

POSITION PAPER

INTERNATIONAL STUDENT ACCESS TO PREGNANCY-RELATED CARE

MULTICULTURAL CENTRE FOR WOMEN'S HEALTH

The Multicultural Centre for Women's Health (MCWH) is a national, community-based organisation committed to the achievement of health and wellbeing for and by immigrant and refugee women. The mission of MCWH is to promote the wellbeing of immigrant and refugee women across Australia, through advocacy, social action, multilingual education, research and capacity building.

INTERNATIONAL STUDENTS IN AUSTRALIA

International education is Australia's third largest export industry, generating AUD\$16.3 billion in export income in 2010-2011.ⁱ Beyond the significant economic contribution that international students represent in Australia, they enrich Australian communities, expand Australia's global networks and can supplement and diversify our labour force.ⁱⁱ In 2010, there were 218,373 female international students studying in Australia on a student visa (46.5 per cent of Australia's international student population). International students currently come from many different countries, with a high proportion of students from China (29.6%) and India (14.6%).ⁱⁱⁱ

THE HEALTH AND WELLBEING OF FEMALE INTERNATIONAL STUDENTS

Research conducted through our Female International Student Program has highlighted concerns about international students' rights in relation to informed choice in sexual and reproductive health. The high rates of unplanned and unintended pregnancy in the international student population^{iv} are attributable to multiple factors including international students' poor access to health services, limited sexual and reproductive health literacy, and the dynamics of the immigration experience.

The overwhelming majority of international students are young people aged in their late teens and twenties, a population that is typically, or likely to become, sexually active. The risk of unprotected sex and the probability of an unplanned pregnancy are heightened during the first twelve months after arrival in Australia when students are adjusting to life in a new country without familiar social supports.^v Further factors that can impact upon international students' ability to make informed decisions in relation to their sexual and reproductive health include their socio-economic status, intimate partner or other forms of violence, isolation and lack of access to culturally appropriate health information and services.

WHAT IS OVERSEAS STUDENT HEALTH COVER (OSHC)?

International students on student (temporary) visas are not entitled to Medicare and must purchase Overseas Students Health Cover (OSHC) for the duration of their stay in Australia, to cover medical costs for themselves and their families. The purchase and maintenance of OSHC is a mandatory student visa condition. Students who do not maintain OSHC are at risk of having their visa cancelled and being deported.

OSHC covers access to basic medical treatment similar to that for which Australian citizens and permanent residents are covered under Medicare, including in-hospital and out-of-hospital medical services, surgically implanted prostheses, some prescription medicines, and emergency ambulance transportation. The minimum requirements and arrangements of OSHC are stipulated in the OSHC Deed.^{vi} This Deed is a legal agreement between the Commonwealth of Australia represented by the Department of Health and Ageing and a registered private health insurer that provides OSHC.

HEALTH CARE RESTRICTIONS ON PREGNANCY-RELATED CARE

Submissions to the Australian Government in 2010 provided evidence that more than 70% of all health insurance claims for pregnancy-related treatment for all international students and their dependants occur within the first 12 months of OSHC and between 33% and 48% of claims for all hospital items under OSHC relate to pregnancy.^{vii}

Since July 2011, under the OSHC Deed, insurers have been allowed to set a 12-month waiting period for non-emergency pregnancy-related services. On these terms, an OSHC insurer is not required to pay benefits for the treatment of pregnancy-related conditions to international students and their dependants in the first 12 months of their arrival in Australia, unless emergency care is required. Birth is not explicitly listed in the OSHC Deed as a health condition which constitutes 'emergency care'.

The OSHC Deed does not specify who is responsible for providing students with access to health care. Health insurers may choose to waive the 12 month waiting period, but there is no requirement or incentive to do so.

IMPACTS ON FEMALE INTERNATIONAL STUDENTS

An international student, or the female partner of an international student, who experiences an unintended pregnancy within the first 12 months of arrival in Australia is faced with limited reproductive choices while simultaneously experiencing financial and/or settlement difficulties. Both short-term and long-term impacts upon female international students or upon the dependants of international students can include:

- ♦ the unsubsidised cost of termination (costs vary greatly nationally but are substantial) or, if the student is unable to pay, the potentially life threatening health risks that are associated with seeking alternative, unlawful or medically unsanctioned forms of termination;
- ♦ insufficient or non-existent antenatal care if the student is unable to pay upfront for maternity services (approximate cost from AUD\$9,000 – \$29,000^{viii}) which can compromise the student's health outcomes;
- ♦ the interruption or abandonment of studies which can seriously impact future or continuous education and career prospects, civic and economic participation and independence; and
- ♦ stress and anxiety

In its present form the OSHC Deed does not take into account the potential health risks to which female international students may be exposed without any provision for pregnancy-related care in the first 12 months of their stay in Australia. The Deed states that students will be covered for pregnancy-related emergency treatment under the circumstances where a medical practitioner certifies, and the insurer agrees, that it is

required. However, it does not explicitly recognise labour as a condition that sometimes requires emergency treatment, leaving the matter open to the interpretation of insurers and health service providers.

Ambiguities such as these leave international students vulnerable to discriminatory practices as a result of misinterpretations of their health insurance entitlements and their right to access health services. International students' health insurance requirements mean they rarely pose a possibility of 'bad debt', yet ambiguities like the 12 month waiting period contribute to wider misunderstandings, on both sides, about the responsibilities of health providers in relation to international students. There have been reported instances of pregnant international students having been refused hospital admission despite the fact they had compulsory health cover, because they were deemed 'ineligible patients' by the hospital.^{ix} Although no explanation has ever been provided as to why medical treatment was refused in these instances, there is little doubt the 12 month waiting period has contributed to misinformation and misperceptions about international students' health insurance entitlements.

ACCESS TO PREGNANCY-RELATED CARE: A HUMAN RIGHTS ISSUE

The 12 month waiting period for pregnancy-related conditions not only poses potentially grave risks to the health of female international students or to the female partners of international students, but also conflicts with Australia's human rights obligations.

Sexual and reproductive health rights encompass a wide range of basic human rights. These include the right to health; the right to decide the number and spacing of children; the right to access sexual and reproductive health education and family planning information; and the right to equality and non-discrimination.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted by the United Nations General Assembly in 1979 in acknowledgment of the pervasive and structurally embedded forms of violations of the human rights of women. As a signatory to CEDAW, Australia has an obligation to remedy the underlying causes of discrimination against women. This includes addressing the ways in which sex discrimination interacts with other forms of discrimination, such as discrimination on the grounds of race and ethnicity, age, and immigration status.

OUR POSITION AND RECOMMENDATIONS

We support the 'Principles to promote and protect the human rights of international students'^x developed by the Australian Human Rights Commission. These principles aim to ensure the health, safety and wellbeing of international students studying in Australia. It is our position that these principles should inform Australian legislation relating to international students, particularly, in this case, Principle 1 which states that to enhance the human rights of international students stakeholders must:

1. ensure that international students and their families have access to affordable medical and hospital treatment while studying in Australia
2. ensure international students and their families have sufficient information about how to access emergency health services when required, and that health services are aware of their obligations to provide services
3. support access to gender-specific health education and services and appropriate obstetrics care for international students and their partners

We also support women's right to make informed decisions in relation to all reproductive matters and believe that it is important to make such choice meaningful for international students by giving them greater access to a range of reproductive health services.

The health care needs of international students should not be subject to market-driven forces such as those dictated by private health insurance arrangements.

The 12 month pregnancy-related waiting period stipulated in the OSHC Deed is unreasonable and discriminatory to women as it fails to accommodate fundamental biological differences in reproduction and limits women's basic right to reproductive choice and to pregnancy-related health care.

We urge that the following measures be taken:

1. The 12 month waiting period for all pregnancy-related treatment, including termination, should be removed from the terms of the OHS Deed.
2. The federal government must take all appropriate measures to ensure that female international students, and international students in general, not only have affordable and non-discriminatory health insurance cover, but have access to culturally appropriate health information, health education and health services, including clear information about their right to access health services in Australia.
3. The federal government needs to take all appropriate measures to eliminate discrimination against women and to ensure appropriate services in connection with sexual and reproductive health.

ⁱ ABS, Research Snapshot: Export Income to Australia from Education Services in 2010 – 2011, Prepared November 2011, <http://www.aei.gov.au/research/Research-Snapshots/Pages/default.aspx>.

ⁱⁱ Council of Australian Governments, International Students Strategy for Australia 2010 – 2014.

ⁱⁱⁱ ABS, Research Snapshot: International Student Numbers 2010, Prepared May 2011, <http://www.aei.gov.au/research/Research-Snapshots/Pages/default.aspx>.

^{iv} Poljski, C., (2011) *On Your Own: Sexual and Reproductive Health of Female International Students in Australia*. Melbourne: MCWH; and Poljski, C., Quiazon, R. & Chau, T., (2012) 'Ensuring Rights: Improving Access to Sexual and Reproductive Health Services for Female International Students in Australia' submitted to *Journal of International Students* (under peer-review).

^v Poljski, C., (2011).

^{vi} Department of Health and Ageing (2011) *Deed for the Provision of Overseas Student Health Cover* <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-privatehealth-consumers-deed.htm>.

^{vii} The Hon. Nicola Roxon MP, personal communication, 6 December, 2012.

^{viii} Nib, The costs of having a baby: private system, http://www.nib.com.au/home/documents/having_a_baby_cost_guide.pdf, accessed 26 February 2013.

^{ix} Ross, J. (2011) 'Furore as hospitals refuse care', *The Australian*, 19 October. <http://www.theaustralian.com.au/higher-education/furore-as-hospitals-refuse-care/story-e6frgcix-1226170035185>

^x Australian Human Rights Commission (2012) *Principles to Promote and Protect the Human Rights of International Students*. Sydney: AHRC.



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