

"Too Busy Studying and No Time for sex?" Homosexually Active Male International Students and Sexual Health

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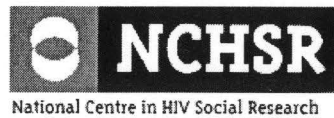
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National Centre in HIV Social Research

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Introduction

In response to a need to document and publicise local and specific projects, strategies and resources, a national audit of sexual health issues among homosexually active men from diverse cultural backgrounds was conducted in the second half of 1997 by the National Centre in HIV Social Research, Sydney. Funded by the Commonwealth Department of Health and Family Services, the audit was the first phase of a two-part project. The results of this audit report were published as the monograph *Cultural diversity and men who have sex with men: a review of the issues, strategies and resources* (Pallotta-Chiarolli, 1998).

The second part of the project – a research component – would focus upon a particular subgroup within the category of culturally diverse men who have sex with men who, according to the participants in the audit, required further research in order to develop more effective sexual health programs and strategies.

The audit revealed that the interrelated factors of culture, gender and sexuality in international students, particularly those from Asian countries, were not adequately understood or addressed by many tertiary health and international student service providers throughout Australia.

This report explores sexual health issues among homosexually active male international students. Informants told us that international students from Asian backgrounds were reluctant to access student health and counselling services on issues of sexuality and sexual health, and that some international students were undertaking high-risk behaviours and presenting at off campus clinics, services and organisations with STD and sexuality concerns. Simultaneously, various health services and student services stated they were becoming increasingly aware that specific understandings were required when addressing the sexual health of homosexually active male international students from Asian backgrounds.

Australian gay papers regularly have personal advertisements from Asian men seeking other men, often seeking Caucasian men. Some of these advertisers specify they are students. There are also advertisements from Caucasian men seeking Asian men, sometimes specifying their desire for students. Here is an example from one issue of the Sydney Star Observer, a Sydney gay weekly newspaper (Thursday 6 November, 1997, No. 379):

39 yo 182 cm tall, well built 90kg, professional, & happy Caucasian
would like to meet slim & gd looking Asian. Good look a must. Students
planning l/term stay in Oz land are welcome

Here are examples from one issue of Capital Q, another Sydney gay weekly newspaper (20 March, 1998):

Sydney: Asian student(s) welcomed at my apartment to watch XXX
videos, fun and f/ship. I'm mature, professional Aussie, safe, clean and
discreet. Can teach beginners.

Eastern subs: Good looking Asian guy (uni student), slim, stra/acting, non scene. Wishes to meet short, passive, slim-med build Caucasian guy to 35yo, with small dick and sense of humour, stra/acting and friendly, for fun encounters.

Anecdotal, biographical and autobiographical evidence reveal the experiences and issues that many homosexually active male international students face. One of the few pieces of Australian writing that addresses the situation of overseas students out on the gay scene is that of Nathan K. (1997) written for the SILK newsletter in Sydney. He writes about the experiences of an Asian international student looking for an Australian man older than himself, 'someone who could afford to look after him . . . Someone who could afford the labels, the latest CK products and occasionally have sex with.' (1997:1). The student is too frightened to go to gay meetings on campus but he finds a copy of a gay community paper in the student lounge, and is 'both interested and confused and want[s] to find out more'. So he goes out alone one Saturday night and in one of the nightclubs, he meets a man in his fifties who is very knowledgeable about the student's ethnic culture. They go to the man's home, and he is anally penetrated while he is 'feeling embarrassed and clumsy' and unable to negotiate safer sex practices. He goes back to his home and finds he is bleeding anally, feels scared, lonely and cries. Nathan concludes that there are 'some older gay men in the community who take advantage of this vulnerability' (1997: 3).

In an article in the *Sydney Star Observer*, Rodney Croome discusses the situation of Wang Yuan-lu (pseudonym) a young Chinese-Malaysian studying at a secondary college in Hobart: 'Like many other students from East and South East Asia, Yuan-lu began to explore his homosexuality while studying in Australia'. Being in Australia provided Yuan-lu with time away from his family and 'a more easily accessible and higher profile gay community. Since being here, he has come out to his friends, started his first relationship and steadily identified more closely with the gay community'. Croome talks about the concerns that Yuan-lu has in coming out such as not wanting to lose the support of the Asian student community. 'This community has also [sic] close links to home, and being the only son in a very traditional Chinese family, Yuan-lu is not prepared for his parents to know he is gay'. Croome concludes that many young lesbian and gay Asians find it easier to discover and establish their sexual identities while studying in Australia (1998: 14). However, Croome hastens to add that 'The desire and the ability to struggle for emancipation is not an invention of the Western world, nor are they things which we in our magnanimous superiority, confer on others' (1998:14).

From the time a paper about this research project was presented at the International Student Advisers Network of Australia (ISANA) Conference at the end of 1997, key informants from Australian universities, health services and gay community organisations have provided much anecdotal material. For example, one Victorian university reported incidents of sexual exploitation at places of employment for overseas students. Sexually exploited students were not accessing university health and international centres for information and care. A New South Wales university adviser was aware of students not reporting sexual risk-taking behaviours because they are in a foreign culture where different rules apply and may not be aware of, trust and take advantage of different channels for complaints, health, and counselling. A student from Perth was forced out of his apartment, subsequently losing all his belongings, by the parents of his Anglo-Australian male partner. The

student's partner had died of an AIDS-related illness. He was too frightened to access legal and other support services for fear of discrimination and disclosure, and had never been tested for HIV.

Issues of shame and dishonour for the family, the culture, and themselves within the university community means students may prefer to go off campus, often to services with a large gay clientele. Some overseas students reported that they believe their advisers and counsellors may have more problems with sexual health and sexuality issues than they do themselves. Indeed, speaking to one student health adviser at a Victorian university seemed to substantiate this: 'I don't think there is any need to do that work with overseas students. They are not presenting to us with these issues because they are all too busy studying to have much time for sex.'

Thus, there are many interconnected issues that tertiary health services and student services need to address in relation to homosexually active international students. What roles can student health services and international student advisers take in preventing and/or dealing with traumatic, confusing and exploitative situations? How do we address the homophobia, racism and limiting constructions of masculinity that frame the behaviours and choices being made by homosexually active international students?

In order to address these questions, at the end of 1997 the NESB (non-English speaking background) MSM (men who have sex with men) Steering Committee at the National Centre in HIV Social Research undertook quantitative and qualitative research into the sexual health of homosexually active male international students.

Literature review

The *National HIV/AIDS Strategy: Partnerships in Practice* acknowledges that 'people of diverse cultural and linguistic backgrounds and overseas travellers are priority groups requiring specific education and prevention programs which meet their educational and cultural needs' (1996:45). Within the category 'overseas travellers' international students who travel and reside in Australia for periods from a few months to a few years can be situated. The *National Non-English Speaking Backgrounds Sexual Health Action Plan* (Working Document Only, 1996) from the Public Health Education Unit of the Commonwealth Department of Health and Family Services refers to four specific groups that require specific targeting: long-term residents; recent arrivals; children of NESB parents; and overseas visitors (students or workers). The Migrant Health Service and the Ethnic Communities Council of South Australia (Axell & Perkons, 1994) recommended in their *Multicultural HIV/AIDS State Strategy* that four distinct sub-groups be targeted: long-term residents, recent arrivals, children of NESB migrants, and overseas students.

Very little official research has been carried out into the sexual health needs and issues of international students. Gifford et al (1994), in their national report reviewing existing research and programs relating to the educational needs of people of NESB in relation to STDs and HIV/AIDS, recommend that funding be directed to specific NESB MSM groups such as overseas students. Mitchell et al recommend that the category of 'newly arrived migrants and refugees' include 'particularly adolescents' as they have very different needs and are more at risk than older people (1997: 16). Schneider's study of the Korean community in Sydney included the recommendation: 'That Korean overseas students be targeted by the dissemination of literature [on HIV/AIDS] through overseas students' unions' (1994: 45).

Internationally and in Australia, there is little specific research on Asian overseas students, either female or male, in relation to sexual health and homosexuality. We review these few below.

In their South Australian study, Axell and Perkons (1994) found that Indonesian overseas students would not come together for meetings on HIV education provided by the Migrant Health Service claiming 'study commitments'. They seemed to prefer health practitioners away from their places of study, and did not want health providers and counsellors, including interpreters, from their own cultural community for fear of disclosure and family/community shame. They also feared deportation and cancellation of scholarships and study programs. Axell and Perkons (1994) also identified the need for programs on self-esteem for homosexually active young men.

In his Queensland research, Mahat (1995; 1997) found that young Asian men were less likely to be assertive in negotiating safer sex and more likely to be receptive in male-to-male anal sex. The report recommended HIV education for transient homosexually active sub-populations, mainly students at colleges and universities. Mahat also found that overseas students were at high risk because many were sexually active and sexually experimental in Australia where they saw themselves as free from family and community surveillance. However, they had limited knowledge of sexual health issues and homosexuality (see also Ridge et al, 1999).

The Multicultural HIV/AIDS Education and Support Service *Chinese-Speaking Beats Outreach Project* (1996) in Sydney reported that at some beats up to 50% of users were of Asian background, including overseas students. Out of fifty men chosen at random from the Chinese background men using a particular beat, five had a student visa.

Boldero et al (1998) discussed three factors that are implicated in the differential responses of gay-identifying Asians to AIDS-related concerns. The first of these is having access to accurate HIV-specific knowledge. The second factor involves attitudes and cultural norms concerning homosexuality within Asian cultures. 'The existence of homosexuality may be denied or suppressed, possibly because of the central role which family and procreation play in the culture' (1998: 4). The third factor concerns gay Asians' experience of conflict between being Asian and being gay, because of the differing attitudes to homosexuality in these two groups. 'It is possible that one could strongly identify with one group and not the other, have relatively strong levels of identification with both groups, or have low levels of identification with both groups' (Boldero et al, 1998: 4). Several Australian studies have demonstrated that the strength of identification with the gay community is important in the promotion of safe sex practices (Gold, 1993; Kippax & Crawford, 1993). Boldero et al found that a 'stronger identification with the Asian community was related to weaker attitudes to safe sex behavior'. Participants believed that the more positive were their friends and other Asians to homosexuality, the stronger the participants' identification with the gay community and the more informed they were in 'safe sex effectiveness skills' (1998: 17).

Brain's (1997) research, conducted in Victoria, with 108 gay-identifying Asian men confirmed that many had moved overseas, away from their family, 'so that they could lead the life they needed to lead' (1997: 6). As in Boldero's study, there was also evidence to indicate that the stronger the identification with the Asian community, the less positive were attitudes to safe sex and the perception of family and friends' attitudes to homosexuality influenced safe sex attitudes of the participants.

There are no Australian data available on international student use of university counselling services. There is a need to look at the services offered to Asian students whilst at university in a Western culture, and the impact of Western counsellors' theoretical perspectives on counsellor practice. For example, Gim, Atkinson and Whiteley (1990) found that Asian students in American universities reported that they were most willing to see a counsellor about financial, academic or career concerns but reluctant to see a counsellor for personal issues such as health, substance abuse or identity (ethnic or otherwise) issues.

There has been a considerable amount of research in the United States and the United Kingdom on counselling practices preferred by international students but none of it discusses counselling in relation to sexual diversity. For example, Yuen and Tinsley reported on how Chinese, African and Iranian international students expect to assume a more passive role with counsellors than American students. They expect their counsellors to be more 'directive' and 'nurturing authority' figures. There appears to be contradictions between wanting counsellors to be directive and simultaneously respecting students' privacy and the right to remain distanced (1981: 68).

Resource Review

Not only is there a lack of research material, there are very few resources. In the Australian Vice-Chancellors' Committee (AVCC) (1998) *Revised Code of Ethical Practice in the Provision of Education to International Students by Australian Universities*, several goals and expectations provide a strong framework for the undertaking of sexual health education and promotion with homosexually active male international students, and indeed, for all male and female students. The Code is used in a contractual sense between the institutions and Australian Government departments, particularly the Department of Employment, Education and Training and Youth Affairs (DEETYA) and the Australian Agency for International Development (AusAID) whereby institutions have agreed to abide by the AVCC Code in relation to international scholarship students funded by the Australian government.

In the following excerpt from the Code, it is apparent how sexual health and sexuality education and counselling can easily be incorporated into a university's duty of care to international students (*italics my own*):

2.7 of the Code states:

Australian universities should recognise their ongoing responsibilities for the education and *welfare* of international students and take appropriate account of the potential *cultural and linguistic difficulties* that international students may encounter. Universities should ensure that the academic programs, *support services* and learning environment offered to international students will encourage them to have a positive attitude about Australian education . . . (1998: 2).

The rest of the Code specifically addresses issues such as student accommodation, legal and medical issues. Thus, according to the Code, international student administrators and advisers as well as university health service providers should be encouraged to undertake training in relation to sexual health. They need to be openly and sensitively promoting an anti-homophobic and anti-racist environment within their services as well as actively collaborating with and encouraging ethnic groups and gay groups on campus and off campus to ensure that the situations and needs of sexually diverse international students are taken into consideration. The Code also specifies the need for:

4. PRE-ARRIVAL INFORMATION FOR INTERNATIONAL STUDENTS
STUDYING IN AUSTRALIA [includes] information to meet specific needs
eg. *legal, medical*, dental, and social security

...

5. ARRIVAL AND ORIENTATION FOR INTERNATIONAL STUDENTS
STUDYING IN AUSTRALIA

- provide *suitable orientation programs*

(1998: 6)

Considering Australia's laws and policies in relation to health-care, Access and Equity and anti-discrimination, it is imperative that sexual health and sexuality issues for homosexually active international students be addressed, as the Code outlines:

6.3. LEGAL REQUIREMENTS

- mandatory health-care insurance and *health-care arrangements*

...

6.5. SERVICES

- *support services available; and grievance procedures available*

(1998: 7)

There have been few responses and resources developed by tertiary institutions that address the Code's expectations and recommendations. If we consider the annual national conference proceedings of the International Student Advisers' Network of Australia (ISANA) held in December 1997, it is quite telling that out of forty-three published papers on topics such as student welfare, culture shock, transition issues, counselling strategies, student concerns, there was no mention of sexual health or homosexuality apart from my own paper. And yet, the large audience attending the presentation of 'HIV, Sexual Health and International Students at Australian Universities' was interested and aware of these issues with students and the response was generally favourable (Pallotta-Chiarolli, 1997).

In the following year, one paper was presented that explored the situation of a young gay Chinese international student in Perth and the counselling process that was undertaken at his university in order to assist him in dealing with the interconnected issues of his sexuality, his professional future, and his fear of going home (Elliott, 1998). The lack of data and resources available to university counsellors was emphasised in this paper, as well as the ethical implications of two issues: counsellors supporting a sexual identity and behaviour that may be illegal in the student's home country, and counsellors providing information about university systems that students may then use to delay their returning home.

The University of New South Wales is one of the few Australian tertiary institutions that has officially recognised the need to specifically address international students in its HIV/AIDS education. In 1996, its HIV/AIDS Education Project Evaluation and Report addressed the need to incorporate international students into their whole-campus approach (Macauley, 1996). Information for the students was developed in cooperation with the University's International Student Centre.

An example of a tertiary student organisation addressing these issues is the pamphlet put out in 1997 by Newcastle University Students' Association Sexuality Group specifically for 'Queer international students'. It discusses how the experiences of these students are very different to 'domestic queers' and they face unique difficulties when studying abroad.

In his role as the Convenor of the National Liaison Committee (NLC) for International Students in Australia, Shanton Chang, an international postgraduate student himself, is responsible for over 150,000 students over thirty-seven university campuses as well as students in primary and secondary schools, in TAFEs and VET. Chang was extremely supportive of this research and confirmed the importance of addressing these issues. Specific issues identified were overcoming bureaucratic and

institutional obstacles that may prevent sexual health and sexuality education; the need for greater cultural understanding and health education in relation to drugs and alcohol, and their impact on safe sex negotiation; the culture of universities which are still inadequately addressing cultural diversity; the use of both on campus and off campus beats by international students; and the emotional traumas related to students in long-term same-sex relationships returning home and leaving partners behind in Australia.

Thus, given the lack of literature and resources, and the anecdotal evidence provided by key informants, the aims of the research were twofold:

- to collect data on homosexually active male international students, as one subgroup of the culturally diverse population of men who have sex with men in Australia, their HIV/AIDS and STD knowledge, and their sexual relationships and practices with particular reference to risk practices for the transmission of HIV and other STDs.
- to provide information to student health workers and counsellors, international student advisers and organisations, international students themselves, and off campus services being accessed by homosexually active international students.

Method

Two research strategies were used:

- a survey (see Appendix A) available as a hard copy or on the website of the NCHSR
- focus groups and follow-up interviews (see Appendix D) conducted via AIDS Councils or other organisations.

Survey design and recruitment

The survey comprised 50 questions that explored four major areas:

- level of knowledge and access to knowledge about HIV/AIDS
- sexual practices and sexual identity
- social networks in the home country and Australia
- demographic data.

On the information sheet attached to the survey, students were asked to return the survey in a free-post envelope or download it from the website, fill it in and return it.

Information about the survey in the form of media releases and advertisements, and 1,200 copies of the survey, were sent out nationally to international student advisers, university health services, gay student organisations, gay newspapers, gay organisations off campus, AIDS Councils, sexual health and migrant health clinics. Follow-up phone calls were made and faxes were also sent. Surveys were also given to gay international students to give to each other and students were recruited by an informant from gay venues.

The most positive response came from the gay media and gay organisations such as AIDS Councils and organisations. Only one state gay newspaper did not run the advertisement.

The second most positive response came from university health and international student services. Approximately half the international student services and university health services agreed to one or more of the following:

- distributing surveys or having surveys where students could access them
- putting up posters informing students of the research
- putting advertisements about the research in their international student newsletters.

However, it was extremely difficult getting international student magazines and newsletters to publicise this research as although many of the editors and journalists were personally supportive, they were concerned about the possible negative reactions from parents overseas who had access to these papers.

The most negative responses came from university student papers and ethnic papers. As far as could be ascertained, only five university student newspapers ran the advertisement and only one ethnic paper, the *Indian Voice*, ran a press release about the study in May, 1998.

Discussion of Survey Recruitment

In all, 42 surveys were completed and returned. The filling out and returning of surveys by students proved to be far more difficult than the Steering Committee at the NCHSR, international student advisers and university health services, and AIDS Councils and support services had envisaged. The small number of participants dictates cautious interpretation of findings.

When it was decided to undertake this study, initial contacts with universities and health and gay services revealed a great enthusiasm and confidence that students would be willing to participate in this anonymous research. University organisations placed advertisements on student noticeboards and in international student newspapers, left leaflets on tables in common rooms, and personally handed them out to known gay students or non-gay identifying students who would distribute through informal friendship networks. For example, one university requested 200 copies of the survey but found that only three were actually completed. Similarly, one AIDS Council requested 200 and was unable to determine if any students had actually returned them. Likewise, a young heterosexual female international student from Queensland contacted me and requested surveys as she had many gay male international student friends. A couple of weeks later, she contacted me (MPC) in some confusion to tell me that her friends either took the survey but never filled it in, or just refused to take it. Even gay international students known to colleagues at the NCHSR either through friendship networks or as partners of Anglo-Australian friends would not participate.

Fifteen of the completed surveys came from members of support networks established by gay support groups who either volunteered to participate in the focus group or filled the survey in after participating in the focus group. As the results will illustrate, the research participants were largely gay-identifying and gay-community attached. Thus, although the survey recruitment methodology can be seen as having failed to recruit male international students having sex with men who may not be gay-identifying or gay-community attached, this very failure is an important outcome of this research. The silence of many students speaks volumes about a larger dilemma: the need to further understand the specific issues and possible research strategies in relation to non-gay identifying and non-gay community attached men who have sex with men from linguistically and culturally diverse backgrounds in Australia. This problem is apparent in previous research conducted in Australia such as that of Boldero et al (1998) which also recruited gay-identifying and gay-community attached participants.

The following is a summary of the reasons given for why surveys were not completed for this research. They are listed in order of how often they arose in discussions with key informants and participating organisations. These reasons and fears were given by participants and by students unwilling to participate. They were given either directly to us or conveyed to us by key informants and participating organisations who were themselves very interested in why such a 'tried and true' 'anonymous and confidential' research methodology proved unsuccessful.

1. *Concerns with the meanings of 'anonymity' and 'confidentiality'*: students did not trust that they could not be identified via the surveys. Thus, meanings of words such as 'anonymity' and 'confidentiality' often taken for granted in research were questioned. Students wanted to know what those words meant, how could they be guaranteed, and how anything written on paper could remain anonymous and confidential.

2. *Fear of university authorities:* students feared being traced by university authorities when picking up surveys, by their hand-writing, via the postal service, or via their use of the internet to access the website. Students believed their studies could be jeopardised, that parents might find out, that university and other government systems would use this information against them. Several students and health and advisory organisations talked about the increased anxieties, tensions and doubts international students were experiencing and voicing because of Pauline Hanson and the increased level of racism. The fact that this was a Commonwealth government funded research project led some students to question the purpose of the research and the use of the data. Was it going to be used to support anti-Asian political sentiments?

3. *Survey questions:* students were reluctant to respond to some of the questions as they were considered too personal or confronting, or requesting information on matters that were considered private.

4. *Jeopardising the relationship between informants and students:* key informants such as international student advisers and health services felt they could not approach individual students and ask them to participate as it would reveal their knowledge about students' sexualities and sexual practices. They felt it was inappropriate and/or not conducive to developing and maintaining their own support relationships with students.

5. *No payment for participants:* students did not feel they were getting anything back for participating. Several recruiters and informants suggested that students should be paid once they had returned the survey, and that several students had wanted to know why they were not being paid something for participating.

6. *Too busy to participate:* students said they were too busy with study and other demands of living as students in Australia to complete the survey and forgot to post it.

As the above list reveals, and as was corroborated by the participants in the focus groups, the most common concern was the fear of disclosure due to the mistrust of institutions no matter what guarantees were provided of anonymity and confidentiality. And again and again, this fear was linked to what the students perceived as an increasingly hostile and racist political and social climate in Australia, as well as to the general feeling that homophobia was present both in Australia and their own communities.

Other researchers both in Australia and overseas have identified recruitment difficulties with international students and the need to examine taken-for-granted research methodologies. *Male Call* (Crawford et al, 1998), an Australian national telephone survey of men who have sex with men in 1996 found that out of 3039 men who responded, only eighteen were Asian recent arrivals who were students. Out of these, thirteen or three-quarters were gay-identifying and gay-community attached. Australian researcher Brain (1997) wrote about how difficult it was to access Asian male students who were having sex with men and were non-gay identifying. Yuen and Tinsley (1981) reported the difficulty experienced in recruiting ten Iranian international student survey participants for their American research into counselling effectiveness due to anti-Iranian political sentiments in America at the time.

Focus group and interview design and recruitment

Before undertaking the focus groups, a consultation and training session was conducted in order to ensure that the groups would proceed in ways that promoted freedom of expression and reduced inhibitions (see Murphy et al, 1992: 37). Thus, it was decided that the focus groups would be run via existing support networks with organisations and in known venues where participants regularly meet. Although some researchers such as Murphy et al believe that to 'reduce the likelihood of pre-existing patterns of leadership among participants, it is preferable that participants do not know one another', they do acknowledge 'this is not always possible in health research where it is often necessary to utilise existing networks for recruitment' (1992: 38). In our situation, it was important to take into consideration that international students were extremely reluctant to participate in this research and that coming together collectively with a facilitator at a place in which they felt comfortable was essential.

Despite the efforts of well-intentioned workers at universities and other organisations such as AIDS Councils and health services, only three focus groups comprising a total of seventeen students were conducted. These were:

- Victorian AIDS Council, Melbourne. 5 students (2 Filipino, 2 Indonesian, 1 Malaysian Chinese)
- Shangri-la, Second Story Youth Health Services, Adelaide. 6 students (2 Malaysian Chinese, 1 Indonesian Chinese, 1 Indian Chinese, 1 Thai, 1 Japanese)
- Western Australian AIDS Council, Perth. 6 students recruited by posters and word of mouth (3 Indonesian, 2 Thai, 1 unspecified).

Three individual interviews were also conducted. Two were with a Filipino student and a Malaysian Chinese student in Melbourne, and one was with a Chinese student from Hong Kong in Sydney who now has Australian citizen status. The Filipino student requested the interview after the focus group while the other two approached me after learning about the research via friends and the ISANA conference.

In order to facilitate discussion, the focus group questions were structured chronologically. In other words, the participants were asked to talk about their childhoods and lives in their home countries before being asked to talk about their lives since coming to Australia. Throughout, the discussion was focused around themes and issues to do with family, ethnic and gay community memberships, sexual and gender identity, and HIV knowledge and services.

Discussion of focus group recruitment

The focus groups were successful in providing rich qualitative data. However, as with the survey participants, the focus group participants strongly identified with the gay community and thus was not representative of the 'invisible' group of male international students who may be having sex with men. Again, the small number of participants warrants cautious interpretation of findings.

Survey results

Demographic Profile

Most of the participants (32) were in their early to late twenties. Approximately half (22) had been in Australia between one to five years while a further nine had been in Australia less than a year and eight more than five years. Twenty-four students relied on family for financial support while fifteen had part-time work during the semester. Three of the participants reported having sex to make money and one reported having sex for accommodation in Australia. (Note: Where the totals do not equal 42, this is due to missing data or participants being asked to tick more than one response if appropriate)

Most of the students were from Indonesia, Malaysia, Singapore and Thailand and four had undertaken their secondary education in Australia. The majority of students were quite skilled in the use of English, preferring to watch English TV, read English newspapers and listen to English radio rather than access media in their home languages. However, 29 participants said that they would like AIDS information in a language other than English whereas 11 participants said they did not want it.

Thirty-seven of the participants identified as gay or homosexual, two identified as bisexual, one as heterosexual and one man said he was 'unsure'. In a separate question, one participant also identified as transgender. One man had a wife living outside Australia.

Friendship and Community Networks

The following tables illustrate the predominantly gay-identifying and gay community-attached friendships and sexual networks of the participants.

Table 1 illustrates the low levels of on campus networking overall as well as the low levels of networking both on campus and off campus with Asian ethnic organisations.

TABLE 1 CLUB MEMBERSHIP		
	ON CAMPUS	OFF CAMPUS
Sporting club/organisation	1	4
Social club/organisation	5	6
Ethnic club/organisation	2	2
Gay club/organisation	6	19

Tables 2 and 3 support the overall finding of this research of the increasing gay-community attachment and gay friendship networks of the participants when they moved to Australia.

TABLE 2 GAY COMMUNITY MEMBERSHIP		
	AUSTRALIA	HOME COUNTRY
Yes	29	12
No	8	21
Unsure	4	6

Table 3, however, reveals that most of the gay friendships are with gay Australian men rather than with other gay international students.

TABLE 3 FREE TIME SPENT WITH FRIENDS			
	MOST	SOME	NONE
Heterosexual Australian men	5	23	10
Heterosexual Australian women	3	23	12
Heterosexual male international students	7	20	9
Heterosexual female international students	8	22	7
Gay/homosexual Australian men	18	20	1
Gay/homosexual male international students	9	21	10

Table 4 indicates that same-sex sexual practices were discussed predominantly within those gay friendships and gay community networks rather than official university health and international student services.

TABLE 4 COMMUNICATING ABOUT SAME-SEX SEXUAL PRACTICES

Gay friends off campus	22
Regular male sexual partner	14
Gay friends on campus	13
Gay counselling services	9
Straight friends off campus	9
Gay international students	8
Straight friends on campus	7
Straight international students	5
Doctors	5
Mother	4
Relatives	3
Other	15

Sexual Practices and Sexual Partners

Thirty-five students said they only had sex with men, five with 'mostly men' and two with 'men and women equally'. Twenty-two of the participants said they had a regular male sexual partner/boyfriend while three said they had a regular female sexual partner/girlfriend. Tables 5 and 6 indicate that a minority of students had unprotected intercourse, and only with regular partners.

TABLE 5 CONDOM USE WITH REGULAR PARTNER(S) IN THE PAST 6 MONTHS

	100% PROTECTED INTERCOURSE	SOME UNPROTECTED INTERCOURSE	NO INTERCOURSE	NO REGULAR PARTNER
With male partner	18	7	4	5
With female partner	2	1	12	13

TABLE 6 CONDOM USE WITH CASUAL PARTNER(S) IN THE PAST 6 MONTHS

	100% PROTECTED INTERCOURSE	SOME UNPROTECTED INTERCOURSE	NO INTERCOURSE	NO CASUAL PARTNER
With male partner	19	—	6	8
With female partner	2	—	8	15

Supporting the data in Table 3 on the predominance of friendships with Australian men, Table 7 reveals most of the sexual partners of the participants were Australian men rather than other international students or other men from their home countries.

TABLE 7 TYPES OF MALE SEXUAL PARTNERS			
	ALL	SOME	NONE
From Home Country	4	8	27
Other International Students	—	9	31
Australian (Anglo) men	16	17	7

Table 8 indicates where sexual partners were met. Again, as in Table 2, there appears to be a strong increase in participants becoming part of a gay culture or accessing gay community networks in Australia as contrasted to the situation in their home countries.

TABLE 8 PLACES WHERE MALE SEXUAL PARTNERS ARE MET		
	AUSTRALIA	HOME COUNTRY
Gay bars/dance parties	23	12
Internet/chatline sites	22	10
Ads in gay magazines/newspapers	19	5
Gay social group events	12	2
Sex venues (saunas, adult bookshops, sex clubs, sex cinemas)	12	4
Private parties/through friends	10	6
Beats	7	3
Other university students	6	4
Other international students	4	—
Gay groups on campus	3	2
Sports club/gym	3	2
Pool/beach	3	4
Straight bars/dance parties	3	5
At work	2	2
Telephone sex lines	2	2
AIDS Council groups	2	—
Ads in straight magazines/newspapers	1	3
Ethnic groups on campus	—	1

HIV/AIDS knowledge and testing

The data in Table 9 show the use of gay networks and other off campus places to obtain HIV/AIDS knowledge rather than at student services on campus, a trend apparent in their home countries and increasingly so in Australia. This table also shows the lack of information students said was provided for them as part of their predeparture and orientation programs. Another interesting finding is that although off campus gay networks were sources of information often developed and/or distributed by AIDS Councils, the AIDS Councils themselves were rarely directly accessed.

TABLE 9 PLACE WHERE HIV/AIDS INFORMATION OBTAINED

	AUSTRALIA	HOME COUNTRY
Media (newspapers, TV, radio)	29	30
Gay networks	24	8
Gay venues	19	6
Hospital or sexual health clinic	16	7
Sexual partner(s)	14	4
School	12	11
University courses/lecturers	11	8
University health services	9	1
Local doctor	8	2
Preparatory international student course	5	1
AusAID predeparture program	2	—
Family	2	4
Internet	1	—
AIDS Council	1	—

Twelve participants said they had experienced problems discussing HIV and other STDs with international student services while eight said they had experienced problems discussing HIV and other STDs with university health services. However, this question did not allow for participants to indicate if they had actually approached these services to discuss HIV and STDs. Indeed, four participants actually wrote on this question, 'N/A' or 'never tried'. Thus, this question may not accurately portray the situation. If we refer to Table 9, it is possible to infer that very few students accessed international student and university health services for HIV and STD information.

Nineteen participants said they had had an HIV test in Australia while ten said they had had an HIV test in their home country. Twenty-four men said they were not HIV-positive while 11 said they had not been tested. Their knowledge of the risk of sexual practices was very much in line with the rest of the Australian population. Most of the students (30) had had some contact with HIV-positive persons as friends, family members or acquaintances, with five stating they had had a sexual partner who was HIV-positive.

Focus Group and Interview results

Cultural Identity

Cultural self-identification was an issue all students had thought about. They considered arriving at a new cultural identity or acknowledging an inherited cultural identity to have been a very significant aspect of their lives before coming to Australia. The impact of the way students culturally perceive themselves and the values and expressions that go with that identity need to be taken into account in the development of appropriate sexual health programs in Australia.

I think I'm a very Westernised Chinese. . . . sort of a hybrid as well in the sense that I incorporate a lot of the western ideals of being able to speak up and being able to reason even with your parents . . . [so] the western culture has had this strong impact on me and I value all cultures north and south, east and west and I think it's really important to be able to do that. (SN, Malaysian Chinese)

The immediate family, its reproduction of or resistance to dominant cultural discourses, and one's position within the family, were extremely important determinants of how one lived out one's sexual desires.

I think at 30 years of age, Asian parents would say something like, how come you're not married. There's something really wrong with it . . . I could picture myself in a Chinese restaurant with my aunty and uncle introducing some Chinese girl to me and wanting me to get married. But somehow last year I had the strength to tell myself it's not what I want. (Eric, Hong Kong Chinese)

Likewise, broader cultural expectations in regard to what can be said or what cannot be said in regard to sexual behaviour and experiences could be a major issue even between gay men:

sex itself is something you don't - it's not comfortable to discuss in very relatively openly group of gay friends. . . . when I had a friend who had unprotected anal sex, he wanted to talk to me about it, but he couldn't even say the word and even I was trying to ask him. Like "Were you insertive or you were receptive?", because it's also difficult for me to ask that question. (Rm, Filipino)

Cultural and family issues were also important determinants of why nearly all students made their way to Australia. Thus, often it was the very issues of family closeness and interdependence that led them to move away.

Coming to Australia really helped, when you leave your culture, you leave your home environment, it's a bit freer to be able to explore aspects of myself. (Rm, Filipino)

Thus, student services and other health services need to consider that apart from studies, the opportunity to explore one's sexuality relatively free from familial regulation and surveillance was an important reason for coming to Australia. This may have significant repercussions in regard to student behaviour and motivation in their studies if they are primarily here to experience a gay lifestyle.

Coming to Australia often meant a re-evaluation of one's cultural identity and values. The following two reflections point to the shifting factors used in identifying and constructing a cultural label. These include language use and the kinds of groups one associates with:

they [Australians] look at me and they might have a preconception of what Chinese is or what Chinese thinks or what they do especially with my typical small Chinese build. But yeah, now I'm here I speak more English and I haven't forgotten Chinese, so I think I'm a bit of a mixture, of what you call this so-called western culture and Chinese culture. . . . I just like diversity, you know, that's just my culture. My culture is cultural awareness . . . That's what's great about, you know, here [in Australia]. (Eric, Hong Kong Chinese)

I [feel] more comfortable dealing with my sexuality outside the Filipino community because I think of the shame of what others think . . . There's two reasons [why I came here], it was a conscious effort to stay away from the community . . . I'm studying overseas to be able to interact with other cultures . . . I actually felt much better because I had to establish my own community in a way . . . [who] are gay men . . . my partner and my immediate close friends here. I say I have family here I can run to. (Rm, Filipino)

As pointed out by previous research into cultural diversity and homosexually active men, issues of family and cultural identity while living in Australia need to be understood and considered in relation to sexual health counselling and education.

Sexual Identity

Most students were able to identify a 'gay' culture or gay identity in their own home countries, either stemming from their pre-colonial traditional cultures or as part of the Westernisation of their countries. Thus, the notion that homosexuality is unheard of in Asian countries is not supported by these data. Indeed, according to the participants of the focus groups, homosexuality has various meanings in their home countries depending on cultural, linguistic, religious and class influences. Even where homosexuality is not publicly discussed, the students said that it was privately known. Sometimes, students were aware of and found themselves grappling with the contradictions constructed by the cultural knowledge of a traditional pre-colonial reality of acceptance of sexual diversity and the immediate socio-political and cultural reality of non-acceptance:

In Indonesia we adopt the word "gay" because everything comes from the Western culture . . . [but] homosexuality has been practised for a long time. There is, I think, a traditional custom in Indonesia. . . but the

society doesn't really acknowledge it and doesn't really accept it. (S1a, Indonesian Chinese)

S4a, who is from 'a very close knit Chinese community' in India which 'didn't get mixed up much with the Indians', talked about the transsexual or intersexual hijras in India:

they will be on the street and . . . you have to give them free stuffs. If not, they're going to, like, stand in front of the shop and make noise and dance and all that and do really obscene things and you'll be embarrassed.

The impact of diasporic family relationships and the meanings and judgments based on language use point to an increasing global awareness of sexual identifications with which students come to Australia. These multiple understandings and negotiations of labels and cultural meanings need to be taken into consideration in framing appropriate sexuality and sexual health education and support services in Australia.

Most students concealed their sexual preferences and identities from their families and community in their home countries. A few did not, again indicating a level of knowledge that parents may have even though they may be publicly resisting the official recognition of these realities in the education and health services dealing with their sons. S3a from Thailand was 'out' as a gay man before he came to Australia, having worked through issues of sexual identity since he was a child:

I never really have that pressure on me . . . I'm out [to my family], which is really unusual for Asian gay culture . . . But I not go out extremely, but just, like, quietly.

All students could recall childhood experiences and questionings in relation to their sexual desires and identities, mostly pointing to a level of social and cultural awareness of sexual diversity that does not justify its invisibility in university services for these students:

Well, when I was a kid, really really young, below 13, I used to fool around with the neighbours (laughter) . . . but as time went by, they became like straight and I just couldn't understand why they stopped wanting to play with me. . . . They wanted to do it with the girls instead of with me. . . . I didn't think it [desiring boys] was wrong until maybe 13-14 then I . . . was thinking I will change maybe some day. I would force myself to look at pictures of women and I'd say, "It's not working" (laughter) (S1a, Indonesian Chinese)

Much of the students' information about 'being gay' or 'having gay sex' came from informal sources and networks such as other men, both local and international gay magazines, from friends, and indeed from heteronormative material like fan magazines and women's magazines, particularly the problems pages.

One day I watch the TV and there is a gay soap opera (laughter) (S5a, Japanese)

Students talked about the search for material in their home countries that provided examples and representations of how to physically and socio-culturally construct a gay identity. They also point

out how this cultural knowledge was not necessarily linked to sexual health information and promotion:

We don't have organisation for gays or lesbians, we just have like doctors or something like this or Health Department - we can get the information about HIV ... [but] They don't give out information at all about being gay, what it can be, what you can do ... Sometimes we go to gay movies, but not much. How can we act, we get that from the movies. (Cp, Thai)

Only half of the students knew of an established 'gay community' in their home countries, and of those who knew, some were reluctant to access it:

I think the beat is a very active place back home to meet people because you don't have safe environments like in Australia or if there are environments like that they are not very well known . . . it's very underground... I didn't find out about it until I got here and everybody is talking about it. And I'm not sure that when I go back I want to be involved in it. (SN, Malaysian Chinese)

S4a was unaware of a gay community in India but had found the Internet was 'very kind of like a blessing': 'I didn't know anal sex was possible. Just before I got here I saw on the Internet that there was anal sex and everything'.

Hence, whether the information about sexual diversity in their home countries was constructed as pre-colonial or a Western colonial import, and whether it was available as part of official education or unofficial popular culture, the reality appears to be a significant level of self-identification and its related sexual practice and behaviour among homosexually active Asian male international students. This questions the current silence or ignorance on these issues in Australian educational institutions that fails to consider sexual health information and promotion in the light of students' earlier experiences and knowledge, how these have affected their decision to study in Australia, and how these affect the socio-cultural spaces these students will inhabit as homosexually active men in Australia.

Coming to Australia meant students were far more likely to identify themselves as gay and live out a gay lifestyle.

Before I arrive here I still felt that I'm, you know, a strange person . . . And then after I arrive here I feel happy, you know, and like the song, "Free, Gay and Happy", and I don't feel strange any more, you know. I feel that okay this is my destiny and I have to become a useful person (Hp, Thai)

There was also an attempt by many of the participants at self-labelling that incorporated both one's ethnicity and sexuality, although even this connection was not without problems of definitional boundaries:

Well, [I'm] an ethnic gay man. . . . a gay Asian man. Okay, and then some of these gay Asian men are actually born already here, you know. They're Australian, you know . . . His features are Asian, but he's been

brought up [Australian] - but I think it's the features that help define that they [society] still see you as a gay Asian man. (Rm, Filipino)

However, this self-identification as gay did not mean an uncritical acceptance and acculturation into a 'gay community' or 'gay culture'. While acknowledging the importance of gay networks and the gay community in their lives, all students in the focus groups were critical of the notion of a hegemonic gay community and gay culture based on assimilating to 'white and Western' trends.

The problem is sometimes the community is defined by the gay press, [or] defined by the scene and I don't think that is the community. . . .I see for example my Filipino gay friends as a community and the gay Asian Pride group has developed in a sense into their own community, you know. So, within the so-called gay community there are some communities. (Rm, Filipino)

Issues of self-identification and group-belonging need to be taken into account in sexual health promotion for homosexually active Asian male international students. They point to the fact that a project targeting the 'gay community' may be missed or considered irrelevant by international students who do not necessarily see themselves as included within that target group. International students may be quite resistant to the messages depending on the kinds of cultural representations and assumptions made in the project.

Gender identity

Many students could see connections between socio-cultural and familial expectations and constructions of masculinity and femininity and constructions of sexuality:

When you are gay, they just relate to you in a feminine way, yeah, like a girl, like lady boy, whatever, which in Thai was called Kathoey . . . It mean like a girl - the boy who acts like girl.
(S3a, Thai)

In Japanese they call it guandoo . . . the guandoo female.
(S5a, Japanese)

They think it's okay for a man to be insertive because that means he's still a man. He's still straight, but usually the guy who's gay is the one who is receptive . . . I remember when I was in high school, for example, there was a guy who was sort of effeminate and a lot of the other guys were teasing him, you know, like "Come on let's have sex with you and be the insertive one, you be the receptive one", type of thing and for the straight boys they don't consider themselves as gay at all . . . I grew up thinking that a gay man is someone who wants to be a woman and so because of that definition I didn't identify myself as gay . . . and then it was only when I was in college that I got access to the

Internet and I saw things, you know, other lifestyles and things. (Jm, Filipino)

As these and other examples clearly illustrate, hegemonic and heteronormative constructions of masculinity are interconnected with sexual behaviour, sexual identity and expression. The insertive/receptive partner differentiation in anal intercourse as an indicator of homosexual and heterosexual masculinities is culturally understood. The stigma of homosexuality is attached to the act of being penetrated because it is 'having sex like a woman' (McMahon, 1996). Thus, insertive partners may miss and even deliberately avoid safe-sex messages targeted at gay men because they do not perceive themselves as gay (George, 1992). Sons are expected to provide life-long support to the family, to marry and carry on the family name and insure family stability (Camit & Clews, 1995; Brain, 1997). Thus, in relation to some international students, the stigma of being labelled as gay may be linked to the stigma of being considered to be an inappropriate male who will not fulfil familial and cultural masculinist roles, and thus these issues need to be raised and taken into account when considering why students may not be accessing sexual health and gay support services.

In Australia, the rigid constructions of masculinity and femininity and the distinction between a masculine identity and a gay identity are questioned and blurred:

I saw many books in Asian bookshop [about Australian gay men], you know, two masculine men, very very masculine, they are in a couple, you know, in a relationship, and then I thought for the first time that it's possible to be in stable relationships ... So, [I ask Australian friends here] which one is the wife, you know, and they say, "No". So, who is responsible to cook? I don't know. It's so different, you know, between Asian and Australian culture. (Cp, Thai)

In an Australian culture, at least from the gay perspective, the being butch and being effeminate doesn't have any thing to do with being receptive or the receiver when it comes to anal sex. So, someone who is straight looking can be as gay as someone who is camp. (Jm, Filipino)

The way that I experience and see who is the real gay people is through the gay press. Especially the classified section. You can be really butch and masculine but receptive as well. That's what they said in the classifieds. (Em, Malaysian Chinese)

Some students, however, pointed out that in regard to a heterosexual Australian masculinity, the codes of behaviour were far more rigid than in their Asian cultures:

I think in Hong Kong or in China masculinity is not such an issue, you know. You can sometimes see guys and guys putting [arms around each other's] shoulder around and just to show that they're good mates or good friends. . . . I thought that a country like Australia would be more open minded in physical contact between men. . . . I mean just physical contact between men immediately means homosexuality or means they're gay. . . . in China [and] in Hong Kong, . . . you might act a bit

sissy, "Oh you have girlfriend, fine, you'll get married and have children anyway". That's what they expect. (Eric, Hong Kong Chinese)

Stereotypical constructions of masculinity were also seen as significant in the way sexual practices and relations with 'white men' were considered and negotiated:

My friend said, "You've been with a Caucasian you have to be the bottom", but in my experience, no. Just be whatever you want to be. (Hm, Indonesian)

Older white men are attracted [to Asian men] . . . because you're expected to be more feminine, subservient and all that, and it like follows that you're the receptive one... eventually you meet a lot of Asians who are not effeminate at all, who are more butch than butch, you know, and so you start to question. I think here there's more of an opportunity to break the stereotypes. (Rm, Filipino)

According to Brain's research, the stereotype of Asian men as submissive, feminine, and easy is likely to confer 'a lower status in the decision making or negotiation of safe sex' (1997: 9) Thus it is significant to know that students are challenging these rigid gender constructions in Australia.

Student identity

In Australia, the students are not only negotiating their sexual, ethnic and gender identities in an Australian socio-cultural context, but also a new identity as an international student in Australian educational institutions. Most students were reluctant to interweave their non-heterosexual sexual identity with their international student identity in Australia. It took a few years to feel comfortable and confident enough to join gay groups on campus or to seek support groups off campus. Fear of disclosure and concerns over what 'type' of gay men they would find in gay student groups or off campus gay networks, such as being too open or too 'political' or too 'queenie', were major reasons for avoiding 'coming out' as gay international students:

I've never been to the queer society because I'm sort of afraid because lots of my friends are hanging around in that area. (Hm, Indonesian)

The queer groups on campus can be very militant with the slogan of "Come out, come out, wherever you are". They don't realise that for international students eventually they may be anything that they want to be here in Australia. But when they go back home to their community, and coming out here means that you're announcing to the Australian community but you're also announcing it to the international student community, and that means that there'll be some of those international students who will be going back with you. You're coming out to your countrymen as well when you do that. (SN, Malaysian Chinese)

The above issues, together with the issues that arose in relation to the reluctance to participate in the survey research, point to the need for on campus gay groups to consider strategies of confidentiality and anonymity in regard to the physical and emotional sites of gay spaces on campus if they want to make their organisations accessible to international students. However, the following also points to the strategy of making the gay group visible to all international students rather than just singling out homosexually active students or expecting these students to seek out the group.

I came here with a stereotype of what a gay man is . . . [and] I wouldn't want to associate with that [group]. And it could be a bit confronting, I guess, walking in a room with 30 other people. I think it would have been easier if, for example, during the orientation period, somebody walks in and talks about the group. That would at least give me an idea of what sort of people to expect in the group. (Jm, Filipino)

For other students, the issue was the lack of on campus support groups or not even being aware of the existence of possible support groups on campus, an issue that could easily be addressed by making this kind of information available to all incoming students, such as being part of their orientation programs.

I used to go to the international student office and they had plenty of information, but unfortunately I haven't seen anything related to being gay or, you know, minority groups. (Em, Malaysian Chinese)

Defining oneself as gay also had a significant impact on one's relationships with other students on campus. It could result in students wanting to have fewer friendships or in inhabiting potentially isolating and ambiguous zones of not connecting to other students who could also have been gay.

I knew of somebody [another international student] who did not come out to me, I did not come out to him, he never asked, but we both knew we were gay, but we never talked about it. (Rm, Filipino)

Attempts at fitting into ethnic groups on campus were also considered to be problematic and creating emotional distress:

I remember the very first year at uni . . . I just stop thinking about fitting in the so-called mainstream society or the Anglo culture and . . . I joined the Hong Kong student association. Nothing happened. I didn't go to their functions because they're all a whole bunch of, like, straights and talk about girls, those guys, and the girls . . . seem to have crushes on me and I don't know how to tell them, and I wasn't very comfortable about my own sexuality during that time. . . . I feel a little bit devastated, "Oh what happened to me, I don't fit in here, I don't fit in there, I'm not in the gay community, I'm not in the Chinese community". (Eric, Hong Kong Chinese)

The university systems of allocating international student housing is also a reality that needs to be negotiated by gay international students and is another area that can create much distress and tension:

Currently I live with five other people, . . . I came out to all of them. The girl from Hong Kong she's also from a very strong Christian background. So, she always says something like she prays for me, something is really wrong, God doesn't like you to be gay. (Eric, Hong Kong Chinese)

There was evidence that very few gay-identifying international students will remain in student housing but will seek accommodation with friends from off campus gay networks and with sexual partners. The focus group students' comments about student housing also point to a need to establish stronger non-sexist and non-homophobic policies and guidelines for all international students.

Nearly all students felt uncomfortable accessing their university health services, thus supporting the findings of the survey. Even students who did access these services were aware of how it could be difficult.

The second year at uni I went to see the counsellor on campus and told him and he reckoned that I should do something about it. For example join the gay club on campus and talk to people in the gay and lesbian counselling service. But for some strange reason I didn't do either of those because I don't know whether people would accept me because I thought I was the only Asian gay man on this campus and what am I going to do, that kind of thing. So not until last year I joined a queer social group on campus . . . But because I was the only Asian guy there and all the other lesbian and gay guys there, they're either European or England or Australian . . . So, sometimes I didn't know what they were talking about, you know, the slang, and they laughed and I just went along with it . . . and I felt left out. (Eric, Hong Kong Chinese)

Gay community

As previously discussed, homosexually active international students were identifying themselves as gay in Australia and negotiating a position either within, outside or on the borders of what they considered to be 'gay community' here. Interestingly, before coming to Australia, most students had heard of or accessed information about what had been constructed as the 'gay community' and 'gay culture' of Australia, and its relationship with the rest of Australia. They had done so via an international gay press, gay friends and Internet networks and had constructed the perception that Australia allowed a great freedom for gay sexual experimentation. And as stated earlier, all this information had been a prime motivator for their choosing to study in Australia. However, upon arrival, they often found that the situation was quite different. These three issues, the predeparture expectations and selection, the post-arrival disappointment and disillusionment, and the desire to sexually experiment in Australia, are significant issues that may affect students' emotional, physical and social welfare, thus needing to be addressed by university and off campus services.

I [used to] think they can be more open and accepted here...Which then surprised me quite a lot because they're not as open as I have in my mind. So, there is still, like, discrimination here too. (S3a, Thai)

Before I came to [Australia], I actually checked out whether they have a gay society or gay club in the university and they had that as well, so I thought it would be great. So I look for it to come here, so I decided to come. (S2a, Malaysian Chinese)

A good place for sex (laughter) I knew U.S. gay men from USA, and my impression about Australia was not so different from USA and I hoped in Australia everybody will accept being gay, you know, but I'm wrong . . . I thought in western community they just more, you know, have fun . . . Yeah, so I got the impression from movies. (Cp, Thai)

Connecting with the gay community was undertaken in various ways, either through friends, the gay press and support groups, or the Internet. All students had access to the Internet in Australia and considered it a primary method of networking because of its perceived anonymity and confidentiality.

There's a lot of information on this chatline, you just click on that and chat with them on line... [and later we] met somewhere, coffee shop, yeah. (Gp, Indonesian)

According to research conducted by Brain with gay Asian men, 'power, social status, economics, respect, elitism, internal racism and the desire to belong to the predominantly white Anglo-Saxon gay community may be factors influencing choice of sexual partner'. Likewise, many men choose older partners because they believe that older men are 'less into games, more mature and more committed to a lasting relationship than younger men'. Other respondents believed that it was the emotional connection/love between two individuals that counted and not the age or ethnicity of the 'other' (1997: 8). Many students in our research discussed their sexual and other relationships with members of the 'Australian Caucasian gay community':

He's [partner] not that kind of like rice queen who just want to have sex with Asian when they are Caucasian. And myself I don't identify myself as the so-called potato queen . . . I thought "Oh yeah, most of the Caucasian guys just want to, you know, they view Asians as just, you know, one night stand or Asian dishes, yummy yummy and just go for it" but now I just realise it was totally bias. (Eric, Hong Kong Chinese)

I see some [Caucasian] man that I like and, yeah, maybe I can have relationship with them, but most of them just want to have sex with me. It's made me feel weird. (Hp, Thai)

The following points to a significant use of international student status to prevent feeling intimidated and exploited within the gay community. Being an international student denotes a level

of education and socio-economic status that may provide students with a sense of equality if not superiority to the White men they meet. It also becomes a point of differentiating oneself from 'other Asians', thus establishing a hierarchy among Asian peoples:

We have a previous level of education and a level of intelligence, whatever. Because you can't just come here and study. So, you use that as a way of saying, you know, I'm not just one of those Asian people who came over here because I was an economic migrant or something. I'm here to study and I was able to get here because of my abilities and all that. So, you try to push that . . . But I'm still conscious that there's this divide. (Rm, Filipino)

Most students identified racism within the gay community.

I call it like passive racism. They fully totally ignore you, they don't want to talk to you. (Eric, Hong Kong Chinese)

They also discussed its implications for sexual practice, as well as querying whether there was a difference between sexual attraction to particular body types or was that racism:

[If] the Caucasian Anglo male wouldn't even look at you if you're Asian, is that racism or is that just a preference? Just like you prefer tall, short, hairy, smooth, whatever. . . . it's not necessarily racism. If there's any racism it's in the stereotypes within the gay community. Well, you know, the most ideal kind of male figure is, you know, tall, blonde, whatever. (SN, Malaysian Chinese)

HIV education, knowledge and opinions

Most of the students believed they had received inadequate information in relation to sexual health in their home countries, either as part of their general societies or as part of educational institutions, including in pre-departure programs.

When I was about 16 years old I got chicken pox again and what happened was I woke up one day and there were all these spots on me and I thought "Oh my god, have I got AIDS", you know. You just haven't got a clue what the transmission is and how to prevent it and things like that. . . . the AIDS campaign was, "Don't mess around and you won't get AIDS". (SN, Malaysian Chinese)

Other students' recollections affirmed the discrepancy between the lack of factual data about HIV/AIDS and popularist/anecdotal media representations:

It's [seen as] predominantly a heterosexual disease mostly with women, prostitute women . . . [and] predominantly in the papers it's still . . . of women in the prostitution business... then on the other they forgot that they have to have the HIV and AIDS safe sex message to go with it. (Rm, Filipino)

This perception is significant in relation to international students coming to Australia from countries where HIV and other STDs have been classified as the domain of specific groups such as female sex-workers as they may not see themselves as being at risk in an Australia where the majority of HIV/AIDS has been within gay men's networks.

Religious beliefs, whether they were Christian or non-Christian, were considered to have a major impact on the way HIV and sexual diversity was constructed in their home countries:

the fact that the disease is spread through sex and being a predominantly Catholic country, being gay makes it more complicated .
.. Like, you know, it's all your fault. (Rm, Filipino)

The general consensus among focus group participants was that their pre-departure student programs did not provide the education and information they believe would have been useful in negotiating their sexual practices, lifestyles and identities in Australia:

you didn't get a briefing in the AUSAIDS scholarship program about gay lifestyle in Australia. I mean they didn't even discuss HIV/AIDS. The only encounter of HIV/AIDS I had was in the medical form. (Rm, Filipino)

Where information was provided in Australia as part of their international orientation or other programs, very few students found it worthwhile.

if you don't have such strong English, for example, coming from Thailand or Indonesia you may have a problem with it. And it can be quite daunting. (SN, Malaysian Chinese)

All students also expressed a reluctance to access their own university health services for sexual health information:

My uni has a health centre, but I don't think I'll go there because I'm too embarrassed (S4a, Indian Chinese)

Those students who had gone to their university health services expressed dissatisfaction of various kinds:

I don't get enough clear information. And I think also the condoms in the centre they don't put in a public area that you can just take them, and I don't know if expired or not and I was really very concerned about it. (Sp, Indonesian)

They made various suggestions on how to improve student access to information via universities:

I think when the student arrives here, maybe can put pamphlets into student information [kit] (Sp, Indonesian)

There should be [university] organisations involved [like] IDP, International education. How to live, how to contact, how to just fit in a little bit. They don't mention about gay organisations. (Cp, Thai)

The fact that it was in the student handbook was really good. Because anybody could open it and find out, yeah, and think about it. (Rm, Filipino)

Supporting the results of the survey, many participants expressed a reluctance to access AIDS Councils by themselves but found it easier doing so with their specific gay support groups. Some believed that the only services AIDS Councils offered were to do with HIV issues which they then did not regard as relevant to them.

The first time I know the AIDS Council I think that they immediately dealing with HIV and AIDS only. (S5a, Japanese)

if I need help, I mean for HIV and AIDS, then obviously I would go to the AIDS Council but probably I'm more comfortable to go to a group at Shangri-la and consult with them. (S2a, Malaysian Chinese)

Thus, specific support groups such as Adelaide's Shangri-la for young gay Asian men can act as vital mediators between general HIV services and the students.

Students also indicated other sources of information on HIV other than the university health services that they would prefer to access:

I've had two [HIV tests at a sexual health clinic]. . . I'm not sure about the confidentiality [at a university health service]. Although there is always guarantee you're never sure. Also [at the other centres], I suppose you're looking at a specialist sort of gay identifying medical practitioners who would be sensitive to what it is you're on about, yeah. (SN, Malaysian Chinese)

Either my own doctor or someone there, because I think I'm more comfortable with them. And probably, otherwise, a magazine on it or related to the same topics. (S3a, Thai)

Sexual Practices and Safe Sex Negotiations

The main sites for accessing sexual partners in Australia were gay papers, gay venues and the Internet chatlines and Pinkboard personals on the Internet. Most students said they would not use beats, whether they be on or off campus, although most knew other international students and Asian students who did.

A lot of international students actually use beats. Again shopping centres' toilets, public toilets, yeah. Universities. The toilets, and the gym usually. (SN, Malaysian Chinese)

I met a few people in the beats at the university. That was where I felt a bit more safe in the university . . . [At the beats] it could be students, it could be people coming from outside - I eventually found out it's like maybe half/half. Some people drive into uni from wherever they work.

It's sort of like the one at uni is a very popular major major popular beat. (Rm, Filipino)

Most students seemed confident that they knew about safe sex practices and negotiations:

I never carry a condom on me, okay. The reason for that is I will never have casual anal sex, never. I only have anal sex with my regular partner whom I know is HIV, but we always use condoms.... And only when I'm comfortable about it. (SN, Malaysian Chinese)

Going 'home'

A major issue of concern and one for which they received no counselling was returning home in the future. Most students either did not want to return home or could foresee difficulties in living out one's sexual lifestyle.

It [homosexuality] is illegal anyway. And that's the difficulty, yeah. . . . Where do you go? What do you do? You can't even use a platform of human rights, you know. Being homosexual is not a right... You are leaving behind a lifestyle. (SN, Malaysian Chinese)

My friend was going back to Mauritius, he just broke down and cried in the airport because just so difficult at home, parents pressure, everything. I think I'm so used to this place. We talk about everything, we can be open. When I go home, I don't think I'll be happy about it, like really really sad. (S4a, Indian Chinese)

For others, going home was considered satisfying or manageable, particularly if the student intended to undertake certain strategies such as live in a large city, come out to family and/or live away from family, and connecting to the gay networks over there.

Before I came here I lived in Tokyo and I just enjoy gay life. If I live with my parents, it's different. I lived by myself and I got gay friends. (S5a, Japanese)

I've been home three times, but the last two I've been meeting a lot of gays. (laughter) A lot of gays actually are friends from the Internet and yeah, I was surprised that they took me to some bars and clubs and it's really really exclusively gay . . . I was so surprised. (S1a, Indonesian Chinese)

I think in Bangkok it's just like a paradise and we have three big saunas. And Internet. (Hp, Thai)

Discussion

These findings were based on a small number of gay-identifying and gay-community attached survey and focus group participants. Interpretation and generalisation should be made with caution and there was overlap between them. The focus group discussions and survey results have illustrated that the experience of living on the margins of several socio-cultural groups is common among homosexually active Asian male international students negotiating their sexualities within the wider predominantly Anglo-Australian society. Socio-economic, religious, educational, migrational and other specificities interweave with culture, gender and sexuality and create a complex and intricate world within which the individual has to navigate a comfortable or at least safe course. The tertiary institution and its official and unofficial systems of regulations and belongings, is another site requiring strategies of negotiation and manoeuvring.

The results of this research point to specific issues in the lives of Asian male homosexually active international students, particularly in relation to the differences between predeparture from their home countries and post-arrival in Australia:

- family and cultural expectations/regulations/surveillance of sexuality and being away from these familial and cultural controls in Australia
- sexual identifications such as the Western construction of gay identity and the meanings of 'gay' in their home countries
- language use such as the level of English and whether a student is able to negotiate sexual practices and sexual safety in English
- links with/participation in a gay community both in the home country and in Australia such as whether the student goes to gay venues and clubs, has access to gay papers, experiences racism and exploitation within the gay community, feels at ease with the 'culture' of the gay community
- links with/participation in an ethnic community in Australia, experiences of homophobia from within that community, and racism and homophobia from the wider Australian society
- cultural understandings of age, the experiences of younger Asian men in relationships with older Australian men, and the stereotypical Western assumptions associated with these
- fears of ostracism among other international students and the effect of 'coming out' on their university friendships, accommodation, study programs and scholarships.

The following issues concerning access to sexual health information arose:

- access to or lack of access to sexual health education and information whether it be provided at off campus health services, AIDS Councils, gay organisations, or on campus health and international student services
- access to and the use of the Internet due to student perception of its anonymity and confidentiality and how this could be a productive site of providing much information for students.

Another issue that was also considered important was:

- making decisions about returning home or attempting to gain permanency in Australia, particularly if returning home means having to adopt a heteronormative lifestyle and with minimal gay contacts, and possibly leaving a male partner.

Overwhelmingly, it appears that international students are very reluctant to access on campus services to discuss and work through any of the above issues. They do not feel able to approach their student officers on campus such as the Sexuality Officers and Ethnic Officers. They are also reluctant to access student health and counselling services and their international student advisers. Our research was unable to determine to what extent this reluctance was due to being gay or being an international student. There is some evidence of international students who are gay-identifying and gay community attached presenting at off campus gay community and gay-friendly clinics, services, and organisations. For these men, the gay community appears to provide the only group within which many can find a space for their multiple constructions of ethnicity, sexuality, and masculinity. However, some international students also want to keep a low profile within the gay scene so as not to attract attention to themselves and in so doing outing themselves. They may also find the way gay identity is culturally defined and lived in Australian cities as inappropriate and alienating.

What this research was unable to explore was the reality of non-gay identifying, non-gay community attached Asian male international students having sex with men. The comments and anecdotal material provided by those few we interviewed indicated a high level of isolation and potentially unsafe sexual negotiations and practices. By not being part of the wider gay community, and being or feeling unable to access on campus services may mean that individuals do not have access to appropriate support services or educational events, thereby limiting their access to support in dealing with their sexuality and their access to HIV/AIDS information (McMahon, 1996).

Conclusions

Despite the difficulties in undertaking this research and the gaps in terms of being unable to access Asian homosexually active international students who were not gay-identifying or gay-community attached, this research has provided useful preliminary information to

- inform the planning and implementing of future programs and other initiatives that address issues of sexual health and sexuality, in culturally appropriate ways, for international students by health and other services
- raise questions about research methodologies and recruitment strategies that may not be appropriate or successful with specific cultural and sexual groups in Australia, and that taken-for-granted meanings such as 'anonymity' and 'confidentiality' for mainstream research need to be interrogated in research with minority groups.

The research points to the lack of support homosexually active international students are receiving from their universities in assisting them to live out an individually suitable construction of an interwoven Asian gay or homosexually active identity. The major question that arises out of this research is *how* can tertiary institutions, particularly student health and international student services, together with other services such as sexuality groups and ethnic groups, address the relevant interconnections between sexuality, sexual behaviours, culture, gender and sexual health of international homosexually active students, and also provide safe spaces and act as allies in students' negotiation of their sexualities and cultures?

The implications in terms of the need for university services to provide sexual health counselling that also addresses issues of gender, ethnicity and sexuality are clear as well as the need to ensure that these strategies are appropriate in terms of language use, images and styles for these students. Another implication is that on campus services may be inappropriate places for these students to access sexual health counselling and the university may need to provide information about off campus sexual health services and gay organisations.

As the students in this research indicate, they may not feel comfortable accessing on campus services. Certainly, universities need to acknowledge their accountability for why this situation may be so. Simultaneously, they need to acknowledge the reality that for some students, accessing on campus services may prove too difficult or confronting due to the 'official' culture of the university, or they may have a preference for gay community organisations and sexual health services specifically catering for a gay clientele. Universities have a responsibility to inform students of off campus groups and services that may provide a more conducive environment. Counselling services, the establishment of support networks, and creating an environment where students can raise any issues of harassment, be it racist, sexist or homophobic or sexual, either from within or outside gay communities and university communities, are required. Again, productive and collaborative networks between AIDS Councils, migrant services, youth services, gay support services and university health and international services are essential to the effectiveness of service delivery by

all sectors. For example, it is important to consider the isolation and anxieties homosexually active international students may experience in student housing, and how this may lead to students seeking their own accommodation within gay networks which may or may not introduce a further set of vulnerabilities.

It is clear that the sexual health information provided at pre-departure and arrival and orientation level is largely inadequate and inappropriate. This needs to be addressed in a way that is culturally appropriate and yet without using the issue of culture to justify inaction. Again, working with international students themselves and taking into consideration the kinds of discourses, both popularist and educational, both pre-colonial and post-colonial, that these students and their families have access to, as well as the kinds of expectations and assumptions many students have of Australia as a Western country with a gay culture which many are deliberately coming to participate in, will lead to the information and promotion strategies being both culturally appropriate as well as realistic in regard to the students' needs and desires.

An area that many students find traumatic and yet receive minimal support or counselling in is 'returning home'. University health services and international services, in collaboration with external sectors such as AIDS Councils and gay networks, can play an important role in assisting students to negotiate their sexualities with their roles as family and community members, such as providing information in regard to support services in home countries.

Finally, we revisit the five strategic tools which assist in the understanding and analysis of the multiple social and community positionings of these men (Pallotta-Chiarolli, 1998). It is possible to identify their significance in relation to homosexually active male international students.

INTRA-CATEGORY HETEROGENEITY: identifying and acknowledging intragroup differences and individual experiences of NESB MSM rather than homogenising lives and situations through stereotypes and essentialism

Any sexual health education, promotion and prevention strategy needs to take into account the intragroup differences and individual experiences subsumed within the category 'homosexually active male international student'. Individual universities, states and health services need to undertake specific research and needs analyses with its particular student groups to determine the kinds of issues that are pertinent, and the kinds of responses that would be effective.

INTERWEAVING OF CATEGORIES: drawing attention to the relationships between various conditions and constructs such as ethnicity, class, gender, sexuality, religion, age, length of residence in Australia, marital status, geographical location and education

The many interwoven factors and their impact upon sexual behaviours and the sexual health knowledge and concerns of international students need to be considered. For example, depending on whether they are urban or rural, universities may need to implement strategies to address the existence or absence of gay networks both on and off campus. Likewise, age, class and education

specificities may imply that strategies that address international students' needs may differ considerably from those adopted with refugees, migrants, or other groups.

CONNECTING MARGINALITIES: making links between many forms of prejudice and oppression experienced by NESB MSM from various social sites such as classism, racism, sexism and heterosexism/homophobia.

The kinds of racist, homophobic, classist and sexist oppressions students may be facing, or indeed participating in, need to be addressed.

CONTEXTUALISATION: understanding that definitions, identities and socio-cultural values and attitudes in relation to ethnicity, gender and sexuality are dynamic rather than static

Any strategy adopted with international students needs to consider the shifting cultural, societal and political meanings attached to definitions, identities and values in relation to ethnicity, gender and sexuality as students move between and within 'home' and 'Australian' contexts, so-called 'Western' and 'non-Western' contexts, so-called 'colonial' and 'post-colonial' contexts, 'student' and 'son' contexts, 'gay community', 'student community', 'ethnic community' and family contexts.

SELF-AScription AND PERSONAL AGENCY: acknowledging the subjective perceptions, definitions and agency of NESB MSM, and their efforts at negotiating the labels and categories

Any strategy undertaken with international students needs to begin with their subjective perceptions, understandings, concerns and requirements. For example, services may need to reconsider labels such as 'cultural sensitivity', 'gay identity', 'gay community' in the light of how and where international students locate themselves in relation to these labels and categories. Likewise, university services may need to consider that taken-for-granted meanings of words such as 'anonymity' and 'confidentiality' may be laden with other socio-cultural and political meanings for students.

In relation to sexual health and sexuality, international students may need more specific knowledge about the role of university health services and student counsellors in relation to sexual health and sexual diversity. Information about the purposes, facilities, personnel and the actual counselling process in relation to these issues should be included as part of the orientation of all incoming international students. Likewise, counsellors must become aware of the different clues and signs that international students use in communicating about these issues and the expectations they are holding, and take more directive approaches. For example, how can they make their services pro-actively 'gay friendly'? And will this 'gay' visibility only serve to further alienate homosexually active international students? These are difficult though very important considerations. Clearly though, there is need for effective structures both on campus and off campus to continue developing a more

inclusive approach to sexual diversity in sexual health promotion for international students and indeed for all persons of culturally and linguistically diverse backgrounds in Australia.

References

Australian Vice-Chancellors' Committee (AVCC) (1998). Revised Code of Ethical Practice in the Provision of Education to International Students by Australian Universities. (<http://www.avcc.edu.au/avcc/pubs>) Canberra.

Axell, K., & Perkons, R. (1994). The Multicultural HIV/AIDS State Strategy. Adelaide: Migrant Health Service and Ethnic Communities Council, HIV/AIDS Programs Unit, South Australian Health Commission.

Boldero, J.; Sanitioso, R.; & Brain, B. (1998). 'Gay Asian Australians' safe sex behaviour and behavioural skills: the predictive utility of the theory of planned behaviour and cultural factors'. Melbourne: Psychology Department, University of Melbourne.

Brain, B. (1997). 'A study of gay Asian males'. Paper courtesy of Beverley Brain, VAC.

Camit, M., & Clews, C. (1995). Working With Diversity. Sydney: NSW Health Department, Pegasus Video and NSW Film and TV Office (video tape).

Crawford, J; Rodden, P; Kippax, S; Donohoe, S. & Van de Ven, P. (1998). Male Call 96: Telephone survey of men who have sex with men. Sydney: National Centre in HIV Social Research, Macquarie University.

Croome, R. (1998). 'Crisis for Asia, but not for freedom', Sydney Star Observer , 5th March, p14.

Elliott, J. (1998). 'Coming out in Australia: a case study of a gay international student', 9th International Student Advisers' Network of Australia Conference Proceedings. Canberra, December 1-4.

Gifford, S.; Mitchell, A.; Rosenthal, D., & Temple-Smith, M. (1994). The STD and HIV/AIDS Strategy for People of Non-English Speaking Backgrounds. Canberra: La Trobe University Centre for the Study of Sexually Transmissible Diseases and Australian Government Publishing Service.

Gim, R.H., Atkinson, D.R., & Whiteley S. (1990). 'Asian-American acculturation, severity of concerns, and willingness to see a counselor', *Journal of Counseling Psychology* 32(3): 281-285.

Gold, R. (1993). 'On the need to mind the gap: on-line versus off-line cognitions underlying sexual risk-taking' in D.J. Terry, C. Gallois, and M. McCamish (eds) *The Theory of Reasoned Action: its implications to AIDS-preventive behaviour*. Oxford: Pergamon Press.

Kippax, S., & Crawford, J. (1993). 'Flaws in the theory of reasoned action' in D.J. Terry, C. Gallois, and M. McCamish (eds) *The Theory of Reasoned Action: its implications to AIDS-preventive behaviour*. Oxford: Pergamon Press.

Macauley, C. (1996). *HIV/AIDS Education Project . . . developing a culture of awareness, Evaluation and Report*. Sydney: The University of New South Wales.

McMahon, T. (1996). *Issues Around Sexuality for Men of Vietnamese Background Living in Sydney Who Have Sex with Men*. Sydney: Faculty of Nursing and Health Studies, UWS Nepean.

Mahat, M. (1995). *Social Needs Assessment: NESB MSM*. Brisbane: Queensland AIDS Council and Ethnic Communities Council.

Mahat, M. (1997). *Gemini Phase II — NESB Men Who Have Sex With Men: Project Evaluation*. Brisbane: Queensland AIDS Council & Ethnic Communities Council.

Multicultural HIV/AIDS Education and Support Service (1996). *Chinese Speaking Background Beats Outreach Report*. Sydney: Multicultural HIV/AIDS Education and Support Service.

Murphy, B.; Cockburn, J., & Murphy, M. (1992). 'Focus groups in health research', *Health Promotion Journal of Australia* 2(2): 37-40.

Nathan K. (1997). 'Rice Queens— The Asian Hunters', *SILK Newsletter*, August Winter Edition.

National HIV/AIDS Strategy 1996-97 to 1998-99: *Partnerships In Practice*. Canberra: Commonwealth Department of Health and Family Services.

National Non-English Speaking Backgrounds Sexual Health Action Plan. (Working Document Only) October, 1996; Public Health Education Unit.

Pallotta-Chiarolli, M. (1997). 'HIV, Sexual Health and International Students at Australian Universities', *International Education — in it together: 8th International Student Advisers' Network of Australia Conference Proceedings*. Melbourne, December 3–5.

Pallotta-Chiarolli, Maria (1998). *Cultural diversity and men who have sex with men: a review of the issues, strategies and resources*. Sydney: National Centre in HIV Social Research, Macquarie University.

Ridge, D., Hee, A., & Minichiello, V. (1999). 'Asian' Men on the Scene: challenges to 'Gay Communities' In P. Jackson & G. Sullivan (eds) *Multicultural Queer: Australian Narratives*. New York: Haworth Press.

Schneider, A.E. (1994). Korean Community HIV/AIDS Needs Assessment in the Southern Sydney Area Health Service. Sydney: Multicultural HIV/AIDS Education and Support Service.

Yuen, R.K-W., & Tinsley, H.E.A. (1981). 'International and American Students' Expectancies About Counseling', *Journal of Counseling Psychology* 28(1): 66-69.

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Appendix A: Information Sheet and Survey

National Centre in HIV Social Research
MACQUARIE UNIVERSITY

Male International Students Sexual Health Survey

Information Sheet

About the survey

This is a short survey of the sexual practices and health needs of **male** international students **who have sex with men**. The project is funded by the Commonwealth Department of Health and Family Services.

The results of this study will be used to assist university student health services and international student services in planning HIV/AIDS education. It will also assist international students themselves in their HIV/AIDS awareness, as well as non-university support networks and health services that are approached by international students.

Who is being asked to respond?

Male international students who have had any form of sex with men are being asked to respond. Some of the questions may not apply to you. Please answer those that do.

Anonymity and consent

This survey is completely anonymous. **Do NOT write your name, student number**, or anything else on the form that may identify you. To ensure anonymity, consent forms are not being used.

Feedback

As this is an anonymous survey, feedback will be provided through the media, through public meetings and seminars, and via gay and university press.

Inquiries

To ask any questions, and to get more copies of this questionnaire, please contact:

Maria Pallotta-Chiarolli, Research Officer
Tele: 02 9850 9436 Fax: 02 9850 8112
Email: maria@bunyip.bhs.mq.edu.au

Please feel free to give copies of this questionnaire to your friends and acquaintances who could also be participants. The questionnaire is also available for downloading or printing from our website:

<http://www.bhs.mq.edu.au/nchsr/survey.html>

Return of questionnaires

Please seal your completed questionnaire in an envelope and send post-free to:

Reply Paid 203 MISSHS BHS—NCHSR Macquarie University NSW 2109
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The ethical aspects of this study have been approved by the Macquarie University Ethics Committee (Human Subjects). If you have any complaints or reservations about any ethical aspect of this research, you may contact the Committee through its Secretary—(02) 9850 7448. Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.

**National Centre in HIV Social Research
MACQUARIE UNIVERSITY**

**Male International Students
Sexual Health Survey**

Here are some questions about getting HIV/AIDS information:

1. Do you think that HIV/AIDS is a serious problem in Australia? (please tick box)

☐ yes ☐ no ☐ unsure

2. Do you think that HIV/AIDS is a serious problem in your home country?

☐ yes ☐ no ☐ unsure

3. Where did you learn about HIV/AIDS?

☐ home country ☐ Australia ☐ both
☐ elsewhere (please specify) _____

4. Where was the information provided? Tick as many as are applicable.

	in Australia	in home country
school	<input type="checkbox"/>	<input type="checkbox"/>
university courses/lecturers	<input type="checkbox"/>	<input type="checkbox"/>
media (newspapers, TV, radio)	<input type="checkbox"/>	<input type="checkbox"/>
preparatory international student course	<input type="checkbox"/>	<input type="checkbox"/>
AUSAID predeparture training program	<input type="checkbox"/>	<input type="checkbox"/>
sexual partner(s)	<input type="checkbox"/>	<input type="checkbox"/>
gay networks	<input type="checkbox"/>	<input type="checkbox"/>
gay venues	<input type="checkbox"/>	<input type="checkbox"/>
family	<input type="checkbox"/>	<input type="checkbox"/>
university health services	<input type="checkbox"/>	<input type="checkbox"/>
hospital and/or sexual health clinic	<input type="checkbox"/>	<input type="checkbox"/>
local doctor	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> other (please specify) _____		

5. How satisfied are you with your current information about HIV/AIDS?

☐ very satisfied ☐ satisfied ☐ not satisfied

6. Do you think that you could explain the meanings of 'safe sex' and 'unsafe sex' to a friend? ☐ yes ☐ no ☐ unsure

7. There are many places in Australia that give information and help on HIV and sexually transmissible diseases (STDs). If you wanted more information, where would you go/look? Tick as many as are applicable.

<input type="checkbox"/> library/private reading	<input type="checkbox"/> local doctor
<input type="checkbox"/> television/radio	<input type="checkbox"/> hospital or sexual health clinic
<input type="checkbox"/> ethnic press/media	<input type="checkbox"/> community health centre
<input type="checkbox"/> gay newspapers/magazines	<input type="checkbox"/> AIDS Council
<input type="checkbox"/> other newspapers/magazines	<input type="checkbox"/> other AIDS organisations
<input type="checkbox"/> posters/pamphlets/billboards	<input type="checkbox"/> gay organisations
<input type="checkbox"/> family member	<input type="checkbox"/> gay venues
<input type="checkbox"/> friends	<input type="checkbox"/> beat workers/ information at beats
<input type="checkbox"/> sex partners	<input type="checkbox"/> other (please specify) _____
<input type="checkbox"/> university courses/lecturers	
<input type="checkbox"/> international student advisers	<input type="checkbox"/> nowhere
<input type="checkbox"/> university health service	

8. Would you like HIV/AIDS information to be in a language other than English?

☐ yes ☐ no

9. If two people DO NOT KNOW whether they are infected with HIV, how risky are the following for passing on HIV?

	very risky	small risk	no risk	don't know
kissing on the lips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tongue kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oral sex (mouth-penis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oral sex (mouth-vagina)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vaginal intercourse without condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vaginal intercourse with a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anal intercourse, male-to-male, no condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anal intercourse, male-to-male, with a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anal intercourse, male-to-female, without a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anal intercourse, male-to-female, with a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
touching/stroking sexual organs with the hand e.g. mutual masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sharing needles when injecting drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here are some questions about your sexual practices. This information is very important and it is strictly anonymous and confidential.

10. Who do you enjoy having sex with?

<input type="checkbox"/> men and women equally	<input type="checkbox"/> mostly men
<input type="checkbox"/> men only	<input type="checkbox"/> mostly women
<input type="checkbox"/> women only	<input type="checkbox"/> no one

11. In the past six months, how many men have you had sex with?

- | | |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> 6-10 |
| <input type="checkbox"/> one | <input type="checkbox"/> 11-50 |
| <input type="checkbox"/> 2-5 | <input type="checkbox"/> more than 50 |

12. Do you have a regular male sexual partner/boyfriend?

- ☐ yes ☐ no

13. In the last six months, how many women have you had sex with?

- | | |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> none | <input type="checkbox"/> 6-10 |
| <input type="checkbox"/> one | <input type="checkbox"/> 11-50 |
| <input type="checkbox"/> 2-5 | <input type="checkbox"/> more than 50 |

14. Do you have a regular female sexual partner/girlfriend/wife?

- ☐ yes ☐ no

15. For your regular sexual partners, please answer the following.

In the past six months, I have had:

- | | often | some-
times | never | no
regular
partner |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| oral sex with my regular male sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| anal intercourse with my regular male sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| oral sex with my regular female sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vaginal intercourse with my regular female sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| anal intercourse with my regular female sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. For your regular sexual partners, please answer the following.

- | | always | some-
times | never | no
regular
partner |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| I use condoms for anal intercourse with my regular male sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I use condoms for vaginal or anal intercourse with my regular female sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. For your casual sexual partners, please answer the following:

In the past six months, I have had:

- | | often | some-
times | never | no
casual
partner |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| oral sex with casual male sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| anal intercourse with casual male sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| oral sex with casual female sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vaginal intercourse with casual female sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| anal intercourse with casual female sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. For your casual sexual partners, please answer the following.

- | | always | some-
times | never | no
casual
partner |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| I use condoms for anal intercourse with casual male sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I use condoms for vaginal or anal intercourse with my casual female sexual partner(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions are about your friendships and social networks. These will help us work out where you might be getting information about HIV/AIDS from.

19. Are you transsexual/transgender? ☐ yes ☐ no

20. Do you think of yourself as (tick one only):

- ☐ homosexual/gay ☐ heterosexual/straight
☐ bisexual
☐ other (please specify) _____

21. Do you see yourself as a member of a gay community?

- | | yes | no | unsure |
|----------------------|--------------------------|--------------------------|--------------------------|
| in Australia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| in your home country | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

22. How many of your friends are the following?

	most	some	none
heterosexual Australian men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heterosexual Australian women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heterosexual male international students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heterosexual female international students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gay/homosexual Australian men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gay/homosexual male international students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. How much of your free time in Australia do you spend with friends who are the following?

	most	some	none
heterosexual Australian men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heterosexual Australian women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heterosexual male international students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heterosexual female international students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gay/homosexual Australian men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gay/homosexual male international students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How many of your male sexual partners are men from your home country?

☐ all ☐ some ☐ none

25. How many of your male sexual partners are other international students?

☐ all ☐ some ☐ none

26. How many of your male sexual partners are Australian (Anglo) men?

☐ all ☐ some ☐ none

27. Have you met male sexual partners in any of the following ways?
Tick as many as are applicable.

	in Australia	in home country
in gay groups on campus	<input type="checkbox"/>	<input type="checkbox"/>
in ethnic groups on campus	<input type="checkbox"/>	<input type="checkbox"/>
among other international students	<input type="checkbox"/>	<input type="checkbox"/>
among other university students	<input type="checkbox"/>	<input type="checkbox"/>
internet/chatline sites	<input type="checkbox"/>	<input type="checkbox"/>
sports club/gym	<input type="checkbox"/>	<input type="checkbox"/>
at work	<input type="checkbox"/>	<input type="checkbox"/>
pool/beach	<input type="checkbox"/>	<input type="checkbox"/>
ads in gay magazines/newspapers	<input type="checkbox"/>	<input type="checkbox"/>
ads in straight magazines/newspapers	<input type="checkbox"/>	<input type="checkbox"/>
telephone sex lines	<input type="checkbox"/>	<input type="checkbox"/>
gay bars/dance parties	<input type="checkbox"/>	<input type="checkbox"/>
straight bars/dance parties	<input type="checkbox"/>	<input type="checkbox"/>
gay social group events	<input type="checkbox"/>	<input type="checkbox"/>
private parties/through friends	<input type="checkbox"/>	<input type="checkbox"/>
sex venues (saunas, adult bookshops, sex clubs, sex cinemas)	<input type="checkbox"/>	<input type="checkbox"/>
beats	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> other (please specify) _____		

28. Have you ever had sex with men for the following reasons?

	in Australia		in home country	
to make money	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
for accommodation	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

29. Who do you talk to or confide in about having sex with other men?
Tick as many as are applicable.

<input type="checkbox"/> no one	<input type="checkbox"/> gay international students
<input type="checkbox"/> mother	<input type="checkbox"/> straight international students
<input type="checkbox"/> father	<input type="checkbox"/> university student advisers
<input type="checkbox"/> relatives	<input type="checkbox"/> university health services
<input type="checkbox"/> regular female sex partner	<input type="checkbox"/> gay counselling services
<input type="checkbox"/> regular male sex partner	<input type="checkbox"/> doctors
<input type="checkbox"/> gay friends on campus	<input type="checkbox"/> lecturers
<input type="checkbox"/> straight friends on campus	<input type="checkbox"/> workmates
<input type="checkbox"/> gay friends off campus	<input type="checkbox"/> religious adviser
<input type="checkbox"/> straight friends off campus	<input type="checkbox"/> other (please specify) _____

30. Have you had problems discussing HIV and other STDs at any of the following?

	yes	no
international student services	<input type="checkbox"/>	<input type="checkbox"/>
university health service	<input type="checkbox"/>	<input type="checkbox"/>
with any other person/service (please specify) _____		

And finally, some questions about yourself:

31. Have you ever had a test for HIV/AIDS?

	yes	no
in Australia	<input type="checkbox"/>	<input type="checkbox"/>
in home country	<input type="checkbox"/>	<input type="checkbox"/>

32. What were the results?

<input type="checkbox"/> I do not have HIV	<input type="checkbox"/> not tested
<input type="checkbox"/> I have HIV	<input type="checkbox"/> still waiting for the result

33. Do you personally know anyone who has HIV or has/had AIDS? Tick as many as are applicable.

<input type="checkbox"/> no one	<input type="checkbox"/> sexual partner
<input type="checkbox"/> past sexual partner	<input type="checkbox"/> friend
<input type="checkbox"/> family member/ relative	<input type="checkbox"/> acquaintance
	<input type="checkbox"/> other (please specify) _____

34. How old are you? years

35. Have you ever been married?

- ☐ married with wife outside Australia ☐ married with wife here
☐ never married ☐ separated
☐ divorced ☐ other (please specify) _____

36. In which country were you born? _____

37. In which country did you do most of your primary education?

38. In which country did you do most of your secondary education?

39. What religion were you born into?

- ☐ none ☐ Christianity
☐ Islam ☐ Buddhism
☐ Hinduism ☐ Judaism
☐ other (please specify) _____

40. What religion do you practise now?

- ☐ none ☐ Christianity
☐ Islam ☐ Buddhism
☐ Hinduism ☐ Judaism
☐ other (please specify) _____

41. What languages other than English do you speak?

42. Please list the languages, including English if applicable, that you spoke at home when growing up.

43. Have you attended English classes in Australia?

- ☐ yes ☐ no

44. How long have you been in Australia?

- ☐ less than one year ☐ 3–5 years
☐ 1–2 years ☐ more than 5 years

45. What State are you living in? _____

Do you live in the State capital city? ☐ yes ☐ no

What is your postcode?

46. With whom do you live/share accommodation? Tick as many are applicable.

- ☐ alone
☐ in university accommodation/college
☐ with other international students
☐ with a female sexual partner (with or without children)
☐ with a male sexual partner (with or without children)
☐ with parents/relatives
☐ with gay friends (including one or more sexual partners)
☐ with gay friends (no sexual partners)
☐ with straight friends (no sexual partners)
☐ other (please specify) _____

47. What is your source of financial support? Tick as many as are applicable.

- ☐ part-time work during semester ☐ friends
☐ full-time work during semester ☐ scholarships
☐ part-time work during vacation ☐ loans
☐ full-time work during vacation ☐ savings
☐ family ☐ other (please specify) _____

48. How often do you use the following Australian media?

	often	occasionally	never
watch English television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
watch other-language television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
listen to English radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
listen to other-language radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
read English newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
read other-language newspapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Do you belong to any of the following? Tick as many as are applicable.

	on campus	off campus
sporting club/organisation	<input type="checkbox"/>	<input type="checkbox"/>
social club/organisation	<input type="checkbox"/>	<input type="checkbox"/>
ethnic club/organisation	<input type="checkbox"/>	<input type="checkbox"/>
gay club/organisation	<input type="checkbox"/>	<input type="checkbox"/>

50. Where did you see this survey/get information about this survey?

Tick one only.

- ☐ from a friend ☐ university health service
☐ student papers ☐ AIDS Council
☐ gay newspaper/magazine ☐ STD clinic
☐ gay organisation on campus ☐ website/internet
☐ gay organisation off campus ☐ other (please specify) _____
☐ international student service

THANK YOU FOR YOUR TIME

Appendix B: Pinkboard Personals Advertisement

Pinkboard personals: men seeking men, Casual.

15th may: Australia: international students

Hi! Are you a male international student who is gay, bisexual, transgender or just enjoys having sex with men?

Well, we here at the National Centre in HIV Social Research would really appreciate you filling in a completely anonymous and confidential questionnaire available on the web. We just want some information that will help Australian university health services and international student services become less racist and homophobic and provide resources and information for students like you. So please contact me and I will give you the website address where you can find the questionnaire, download it or print it, and send it to us post-free.

Your help is really appreciated!

Appendix C: Recruitment Advertisement

**National Centre in HIV Social Research
MACQUARIE UNIVERSITY**

Male International Students Sexual Health Survey

**Male International Students
in Australian tertiary institutions**

**We are seeking your anonymous and
Confidential participation**

**in filling out a questionnaire
as part of the research for a project being conducted by the**

National Centre in HIV Social Research

on

Male International Students and Sexual Health

The project will provide information on
HIV/AIDS and STD-related knowledge,
and will be of benefit to all international students,
student health workers and counsellors,
international student advisers and organisations

We are interested in hearing from you and sending you a questionnaire. Please contact

Maria Pallotta-Chiarolli

National Centre in HIV Social Research

Macquarie University, Sydney, NSW, 2109

Tel: 02 9850 9436

Fax: 02 9850 8112

maria@bunyip.bhs.mq.edu.au

or visit our website: <http://www.bhs.mq.edu.au/nchsr/survey.html>

Appendix D: Press release

National Centre in HIV Social Research

MACQUARIE UNIVERSITY

Male International Students Sexual Health Survey

A survey of the sexual practices and health needs of male international students who have sex with men is being undertaken by the National Centre in HIV Social Research, Macquarie University.

The results of this study will be used to assist university student health services and international student services in planning HIV/AIDS education. It will also assist non-university gay support networks, AIDS organisations and health services that are approached by international students.

“It will also provide useful information related to other homosexually active men from culturally diverse backgrounds such as migrants and Australian-born sons of migrants”, said Maria Pallotta-Chiarolli, Research Officer. “We decided to undertake this project due to the findings of a national report we conducted about men from culturally diverse backgrounds who were having sex with men. There was a great deal of evidence that many international students are reluctant to access student health and counselling services, and their student advisers, on issues of sexuality and sexual health. There is also considerable evidence that some international students are undertaking high risk behaviours and presenting at off-campus clinics, services and organisations with STD and sexuality concerns”.

Maria gives the example of a gay Singaporean student at an Australian university whose Anglo-Australian partner died from an AIDS-related illness. He found himself not only dealing with grief but his partner’s parents throwing him out of the flat he’d shared with their son. They took the furniture and their son’s belongings, despite the student’s pleas to be left some of the items they’d bought together and which represented important memories of their relationship. The student was very traumatised and isolated. He eventually confided in an international student adviser on the proviso that his family in

Singapore and his university peers not be notified. The student was assisted through unofficial networks such as gay and gay-friendly counsellors and lecturers. "This example shows the varying forms and levels of trauma homosexually active students may be facing, as well as possible sexual health issues, without recourse to official procedures and guidelines for taking action. It was only due to individuals within the institution who formed an unofficial gay-friendly network that saw his situation being dealt with in some way".

"Like other men having sex with men from culturally diverse backgrounds, there are very important social and cultural factors linked to sexual health", says Maria. "Family and community expectations. Whether they participate in a gay community both in their home country and in Australia such as going to gay venues, reading gay papers, having access to safer sex information. If they experience racism and exploitation within the gay community, homophobia and ostracism from their own ethnic community in Australia, from other students, and racism and homophobia from the wider Australian community. We're also hoping to compare HIV education/knowledge before leaving their home countries to HIV education/knowledge while living in Australia".

"We know that many international students explore their sexuality in Australia due to freedoms from family and community control. In fact, they may decide to study in Australia to experience not only another culture but also specifically their own gay sexuality in an Australian gay culture. Others may find Australian gay culture as alienating as they may find their heterosexist ethnic groups on campus."

So where is the university in all this? A few Australian universities such as the University of New South Wales have specifically addressed sexual health issues relating to international students. Other universities seem to be reluctant to do so due to fears of culturally offending international students. While this is certainly an issue to be considered, Maria explains another side to this position. "Some overseas students have said to me that they believe their advisers and counsellors may have more problems with sexual health and sexuality issues and materials than they do. Or they have patronising and rather Western missionary attitudes toward them. One student health adviser in Victoria said to me, 'They're not presenting to us with these issues because they're all too busy studying to have time for sex'. And yet, when I've contacted international student associations themselves, there's a great enthusiasm to be a part of this kind of research."

Maria also points out that there are many international advisers and health service providers on-campus around Australia who have enthusiastically expressed their willingness to participate so long as confidentiality can be ensured. "The survey is

completely anonymous,” Maria says. “We don’t want any student names or university names, no student numbers, or anything else on the survey that may identify the students. And it’s returned to us post-free.”

To get copies of the questionnaire sent out to you, you can contact Maria at the National Centre by telephoning 02 9850 9436 or by fax: 02 9850 8112, or by email: maria@bunyip.bhs.mq.edu.au. The questionnaire is also available for downloading or printing from the website: <http://www.bhs.mq.edu.au/nchsr/survey.html>

Contact: Maria Pallotta-Chiarolli
Research Officer
National Centre in HIV Social Research
Macquarie University, NSW, 2109
Tel: 02 9850 9436; Fax: 02 9850 8112
maria@bunyip.bhs.mq.edu.au

Appendix E: Focus group and interview questions

Personal Data

- Age
- Cultural Background
- Religion
- Languages Spoken
- How long in Australia
- Regular partner in Australia and home
- Being a gay student in home country
- Why the choice to come to Australia

Before Coming to Australia

a) HIV Education in home country: knowledge and opinions

- Experiences and knowledge of HIV testing in home country
- Attitudes toward HIV in home country
- Where do you go for info in home country? Why?

b) Sexual Identity

- Labels used for self and others, why?
- Coming out experiences in home country
- First experiences with men in home country
- Meeting men in home country.
- Gay networks and scene in home country
- Relationships with women

c) Cultural Identity

- Cultural attitudes toward homosexuality
- Family expectations
- Importance of cultural community and identity
- Impact of religion, place of residence in home country (eg urban centre or rural area) , where he was educated, Western influences

d) Gender Identity

What being male means to him in home country re social, economic, sexual, etc roles
Family and community expectations on him as a man

In Australia

a) Student Identity

Relationships with other students: queer, Anglo, cultural group, international students
Why or why not belong to gay groups, ethnic groups and other Uni groups
International Students Services and HIV and homosexuality: concerns, positives, negatives, experiences, recommendations
Uni health services: concerns, positives, negatives, experiences, recommendations
Networking with other gay students, gay international students

b) Sexual Identity

Labels used for self and others, why?
Coming out experiences in Australia
First experiences with men in Australia
Meeting men in Australia.
Gay networks and scene in Australia
Relationships with women

c) Cultural Identity

Cultural attitudes toward homosexuality in Australia as compared to home
Family expectations now that he's in Australia: how important are they to him?
Importance of cultural community and identity in Australia
Impact of religion, place of residence in Australia (eg urban centre or rural area), which Uni he's attending, Western influences

d) Gender Identity

What being male means to him in Australia re social, economic, sexual, etc roles

e) Gay Community

Belonging or not belonging to gay community
Meeting sexual partners
Meeting friends
Issues of racism, exploitation, barriers

Positive experiences and benefits of gay community participation or allegiance

f) HIV Education in Australia: knowledge and opinions

Experiences and knowledge of HIV testing in Australia

Where do you go for info in Australia? Why?

g) Sexual Practices and Safe Sex Negotiations

What he does that he defines as safe: strategies, problems, what works, experiences

Monogamy and nonmonogamy, negotiated safety

Who are his sexual partners, and why

Issues of power

Where does he have sex

Going 'Home'

Feelings and plans about going home or staying in Australia

How will he or will he still have sex with men/be in a relationship with a man/men.

Will he be part of a gay community

Changes to the way he'll relate to family and community expectations?