
|---|---|---|---|---|---|---|---|---|
| Groceries | 43.3% | 41.4% | 41.7% | 44.0% | 54.3% | 53.8% | 47.6% | 56.5% |
| Accommodation (e.g., rent) | 57.2% | 59.7% | 51.5% | 56.0% | 61.7% | 69.2% | 60.7% | 66.3% |
| Utilities (e.g., electricity, gas, water) | 45.5% | 43.0% | 44.7% | 36.0% | 48.1% | 57.7% | 47.5% | 47.7% |
| Telecommunications (e.g., phone, internet) | 41.8% | 39.1% | 41.7% | 32.0% | 35.8% | 57.7% | 39.8% | 45.6% |
| Returning home, travel or holidays | 52.4% | 57.7% | 45.5% | 60.0% | 58.0% | 73.1% | 55.1% | 61.7% |
| Hobbies & entertainment (e.g., Netflix, movies) | 34.7% | 32.0% | 31.1% | 28.0% | 43.2% | 30.8% | 38.0% | 40.9% |
| Clothing, shoes, and personal care (e.g., grooming, fitness) | 40.0% | 38.4% | 40.2% | 44.0% | 51.9% | 53.8% | 40.5% | 44.0% |
| Public transport (e.g., trains, buses, trams, taxis) | 44.4% | 22.9% | 28.8% | 32.0% | 39.5% | 7.7% | 54.7% | 22.8% |
| Healthcare and medical expenses | 56.2% | 52.4% | 56.8% | 48.0% | 70.4% | 61.5% | 55.8% | 65.8% |
| Eating out (e.g., including delivery/takeaway) | 51.8% | 56.3% | 56.1% | 48.0% | 61.7% | 69.2% | 58.4% | 60.1% |

**Tab 6.** Perceptions vs. reality: percentage who found key living expenses more expensive than expected, by Australian State

Based on the percentage of students who rated key domestic expenses (e.g., groceries, accommodation, utilities, telecommunications) as more expensive than expected, students in the Northern Territory and Western Australia demonstrated the most inaccurate perceptions of living costs. In contrast, students from states with a higher cost of living, such as New South Wales, home to cities like Sydney with notoriously high living expenses, were better prepared.

**Living expenses**
Accommodation and housing affordability emerged as a leading concern for international students, with 59.5% reporting accommodation costs were higher than anticipated. Qualitative discussions revealed international students faced unexpectedly high levels of competition in the real estate market upon arrival, delaying their ability to secure housing.

55.6% of the cohort agreed the cost of rent is the most critical factor influencing their choice of living arrangements. This finding was consistent across all student perspectives irrespective of their length of time in Australia.

| Other key considerations in choice of housing: | Agree / strongly agree |
|---|---|
| Availability of transport | 67.9% |
| Proximity to grocery store and other common destinations | 65.3% |
| Proximity to campus | 58.6% |

**Fig 16. Key factors influencing housing choices for international students**

Students reported making various compromises when securing housing, with the most common of which was paying significantly higher rent than initially planned (34.6%). This was followed by opting for shared facilities (26.7%) and settling for smaller living spaces (22.5%).  More concerning, over 1 in 5 students reported compromising on safety (21.6%) and limited access to public transport (19.3%).

| | |
|---|---|
| Safety and security | **21.6%** |
| Limited access to public transport | **19.3%** |
| Longer travel times | **18.9%** |
| Less desirable neighbourhood | **18.7%** |
| Lack of nearby amenities (e.g., grocery stores, parks) | **17.6%** |

**Fig 17. Compromises made by international students in pursuit of affordable housing**

These findings highlight the importance of addressing housing affordability and availability for international students. Access to safe, well-located, and adequately equipped housing contributes to a supportive living and learning environment, which can positively impact the overall wellbeing of international students in Australia.

## Living arrangements

To offset rent pressures, just under one-third of international students are choosing shared living (31.9%). Further exacerbating this issue, some respondents (13.4%) reported sharing a bedroom and 1.6% share a bed based on a sleep roster. These types of compromised living arrangements can have a significant impact on a person's overall health and wellbeing.

## Financial security

### 🔴 Hardship (13.8%)

Nearly 14% of students face the most extreme financial challenges. These students are unable to meet their financial obligations regardless of external help and have exhausted all resources, including savings and credit. This level of financial insecurity poses significant risks to their academic and personal wellbeing.

### 🟠 Stressed (26.4%)

Over a quarter of students are stressed, unable to meet their financial obligations without assistance from family, friends, or welfare organisations. These students often need to make significant spending cuts, reflecting the fragile and precarious nature of their financial situations.

### 🟡 Vulnerable (41.6%)

Representing the largest category, over 40% of students fall into this group. They are able to meet their financial commitments but only by cutting back on spending, depleting savings, or relying on credit. This group is at risk of sliding into hardship without adequate support.

### 🟢 Secure (18.2%):
Fewer than 1 in 5 students are financially stable, meaning they are able to meet their financial commitments without making any sacrifices in spending. This group represents a minority that enjoys relative economic stability in an otherwise challenging financial environment.

| 13.8% | 26.4% | 41.6% | 18.2% |
|---|---|---|---|
| Hardship | Stressed | Vulnerable | Secure |
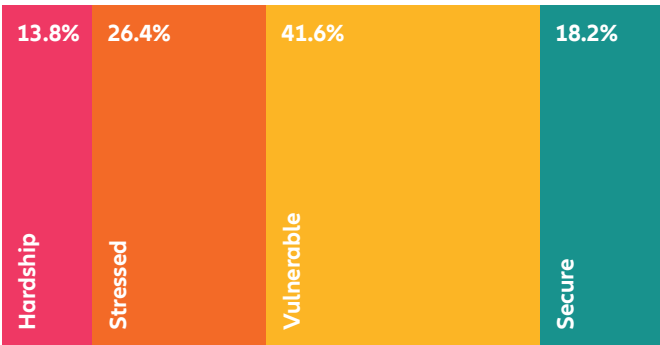
**Fig 18.** **Financial security status of international students**

## Financial security: regional and demographic insights

### Regional financial positions

Financial positions among students vary significantly across regions, with notable contrasts. In Oceania and Africa, more than 50% of students fall into the vulnerable category, highlighting widespread financial instability. In contrast, students from China/Hong Kong and Other Asia report higher percentages in the secure category (27.2% and 22.3%, respectively).

### Gender

Male students report slightly higher financial vulnerability (44.5%) compared to females (39.1%), however, females have slightly higher rates of stressed financial security ratings (28.9% vs 23.3%).

### Duration of study

Newer students (less than 6 months) in Australia report higher rates of vulnerability (45.9%), while those in their third year or more show improved financial security (40.6%).

This data highlights the financial fragility faced by a significant proportion of students. There is an opportunity to expand support mechanisms, such as financial counselling, access to emergency funds, or partnerships with welfare organisations to adequately support students in hardship, stressed and vulnerable financial positions. Additionally, ensuring accessible education on financing systems and support services can bridge gaps and promote equitable academic success.

## Affording Australia

To support everyday living in Australia, students relied on diverse income sources, with the most common being family support, personal savings, and wages from employment. Scholarships also play a crucial role for students, with several recipients in our focus groups sharing they have only been able to save money due to receiving a stipend in conjunction with holding a part-time job.

Students from China/Hong Kong are the most reliant on family support (76.3%), while Oceanian students are the least (46.2%). Younger students (under 20 years) depend heavily on family (81%), but reliance decreases with age. Instead, the use of personal savings rises, peaking at 59.0% among students aged over 40.

Students from South Asia and Oceania rely most on wages from employment (59.4% and 57.7%), indicating a greater need to work while studying. Employment rates also steadily rise with the time spent in Australia, rising from 32.0% for students who have been in the country for less than six months to 52.7% for those who have been there for one to two years, likely reflecting greater opportunities and integration into the job market over time.

These insights suggest a mixed income is essential to afford life in Australia, and for some students, financial hardship is a real concern.

> Females were more likely to rely on family support, with 66% doing so compared to 59.6% of males. In contrast, males were more inclined to rely on personal savings, with 50.1% reporting this compared to 43.3% of females.

## Employment

56.6% of students reported underestimating how difficult it would be to find suitable work in Australia. This is reflected in employment rates, with only 46.8% of the cohort currently employed, while a concerning 40.6% are actively seeking work—a figure that rises to 49.3% among those who have been in Australia for less than 6 months.

| | Employed | Looking for work | Not employed, no intention of working |
|---|---|---|---|
| Less than 6 months | 32.0% | 49.3% | 18.7% |
| 6–12 months | 44.2% | 40.3% | 15.5% |
| 1 to 2 years | 52.7% | 35.6% | 11.7% |
| 2 to 3 years | 44.0% | 43.4% | 12.6% |
| More than 3 years | 43.4% | 45.8% | 10.8% |
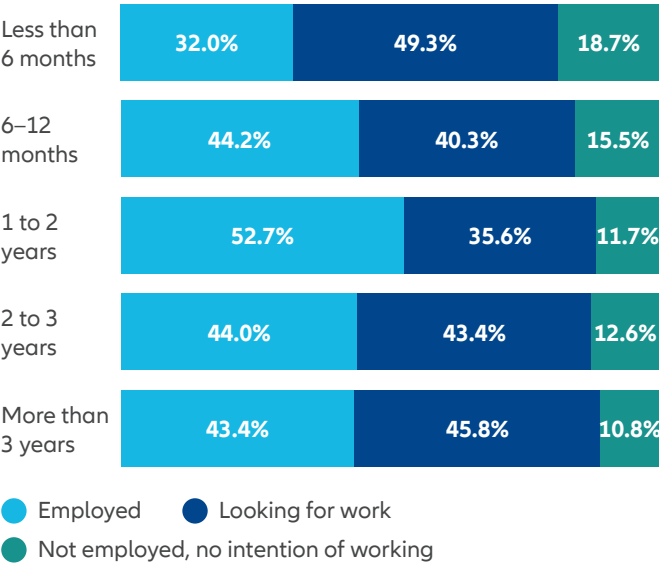
**Fig 19. Student employment status**

Among employed students, 65.0% reported finding suitable work in Australia was moderately difficult, difficult, or extremely difficult. Interestingly, students in regional areas found it less challenging, with only 19.8% reporting difficulty compared to 35.0% in major cities—likely due to reduced competition.

Overall, these trends highlight securing employment is often a time-consuming and challenging process, with no guarantees of success for international students.

## Barriers to finding work

Visa working hours restrictions and competition with local candidates were ranked as the highest barriers to finding work among surveyed students.

| | To a large or great extent |
|---|---|
| Visa working hours restrictions | 41.5% |
| Competition with local candidates | 40.1% |
| Lack of professional networks | 36.0% |
| Lack of local experience | 34.9% |
| Recognition of qualifications | 29.4% |
| Unsure of resources available to assist with finding suitable work | 29.4% |
| Difficulty understanding the job market | 27.2% |
| Cultural differences | 20.1% |

**Tab 7.** **Key barriers to securing employment for international students in Australia**

For females, competition with local candidates was the primary barrier, whereas for male students, restrictions on visa working hours emerged as the leading challenge.

Underestimated living expenses are pushing many international students to compromise on acceptable working conditions, increasing their vulnerability to exploitation. While a majority (63.3%) felt it was important to find work aligned with their field of study and valued clear employment contracts (63.1%), financial pressures and previously identified barriers (Table 7) force students to consider less financially secure options (i.e., cash in hand jobs).

40.3% of students reported they are willing to work for cash in hand, exposing themselves to potentially exploitative employment conditions. Even more concerning, 32.2% would accept jobs with compromised safety or legal conditions or work without formal employment rights if the pay is sufficient (28.6%). Additionally, over one in five (22.8%) view undeclared work as viable, and 20.6% consider sex work acceptable if personally chosen.

Regional analysis reveals distinct differences in attitudes toward acceptable workplace conditions. North American (67.3%), African (62.7%), and European (59.9%) students are the most likely to view cash in hand work as acceptable, while only 17.3% of South Asian and 29.6% of Oceanian students share this perspective.

Participation in the black economy is highest among South American (45.1%), North American (45.1%), and African (38.4%) students. These trends extend to accepting jobs without formal employment rights, with nearly half of North American students (49.1%) agreeing, followed by 45.9% of South American and 39.5% of African students.

North American students are particularly vulnerable to workplace safety, with 47.8% willing to compromise on safety and legal conditions, followed by European (39.6%) and South American (39.3%) students. Engagement in sex work is also divisive, with only 11.5% of South Asian students considering it an acceptable source of income, compared to higher rates among North American (36.3%), South American (32.8%), and European (31.6%) students.

Agree/strongly agree:

| | |
|---|---|
| Working for cash in hand is acceptable | 40.3% |
| Would compromise on safety or legal conditions if it provides better pay | 32.2% |
| Working in a job without formal employment rights if it pays well | 28.6% |
| Participating in the black economy is a suitable option if it provides enough income | 22.8% |
| Engaging in sex work if it is a personal choice | 20.6% |
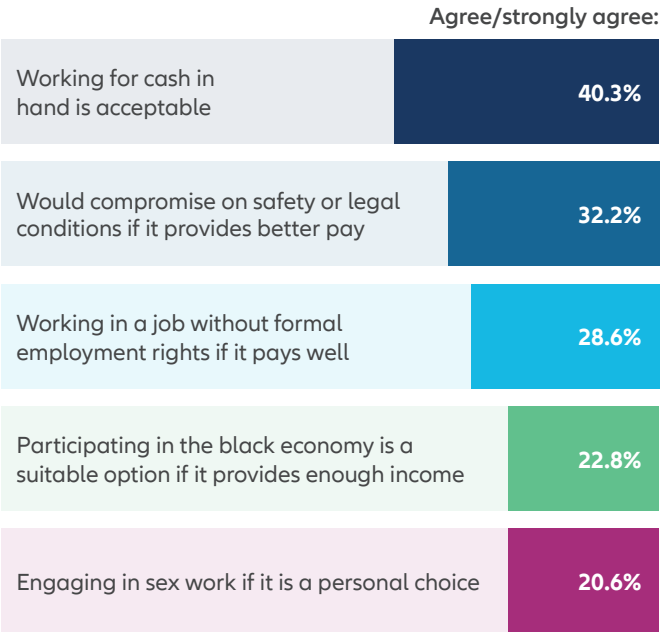
**Fig 20.** **Student perceptions on acceptable employment conditions in Australia**

Younger students (under 25) are more likely to accept precarious work conditions, including cash-in-hand jobs (42.7% vs. 29.8% of students over 25), compromising safety for better pay (32.4% vs. 29.3%), and accepting employment without formal rights (31.7% vs. 21.8%). They are also more open to undeclared work (25.5% vs. 15%) and sex work for income (23.9% vs. 13.2%), highlighting their financial vulnerability.

These findings highlight the financial strain on students, particularly younger and regionally distinct cohorts, increasing their vulnerability to high-risk employment conditions.

## The cost of friendship

Given the financial strain many students face in affording basic necessities, it is unsurprising that allocating funds for leisure activities or socialising with friends is often out of reach.

| Activity | Never or rarely |
|---|---|
| Go to a bar or nightclub for social outings | 60.2% |
| Seek beauty or other related treatments | 56.7% |
| Participate in a social sport or other paid hobby (e.g., drama club) | 54.3% |
| Attend a gym or paid exercise classes | 52.4% |
| Attend a movie, concert, or other paid entertainment | 50.6% |
| Travel home to visit family or go on holiday | 48.5% |
| Go to a restaurant or order takeaway | 34.6% |

**Tab 8.** Leisure and social activities limited by financial strain among international students

21.8% of those classified in hardship, stressed or vulnerable financial positions noted it was difficult or extremely difficult to make friends, versus 12.0% of those who were financially secure.

Forging friendships and establishing support networks are essential for a successful and fulfilling student experience. However, these financial barriers underscore the additional challenges international students face in building connections and fully integrating into life in Australia.

## Support systems

While only 10.4% of students reported lacking access to a support system while studying in Australia, 17.5% found it difficult or extremely difficult to make friends, regardless of location, gender, or region of origin

Despite these challenges, the majority of international students have found support through various sources. Family back home and fellow international students are the primary support mechanisms, with 51.3% and 53.7% of students identifying these groups as their main or one of their main sources of support.

Just over 1 in 5 students (22.5%) rely solely on offshore support. Students from Africa report having the most onshore support within Australia, while those from South Asia have the least. Additionally, friends from home are the third most common support system (41.6%), followed by domestic student friends at 36.5%.

| Region | Onshore support |
|---|---|
| Africa | 88.5% |
| Europe | 82.9% |
| South America | 82.7% |
| Other Asia | 81.4% |
| North America | 80.7% |
| China/Hong Kong | 72.9% |
| Oceania | 66.7% |
| South Asia | 65.6% |
| Whole cohort | 76.4% |

**Tab 9.** Levels of onshore support for international students by region of origin

Our qualitative insights support these findings, where focus group participants shared:

- They rely heavily on fellow international students for both support and information, with shared experiences and culture serving as easy points of connection. Conversely, forming friendships with domestic students is more challenging due to a lack of common interests and informal language barriers, such as Australian vernacular.

- 'Family at home' plays a strong role in a participants' management of their mental health and wellbeing.

While these support systems are valuable, relying on individuals with limited or no lived experience in Australia may lead to advice that is less relevant or timely, which could hinder students' ability to navigate local challenges effectively.

## Key takeaways

- 75.5% of students are satisfied with life in Australia.
- 61.7% of students found the cost of living was significantly more than they expected.
- 41.6% of students are financially vulnerable, 13.8% are experiencing financial hardship.
- Students are currently only preparing for on-arrival needs, there is a significant opportunity to better educate on the cost of living in Australia pre-arrival.
- Many students underestimate the difficulty of finding suitable work, with 40.6% actively seeking work, rising to 49.3% among those in Australia for less than 6 months.
- Barriers to seeking suitable work and underestimated living expenses is pushing many students to compromise on acceptable working conditions and increasing their vulnerability to exploitation. 40.3% feel working for cash in hand is acceptable, 32.2% would accept employment that compromises on safety and legal conditions and 22.8% would consider participating in the black economy.
- Students feeling financially strained find it harder to engage in social or leisure activities than those who are financially secure.
- 17.5% found it difficult or extremely difficult to make friends in Australia.
- International students rely heavily on family at home and fellow international students for support.

**Next theme:** Health literacy →
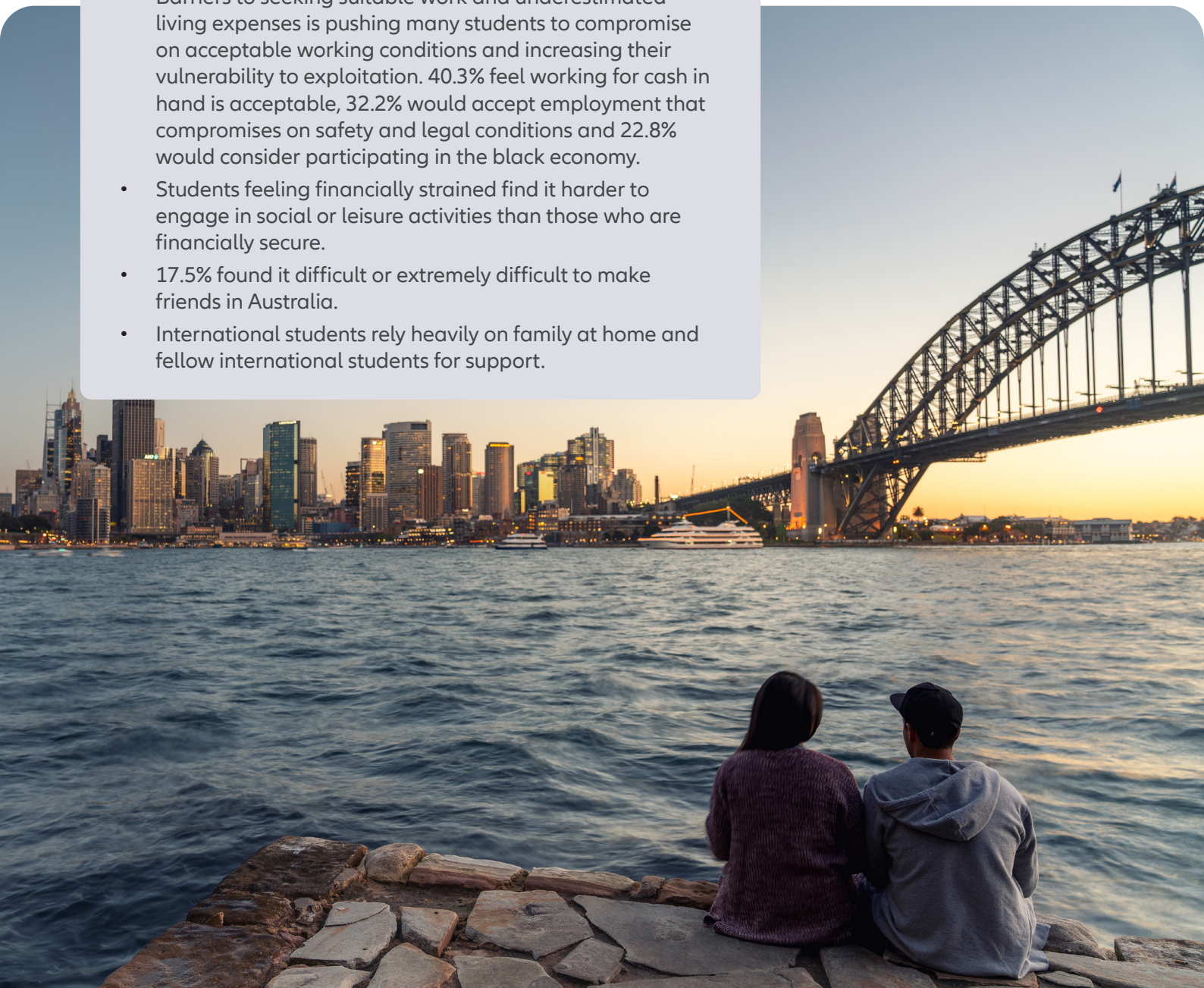
# Health literacy

## Navigating the Australian healthcare system

For international students in Australia, navigating the healthcare system can be a challenge as it often involves adapting to new and complex care pathways that differs significantly from the healthcare systems in their home countries.

Confidence in navigating the Australian healthcare system varied significantly, with only 25.6% of students reporting high confidence, 34.5% expressing moderate confidence, and 39.9% feeling uncertain or lacking confidence. Notably, one-third of students are unsure about how to seek appropriate care in a life-threatening emergency.

Males consistently report higher confidence across all health literacy measures, with the largest gap (6.1%) in navigating emergencies. However, this raises an important question—does this confidence reflect greater preparedness for healthcare challenges in Australia, or could it be a matter of perceived self-assurance?

| Statement | Not confident at all | Slightly confident | Moderately confident | Confident | Very confident |
|---|---|---|---|---|---|
| I am confident in navigating the Australian healthcare system. | 12.3% | 27.6% | 34.5% | 20.0% | 5.6% |
| I know where to go for medical help when I need it. | 7.7% | 24.0% | 32.4% | 27.0% | 8.9% |
| I understand how to use my health insurance in Australia. | 9.7% | 21.0% | 32.0% | 27.8% | 9.5% |
| I am confident in navigating the Australian healthcare system in a life-threatening emergency. | 10.8% | 22.1% | 30.7% | 26.9% | 9.5% |

Legend: ● Not confident at all  ● Slightly confident  ● Moderately confident  ● Confident  ● Very confident

**Fig 21.** International students' confidence in navigating the Australian healthcare system

Confidence in navigating the Australian healthcare system increases with the length of time students have spent in Australia. Similarly, confidence in handling life-threatening emergencies improves over time: 10.7% of newer arrivals express confidence, compared to 40.6% of students who have been in Australia for more than 3 years. This trend highlights the importance of time and experience in building familiarity with the healthcare system, suggesting that targeted support for new arrivals could further enhance their confidence and preparedness.

Insights from focus group sessions revealed a critical gap between theoretical knowledge and practical fluency. This disconnect indicates students may grasp healthcare basics "on paper", but lack the deeper confidence needed to navigate more complex or urgent situations. For instance, they may struggle to determine when to visit their local hospital's emergency department versus a general practitioner.

| Confident & very confident | |
|---|---|
| Africa | 39.0% |
| North America | 37.6% |
| Europe | 32.6% |
| Oceania | 29.6% |
| South America | 27.0% |
| China/Hong Kong | 22.7% |
| South Asia | 19.8% |
| Other Asia | 19.6% |
| Whole cohort | 25.6% |

**Tab 10.** Confidence to navigate the Australian healthcare system by region of origin

| Rated (4) confident and (5) very confident | Less than 6 months | 6-12 months | 1-2 years | 2-3 years | More than 3 years |
|---|---|---|---|---|---|
| I am confident in navigating the Australian healthcare system. | 10.7% | 22.6% | 25.1% | 31.6% | 24.0% |
| I know where to go for medical help when I need it. | 30.7% | 32.9% | 35.5% | 40.0% | 34.6% |
| I understand how to use my health insurance in Australia. | 20.0% | 31.6% | 38.5% | 42.6% | 36.1% |
| I am confident in navigating the Australian healthcare system in a life-threatening emergency. | 20.0% | 29.0% | 36.9% | 39.6% | 40.6% |

**Tab 11.** Confidence to navigate the healthcare system by length of time in Australia

# Assessment of international students' healthcare access literacy

A comprehensive rating system was implemented to assess international students' understanding of the Australian healthcare system and their ability to select appropriate services. Students were presented with 9 basic scenarios and asked to identify the most suitable healthcare provider for each.

Responses were rated on a 3-point scale:

- 🟢 3 = signified the most appropriate option
- 🟡 2 = moderately appropriate option
- 🟠 1 = inappropriate option

These ratings were then totalled, and students were categorised into 1 of 3 levels of understanding:

- Poor (scoring less than 13)
- Moderate (scoring between 13 and 20)
- Strong (scoring above 20).

It is important to note that allowing a "moderately appropriate" option in our analysis may create an overly optimistic view of students' ability to navigate the Australian healthcare system. A moderate score could be attained by selecting care pathways that are only moderately appropriate, rather than optimal.

The results demonstrate most students in the basic scenarios (listed in Table 12) were able to choose at least a moderately appropriate care pathway. 69.9% of students in the scenarios presented demonstrated a strong understanding, a further 26.7% falling into the moderate category and 3.4% struggling to identify appropriate care pathways.



🟢 Strong  🟡 Moderate  🟠 Poor
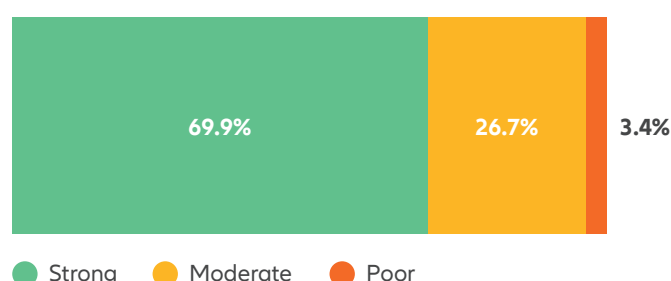
**Fig 22.** Health service access literacy among international students in Australia based on below scenarios in Table 12

| | General practitioner/ family doctor | Emergency department at hospital | Mental health professional | Pharmacist | Telehealth provider |
|---|---|---|---|---|---|
| You suspect you have contracted a sexually transmitted infection (STI). | 56.2% | 19.2% | 11.9% | 7.5% | 5.3% |
| You have a severe cold (fever, runny nose, cough and difficulty breathing). | 48.2% | 19.9% | 9.4% | 15.2% | 7.3% |
| You require a medical certificate for an absence from work or study. | 53.2% | 11.7% | 10.8% | 10.5% | 13.8% |
| You are seeking a vaccination (HPV, COVID, Flu, Whooping Cough etc). | 46.5% | 13.8% | 9.7% | 26.4% | 3.6% |
| You have persistent feelings of worry. This is affecting your sleep and ability to focus on your studies. | 18.3% | 9.1% | 60.6% | 8.0% | 4.0% |
| You have been deliberately trying to limit the amount of food you eat to influence your body shape or weight. | 40.3% | 8.9% | 26.5% | 9.9% | 14.4% |
| You have injured your back at work attempting to move a heavy box. | 33.8% | 41.4% | 10.9% | 10.0% | 3.9% |
| Require a prescription refill for existing regular medication. | 34.1% | 10.8% | 10.8% | 38.0% | 6.3% |
| You suspect you have broken a limb (arm or leg). | 22.4% | 56.2% | 11.0% | 6.9% | 3.5% |

**Tab 12.** Assessing international students' healthcare access literacy and decision-making

However, the frequent selection of hospital emergency departments and the underuse of telehealth services indicate a need for further education to guide students toward more efficient and effective care options. Upon further analysis, 4.1% of students were emergency department biased and a further 22.7% in some instances incorrectly nominated this care pathway. The mental health scenarios also revealed gaps in students' understanding of the role of general practitioners (GPs) as a gateway to accessing specialist support.

Healthcare access literacy levels vary based on gender, region, time in Australia, and age. 75.5% of female students exhibit a strong understanding compared to 63.4% of males.

Students from South Asia (85.8%) and Other Asia (81.1%) demonstrate the strongest understanding of appropriate care pathways, while students from Europe (43.6%) and South America (45.5%) report the lowest scores. Age plays a significant role in these results, with older students (over 25) outperforming their younger counterparts (under 25), as 78.6% of older students achieved a "Strong" rating compared to 63.8% of younger students.
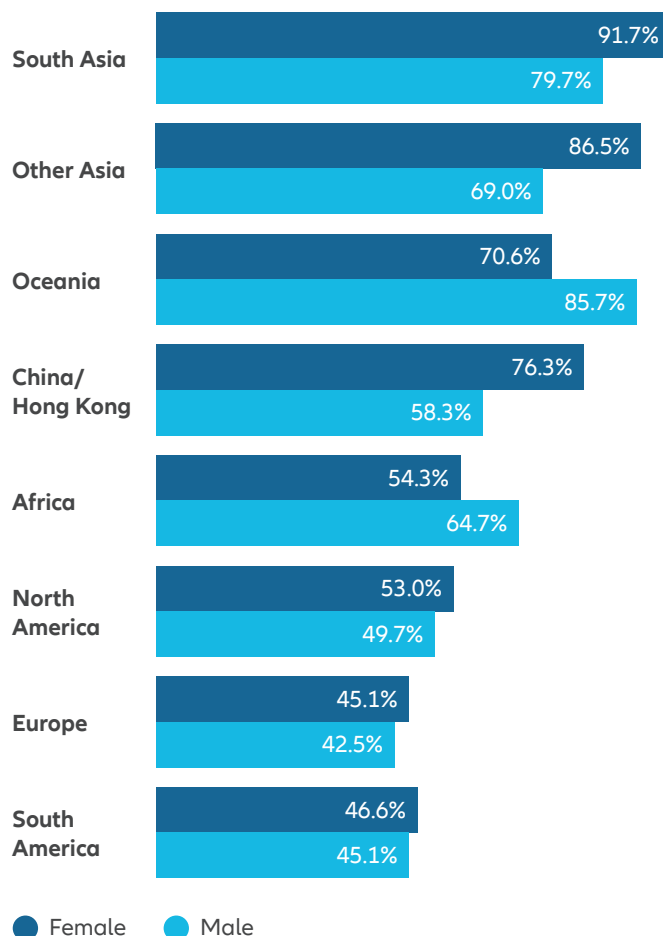


**Fig 23. Levels of health access literacy by region and gender**

## Comparison between confidence and healthcare access literacy



**Fig 24. Comparison between self-rated confidence and healthcare access literacy levels based on length of time in Australia.**
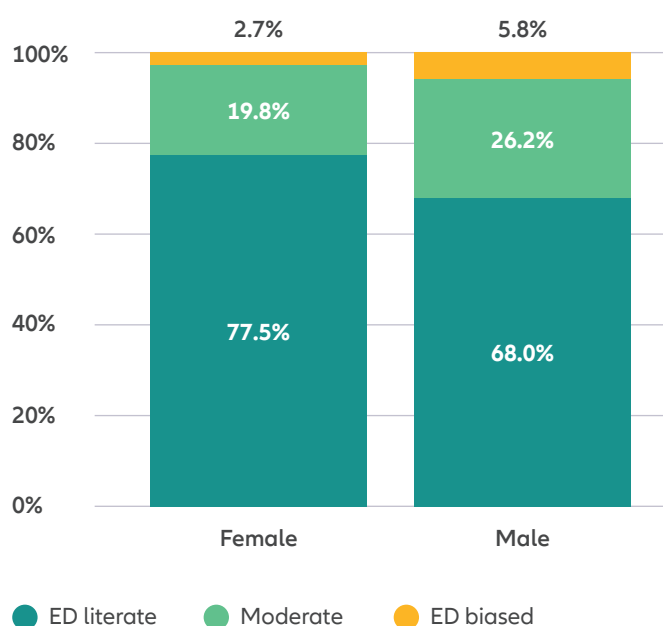


**Fig 25. Gender differences in Australian emergency department bias**

## A complex system

Overwhelmingly, focus group participants found the Australian healthcare system confusing. This perception was particularly strong among those who had not yet accessed healthcare services. For many new arrivals, the process felt especially daunting, with some students reporting they were so overwhelmed they avoided seeking medical treatment entirely.

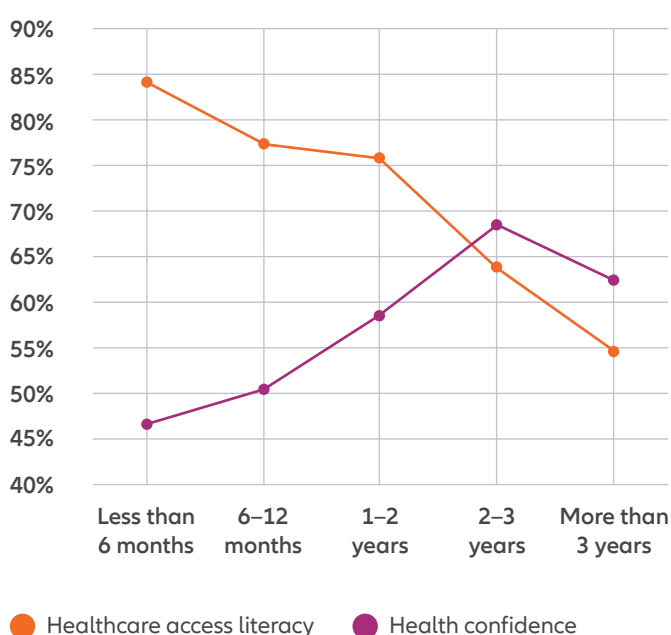Language barriers significantly exacerbate the challenges of accessing healthcare, with a quarter of survey respondents reporting difficulty understanding the Australian healthcare system due to English being their second language. Students from South America face the greatest challenges, with 41.0% struggling to comprehend the system due to language-related difficulties.

### Language challenges by region

| I struggle to understand the Australian healthcare system due to English being my second language | Strongly agree / agree |
|---|---|
| South America | 41.0% |
| North America | 34.1% |
| China/Hong Kong | 32.4% |
| Europe | 29.9% |
| Africa | 28.2% |
| Other Asia | 17.1% |
| South Asia | 16.4% |
| Oceania | 7.4% |
| Whole cohort | 24.5% |

**Tab 13.** Language barriers and navigating the Australian healthcare system: regional comparison

Students aged 20–21 are most likely to cite English language skills as a barrier to navigating Australia's healthcare system (29.2%).

## The cost of healthcare in Australia

"There's a certain anxiety of getting either physically hurt or ill here that's higher than back home... the first [reason] is how complex the insurance and healthcare system is here, and the second thing [is] how expensive it is."

– Focus group participant, male, 30, Kuwait.

The cost of healthcare, including out-of-pocket expenses, emerged as a recurring concern and a significant barrier to accessing medical treatment for students. A total of 60.0% of students agreed or strongly agreed they fear out-of-pocket expenses. Additionally, 30.6% of students reported not understanding how to use their insurance, which likely exacerbates their stress about healthcare costs.

During focus groups, some students expressed concerns about the high cost of ambulance callouts, which they felt could deter them from seeking lifesaving assistance. For many, these costs were seen as unexpected, underscoring the importance of providing targeted information about healthcare costs, claims processes, and insurance coverage— including policy terms and conditions.

Students acknowledged much of this information is available to them; however, they expressed frustration with having to navigate multiple resources and spend considerable time piecing together the context they needed. This feedback highlights the need for stronger communication and supporting resources that deliver clear, upfront, and easily accessible information about healthcare access and associated costs. Streamlining this information would empower students to access the support they need while lessening their cognitive burden.

"I have health insurance, but I don't really understand how to use it. I worry about asking for help because I don't want to get a big bill."

– Focus group participant, female, 26, Vietnam.

"I went to the doctor once, but I didn't understand how much I'd have to pay. I'm always worried about how to afford it if something serious happens."

– Focus group participant, female, 25, United Kingdom.

## Cultural differences in healthcare

For up to 10.5% of respondents, wait times were identified as a major barrier to accessing essential health services. This issue was even more pronounced in focus groups, where participants highlighted it as a significant difference compared to their healthcare experiences in their home countries.

| Please nominate which of the following service providers you have accessed or considered accessing for support | Considered but wait time was too long |
|---|---|
| Nurse in a clinic | 10.5% |
| Doctor or nurse in a hospital | 10.5% |
| General practitioner (GP) (also known as a family doctor) | 10.3% |
| Social worker | 10.1% |
| Optometrist | 10.0% |
| Dietician | 9.8% |
| Counsellor | 9.5% |
| Physiotherapist/Chiropractor | 9.3% |
| Telehealth provider | 9.3% |
| Psychologist | 9.2% |
| Pharmacist | 9.2% |
| Dentist | 8.9% |
| Psychiatrist | 8.9% |
| Other specialty medicine i.e. (Neurologist) | 8.8% |
| Gynaecologist | 8.2% |

**Tab 14. Perceived wait times and their impact on seeking treatment by provider**

Feedback from focus group participants from Japan, China, Vietnam and India revealed a shared struggle with Australia's healthcare booking and referral systems. In their home countries, same-day appointments are common, whereas in Australia, they are not guaranteed. Students also noted that accessing specialists is typically much easier back home. Many expressed a need for clearer guidance on the process of accessing specialist services in Australia.

More so than gender, cultural compatibility and long-term familiarity were also noted as key considerations in a student's choice of doctor, with a number of focus group participants sharing they felt uncertain about providers who did not share their cultural background.

*"Back home, we just go to the family doctor. Here, it feels so complicated. I don't even know if they understand the cultural aspects that might be important."*
– Focus group participant, female, 26, Vietnam.

*"I would prefer to look for a professional with similar racial background, because some of the feedback make sense in terms of cultural context."*
– Focus group participant, male, 26, Cambodia.

Our data reflects this sentiment, with 38.7% of students indicating a preference to wait until returning home to seek treatment. This underscores the need for targeted efforts to build trust and foster intercultural understanding between international students and health professionals in Australia. Such initiatives could encourage greater engagement with the Australian healthcare system and improve its utilisation over time.

## Accessing services

GP services are the most frequently accessed form of professional healthcare by international students, (41.4% successfully accessed), with slightly more females seeking GP care than males (45.4% vs 37%). For all healthcare concerns, GPs are international students' first port of call.

Pharmacists are the second most accessed healthcare providers (35.3%), followed by nurses in clinics (28.7%). In contrast, psychiatrists are the least accessed healthcare professionals, with only 5.4% of the cohort successfully receiving care through this channel. Given Australia's system, which requires a general practitioner (GP) referral to access mental health specialists, combined with the shortage of psychiatrists, it is expected that access to psychiatrists would be limited, noting their primary specialisation in complex mental health disorders that require formal diagnoses.

| Provider | Successfully accessed |
|---|---|
| General practitioner (GP) (also known as a family doctor) | 41.4% |
| Pharmacist | 35.3% |
| Nurse in a clinic | 28.7% |
| Doctor or nurse in a hospital | 25.2% |
| Telehealth provider | 23.9% |
| Counsellor | 14.0% |
| Dentist | 13.2% |
| Optometrist | 10.5% |
| Social worker | 8.5% |
| Gynaecologist | 7.9% |
| Psychologist | 7.4% |
| Physiotherapist/Chiropractor | 7.3% |
| Dietician | 6.9% |
| Other specialty medicine i.e. (Neurologist) | 5.7% |
| Psychiatrist | 5.6% |

**Tab 15.** Percentage of international students successfully accessing healthcare services in Australia

Telehealth services present a significant area of confusion for students. While 17.8% considered using telehealth, they were unsure how to access these services, and 19.1% were unaware of the service altogether.

Dental care raises the greatest financial concern, with 20.6% of students considering treatment but refraining due to fears of out-of-pocket costs.

| How likely are you to trust the following sources of health information? | Likely / very likely |
|---|---|
| Doctor/General practitioner (GP) | 66.3% |
| Pharmacist | 61.7% |
| University health services | 60.8% |
| Health websites (e.g., government sites like HealthDirect or health insurance providers) | 51.4% |
| Friends or family | 39.7% |
| Traditional/alternative medicine practitioners | 30.8% |
| News outlets | 24.8% |
| Social media platforms | 24.3% |

**Tab 16.** Trust in health information sources among international students

It is encouraging to see students seek medical or health-related information from a variety of healthcare sources and channels. General practitioners, pharmacists and university health services were the most trusted resources highlighting a preference for professional and reliable support. In contrast, students also turn to friends and family (39.7%) and social media platforms (24.3%), placing them at a greater risk of encountering misinformation. University health services are the third most popular information source, with over half of all students (60.8%) indicating their institution provides the support they need to actively manage their health and wellbeing. This reinforces the earlier observation that while information is available to students who know where to find it, the reliance on social media platforms for some students underscores the need for increased education on discerning credible resources.

## Preferred learning mediums

It is important for all support providers within the international education ecosystem to acknowledge students' strong preference for online and digital resources. This is consistent with our findings on students' preferences for preparatory resources, as discussed in the *Living in Australia* chapter.

| Learning medium | Selected as 1 of or the only way students prefer to learn about the Australian healthcare system |
|---|---|
| Online resources (e.g., websites, e-learning modules) | 75.4% |
| Videos | 41.1% |
| One-on-one guidance (e.g., from student services or healthcare professionals) | 37.3% |
| Printed guides or manuals | 35.8% |
| Workshops or seminars | 30.0% |
| Infographics | 18.6% |
| Other | 0.8% |

**Tab 17. Preferred learning mediums for understanding the Australian healthcare system**

Students value easily accessible, on-demand resources that allow them to engage with information at their own pace. Digital platforms offer the flexibility and simplicity students need, particularly when navigating a complex system.

Some focus group participants in this study found mandatory e-learning modules on aspects of the healthcare system useful but suggested that more frequent delivery would enhance their effectiveness. This aligns with the idea that consistent, proactive training throughout a student's academic journey fosters better retention and growth of healthcare knowledge and literacy, and conversely, one orientation presentation on arrival for example, during orientation week, is useful but insufficient.

While online resources are dominant, there is also significant demand for personalised support. Students appreciate interactive formats where they can ask specific questions and receive tailored advice, particularly when navigating unfamiliar processes.

**International students want information on:**

- Navigating the Australian healthcare system
- How to book appointments and access specialists
- Understanding referral processes for specific healthcare needs
- Proactive and easily accessible resources that simplify accesss to the healthcare system

### Key takeaways

- The Australian healthcare system is confusing for international students.
- Overall, 25.6% of students reported high confidence, 34.5% reported moderate confidence, and 39.9% felt uncertain about navigating the Australian healthcare system.
- One-third of students are unsure how to seek appropriate care in a life-threatening emergency.
- When presented with basic medical scenarios, 69.9% of students were able to select at least a moderately appropriate care pathway. However, the frequent selection of emergency hospital departments and the underuse of telehealth services indicate a need for further education to guide students on more efficient care pathways.
- Additionally, 30.6% do not understand how to use their insurance.
- Cost and system complexity are the biggest barriers to accessing healthcare.
- Culturally relevant care is valued; 38.7% of students prefer to wait until they are home to seek treatment.
- GPs are the most trusted and accessed form of healthcare.
- Digital online resources are students' preferred learning medium.

## Next theme: General health    →

# General health

International students consistently reported that Australia's high cost of living presents significant challenges to their ability to live and socialise comfortably. This financial strain also affects their health, as many students shared they struggle to afford nutritious food, gym memberships, sports club fees, or access to ancillary wellness resources.

Time management and academic workload emerged as significant factors impacting health and wellbeing in focus groups. For many, trying to balance study, work, new lifestyle adjustments and cost of living meant there was little time or resources to prepare healthy and nutritious meals. These limitations hinder students' ability to maintain a healthy and balanced lifestyle, directly impacting their academic performance by diminishing their energy levels, focus, and resilience—critical factors for effectively managing coursework and other responsibilities.

Students' self-assessment of their general health contrasts with insights from focus group discussions. While 86.8% of students rated their general health as good, very good and excellent, quality of life received slightly lower ratings at 81.9%. Similar trends were observed in social satisfaction (78.4%), ability to perform daily activities (81.0%), and support received from others (82.1%). However, as highlighted in previous chapters, when compared to more targeted, experience-specific questions, a less positive picture emerges.

Regional analysis revealed North American students consistently reported the highest general health self-ratings across all categories, with satisfaction levels 10.0% higher than the overall cohort. In contrast, students from China/Hong Kong consistently showed marginally lower satisfaction across all categories. Student age, gender and time in Australia presented limited impact on overall satisfaction levels.

| | (1) Excellent | (2) Very good | (3) Good | (4) Fair | (5) Poor |
|---|---|---|---|---|---|
| Your general health. | 17.7% | 34.7% | 34.5% | 11.2% | 1.9% |
| Your quality of life. | 14.2% | 30.3% | 37.4% | 14.6% | 3.4% |
| Your satisfaction with your social activities and personal relationships. | 12.8% | 30.2% | 35.3% | 16.1% | 5.5% |
| How well you carry out your usual social activities and roles (this includes activities at home, work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.). | 11.6% | 32.2% | 37.2% | 15% | 4.0% |
| The support you receive from others (friends, family, work colleagues, study institution staff). | 13.6% | 30.9% | 37.7% | 14.3% | 3.6% |

● (1) Excellent   ● (2) Very good   ● (3) Good   ● (4) Fair   ● (5) Poor

**Fig 26.** International students' self-rated health, quality of life, and social wellbeing

"Adapting to a new culture and climate takes a toll. The initial months were stressful, especially balancing my studies and a part-time job."
– Focus group participant, male, 35 years, Spain.

Deepening our enquiry into students' experience with their general health, students' energy levels presented a cause for concern with more than 1 in 5 (23.1%) reporting not having enough energy for everyday life.

Similarly, 23.6% of the cohort reported little to no satisfaction with access to health services and 18.8% of students expressed dissatisfaction with their ability to perform daily living activities.

While crucial for relaxation and social bonding, 31.8% of students reported feeling they have limited or no opportunity to engage in leisure activities reflecting broader challenges related to time management, financial pressures, and competing priorities.



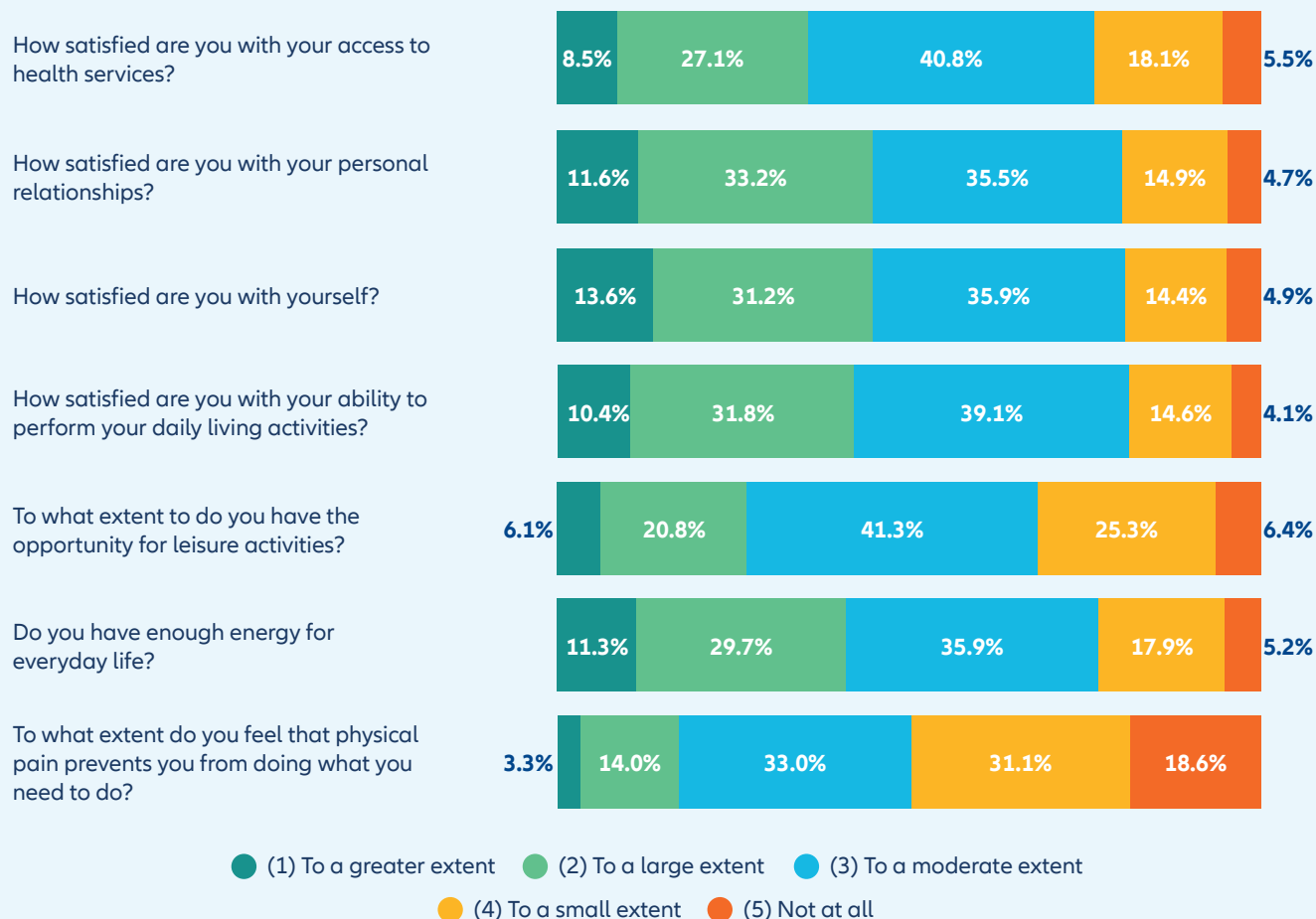| Question | (1) To a greater extent | (2) To a large extent | (3) To a moderate extent | (4) To a small extent | (5) Not at all |
|---|---|---|---|---|---|
| How satisfied are you with your access to health services? | 8.5% | 27.1% | 40.8% | 18.1% | 5.5% |
| How satisfied are you with your personal relationships? | 11.6% | 33.2% | 35.5% | 14.9% | 4.7% |
| How satisfied are you with yourself? | 13.6% | 31.2% | 35.9% | 14.4% | 4.9% |
| How satisfied are you with your ability to perform your daily living activities? | 10.4% | 31.8% | 39.1% | 14.6% | 4.1% |
| To what extent to do you have the opportunity for leisure activities? | 6.1% | 20.8% | 41.3% | 25.3% | 6.4% |
| Do you have enough energy for everyday life? | 11.3% | 29.7% | 35.9% | 17.9% | 5.2% |
| To what extent do you feel that physical pain prevents you from doing what you need to do? | 3.3% | 14.0% | 33.0% | 31.1% | 18.6% |

**Fig 27.** International students' self-rated health, quality of life, and social wellbeing

# Social wellness

To better understand student health and wellbeing, we assessed satisfaction with personal relationships and students' sense of self, revealing significant regional variations.

Students from Other Asia (68.2%), Europe (67.4%), and Africa (61.6%) report the highest levels of satisfaction with themselves, indicating stronger personal wellbeing in these regions. Similarly, satisfaction with personal relationships is highest among Other Asian (70.2%), European (62.0%), and North American (56.2%) students, suggesting a more stable support network.

Conversely, students from South America (39.3%), South Asia (38.7%), and China/Hong Kong (39.5%) report the lowest self-satisfaction, and similarly China/Hong Kong (38.1%), South America (37.7%), and South Asia (44.4%) have the lowest satisfaction with personal relationships, suggesting potential challenges in social integration for students from these regions.

Recognising regional differences in student experiences can assist institutions and healthcare providers tailor mental health, social integration, and support programs to students' needs.

Analysis of students' satisfaction with support received complements earlier insights into their personal relationships, revealing regional disparities. Students from Africa (53.1%) and North America (51.3%) report the highest satisfaction with their support networks, aligning with their higher personal relationship satisfaction (59.9%

and 56.2%, respectively), suggesting stronger social and institutional support systems. Oceania (48.1%), Other Asia (46.1%), and Europe (44.9%) fall closer to the cohort average, indicating a more mixed experience where support is available but not sufficient to significantly enhance students' overall wellbeing.

In contrast, students from China/Hong Kong (37.1%), South America (40.2%), and South Asia (42.2%) report the lowest satisfaction, reflecting their similar low self-satisfaction and personal relationships scores.

| Region | (1) Excellent / (2) Very good |
|---|---|
| Africa | 53.1% |
| North America | 51.3% |
| Oceania | 48.1% |
| Other Asia | 46.1% |
| Europe | 44.9% |
| South Asia | 42.2% |
| South America | 40.2% |
| China/Hong Kong | 37.1% |
| Whole cohort | 45.4% |

**Tab 19. Students' self-rating of their satisfaction levels with the support received from sources such as friends, family, work colleagues, and study institution staff**

| Region | Satisfaction with self | Satisfaction with relationships |
|---|---|---|
| Oceania | 61.6% | 59.9% |
| North America | 39.5% | 38.1% |
| Europe | 67.4% | 62.0% |
| South America | 57.1% | 56.2% |
| Africa | 48.1% | 51.9% |
| Other Asia | 68.2% | 70.2% |
| South Asia | 39.3% | 37.7% |
| China/Hong Kong | 38.7% | 44.4% |
| Whole cohort | 44.8% | 44.8% |

**Tab 18. Students' self-ratings (excellent and very good) of their satisfaction with self and relationships with others by region**

# Wellbeing indicators

Students' everyday experiences further illuminate the multifaceted challenges impacting their overall wellbeing. These challenges reflect the intricate balance required to manage academic, financial, and personal responsibilities, all of which significantly shape their quality of life.

Closer examination of students' wellbeing behaviours reveals a different reality, with many students reporting rarely or never engaging in essential healthy habits like regular exercise, mindfulness practices, or daily consumption of fruits and vegetables. This contrast between self-reported general health and actual wellbeing behaviours suggests students define health as "being medically fit" or "not sick," rather than adopting a holistic understanding of wellbeing.

| Activity | Never or rarely |
|---|---|
| Practicing mindfulness (e.g., meditating, journalling or breathwork) | 40.2% |
| Limiting sugar and processed foods | 24.7% |
| Exercise (e.g., walking, running, gym) | 21.4% |
| Getting 7-8 hours of sleep per night | 21.2% |
| Eating fruits and vegetables daily | 15.3% |
| Drinking sufficient water | 12.5% |

**Tab 20. Wellbeing behaviours: frequency of healthy lifestyle practices among international students**

The precarious financial challenges many students face, as outlined in *Living in Australia*, is evident in their diet. While 59.2% of students report regularly cooking and preparing meals, and 56.2% stating they eat three meals a day, only 51.6% believe they have a well-balanced and healthy diet. Financial pressures and time constraints—particularly as many students juggle their academic workload alongside part-time jobs—likely contribute to these dietary gaps.

Cost-related food insecurity is a clear concern, with 30.7% of students regularly skipping meals due to grocery costs and 24.9% cannot afford fresh fruit and vegetables. This financial strain is echoed in the low percentage of students meeting the daily recommended servings of fruit (39.2%) and vegetables (29.4%).

These findings underscore the financial hardships many students face, directly impacting their ability to maintain a nutritious diet. Limited access to fresh and healthy food can have broader implications for students' overall wellbeing, academic performance, and mental health. Addressing food insecurity through targeted support, affordability initiatives, or campus food programs could be crucial to ensuring students have consistent access to nutritious meals.

| | Strongly agree/agree |
|---|---|
| I regularly cook and prepare meals | 59.2% |
| I regularly eat breakfast, lunch and dinner each day | 56.2% |
| I have a well-balanced and healthy diet | 51.6% |
| I eat the recommended 2 serves of fruit per day | 39.2% |
| I regularly skip meals due to the cost of groceries/food | 30.7% |
| I eat the recommended 5 serves of vegetables per day | 29.4% |
| I can't afford to eat fresh fruit and vegetables | 24.9% |

**Tab 21. Students' self reported diet and nutrition habits**

## Sleep habits

Adequate sleep is another concern, with 60.3% of students averaging fewer than 7 hours per night. While 48.3% report functioning well on their current amount of sleep, more than 1 in 3 students (37.0%) often wake up feeling unrefreshed regardless of how many hours they sleep, and 35.2% report feeling fatigued or needing naps even after adequate rest. Additionally, 33.2% struggle to fall asleep, and 27.7% wake up frequently during the night. These sleep disruptions significantly impact students' ability to concentrate and manage stress.

| | Strongly agree/agree |
|---|---|
| I often wake up feeling unrefreshed regardless of how many hours I sleep. | 37.0% |
| My current sleep pattern allows me to function well during the day without the need for naps or additional rest. | 48.3% |
| Even with adequate sleep, I find myself needing naps or feeling fatigued during the day. | 35.2% |
| I wake up multiple times a night | 27.7% |
| I find it takes me a long time to fall asleep, despite my best efforts | 33.2% |

**Tab 22. Students' self reported sleep habits**

**Student screen time**

A likely contributor to students' poor sleep quality is their high screen time, particularly on social media and streaming platforms. With 37.3% of students spending 2-3 hours daily on social media and 36.9% watching videos or streaming content. Prolonged screen time, especially in the evening, can interfere with natural sleep patterns. This correlates with self-reported sleep concerns, where 33.2% of students struggle to fall asleep, 37.0% wake up unrefreshed, and 35.2% feel fatigued despite adequate rest. Additionally, 20.2% of students spend 4-5 hours on social media and streaming, further increasing the risk of mental fatigue and sleep disturbances.

Academic and professional screen use is also significant, particularly among students in Africa and Europe, with 35.2% spending 4-5 hours on academic tasks and 17.3% exceeding 6-7 hours. While essential for studies, excessive screen time raises concerns about screen fatigue, eye strain, and burnout, further compounding sleep issues.

In contrast, online activities such as reading articles (55.7%), shopping (60.0%), and hobbies (55.4%) are generally limited to 1-2 hours per day. However, students' heavy reliance on digital entertainment and academic screen use may contribute to sleep disruption, increased stress, reduced physical activity, and overall health concerns. Educating students on healthy screen time habits, especially before bedtime, can enhance sleep quality and overall wellbeing.

**Harmful habits**

It is reassuring to note that typically harmful habits, such as drinking, smoking, or vaping, do not appear to have a significant impact on the health of international students. Only a small proportion (up to 10.0%) reported engaging in these behaviours often or always.

## Reflections

While *Living in Australia* found that most students manage to maintain a reasonable work-life balance, these broader health insights suggest that achieving this balance often requires compromises in other areas of their health and wellbeing.

Our data also revealed varying interpretations of 'health' and 'wellbeing' among international students. For many, the terms are understood narrowly as being "medically fit" or "not sick," rather than embracing a holistic definition that includes physical, mental, and social health. This discrepancy in understanding can have a profound impact, as students who equate health with the absence of illness may overlook the importance of preventative care, healthy lifestyle behaviours, and emotional wellbeing. It can also lead to missed opportunities for providing students with appropriate or relevant support, where interventions or resources designed to promote wellbeing may not resonate with students or address their needs effectively.

### Key takeaways

- Cost of living has a knock-on effect for international student health and wellbeing; healthy food and extracurricular memberships are expensive and students are going without.

- The varying interpretations of 'health' and 'healthy' among international students poses a risk to the type of support they seek and the assistance providers are able to offer.

- A significant proportion of international students are not undertaking basic wellbeing activities such as exercise, drinking enough water, or eating fruits and vegetables daily.

- 60.3% of students are having less than 7 hours of sleep per night and one-third of students do not feel well-rested.

- Despite overall high general health ratings, 31.8% of students reported feeling they have limited or no opportunity to engage in leisure activities, 18.8% of students expressed dissatisfaction with their ability to perform daily living activities and 23.6% reported little to no satisfaction with access to health services.

- Student screen time is substantial, with over half of the cohort (62.9%) spending 2 to 5 hours daily browsing social media, and an additional 57.0% dedicating 2 to 5 hours to streaming content.

## Next theme: Mental health →

# Mental health

Studying abroad offers international students a wealth of new experiences and opportunities. However, as established in previous chapters, interntational students face a range of unique challenges. Rising living costs, adapting to unfamiliar environments, balancing coursework with social relationships, and the need to work all place considerable strain on their mental health.

The majority (81.6%) of students rated their mental health positively (as good, very good or excellent). However, similarly to previous chapters, self-ratings compared with insights from experiences with common mental health symptoms and diagnosed conditions (explored later in the chapter) reveal a polarising narrative. This could indicate a sense of resilience or, unrecognised mental health symptoms that may require medical attention. Further analysis of specific aspects of mental health supports this assumption.

One-quarter of all students rated their mood, emotional stability, and their ability to cope with feelings of loneliness and isolation as fair or poor. A similar number of students reported their ability to manage stress or focus as lacking, and a significant proportion are not satisfied with their social lives.

> Female students rated their mental health lower across all categories, with the biggest gap in mood and emotional management—70.1% vs. 80.5% of male peers rating this as excellent, very good, or good.

## Mental health self-ratings

| How would you rate the following aspects of your mental health and wellbeing? Please rate each aspect on a scale from 1 to 5, where 1 means "Excellent" and 5 means "Poor". | (1) Excellent | (2) Very good | (3) Good | (4) Fair | (5) Poor |
|---|---|---|---|---|---|
| Your overall mental health | 16.5% | 33.1% | 32.0% | 14.2% | 4.2% |
| Your ability to manage stress | 13.2% | 30.3% | 32.6% | 17.4% | 6.5% |
| Your satisfaction with your social life | 11.7% | 28.0% | 36.2% | 17.3% | 6.8% |
| Your ability to focus and concentrate | 11.7% | 30.5% | 34.5% | 16.8% | 6.6% |
| Your mood and emotional stability | 11.1% | 27.9% | 35.9% | 18.3% | 6.8% |
| Your ability to cope with feelings of loneliness and isolation | 13.2% | 27.8% | 34.2% | 18.5% | 6.3% |

**Tab 23.** **International students' self-rated mental health and wellbeing**

## Comparison by region

| Fair or poor | Whole cohort | Africa | China/ Hong Kong | Europe | North America | Oceania | Other Asia | South America | South Asia |
|---|---|---|---|---|---|---|---|---|---|
| Your overall mental health | 18.4% | 16.4% | 22.1% | 17.1% | 9.7% | 3.7% | 23.4% | 17.2% | 17.8% |
| Your ability to manage stress | 23.9% | 18.1% | 30.1% | 19.3% | 15.9% | 14.8% | 28.1% | 23.0% | 24.5% |
| Your satisfaction with your social life | 24.1% | 21.5% | 26.4% | 22.5% | 13.3% | 11.1% | 28.1% | 24.6% | 25.8% |
| Your ability to focus and concentrate | 23.4% | 16.9% | 28.4% | 18.2% | 11.9% | 11.1% | 31.7% | 21.3% | 23.5% |
| Your mood and emotional stability | 25.1% | 20.3% | 26.8% | 22.5% | 18.1% | 25.9% | 29.9% | 16.4% | 27.5% |
| Your ability to cope with feelings of loneliness and isolation | 24.8% | 24.9% | 27.8% | 21.4% | 19.0% | 14.8% | 25.9% | 19.7% | 27.3% |

**Tab 24.** Regional comparisons of fair or poor mental health and wellbeing ratings among international students

Students from Other Asia report the lowest mental health ratings, potentially due to heightened language barriers. Approximately 30% of students from this region also experience difficulties with concentration and emotional stability. In contrast, students from South America report the highest levels of mood stability, while those from culturally similar regions to Australia—North America and Oceania—report the best overall mental health.

Students in regional locations report better mental health than those in metropolitan Australia. They also report a greater level of mental health improvement since commencing their studies with 67.4% of those in regional locations reporting improved mental health, versus 50.2% of metropolitan based students. Considering the cost of living pressures in metropolitan versus regional areas, along with the challenges of finding suitable work in Australia as explored in *Living in Australia*, financial stress may be a significant factor contributing to poorer mental health outcomes for students living in capital cities.

## Regional versus metropolitan locations and their impact on mental health

| How would you rate the following aspects of your health and wellbeing? | Very good and excellent Metro | Very good and excellent Regional |
|---|---|---|
| Your overall mental health | 48.9% | 55.0% |
| Your ability to manage stress | 43.0% | 47.1% |
| Your satisfaction with your social life | 39.2% | 43.8% |
| Your ability to focus and concentrate | 42.1% | 43.8% |
| Your mood and emotional stability | 38.6% | 44.6% |
| Your ability to cope with feelings of loneliness and isolation | 40.4% | 46.3% |

**Tab 25.** Mental health and wellbeing ratings: metropolitan vs. regional international students

# The true impact of transition

| Thinking about your mental health and wellbeing, how do you believe this has changed since commencing your studies in Australia. | Improved | No change | Gotten worse |
|---|---|---|---|
| Your overall mental health | 52.5% | 29.6% | 17.9% |
| Your ability to manage stress | 56.7% | 30.5% | 12.8% |
| Your satisfaction with your social life | 49.7% | 32.7% | 17.6% |
| Your ability to focus and concentrate | 50.6% | 34.2% | 15.2% |
| Your mood and emotional stability | 50.6% | 31.2% | 18.2% |

Tab 26. Changes in mental health and wellbeing since living in Australia

Transitioning to life in Australia has a mixed impact on the mental health and wellbeing of international students. Nearly half of respondents reported improvements across key areas such as overall mental health (52.5%), stress management (56.7%), social life satisfaction (49.7%), focus and concentration (50.6%), and mood stability (50.6%). However, a significant portion experienced no change, ranging from 29.6% to 34.2% across these domains. A notable minority reported a decline, with mood and emotional stability experiencing the greatest decrease at 18.2%.

Students from Africa experienced the most mental health improvement across key wellness indicators since arriving in Australia compared to other regions:

- 68.9% of students reported overall mental health improvement.
- 74% said their ability to manage stress improved.
- 67.2% reported improvement in satisfaction with their social life.
- 71.8% revealed improvement in their ability to concentrate.
- 71.2% reported improvements in mood and emotional stability.

For some students, aspects of their mental health has declined: students from 'Other Asia' reported the highest rates of decline in their overall mental health (23.0%), and their mood and emotional stability (23.0%). 23.8% of South Asian students reported a decline in social life, whereas students from Oceania experienced the sharpest drop in their ability to concentrate (22.2%).

By a significant margin, male students showed the most improvement in their mental health and wellbeing. Conversely, students who identified as non-binary reported the highest rate of mental health decline since their arrival.

> Students aged 20-27 reported the highest mental health improvement at 56.4%, while those under 20 had the highest percentage, 34.7%, reporting no change.

| | Female | | | Male | | |
|---|---|---|---|---|---|---|
| | Improved | No change | Worse | Improved | No change | Worse |
| Your overall mental health | 49.0% | 29.4% | 21.6% | 57.1% | 29.8% | 13.1% |
| Your ability to manage stress | 55.0% | 31.2% | 13.8% | 59.1% | 29.9% | 10.9% |
| Your satisfaction with your social life | 47.1% | 33.4% | 19.5% | 53.0% | 32.1% | 14.9% |
| Your ability to focus and concentrate | 48.0% | 36.3% | 15.8% | 54.1% | 31.9% | 14.0% |
| Your mood and emotional stability | 47.4% | 31.9% | 20.7% | 54.8% | 30.5% | 14.8% |

Tab 27. Changes in mental health and wellbeing by gender since living in Australia

The length of time in Australia correlated directly with students' self-reported mental health improvement, with those who had been in the country for 2–3 years experiencing the most significant progress. A slight variation in statistics between this group and those who have been in Australia for more than 3 years may suggest stress related to completing their final year of study and concerns about post-graduation job prospects.

These findings suggest students' mental health experiences are not solely shaped by studying in Australia but are also influenced by pre-existing conditions or circumstances they bring with them. While for some, the transition to Australia supports growth and improvement, for others, it may highlight or exacerbate challenges they were already facing. This highlights the need for tailored support that considers the diverse backgrounds and experiences of international students.

| | Less than 6 months | | | 6–12 months | | |
|---|---|---|---|---|---|---|
| | Improved | No change | Worse | Improved | No change | Worse |
| Your overall mental health | 38.7% | 41.3% | 20.0% | 48.4% | 37.1% | 14.5% |
| Your ability to manage stress | 40.0% | 48.0% | 12.0% | 51.9% | 36.5% | 11.6% |
| Your satisfaction with your social life | 40.0% | 36.0% | 24.0% | 43.9% | 36.5% | 19.7% |
| Your ability to focus and concentrate | 37.3% | 42.7% | 20.0% | 45.2% | 40.6% | 14.2% |
| Your mood and emotional stability | 36.0% | 44.0% | 20.0% | 42.9% | 41.6% | 15.5% |

| | 1–2 years | | | 2–3 years | | |
|---|---|---|---|---|---|---|
| | Improved | No change | Worse | Improved | No change | Worse |
| Your overall mental health | 51.9% | 28.4% | 19.8% | 57.0% | 25.8% | 17.2% |
| Your ability to manage stress | 57.6% | 28.5% | 13.9% | 60.4% | 26.8% | 12.8% |
| Your satisfaction with your social life | 50.3% | 30.4% | 19.3% | 56.8% | 29.8% | 13.4% |
| Your ability to focus and concentrate | 50.2% | 35.0% | 14.8% | 58.0% | 26.0% | 16.0% |
| Your mood and emotional stability | 51.5% | 29.3% | 19.2% | 55.8% | 26.2% | 18.1% |

| | More than 3 years | | |
|---|---|---|---|
| | Improved | No change | Worse |
| Your overall mental health | 54.1% | 28.8% | 17.2% |
| Your ability to manage stress | 57.0% | 31.1% | 11.9% |
| Your satisfaction with your social life | 45.9% | 37.5% | 16.6% |
| Your ability to focus and concentrate | 48.8% | 36.2% | 15.0% |
| Your mood and emotional stability | 51.2% | 30.6% | 18.2% |

**Tab 28.** Changes in mental health and wellbeing by length of stay in Australia

# Mental health support barriers

| Agree / strongly agree<br>How strongly do you agree or disagree with the following statements about mental health support? | Whole cohort | Africa | China/ Hong Kong | Europe | North America | Oceania | Other Asia | South America | South Asia |
|---|---|---|---|---|---|---|---|---|---|
| I hesitate to admit when I am struggling with my mental health | 34.3% | 41.2% | 24.4% | 47.1% | 43.8% | 25.9% | 33.7% | 50.8% | 26.4% |
| I worry about what others will think if I admit to having mental health issues | 33.1% | 38.4% | 28.4% | 44.4% | 41.6% | 22.2% | 31.5% | 45.1% | 25.6% |
| I feel that admitting mental health struggles is a sign of weakness | 28.6% | 31.6% | 23.1% | 39.0% | 39.4% | 25.9% | 27.5% | 40.2% | 21.3% |
| I am concerned that admitting mental health struggles could negatively impact my studies or career | 32.8% | 41.2% | 35.1% | 36.9% | 36.3% | 25.9% | 32.6% | 38.5% | 25.3% |
| I tend to be self-critical and downplay my mental health issues | 32.5% | 36.7% | 34.8% | 34.8% | 38.1% | 22.2% | 33.3% | 47.5% | 23.5% |
| I am concerned if I choose to seek help with my mental health I will be judged or misunderstood | 27.1% | 33.3% | 21.7% | 36.9% | 35.4% | 25.9% | 26.1% | 40.2% | 19.3% |
| Taking medical prescriptions to assist with my mental health is a sign of failure | 21.0% | 23.7% | 13.7% | 31.0% | 32.7% | 11.1% | 17.6% | 35.2% | 15.8% |
| I have avoided seeking treatment for my mental health because I cannot afford to or I am afraid of the costs | 30.2% | 32.8% | 25.4% | 38.5% | 38.5% | 25.9% | 33.5% | 44.3% | 20.0% |
| My family, religious or cultural beliefs prohibit me from discussing my mental health | 19.7% | 24.3% | 20.1% | 27.8% | 27.4% | 7.4% | 16.5% | 32.8% | 12.4% |
| People with a mental illness will never recover or have a good quality of life | 19.4% | 24.9% | 19.1% | 25.1% | 31.4% | 11.1% | 15.5% | 40.8% | 10.0% |
| I feel pity for people with a mental illness | 34.5% | 45.2% | 31.8% | 45.5% | 57.5% | 29.6% | 28.5% | 52.5% | 20.7% |

**Tab 28.** Perceptions and stigma around mental health support among international students by region

Analysis of international students' attitudes and beliefs toward mental health reveals prevalent cultural stigma, fears of weakness, and concerns about the social consequences of seeking help. Approximately one-third of students globally expressed hesitation in admitting mental health struggles, often due to worries about judgment, being perceived as weak, or negative impacts on their academic or professional lives. South American, European and North American students reported the highest levels of stigma-related concerns, with over 39.0% fearing that admitting to struggles would harm their social standing or be seen as a sign of weakness.

In contrast, students from South Asia showed relatively less reluctance, potentially indicating more accepting individual or cultural attitudes toward mental health.

In alignment with our findings outlined in *Living in Australia*, financial barriers were a widespread concern, with up to 44.3% of South American and 38.5% of European and North American students reporting the perceived cost of treatment prevented them from seeking help.

Cultural, familial, and religious beliefs further influenced mental health behaviours, especially among South American (32.8%), European (27.8%) and North American (27.4%) students, suggesting the need for culturally tailored mental health interventions.

Misconceptions about mental illness were also widespread, with 40.8% of South American students believing people with mental illness cannot recover or lead a fulfilling life, and the perception of pity for those with mental illness being most pronounced in North America (57.5%) and South America (52.5%). These pervasive cultural beliefs and misconceptions often serve as barriers to accessing critical care, which hinders international students' ability to thrive mentally and emotionally while studying in Australia.

## Experience of mental health symptoms

Despite 81.6% of students rating their overall mental health positively, 26.4% reported struggling with their mental health, and 22.4% often feel their life has no meaning. Additionally, approximately 1 in 5 students reported they often or always experience symptoms of anxiety, nervousness, difficulty concentrating, concerns about their body image, or loss of interest in activities they used to enjoy, which suggests a lack of awareness or recognition of these signs as potential indicators of poor mental health. This lack of recognition may significantly hinder students from seeking support and potentially allow their mental health to deteriorate further. With 10.1% of students reporting frequent or constant thoughts of suicide, there is a significant risk these unaddressed symptoms could escalate into a mental health crisis if left untreated.

| Symptom | Often or always |
|---|---|
| Thoughts about your body image or concerns about your size, weight or the amount of food you consume | 22.6% |
| Anxiety or nervousness | 21.9% |
| Loss of interest in activities you used to enjoy | 21.2% |
| Difficulty concentrating | 21.0% |
| Feelings of depression or hopelessness | 19.8% |
| Difficulty in sleeping (insomnia) | 18.1% |
| Panic attacks | 14.0% |
| Suicidal thoughts | 10.1% |

**Tab 30.** Prevalence of mental health symptoms among international students

Students who sleep 4-5 hours each night experience the highest rates of depression (25.9%). These rates drop significantly with increased sleep, falling to 17.9% for those getting 7-8 hours and 15.9% for those sleeping more than 8 hours.

## Mental health diagnoses and seeking treatment

| Which of the following mental health conditions have you experienced or been diagnosed with? (Select all that apply) | |
|---|---|
| Anxiety (e.g., general anxiety, agoraphobia, obsessive compulsive disorder) | 28.1% |
| Depression | 21.6% |
| Eating disorder (e.g., anorexia, bulimia) | 8.7% |
| Attention Deficit Disorder (e.g., ADD or ADHD) | 7.7% |
| Prefer not to say | 6.9% |
| Post-Traumatic Stress Disorder (e.g., PTSD) | 6.3% |
| Bipolar disorder | 4.8% |
| Personality disorder (e.g., schizophrenia, borderline personality disorder, obsessive-compulsive personality disorder) | 4.1% |
| Substance abuse disorder (e.g., prescription drugs or illicit drugs) | 3.7% |
| Other | 0.2% |

**Tab 31.** Prevalence of mental health conditions among international students

Of the 42.9% of students who reported experiencing or being diagnosed with at least 1 common mental health condition, more than 1 in 5 (22.5%) indicated they had experienced multiple conditions. Additionally, over a quarter (28.1%) reported experiencing anxiety while more than 1 in 5 reported (21.6%) experiencing depression. Conditions such as eating disorders (8.7%), Attention Deficit Disorder (7.7%), Post-Traumatic Stress Disorder (6.3%), and Bipolar Disorder (4.8%) were reported at lower rates.

This highlights not only the prevalence of mental health issues but also the potential stigma or reluctance surrounding the disclosure of such conditions.

Focus group discussions revealed the majority of students preferred to handle these experiences privately, on their own terms, and were reluctant to disclose their struggles to medical professionals. This reluctance often stems from failing to recognise these symptoms as serious enough to warrant professional attention, which can result in prolonged or exaggerated experiences as formal diagnoses and support are delayed. These findings align with our data showing that 59.6% of students have not sought professional mental health treatment, and another 14.7% are considering it but have not yet taken action. This suggests, despite the significant mental health challenges faced by international students, many may not fully recognise the importance of mental healthcare or prioritise seeking help.

| Have you sought treatment for your mental health? | |
|---|---|
| No | 59.6% |
| Yes | 25.7% |
| Considering it, but yet to seek treatment | 14.7% |

**Tab 32.** International student engagement with professional mental health treatment

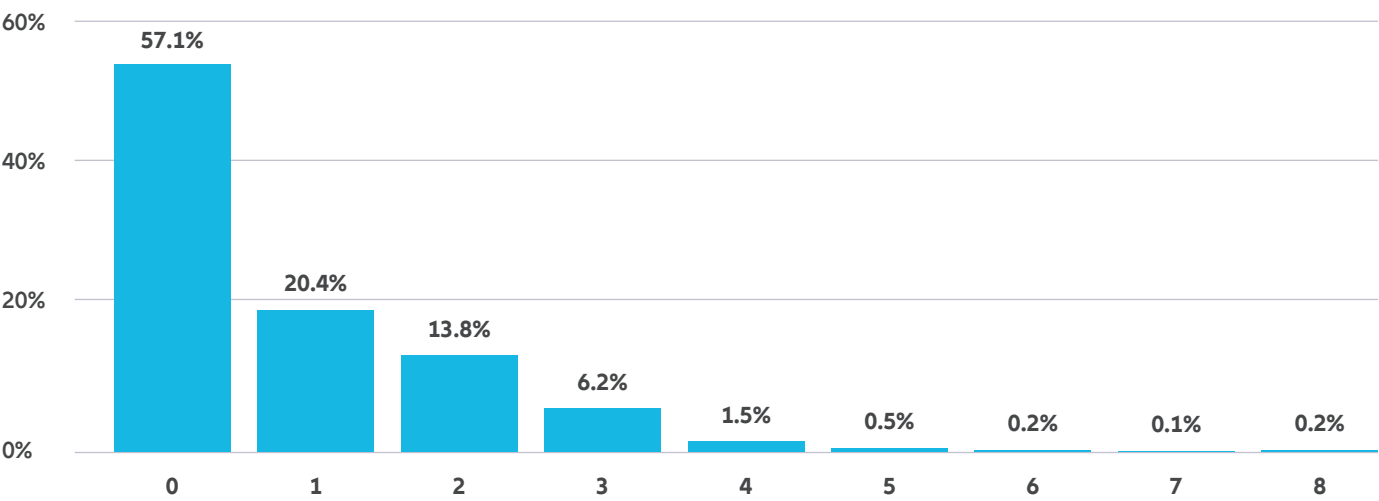## How many mental health conditions have you experienced or been diagnosed with?



**Fig 28.** Number of mental health conditions experienced or diagnosed among international students

**Loneliness and stress**

18.7% of international students feel lonely, while almost 1 in 3 experience stress often or always. Students from Other Asia are the most acutely affected by feelings of loneliness and stress. Alarmingly, 21.6% of students have considered withdrawing from their course and returning home due to feelings of loneliness and isolation, further increasing their stress and reducing the likelihood of seeking support.

Creating initiatives that promote a sense of belonging and position Australia as a "home away from home" could have a profound impact on these students. While such programs already exist, our findings suggest greater efforts are needed to promote and expand these initiatives, ensuring they reach the students who need support.

> Over 1 in 5 female international students always or often feel lonely.

## Leading causes of stress for international students

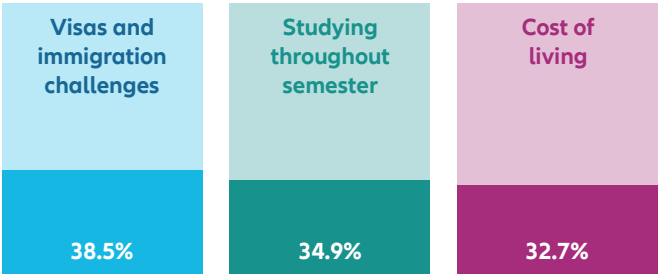| Visas and immigration challenges | Studying throughout semester | Cost of living |
|---|---|---|
| 38.5% | 34.9% | 32.7% |

**Fig 29.** Top 3 causes of stress among international students

Visa and immigration challenges are the leading source of stress for international students, with 38.5% of students rating these concerns as very or extremely stressful. Studying throughout the semester follows as the second largest source of stress and cost of living a close third. Additionally, over a quarter of students (26.5%) report that meeting family expectations is either very or extremely stressful, further intensifying their concerns about achieving strong academic results.

| Overall, how often do you feel lonely? | Whole cohort | Africa | China/ Hong Kong | Europe | North America | Oceania | Other Asia | South America | South Asia |
|---|---|---|---|---|---|---|---|---|---|
| Always | 4.4% | 3.4% | 3.3% | 3.2% | 2.2% | 7.4% | 5.6% | 4.1% | 5.5% |
| Often | 14.3% | 13.0% | 15.7% | 10.2% | 15.5% | 11.1% | 18.3% | 14.8% | 11.6% |
| Sometimes | 42.5% | 51.4% | 41.1% | 47.1% | 34.5% | 37.0% | 40.8% | 36.1% | 45.1% |
| Rarely | 29.8% | 24.9% | 34.1% | 32.1% | 38.1% | 22.2% | 27.5% | 34.4% | 26.2% |
| Never | 9.0% | 7.3% | 5.7% | 7.5% | 9.7% | 22.2% | 7.8% | 10.7% | 11.6% |

| Overall, how often do you feel stressed? | Whole cohort | Africa | China/ Hong Kong | Europe | North America | Oceania | Other Asia | South America | South Asia |
|---|---|---|---|---|---|---|---|---|---|
| Always | 7.2% | 4.5% | 8.4% | 5.3% | 4.0% | 18.5% | 12.1% | 4.1% | 5.6% |
| Often | 22.8% | 24.9% | 21.1% | 17.6% | 17.3% | 11.1% | 31.7% | 22.1% | 20.5% |
| Sometimes | 42.1% | 45.8% | 42.8% | 42.8% | 45.1% | 40.7% | 38.8% | 41% | 42.2% |
| Rarely | 22.8% | 21.5% | 24.1% | 28.3% | 27.4% | 18.5% | 12.5% | 30.3% | 25.8% |
| Never | 5.0% | 3.4% | 3.7% | 5.9% | 6.2% | 11.1% | 4.9% | 2.5% | 5.8% |

**Tab 33.** Frequency of stress and loneliness among international students by region

Older students (>25 years) report greater stress over cost of living (37.4%) and visa issues (44.5%), while younger students (<25 years) feel more pressure from family expectations (28.8%).

## Channels of advice and information

Consistent with findings in *Living in Australia*, friends or partners (44.3%) and family (43.7%) are the most common sources of mental health advice, but these networks often lack the expertise to provide accurate or effective guidance. Mental health professionals are the third most popular information source (29.0%).

**Preferred mental health providers**

International students reported on-and-off-campus general practitioners as their first port of call for professional mental healthcare (23.8% and 21.2% successfully accessed). Mental health specialists, such as psychologists and psychiatrists, are underutilised, with only 9.9% and 6.6% of students accessing them respectively. This may be attributed to factors such as a lack of trust stemming from inexperience with mental health professionals, cultural stigma, perceived barriers like long wait times and high costs, or the belief that further support beyond a GP was unnecessary.

Digital resources such as mental health support apps are more popular as they offer students immediate, confidential guidance. Given concerns around privacy and cost, these tools provide low-barrier, affordable, and accessible support, allowing students to seek help discreetly and at their own pace.

| Have you accessed or considered accessing the following mental health providers? | Successfully accessed | Considered accessing but afraid of out-of-pocket cost | Considered accessing but was unsure how | Considered but wait time was too long | Haven't required support from this type of provider | Unsure of the services offered by this type of provider |
|---|---|---|---|---|---|---|
| General practitioner (GP) on campus | 23.8% | 11.9% | 11.8% | 8.8% | 35.3% | 8.3% |
| General practitioner (GP) off campus | 21.2% | 17.7% | 10.6% | 8.2% | 36% | 6.4% |
| Psychologist | 9.9% | 15.1% | 12.4% | 8.7% | 46.6% | 7.3% |
| Psychiatrist | 6.6% | 13.7% | 9.8% | 8.7% | 53.3% | 7.8% |
| Social worker | 7.8% | 11.8% | 10.8% | 9.8% | 51.4% | 8.5% |
| Mental health support app (Sonder, myCompass, This Way Up, Mood Gym) | 13.5% | 11.2% | 11.4% | 8.3% | 47.1% | 8.5% |
| Counsellor | 14.6% | 12.6% | 11.4% | 9.4% | 45.2% | 6.8% |
| Psychotherapist | 5.6% | 14.5% | 10.5% | 8.0% | 52.8% | 8.6% |

**Tab 34.** **Access and consideration of mental health support services among international students**

Our data revealed fear of out-of-pocket expenses was a primary barrier to students accessing mental health support, particularly for psychologists (15.1%), psychotherapists (14.5%), and psychiatrists (13.7%). Additionally, for psychologists another 12.4% of students had considered seeking treatment but were unsure how to do so. These findings were consistent with *Health literacy* insights, underscoring students' lack of confidence in navigating the Australian healthcare system, leaving them with an incomplete understanding of the services available. Education programs designed to empower students to confidently navigate the healthcare system could help address these uncertainties, encourage students to proactively manage their mental health and access appropriate care when required.

## Key takeaways

- Discrepancy between self-perception of mental health and presenting symptoms: 81.6% of students rate their mental health positively, however 26.4% admit to struggling with mental health issues, and 30.0% often or always feel stressed.

- 42.9% of students reported experiencing or being diagnosed with at least 1 common mental health condition, with more than 1 in 5 (22.5%) indicating they had experienced multiple conditions.

- Over a quarter (28.1%) reported experiencing anxiety while more than 1 in 5 reported (21.6%) experiencing depression.

- Students from Other Asia, China/Hong Kong on average show the poorest mental health self-ratings.

- Students from South America, Europe and North America find seeking mental health support the most challenging.

- Students in regional locations report better mental health than those in metropolitan cities.

- Cultural stigma and fear of out-of-pocket costs often overshadow the importance of seeking support for mental health.

- Mental health experiences are not solely shaped by studying in Australia but are also influenced by pre-existing conditions or circumstances students bring with them. Additionally, half of the cohort report improvements in their overall mental health since arriving in Australia.

- Students rely on partners and friends over seeking professional help.



**Next theme:** Sexual health and relationships →

# Sexual health and relationships

International students face significant barriers in accessing and understanding sexual and reproductive health services in Australia. While many students express confidence in their sexual health knowledge, critical misconceptions and limited engagement with healthcare services highlight deeper issues.
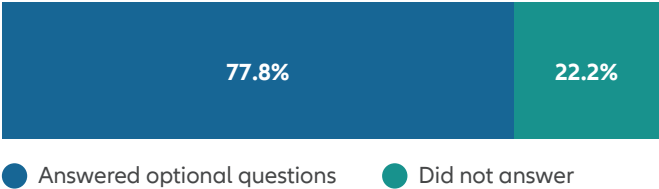
| 77.8% | 22.2% |
|-------|-------|

● Answered optional questions   ● Did not answer

**Fig. 30 Percentage of whole cohort who answered optional sexual activity survey questions**

As outlined in the report *Method*, the *Sexual health and relationships* chapter included two optional questions - concerning students' sexual activity status and reasons for not being sexually active, all other questions required a response. Of the students who agreed to answer, more than half reported being sexually active. Among those who weren't, the most common reasons cited were prioritising their studies (22.0%), waiting to be in love (12.0%), or not yet encountering the opportunity (14.0%). This highlights a diverse range of personal and cultural factors influencing sexual activity.

| 69.9% | 26.7% | 8.9% |
|-------|-------|------|

● Yes   ● No   ● Prefer not say

**Fig. 31 Sexual activity status among international students who provided an answer to the survey question.**

Variations in confidence levels among international students when discussing sexual health with healthcare providers show notable regional differences. Overall, 65.9% of students reported feeling comfortable.

North America had the highest comfort levels (73.9%), followed by Africa (70.1%), South Asia (68.4%), and Europe (67.9%). Conversely, China/ Hong Kong (54.8%) and Oceania (51.9%) reported the lowest comfort levels, suggesting cultural or systemic barriers. South America (63.9%) and Other Asian regions (65.2%) were closer to the average, indicating moderate comfort. These disparities may reflect differences in cultural attitudes, healthcare access, and sexual health education across regions.

It is important to note international students often rely heavily on informal networks for support, particularly when addressing sensitive topics, as highlighted in earlier chapters. Later in this chapter we uncover students' self-reported comfort in discussing sexual health topics is often context-specific, typically emerging within the trust and familiarity of private circles. This nuanced dynamic underscores the importance of considering social and emotional environments when developing effective, tailored support.
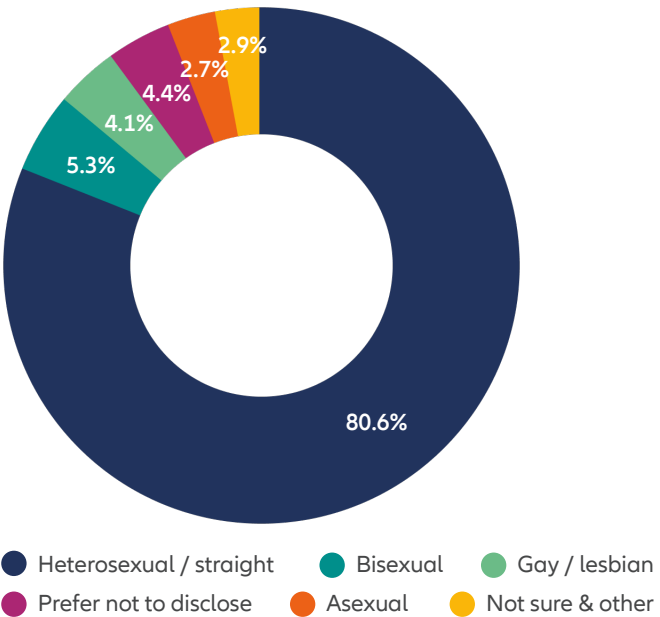


● Heterosexual / straight   ● Bisexual   ● Gay / lesbian
● Prefer not to disclose   ● Asexual   ● Not sure & other

**Fig. 32 Self-reported sexual orientation of international students**

# Sexual health confidence

| | Whole cohort | Africa | China/ Hong Kong | Europe | North America | Oceania | Other Asia | South America | South Asia |
|---|---|---|---|---|---|---|---|---|---|
| I am confident in my knowledge about sexual health | 70.1% | 76.3% | 58.2% | 72.7% | 80.5% | 77.8% | 64.7% | 69.7% | 73.6% |
| I feel comfortable discussing sexual health topics with a healthcare provider | 65.9% | 70.1% | 54.8% | 67.9% | 73.9% | 51.9% | 65.2% | 63.9% | 68.4% |
| I am aware of where to access sexual health services in Australia | 54.2% | 68.4% | 42.5% | 61.0% | 76.5% | 48.1% | 47.8% | 49.2% | 51.1% |
| I believe I can make informed decisions about my sexual health | 70.4% | 71.8% | 58.9% | 69.0% | 79.6% | 74.1% | 71.4% | 62.3% | 73.6% |

**Tab 35.** Sexual health confidence among international students by region of origin

Although 70.1% of students expressed confidence in their sexual health knowledge, inconsistencies in responses to specific topics indicate gaps in their understanding. This disparity underscores a confidence paradox, where self-perception of knowledge does not align with actual competency, revealing areas requiring targeted education.

Awareness of sexual health services in Australia varied, with 54.2% of students reporting knowledge of these services. Regarding discussions with healthcare providers, 65.9% of students feel either comfortable or very comfortable talking about sexual health. However, a third of students remain neutral or uncomfortable, highlighting a need for further support in building trust and encouraging open conversations.

North American students show the highest levels of confidence, with 80.5% of respondents confident in their knowledge about sexual health, 73.9% comfortable discussing sexual health topics with a healthcare provider, 76.5% aware of how to access sexual health services in Australia, and 79.6% believing they can make informed decisions.

In contrast, regions like China/Hong Kong and Other Asia report lower confidence. In China/Hong Kong, only 58.2% feel confident in their sexual health knowledge, and just 42.5% know where to access services in Australia—the lowest across all regions. Similarly, only 51.9% of students in Oceania feel comfortable discussing sexual health topics, highlighting barriers to open communication.

| To what extent do you agree or disagree with the following statements about sexual health confidence? | Strongly agree / agree | | |
|---|---|---|---|
| | **Whole cohort** | **<25 years** | **>25 years** |
| I am confident in my knowledge about sexual health | 70.1% | 65.6% | 75.6% |
| I feel comfortable discussing sexual health topics with a healthcare provider | 65.9% | 62.0% | 70.5% |
| I am aware of where to access sexual health services in Australia | 54.2% | 54.1% | 54.3% |
| I believe I can make informed decisions about my sexual health | 70.4% | 66.5% | 75.1% |

**Tab 36. Sexual health confidence among international students: age-based comparison**

Students aged 25 and over demonstrate greater confidence in navigating sexual health topics and seeking professional support through the healthcare system. Students over the age of 25 are 10.0% more confident in their sexual health knowledge and 9.0% more comfortable discussing sexual health topics with a healthcare provider compared to their younger peers (under 25).

Male and female students reported similar confidence levels in their knowledge of sexual health topics and awareness of available services. However, North American students reported the highest confidence levels regarding sexual health knowledge and access to care, with rates ranging from 74.0% to 81.0%.

## Knowledge acquisition in Australia

| What sexual education topics have you learnt about before and since arriving in Australia? | Learnt about this prior to arriving in Australia | Learnt about this in Australia | Haven't learnt about this topic |
|---|---|---|---|
| Puberty | 72.5% | 18.1% | 9.4% |
| Correct names for sexual body parts | 75.8% | 15.1% | 9.1% |
| Knowledge about male and female reproductive systems | 79.1% | 14.3% | 6.6% |
| Respect in relationships | 78.4% | 15.4% | 6.2% |
| Consent (how to know someone wants to have sex) | 71.4% | 20.5% | 8.1% |
| Making informed decisions about having sex | 73.4% | 19.0% | 7.6% |
| Safe sex practices | 74.3% | 19.0% | 6.7% |
| Laws about sexual conduct | 67.8% | 21.4% | 10.8% |
| Cybersafety and sexting | 65.9% | 21.2% | 13.0% |
| How to reduce STI risks | 71.1% | 19.1% | 9.8% |
| Sexual pleasure and enjoyment | 70.0% | 19.3% | 10.8% |
| Forms of contraception | 70.4% | 18.9% | 10.7% |
| Different gender identities and expressions | 69.2% | 22.5% | 8.3% |
| Practical information about how to have sex | 70.2% | 16.8% | 13.0% |
| Sexual orientation | 73.6% | 16.5% | 9.9% |
| Choosing not to have sex/abstinence | 72.2% | 16.3% | 11.6% |
| Pregnancy and childbirth | 76.1% | 14.1% | 9.8% |

**Tab 37. Sexual education among international students: topics learned before and after arriving in Australia**

While the findings suggest most students have received sexual health education, some are encountering key aspects of sexual health for the first time after arriving in Australia. This underscores the disparities in pre-arrival education and emphasises the need for comprehensive, culturally inclusive educational programs upon arrival. The nature of these 'new sexual health topics' varies by region, with the most significant knowledge gaps in sexual education found among students from South Asian, Chinese/Hong Kong, and Other Asian regions.

Furthermore, access to sexual health education was limited within this cohort, with up to 11.4% of students reporting that they had never received any education on these topics.

While these topics may seem fundamental to a domestic Australian audience, the significant regional differences in newly acquired knowledge of sexual health topics highlight the importance of establishing and providing foundational education during international students' first semester in Australia.

## Top 3 newly learned topics by region

| | First | Second | Third |
|---|---|---|---|
| Africa | Sexual pleasure and enjoyment (27.7%) | Different gender identities and expressions (27.1%) | Laws about sexual conduct (25.4%) |
| China/Hong Kong | Different gender identities and expressions (26.8%) | Consent (24.1%) | Laws about sexual conduct (23.1%) |
| Europe | Cybersafety and sexting (33.2%) | Sexual pleasure and enjoyment (31.0%) | Safe sex practices (30.5%) |
| North America | Cybersafety and sexting (34.6%) | Laws about sexual conduct (34.1%) | Making informed decisions about having sex (33.6%) |
| Oceania | Laws about sexual conduct (25.9%) | Puberty (22.2%) | Consent (18.5%) |
| Other Asia | Different gender identities and expressions (19.9%) | Consent (19.0%) | Laws about sexual conduct (18.3%) |
| South America | Puberty (36.9%) | Safe sex practices (36.1%) | Cybersafety and sexting (33.6%) |
| South Asia | Different gender identities and expressions (17.3%) | Laws about sexual conduct (13.8%) | Cybersafety and sexting (12.7%) |

**Tab 38.** Sexual health topics learned for the first time in Australia by region

# Information sources and knowledge gaps

| Who do you feel comfortable discussing sexual health topics with (select all that apply for each topic). | Partner | Friends | Family | On campus staff | Medical provider |
|---|---|---|---|---|---|
| Sexually transmitted infections/diseases | 59.5% | 54.1% | 23.7% | 11.6% | 35.7% |
| Safe sex practices and contraception | 61.4% | 50.4% | 19.1% | 12.0% | 31.9% |
| Sexual experiences | 62.0% | 46.9% | 14.9% | 8.1% | 22.4% |
| Relationship or dating experiences | 60.1% | 59.4% | 26.3% | 10.2% | 17.2% |

**Tab 39. Comfort levels in discussing sexual health topics with different support networks**

International students primarily turn to informal networks— such as partners (59.5% -62.0%) and friends (50.4-59.4%) for support with relationships and sexual health topics. While these sources provide comfort and accessibility, they also risk perpetuating misinformation, particularly in regions where formal sexual health education is limited.

The reliance on peers is particularly pronounced among students under 25, who are more likely to turn to friends than partners for advice. As previously mentioned, relying on unverified information increases the risk of receiving well-intentioned but misguided advice. Cultural stigma surrounding sexual health exacerbates these issues, with 43.3% of students reporting their parents and family do not discuss sex with them.

It is unsurprising most students expressed discomfort in discussing sexual health topics with their families. Only one-quarter felt comfortable talking about STIs and relationships, 19.1% could discuss safe sex practices, and 14.9% were comfortable discussing sexual experiences with family.

Medical providers ranked third, with nearly one in three students feeling comfortable discussing sexually transmitted infections (STIs), safe sex practices, and contraception (35.7% and 31.9%, respectively). Students from Oceania, however, reported the lowest comfort levels (18.5% and 14.8%). Encouragingly, comfort with discussing these topics with medical providers increases with age, with students over 25 being up to 10.0% more comfortable than those under 25.

During focus group sessions, students shared their preferences for interacting with medical professionals to discuss topics related to sexual and reproductive health. They highlighted the importance of private online chat functions, university-led campaigns, and free, confidential sexual health clinics as the most effective and accessible options.

## Disparities in sexual health knowledge

To gain a more accurate understanding of international students' sexual health knowledge and assess it against their self-reported confidence, the survey included 9 true-or-false questions. These questions focused on students' confidence levels, access to learning, relied-upon information sources, and knowledge of STIs. The findings revealed significant knowledge gaps, regional and gender disparities, and highlighted areas requiring targeted interventions to address these issues effectively.

**Student knowledge check**
Students were categorised into 3 competency levels based on their responses to the knowledge-based survey questions:

- **Competent (7–9 correct responses)**
- **Moderate (5–6 correct responses)**
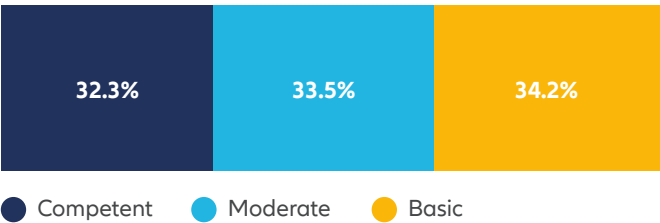- **Basic (1–4 correct responses)**

| 32.3% | 33.5% | 34.2% |
|---|---|---|

● Competent   ● Moderate   ● Basic

**Fig 33. Sexual health literacy among international students**

As explored earlier in the chapter, the reliance on informal networks and in some instances, limited access to comprehensive sexual health education appears to have a detrimental impact on students' sexual health literacy. While 32.3% of students achieved a "Competent" score, a concerning 34.2% fell into the "Basic" category. Students from South America reported the highest "Competent" scores (43.6%), closely followed by students from Africa (39.7%) and Other Asia (36.3%). In contrast, 66.7% of students from Oceania answered fewer than four survey questions correctly, with South Asian students following closely at 37.9%.

Gender differences influenced competency scores with females slightly outperforming males (34.0% vs 30.1%). Males were more likely to fall into "Basic" category (36.9% vs 31.4%). Notably, North American females had significantly higher competency scores (34.8%) compared to 22.8% for males. In contrast, African males recorded the highest competency scores among all regions for males (41.20%) surpassing African females (37.1%). Male students from China/Hong Kong also outperformed their female counterparts (37.9% and 32.4% respectively).

## The confidence paradox

Gaps in sexual health knowledge are further exacerbated by students' self-reported confidence, with 70.1% believing they have sufficient knowledge despite potential misinformation or lack of comprehensive education. This suggests a disconnect between students' confidence and their actual understanding, as only 32.3% of students answered 7-9 survey questions correctly.

This confidence paradox is most pronounced among students from Oceania and North America. While over three in four students in these regions report confidence in their sexual health knowledge (77.8% and 80.1%, respectively), only 20.8% of Oceanian students and 26.4% of North American students achieved a "Competent" score.

| Please indicate whether you believe the following statements about reproductive health are true, false, or if you are unsure. | True | False | Not sure | Incorrect / Not sure |
|---|---|---|---|---|
| A woman can get pregnant on the very first time that she has sexual intercourse | 65.9% | 21.6% | 12.5% | 34.1% |
| Condoms can be used more than once | 7.9% | 85.9% | 6.3% | 14.1% |
| If I visit a doctor about my sexual health, they will tell my parents | 10.8% | 77.9% | 11.3% | 22.1% |
| Emergency contraception (morning after pill) is most effective if taken 24 hours after unprotected sex | 45.5% | 31.1% | 23.4% | 54.5% |
| Having an abortion will lead to infertility in women (difficulties getting pregnant) | 36.8% | 41.2% | 22.1% | 58.8% |
| You cannot contract STIs when engaging in oral sex | 15.1% | 63.3% | 21.6% | 36.7% |
| Emergency contraception (morning after pill) is the same as having an abortion | 15.4% | 61.0% | 23.6% | 39.0% |
| You can contract STIs from unclean toilet seats | 39.5% | 34.8% | 25.7% | 65.2% |
| You cannot get pregnant if you withdraw before ejaculation | 31.8% | 49.5% | 18.7% | 50.5% |

**Tab 40.** International students' knowledge and misconceptions about sexual health

## STI knowledge: a focused example

| Region | Comprehensive | Moderate | Basic | Minimal |
|---|---|---|---|---|
| South America | 30.0% | 23.6% | 40.9% | 5.5% |
| Africa | 25.0% | 39.7% | 32.1% | 3.2% |
| Europe | 18.2% | 41.2% | 38.8% | 1.8% |
| China/Hong Kong | 10.0% | 45.6% | 40.6% | 3.8% |
| Oceania* | 8.3% | 20.8% | 66.7% | 4.2% |
| Other Asia | 12.1% | 39.1% | 45.1% | 3.6% |
| South Asia | 5.8% | 21.2% | 67.1% | 5.8% |
| North America | 6.6% | 45.8% | 45.8% | 1.9% |

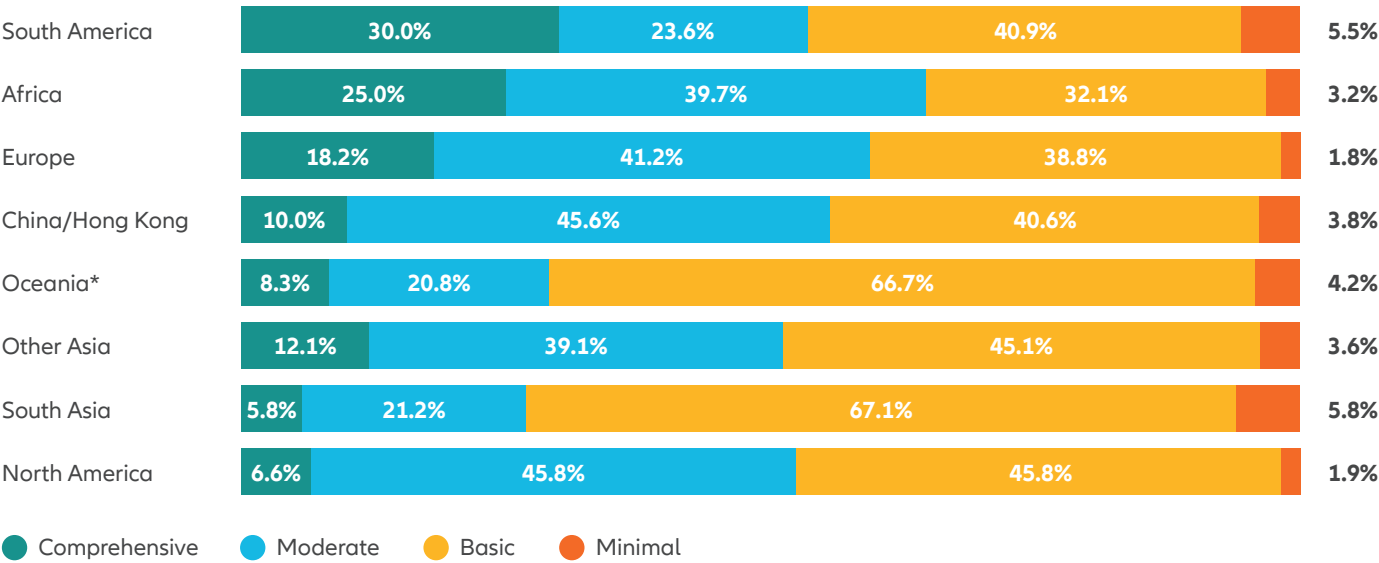● Comprehensive  ● Moderate  ● Basic  ● Minimal

**Fig 34. Regional understanding of STI prevention methods among international students**

To understand these gaps, STI prevention was used as a focused measure. Students' awareness of STI prevention methods were grouped into 4 levels:

- **Comprehensive:** All 4 correct methods identified (condoms, HPV vaccine, PrEP/PEP, dental dams).
- **Moderate:** 3 correct methods identified.
- **Basic:** 2 correct methods identified.
- **Minimal:** 1 correct method or "None of these" selected.

| Which of the following methods are you aware of that can prevent sexually transmitted infections (STIs)? (Select all that apply) | |
|---|---|
| Condom | 91.1% |
| HPV vaccine | 43.4% |
| PrEP/PEP | 32.9% |
| Dental dam | 22.5% |
| None of these | 4.0% |
| Other | 0.5% |

**Tab 41. Awareness of STI prevention methods among international students**

The results demonstrated that 53.1% of students fell into the Basic or Minimal understanding categories, indicating limited awareness of safe sex practices. While 91.1% of students recognised condoms as an effective measure, awareness of other methods was significantly lower:

- **43.4% were aware of the HPV vaccine.**
- **32.9% were familiar with PrEP/PEP.**
- **22.5% knew about dental dams.**

Regional differences in awareness of prevention methods were notable across the cohort. 63.7% of Chinese/Hong Kong students identified the HPV vaccine, while African and South American students were more likely to recognised PrEP/PEP as a STI prevention method (55.9% and 51.6%, respectively). This heightened awareness of specific prevention methods may stem from the prominence of public health concerns in these regions, as well as potential barriers to accessing STI prevention resources.

# Values and beliefs: the influence of culture on perceptions and behaviours

Cultural values and beliefs play a significant role in shaping international students' perceptions of sexual health, as well as their willingness to seek professional advice. While these values can provide important guidance, they can also serve as barriers to making informed decisions about their sexual health and seeking professional advice.

## Cultural values as anchors

- **Oceania and Africa:** reflect the highest agreement with the belief that sex before marriage is wrong with over 45% of students expressing this sentiment.

- **China/Hong Kong and South Asia:** are the least likely to hold this belief, with 15.7% and 17.1% agreeing, reflecting more liberal attitudes toward relationships. Similarly, students from China/Hong Kong and Other Asia are the least likely to associate pregnancy before marriage with family shame, with fewer than 27.5% viewing it as a concern.

- **Europe and South America:** a significant number of students in these regions believe that vaccinating young people against HPV encourages them to have sex, with over 35% sharing this view.

- **Africa and North America:** report the highest levels of agreement that young people in Australia have sex too easily, with over 50% of students expressing this sentiment. Similarly, more than 41% of students in both regions associate pregnancy before marriage with familial shame.

- **Younger students (under 25)** exhibit less progressive attitudes in certain areas compared to their older peers, with 28.0% of students under 25 believing condoms are solely the responsibility of men, compared to 18.0% of students over 25.

- **Older students (over 25)** demonstrate greater openness in areas such as engaging in friendships with members of the LGBTQIA+ community (58.0% compared to 47.0% of students under 25).

| We are interested in your values and beliefs about a range of sexual and reproductive health-related topics. Please tell us how strongly you agree or disagree with the following statements. | Whole cohort strongly agree/agree |
|---|---|
| It is important all parties willingly provide consent to any sexual activity | 66.4% |
| I would be happy to have a friend who is gay or lesbian (or part of the LGBTQIA+ community) | 52.1% |
| Young people have sex too easily in Australia | 45.6% |
| My parents/family do not talk to me about sex | 43.3% |
| It is OK for young people to have an abortion (procedure to end a pregnancy) | 35.0% |
| Pregnancy before marriage brings shame on our family | 32.6% |
| Sex before marriage is wrong | 26.5% |
| Condoms are the responsibility of men only | 23.8% |
| Vaccinating young people against HPV encourages them to have sex | 24.0% |
| I am more afraid of getting pregnant than of getting an STI | 24.4% |
| It is OK to have sex with your partner or date when they have had too much alcohol or drugs to say no, or to stop you | 20.0% |

**Tab 42.** International students' values and beliefs on sexual and reproductive health topics
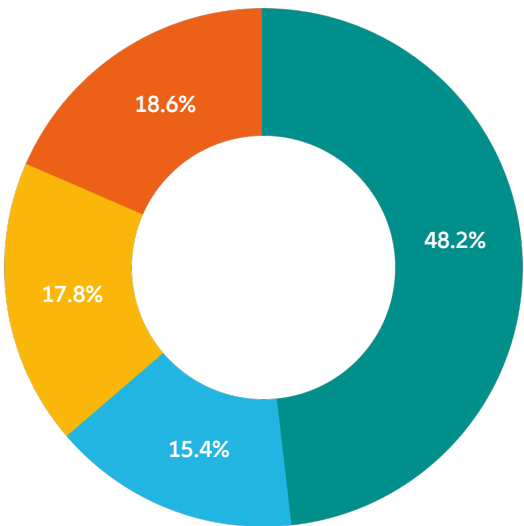
# Consent

Consent is vital to healthy relationships, yet international students' understanding varies, revealing significant understanding deficits. Student knowledge levels were categorised as follows:

- **Strong:** clear and accurate comprehension.
- **Moderate:** partial comprehension with some gaps.
- **Poor:** limited knowledge with major inaccuracies.
- **No understanding:** little to no awareness.

The analysis also considered where students acquired their knowledge—prior to arrival in Australia, during their stay, or not at all—highlighting additional contributing factors shaping their understanding.

While 48.2% of students demonstrated a strong understanding of consent, a concerning 36.4% demonstrated poor or no understanding. Regional analysis highlighted students from China/Hong Kong (26.3%) and Oceania (25.0%) demonstrated no understanding of consent.



**Fig 35. Understanding of consent among international students**

Conversely, students from Other Asia (57.9%), Africa (53.2%) and South Asia (52.9%) showed the strongest understanding, suggesting pre-arrival education in these regions aligns well with Australian consent frameworks.

## Consent literacy by region



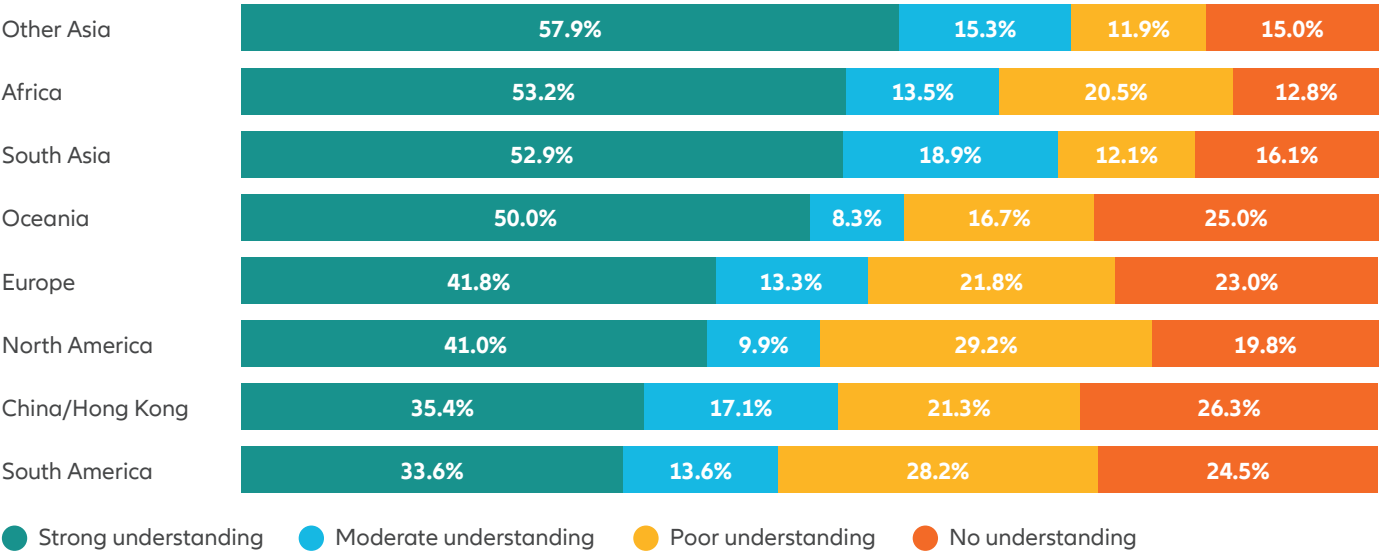| Region | Strong understanding | Moderate understanding | Poor understanding | No understanding |
|---|---|---|---|---|
| Other Asia | 57.9% | 15.3% | 11.9% | 15.0% |
| Africa | 53.2% | 13.5% | 20.5% | 12.8% |
| South Asia | 52.9% | 18.9% | 12.1% | 16.1% |
| Oceania | 50.0% | 8.3% | 16.7% | 25.0% |
| Europe | 41.8% | 13.3% | 21.8% | 23.0% |
| North America | 41.0% | 9.9% | 29.2% | 19.8% |
| China/Hong Kong | 35.4% | 17.1% | 21.3% | 26.3% |
| South America | 33.6% | 13.6% | 28.2% | 24.5% |

**Fig 36. Consent literacy among international students by region**

Gender differences add further nuance, with females demonstrating a stronger overall understanding of consent (53.2%) compared to males (42.3%). Meanwhile, males were more likely to have no understanding of consent (22.5% vs. 15.2%).

Students newer to Australia exhibited greater awareness of consent, with 68.0% of those in the country for less than 6 months demonstrating

a strong understanding compared to 35.5% of those who had been in Australia for over 3 years. This disparity likely reflects the introduction of mandatory consent training in recent years, which newer arrivals were more likely to benefit from. However, focus group discussions revealed that while these programs were valued, they were not universally provided and often lacked culturally relevant examples, making it harder for some students to connect learned concepts to their own individual experiences.
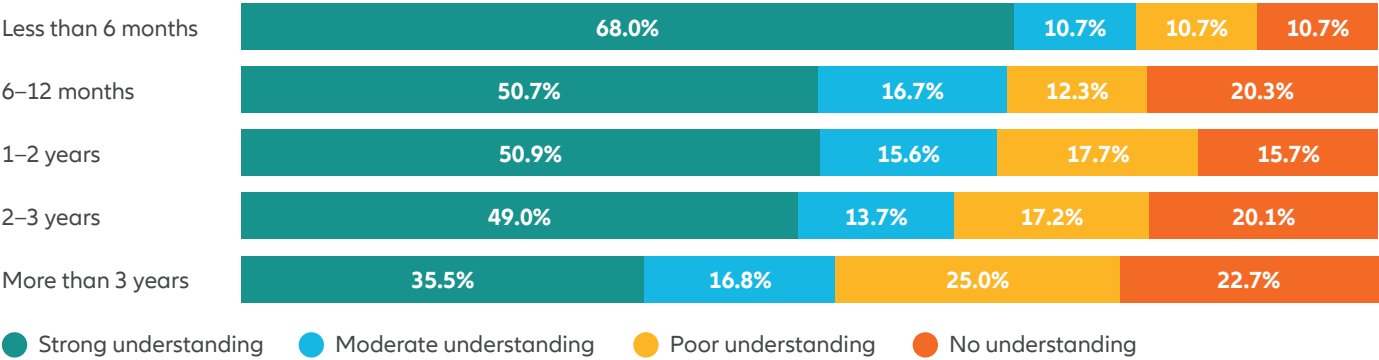
## Awareness of sexual consent

| | Strong understanding | Moderate understanding | Poor understanding | No understanding |
|---|---|---|---|---|
| Less than 6 months | 68.0% | 10.7% | 10.7% | 10.7% |
| 6–12 months | 50.7% | 16.7% | 12.3% | 20.3% |
| 1–2 years | 50.9% | 15.6% | 17.7% | 15.7% |
| 2–3 years | 49.0% | 13.7% | 17.2% | 20.1% |
| More than 3 years | 35.5% | 16.8% | 25.0% | 22.7% |

● Strong understanding   ● Moderate understanding   ● Poor understanding   ● No understanding

**Fig 37.** **Consent literacy by length of time in Australia**

## Reflection

International students encounter a multitude of barriers in accessing sexual health services and making informed decisions. Although many express confidence in their knowledge, persistent misconceptions regarding contraception and STI transmission reveal critical gaps in understanding. Cultural stigma, concerns about confidentiality, and formal healthcare providers often compel students to rely on informal networks.

Cultural values, family expectations, and societal norms significantly influence attitudes toward sexual health, discouraging open dialogue and engaging with medical professionals. Interventions that are culturally sensitive and respect these foundational beliefs while providing evidence-based information are imperative.

By ensuring access to culturally tailored education and healthcare services, international students can feel empowered to make informed decisions, avoid engaging in unnecessary high-risk health behaviours, prioritise their wellbeing, and excel both academically and personally during their time in Australia.

## Key takeaways

- While 70.1% of students report confidence in their sexual health knowledge, half are unaware of where to access sexual health services, and one-third feel neutral or uncomfortable discussing sexual health with a medical provider.

- Partners and friends are the first port of call for sexual health support, increasing the risk of misinformation and hindering students from receiving appropriate treatment. Accessible, trustworthy, and culturally sensitive professional resources are required to bridge the gap between informal advice and professional guidance.

- Students' sexual health education varies significantly prior to arrival. Education programmes that build and reinforce foundational knowledge on arrival will better support students in accessing appropriate care.

- Deeply ingrained cultural values and beliefs significantly influence students' perceptions of sexual health and their willingness to seek professional treatment. Tailored, culturally sensitive, and inclusive services are essential to work with these values, provide foundational education, and create safe, non-judgmental spaces that address stigma and build trust.

# Conclusion

The findings in this year's report highlight the critical need for tailored support for international students, acknowledging their experiences are shaped not only by their age, gender or previous knowledge but also by the cultural beliefs and values they bring with them to Australia.

It is evident that many students do not adequately prepare for or research the cost of living and Australian way of life, underscoring the need for more accessible and comprehensive pre-arrival resources. Furthermore, relying on students to self-assess their knowledge or confidence levels is insufficient, as the report consistently demonstrates a significant gap between their perceived understanding and actual knowledge, particularly in areas like health literacy. A one-time approach to education has proven insufficient, as foundational topics—particularly in areas like healthcare access in Australia—must be revisited and reinforced throughout the student journey to address the ongoing gap between perceived and actual understanding.

Despite these challenges, it is encouraging to note the majority of students are still having a positive experience in Australia, with many expressing a strong desire to remain in the country after completing their studies. These insights present valuable opportunities for improvement while reaffirming the resilience and optimism of the international student community, who are an integral part of Australia's vibrant and multicultural society.

At Allianz Partners, we are committed to leveraging these insights to improve the services we provide and to shine a light on the unique and diverse experiences of international students in Australia.

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# Share your
# feedback

Your expertise and insights are invaluable in helping us assess the strengths of the State of Student Healthcare Report and identify opportunities for improvement.

Your feedback will assist us in refining future reports to ensure they remain impactful and relevant to the needs of your international student cohort.

To share your anonymous feedback, please scan the QR code below.