

**ANALYSIS OF INTERNATIONAL STUDENTS' HEALTH DETERMINANTS IN
AUSTRALIA**

by

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DECLARATION

I declare that **ANALYSIS OF INTERNATIONAL STUDENTS' HEALTH DETERMINANTS IN AUSTRALIA** is my own work and that all sources that I have used or quoted have been indicated or acknowledged by means of complete references and that this work has not been submitted before for any other degree at any institution.

A handwritten signature in black ink, reading "Tarisai Gamanya". The signature is written in a cursive style with a large, stylized initial 'T'.

Tarisai Gamanya

30 September 2021

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ABSTRACT

The purpose of this study was to explore immigration and the vulnerability of immigrants to mental health problems with a focus on international students in a small town in Australia. A sample of 97 international students in the town enrolled in the study. This research question was examined using data obtained from questionnaires to explore the students' perspectives on migration and its implications on mental health. In-depth interviews were utilised to ensure the collection of narratives to help explain the conclusions gathered from quantitative data. Major findings of the study include that students suffer from multiple forms of mental conditions which stem from the challenges of adapting to a new environment and lack of social support. The study found that there are multiple causes for mental health problems among international students. International students face a more stressful lifestyle than their native counterparts because of the stressors they encounter during adaptation and assimilation. It also showed that there is a strong correlation between a lack of acculturation, socio-economic support, self-esteem, and mental health. In terms of recommendations, universities should commit to enhancing acculturation, social support, and self-esteem among international students to reduce isolation and improve and preserve their health, according to the recommendations. Future research on social isolation of subcultures is also recommended to increase acculturation and stress, as well as their effects on international students.

Key concepts: Acculturation; economic support; mental health; self-esteem; social support

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LIST OF ACRONYMS

ABS	Australian Bureau of Statistics
AIRS	American International Relations Scale
CSDH	Commission on Social Determinants of Health
IMO	International Organization for Migration
ISEL	Interpersonal Support Evaluation List
NUS	National Union of Students
NSW	New South Wales
OECD	Organisation for Economic Co-operation and Development
UK	United Kingdom
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
USA	United States of America
SDGs	Sustainable Development Goals
SPSS	Statistical Package for Social Sciences
WHO	World Health Organisation

CHAPTER 1: ORIENTATION TO THE STUDY

1.1 INTRODUCTION

This study examined the health determinants of overseas students in Australia. It focused on comprehending an area of public health that has received increased attention because of Australia's growing number of international students. By 2017, international students accounted for up to 30% of Australia's higher education population (Australian Government Department of Education and Training 2017:1). According to the latest numbers from the Federal Department of Education, there are now 630 247 international students studying in Australia. The number of overseas students studying in Australia and throughout the industrialised world has naturally increased as nations become increasingly intertwined, and more people pursue high levels of education.

According to Altschuler (2016:1), the phenomenon of international movement is not new as this has occurred throughout human history. However, the forces of globalisation, economics, political conflict and growth of the internet and social networks offering information of life elsewhere mean more people are on the move now than before. Australia is becoming a popular destination of choice for international students. According to the Australian Bureau of Statistics (ABS), overseas education contributed \$32.4 billion to the Australian economy in 2017-18, up from \$28.1 billion in 2016-17. International students frequently experience culture shock when they first arrive in a new country, which is defined by Webster's dictionary as a condition of uneasiness and bewilderment that can strike anyone experiencing a new culture (Leung, Maddux, Galinsky and Chiu 2008:169-174). Disorientation and confusion can last for long periods owing to difficulties adjusting to the culture of the host country. Culture shock can lead to serious psychosocial distress and poor physical health (Ward, Bochner and Furnham 2020: 1-8). There is a problem with the condition surrounding migration, in this case as an international student far away from home, with nobody in the new environment, often fuels some

health inequalities and expose migrants to increased health risks and negative health outcomes (International Organization for Migration, 2018).

1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM

1.2.1 The source of the research problem

International students are an integral part of the population in Australia. Yet there is limited understanding of their contribution to Australian communities or their common health risks, such as homesickness, isolation, suicidal ideation, economic welfare, integration in the society, success in their studies and retention (Wu, Garza, and Guzman 2015:2-3). Regardless of the increase in the number of international students in Australia, there is scarce literature relating on the social aspect of their lives which ultimately determines their health (Skromanis et al. 2018:2). This understanding is critical for improving acculturation and encouraging social support among international students, thereby reducing, or preventing health issues such as mental illness (Coroners Court of Victoria 2019). The experiences of the students vary, and they are influenced by many factors, for example, whether the decision was chosen or forced, the country from which one leaves and the reception in the country to which one moves. Similarly, experiences of illness vary according to available treatment, access to practical and emotional support, sense of loss and disarray, identity, risk, and resilience. Altschuler (2016:22) asserts that disruptions to relationships with one's country of origin, changes in social status, the absence of a familiar social network, the feelings of inadequacy associated with the experiences of exclusion can threaten one's sense of physical and mental health. In the same vein, Voltonen (2015:133) corroborates that many different modes of interaction with the receiving society are involved in international student integration in the society and that initially family and kinship networks or circles from their own ethno-cultural background can create stability as individuals put down roots in the receiving society.

1.2.2 Background to the research problem

The determinants of health play a major role when it comes to international students. Determinants of health include environment, social, economic, and cultural factors. Research (Li et al. 2016:392; Paltridge, Mayson and Schapper 2012:32; Sherry, Thomas, and Chui 2010:35) shows that international students lack social support systems. This affects how they interact in the new environment and in a language different from their own. This frequently results in physical and mental health difficulties such as a lack of understanding of the health-care system, the risk of self-medication and behavioural health issues such as suicide, gambling, unsafe sex, unfairness, and prejudice (Ammigand et al. 2019:132; Sawir et al. 2008:175). There is correlation between discrimination and psychosomatic problems (Castaneda et al. 2015:277). Stress and depression are examples of psychosomatic disorders that can lead to mental illness and even worse health effects. Pressure to succeed and financial burdens lead to negative health outcomes caused by stress. Cultural, financial and language barriers often prevent international students from seeking help (Huang, Kern and Oades 2020:16). Some students struggle with English and have difficulties in understanding classes at the universities which often lead to depression, insomnia, and all the negative physical health outcomes. The weight of cultural expectation both academic and financial is enormous and may lead to an abject sense of failure.

According to anecdotal evidence from multiple overseas students, entire family savings are often used to send a student to study abroad in the hope that they will flourish and become breadwinners for the entire family. Such students suffer additional restrictions because their student visas limit them to working 20 hours per week, or roughly \$400 per week (this is the minimum wage out of which they must pay rent, living expenses and tuition fees). When individuals experience negative health outcomes, the situation is exacerbated by the fact that the Australian medical system can be confusing for international students (Senanayake and Gee 2019) and paying hundreds of dollars in fees per consultation before being able to claim it back is also an obstacle. According to Khawaja and Dempsey (2008:42), “international

students are more vulnerable than domestic students due to lower levels of social support, more mismatched expectations, and greater usage of dysfunctional coping techniques.” While studying in Australia, international students often have no right to international funding, which can compound their need to work more than is legally permissible. This causes the students to be more vulnerable to health problems. International students in most cases do not have families to live with and this results in economic stress as they battle to raise exorbitant rental and transport money.

According to the migration data, population movement is rapidly increasing, which has significant public health implications and necessitates a proper response from the health sector. Health inequities are typically exacerbated by the circumstances underlying this movement, exposing international students to elevated health risks and unfavourable health outcomes. Valtonen (2016:13) finds that particular attention has been paid to the barriers faced by irregular migrants and those with uncertain immigration status and not international students. International students are affected by social inequalities. Valtonen (2015:103) maintains that equality is closely related to fairness and social justice and that social justice is based on the acceptance of difference and diversity and on values concerned with achieving fairness and equality. Many students are unfamiliar with how the health care systems operate, and they often suffer from cultural insensitivity among some first line health care providers, insufficient support with translation, confusion about entitlement to services-among service providers (White et al. 2019:7; Al Shamsi et al. 2020:1). Access and barriers to healthcare touch on political, moral, and financial questions about the boundaries of responsibility. While most governments see health as an essential right, there is still considerable debate about the extent to which non-citizens should share the same rights and entitlements to healthcare as citizens (Haour-Knipe, 2013:9-13).

1.3 PROBLEM STATEMENT

Because of environmental (climate), societal and behavioural risk factors, international students have been identified as having greater rates of sickness,

disability, and educational neglect by discontinuing their studies and returning home instead of having a fatality case. According to a coroner's court inquiry (Coroners Court of Victoria 2019) there were 27 suicides of international students in Victoria between 2009 and 2015. According to the same survey, international student suicide cohorts had a lower rate of documented mental illness (14.8%) than Australian-born student suicide cohorts (66.7%), and only 22.2% of the international student cohort attended a health service for a mental health related issue within six weeks of death. Redfern (2016:286) in a study showed that Chinese international students experience significantly higher levels of anxiety and stress than their Australian counterparts, and the causes of these appear to be culture specific. Another study by Han et al. (2013:1-8) revealed that out of Chinese international students in each university, 45% reported symptoms of depression and 29% reported symptoms of anxiety. There is growing evidence highlighting an increasing mental and emotional health burden among international students with a clear link to suicide. Therefore, there is a need for systematic analysis of health determinants of international students to assist policy makers in creating lasting solutions for this growing public health concern. A variety of factors affecting health status, health behaviours and access to health care of the international students are responsible for this problem. Determinants of foreign students' health encompass all stages of the migration process, which include pre-departure, migration journey, destination, and the return to sending countries. The above-mentioned factors contribute to the international students' social, physical, and mental health. If migration in totality is not fully recognised as a significant determinant of health, it becomes difficult to promote good health for all. To promote health equity, analysis must be made on the determinants of health of migrants in a foreign country.

1.4 PURPOSE OF THE STUDY

1.4.1 Research Purpose

The study investigated the social lives and health factors of international students in Australia. Global patterns of morbidity and mortality follow inequities inherent in conditions produced and reproduced by political economy, such as social structures,

policies, and institutions. Work, housing, living conditions, food access, social services, and legal status all influence an individual's well-being, and all these factors are influenced by their social and institutional environment. International students with low financial resources are particularly vulnerable in a foreign setting since they may be forced into dangerous situations owing to the need to accept substandard housing and dangerous occupations (Sawir et al. 2008:148-150). These are the students who are more prone to let their insurance lapse or who lack the financial means to pay for medical care up front. All of these have a harmful impact on the students' health (Brown 2008:25). The typical constraints of studying may relate to concerns about academic achievement or external challenges such as balancing education with work and social commitments, making mental health the most troubling aspect of foreign student wellness. The lack of established support networks in the host country exacerbates these difficulties for overseas students (Forbes-Mewett and Sawyer 2016:84).

That an international student's academic success can be linked to their visa status is a significant concern. Many international students will work while in Australia, taking advantage of their capacity to do so under the student visa system. International students can work up to 40 hours per fortnight throughout the semester and unlimited hours during semester breaks to help fund their living expenses (Department of Immigration and Citizenship 2012). Because the costs for international students are so exorbitant, students are compelled to work longer hours to support their studies. According to the Group of Eight, a body of Australia's top institutions, students now work three times as many hours as they did in 1984 (Ong and Ramia 2009:186). This has an adverse effect on the health of overseas students.

1.4.2 Research objectives

- To determine the association between lack of acculturation and stress/mental health among international students in Australia.
- To establish the association between lack of social support and stress/mental health among international students in Australia.

- To examine the association between lack of economic support stress/mental health among international students in Australia.
- To analyse the individual and institutional responses to the health-related challenges faced by international students.

1.4.3 Research questions

The legal status of migrants is frequently linked to health risk factors, determining the extent of access to health and social services. International students in the town under study are more likely to be exposed to some negative health outcome resulting from international student's welfare in Australia. Therefore, the research was guided by the following questions:

- How does acculturation affect stress and negative health outcomes among international students in Australia?
- Is social support associated with some level of stress/mental health among international students?
- What is the impact of economic support on stress/mental health among international students?
- What is the impact of stress/mental health among international students on their self-esteem?

1.5 SIGNIFICANCE OF THE STUDY

In Australia, the study investigated the mental health determinants amongst migrant students living and studying in Australia. Because global patterns of sickness and mortality are based on imbalances created and sustained by political economy, such as social structures, laws, and institutions, social determinants are being increasingly recognised as important to health. Work, housing, living conditions, food access, social services, and legal status influence an individual's well-being, and all these factors are influenced by their social and institutional environment. The social determinants of health (SDH) surround immigrants who choose to or are compelled to leave their homelands for survival, labour, safety, or education as global migration flows expand. There are notable gaps in the literature, and a more comprehensive

look at immigration as both a socially dictated and a social determinant of health is needed. To minimise health inequalities and aid in the establishment of healthy societies for all individuals, research is required in the subject of public health. Individuals and communities face obstacles because of migration, whether voluntary or forced, as it necessitates an almost complete reorganisation of everyday life, which can have substantial social, economic, and health effects. Even though immigration is a result of social variables such as poverty, unemployment, educational opportunities, and political persecution, there is a scarcity of research that examines immigrants' experiences and how related policies directly affect health. Immigration should be viewed as a broad societal predictor of health and happiness. Examining immigration through the lens of socio-economic determinants of health allows for a more holistic understanding of these complex, interconnected and far-reaching effects. This study is significant in multiple aspects, as it will aid in the promotion of integration and preventative methods for migrant communities to reduce stigmatisation, social exclusion, discrimination, and marginalisation. Examining this issue could also help develop migrant-sensitive health policies that adapt better governance for health and development, promote participation in policymaking and implementation, reorient the health sector toward reducing health inequities, strengthen global governance and collaboration, and track progress and increase accountability.

1.6 DEFINITION OF KEY TERMS

1.6.1 Determinants of health

The situations under which people are born, grow, live, work, and age are known as determinants of health (Commission on Social Determinants of Health 2008:1). The global, national, and local distributions of money, power, and resources affect these circumstances. As a result, political, social, and economic pressures impact people's health determinants. Health inequities—unfair and avoidable inequalities in health status seen within and between countries—are largely caused by determinants of health. The terminology behind the concept determinant of health necessitates some clarification. A determinant is intended to facilitate policy conversations that

recognise despite a person's best efforts they may not be able to overcome the influence of socially imposed forces. Therefore, an investigation must be made into the structural barriers to alleviate this burden. As the Commission on the Social Determinants of Health (2008:1) explained it, determinants are the causes of the causes.

1.6.2 Migration

The movement of people to a new country or area to find work or better living conditions (Oxford Advanced Learner's Dictionary, 2001).

1.6.3 Migrant

The term migrant, according to UNESCO (2010), refers to someone who lives temporarily or permanently in a country where he or she was not born and has developed strong social ties. A migrant is defined by the International Organization for Migration (IOM) as someone who has lived in a foreign country for more than one year, regardless of the reason for migration (voluntary or involuntary) or the mode of migration (regular or irregular) (IOM, 2011:40).

1.6.4 Migration health

Health is defined by the World Health Organization (WHO) as a condition of complete physical, mental, and social well-being, rather than simply the absence of sickness or infirmity (WHO, 2018:3). The status of physical, mental, and social well-being of migrants and mobile populations is thus addressed by migration health. Migrants' structural disparities have a substantial impact on their general health and well-being. As a result, migration health extends beyond the usual management of disease among mobile people and is inextricably related to the larger SDH and their unequal distribution.

1.6.5 Mental health

WHO (2018) defines mental health as a state of well-being in which a person may reach his or her full potential, cope with everyday challenges, work creatively and fruitfully, and contribute to his or her community.

1.6.6 Stress

Stress is a mental or emotional condition of strain or tension brought on by difficult or demanding situations. (2001, Oxford Advanced Learner's Dictionary) Everyone, regardless of race or cultural background, experiences stress. Because of their coping capacities, the amount and type of assistance they receive, and other factors, people react differently to the same circumstances. International students who are unable to communicate in English face more acculturative stress than those who are fluent in the language (Berry et al. 2013:493). When these pupils are confronted with events and difficulties that they lack the resources to successfully manage, they are in a stressful scenario. Resources may be physical, emotional, psychological, or spiritual.

1.6.7 Self-esteem

As cited by Hibbert (2013), self-esteem is what we think, feel, and believe about ourselves. Stressful conditions arise because of the desire for adequate coping mechanisms, which necessitates the acquisition of new abilities to be adaptive and function efficiently. Otherwise, the person is labelled as maladaptive.

1.7 OPERATIONAL DEFINITIONS

1.7.1 International students

International students will be defined as those who have immigrated to Australia and speak a language other than English as their primary language. They have travelled beyond boundaries to pursue their education. International students, according to UNESCO (2009:24), are individuals who are not citizens of the country in which they are studying or who have previously earned their education in another country. Foreign students and international students are terms that can be interchanged.

1.7.2 Acculturation

In this study, acculturation means the process by which a person or group from one culture adopts the customs and ideals of another culture while maintaining their own unique culture. This process is most usually articulated in terms of a minority culture adopting parts of a majority culture, which is prevalent among immigrant groups who are culturally or ethnically distinct from the majority in the country to which they have immigrated (Noh and Kaspar 2003:234). Acculturation and adaptability have a significant impact on overseas students' health. The stress of leaving the native culture or assimilating into the new culture could have serious implications. Acculturation is a phenomenon that occurs because of learning.

1.7.3 Acculturative stress

According to Berry et al. (2013: 492), acculturative stress refers to one type of stress in which the stressors are characterised as having their genesis in the acculturation process; "In addition, there is often a particular set of stress behaviours which occur during acculturation such as lowered mental health status, (specifically confusion, anxiety, depression), feelings of marginality and alienation, heightened psychosomatic symptom level, and identity confusion" (Berry et al. 2013: 492).

1.7.4 Social support

Social support among overseas students, according to Bhochohibhoya, Dong, and Branscum (2017:683), includes indicators of social, emotional, and spiritual assistance. International students live far from their families and friends and often depend on social support which is distinct from their Australian counterparts whose family and friends are close by.

1.8 THEORETICAL FOUNDATION OF THE STUDY

1.8.1 Research paradigm

The study was based on a positivist research paradigm. Positivism was utilised to explain correlation between health outcomes of international students and factors

such as lack of acculturation, social and economic support, and mental stress. On positivism, Yin (2011:311) highlights the position “that natural science and hence social science are based on universal truths” and that knowledge and understanding are absolute rather than relative. Quantitative research approach was utilised using positivism paradigm. Quantitative research is the systematic and scientific investigation of quantitative properties and phenomena and their relationships. It seeks to quantify (measure) numbers (Brewer and Hunter 2006:2-6). The study, however, used triangulation with qualitative interviews as a means of cross referencing the data collected by positivist methods. Therefore, the study utilised quantitatively driven approaches/designs in which the research study is, at its core, a quantitative study with qualitative data/method added to supplement and improve the quantitative study by providing an added value and deeper, wider, and fuller or more complex answers to research questions (Johnson et al. 2007:113). In the study, the quantitative quality criteria were emphasised, but high-quality qualitative data was also collected and analysed to create and ensure more contextual data that explained the hard figures collected from questionnaires. This use of multi-methods has appeared in different research areas as a way of upgrading research procedure and findings (Tashakkori and Teddlie 2003:35).

1.8.2 Theoretical framework

1.8.2.1 Social determinants of health framework

The study was guided by the SDH framework in analysing the determinants of health of migrants in a foreign country. Addressing disparate health outcomes requires an equity approach and equity stems from awareness of the social, economic, and environmental factors. The framework of SDH emerged in 2008 from an international commission of policy makers, researchers, and civil society. The Commission on Social Determinants of Health published an agreed upon model that explains how social factors contribute to an individual’s health outcome (Marmot et al., 2008:1101). The principle behind this model framework is that these social factors have a greater impact on health than individual behaviour. The social determinant of health framework was not born out of ground-breaking new research. Rather it

was born out of accumulating research on the links between health and various social factors. The framework of the SDH does not dispute that healthy choices and quality healthcare are essential to good health outcome, but rather acknowledges that the social factors influencing a person's life have a potential to be overpowering and therefore must be addressed. Broadly, they have been defined as the social, economic, and environmental structures and conditions in which you are born, grow, live, work or age (Marmot et al. 2008:1101).

The Commission's 2008 report detailed these barriers to health equity globally. They called them the 'causes of the causes,' (CSDH, 2008:42) which are broken into two categories namely, the daily living condition and distribution of power and resources. The distribution of power and resources is also called social-economic and political factors and includes governance, policy, cultural and societal norms, and values. The daily living conditions include social position including education, occupation, income, gender, and ethnicity/race, material circumstances and social cohesion. Many of these factors are tied to stress and the negative effects stress has on health. Stress can negatively affect health when it is experienced at levels that the person feels it exceeds their resources for coping. Therefore, the factors of stress, social position, material, and social resources are factors of health outcomes. The study was guided by SDH theoretical framework in analysing the SDH of migrants in a foreign country.

According to Green (2010:1-4), the Commission on Social Determinants of Health model (CSDH) is by far the most used theory in the analysis of SDH. The CSDH assumes that social, economic, and political systems produce a set of socio-economic positions in which populations are stratified by income, education, occupation, gender, race/ethnicity, and other criteria, and that these socio-economic positions affect specific health determinants. Individuals are exposed to and vulnerable to health-threatening illnesses in different ways depending on their socio-economic position. The CSDH's guiding philosophy is health equity, which is defined

as the absence of unjust and avoidable health disparities between social groups. The socio-economic determinants of health are visualised in Figure 1.1.

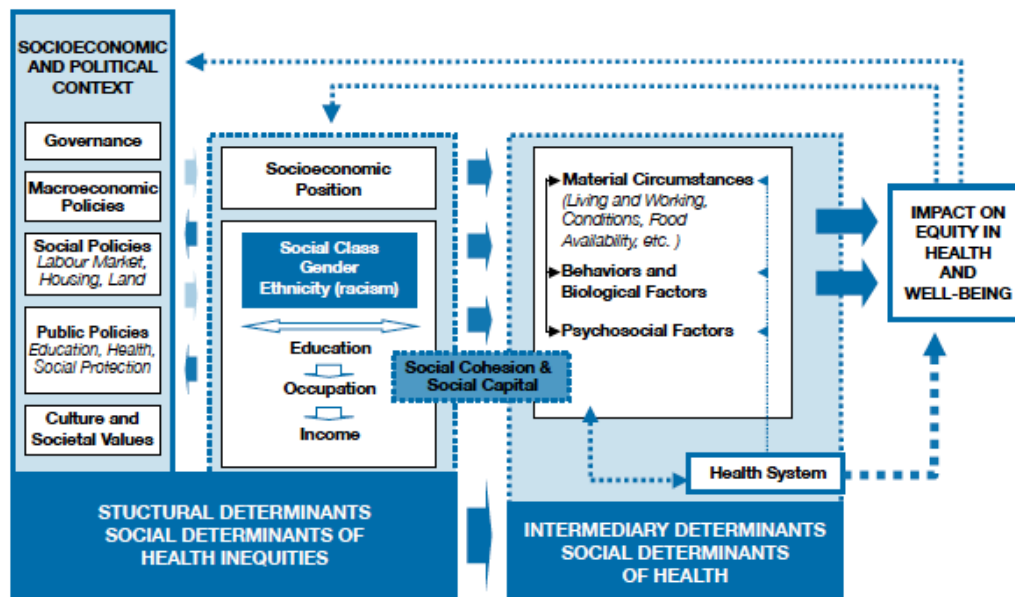


Figure 1.1 Commission on Social Determinants of Health Conceptual Framework (Solar and Irwin, 2010:6)

1.9 RESEARCH METHODOLOGY AND RESEARCH DESIGN

A largely quantitative research methodology was utilised to analyse the health determinants among international students. The link between the independent factors of social support, acculturation, economic support, and self-esteem and the dependent variable of stress/mental health was investigated using a cross-sectional survey study. A cross-sectional study is a type of observational research in which data from variables collected at a specific point in time are analysed across a sample population or a pre-defined subset of the population (Cherry 2019:3).

1.10 SCOPE OF THE STUDY

The present study examined relevant data collected from international students who participated in the study, working at an aged care facility to sustain their living. The dependent variable is stress/mental health, and the independent variables are acculturation, economic support, social support, and self-esteem. In this study, the

researcher examined four major issues related to social support, economic support, acculturation, and self-esteem in international students in a town in, New South Wales (NSW), as well as the defining variable of stress/mental health.

1.11 STRUCTURE OF THE DISSERTATION

The dissertation consists of five chapters in total. The first chapter has provided both an overview and an introduction to the study. It has highlighted the key research questions guiding the research. Chapter 2 provides a detailed review of literature related to the experiences of international students with health care in Australia. The literature review was derived from academic (journals and books) and non-academic (news reports, government documents and institutional documents) collected from various online platforms. In the third chapter, the dissertation describes the methodological approach utilised in this study. The chapter highlights the study design, sampling procedures, research instruments and ethical steps undertaken in the research. Chapter 4 provides the analysis, presentation, and description of the research findings. The chapter starts by outlining how data analysis was done and utilises literature in the analysis and discussion of findings. The last chapter (Chapter 5) provides conclusions and recommendations of the study. Conclusions of the research are outlined in relation to the research questions asked, and problem statement.

1.12 SUMMARY

This chapter examined the independent variables of acculturation, social support, economic support, and self-esteem, as well as the dependent variable of stress/mental health among international or foreign students in Australia. An overview of migration and immigration is also presented, as well as how they affect people's health through processes such as anxiety, stress, and unequal access to resources, as well as experiences of prejudice and violence, and unequal access to housing and safe work. Future research should broaden research questions to include policies that influence the broader health landscapes in which immigrants reside, as well as deeper explanations of fundamental factors that contribute to

difficult situations for immigrants, highlighting the harm caused by structural conditions and policies. It is critical to keep track of metrics like leading health indicators to see where immigrants differ from the general population.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews the literature on international students' health determinants in Australia, as well as their adaptation to the Australian college environment, society, and obstacles. The focus is on many elements that affect international students in Australia. The main research questions relate to the relationship between lack of acculturation, social, economic support, and stress among international students through analysing the international students' migration process, life in Australia, which is surrounded by cultural diversity, language barriers, prejudice, economic, social, and political disproportional and their effect on their health. The key study question is on the link between acculturation, social support, economic support, self-esteem, and health outcomes. This chapter begins with an overview of the immigration phenomenon, followed by research studies of international students in Australia. The literature review consists of a) a review of related research, b) literature summaries, and c) theoretical models. c) research and variables connected to the method, d) literature related to the method, and e) literature related to the usage of various research approaches. Review of literature concentrated on the following databases: EBSCOHost, CSA, Africa-wide NiPAD, Google scholar and Australian government databases. The review also focused on Australian newspaper and online reports to augment the academic databases. A careful and detailed search of databases for peer-reviewed and academic journals using related key terms formed part of the review strategy. A thorough analysis of the data was carried out, with a focus on the participants, aims, techniques, and outcomes.

2.2 INTERNATIONAL STUDENTS IN AUSTRALIA

2.2.1 Conceptual understanding of migration and international students

UNHCR (2017:3) defines an international migrant as “a person living in a country other than his or her country of birth.” According to the latest United Nations statistics, in 2017, there were more than 258 million migrants worldwide, representing 3.4% of the world's total population, who have been forced to leave

their homes and migrate to other countries (United Nations 2017:3). According to the United Nations Department of Economic and Social Affairs, “while there is no formal legal definition of an international migrant, most experts agree that an international migrant is someone who changes his or her country of usual residence irrespective of the reason for migration or legal status. Generally, a distinction is made between short term or temporary migration, covering movements with a duration between three and 12 months, and a long-term or permanent migration, referring to a change of country of residence for a duration of one year or more” (UN, 2020). Migrants are an important part of the world population and more than half of them are young people attending higher education and they consists of a significant part of a generation for their home countries. Their inability to finish their education owing to different factors has negative implications for the countries that they come from and their host countries. Migration is a transformational process that is complex with potential for lasting impact on socioemotional development; it can be one of the most stressful experiences for international students resulting in health problems.

Education, according to the United Nations General Assembly (1948 and 2015), is one of the most essential rights at the heart of the nation-building process and has an ongoing impact on socio-economic changes. ‘The Universal Declaration of Human Rights recognizes higher education as a human right’ (UN General Assembly, 1948, Art 26.10). The Department of Economic and Social Affairs of the United Nations recognises migrants’ positive contributions to inclusive growth and long-term development (UN General, 2015:13). The 2030 Sustainable Development Goals (SDGs) have 17 objectives, one of which is lifelong learning for everybody. The preamble states that, “This Agenda is a plan of action for people, planet and prosperity. It also seeks to strengthen universal peace in larger freedom (UN General Assembly 2015:3). It also aims to promote universal peace in a more liberated world (UN General Assembly 2015:3). Education is the fourth SDG of the 2030 Agenda for Sustainable Development. To successfully guarantee the right to education, it is vital that all individuals, including refugees, have equitable access to a high-quality education. According to UNESCO (2015), the right to education is

costly, but it is seen as an investment that yields considerable private (from the standpoint of the student) and public (from the perspective of the country) benefits in the long run.

Shkoler, Rabenu, Hackett and Copobianco (2020:14) describe an international student as an individual whose primary goal is the acquisition of (some form of) higher education in a country in which she has no permanent residential status and no local citizenship, regardless of the studying method. In the same vein, the Organisation for Economic Co-operation and Development (OECD 2017:297) elaborates that international students are people who have relocated away from their home nation to study in another country. A tertiary student's place of origin is determined according to the criteria of "country of prior education" or "country of customary residence." Students who are neither permanent or habitual residents of their country of study, or students who received their prior education in a foreign country, are considered international students.

According to Ferguson and Sherrell (2019:1), higher education accounted for 68.5% (\$22.2 billion) of foreign education export income in 2017-2018, and 45.6% of all international student enrolments in 2018. According to this article, the latest full year data is for 2018 and it shows that there were 398,563 students enrolled in Australia institutes on student visas. Furthermore, 38.3% (152,591) of the international students' enrolments were from China, and 18% (71,877) were from India, while Nepal, Vietnam, Malaysia, Pakistan, Indonesia, Sri Lanka, Hong Kong, and Singapore made up the remaining top ten nationalities. According to Khalid et al. (2019: XXII), migration has increased dramatically because of several factors, including increased mobility, the widening wealth gap between prosperous industrialised countries, and the desire of many people from poorer countries to leave their home countries in the hope of being absorbed in countries that appear to offer a better life. For international students, higher education may offer a significant tool for possible equal integration in the host country, overcome prejudices and resistance and climb the ladder of social mobility. For other international students,

the aim will be going back to their country of origin equipped with skills and knowledge to develop their countries. On the other hand, the influx of international students also benefits the higher education system financially and generally enrich and transforms the system as they adapt their services to meet the needs of international students and learn about their cultures.

2.2.2 Migration process to Australia

Emigration is a significant life event that is marked by stress, loss, and significant change. According to the New Zealand Migration Services (2020), there are various stages of migration. Having a preliminary phase, which involves planning for emigration, can result in a combination of contradicting feelings such as enthusiasm about this new experience but sadness or guilt at the reality of changing family relationships and leaving one's birth country. The second step is the act of migration, which encompasses both the physical act of migration separating with close relatives and friends, as well as the emotions experienced during this time. People and families are struggling to survive and adjust to a new cultural environment during the third phase, which is described as a period of overcompensation in which the stressful aspects of migration are not yet allowed to surface, and people and families are struggling to survive and adjust to a new cultural environment. The third stage is the decompensation or crisis period, during which families deal with the effects of migration and the new cultural context. Families' coping mechanisms are put to the test as they try to modify their family identity to include varied gender roles and cultural standards in their new country. According to the facts presented above, migration is a complex process having ramifications for the civilisations that send and receive the ensuing human movements. The process of immigration can be divided into three stages: the pre-immigratory period, during which people consider moving, the immigration process, and the post-immigration experience, which include one's life in the host nation. For students coming to Australia, the migration process can be fraught with frustrations and stress. The lack of information pre-departure for students often leads to initial challenges in settling in for students who are travelling to Australia for the first time (Lawson 2012:5). In any case, for students

in most African countries the visa requirements are odious as it requires costs related to provision biometrics, expensive medical reports, and visa application fees (Australia Government N/D). The cost related to the migration processes thus adds to the pressure of expectation on international students.

2.2.3 Overview of international students

Belford (2017:500) asserts that international students in Australia come from diverse backgrounds and nationalities. Following the US and the United Kingdom, Australia was the third most popular education destination in the world at the start of 2020, with students from 204 nations enrolling (Huang, et al. 2020:14). Poljski, Quiazon and Tran (2014:151) further provide a gendered outline of international student population in Australia, noting that by December 2019, there were 758,154 international students with 28% coming from China. From 01 January 2008 to 31 December 2010, 320,460 student visas were given to non-English speaking women aged 16 and above, with half of these visas going to women from three countries: China (27.7%), India (15.6%) and South Korea (6.8%) (Poljski, et al. 2014:151). Huang, et al. (2020:2) outline the following as the key characteristics of international students: ‘...they live away from home, navigate the many challenges of living and studying in a foreign culture, and try to balance the many demands encountered, often with limited support.’ After iron ore and coal, international education is Australia’s third largest export and its largest service export. It contributes almost A\$40.4 billion to the Australian economy and creates 250,000 full time jobs (Ross 2020). International students are therefore a key population in terms of its contribution to the Australian community yet there is little in terms of federal government support to the various challenges they face. Historically, studies have shown that for some students, the experience of studying in a foreign country is detrimental to their wellbeing (Rosenthal, Russell, and Thomson 2006:52).

2.2.4 International students, employment, and everyday lives

The University of Adelaide published a report for the Fair Work Ombudsman in 2013 that investigated unpaid work experience in Australia, including among overseas

students (Stewart and Owens 2013:1-53). According to the survey, 56% of international students work while studying in Australia, with 70% working during their vacations. International students in Australia are mostly granted student visas under the higher education and postgraduate research streams (Ferguson and Sherrell 2019:3). The visa allows them limited time to work (20 hours a week when classes are in session) which may not be adequate for some of the students to meet their needs. The work environment for international students can also be a source of mental and physical illness. Barton and Hartwig (2020: ix) in their study concluded that, "... many workplace staff have limited capacities in cultural awareness and hence diverse approaches to working with and supporting international students. In fact, some workplace staff showed hesitation in hosting international students as they perceived them as being 'hard work'." National Union of Students released a press statement on abuse of international students in Australian workplaces in February 2021 which partly read, "International students in Australia face a barrage of malprotection in their workplaces. From most not being paid the award rate, to sexual harassment and workplace bullying, and unfair termination when they do speak out about their treatment" (NUS 2021). International students have limited rights and resources, they suffer from marginality, exclusion, racism, and rejection and all these factors have negative implications on individuals' health outcome (Dite 2021). There is a direct correlation between discrimination, ineffective policies for the effective integration of immigrants like international students from different and underdeveloped countries. The dynamics of studying in a foreign land under the conditions of unclear status, poverty, alienation, trauma, and discrimination have not received adequate research consideration.

2.2.5 Common challenges faced by international students

2.2.5.1 Multicultural challenges of international students

It is imperative to understand the experiences encountered by international students in Australia. Research studies have shown that culture shock, communication barriers, homesickness, finances, adaptation to the new environment, integration into the community, interacting with other students, academic expectations,

individual problems, and health issues are among the challenges and adaptation issues faced by international students in Australia. Most international students have found that relocating to Australia is difficult. The fundamental issue is acculturative stress compounded by the pressures that come with being an immigrant or ethnic minority, as well as the process of acculturation. International students experience challenges with assimilating into the Australian culture and tradition. Social support and acculturation stressors both contribute to health issues. Acculturative stress and depression/anxiety symptoms have been linked in recent research (Jardin et al. 2018:222). Upon entering a new country, international students often experience culture shock, which is defined in Webster's (1995:104) dictionary as "a condition of anxiety and disorientation that can affect someone suddenly exposed to a new culture." Culture shock can lead to serious psychosocial distress. As a result, international students face not just the increased mental health risks that come with being a student, but also the challenges of acculturation and culture shock. When international students immigrate to countries such as Australia, they often develop symptoms that include disorientation, nostalgia, feelings of isolation, alienation, and paranoia (Eze and Cherish 2020:616). Loneliness is frequent because of being separated from one's close relatives. Even though some international students live with relatives or acquaintances of similar racial and cultural backgrounds, homesickness, feelings of isolation and loneliness are prevalent (Wu, Garza, and Guzman 2015:1).

2.2.5.2 Lack of social support

Alienation and social isolation are common stressors among international students who may have disrupted significant relationships when they come to Australia. International students are more prone than domestic students to experience social alienation (Skromanis et al. 2018:1-3). This feeling of alienation result in stress; the result might be a likelihood of depression among international students (Rawjee and Reddy 2012:6). In the same vein, international students confront a variety of hurdles, including culture shock, language difficulty, adjusting to new cultures and values, isolation and loneliness, homesickness, variations in educational systems, and the

loss of their established social network (Almukdad, Zelalem, and Berhanu 2020:290). According to US News (2015), international students in America face six frequent challenges: new assignments, new teachers, new food, a new culture, new subjects, and new friends. According to Le AT, LA Cost, and Wismer (2016:150), most international students face additional hurdles such as language barriers and cultural differences. Owing to the loss of support systems and acculturation stress, international students are at risk of acquiring mental health disorders (Maclachlan and Justice, 2009:27-32). Another study found that overseas students' biggest obstacles include mental health issues such as sadness, psychosomatic ailments, anxiety, and paranoid behaviours (Bathke and Kim 2016:2). As a result of the considerable differences between their foreign training and the realities of their home country, international students are frustrated when they return home (Robinson-Pant 2009:427). International students are affected by racial discrimination, job and status changes, weather and food inequalities, language, lodging, distance from home, dietary constraints, money, reduced social discrimination, and a variety of educational systems (Singh, Zhao, and Hu 2003:63-65).

2.2.5.3 English language challenges

Difficulties in language creates barriers and awkward situations and may reduce the capability for social interaction in the host environment. English language incompetence may lead to one feeling inferior, confused and reduces one's willingness to communicate with others (Tridinanti 2018:36). For international students, English language competence is a critical factor that affects their self-esteem and confidence in work and study performance (Wright and Schartner 2013:126). A negative cycle is created when international students interact less with others leading to a poorer social and language skills and consequently higher feelings of discomfort (Gatwiri 2015:1-2). English language proficiency level can have a great impact on the international student's personal well-being in the host environment. The greater the competence in the English language usages, the more confident they feel in dealing with challenges which means fewer stressors they may

experience in their academic journey and socio-cultural adjustments (Park 2016:45; Sherry, Thomas and Chui 2010:34).

2.2.5.4 Discrimination

Ramia (2021:2-3) highlights that Australia has in the recent past experienced racial discrimination targeting foreign students. International students may confront difficulties in their host country because of a variety of socio-economic imbalances, such as racism (Tran and Hoang 2019:2). International students may face physical and verbal racist harassment, including swearing, being ordered to return to their home country, making disparaging remarks about their home country, hostile laughter, and missiles being hurled (Brown and Jones, 2013:1006). Racial prejudice may destroy the health acculturation process of international students. Discrimination may generate and cause stressors, and this may increase overall stress levels. This experience and the stress involved can lead to internalised and externalised anger, helplessness, reverse racial and ethnic prejudice toward the host society or mainstream cultural group and other forms of unresolved practical and emotional issues (Nadal et al. 2014:461-463). There is a link between international students' psychological well-being and the influence of discrimination from the dominant or host society (Ramos et al. 2016:418). Table 2.1 outlines some of the challenges faced by international students.

Table 2.1: Summary of challenges international students face while studying in Australia

Challenges Reported by Students	Challenges Reported by Providers/Staff
<ul style="list-style-type: none"> • Social isolation and loneliness and the loss of proximal family and social connections. • Difficulties with English and communicating in a second language, particularly concerning health/ safety issues. • Experiences of bullying, racism and discrimination. • Physical safety concerns, generally off-campus, including fear of theft and assault. 	<ul style="list-style-type: none"> • Unrealistic expectations among students of the experience of living, studying and working in Australia. • Student stress regarding visa requirements and employment, including fear of the repercussions for reporting employment concerns, mental ill-health, or legal matters. • Resourcing to meet demand for support from international students, both within and outside the educational institution.

<ul style="list-style-type: none"> • Lack of knowledge of support (for employment, housing, educational, health, mental health, etc.) available within the new environment. 	<ul style="list-style-type: none"> • Low service awareness by students, particularly regarding health insurance coverage for mental health care. • Responding to complex cases – particularly complex and serious mental ill-health. • Stigma and communication barriers, which can make it difficult to provide culturally appropriate information and services.
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Source: Orygen (2020:10)

2.2.5.5 Environmental issues

The ill health of these students is exacerbated by the change in climate temperature. The seasons in Australia are the opposite of those in Europe and North America owing to its location in the southern hemisphere. In terms of climate, Australia is known as a land of contrasts, with tropical rain forests, beaches, scarce deserts, huge grazing regions, and a magnificent coral reef teeming with marine life. Students suffer from various ailments depending on the state and the individuals choose to study in, and this problem has an impact on their academic performance, such as reduced activity, loss of college work and decreased performance. Asian students usually have upper respiratory tract infections (Insider Guides, 2016:32). Studies have also shown that moving to a different country can affect things like gut bacteria leading to adverse health outcomes (James and Goodhead 2018).

2.2.5.6 Pressure of parents' expectations

For many international students, academic success expectation is not only personal but includes other factors like family tradition, pride, hope, family, and friends' expectations (Li, Chen and Duanmu 2010:389). The perceived threat and harm because of this situation are detrimental to their self-esteem, create a potential sense of guilt regarding the family and friends' expectations resulting in stress and depression (Lehmann 2021). This academic performance expectation may hinder the adaptation process of the international students.

2.2.5.7 Financial challenges

According to ABC News (2016), one out of every four international students studying in Australia is experiencing financial difficulties. This paints a bleak situation for students who must juggle finding wage employment and their studies. Stephanie Arkoudis from the University of Melbourne argues that there tends to be a lack of empathy for foreign students because many assumed international students were well off (ABC News 2016:1). Vinales (2016:1) reports that the Chair of the Multicultural Council of Tasmania, Alphonse Mulumbahas dealt with many students facing financial problems. The Chair argued, “that assumption that all international students are rich or better off because they can afford the school fees is completely wrong; we have people whose parents saved for years for them to make sure their children have a better education.” According to ABC News (2016:1), the federal government has decided against providing additional financial aid to international students. Senator Richard Colbeck, the Minister for International Education, stated that no exceptions will be granted because part of the visa application process requires applicants to establish their ability to care for themselves while in Australia. Moreover, university fees for international students are exorbitant. According to the University of Melbourne’ official website, international fees range from US\$20,100 to USD\$63,000 per year. Owing to the high cost of living in Australia, students must demonstrate that they have access to US\$14,600 per year for living expenses only. Accommodation at Australian universities is commonly estimated to cost US\$60 to US\$315 per week, depending on whether a student chooses to live on campus, which is the cheapest option, or in rented off-campus housing. Food, transportation, gas, power, phone bills, and entertainment need to be considered in addition to lodging. These additional charges are estimated to cost between US\$160 and US\$470 on average. The above financial challenges result in stress and poor health outcome.

2.3 STATE OF HEALTH AMONG INTERNATIONAL STUDENTS IN AUSTRALIA

2.3.1 Health issues among international students

2.3.1.1 Mental Health Issues

According to Forbes-Mewett (2019:3), the mental health of Australian university students is deteriorating, and this is a cause for concern in host nations where international students relocate to pursue their education. This review of the literature gathers the important research on international student mental health conducted over the last 20 years. According to Eze and Cherish (2020:616), mental health relates to many aspects of international students' life such as their new social environment, safety and security, educational success/failure, health insurance and help seeking, unfamiliar academic environment, English language challenges, modes of teacher/student interaction. Cooking, budgeting, cleaning, managing house and relationships, undertaking employment, and unwillingness to request aid owing to cultural preconceptions are all daily practices that can cause anxiety for students living off-campus and coming from a constrained background and unaccustomed to independence. The loss of such pleasures as home cooked family meals, as well as the associated social and cultural capital, have an impact on international students' daily lives (Forbes-Mewett et al. 2018:7). According to Tran and Hoang (2019:4), the type of housing one chooses has an impact on mental health results. Forbes-Mewett et al. (2015:8) revealed that international students had greater mental health and safety support when living on campus in a large-scale study done across the US, UK, and Australia. According to Gan and Forbes-Mewett (2019:228-230), a research of Singaporean students' mental health opinions suggests that university counselling services are viewed as ineffective. According to the same study, Singaporean students responded that they had switched their non-acceptance of mental disorders caused by ordinary stresses to acceptance. According to Han and Pong (2015:9), similar results were discovered among Asian American students in the US, where stigma was a major factor in seeking mental health care. Han and Pang (ibid) maintain that Asian American students shared similar cultural backgrounds and connections to collectivist beliefs and philosophies that limit emotional expressiveness to avoid revealing of personal flaws and promote

family and societal peace. As a result, these students frequently overlook or delay seeking help for mental health issues. Culture shock, anxiety, perplexity, sadness, homesickness, loneliness, stress, and insomnia are all common bad experiences among international students, and they are all related to being in a strange environment.

A Coroners Court of Victoria media release (2019) highlighted two main findings including a lower rate of diagnosed mental illness among overseas students' suicide cohort (14.8%) than in the Australian-born student suicide cohort (66.7%). Within six weeks of death, 22.7% of the international student cohort visited a health service for a mental health concern. In comparison, within six weeks of death, 57.1% of the Australian born suicide cohort had such an attendance. There are still gaps in policy, programme and institutional responses to Australian university students' mental health (Browne, Munro and Cass 2017:58). Hunt (2017) claims that the Australian government's efforts to implement a National Support for Child and Youth Mental Health Program are focused on early childhood, primary and secondary schools rather than tertiary institutions. The exclusion of higher institutions, according to Forbes-Mewett and Sawyer (2016:661), is significant because it is at this level that students are most likely to need mental health assistance.

2.3.2 COVID-19 and international students

The advent of COVID-19 pandemic across the globe has had serious ramifications to the welfare and well-being of international students. Olmos (2020:1) notes how the Australian government has resisted providing any kind of assistance for students on temporary visas. Such students are not eligible for COVID-19 support especially those that have lost access to employment owing to the lockdowns. Thousands of students are therefore facing homelessness and in most cases are forced to choose between their tuition or food (Olmos 2020:1). The government approach in the time of COVID-19 has put some existing inequalities into sharp relief according to the newspaper article in the Sydney Morning Herald (Jenny 2020:1). According to the same report, overseas students are increasingly reliant on food handouts. NSW has

the biggest number of international students on temporary visas in the country. However, these students have been excluded from support programmes. Even though this is a global pandemic requiring a global, humanitarian, and human rights-based response, this demonstrates inequalities because migrants are seen as a resource to be used to boost the economy or improve the quality of life for Australians, only to be forgotten once they are no longer needed. International students contribute to Australian tax revenues, but they are not eligible for government benefits that are subsidized; therefore, they bring in net income. COVID-19 has also led to serious mental health problems for international students. An example is how Asian students are facing racist epithets related to the virus. During the epidemic, McKie's (2020:1) reports that Chinese overseas students in the UK are feeling exceptionally high levels of fear, discrimination, and insecurity. They have been subjected to xenophobic verbal and physical attacks, and frequently associated with the coronavirus, with phrases like "you brought the virus" and "Coronavirus, Chinese".

2.4 LITERATURE RELATED TO RESEARCH VARIABLES

2.4.1 Acculturation

Acculturation is the adaptation to or borrowing of traits from another culture by an individual, group, or people, as well as the merger of two cultures owing to extended contact (Merriam-Webster Dictionary 2018). According to Ohene (2020:443), the classical definition of term acculturation was done by three giants of anthropology namely, Redfield, Linton and Herskovits (1936:149) who stated that acculturation refers to the phenomenon that occurs when groups of people from different cultures come into constant first-hand contact, resulting in modifications in one or both groups' original cultural patterns. Over the long period of time, both the host society and the immigrants will experience some levels of change, but the greatest change will occur among the immigrants. Some terms like cultururation, integration, assimilation, accommodation, absorption, and self-identification are used not thoroughly equivalent but generally to refer to acculturation. In most of social studies, communication behaviours of immigrants have been incorporated as an indicator of

social integration. Others also see communication as a tool or factor for majority-minority relations. According to a review of the research, acculturation is typically a stressful process for overseas students as they adjust to their new culture (Babcan et al. 2013:10).

A decline in an individual's health state, which might encompass physical, psychological, and social components, is classified as acculturative stress. These alterations must be related in a methodical fashion to recognised elements of the acculturation process as experienced by the individual to be defined as acculturative stress. International students are thought to be most affected by acculturative stress. Foreign students are frequently unaware of the factors required for a smooth assimilation process. These factors include study time allocated, financial load to be addressed, programme selection, housing, transportation, and acclimatising to a new life. Foreign student life will be tough to adjust to if these issues are not addressed. Stress that is not managed properly will exacerbate physical and emotional problems. In addition to the obstacles of assimilating into a new culture, overseas students may face significant stress. Individuals who were exposed to high levels of acculturation pressure were more likely to develop acculturative stress.

2.4.2 Social support

International students often lack the social connections and networks that might assist them better understand the new culture they have entered and provide support when problems arise (Department of Further Education, Employment, Science and Technology 2013:11). Financial difficulties, housing and employment issues, and health issues have an impact on the health and well-being of international students. International students, on the other hand, often lack the social support networks that domestic students do to assist them in overcoming these challenges (Babcan et al. 2010:23). Research has shown that a person's sense of social connectedness is an important factor in wellbeing. For example, Rosenthal et al.'s (2006:5) study discovered that international student's level of connectedness was a strong predictor of their "satisfaction with aspects of daily life and health, such

as living arrangements, financial support, lifestyle balance, and with their levels of self-esteem and depression.”

2.4.3 Self-esteem

There is a distinct lack of studies focusing clearly on self-esteem among international students. Self-esteem has been linked to language as a barrier to learning and participating in class or social life (Park 2016:47). Language proficiency has a profound significance on wellbeing. In a study conducted in Melbourne, Gatwiri (2015:1-2) concludes that “the higher the level of English language proficiency, the lower the levels of cultural stress, academic difficulties and negative emotions among international students”. According to Sherry, Thomas and Chui (2010:37), a lack of English proficiency is the single greatest hurdle faced by international students, as it affects both their capacity to achieve academically (which influences their psychological state of mind) and their ability to participate socially with other students. Self-esteem is also linked to abuse, harassment and exclusion especially related to racism. In a survey by Deurmert et al. (2005:329), 50% of international students said they had encountered prejudice. This was mostly observed in the workplace or at places to stay. In a study conducted in Melbourne by Babacan et al. (2010:35), racism was recognised as the most common reason of safety concerns among international students. International students are forced to self-segregate owing to discrimination based on “not who they are, but who they are not” (Schmitt, Spears, and Branscombe, 2003:9).

2.4.4 Mental health

There is a growing literature focusing on mental health and international students. Mental health issues for international students include the following:

- Challenges with adjusting to life on and off campus. These include adjustments that relate to a wide range of personal and practical challenges, including finding accommodation, integrating into new communities, and making friends (Brown and Holloway, 2008:46)

- Change in social norms can also be a source of mental anguish, confusion and loneliness (Sawir, Marginson, Deumert, Nyland, and Ramia, 2008:153).
- Most students coming from conservative backgrounds often have challenges with cross-cultural gender relationships. This often leads to culture shock and problems in adjusting to new cultural systems and norms (Barletta and Kobayashi, 2007:192).
- Research has also shown that international students have anxiety, depression, stress, cultural fatigue, unfamiliar social activities and lifestyles, feelings of worthlessness, and frustration (Brown and Holloway, 2008:47; Russell et al., 2008:60-64); and homesickness (Poyrazli and Lopez, 2007:266). Loneliness is a particularly serious challenge to individuals who come from collectivist cultures (Zhang and Brunton, 2007:125).

2.5 LITERATURE RELATED TO METHODOLOGICAL APPROACH

Multiple studies have utilised a quantitative methodological approach to study the international students' experiences. Rosenthal, Russell, and Thomson (2006:64) utilised survey method with 976 students at one Australian university. The use of a single case site highlights the feasibility of this current study which also focused on the case study of an aged care facility. Huang, et al. (2020:8) utilised an online survey of 30 respondents in their study of Chinese students in Australia. This study approach highlighted the feasibility of conducting surveys using online platforms especially in the context of the restrictions imposed by COVID-19. The research also showed how surveys can also typically have low respondent counts chosen purposively. The study used both closed and open-ended questions as well as various tests to collect data. Other studies have favoured a mixed method approach that combines qualitative and quantitative studies. An example is the study by Poljski, Quiazon and Tran (2014:153) which utilised "210 student surveys; three focus groups with a total of 36 female international students; 35 key stakeholder consultations from 16 agencies, educational institutions and organisations across Australia; and 10 in-depth interviews with female international students living in metropolitan regions in Victoria." This current study focuses on the quantitative

aspects to allow for the testing of hypotheses. The primary goal of the quantitative approach of investigation is to discover the relationship between the independent and dependent variables in each population. This research strategy uses numerical data, and while it may generate less detailed information, it covers a wider range of topics. Other studies such as Ramia (2021:6) utilised desk research or document analysis. This study utilised some form of document analysis but was more focused on collecting empirical data from the lived experiences of international students. The methodological choices in this study were therefore based on a careful analysis of how previous studies in this area of study have been conducted.

2.6 RESEARCH GAPS

Immigration and immigrant populations have become increasingly important focus around public health. Even though there have been many research studies on the topic of immigration, public health experts have rarely used the determinants of health method when it comes to international students who are part of the migrant community. The study of health determinants focuses on the structural elements that are influenced socio-economic and inequality policies that have a significant impact on health. Individuals' lives must be understood in terms of how social and institutional framework shape them, and how elements such as job, housing and living conditions, food access, and social services have a significant impact on their health. Owing to a lack of communication between the two fundamentally related phenomena of health determinants and immigration, possibilities in public health research, practice and policy framework have been squandered.

2.7 ROLE OF CURRENT RESEARCH

This dissertation studied international students' health determinants in Australia. Participants were recruited from international students working at an aged care facility to sustain their living in Australia. The independent factors of acculturation, social support, and self-esteem, as well as the dependent variable of health, were investigated in this study. They were measured by both surveys and objective instruments.

2.8 SUMMARY

This chapter has provided a detailed overview of literature related to the area of study. The aim was to ensure a systematic analysis that provided a good understanding of how studies within this research were conducted and the key findings to emerge from these studies. The chapter highlighted key research findings on issues related to the objectives such as the challenges facing international students, health determinants and mental health issues affecting international students. The literature review focused on the following databases EBSCOHost, CSA, Africa-wide NiPAD, Google scholar and Australian government databases.

CHAPTER 3: RESEARCH DESIGN AND METHOD

3.1 INTRODUCTION

This chapter provides a detailed description of the research design, setting, sample, instrumentation, material, data collecting, data analysis, and the safeguards in place to protect the participants' rights. The goal of this study was to investigate the mental health determinants of overseas students in Australia. The study's major goal is to see if there is a link between lack of acculturation, social and economic support, and stress and mental health among international students in Australia. The study was guided by the following objectives:

- To determine the association between lack of acculturation and stress/mental health among international students in Australia.
- To establish the association between lack of social support and stress/mental health among international students in Australia.
- To examine the association between lack of economic support stress/mental health among international students in Australia.
- To analyse the individual and institutional responses to the health-related challenges faced by international students.

3.2 RESEARCH DESIGN

A cross-sectional survey study was used to examine the relationship between the independent variables of social support, acculturation, economic support, and self-esteem, and the dependent variable of stress/mental health. A cross-sectional study is a form of observational research that examines data from variables collected at a single point in time across a sample population or a pre-defined subset of the population (Cherry 2019:13). The cross-sectional survey utilised a largely quantitative approach to collect data on the health determinants among international students in Australia. Kothari (2004:5) posits that quantitative research "involves the generation of data in quantitative form which can be subjected to rigorous quantitative analysis in a formal and rigid fashion". The research objectives are diverse in essence i.e., those that seek broad understanding of phenomena and

those that seek to predict associations among variables under study and test theories. To achieve such objectives, the research used a largely quantitative research approach to get deep understanding of phenomena and authenticate theories as well as fabricating them. In quantitative research the aim is to determine the relationship between one thing (an independent or explanatory variable) and another (a dependent or outcome or explained variable) in a population (Ostlund et al. 2011:369). In this study, quantitative research was utilised to predict causal relationships and to describe characteristics of a population (Byrne and Humble (2007:2).

Triangulation with qualitative interviews was utilised as a means of verification and enriching the data collected by quantitative methods. It also ensured that evidence from multiple sources was cross-checked and scrutinised for regularities (Byrne and Humble 2007:2). Saunders (2011:34) highlight that different techniques and procedures have different effects. Therefore, using different methods will triangulate and cancel out the 'method effect', leading to greater confidence being placed in the study conclusions. Bonoma (1985:202) concurs that triangulation is used in collecting various types of data by different methods from different sources to provide a broader range of coverage that may turn out in a whole picture of the unit under study than would have been attained otherwise. Denzin (1978:76) defines triangulation as a combination of methodologies of the same phenomenon. Researchers can upgrade the correctness of their determination by collecting different types of data bearing on the same phenomena (Ostlund et al. 2011:369). There are mainly two approaches to triangulation within approach that emphasises on scrutinising for internal consistency or reliability while there is a design between them for intersecting validation and beyond this can capture a more finished holistic and contextual portrayed of the unit/subject under study (Ostlund et al. 2011:371). This approach enabled the researcher to answer confirmatory and explanatory questions and the researcher shall simultaneously be able to construct and confirm theory in the same study. Qualitative interviews were used to explore how individuals describe their experiences with mental health among international students and use

the findings to triangulate with quantitative data instruments. The multi-method in this research was therefore needed to triangulate data to give more confirmation and validate findings to add thoroughness to the research regarding responding to the research objectives.

3.3 RESEARCH METHOD

3.3.1 Sampling

This section provides an overview of the sampling processes undertaken in this research. It firstly highlights the population from which the sample was drawn. It then explains the sampling techniques utilised in the study.

3.3.1.1 Population

The entire group of people from which the sample might be drawn is the total population (Boyle 2016:117). Population is a set of individuals or units of area study from which the researcher can choose participants (Taherdoost 2016:21). The target population on this study included international students in a small town in the Central Coast in NSW working part time at aged care facilities to sustain their living in Australia. The inclusion criteria therefore included the following: foreign student or former student who migrated to Australia for education, working either full time or part time at the aged care facility, over 18 years of age and to have at least stayed in Australia for more than six months. The population is depicted in Table 3.1.

3.3.1.2 Sampling technique

The study utilised multiple sampling techniques to select the different parts of the sample. The use of multiple sampling techniques was conducted to ensure that the appropriate sample was selected in this study. Chawla and Sondhi (2011:221) define sampling as “a process of selecting an adequate number of elements from the population so that the study of the sample will not only help in understanding the characteristics of the population but will also enable us to generalise the results.” Each part of the study sample was selected differently as follows:

- **International students:** the study utilised probability sampling technique for international students. As Saunders (2011:34-38) argues, probability sampling (or representative sampling) is typically connected with survey-based research methodologies where one needs to make inferences about a population from a sample to answer research questions or satisfy research objectives. There are four stages to the probability sampling procedure: (1) Based on the study question(s) or goals, select an appropriate sampling frame. (2) Select an appropriate sample size. (3) Decide on the most appropriate sampling technique and sample. (4) Make sure the sample is representative of the overall population (Saunders 2011:45). The probability sampling technique used in this study is simple random sampling technique that utilised the workplace registers of international students that work part-time at an aged care facility. The most basic sampling strategy is simple random sampling, in which we select a set of participants (a sample) for research from a larger group (a population). Everyone is chosen at random, and everyone in the population has an equal chance of being included in the sample. Every possible sample of a given size has the same chance of selection (Saunders 2011:12).
- **Key informants:** Non-probability sampling was utilised to select key informant interviews. Non-probability sampling is a sampling procedure that will not be the basis for any opinion of probability that elements in the universe will have a chance to be included in the study sample (Etikan and Bala 2017:216). According to Mack, Woodson, MacQueen, Guest and Namey (2005:5), purposive sampling “groups participants according to preselected criteria relevant to a particular research question”. Creswell (2007:127) defines purposive sampling as a process by which “the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study.” The inclusion criteria for this study included knowledge and experience working with international students; knowledge of the challenges faced by international students.

3.3.1.3 Ethical issues related to sampling

The study implemented various ethical steps to respond to ethical issues that emerged out of the sampling process. In this research there were three key areas that considered for ethical issues related to sampling. These factors include (a) the sampling techniques you employ, (b) the sample size you choose, and (c) the role of gatekeepers in determining access to your sample. These steps include the following:

- Use of a correct sampling technique: Howell (2007) argues that researchers need to utilise the appropriate sampling technique to ensure that they are asking the right questions to the right people in their study. The sample should include people with knowledge around the issue under study and are prepared to answer such questions. It is unethical to place respondents in a situation where they are unable to answer or provide any relevant information around the issue under study. In this study, the sampling techniques utilised were appropriate to choose a sample that was conversant with the issues under study and could answer questions without undue burden.
- Sample size: Knottnerus and Bouter (2001:109) highlight that sample size becomes an ethical issue for two reasons: Over-sized samples and under-sized samples are two reasons why sample size becomes an ethical issue. When a sample has more units (e.g., individuals or organisations) than are required to meet your objectives, it is said to be over-sized (i.e., to answer your research questions robustly). An excessively large sample is unethical since it exposes many individuals (or other units) to your research. When you do not have enough units in your sample, you cannot achieve your objectives (i.e., you can't reliably answer your research questions). People, organisations, data, and so on are examples of these units. The crucial thing is that you did not find an answer to your study questions not because there was no one, but because your sample size was too small to find one (or interpreted). In this study, an appropriate sample size was selected to avoid either an over-sized or under-sized sample. This was done by using a

mathematical model to calculate a sample that is representative and appropriate.

- Role of gatekeepers: Access to the people the researcher is interested in is frequently controlled by gatekeepers (for example, a manager's authority over access to employees inside an organisation). Because of the power that such gatekeepers can wield over those persons, this has ethical issues. They could, for example, decide who gets access (and who does not), pressure people into participating in your research, and affect the kind of responses. This may affect the level of consent that a participant gives (or is believed to have given) you (Knottnerus and Bouter 2001:110). The researcher took steps to minimise the influence of gatekeepers by approaching international students to participate in the research directly without utilising gatekeepers.

3.3.1.4 Sample

The sample size is very important. According to Vasileiou (2018:4), determining the proper size is critical in reducing bias among participants who were unable to participate or did not answer. A calculated population size of 97 participants was used for this study (see Table 3.1). The population of East Gosford reflects similar characteristics to the population structure of Australia as a whole. The actual population of international students in East Gosford is not readily available from statistical databases and is therefore estimated as follows:

Table 3.1 Population and sample

Total number of international students in Australia	712 884
Total population in Australia	23 401 892
International Students as a % of total population	3,05%
East Gosford population	4 238
Estimated international student population in East Gosford	129
Sample	97

Rao soft formula for determining sample size from a given population was used to determine sample size <http://www.raosoft.com/samplesize.html> (assessed on 04 May 2021). In addition, Krejcie and Morgan (1970) (see Appendix A) developed a table that helps researchers determine (with 95% certainty) the sample size. Further, online sample size calculators with a (95%) confidence interval (which is the industry standard) and a 5% margin of error, for example Survey Monkey <https://www.surveymonkey.com/mp/sample-size-calculator/> (accessed 10 December 2020) generated sample estimated population of 129 international students. In addition, Sakaran's table (2003) (see Appendix B) for determining sample size from a given population can be used to determine sample size. Based on an estimated population of 129 international students and using sampling tables developed by Krejcie and Morgan (1970), Sakaran (2003) together with the online calculation using the Rao soft formula and Survey Monkey calculator with 95% confidence interval and a 5% margin error, the corresponding size is 97.

3.3.2 Data collection

3.3.2.1 Data collection approach and method

- 1. Demographic Questionnaire** (Appendix C): The date of birth, gender, and age on admission into Australia were all recorded on this instrument. The participants' place of birth played an important role in setting the study's inclusion criteria because it confirmed that they were not Australians. Equally important was the age to ensure the students were able to consent to the study.

2. Survey Instruments: To measure each variable in the study, the researchers used four commonly recognised instruments. The tools employed in this investigation had been used in prior studies with similar variables: The instruments included the following:

- a. *Acculturation:* This was measured using the American International Relations Scale (AIRS), (Appendix D) A multidimensional 'instrument that purports to measure the acculturation of international students, scholars and academicians to white dominant society and included a 34-item questionnaire (Sodowsky and Plake,1991:211). The scale was used to determine the degree to which a subject has experienced prejudice. There are eight multiple choice items and 26 Likert-type questions ranging from strongly agree to strongly disagree on the questionnaire. The study by Mills et al. (2017:1076) have also utilised the scale and have supported its reliability and validity.
- b. *Social support:* This was measured using the Interpersonal Support Evaluation List (ISEL), (Appendix E). B.H Brummett developed the ISEL to measure perceptions of social support among individuals in a general population (Cohen and Hoberman 1983:99-105). The ISEL consisted of a list of 40 statements about the perceived availability of potential social resources in its original form. For this investigation, only 12 assertions were considered. The satisfaction with social support was measured rather than the amount of support provided in this survey. Cohen and Hoberman (1983:103) created the ISEL to measure social support, which encompasses emotional, instrumental and informational assistance. Other tools may only be able to examine one component of family functioning or be tailored to a specific group. The credibility of an instrument is determined by its reliability and validity. Payne et al. (2012:3) also employed ISEL in their study. The short form was made up of four subscales, just like the original instrument. These four subclasses are tangible and substantial. They include:

- Appraisal support – the perceived availability of someone to discuss issues of personal importance.
 - Tangible Assets Support (TA) – the perceived availability of material aid.
 - Belonging support (BS) – the perceived availability of others to interact with socially
 - The Self - Esteem Support (SE) – the perceived availability of others with whom one compares with favourably.
- c. *Self -esteem:* This was measured with Rosenberg scale which measures feelings of self-worth through a 10-item list (Rosenberg,1965:4-24), (Appendix F). This scale is mostly widely used to measure self-esteem for research purposes. The scale has been used in more than 100 research projects (Park J-Y and Park E-Y 2019). This instrument was used in research for over three decades to measure self-esteem. The measurement yielded the same results over time, and it did measure what was expected which was the relationship between the concepts. The scale was tested for reliability and validity in numerous studies in previous years. The 10-question scale in Rosenberg's self-esteem scale has established a causal relationship between the construct and the predictor variables (Rosenberg,1965:1-10). The scale ranged from 0-30, with 30 being the highest score possible.
- d. *Mental Health:* This was measured using the K10 and K6 scales (Appendix G). The scales were developed by the US National Center for Health Statistics and were used in the redesign of the National Health Interview Survey (Kessler et al. 2003:3096). These scales were found to have good reliability and validity when used to screen for major mental disorder. The K6 scale, according to Kessler et al (2003:3097), was effective in predicting major mental illness (SMI). Modified versions of the scales were used as measurement for the World Health Organisation-Disability Assessment Schedule (WHO-DAS). Mental health dysfunction is characterised as depressed state, low self -esteem and a loss of interest in normal activities

and this mood keeps the victims isolated. The questions addressed the participants' state of well-being within the past 30 days.

3. *Semi structured interviews:* With interviews, “researchers engage with participants by posing questions in a neutral manner, listening attentively to participants’ responses, and asking follow-up questions and probes based on those responses” (Mack et al. 2005:29). Interviews are an effective qualitative method for getting people to talk about their personal feelings, opinions and experiences with the advantage of flexibility to restructure the questions in response to the flow of the interview as the researcher can be in control of the process. The interactive nature of interviews can also generate enthusiasm on the part of respondents who may feel privileged to be listened to and be given the opportunity to participate in problem solving through the research (Yin 2011:54). Through direct interaction, interviews enable mutual understanding of the issues under discussion through clarification, probing and immediate feedback. The interview method can also result in spontaneous responses, therefore, helping to reveal the true perspectives of participants, whereas with the questionnaire method respondents may give guarded, well considered responses. The greatest advantage of the interview method over the others is therefore its direct and interactive nature, which is most desirable when deeper insights into a phenomenon are sought from participants (Mack et al. 2005:31).

3.3.2.2 Development and testing of the data collection instrument

A pilot study with ten participants was conducted to confirm the reliability of the instrument. In preparation for a bigger study, a pilot study is a smaller study that tests research methods, data collection instruments, sample recruitment strategies, and other research approaches (Lancaster, Dodd and Williamson 2004:307-309). The pilot study was essential in identifying flaws in the research instruments and appropriate amendments were implemented in the full study. The process also assisted the researcher to understand the dynamics of recruiting participants, length of the questionnaires and time taken to administer the research instruments. It also

provided a better understanding of how to implement the survey, for example, the need to assist students who have limited English skills with occasional help with the questionnaire and to check item completion. More importantly, the pilot survey was done mainly to check whether the research questions were interlinked with research objectives. The main interests were to highlight whether the topic had never been researched before. The pilot included a focus group of academics, whose primary duty was to discuss the topic and find merits on it that warrants it as a doctoral study. Therefore, the topic itself was challenged.

3.3.2.3 Characteristics of the data collection instrument

The first part of the study consisted of a series of well-structured questionnaires (for international students working at aged care facility) and a semi-structured interview with the operations manager responsible for employee wellness at a care facility. The study was guided by a descriptive cross-sectional design. The latter is a survey tool that collects data and uses descriptive statistics to help analyse the results. This is a straightforward study that may be completed quickly. Because it can quickly determine the link between variables, it is the best method for this investigation. There is no need for follow-up, and it is extremely valuable for public health planning. Cross-sectional design has the advantage of allowing the investigator to measure both the result and the exposures in the research participants at the same time. A cross-sectional study's participants are chosen solely based on the study's inclusion and exclusion criteria. For population-based surveys and assessing the prevalence of disease in clinic-based samples, cross-sectional designs are used. These examinations are usually carried out quickly and at a low cost. This study design may be useful for public health planning, monitoring and evaluation (Setia, 2016:148).

3.3.2.4 Data collection process

The study was approved by Unisa Research Ethics Committee (see Appendix H). The researcher proceeded to apply to the NSW Ethics Committee to seek permission because the study was being carried out in Australia (see Appendix I).

An External Entity Agreement was made between NSW ethics committee and aged care facility (study site) (Appendix J). Ethical and scientific approval was granted on 30 December 2020. Upon receipt of approval, the researcher was ready to proceed with the first phase of data collection. The following steps were taken in the first phase of the research which is quantitative:

1. The participants were contacted via e-mail through access to the employee database at the age care facility.
2. The purpose of the study was explained in detail to the participants in the participant information sheet for the researcher to get an implied consent. Prospective participants are informed that if they complete the questionnaire, the researcher assumes that they have given consent to participate in the study (see Appendix L).
3. The study's entire requirements were revealed, as well as the reason this subset was chosen.
4. The demographic questionnaire was then completed, and the inclusion requirements were checked.
5. During the research study and afterward, the participants were guaranteed anonymity and confidentiality.
6. The participants were ready to start answering research questions about acculturation, social support, self-esteem, and mental health. The process was timed to last around 20 minutes to complete online.
7. The whole questionnaire was administered through google forms and was accessible via the following link: <https://forms.gle/39b6qTQeNCB1nkHC8>

Second phase of the study was focused on key informant interviews for the collection of qualitative data. The interviews utilised a semi-structured interview guide which sought to understand the knowledge and perceptions of key informants on the lived experiences of international students. The steps included the following:

1. List of key informants was purposively selected to gather an appropriate sample.

2. One-on-one interview was held with the Operations Manager, who is responsible for the health and well-being of staff.
3. Review of documents including policies and plans by universities, federal and local governments on assisting international students with health services.

3.3.2.5 Ethical considerations related to data collection

Ethics means the moral distinction between right and wrong (Bhattacharjee, 2012:137). Ethics are the cornerstone of scientific research as their upholding safeguards the integrity of the entire research process by ensuring that the data and findings are not manipulated to advance a certain personal or collective agenda. Bhattacharjee (2012:137) points out that “scientists are expected to be aware of and abide by general agreements shared by the scientific community on what constitutes acceptable and non-acceptable behaviours in the professional conduct of science”. The implied general agreements are the ethical standards that guide scientific research. The present study was conducted in a manner that fully upheld the ethical standards of scientific research, with an endeavour to be objective, faithful and unbiased in the search for answers to the research questions. Students were given thorough information about the study so that they could make an informed decision about whether to participate (Appendix K). All participants in the study were asked to give their verbal agreement and they complied. Participation was entirely optional, and neither the researcher nor the institution imposed any penalties for refusing to participate or later withdrawing from the study. The study involved minimal risks to study participants. Participant names and other identifying information was not being used for the study and information was kept confidential and accessible only to the research team during data collection and analysis. Individuals participating in the study received no direct benefit from the study.

3.3.3 Data analysis

SPSS version 26 was used to analyse the quantitative data generated through closed-ended questions embedded in the three survey tools to provide descriptive analysis e.g., frequencies, means, standard deviation, calculating the correlation

between mental health, acculturation, social support, and self-esteem. Qualitative data generated through open-ended questions was analysed using thematic analysis. The study made use of manual thematic data analysis. The emphasis on manual data analysis was in keeping with the objectives to attain a high level of personal involvement, immersion and rigour in the study to generate the greatest possible understanding of the respondents' perspective about social dialogue. The initial exercise in data analysis involves the breaking down or classification of the data into homogenous clusters based on observed common characteristics to abstract meaningful information and relationships (Kothari, 2004:123). In this way, various themes from the data emerge hence the terms thematic analysis. The steps involved (i) making sure all narratives are transcribed, (ii) identify keywords in respondents' answers and developing codes for identified elements, (iii) group generated codes to generate concepts to support discussions and analysis of the quantitative data, (iv) discuss the identified concepts with to extract potential relations that informed this study to answer the objectives.

3.4 RIGOUR OF THE STUDY: VALIDITY AND RELIABILITY

The extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability (Golafshani 2003:597-598), and if the results of a study can be replicated using similar methodology, the research instrument is reliable. Bhattacharjee (2012:56) posits that one of the main requirements of any research process is the reliability of the data and findings. Because data are numerical, obtaining identical outcomes in quantitative research is rather simple. External reliability is primarily concerned with a study's replication. Conversely, internal reliability is concerned with the consistency with which data are collected, analysed, and interpreted. According to Bryman and Bell (2004:23), the prescribed measure for instrument reliability, is the Cronbach's Alpha. Likewise, the reliability of the research instrument was measured using SPSS. Even though there is no consensus on the minimum acceptable threshold for the Cronbach's Alpha statistic, the thresholds that have been given range from 0.6 to 0.8, the generally accepted minimum threshold is 0.7 (www.statisticssolutions.com/cronbachs-alpha/).

The analysis of Cronbach's Alpha of the instrument based on the four variables being studied was 0.805. Based on this result, it can be concluded that the research instrument that was used for data collection was reliable. Internal dependability can be gained if an independent researcher re-analyses the data and arrives to the same conclusions as the original researcher. In ensuring reliability, the questionnaire was standardised so that all the participants were responding to the same set of questions. The questions and interview guides were simplified and written in a non-ambiguous manner to ensure that all respondents understood what the questions were seeking.

In contrast, validity is concerned with the meaningfulness of research components. Researchers are concerned about whether they are measuring what they planned to assess when they measure behaviours (Golafshani 2003:599). In this regard, the research instruments and the data were reviewed by the research at the pilot research stage. Based on this review assessment, ambiguous and obscure questions and items in the instruments were revised. Also, the ineffective and non-functioning questions or items were discarded altogether. Internal validity is primarily concerned with the research findings' congruence with reality. It also has to do with the research instrument's ability to see and measure what is supposed to be measured. Overall, the researcher used the six methods recommended by Merriam (1998:108) to improve the internal validity of the research data and instruments: triangulation, member checks, long-term observation at the research site, peer examination, participatory or collaborative modes of research, and researcher's bias. The research implemented three different data collection tools to triangulate between and within instruments. These collection instruments included interviews, questionnaires and document analysis. This is because a single data collection instrument is not full proof to gain adequate facts of true accounts. Each method serves the purpose of complementing the weaknesses of the other method. The effective application of a variety of strategies can help to remove bias and provide a more thorough knowledge.

3.5 SUMMARY

The chapter has highlighted the research processes undertaken in this study. It outlined the research paradigm and design that underpinned the study. The study was based on a mixed method approach. The chapter also outlined the various sampling methods employed in the research as well as the sample selected in the study.

CHAPTER 4: ANALYSIS, PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS

4.1 INTRODUCTION

The results, analysis, and interpretation of the research findings in relation to the research questions are presented in Chapter 4. The study investigated the impact of each interdependent component, such as acculturation, social support, and self-esteem, as predictors of mental health and the extent to which they were present among overseas students in Australia.

4.2 DATA MANAGEMENT AND ANALYSIS

Quantitative data in this study was collected through an online survey. The method was utilised to ensure compliance with COVID-19 regulations that limited face-to-face encounters. A total of 97 participants out of a targeted 98 responded to the questionnaire providing a compliance rate of 97.96%. The data from the online survey was then exported to SPSS version 26 to assist in the analyses and statistical tests for correlations. Qualitative data from four respondents was collected through face-to-face interviews with strict adherence to COVID-19 safety protocols. The four respondents included two managers at the aged care facility and two former international students (one male and one female who are not part of the students working at the old age care facility) who were purposively selected to triangulate data from the survey. Consent was sought from the participants to record the face-to-face interviews which were in turn analysed using thematic analysis.

4.3 RESEARCH FINDINGS

4.3.1 Sample characteristics

The sample represented 97 international students in Australia attending different universities and employed at an aged care facility on a part-time basis to sustain their living in Australia. Participants were required to be non-Australians, from any country, enrolled in one of the Australian universities, working part-time at aged care facility X to sustain their living expenses Four participants were added to the sample,

one is an operational manager at the aged care facility responsible for the general welfare of workers. The Executive Care Manager for the facility was also interviewed to give an insight on the problems that she encountered daily with international students. In addition, two participants who have been international students were interviewed to gain an understanding of their lived experiences as international students with limited rights and benefit in a foreign country.

4.3.1.1 Age

The age of respondents ranged between 21 and 49 years of age. This meant that the study gathered the experiences of international students in different age categories. Age is an important factor in determining how students deal with challenges faced in a new country. Older students tend to be more mature and socially resilient as compared to younger students who are living on their own and away from home probably for the first time in their lives. The average age of respondents was 31 years of age. What is also important to note from the research is how younger respondents were more likely to seek assistance for mental health issues as compared to older participants. Older students also tend to have stronger social support systems including partners either in the country or back in their home countries including children which is different for most 21-year-olds who must largely depend on their parents (Almukdad, Zelalem and Berhanu 2020:283).

Table 4.1 Age of respondents (N=97)

Youngest	Oldest	Average
21 years	49 years	31.3 years

4.3.1.2 Gender

Figure 4.1 highlights that the majority of (61%) respondents identified as female. In the statistical analysis, gender did not provide huge variations in the experiences of international students. This goes against findings among other migrant populations which highlight specific gender differences in mental health. Fung and Wong

(2007:227), for example, indicated that women tend to have more psychological problems.

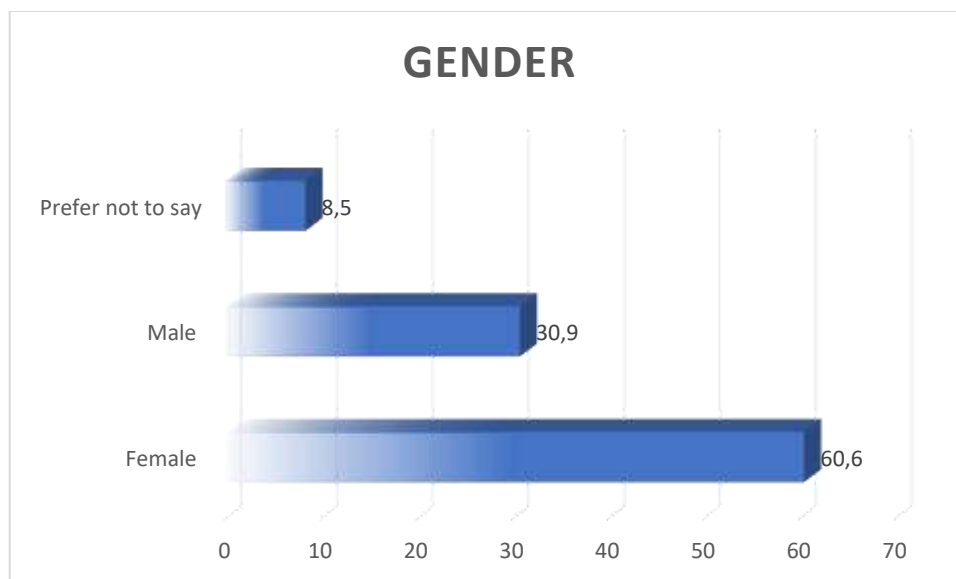


Figure 4.1: Gender of respondents

4.3.1.3 Place of birth

The research participants had diverse places of birth. While most respondents were from Asian countries (for example from India 12.7%), the research also included a significant number of African participants. This reflects the increasing number of Africans seeking educational opportunities in far off countries such as Australia. The place of birth allowed the research to understand the background that shaped the respondents' social experiences in Australia. Students from countries such as India, Nigeria, Zimbabwe, China, Brazil, New Zealand, England, Sri Lanka, South Korea, and Philippines were part of the study. Other studies in Australia such as Huang, et al. (2020:1), Tridinanti (2018:35) and Wright and Schartner (2013:113) tend to focus on students from Asian countries only. This study provides a wider analysis of experiences from students who come from Asia, Africa, Europe, and South America.

4.3.1.4 Period of residence in Australia

The respondents have varied period of residence in Australia ranging from 1 to 21 years (Table 4.2). This provided the research with people with varying experiences of learning in Australia. The average period of residence is 5.3 years which shows that the study targeted people with knowledge and experience of the issues being studied. Period of residence was important in understanding how the length of staying in Australia influences how students cope with stress. The data showed that students who have stayed longer than five years tend to have more social networks and better able to navigate the various challenges of being an international student.

Table 4.2: Period of residence in Australia (N=97)

Shortest stay	Longest stay	Average stay
1 year	21 years	5.3 years

4.3.1.5 Marital status

The study also sought to understand the marital status of respondents and analyse how this can influence their experiences of student life. The research found that 40% of participants were single and largely faced unique challenges when compared to the 44% that was married (Figure 4.2). Such challenges include the lack of social support at home, loneliness and homesickness. Some married participants were also homesick, but they also had further challenges with balancing the demands of school, a new country, and their roles in the marriages (Chung and van der Lippe 2020:377). This was particularly challenging for women who had to balance their role as students with the role of being wives and mothers especially where the couple was coming from a patriarchal background. Being in school and being in Australia did not mean a change in the accepted social roles. This was also a cause for mental exhaustion and emotional unwellness. Divorced participants made up 16% of the sample. The mental strain of divorce whether it happened before coming to Australia or after settlement was also a factor in how the participants experienced life as international students.

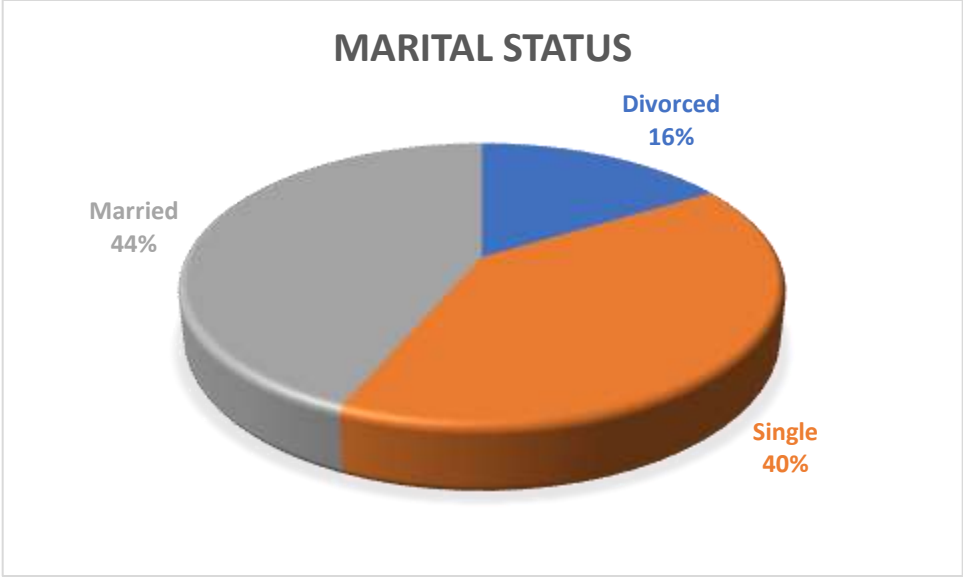


Figure 4.2: Marital status

4.3.1.6 Parenthood

Figure 4.3 shows that most of the respondents (58%) were parents. Parenthood directly influences mental wellbeing in multiple ways as outlined by participants in this research. Firstly, parenthood can be a source of belonging and build a support system for a foreign student. Secondly, for some participants without any assistance face serious challenges with childcare and it often leads anxiety and mental challenges.

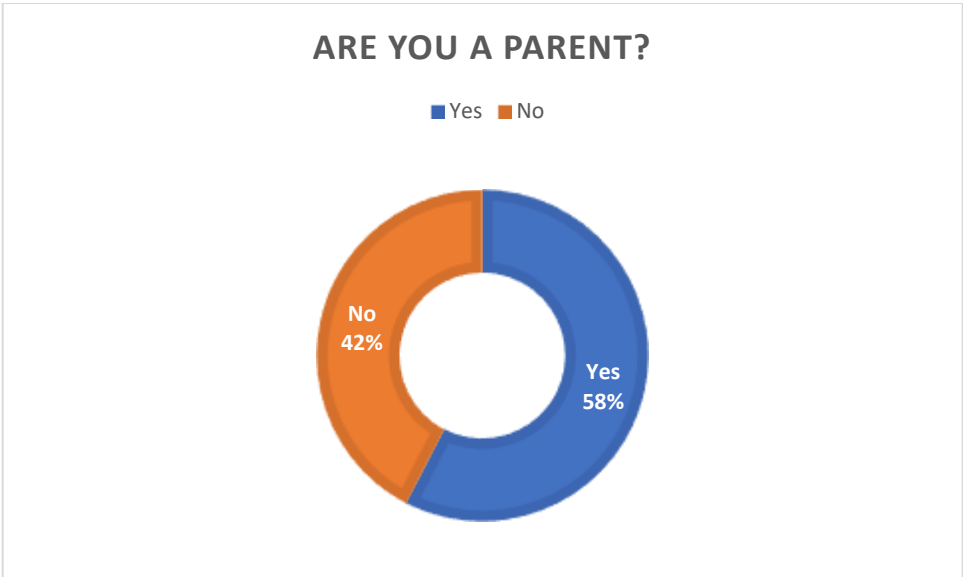


Figure 4.3: Are you a parent?

4.3.2 Mental health-related challenges faced by international students

This section presents findings around the lived mental health related challenges faced by international students. The findings are thematically presented to highlight the type of mental issues affecting international students. These challenges include loneliness, lack of social support, culture shock, homesickness, and depression.

4.3.2.1 Loneliness and lack of social support

One of the mental health related challenges facing international students is loneliness and lack of social networks. Figure 4.4 shows that 58.1% of participants noted that it is probably true that they do not get invited to things with others such as birthday parties. To emphasise the lack of social support structures, 7.4% said it is true and 63.8% said it is likely true that finding someone to look after their house or apartment if they had to leave town for a few weeks would be tough. This highlights the paucity of social support systems in the everyday lives of international students. Such social systems are important for mental wellness as they reduce stress by supporting with such things as aiding when one must travel or faces a particular challenge. These findings corroborate what Skromanis et al. (2018:1) who found that international students tend to experience higher level of social alienation compared to domestic students.

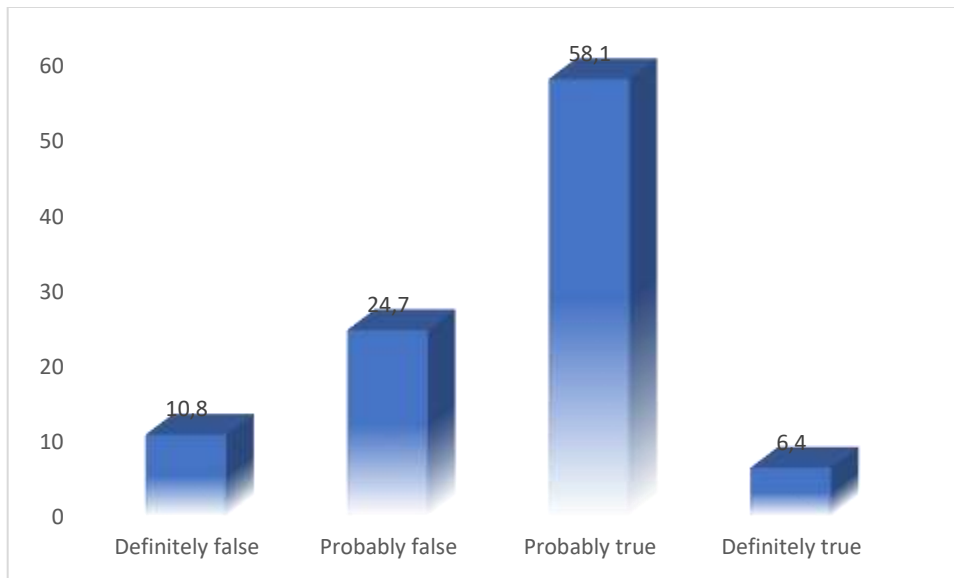


Figure 4.4: I do not get invited to things with others such as birthday parties

The survey further explored other elements that highlight loneliness and lack of social support among international students. Table 4.3 shows how, for example, 53.7% of respondents noted that it is probably true that they would have a hard time finding someone to go with for a day trip in the mountains. Furthermore, 50.3% noted that it is probably true that they have no one they can share their private fears and worry with. The findings highlight that most respondents lack social support and are in many ways lonely. International students, according to Almuqdad, Zelalem, and Berhanu (2020:285), experience culture shock, language challenges, adjustment to customs and values, isolation and loneliness, homesickness, variations in educational systems, and the loss of their established social network.

Table 4.3: Loneliness and lack of social support (N=97)

	Definitely False (%)	Probably False (%)	Probably True (%)	Definitely True (%)
If I wanted to go for trip for a day (for example, to the country or mountains, I would have a hard time finding someone to go with me.	10.5	29.5	53.7	6.3
I feel that there is no one I can share my most private worries and fears with	20.2	24.5	50	5.3
If I were sick, I could easily find someone to help me with my daily chore.	2.1	27.4	55.8	14.7
There is someone I can turn to for advice about handling problems with my family.	6.5	12.9	62.4	18.3
When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	4.2	8.4	68.4	18.9
I don't often get invited to do things with others.	10.6	25.5	57.4	6.4
If a family crisis arose, it could be difficult to find someone who could give me good advice about how to handle it.	14	12.9	68.8	4.3

It is however encouraging that 68.1% that it is probably true that they have someone to talk to on how to deal with personal problems. Some of these respondents (43%) still use support systems from their country of origin. Technological advances in video and real time communication have provided international students with social networks back home. The respondents also indicated that they have overtime developed specific networks within the communities they live in that allows them to get assistance in specific situations. For example, 63.2% noted that they had someone they could call to get them if they were stranded. Students further face mental strain from trying to balance work and schools. Forbes-Mewett (2019:3) argues that pressures from trying to balance work, school and new social environment often lead to poor mental health among international students in Australia. According to the operations manager, 'Most of the students report that they are sick, stressed, and exhausted because most of them go to attend lectures after a shift e.g., night shift.' Box 4.1 provides a description of the experiences and challenges of one of the respondents during in-depth interviews. It shows the varied challenges caused by language and lack of acculturation among international students. All the qualitative narratives are placed in boxes to ensure that each story is told in full to provide context of how the participants understand the question of

student mental health. Boxed narratives allow the researcher to provide a nuanced story from the perspective of the respondent in a more structured manner (Kim 2016:167).

Box 4.1: Challenges faced by an international student in Australia

Culture shock - Mr A narrates that culture shock was one of his biggest challenges that he faced. He said that he was not aware that Australia is a multicultural country with a lot of people from diverse backgrounds. He was expecting to see whites only and was not even aware that there is an indigenous population, the Aborigines who have their own language which is not English and most of them do not understand English. He was not aware that there will be Asians, British etc. He verbalises that all cultures are so different, and it can be very confronting when adjusting to a new environment. He said that Australian slang was very difficult for him to interpret with terms like 'ta' (thank you), 'lingo'(language), 'mate' (colleague), all these confused him. While a hard handshake is standard in Australia, Thais are more accustomed to putting their hands together and bowing. Mr A said after experiencing the culture shock, all the excitement about moving overseas dried up and fear of socialising started dominating.

Homesickness – Mr A narrated how he had to leave his wife and daughter in Nigeria even though they had been granted accompanying spouse visas, because the fees for international students were exorbitant and the plan was to work hard and get through university and then the family will join him later. Leaving his comfort zone and adjusting was hard for him. He narrates that he missed his wife and family a lot, he could not go back to Nigeria during holidays because in Australia, students are allowed to work more hours during holidays, and these were opportunities for him to work and save for his fees.

Academic barriers – Mr A pointed that he had difficulties communicating with the teachers because of cultural differences and expectations. 'As a student from a collectivist culture, interacting with individuals from an individualistic culture was very challenging', he recalls. For example, a student to interrupt a teacher speaking, from his culture, it is considered rude, so he would raise up his hand for attention, but no one gave him attention, they carried on with their discussions.

4.3.2.2 Depression

The research sought to understand whether there were signs of depression among participants by asking questions related to their state of mind especially in the past 30 days. Figure 4.4 shows that the majority had some feeling of being worthless in the past days. There was no significant difference between men and women and

across age. A further 51.6% indicated that they feel useless at times while 67.7% wished they had more respect for themselves. All these indicators point towards signs of depression and general emotional unwellness in most of the respondents in this study. The majority (39.4% agree and 17% strongly agree) that they are inclined to feel that they are a failure. A hopeless outlook is generally viewed as a common symptom of depression (Healthline 2019). Depression, psychosomatic problems, anxiety, and paranoid reactions are the most common challenges faced by overseas students (Bathke and Kim 2016:15).

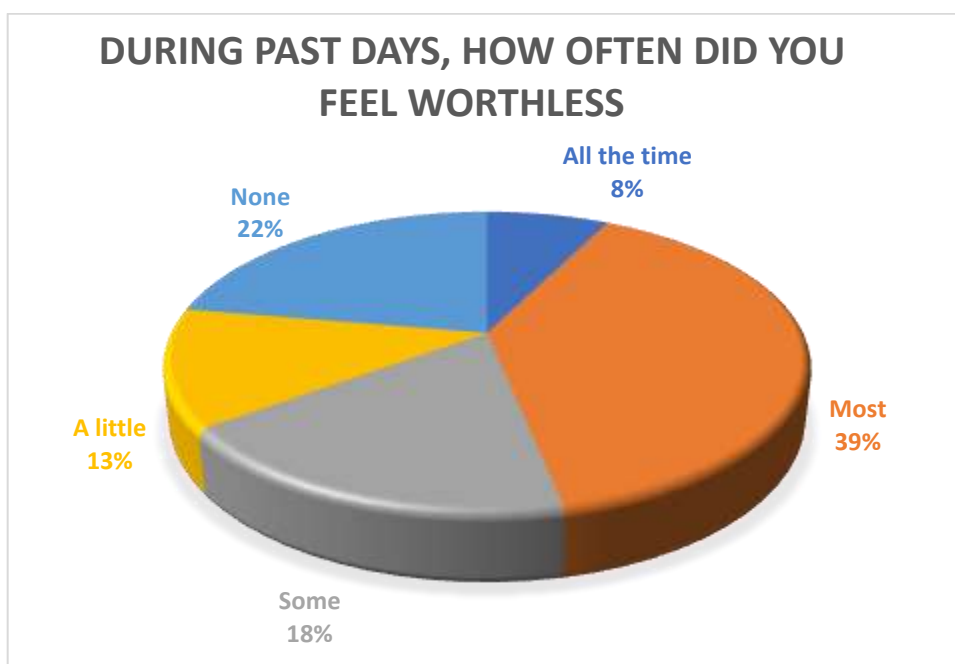


Figure 4.5: Feelings of being worthless in the past 30 days

Mr A stated in the interviews that he had regular headaches, which he believes stemmed from homesickness, difficulties adjusting to the new culture, feelings of not belonging, cultural obstacles, and financial constraints. He hardly went to see a doctor or counsellor because culturally he is an Igbo man and he must show resilience and admitting that he was stressed would be the same as admitting that he was weak. What made the situation worse is the fact that there are no free services for international students and so even if he had wanted to visit a doctor or counsellor, he could not afford. Another interviewee, Ms Y indicated that she faced

the common problems like language barrier, culture shock, homesickness, finances, and these issues had multiple effects as many challenges like this added up and she became depressed resulting in her academic achievements declining. Other research studies have also shown that international students have problems with anxiety, depression, stress, cultural fatigue, unfamiliar social activities and lifestyles, feelings of worthlessness, and frustration (Brown and Holloway, 2008:33-36; Russell, Thomson and Rosenthal, 2008:59).

4.3.2.3 Lack of acculturation

There are several key issues when it relates to acculturation of international students in Australia. The first issue to emerge out of this research relates to how language can be a huge impediment to acculturation. Table 4.4 shows that most respondents mostly speak well in their first language with some English (64.2%). Only 4.3% indicated mostly English. Difficulties in communication often leads to circumstances related to lack of confidence, failure to make friends and difficulties in building any relationships in a new country. Moving to a new country can often be scary for most people and failure to speak the language properly only adds to the anxiety and stress of international students. Similarly, Gatwiri (2015:1) discovered that the higher the degree of English language proficiency, the lower the levels of cultural stress, academic challenges, and negative emotions among international students in a Melbourne study. Poyrazil et al. (2004:76) also discovered that students who spoke English well seemed to have an easier time adjusting to their new surroundings than those who did not. The situation can be made worse if the institution they attend does not have an active programme to assist with acculturation. Students often feel lonely and abandoned. This results in responses where 67% of the respondents noted that the friends with whom they are close to are mostly people from their country. A further 72.8% noted that the people they trust and turn to when in need of help are mostly people from their country and some Australians.

Table 4.4: Which language do you speak well? (N=97)

English only	5.4%
Mostly English, some first language	4.3%
English and my first language equally well	25.0%
Mostly my first language, some English	64.2%
My first language only	1.1%

Secondly, food preferences can be a pointer towards the lack of acculturation. In this study, 77.2% of respondents mostly eat food from their countries and some Australian foods. Furthermore, 45.3% strongly agree and 26.3% agree that Australians try to fit them into the stereotypes that they have about their nationalities. This leads to stigma and feelings of being an outsider for most students. Nearly half (48%) either strongly agrees or agrees that when they are in a group of Australians, the Australians almost always talk to each other and ignore them. Lack of acculturation is therefore starkly apparent in the sampled international students. The experiences are like all students despite variances in age, sex, nationality, and background. Jardin et al. (2018:221) also conclude that there is a link between acculturation, stress and depression. The feeling of being an outsider is therefore reinforced by the everyday experiences of international students. About 43.5% strongly agreed that no matter how adjusted to Australian ways they may be, they will be seen as a foreigner by Australians. In addition, 48.4% believe that they will never fully understand how to function successfully in the Australian bureaucracy or "system" (educational, governmental, professional, or business operations). These feelings of being an outsider can be detrimental to mental wellness of international students. Similarly, Oppedal et al. (2005:657) also highlighted this correlation between lack of acculturation and mental illness in young migrant populations. Moreover, 50.5 % of respondents believe they are not fully accepted in organisations (e.g., private social clubs, professional associations, fraternities, sororities, or physical fitness clubs) with a majority of Australian members, illustrating the lack of acceptability by Australian society. Box 4.2 outlines the experiences of Ms Y who narrated her experiences with lack of acculturation in the in-depth interviews.

Box 4.2: Sources of lack of acculturation

Teaching style

Ms. Y struggled to acclimatise to the teaching style in Australia; she considered the interactive teaching style and critical approach in the Australian environment to be quite stressful. She was particularly disturbed by the lack of respect shown by Australian students to teaching professionals, as this is not the case in her native country. Instead of bringing up academic difficulties in class, she chose to speak with academic personnel in private. Academic staff, on the other hand, refused to see students who came to visit them outside of office hours and without an appointment, which caused her worry. She had also struggled to grasp lectures owing to a lack of language and speed, as well as teachers who spoke too quickly or gave insufficient feedback. Professors, she believed, failed to recognise the emotional and psychological issues that overseas students face, such as loneliness, stress, isolation, and finances, all of which are harmful to their health and learning.

Role Relationship

Ms Y found the student-teacher relationship very stressful adjusting to as she is originally from a collectivist country with a high-power distance. The Australian lecturers see their role as facilitators in which students learn by themselves rather than teaching the exact what they need to know. She found a very stressful sharp contrast in the dynamics of a classroom in a power distance country and the Australian class. In her country, the lecturer is the only person talking while all students actively participate by listening, instructions, as to what students are supposed to read and learn are therefore very clear and direct. She was confused owing to the shift of responsibility. The lack of explicit instructions left her overstrained with possibilities and uncertain about where to start and how to proceed. She adds that this perceived lack of direction led her to poor performance, and this negatively reflected in her grades.

Time management

She had difficulties to find an adequate balance between academic study life and work. There is also the strict adherence to time orientation that is prevalent in Australian academic practice, and this affected her immensely because time orientation is not a feature of her culture.

4.3.2.4 Workplace based mental issues

The workplace was seen as an important source of mental unwellness in this research. The interviewed students and managers highlighted various issues related to challenges found in the workspace. One of the managers for example noted:

“...these students are employed on a casual basis. That means no work no pay because an individual who is employed as a casual do not have benefits such as annual leave or paid sick leave.”

This places pressure on the students to work even when they are unwell. The lack of protections means that work can become a source of mental strain. The managers also indicated the following in relation to workplace harassment:

“...most of the students raise complaints about bullying and harassment especially the first days that they start working, later the level of complaints decreases. It is not everyone who is confident enough to come and report such cases. I believe some of the racism, bullying, harassing is very subtle and it’s only the victim that can see and feel it.”

All these work-based challenges contribute to the lived mental unwellness of international students. The economic uncertainty, coupled with workplace harassment, can create feelings of anxiety and even depression. International students in Australia face not being paid the award rate, sexual harassment and workplace bullying, and unjust termination if they ever report abuse (National Union of Students 2021).

In the interviews, Mr A highlighted how the economic demands of living in Australia as student can be a source of mental strain. Finding a job to cover some living expenses is the most ideal thing to do. The only problem is that many students work in ill-matched position. For example, Mr A was studying Information and Technology and he thought he would find part-time job in the IT industry. The most popular jobs for students are working in aged care as a nursing assistant, working in restaurants, cleaning, security, and all sorts of menial jobs. This frustrated him because all the jobs that he got did not match his skills and experience. The fact that the Australian job application procedure may be a little bit hard because some firms are unwilling to hire overseas students owing to local rules adds to his dissatisfaction. Mr A noted that for the whole of his studies he paid a total of about \$120,000. He also indicated that NSW is a big city in Australia and is very expensive, for example, notable calculated comfortable living in NSW is \$2000-2500 per month. He found that the places closer to the university are more expensive and so he had to find an apartment in other areas to keep the monthly rent down. To decrease the rent a bit more, he had to share the apartment with a stranger. He had to pay for food, internet,

transportation, and general upkeep. Back home, his family was expecting him to send money for food monthly and that even stressed him more. The experiences of Mr A put into context the assertion by *ABC News* (2016) that an estimated one in four overseas students studying in Australia is facing financial hardship.

4.3.3 Association between lack of acculturation and mental health

One of the key focuses of the study was to analyse whether there is an association between lack of acculturation and mental health. Using Pearson's correlation coefficient, the study sought to highlight the degree and direction of correlation. Correlation was used to determine the relationship between the independent and dependent variables, which might range from 0.00 (no correlation) to 1.0 (strong correlation). Table 4.5 highlights that there is a moderately negative correlation between acculturation and mental health. It shows $r = -.380$, $p < .01$ which means that when acculturation gets stronger, there is less poor mental health behaviours exhibited by the respondents. This means that there is an association between lack of acculturation and poor mental health among international students. Acculturation was shown as an important variable in determining mental health of international students. It is important to highlight here how the Social Determinants of Health Framework speaks to the effects of social cohesion, social capital and cultural factors on an individual's health. Acculturation as a cultural system related to social cohesion has been shown by this research to have an impact on mental health.

Table 4.5: Analysis of association between mental health and acculturation and social support (N=97)

Variable		Acculturation	Social Support	Economic Support	Self Esteem	Mental Health
Acculturation	Pearson Correlation	.98	.201	-.456**	-.399	-.380**
	Sig. (2-tailed)		.042	.000	0.00	.003
	N	97	97	97	97	97
Social Support	Pearson Correlation	.243	1	-.1	-.112	-.089
	Sig. (2-tailed)	.057		.276	-.298	.589
	N	97	97	97	97	97
Economic Support	Pearson Correlation	-.593**	-.068	1	-.398	.304**
	Sig. (2-tailed)	.001	.222		.002	.000
	N	97	97	97	97	97
Self Esteem	Pearson Correlation	-.485	-.170	1	-.379	.344**
	Sig. (2-tailed)	.010	.318	.000		.001
	N	97	97	97	97	97
Mental Health	Pearson Correlation	-.343**	-.072	.246**	.359	.98
	Sig. (2-tailed)	.000	.487	.003	.000	
	N	97	97	97	97	97

** . Correlation is significant at the 0.01 level (2-tailed)

4.3.4 Association between social and economic support and mental health

Table 4.5 also highlights the correlation between social support and mental health. The results reveal that social support and mental health have a strong relationship ($r = -.089$, $p < .01$). This means that as social support strengthens, there is significant reduction in negative mental health behaviours among the respondents in this research. In terms of economic support, Table 4.5 shows that there is moderately positive association between mental health economic support ($r = .304$, $p < .01$). This means that as the level of economic support increases mental health also improves. This conclusion backs up what Paukert et al. (2006:405) discovered in their own study, namely that when people lack social support, they are more likely to feel rejected because they see themselves as losers, failures, or outcasts. As a

result, they grow melancholy and withdraw from others. Social support was also found to be a predictor of high levels of psychiatric problems among overseas students by Dao et al. (2007:288).

4.3.5 Association between self-esteem and mental health

The study also sought to analyse whether there was an association between self-esteem and mental health of international students. The question examined the impact of self-esteem on mental health because as noted by studies such as Brown and Jones (2013), there is a direct correlation between the two. Table 4.5 illustrates that there is a modestly positive relationship between mental health and self-esteem, indicating that as self-esteem improves, so does mental health ($r = .344, p < .01$).

4.3.6 Institutional mechanism to respond to mental health challenges of students

The study also sought to understand the institutional and personal responses to mental health among international students in Australia. The research showed that there are various steps taken by the government and universities to ensure access to mental health. In terms of individual efforts, the research asked whether the participants had seen a counsellor since moving to Australia. The majority (77.9%) had not visited or consulted a counsellor highlighting the reluctance in most migrant communities to seek mental health assistance (Dao et al. 2007:291).

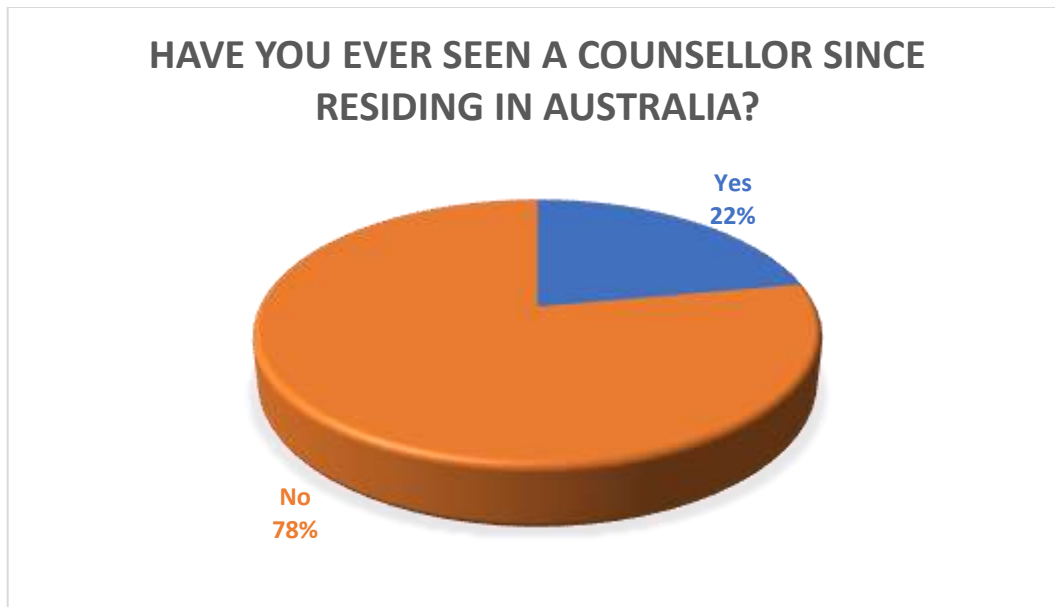


Figure 4.6: Have you ever seen a counsellor since residing in Australia

The aged care facility also has some support system mechanisms to assist the students who work there. One of the managers narrates:

“As an organisation that is not for profit, we strongly believe that being off work impacts workers’ health and wellbeing, their financial situation and their relationship with friends and family. Therefore, if a workmate is off injured, we stay in touch and support their return to work. We notify the insurer within 48 hours of injury. If the injury is serious, Safe Work NSW is notified immediately. The worker is to get a certificate of capacity from their doctor, and we send it to the insurer. The individual can claim medical expenses and will get weekly payments if they need time off. However, if the worker needs more than seven days off work, they must participate in an injury management plan.”

In terms of the government, Box 4.1 outlines the various programmes that are available to everyone including international students. Most of the initiatives are online based and therefore easily accessible. The interviewed managers, however, highlighted that most of the students are reluctant to utilise these platforms.

Box 4.3: Initiatives for mental health and wellness

myCompass

is a web-based and mobile-based application for persons suffering from mild to moderate stress, anxiety and depression. It was created by the Black Dog Institute. myCompass assists people in keeping track of their moods, feelings and behaviours that may be bothering them. It also gives you access to interactive self-help modules where you can develop the skills you need to deal with your problem (blackdoginstitute.org.au).

The Mindspot clinic

is a free telephone and online service for Australians suffering from anxiety or depression symptoms. It provides free online tests and therapy courses to assist people understand their symptoms and regain mental health (mindspot.org.au)

This Way Up

Anxiety and depression illnesses are addressed through online learning programmes, education and research. The programme employs Cognitive Behavioural Therapy (CBT), which emphasises the importance of the relationship between thoughts, feelings, and behaviours in the process of change. The courses offered have been designed by a group of hospital and university experts and participants can elect to have their progress supervised by a clinician if they wish (thiswayup.org.au).

e-couch

is a free online service which provides information about the cause, prevention and treatment of emotional problems, including tool kits with exercises and strategies to help improve your mood and emotional state, and tackle challenges an individual maybe facing couch does not ask for an individual's real name and so one can log on anonymously from anywhere (ecouch.anu.au).

MoodGym

is a cutting-edge web-based service that uses CBT to avoid depression. This programme aids in the identification and management of negative emotions, as well as the development of coping skills. The programme consists of five modules, an interactive game, anxiety and depression evaluations, downloadable relaxation audio, a workbook, and a feedback assessment. (moodgym.com.au).

Mental Health Online

provides online mental health information, assessment, referral, and therapy. It also provides a report of symptoms and treatment recommendations as well as access to treatment programmes available via the website. Mentalhealthonline.com.au

4.4 OVERVIEW OF THE RESEARCH FINDINGS

The research findings highlight the association between acculturation, self-esteem, social and economic support, and mental health. Pearson's coefficient and two tailed tests were used to show that the four predictor variables (acculturation, self-esteem, social and economic support) are significant predictors for mental health. The study found that lack of acculturation significantly affects feeling of belonging and worth among international students. Similarly, socio-economic support was also seen as critical in ensuring mental well-being. The interviews highlighted the lived experiences of students and validated the findings from the survey. For example, the interviews from two former international students showed how social support and acculturation including language challenges and lack of social networks impacted the mental health of students. The study shows that mental health among international students is based on social and environmental factors that characterise migration into new cultural systems without adequate support. The findings build on already existent literature to highlight the challenges faced by international students in Australia. The study also found that most international students are not utilising the available resources to get assistance with mental health.

4.5 CONCLUSION

The chapter has outlined the key findings in this study. It started by outlining the demographic make-up of the sample highlighting, for example, that the study had more female participants. It also highlighted that the analysis did not show any significant gender differences. The chapter also showed that there was a strong association between acculturation, self-esteem, social and economic support, and mental health. The objectives of the study were therefore all answered within the context of the key findings emerging from the research. The next chapter provides conclusions and recommendations emerging out of this research.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter outlines the major conclusions from the study and interpretation of the findings. It provides an answer to the research questions guiding the study by relating the findings to the conceptual framework and literature in this field of study.

The objectives that guided the question were:

- To determine the association between lack of acculturation, social and economic support, and stress/mental health among international students in Australia.
- To document the health-related challenges faced by international students.
- To analyse the individual and institutional responses to the health-related challenges faced by international students.

The chapter also outlines the key recommendations from the study. It also indicates how various actors such as government, institutions of higher learning, local communities, industry, and international students can be instrumental in improving the mental health experiences of international students in Australia. In concluding, the chapter will provide the policy and academic contributions of the study.

5.2 RESEARCH DESIGN AND METHOD

The study utilised a pragmatic approach that included a mixed method methodology. This involved the use of both quantitative and qualitative research method. The researcher employed a cross-sectional survey design to investigate the relationships between the independent variables of acculturation, social support, economic support, and self-esteem, and the dependent variable of mental health. Owing to the challenges posed by COVID-19 restrictions and concerns, the survey was carried out using an online questionnaire which targeted international students working at an aged care facility in Australia. The research objectives are diverse in essence i.e., those that seek broad understanding of phenomena and those that seek to predict associations among variables being studied and test theories. To achieve

such objectives, a mixed method approach uses multiple lenses focus to get deep understanding of phenomena and authenticate theories as well as fabricating them. The study sampled 97 international students working at an aged care facility. AIRS was utilised to gauge acculturation. The Rosenberg scale was used to measure self-esteem and social support was measured using SEL.

5.3 SUMMARY AND INTERPRETATION OF THE RESEARCH FINDINGS

5.3.1 Nature of mental health problems among international students

The study has shown that international students suffer from multiple forms of mental conditions which stem from the challenges of adapting to a new environment and lack of social support. The study found that the pressures and demands of a new socio-cultural context often led to diverse mental challenges including depression, anxiety and often leading to suicide or self-harm. The outcomes of this study revealed that there is considerable evidence that self-esteem, self-worth, and self-respect concerns are associated to psychological stress and mental disease. Other studies have also shown how psychological stress and mental illness among international students in Australia is linked to self-esteem, lack of acculturation, lack of social and economic support (Smith and Khawaja 2011:699-700). International students are classed as a high-risk category for mental health and wellbeing difficulties, owing to the multiple challenges connected with adjusting to a new culture and community (Rosenthal et al. 2008:60). This study corroborates the findings of Sherry et al. (2010:37) and Wu et al. (2015:2) who found that academic problems, language barriers, financial difficulties, social isolation or a lack of social support, cultural adjustment, perceived discrimination or prejudice, homesickness, and other practical issues that come with shifting environments affected international students.

5.3.2 Causes of mental health problems among international students

The study found that there are multiple causes for mental health problems among international students. Because of the difficulties they undergo during adaptation and assimilation, international students have a more stressful lifestyle than their

native counterparts. Through the findings of this research, mental health has social causes and dimensions. Low income, not living with a partner, lack of social support, female gender, low level of education, low income, low socio-economic status, unemployment, financial strain, and perceived divisiveness were all found to be statistically significant independent associations with worse mental health in other studies reviewed by Silva, Loureiro and Cardoso (2016:264). The problems, according to Barratt and Huba (1994:425), include adjusting to new responsibilities, academic competency, financial constraints, poor English language abilities, and a lack of self-advocacy. Another source of mental health problems outlined in the findings relate to the experiences of international students in the workplace. Huang, et al. (2020:16) also highlight that those international students often go through many challenges without any socio-economic support and coping mechanisms that may have been effective in the home nation put people at risk for a variety of mental health problems. According to Han et al. (2013:6), 45% of Chinese overseas students at a certain university showed depressive symptoms, while 29 % experienced anxiety symptoms.

5.3.3 Association between lack of acculturation and mental health

The study showed that there is a strong correlation between a lack of acculturation and mental health. Lack of acculturation among international students was highlighted as an important factor determining mental health. This implies that acculturation traits play a significant effect in an individual's mental health. As a result, the more acculturated a pupil is, the better their mental health will be. Other studies such as Klein et al. (2020:5) have shown the link between acculturation and mental health in migrant populations. Jardin et al. (2018:224) also conclude that there is a link between acculturation, stress and depression. Mengistu and Manolova (2019:3) further highlight how acculturating immigrants do not only have an increased risk of substance use but also poor mental health outcomes.

5.3.4 Association between social and economic support and mental health

The findings of the study also highlighted that there is a correlation between socio-economic support and mental health. Support from either people from their own countries or from friends made in Australia were found to be important in reducing incidences of mental and emotional unwellness among international students. Macintyre et al. (2018:6) argue that there is a growing body of literature showing direct linkages between socio-economic status and mental health. Social factors such as loneliness and economic challenges faced by many international students often lead to anxiety and depression. The study also supports findings by Bailey et al. (2017:1455) who found that health inequalities are linked to race and ethnicity. In this study, racism and stigma were found as a factor for emotional unwellness. International students are susceptible to loneliness and lack of social support if they do not find people from their own countries nearby.

5.3.5 Association between self-esteem and mental health

Self-esteem has been proven to be a key predictor of mental health, which means that if Nigerian students have low self-esteem, they are more likely to acquire mental health issues. In their study, Mann et al. (2004:370) discovered that high self-esteem is linked to better health and social behaviour, and that low self-esteem is linked to a wide range of mental disorders and social problems, including both internalising (e.g., depression, suicidal tendencies, eating disorders, and anxiety) and externalising (e.g., violence and substance abuse).

5.3.6 Mechanisms in place to assist international students

The study found that institutions of higher learning have put in place various programmes for mental health. The research showed that there are various steps taken by the government and universities to ensure access to mental health. These include providing counselling services and orientation for international students (Horrocks 2019:1). In terms of individual efforts, the research asked whether the participants had seen a counsellor since moving to Australia and the majority had not engaged a counsellor. The study shows that there is some stigma attached to

seeking mental health assistance by some international students while others lack information or adequate medical cover to access such services (Takeuchi and Sakagami 2018:369). The study also found that the government especially under COVID-19 has initiated online mental health services though most international students are not utilising these services (Orygen 2020:48).

5.3.7 The Social Determinants of Health Framework

The findings of the study support the theoretical principles of the SDH framework. According to the WHO, the SDH are the circumstances in which people are born, grow, work, live, and age, as well as the larger set of forces and institutions that shape daily life conditions (Solar and Irwin 2010:1). Economic policies and systems, development objectives, social norms, social policies, and political systems are examples of these forces and systems. The WHO's SDH network encourages action on SDH. The SDGs provide a comprehensive blueprint for human development and for systematically addressing the SDH (UN 2020). In this study, it was shown that the social conditions that characterise the everyday lives of international students make them susceptible to mental health problems. The SDH framework in the context of this study are meant to not only provide an analytical tool for understanding mental health but also an advocacy tool for promoting a robust public health policy for mental health targeting international students in Australia. The framework recognises the value of equity and social justice as essential to staying healthy and accessing quality health care. This has been affirmed by other studies such as Dover and Belon (2019:2) that highlight the importance of social factors including social justice as an essential part of a healthy life. Changes in policy to address socio-economic determinants of health, such as poverty, racism, violence, and lack of resources, can have a significant impact on a community, state, or country's mental health (Mental Health America 2012).

5.4 CONCLUSIONS

Considering the key findings summarised above, the study concluded the following:

- International students in Australia are suffering from mental problems stemming from multiple factors related to their everyday lives in a foreign country including lack of acculturation, socio-economic challenges such as loneliness, work-related stress and stigma.
- There are no statistically significant differences between genders on the occurrence of mental problems affecting international students. Gender, therefore, does not provide any distinct difference in the occurrence and impact of mental health among international students.
- Findings support the conclusion that there is negative correlation between acculturation and mental health which means that when acculturation gets stronger, there is less poor mental health behaviours exhibited by the respondents.
- Study concludes that there is a correlation between social support and mental health. As social support strengthens, there is significant reduction in negative mental health behaviours among the respondents in this research.
- The findings reveal that there is a modestly significant relationship between mental health and self-esteem, implying that as self-esteem rises, so does mental health.
- There are gaps and limitations to the interventions and programmes currently being utilised to provide mental health for international students.

5.5 RECOMMENDATIONS

5.5.1 Recommendations for future studies

The study recommends that future studies focus on the following areas which can be identified as gaps in the current study:

- Studies that focus on international students in rural spaces where the communities are assumed to be more tightly knit and communal. The experiences of students in such contexts may provide different empirical and theoretical experiences.
- Studies that focus on international students in other fields of study. The type of profession may also shape the acculturation process and interaction with

local communities. There is need to have a wider analysis of different fields to see if the type of degree has an influence on mental health.

- Studies that focus on multiple provinces or cities to provide a comparative analysis of different cities or provinces. The context of the city/province can be assumed to have an impact on the experiences of international students.

5.5.2 Recommendations for Australian institutions of higher learning

To prevent mental health difficulties, the findings show that colleges must commit to increasing acculturation, social support and self-esteem for international students. The institutions across Australia already have some orientation programmes in place but there is need for more detailed and involved process to integrate international students into Australian communities. One way is for the institutions to assist students in accessing affordable and safe accommodation, work placements for those seeking extra income, language and etiquette classes for student who need to improve on these skills. The institutions of higher learning must act as the support system for international students and therefore go beyond an exclusively economic relationship. Part of the reason for the lack of adequate care is a misunderstanding and lack of awareness about how these students think about and discuss mental health and wellbeing. Universities, therefore, need to invest in researching on students' needs, norms and language to better programme for mental health. The institutions should thus focus on the following:

- Implement emotional wellness programmes that include advocacy for the utility of counselling and promoting use of mental health services among international students.
- Transformation of student support services to ensure that they are in line with contemporary systems especially information technology. This is to ensure that international students have access to health and lifestyle information, as well as the relationship between self-perceived identity and social networks.
- Sensitisation of both domestic and international students on issues of diversity and inclusion to reduce instances of stigma, exclusion and

discrimination. The universities can also introduce further programmes for integrating students through initiatives such as social and sporting activities.

- Providing free language, cultural etiquette and communication and social skills classes for foreign students seeking to better acculturate to the Australian context.
- Provide students with knowledge on health insurance coverage of mental illness and the services available to them on and off campus.
- Invest robust preventative and early warning and risk reduction systems that assist universities to predict problems with students before they become catastrophic.

5.5.3 Recommendations for the Australian government

The Australian government is benefiting from a multi-million-dollar higher education industry, and they need to do more to ensure that international students are getting the support they need to thrive in the country. Mental health needs of international students need to be viewed as a public health concern that requires a clear policy framework to increase awareness, access to medical assistance and safe spaces.

The government should focus on the following areas:

- Creating a national, international student mental health strategy that brings together all levels of government and stakeholders in the education industry.
- Improving the international education sector's ability to collaborate with international students on mental health and physical safety services and programmes. Undertaking more research and evaluation to better understand the efficacy of interventions and programmes designed to improve international students' mental health and physical safety (Orygen 2020:4).

5.5.4 Recommendations for host communities in Australia

Communities that receive and live within university towns need to be more receptive to international students and provide a conducive living and supportive environment. Local government authorities and grassroots organisations should provide a policy

framework that promotes mental wellbeing for international students – that promotes easy and affordable access to assistance.

5.5.5 Recommendations for Australian employers

Australian employers need to follow the labour laws and ensure safe workspaces for international students. They should institute workplace acculturation and mental wellness programmes aimed at ensuring international students working part-time have their needs catered for at work. This can include clear guidelines that protect students from harassment or discrimination within the workplace by providing safe reporting mechanisms and adequate action against perpetrators. More importantly, organisations must not take advantage of international students by overworking them with little pay or protections.

5.5.6 Recommendations for international students

International students must assume greater responsibility for their mental and emotional well-being. At an individual and group level, there is a need to combat the stigma related to seeking assistance for mental health problems. Students can be instrumental in providing feedback to universities and government on how to improve mental health services for foreigners. Students must also be involved in self-initiated acculturation activities such as joining clubs, going out and engaging local community members.

5.6 CONTRIBUTIONS OF THE STUDY

The study contributes to both knowledge and policy in multiple ways. The contribution to knowledge is firstly empirical in that it provides new knowledge around an area that has limited research. The study provides unique insights of experiences from a sample of diverse students. Unlike other studies in the past that have focused on a migrant community from a particular nation or ethnic or racial group, this study focused on students from diverse backgrounds to show the similarities in the experiences of international students. The study is also a first of its kind focusing on international students related to a single place of work where they

are working to supplement their livelihoods in Australia. The study, therefore, provides a unique empirical reflection of the lived realities of international students. Secondly, the study adds to our theoretical understanding of how factors such as acculturation, self-esteem, social and economic support relate to mental wellness in migrant populations. These theoretical findings are supported by the tested correlation between the variables. It provides further evidence of the relationship between the variables to support findings from other similar studies. In terms of policy, the study provides important recommendations for various stakeholders that can be utilised to improve the lives of international students and secure Australia as a leading destination for educational migration. Given that, international students have become an important source of revenue for Australia, there is need to ensure the sustainability of this model by improving the experiences of international students. The study highlights the gaps in policy and practice that the government and key stakeholders can focus on to improve international students' experiences.

5.7 LIMITATIONS OF THE STUDY

The study has some limitation which include the following:

- The study focused on respondents from a single city. Therefore, the study cannot be generalised to the whole of Australia. The diversity of the sample, however, makes it plausible to relate how similar experiences are being felt by international students in other cities.

5.8 CONCLUSION

The study has provided important empirical knowledge on the experiences of international students with adapting to a new environment and the related mental health issues that characterise this process. In this study, the researcher looked at four major questions about social support, economic support, acculturation, and self-esteem in international students in a small town in NSW, as well as the defining variable of stress/mental health. The findings of this study are critical for improving acculturation among international students and encouraging social support, hence

reducing, or preventing health issues such as mental illness. In concluding, this study agrees with Huang, Kern and Oades (2020:12) who concluded:

Mental health is increasingly becoming an important public health concern worldwide, with some populations simultaneously at risk for poorer functioning, but less likely to seek and receive proper care than other populations. International students are one of these high-risk populations. While this is caused by several factors, these risks may be compounded by the language used both in conveying mental health and well-being information and in offering and providing care.

The public health concern of international students as a 'most at risk' population group requires more concerted efforts at policy and implementation level to ensure the well-being of young people seeking to better their lives in foreign lands.

REFERENCES

- Almukdad, M., Zelalem, K., Berhanu. 2020. The opportunities, challenges, and factors influencing international students' academic performance at Akdeniz University, Turkey. *European Journal of Education Studies*, 7 (5), 277-295
- Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., and Al Kalbani, T. 2020. Implications of Language Barriers for Healthcare: A Systematic Review. *Oman Medical Journal*, 35 (2), e122. <https://doi.org/10.5001/omj.2020.40>
- Ammigand, R.; Drexlerd, M.L.; Williamsonb, A.A.; Guerra, N.G. 2019. Prevalence and correlates of depressive symptoms among international students: Implications for university support offices. *Journal of International Students* 9, 129–148.
- Arar, K., Haj-Yehia, K., Ross, D.B. and Kondakci, Y. 2019. *Higher Education Challenges for Migrant and Refugee Students in a Global World*. New York: Peter Lang
- Artiga, S. and Hinton, E. 2018. *Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity*. Issue Brief. <https://files.kff.org/attachment/issue-brief-beyond-health-care>
- Australia Government. N.D. *Visa Information Sheet – Zimbabwe, Zambia and Malawi*. <https://zimbabwe.embassy.gov.au/files/hare/General%20Client%20Visa%20Information.pdf>
- Australian Government Department of Education and Training. 2017. International student data (accessed on 12 January 2018); Available

online: <https://internationaleducation.gov.au/research/International-Student-Data/Pages/InternationalStudentData2017.aspx>.

Babcan, H., Pyke, J., Bhathal, A., Gill, G., Grossman, M., and Bertone, S., 2010. *The Community Safety of International Students in Melbourne: A Scoping Study*. Institute for Community, Ethnicity and Policy Alternatives (ICEPA), Victoria University. February.

Bailey, Z.D., Krieger, N., Agenor, M., Graves, J. et al. 2017. Structural racism and health inequities in the USA: evidence and interventions. *Lancet* 389:1453–1463

Barletta, J., and Kobayashi, Y. 2007. Cross-cultural counselling with international students. *Australian Journal of Guidance and Counselling*, 17, 182-194.

Barton, G. and Hartwig, K. 2020. Workplace Experience of International Students in Australia. *Journal of International Students* 10 (2), viii-xi

Bathke, A. and Kim, R. 2016. Keep Calm and Go Abroad: The Effect of Learning Abroad on Student Mental Health. *Frontiers: The Interdisciplinary Journal of Study Abroad* XXVII, 1-16.

Barratt, M. and Huba, M. 1994. Factors related to international undergraduate student adjustment in an American community. *College Student Journal*, 28 (4), 422-436.

Belford, N. 2017. International Students from Melbourne Describing Their Cross-Cultural Transitions Experiences: Culture Shock, Social Interaction, and Friendship Development. *Journal of International Students* 7 (3), 499-521

- Bhattacharjee, A. 2012. *Social Science Research: Principles, Methods, and Practices* (2nd ed., Vol. Book 3). South Florida: University of South Florida Scholar Commons: Textbooks Collection.
- Bhochhibhoya, A., Dong, Y. and Branscum, P. 2017. Sources of Social Support Among International College Students in the US. *Journal of International Students* 7 (3): 671-686
- Bonoma, T.V. 1985. Case Research in Marketing: Opportunities, Problems, and a Process. *Journal of Marketing Research* 22 (2), 199-208.
- Boyle, J. 2016. *Achieving Optimal Business Performance Through Business Practices: Evidence from SMEs In Selected Areas in South Africa*. South African Business Review
- Brewer, J.D. Hunter, A. 2006. *Foundations of Multimethod Research: Synthesizing styles*. Thousand Oaks, CA: Sage Publications
- Brown, L. 2008. The incidence of study-related stress in international students in the initial stage of the international sojourn. *Journal of Studies in International Education*, 12: 5-28
- Brown, L. and Holloway, I. 2008. The initial stage of the international sojourn: excitement or culture shock? *British Journal of Guidance and Counselling*, 36: 33-49.
- Brown, L., and Jones, I. 2013. Encounters with racism and the international student experience. *Studies in Higher Education*, 38 (7): 1004-1019.
- Browne, V., Munro, J., and Cass, J. 2017. The Mental Health of Australian University Students. *Journal of the Australian and New Zealand Student Services Association*, 25 (2), 51-62

- Bryman, A. and Bell, E. 2012. *Business Research Methods*. London: Oxford University Press
- Byrne, J., and Humble, A.M. 2007. An introduction to mixed method research. *Atlantic Research Centre for Family-Work Issues*, 1-4.
- Castaneda, A.E., Rask, S., Koponen, P., Suvisaari, J., Koskinen, S., Härkänen, T., Mannila, S., Laitinen, K., Jukarainen, P., and Jasinskaja-Lahti, I. 2015. The Association between Discrimination and Psychological and Social Well-being: A Population-based Study of Russian, Somali and Kurdish Migrants in Finland. *Psychology and Developing Societies*, 27 (2): 270–292.
- Chawla, D. and Sondhi, N. 2011. *Research Methodology: Concepts and Cases*. New Dehli, India: Vikas.
- Cherry, K. 2019. How Does the Cross-Sectional Research Method Work? *Very Well Mind*. <https://www.verywellmind.com/what-is-a-cross-sectional-study-2794978>
- Chung, H. and van der Lippe, T. 2020. Flexible Working, Work–Life Balance, and Gender Equality: Introduction. *Social Indicators Research* 151, 365–381
- Creswell, J.W. 2007. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (3rd Ed.), Thousand Oaks, CA: Sage.
- Creswell, J.W. and Poth, C.N. 2018. *Qualitative Inquiry and Research Design Choosing among Five Approaches*. 4th Edition, CA, Thousand Oaks: SAGE Publications, Inc.

- Cohen, S., and Hoberman, H.M. 1983. Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology*, 13(2), 99–125
- Commission on Social Determinants of Health. 2008. *Closing the gap in a generation: Health equity through action on the SDH*. Geneva: WHO
- Connelly, L.M. 2009. Mixed methods studies. *Medsurg Nursing*, 18(1), 31-33.
- Coroners Court of Victoria. 2019. *Coroner Warns of Barriers to Mental Health Support for International Students*. Available online: <https://www.coronerscourt.vic.gov.au/coroner-warns-barriers-mental-health-support-international-students>
- Dao, T.K., Lee, D., and Chang, H.L. 2007. Acculturation level, perceived English fluency, perceived social support level, and depression among Taiwanese international students. *College Student Journal*, 41 (2), 287-295.
- Denzin, N. K. (1978), “The logic of naturalistic inquiry”, in Denzin, N. K. (Ed.), *Sociological Methods: A Sourcebook*, McGraw-Hill, New York.
- Department of Further Education, Employment. 2013. *International Student Health and Wellbeing: A Health Lens Project*. <https://www.sahealth.sa.gov.au/wps/wcm/connect/c6a74e00408cbd439e18be222b2948cf/International+Students+Health+Lens+Project-Final+Report-PHCS-HiAP-20130730.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-c6a74e00408cbd439e18be222b2948cf-nwJWYgG>

- Department of Immigration and Citizenship. 2012. *Working on a student visa*.
<https://students.unimelb.edu.au/student-support/international-student-support/visas/working-on-a-student-visa>
- Deumert, A., Marginson, S., Nyland, C., Ramia, G., and Sawir, E., 2005. Global Migration and Social Protection Rights: The Social and Economic Security of Cross-Border Students in Australia, *Global Social Policy* 5 (3): 329-352
- Dite, C. 2021. The Pandemic Has Exposed Australia's Mistreatment of International Students. *Jacobin Magazine*
<https://www.jacobinmag.com/2021/01/australia-international-students-pandemic>
- Dover, D.C., Belon, A.P. 2019. The health equity measurement framework: a comprehensive model to measure social inequities in health. *International Journal of Equity Health* 18, 36 <https://doi.org/10.1186/s12939-019-0935-0>
- Etikan, I. and Bala, K. 2017. Sampling and sampling methods. *Biometrics and Biostatistics International Journal* 5 (6), 215-217
- Eze, E.O. and Cherish, O.C. 2020. Cross-cultural experiences of culture shock abroad: are international students getting lost in transition in the western cultures? *The International Journal of Indian Psychology* 8 (1), 616-628
- Ferguson, H. and and Sherrell, H. 2019. Parliamentary Library Information Analysis Advice. *Overseas students in Australian higher education: a quick guide*. Research Paper Series, 2018-2019.

- Forbes-Mewett, H. 2019. *Mental health and international students: Issues, challenges, and effective practice*. Research Digest 15, International Education Association of Australia (IEAA).
- Forbes-Mewett, H.M., McCulloch, J., and Nyland, C. 2015. *International Students and Crime*. Palgrave Macmillan.
- Forbes-Mewett, H. and Sawyer, A. 2016. International Students and Mental Health. *Journal of International Students* 6 (3): 661-677
- Forbes-Mewett, H.M., Wickes, R.L., Markus, A.B., and Nguyen, K.T. 2018. *International students in Australia: A review of the literature*. Final report to the Scanlon Foundation.
- Fung, K., and Wong, Y.R. 2007. Factors influencing attitudes towards seeking professional help among East and Southeast Asian immigrants and refugee women. *International Journal of Social Psychology*, 53 (3), 216-231.
- Gan, J., and Forbes-Mewett, H. M. (2019). International students' mental health: An Australian case study of Singaporean students' perceptions. In K. Bista (Ed.), *Global Perspectives on International Student Experiences in Higher Education: Tensions and Issues* (pp. 228-242). London: Routledge.
- Gatwiri, G. 2015. The Influence of Language Difficulties on the Wellbeing of International Students: An Interpretive Phenomenological Analysis. *Inquiries Journal/Student Pulse*, 7 (5), 1-2
- Golafshani, N. 2003. Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8 (4), 597–606.

- Haas, H.D., Castles, S. and Miller, M.J. 2020. *The Age of Migration: International Population Movements in the Modern*. New York: The Guilford Press.
- Han, X., Han, X., Luo, Q., Jacobs, S. and Jean-Baptiste, M. 2013. Report of a Mental Health Survey Among Chinese International Students at Yale University, *Journal of American College Health*, 61 (1): 1-8,
- Haour-Knipe, M., de Zaldondo, B., Samuels, F., Molesworth, K., and Sehgal, S. 2014. HIV and “people on the move”: six strategies to reduce risk and vulnerability during the migration process. *International Migration*, 52(4), 9-25.
- Healthline. 2019. *Signs of Depression*. Available online at <https://www.healthline.com/health/depression/recognizing-symptoms>
- Hibbert, C. 2013. *Self-Esteem and Self-Worth*. <https://www.drchristinahibbert.com/self-esteem-self-worth/>
- Horrocks, L. 2019. Bumper guide to mental health for international students. <https://www.hotcoursesabroad.com/study-abroad-info/before-you-leave/bumper-guide-to-mental-health-for-international-students/>
- Howell, D. 2007. Randomization tests on correlation coefficients. Available online at http://www.uvm.edu/~dhowell/StatPages/Resampling/RandomCorr/randomization_Correlation.html.
- Huang, L., Kern, M. L., and Oades, L.G. 2020. Strengthening University Student Wellbeing: Language and Perceptions of Chinese International Students. *International Journal of Environmental Research and Public Health*, 17 (15): 1-18

Hunt, G. 2017. \$73 million to support the mental health of Australian children.
[http://www.health.gov.au/internet/ministers/publishing.nsf/Content/699F3C3324F4C0C5CA25813900063E3A/\\$File/GH057.pdf](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/699F3C3324F4C0C5CA25813900063E3A/$File/GH057.pdf)

IOM, 2011. *Glossary on Migration, International Migration Law Series*.
https://publications.iom.int/system/files/pdf/iml_1_en.pdf

Indelicato, M.E. 2018. *Australia's New Migrants. International Students' History of Affective Encounters with the Border*. New York: Routledge.

International Student Data. Available online:

<https://internationaleducation.gov.au/research/InternationalStudent-Data/Documents/MONTHLY%20SUMMARIES/2019/Dec%202019%20MonthlyInfographic.pdf>

James, C. and Goodhead, I. 2018. This is how moving to another country can affect your gut bacteria. *The Conversation and World Economic Forum*.
<https://www.weforum.org/agenda/2018/11/moving-to-another-country-could-mess-with-your-gut-bacteria>

Jardin, C., Mayorga, N.A., Bakhshaie, J., Garey, L., Viana, A.G., Sharp, C., Cardoso, J.B., and Zvolensky, M.J. 2018. Clarifying the relation of acculturative stress and anxiety/depressive symptoms: The role of anxiety sensitivity among Hispanic college students. *Cultural Diversity and Ethnic Minority Psychology*, 24 (2), 221–230

Jenny L. 2020. We must support our migrant workers and international students.
The Sydney Morning Herald, 4 May

Johnson RB, Onwuegbuzie AJ, Turner LA. 2007. Toward a Definition of Mixed Methods Research. *Journal of Mixed Methods Research* 1(2), 112-133

- Kaplan, B. and Duchan, D. 1988. Combining qualitative and quantitative methods in information systems research: a case study. *MIS Quarterly*, 12(4), 571–86.
- Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR, Rush AJ, Walters EE, Wang PS. 2003. National Comorbidity Survey Replication. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). *JAMA*. 289(23):3095-105. doi: 10.1001/jama.289.23.3095.
- Klein, E.M., Müller, K.W., Wölfling, K., Dreier, M., Ernst, M., and Beutel, M.E. 2020. The relationship between acculturation and mental health of 1st generation immigrant youth in a representative school survey: does gender matter? *Child and Adolescent Psychiatry and Mental Health*, 14 (29): <https://doi.org/10.1186/s13034-020-00334-6>
- Kielmann, K., Cataldo., F and Seeley, J. 2011. *Introduction to Qualitative Research Methodology*. London: Department for International Development (DFID).
- Kim, J. 2016. *Understanding narrative inquiry*. London: SAGE Publications, Inc.,
- Knottnerus, J.A., and Bouter L.M. 2001. The ethics of sample size: Two-sided testing and one sided thinking. *Journal of Clinical Epidemiology*, 54, 109-110.
- Kothari, C. R. 2004. *Research Methods: Methods and Techniques*. New Delhi: New Age International Printers
- Krejcie, R.V., and Morgan, D.W. 1970. Determining sample size for research activities. *Educational and Psychological Measurement*, 30 (3), 607-610.

- Lancaster, G.A., Dodd, S., and Williamson, P.R. 2004). Design and analysis of pilot studies: recommendations for good practice. *Journal of Evaluation in Clinical Practice*, 10 (2), 307-312.
- Lawson, C. 2012. *Student Voices: Enhancing the experience of international students in Australia*. Australia Education International
- Le, A. T., LaCost, B. Y., and Wismer, M. (2016). International Female Graduate Students' Experience at a Midwestern University: Sense of Belonging and Identity Development. *Journal of International Students*, 6 (1), 128-152.
- Lehmann, A. 2021. Stranded students feel shame, pressure to give up study. *University World News* 19 February 2021.
<https://www.universityworldnews.com/post.php?story=20210219074811737>
- Leung, A.K.Y., Maddux, W.W., Galinsky, A.D., and Chiu, C-Y. (2008). Multicultural experience enhances creativity: The when and how. *American Psychologist*, 63 (3), 169-181.
- Li, G., Chen, W., Duanmu, J. 2010. Determinants of International Students' Academic Performance: A Comparison between Chinese and Other International Students. *Journal of Studies in International Education*, 14 (4), 389-405
- Li, J., Marbley, A.F., Bradley, L.J., Lan, W. 2016. Attitudes toward seeking professional counseling services among Chinese international students: Acculturation, ethnic identity, and English proficiency. *Journal of Multicultural Counselling Development* 44, 65–76.
- Macintyre, A., Ferris, D., Gonçalves, B. et al. 2018. What has economics got to do with it? The impact of socioeconomic factors on mental health and the case

for collective action. *Palgrave Communications* 4 (10):
<https://doi.org/10.1057/s41599-018-0063-2>

Mack, N., Woodsong, C., MacQueen, K., Guest, G., and Namey, E. 2005. *Qualitative Research Methods: A Data Collector's Field Guide*. Family Health International.

Mann, M.M., Hosman, C.M.H., Schaalma, H.P. and de Vries, N.K. 2004. Self-esteem in a broad-spectrum approach for mental health promotion, *Health Education Research*, 19 (4): 357–372

Marmot M, Friel S, Bell R, Houweling TA, Taylor S. 2008. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. *Lancet*. 8;372(9650), 1661-9.

Mclachlan, D. A., and Justice, J. 2009. A grounded theory of international student well-being. *Journal of Theory Construction and Testing*, 13(1), 27-32

McKie, A. 2020. Chinese students in UK 'report increased racism and discrimination'. Retrieved from <https://www.timeshighereducation.com/news/chinese-students-uk-report-increased-racism-and-discrimination>

Mengistu, B.S. and Manolova, G. 2019. Acculturation and mental health among adult forced migrants: a meta-narrative systematic review protocol. *Systematic Review* 8 (184): <https://doi.org/10.1186/s13643-019-1103-8>

Mental Health America. 2012. Social Determinants of Health. <https://mhanational.org/social-determinants-health>

- Merriam, S. B. 1998. *Qualitative Research and Case Study Applications in Education*. San Francisco, CA: Jossey-Bass
- Mills, S.D., Fox, R.S., Gholizadeh, S., Klonoff, E.A., Malcarne, V.A. 2017. Acculturation and Health Behaviors Among African Americans: A Systematic Review, *Journal of Cross-Cultural Psychology*, 48 (7): 1073-1097
- Nadal, K., Wong, Y., Griffin, K., Davidoff, K., and Sriken, J. 2014. The Adverse Impact of Racial Microaggressions on College Students' Self-Esteem. *Journal of College Student Development*, 55 (5), 461–474.
- New Zealand Migration Services - www.nzmsupport.com
- Noh, S. and Kaspar, V. 2003. Perceived Discrimination and Depression: Moderating Effects of Coping, Acculturation, and Ethnic Support. *American Journal of Public Health* 93, 232-238,
- NUS. 2021. International Student Worker Abuse not an Exception but the Rule in Australian workplaces. <https://nus.asn.au/index.php/2021/02/26/international-student-worker-abuse-not-an-exception-but-the-rule-in-australian-workplaces/>
- Ohene, E.A. 2020. *Acculturation experiences of International Students. A case study in a Germany University*. Dresden.
- Olmos, D. 2020. Australia wants international students to study here but abandoned them during the Covid crisis. *The Guardian* 14 December 2020. <https://www.theguardian.com/commentisfree/2020/dec/14/australia-wants->

[international-students-to-study-here-but-abandoned-them-during-the-covid-crisis](#)

Oppedal, B., Roysamb, R.E., and Heyerdahl, S. 2005. Ethnic group, acculturation, and psychiatric problems in young immigrants. *Journal of Child Psychology and Psychiatry*, 46 (6), 646-660.

Östlund, U., Kidd, L., Wengström, Y., and Rowa-Dewar, N. (2011). Combining qualitative and quantitative research within mixed method research designs: a methodological review. *International Journal of Nursing Studies* 48 (3), 369-383.

Oxford Advanced Learner's Dictionary, 2001.

<https://www.oxfordlearnersdictionaries.com/definition/english/migration?q=migratio>

[n](#)

Paltridge, T., Mayson, S., and Schapper, J. 2012. Covering the gap: Social inclusion, international students and the role of local government. *Australian Universities' Review*, 54 (2), 29–39.

Park, E. 2016. *Social and Educational Challenges of International Students Caused by Accented English in the Australian Context: A Sociolinguistic Analysis of Linguistic Experience*. MA Thesis. Griffith University, Australia

Park, J-Y. and Park, E-Y. 2019. The Rasch Analysis of Rosenberg Self-Esteem Scale in Individuals with Intellectual Disabilities. *Frontiers in Psychology* 10:1992. doi: 10.3389/fpsyg.2019.01992

Paukert, A.L., Pettit, J.W., Perez, M., and Walker, R.L. 2006. Affective and attributional features of acculturative stress among ethnic minority college students. *The Journal of Psychology*, 140 (5), 405-419.

- Payne, J.D., Tucker, M.A., Ellenbogen, J.M., Wamsley, E.J., Walker, M.P., Schacter, D.L., et al. (2012) Memory for Semantically Related and Unrelated Declarative Information: The Benefit of Sleep, the Cost of Wake. *PLoS ONE* 7(3): e33079. <https://doi.org/10.1371/journal.pone.0033079>
- Poljski, C., Quiazon, R. and Tran, C. 2014. Ensuring Rights: Improving Access to Sexual and Reproductive Health Services for Female International Students in Australia. *Journal of International Students* 4 (2), 150-163
- Poyrazli, S., Kavanaugh, P., Baker, A., and Al-Timimi, N. 2004. Social support and demographic correlates of acculturative stress in international students. *Journal of College Counseling*, 7, 73-82.
- Poyrazli, S. and Lopez, M.D. 2007. An exploratory study of perceived discrimination and homesickness: a comparison of international students and American students. *The Journal of Psychology*, 141, 263-280.
- Ramia, G. 2021. Crises in international education, and government responses: a comparative analysis of racial discrimination and violence towards international students. *Higher Education*. <https://doi.org/10.1007/s10734-021-00684-w>
- Ramos, M.R., Cassidy, C., Reicher, S. and Haslam S.A. 2016. A Longitudinal Study of the Effects of Discrimination on the Acculturation Strategies of International Students. *Journal of Cross-Cultural Psychology* 47(3), 401-420.
- Rawjee, V. P. and Reddy, K. 2012. *Exchange student communication challenges: a case study of a university in South Africa design*. A Paper Presented in

International Conference on Communication, Media, Technology and Design (ICCM1D), Istanbul, Turkey, May 9 to 11, 2012.

Redfern, K. (2016) An empirical investigation of the incidence of negative psychological symptoms among Chinese international students at an Australian university, *Australian Journal of Psychology*, 68 (4), 281-289

Redfield, R., Linton, R., and Herskovits, M. 1936. Memorandum for the Study of Acculturation. *American Anthropologist*, 38(1):149-152.

Robinson-Pant, A. 2009. Changing academies: exploring international PhD students' perspectives on 'host' and 'home' universities. *Higher Education Research and Development*, 28(4), 417-429.

Rosenberg, M. 1965. *Society and the Adolescent Self-Image*. Princeton, NJ: Princeton University Press

Rosenthal, D., Russell, J. and Thomson, G. 2006. The health and wellbeing of international students at an Australian university. *Higher Education* 55 (1), 51-67

Ross, J. 2020. Australian international education 'a cheap fix'. *Times Higher Education*. <https://www.timeshighereducation.com/news/australian-international-education-cheap-fix>

Russell, J., Thomson, G., and Rosenthal, D. 2008. International student use of university health and counselling services. *Higher Education*, 56, 59-75.

Sakaran, U. 2003. *Research methods for business*. Hoboken, NJ: Wiley.

- Saunders, M.N., 2011. *Research Methods for Business Students*, Pearson Education. India
- Sawir, E., Marginson, S., Deumert, A., Nyland, C. and Ramia, G., 2008. Loneliness and international students: An Australian study. *Journal of Studies in International Education*, 12 (2), 148-180.
- Schmitt, M.T., Spears, R., and Branscombe, N.R. 2003. Constructing a minority group identity out of shared rejection: the case of international students. *European Journal of Social Psychology*, 33, 1-12
- Schroeder, S.A. 2007. We can do better improving the health of the American people. *New England Journal of Medicine*, 357(12), 1221-1228.
- Senanayake, D. and Gee, S. 2019. Accessing health care and keeping costs down as an international student in Australia. *ABC Everyday*.
<https://www.abc.net.au/everyday/accessing-health-care-as-an-international-student-in-australia/10911718>
- Setia, M.S. 2016. Methodology series module 2: Case-control studies. *Indian Journal of Dermatology* 61, 146–51
- Sherry, M., Thomas, P., and Chui, W.H. 2010. International students: A vulnerable student population. *Higher Education* 60, 33–46.
- Shkoler, O., Rabenu, E., Hackett, P.M.W. and Capobianco, P.M. 2020. *International Student Mobility and Access to Higher Education*. London: Palgrave Macmillan
- Shi, L., Chen, W. and Bouey, J.H. et al. 2019. Impact of acculturation and psychological adjustment on mental health among migrant adolescents in

Guangzhou, China: a cross-sectional questionnaire study. *BMJ Open* 9: e022712. doi: 10.1136/bmjopen-2018-022712

Singh, N., Zhao, H., Hu, X. 2003. Cultural adaptation on the web: A study of American companies' domestic and Chinese websites. *Journal of Global Information Management (JGIM)*, 11 (3), 63–80

Silva, M., Loureiro, A. and Cardoso, G. 2016. Social determinants of mental health: a review of the evidence. *The European Journal of Psychiatry* 30 (4), 259–292

Skromanis, S., Cooling, N., Rodgers, B., Purton, T., Fan, F., Bridgman, H., Harris, K., Presser, J., and Mond, J. 2018. Health and Well-Being of International University Students, and Comparison with Domestic Students, in Tasmania, Australia. *International Journal of Environmental Research and Public Health*, 15 (6), 1147 <https://doi.org/10.3390/ijerph15061147>

Smith, R.A.; Khawaja, N.G. 2011. A review of the acculturation experiences of international students. *International Journal Intercultural Relations*, 35, 699–713.

Stewart, A. and Owens, R. 2013. *The Nature, Prevalence and Regulation of Unpaid Work Experience, Internships and Trial Periods in Australia. Experience or Exploitation?*

<http://www.fairwork.gov.au/Publications/Research/UW-complete-report.pdf>

Sodowsky, G.R., and Plake, B.S. 1991. Psychometric properties of the American-International Relations Scale. *Educational and Psychological Measurement*, 51(1), 207–216.

- Solar, O. and Irwin, A. 2010. *A conceptual framework for action on the social determinants of health*. Social Determinants of Health Discussion Paper 2
- Taherdoost, H. Sampling Methods in Research Methodology; How to Choose a Sampling Technique for Research. *International Journal of Academic Research in Management* 5 (2), 18-27
- Takeuchi, J., and Sakagami, Y. 2018. Stigma among international students is associated with knowledge of mental illness. *Nagoya Journal of Medical Science*, 80(3), 367–378.
- Tashakkori, A. and Teddlie, C. 2003. *Handbook of Mixed Methods in Social and Behavioral Research*. Thousand Oaks, CA: Sage.
- Tran, L., and Hoang, T. 2019. International students:(Non) citizenship, rights, discrimination and belonging. *The Palgrave Handbook of Citizenship and Education*, 1-19.
- Tridinanti, G. 2018. The Correlation between Speaking Anxiety, Self-Confidence, and Speaking Achievement of Undergraduate EFL Students of Private University in Palembang. *International Journal of Education and Literacy Studies* 6 (4). 35-39
- Orygen. 2020. *International Students and their Mental Health and Physical Safety*. <https://internationaleducation.gov.au/International-network/Australia/InternationalStrategy/EGIPProjects/Documents/ORYGEN%20-%20International%20Student%20Mental%20Health%20and%20Physical%20Safety%20June%202020.pdf>
- UN, 2020. *Refugees and Migrants*. <https://refugeesmigrants.un.org/definitions>

UNESCO 2009. *Global Education Digest 2009*. Montreal: UNESCO Institute for Statistics

UNESCO. 2010. *Glossary of Migration Related Terms*
www.unesco.org/shs/migration/glossary

UNESCO. 2015. *Pricing the right to education: The cost of reaching new targets by 2030*. <https://unesdoc.unesco.org/ark:/48223/pf0000232197>

United Nations, Department of Economic and Social Affairs, Population Division. 2017. *International Migration Report 2017: Highlights (ST/ESA/SER.A/404)*.

UNHCR. 2017. *Migrants in vulnerable situations UNHCR's perspective*:
<https://www.refworld.org/docid/596787174.html>

USC. 2020. The Social Determinants of Health: A Public Health framework.
<https://mphdegree.usc.edu/blog/social-determinants-of-health-public-health-framework/>

Vinales, P. 2016. Thousands of overseas students in extreme financial hardship in Australia: Expert. *ABC News*, 27 April 2016.

Vasileiou, K., Barnett, J., Thorpe, S., and Young, T. 2018. Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology*, 18 (1), 148. <https://doi.org/10.1186/s12874-018-0594-7>

Ward, C., Bochner, S. and Furnham, A., 2020. *The Psychology of Culture Shock*. London: Routledge.

Webster Dictionary 1995

White, J., Plompen, T., Tao, L. *et al.* 2019. What is needed in culturally competent healthcare systems? A qualitative exploration of culturally diverse patients and professional interpreters in an Australian healthcare setting. *BMC Public Health* 19, 1096 <https://doi.org/10.1186/s12889-019-7378-9>

WHO, 2018. *Mental health: strengthening our response*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Wongpakaran, T. and Wongpakaran, N. 2011. Confirmatory factor analysis of Rosenberg Self Esteem Scale: a study of Thai sample. *Journal of Psychiatry Association of Thailand* 56, 59–70.

Wright, C., and Schartner, A. 2013. 'I can't... I won't?' International students at the threshold of social interaction. *Journal of Research in International Education*, 12 (2), 113-128.

Wu, H., Garza, E. and Guzman, N. 2015. International Student's Challenge and Adjustment to College, *Education Research International*, <https://doi.org/10.1155/2015/202753>

Yin, R.K. 2011. *Qualitative Research from Start to Finish*. New York: Guilford Press

Zhang, Z. and Brunton, M. 2007. Differences in living and learning: Chinese International students in New Zealand. *Journal of Studies in International Education*, 11, 124-140.

APPENDICES

Appendix A: Krejcie and Morgan Table

<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>	<i>N</i>	<i>S</i>
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

Appendix B: Determining Sample Size

Table for determining sample size from a given population. **Source: Sekaran (2003)**

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	50	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382

210	136	1100	285	1000000	384
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Appendix C: Participant Questionnaire

Research Information Sheet

This information sheet is to tell you about a research study that is being conducted at Bluewave Living Aged Care Facility by Tarisai Gamanya.

The purpose of this research is:

- to investigate the typical life of international students in Australia and its effect on their health.
- to explore the international students' social support networks - support from families, friends and communities as this is linked to better health.
- to determine the association between lack of acculturation, social and economic support, stress and poor health among international students.
- Assessment of the medical needs of international students and a greater understanding of where and how students are falling through the cracks.

We would like to ask you to take part in this research project by completing a questionnaire anonymously. If you are interested in taking part, please complete the questionnaire. This should only take approximately 20 minutes of your time. Participation in this study is voluntary. While you will not immediately benefit from this study, we hope that it will be used to improve the welfare of international students in the short to medium term. By serving on health committees and participating in peer counselling programmes, international students may be encouraged to take an active role in their own health care. This will help to alleviate emotions of impotence as well as psychological issues in general. The findings of the study may motivate the government to collaborate with educational institutions to implement financial assistance programmes for overseas students in financial need and to secure social welfare benefits. More research into the general health of overseas students, particularly mental health, may be conducted, resulting in a greater focus from institutions and student groups on providing information about stress management as well as information on already available health services. The

research results may encourage education providers to offer international students' information about community groups and projects, which may interest them thus providing diversional therapy.

If you do not wish to take part, you do not need to do anything; you can simply ignore.

The data collected from you in this study will be non-identifiable and data provided will only be used for the purposes of this study. Your data will be kept confidential and only my supervisor Professor Zerish Zethu Nkosi, Department of Health Studies, in the College of Human Sciences, University of South Africa and I will have access to this data. We plan to discuss the study results within the Department, and we also plan to publish the results, however you will not be identifiable in any publication.

If you complete the questionnaire, we will assume that you have given consent to take part in this study. It is possible that you will feel uncomfortable or upset as a result of completing this questionnaire. If you do feel upset, you should contact the researcher listed below who will assist you with arranging appropriate care.

If you would like to ask any questions about the study, please contact the researcher Tarisai Gamanya on the following email address, tarisaid@gmail.com and/ phone number 0406 352 923, who will be happy to discuss the study with you.

The Northern Sydney Local Health District Human Research Ethics Committee has approved this study. Any person with concerns or complaints about the conduct of this study should contact the Research Office who is nominated to receive complaints from research participants. You should contact them on 02 9926 4590 and quote reference 2018/ETH00627.

Thank you for taking the time to consider this study.

Tarisai Gamanya

Name/Signature of Principal Investigator

Participant Questionnaire

Date.....

1. Date of birth

2. Gender

Male..... Female.....

3. Place of Birth

.....

4. Year of arrival in Australia

.....

5. Age at time of entry

.....

6. Marital status

Married..... Single..... Divorce...

7. Are you a parent?

Yes.....

No.....

8. What is your first Language

9. Have you seen a counsellor since residing in Australia? Yes..... No.....

Appendix D: Instrumentation

American International Relations Survey (AIRS)

This questionnaire attempts to understand some experiences of international students from different countries living in Australia.

Please indicate one best question that describes you best

The language(s) I speak well

1. English only
2. Mostly English, some my first language (mother tongue)
3. English and my first language equally well
4. Mostly my first language, some English
5. My first language only

When I am with people from my country I speak

1. English only
2. Mostly English, some my first language (mother tongue)
3. English and my first language /national language equally
4. Mostly my first language/national language, some English
5. My first language /national language only

Friends with whom I am close to

1. Australians only
2. Mostly Australians, some people from my country
3. Australians and people from my country equally
4. Mostly people from my country, some Australians
5. People from my country only

When I think, my ideas and images best operate

1. In English only
2. Mostly in English, some in my first language
3. In English and my first language equally
4. Mostly in my first language, some in English
5. In my first language only

People I trust and turn to when I need help are

1. Australians only
2. Mostly Australian, some my family
3. Australians and my family equally
4. Mostly my family, some Australians
5. My family only

I like to eat

1. Only Australian food
2. Mostly Australian food, some my country (or region) food
3. Australian and my country (or region) food equally

4. Mostly my country (or region) food, some Australian food
5. Only my country (or region) food

I believe my group identity to be related

1. Only to Australian society
2. Mostly to Australian society and some to the country /state I come from
3. To Australian society and to my country/state equally
4. Mostly to the country/state I come from, some to Australian society
5. Only to the country/state I come from

I believe myself to be an individual

1. With many similarities with Australians
2. With some similarities with Australians
3. Equally similar to Australians and to people from my country
4. With some similarities with people from my country

Mark each of the following statement according to how much you agree or disagree with it.

There is no right or wrong answer. The best answer is your personal opinion. Please express what you actually believe to be true rather than what you wish was true. If you do not have a definite opinion about a statement, choose a degree of agreement or disagreement (from 6 agree strongly to 1 disagree strongly) that comes closest to what you think. Please respond to every statement. The numbers 6,5,4,3,2 and 1 stand for the following:

6-Agree strongly

5-Agree

4-Tend to Agree

3-Tend to disagree

4-Disagree

5-Disagree strongly

..... Australians try to fit me into the stereotypes that they have about my nationality group.

.....I find Australians overly concerned about their personal needs

..... I find that when I am with a group of Australians, the Australian almost always talk to each other and ignore me.

..... If/when I don't dress in Australian fashions, Australians think I am odd, backward, and or not to be taken seriously.

.....Australian institutions (e.g., professional associations, major universities, or government agencies) are trying to place official or unofficial restrictions foreigners gaining admission into educational, work, or professional areas in which my nationality group has achieved invisible numbers and success

..... I resent that I am often overlooked for my recognition (e.g., an award for an academic achievement) special projects, hiring, or promotion.

..... No matter how adjusted to Australian way of life, I will be seen as a foreigner by Australians.

..... If I do not have some family members, relatives, or some friends among people from my country living in Australia, I would feel isolated.

..... My physical standards do not match the standards that Australians have about good looks.

..... I believe Australians are only interested in me on the surface levels (e.g., my national style of dress or when I came into the country).

..... I prefer Australian music, films, dances, and entertainment to those of my country of origin.

..... Australians think that I come from a country that has strange primitive customs

..... Australians do not care to know about my religion, culture, history, values, and lifestyle.

.....I have more Australian friends, than friends among people from my country.

..... I believe I will never fully understand how to function successfully in the Australian system (educational, governmental, professional, or business operations).

..... I adhere strictly to my religion and cultural values

..... I feel I am not fully accepted in organisations which has a majority of Australian members (e.g., private social clubs, professional associations, and physical fitness clubs).

.....Australians are too verbal and assertive for my liking.

.....I celebrate Australian religious or social festivals more than I celebrate my country's religious or social festivals.

.....I believe that the best way to appear "less different" to Australians is to look become like Australian society and people.

.....I seek the friendship and the support of people from my own country in the city/town I am living.

.....The Australians that I study and work with (part-time) feel threatened by my strengths and successes (e.g., hard work and professional/academic progress)

.....In my study or work environment I follow American ways and standards, but at home I follow many customs of my country of origin.

.....Australians believe that my foreign accent or non-fluent English or lack of knowledge of Australian expressions is a sign of ignorance.

..... I believe it is more proper to marry someone from one's own nationality group than Australian.

.....I am rarely invited to the homes and or parties of my Australian classmates, colleagues, or neighbours.

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Appendix E: Interpersonal Support Evaluation List (ISEL) -- General Population

This scale is made up of a list of statements each of which may or may not be true about you. For each statement check “definitely true” if you are sure it is true about you and “probably true” if you think it is true but are not absolutely certain. Similarly, you should check “definitely false” if you are sure the statement is false and “probably false” if you think it is false but are not absolutely certain.

1. There are several people that I trust to help solve my problems. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

2. If I needed help fixing an appliance or repairing my car, there is someone who would help me. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

3. Most of my friends are more interesting than I am. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

4. There is someone who takes pride in my accomplishments. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

5. When I feel lonely, there are several people I can talk to. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

6. There is no one that I feel comfortable to talking about intimate personal problems. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

7. I often meet or talk with family or friends. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

8. Most people I know think highly of me. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

9. If I needed a ride to the airport very early in the morning, I would have a hard time finding someone to take me. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

10. I feel like I'm not always included by my circle of friends. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

11. There really is no one who can give me an objective view of how I'm handling my problems. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

12. There are several different people I enjoy spending time with. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
13. I think that my friends feel that I'm not very good at helping them solve their problems. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
14. If I were sick and needed someone (friend, family member, or acquaintance) to take me to the doctor, I would have trouble finding someone. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
15. If I wanted to go on a trip for a day (e.g., to the mountains, beach, or country), I would have a hard time finding someone to go with me. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
16. If I needed a place to stay for a week because of an emergency (for example, water or electricity out in my apartment or house), I could easily find someone who would put me up. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
17. I feel that there is no one I can share my most private worries and fears with. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
18. If I were sick, I could easily find someone to help me with my daily chores. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
19. There is someone I can turn to for advice about handling problems with my family. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
20. I am as good at doing things as most other people are. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
21. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
22. When I need suggestions on how to deal with a personal problem, I know someone I can turn to. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
23. If I needed an emergency loan of \$100, there is someone (friend, relative, or acquaintance) I could get it from. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

24. In general, people do not have much confidence in me. ____definitely true (3)
____definitely false (0) ____probably true (2) ____probably false (1)
25. Most people I know do not enjoy the same things that I do. ____definitely true
(3) ____definitely false (0) ____probably true (2) ____probably false (1)
26. There is someone I could turn to for advice about making career plans or
changing my job. ____definitely true (3) ____definitely false (0) ____probably true
(2) ____probably false (1)
27. I don't often get invited to do things with others. ____definitely true (3)
____definitely false (0) ____probably true (2) ____probably false (1)
28. Most of my friends are more successful at making changes in their lives than I
am. ____definitely true (3) ____definitely false (0) ____probably true (2)
____probably false (1)
29. If I had to go out of town for a few weeks, it would be difficult to find someone
who would look after my house or apartment (the plants, pets, garden, etc.).
____definitely true (3) ____definitely false (0) ____probably true (2) ____probably
false (1)
30. There really is no one I can trust to give me good financial advice.
____definitely true (3) ____definitely false (0) ____probably true (2) ____probably
false (1)
31. If I wanted to have lunch with someone, I could easily find someone to join me.
____definitely true (3) ____definitely false (0) ____probably true (2) ____probably
false (1)
32. I am more satisfied with my life than most people are with theirs. ____definitely
true (3) ____definitely false (0) ____probably true (2) ____probably false (1)
33. If I was stranded 10 miles from home, there is someone I could call who would
come and get me. ____definitely true (3) ____definitely false (0) ____probably true
(2) ____probably false (1)
34. No one I know would throw a birthday party for me. ____definitely true (3)
____definitely false (0) ____probably true (2) ____probably false (1)
35. It would be difficult to find someone who would lend me their car for a few
hours. ____definitely true (3) ____definitely false (0) ____probably true (2)
____probably false (1)

36. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

37. I am closer to my friends than most other people are to theirs. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

38. There is at least one person I know whose advice I really trust. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

39. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

40. I have a hard time keeping pace with my friends. ____definitely true (3) ____definitely false (0) ____probably true (2) ____probably false (1)

Interpersonal Support Evaluation List- General Population

The ISEL consists of a list of 40 statements concerning the perceived availability of potential social resources. The items are counterbalanced for desirability that is, half the items are positive statements about social relationships (e.g., "If I needed help fixing an appliance or repairing my car, there is someone who would help me."), while half are negative statements (e.g., "I don't often get invited to do things with others."). The ISEL was designed to assess the perceived availability of four separate functions of social support as well as providing an overall support measure. The items which comprise the ISEL fall into four 10-item subscales. The "tangible" subscale is intended to measure perceived availability of material aid; the "appraisal" subscale, the perceived availability of someone to talk to about one's problems; the "self-esteem" subscale, the perceived availability of a positive comparison when comparing oneself to others; and the "belonging" subscale, the perceived availability of people one can do things with. Subscale independence was maximized by selecting items (from a larger item pool) which were highly correlated with items in their own subscale and at the same time minimally correlated with other subscales.

Appraisal items: 1, 6, 11, 17, 19, 22, 26, 30, 36, 38

Tangible items: 2, 9, 14, 16, 18, 23, 29, 33, 35, 39

Self- esteem items: 3, 4, 8, 13, 20, 24, 28, 32, 37, 40

Belonging items: 5, 7, 10, 12, 15, 21, 25, 27, 31, 34

Items that are reverse- coded: 3, 6, 9, 10, 11, 13, 14, 15, 17, 24, 25, 27, 28, 29, 30, 34, 35, 36, 39, 40.

Appendix F: Rosenberg Self- Esteem Scale (RSES)

The scale is a ten-item Likert scale with items answered on a on a four-point scale from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions:

Below is a list of instructions dealing with your general feelings about yourself. If you strongly agree with the statement, circle SA. If you agree with the statement, circle A. If you disagree circle D. If you strongly disagree circle, SD.

1. On the whole, I am satisfied with myself.

SA A D SD

*2. At times I think I am not good at all.

SA A D SD

3. I feel that I have a number of good qualities.

SA A D SD

4. I am able to do things as well as most other people.

SA A D SD

*5. I feel I do not have much to be proud of.

SA A D SD

*6. I certainly feel useless at times.

SA A D SD

7. I feel that I am a person of worth, at least on an equal plane with others.

SA A D SD

*8. I wish I have more respect for myself.

SA A D SD

*9. All in all, I am inclined to feel that I am a failure.

SA A D SD

10. I take positive attitude towards myself

SA A D SD

Scoring:

SA=3

A=2

D=1

SD=0

Items with an asterisk are reverse scored, that is:

SA=0

A=1

D=2

SD=3

Sum the scores for the 10 items. The higher the score, the higher the self-esteem.

NB: The scale may be used without explicit permission. The author's family, however, would like to be kept informed of its use:

The Morris Rosenberg Foundation

Department of Sociology

University of Maryland

2112 Art/Soc Building

College Park, MD 20742-1315

Appendix G: Kessler Psychological Distress Scale (K10)

The Kessler Psychological Distress Scale (K10) is a simple measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure can be used as a brief screen to identify levels of distress. The tool can be given to patients to complete, or alternatively the questions can be read to the patient by the practitioner. In the context of injury management, the measure can be provided to the patient where recovery is not proceeding as anticipated (for instance, between weeks four and six), and may highlight the need for more regular review, or referral to a specialist health provider such as a psychologist.

Questions three and six do not need to be asked if the response to the preceding question was 'none of the time'. In such cases questions three and six should receive an automatic score of one. Scoring instructions Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress, and high scores indicate high levels of psychological distress. Interpretation of scores

The 2001 Victorian Population Health Survey adopted a set of cut-off scores that may be used as a guide for screening for psychological distress. These are outlined below: K10 Score: Likelihood of having a mental disorder (psychological distress)

- 10 - 19 Likely to be well
- 20 - 24 Likely to have a mild disorder
- 25 - 29 Likely to have a moderate disorder
- 30 - 50 Likely to have a severe disorder

Please tick the answer that is correct for you:	All of the time (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1. In the past 4 weeks, about how often did you feel tired out for no good reason?					
2. In the past 4 weeks, about how often did you feel nervous?					
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4. In the past 4 weeks, about how often did you feel hopeless?					
5. In the past 4 weeks, about how often did you feel restless or fidgety?					
6. In the past 4 weeks, about how often did you feel so restless you could not sit still?					

7. In the past 4 weeks, about how often did you feel depressed?					
8. In the past 4 weeks, about how often did you feel that everything was an effort?					
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10. In the past 4 weeks, about how often did you feel worthless?					

The following questions ask about how you have been feeling during the past 30 days. Please circle the number (as per the following legend) that best describe how often you had this feeling.

1-**all** the time

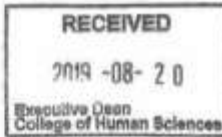
2-**most** of the time

3-**some** of the time

4-**a little** of the time

5-**none** of the time

Appendix H: Ethical clearance certificate from Unisa



RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES

REC-012714-039 (NHERC)

19 August 2019

Dear Tarisai Gamanya

HS HDC/918/2019

Student: Tarisai Gamanya

Student No: 48701734

Supervisor: Prof ZZ Nkosi

Qualification: PhD

Joint Supervisor:

Decision: Approval

Name: Tarisai Gamanya

Proposal: ANALYSIS OF IMMIGRANTS' SOCIAL AND HEALTH DETERMINANTS IN A FOREIGN COUNTRY

Qualification: MPCHS94

Risk Level: Medium risk

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted from 19 August 2019 to 19 August 2022.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 06/08/2019.

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics,*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are*



University of South Africa
Pretoria Street, Muckleneuk, Ridge, City of Tshwane
PO Box 392, UNISA 0003, South Africa
Telephone: +27 12 429 3111; Incentive: +27 12 429 4150
www.unisa.ac.za

substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.

- 3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*
- 4) *You are required to submit an annual report by 30 January of each year that indicates that the study is active. Reports should be submitted to the administrator HSREC@unisa.ac.za. Should the reports not be forthcoming the ethical permission might be revoked until such time as the reports are presented.*

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,


Prof JE Maritz
CHAIRPERSON
maritje@unisa.ac.za


Prof A Phillips
DEAN OF COLLEGE OF HUMAN SCIENCES

Appendix I: NSW Ethics Approval

From: William Ward (Northern Sydney LHD) William.Ward@health.nsw.gov.au
Subject: RE: 2018/ETH00627: Application HREA - Approved
Date: 30 December 2020 at 2:28 pm
To: tarisaid@gmail.com
Cc: tarisaid@gmail.com



Date of Decision Notification: 30 Dec 2020

Dear Tarisai Gamanya,

2018/ETH00627: ANALYSIS OF INTERNATIONAL STUDENTS' HEALTH DETERMINANTS IN AUSTRALIA

Thank you for your correspondence, received 27 April 2020, responding to the Northern Sydney Local Health District HREC Executive's request for additional information/modification for the above project, which was first considered by the HREC Executive at its meeting held on 10 July 2019. This application was assessed as a low-risk project.

I am pleased to advise that the Committee at a meeting of the Executive held 6 May 2020 has granted ethical and scientific approval of the above single centre project. The HREC were satisfied that this project meets the requirements of the National Statement. This project has been approved to be conducted at the following sites: Blue Wave Living Age Care Facility. The following documentation was reviewed and is included in this approval: Protocol, version 0.3, 20 March 2020. Research Information Sheet and Questionnaire, version 0.2, 15 April 2020 Recruitment Letter, version 0.2, 2 April 2020

The following documentation was noted:

University of South Africa Ethics Clearance Letter dated 19 August 2019. CV – Professor Zethu Nkosi
Executed External Entity Agreement with Blue Wave Living Age Care Facility

This email constitutes ethical and scientific approval only.

- This project cannot proceed at any site until separate research governance authorisation has been obtained from the Institution under whose auspices the research will be conducted at that site.
- This HREC is constituted and operates in accordance with the National Statement on Ethical Conduct in Human Research (2007). The processes used by this HREC to review multi-centre research proposals have been certified by the National Health and Medical Research Council. No HREC members with a conflict of interest were present for review of this project.

Please note the following conditions of approval:

- HREC approval is valid for **5 years** from the date of approval and expires on **30 December 2025**. The Co-ordinating Investigator is required to notify the HREC 6 months prior to this date if the project is expected to extend beyond the original approval date at which time the HREC will advise of the requirements for ongoing approval of the study.
- The Co-ordinating Investigator will provide an annual progress report **at the anniversary date of the project** as well as a final study report at the completion of the project within the Research Ethics and Governance Information System (REGIS).
- The Co-ordinating Investigator will immediately report anything which might warrant review of ethical approval of the project in the specified format, including unforeseen events that might affect continued ethical acceptability of the project and any complaints made by study participants regarding the conduct of the study. Proposed changes to the research protocol, conduct of the research, or length of HREC approval will be provided to the HREC for review, in the specified format. The HREC will be notified, giving reasons, if the project is discontinued before the expected date of completion.
- Investigators holding an academic appointment (including conjoint appointments) and students undertaking a project as part of a university course are advised to contact the relevant university HREC regarding any additional requirements for the project.

Please contact us if you would like to discuss any aspects of this process further, as per the contact details below. We look forward to managing this application with you throughout the project lifecycle.

Regards,

William Ward

Acting Research Governance Officer On behalf of
Monique Macara Research Ethics Manager
Research Office - Northern Sydney Local Health District
(NSLHD) Ph 9926 4590 | Fax 9926 6179 |
monique.macara@health.nsw.gov.au
[http://www.nslhd.health.nsw.gov.au/AboutUs/Research/
Office](http://www.nslhd.health.nsw.gov.au/AboutUs/Research/Office)

Mailing address: Level 13, Kolling Building, Royal North Shore Hospital, Pacific

Highway, St. Leonards, NSW 2065

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender and are not necessarily the views of NSW Health or

Appendix J: External Entity Agreement



Northern Sydney Local Health District

AGREEMENT TO UNDERTAKE ETHICAL REVIEW FOR AN EXTERNAL ENTITY

BETWEEN

Northern Sydney Local Health District, ABN 63 834 171 987, a Local Health District /Statutory Health Corporation incorporated under the Health Service Act 1997 of Executive Unit, Level 14, Kolling Building, Royal North Shore Hospital, St Leonards NSW 2065, (the Health Service)

AND

Blue Wave Living, 85 247 695 587 of 6 Kathleen Street, Woy Woy, 2256 (the External Entity).

WHEREAS

- A. The Health Service appoints the members of, and administers, one or more human research ethics committees to provide ethical approval of human research in accordance with the National Statement on Ethical Conduct in Research Involving Humans.
- B. The External Entity conducts or hosts human research which requires approval by a human research ethics committee in accordance with the National Statement on Ethical Conduct in Research Involving Humans, but it is not practicable for the External Entity to appoint and maintain its own ethics committee.
- C. The External Entity wishes to submit applications for research involving humans to one or more of the human research ethics committees appointed and administered by the Health Service for the purposes of obtaining ethical approval in accordance with the National Statement on Ethical Conduct in Research Involving Humans.

IT IS HEREBY AGREED AS FOLLOWS

1. Interpretation

Definitions

"Acceptable Clinical Trial Register" means the Australian Clinical Trials Registry or another clinical trial register that meets the requirements of the International Committee of Journal Editors;

"Application for Ethical Review" means an application submitted to the HREC by the External Entity for review of a human research project that:

- (a) is to be conducted at premises under the direction and control of the External Entity; and/or;
- (b) involves patients or clients of the External Entity as participants in the research; and/or
- (c) uses the resources or staff of the External Entity (including visiting medical officers and independent contractors of the External Entity acting in that capacity);

"Application Form" means any application form for ethical review accepted by the HREC;

"Approved Research Project" means any human research project described in an Application for Ethical Review submitted to the HREC by the External Entity and which has been given ethical approval by the HREC;

"HREC" means the Northern Sydney Local Health District Human Research Ethics Committee;

"Clinical Trial" means any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Medical interventions include any intervention used to modify a health outcome and include drugs, surgical procedures, devices, behavioural treatments etc;

"CTN Form" means the form "Notification of Intent to Supply Unapproved Therapeutic Goods under the Clinical Trial Notification (CTN) Scheme" published by the Therapeutic Goods Administration;

"CTX Form" means the form "Supply of Unapproved Therapeutic Goods under the Clinical Trial Exemption (CTX) Scheme" published by the Therapeutic Goods Administration;

"Matters of ethical approval" means matters to be reviewed by a human research ethics committee pursuant to the National Statement and which are relevant to whether the conduct of a research project is ethically acceptable;

"Matters of research governance" means matters, excluding Matters of Ethical Approval, which must be considered by the External Entity to determine whether it is a suitable site at which an Approved Research Project should be conducted, including, but not limited to: the proposed cost of the project; the proposed budget; the availability of appropriate equipment, drugs and other resources; and the skills and availability of clinical and non-clinical personnel;

"National Statement" means the National Statement on Ethical Conduct in Research Involving Humans 1999, published by the National Health and Medical Research Council, or any replacement thereof;

"Privacy Legislation" means the Privacy and Personal Information Protection Act 1998 (NSW), the Health Records and Information Privacy Act 2002 (NSW) and the Privacy Act 1988 (Cth) and any statutory instruments made pursuant thereto;

"Sponsor" means a sponsor within the meaning of the TGA legislation;

"Standard Medicines Australia Indemnity" means the current "Medicines Australia Form of Indemnity for Clinical Trials – Standard" as published by Medicines Australia from time to time;

"Standard Medicines Australia Indemnity – HREC Review" means the current "Medicines Australia Form of Indemnity for Clinical Trials – HREC Review only" as published by Medicines Australia from time to time;

"TGA legislation" means the Therapeutic Goods Act 1989 (Cth) and any statutory instruments made pursuant thereto;

- 1.2 A reference to this Agreement or another instrument includes any variation or replacement of them.
- 1.3 A reference to all clauses, exhibits, annexures or schedules shall, unless otherwise provided, be a reference to the clause, exhibit, annexure or schedule of or to this Agreement.
- 1.4 Except where the context otherwise requires:
 - (a) clause headings are for convenient reference only and are not intended to affect the interpretation of this Agreement;
 - (b) where any word or phrase has a defined meaning, any other form of that word or phrase has a corresponding meaning;
 - (c) any reference to a person or body includes a partnership and a body corporate or body politic;
 - (d) words in the singular include the plural and vice versa.

2. Term

- 2.1 This Agreement applies to all Applications for Ethical Review submitted during the Term of this agreement, which is from December 2020 to 31 December 2025.
- 2.2 This Agreement will be reviewed prior to the end of the Term, and may be extended subject to the same terms and conditions for a further term as agreed by the parties in writing.

3. Provision of HREC services.

- 3.1 The HREC will accept and review Applications for Ethical Review from the External Entity in accordance with the National Statement.
- 3.2 The Health Service will only accept and review such Applications for Ethical Review where:
- (a) the External Entity has endorsed the Application for Ethical Review in writing (either by covering letter on the External Entity's letterhead or on the Application Form); and
 - (b) the Application for Ethical Review is submitted on an Application Form and in compliance with all the HREC's Standard Operating Procedures.
- 3.3 The HREC will review the Application according to its usual procedures including, in the HREC's discretion, referral of the Application for expert scientific or other advice.
- 3.4 The HREC will monitor the conduct of any Approved Research Project in accordance with the requirements of the National Statement and in accordance with its usual monitoring practices.

4. Fee

- 4.1 The External Entity will pay the Health Service the fees set out in Annexure A. The fee is non-refundable even if an Application for Ethical Review is unsuccessful or is withdrawn prior to consideration or determination.

5. Records

- 5.1 The HREC will forward to the External Entity extracts of its HREC Minutes that relate to Applications for Ethical Review and Approved Research Projects on an annual basis.

6. Clinical Trials

- 6.1 Where the Approved Research Project is a Clinical Trial, the External Entity will ensure that the trial is registered on an Acceptable Clinical Trial Register.
- 6.2 The Health Service does not become a Sponsor of any Approved Research Project merely by virtue of this Agreement or by virtue of the HREC reviewing or approving an Approved Research Project. Northern Sydney Local Health District shall not be named as a Sponsor on a CTN Form or a CTX Form relating to an Approved Research Project, without the prior written approval of the Chief Executive of the Health Service or his or her delegate.
- 6.3 Where the Approved Research Project is an industry sponsored Clinical Trial, the External Entity shall ensure that the Sponsor provides:
- (a) the Standard Medicines Australia Indemnity in favour of the External Entity; and
 - (b) the Standard Medicines Australia Indemnity – HREC Review in favour of the Health Service.

7. Co-operation by the External Entity

- 7.1 The External Entity shall co-operate fully with the HREC and the Health Service acting in accordance with the National Statement, its standard operating procedures or its authorised policies, in relation to the conduct of any investigation into any complaint arising out of an Approved Research Project, or into any examination of any appeal from any decision of the HREC arising out of an Application for Ethical Review.
- 7.2 The External Entity shall immediately notify the HREC of any matter which affects the ethical approval of any Approved Research Project or may be relevant to any future decision of the HREC regarding Applications for Ethical Review, including but not limited to: any findings of misconduct or disciplinary action taken against any investigator; or any breach of any statutory requirement regarding the conduct of research by the External Entity.

8. Responsibilities and indemnities

- 8.1 The HREC is responsible for reviewing Matters of Ethical Approval in relation to any Application for Ethical Review, and is not responsible for reviewing Matters of Research Governance or for the conduct of an Approved Research Project. It is a matter for the External Entity to authorise the commencement of, and ensure the proper conduct of, an Approved Research Project.
- 8.2 The External Entity, the investigators, the sponsors or any other persons taking part in the conduct of an Approved Research Project (as the case may be) remain responsible for any liabilities which arise from the conduct of an Approved Research Project, including but not limited to any injury to any person (including death), any actions, proceedings, claims, demands, costs, losses, damages and expenses (including any legal costs and expenses) arising directly or indirectly as a result of any unlawful, negligent or criminal act or omission of any person involved in the conduct of the Approved Research Project, and the external entity hereby indemnifies the Health Service against any such liabilities.
- 8.3 The External Entity warrants that it has insurance or other indemnity arrangements sufficient to cover the conduct of all Approved Research Projects. Where the Approved Research Project is a clinical trial, the External Entity warrants that where any investigator or person involved in the conduct of an Approved Research Project is not an employee of the External Entity, that person has sufficient insurance (including professional indemnity insurance) or other indemnity arrangements to cover any liabilities that may arise to them as a result of the conduct of an Approved Research Project.
- 8.4 In the case of any Application for Ethical Review where a Standard Medicines Australia Indemnity – HREC Review is not provided pursuant to clause 6.3, the External Entity hereby indemnifies the Health Service and each member of the HREC against any actions, proceedings, claims, demands, costs, losses, damages and expenses (including any legal costs and expenses) made or prosecuted in any manner, arising directly or indirectly from the HREC's review of any Application for Ethical Review pursuant to this Agreement.

This clause survives the termination or expiration of this Agreement.

9. Termination

- 9.1 Either party may terminate this Agreement by giving fourteen (14) days written notice.
- 9.2 Upon termination, Northern Sydney Local Health District shall:
- (a) withdraw from consideration any Applications for Ethical Review for which the HREC has not yet issued a final decision; and
 - (b) continue to monitor any Approved Research Projects in accordance with the requirements of the National Statement.
- 9.3 The parties acknowledge that no damages are payable by either party for termination of this Agreement.

10. Confidentiality

The External Entity notes that the HREC may be required to disclose information included in an Application for Ethical Review, in appropriate circumstances, including the following:

- (a) to deal appropriately, in its discretion, with any complaints made regarding an Approved Research Project;
- (b) to report to any Health Service officer regarding the activities of the HREC;
- (c) to supply any information to the NSW Department of Health in relation to any audit or survey of the HREC's activities;

- (d) to report any incident or adverse event to the Department of Health or any regulatory authority;
- (e) to report to, and as required by, the NSW Privacy Commissioner, the National Health and Medical Research Council, the Australian Health Ethics Committee, or any other statutory body;
- (f) in any circumstance required or permitted by law.

11. Amendment

- 11.1 This Agreement may be amended, assigned or novated only in writing signed by both parties.

12. Governing Law

- 12.1 This Agreement is governed by the law in force in New South Wales and the parties submit to the jurisdiction of the Courts of New South Wales.

13. Entire Agreement

- 13.1 This document contains the entire agreement between the parties about its subject matter. Any previous understanding, agreement, representation or warranty relating to that subject matter is replaced by this Agreement and is of no effect.

EXECUTED as an Agreement

SIGNED for and on behalf of
Northern Sydney Local Health District



Chief Executive or Delegate Date 17/12/20

in the presence of



Witness Date 17/12/2020

SIGNED for and on behalf of
Blue Wave Living



Executive Care Manager Date 17/12/2020

in the presence of



Witness Date 17.12.2020

ANNEXURE A

- Human Research Ethics Committees appointed and administered by the Health Service to which the External Entity may submit Applications for Ethical Review:**
Northern Sydney Local Health District Human Research Ethics Committee
- Fees**
These fees are payable to Northern Sydney Local Health District on lodgement of an application. Fees for ethical and governance review are published on the NSLHD Research Office website: <http://www.nslhd.health.nsw.gov.au/AboutUs/Research/Office>

External Entity Requesting HREC Review Only	
GST inclusive	
Initiation of External Entity Agreement for HREC Review only	Fee waived
Valid for 5 years	

Study Sponsor Definitions

The Northern Sydney Local Health District has adopted the definitions from VMA Managed Insurance 'Guidelines for Clinical Trials' (2006):

Investigator Initiated Research

An investigator initiated research project has the following characteristics:

- A pharmaceutical/device company is not acting as the Sponsor for the purposes of the CTN Scheme application
- A pharmaceutical/device company is not directly funding the conduct of the study, that is making payment to the relevant hospital or investigator
- The clinical trial addresses relevant clinical questions and not industry needs
- The Principal Investigator or the Hospital/Institution is the primary author and custodian of the clinical trial protocol

Note – Investigator initiated trials can receive some industry funding or industry contribution, (e.g. educational grants, or supply of medication). However, the support must be declared in the protocol submission, to ensure that the clinical trial retain its "investigator initiated" status.

Commercially Sponsored Research

A commercially sponsored research project has the following characteristics:

- It is initiated by a pharmaceutical/device company or other commercial entity and not by an investigator at a NSW public health service site
- The research is conducted to investigate a medication/device for commercial exploitation by its manufacturer/sponsor
- The protocol has been developed and is the responsibility of a pharmaceutical/device company or other commercial entity

Co-operative/Collaborative Research

Co-operative/collaborative research has the following characteristics:

- The research must address relevant clinical questions and not pharmaceutical/device industry or commercial needs.
- The co-operative group must declare the nature of any sponsorship from a pharmaceutical entity or any other entity that may directly benefit commercially from the research outcomes.
- The co-operative group must be the primary author and custodian of the clinical trial protocol.

Appendix K: Recruitment Letter

Recruitment letter

Dear Participants

My name is Tarisai Gamanya and I am a master's degree candidate in the Department of Health Studies within the College of Human Sciences at the University of South Africa conducting a research under the guidance of Professor Zethu Nkosi. You are invited to consider participation in the research study.

The purpose this study is to investigate the association between lack of acculturation, social and economic support and stress/mental health among international students in Australia through analysing the migration process and its effect on the health of international students. The experience of individuals with cultural diversity, language barriers and prejudice and their effects on individuals is explored.

The criteria for participation include international students working at this aged care facility to sustain their living in Australia. Your opinions and experiences are very important for this study.

Please be informed that there is no risk or discomfort involved in the participation of this study and is voluntary. Your name will remain anonymous and as such will not be a part of any publication or be mentioned in research.

If you think you might be interested in participating in my study, please get in contact with me via email at tarisaid@gmail.com or on my phone 0406352923.

Appendix L: Research Information Sheet

<insert site logo>

Research Information Sheet

This information sheet is to tell you about a research study that is being conducted at an aged care facility in Australia by Tarisai Gamanya. The purpose of this research listed below:

- to investigate the typical life of international students in Australia and its effect on their health.
- Explore the international students' social support networks - support from families, friends and communities as this is linked to better health.
- to determine the association between lack of acculturation, social and economic support, stress and mental health among international students.
- Assessment of the medical needs of international students and a greater understanding of where and how students are falling through the cracks.

We would like to ask you to take part in this research project by completing a questionnaire anonymously.

If you are interested in taking part, please complete the questionnaire. This should only take approximately 30-45minutes of your time. Participation in this study is voluntary. While you will not immediately benefit from this study, we hope that it will be used to improve the welfare of international students in the short to medium term. By serving on health committees and participating in peer counselling programmes, international students may be encouraged to take an active role in their own health care. This will help to alleviate emotions of impotence as well as psychological issues in general. The findings of the study may motivate the government to collaborate with educational institutions to implement financial assistance programmes for overseas students in financial need and to secure social welfare benefits. Further research on the general health of overseas students, particularly mental health, may result in a greater focus from institutions and student groups on providing information about stress management as well as information on already available health services. The findings of the study may inspire educational institutions to share information on community groups and projects that may be of interest to overseas students, thereby providing diversional treatment.

If you don't wish to take part, you do not need to do anything; you can simply ignore.

The data collected from you in this study will be non-identifiable and data provided will only be used for the purposes of this study. Your data will be kept confidential and only my supervisor Professor Zerish Zethu Nkosi Department of Human Sciences, University of South Africa and I will have access to this data. We plan to discuss the study results within the Department, and we also plan to publish the results, however you will not be identifiable in any publication.

If you complete the questionnaire, we will assume that you have given consent to take part in this study.

It is possible that you may feel uncomfortable or upset because of completing this questionnaire. If you do feel upset you should contact the researcher listed below who will assist you with arranging appropriate care.

If you would like to ask any questions about the study, please contact the researcher Tarisai Gamanya on the following email address, tarisaid@gmail.com and/ phone number 0406 352 923, who will be happy to discuss the study with you.

This study has been approved by UNISA Ethics Committee and the Northern Sydney Local Health District Human Research Ethics Committee. Any person with concerns or complaints about the conduct of this study should contact the Research Office who is nominated to receive complaints from research participants. You should contact them on 02 9926 4590 and quote reference 2018/ETH00627.

Thank you for taking the time to consider this study.

Tarisai Gamanya
Name/Signature of Principal Investigator

Appendix M: Language Editing Certificate

EDITING AND PROOFREADING CERTIFICATE

7542 Galangal Street

Lotus Gardens

Pretoria

0008

29 August 2021

TO WHOM IT MAY CONCERN

This certificate serves to confirm that I have language edited T Gamanya's dissertation entitled, "**ANALYSIS OF INTERNATIONAL STUDENTS' HEALTH DETERMINANTS IN AUSTRALIA.**"

I found the work easy and intriguing to read. Much of my editing basically dealt with obstructionist technical aspects of language, which could have otherwise compromised smooth reading as well as the sense of the information being conveyed. I hope that the work will be found to be of an acceptable standard. I am a member of Professional Editors' Guild.

Hereunder are my contact details:



Jack Chokwe (Mr)

Contact numbers: 072 214 5489

jackchokwe@gmail.com

Professional
EDITORS
Guild

Jack Chokwe
Associate Member

Membership number: CH0001
Membership year: March 2021 to February 2022

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www.editors.org.za



Appendix L: Turnitin Report

