

Exploring the promotion of sexual health literacy for sexually transmitted disease prevention among undergraduate students in Thailand: an ethnographic study

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ABSTRACT

Introduction: Although previous knowledge has proposed guidelines for promoting sexual health literacy in sexually transmitted disease (STD) prevention, there is a knowledge gap in studies about approaches to promote sexual health literacy for STD prevention among undergraduate students tailored to undergraduate students, who are influenced by specific personal, familial, and sociocultural factors.

Methods: This critical ethnographic study explored the promotion of sexual health literacy in STD prevention among undergraduate students in Thailand. The total number of participants was 63 persons, including undergraduate students, health care providers, university department representatives, university administrators, advisors or lecturers, parents, and friends. Data were collected by in-depth interviews, participatory observation, non-participatory observations, field notes, and documented studies. Verify the accuracy of the data using multiple periods, multiple individuals, multiple university departments, member checking, reflexivity, and qualitative research experts. Data were analyzed by thematic analysis.

Results: It consists of 2 parts: 1) Development of university mechanisms to prevent, deter, and support students, and 2) Providing health services to care and help for students.

Conclusions: The results of this research provide practical knowledge. However, the limitations need to be addressed in the implementation process. Recommendations are that University administrators should increase the integration and promotion of all elements of sexual health literacy to students. Student health centers should develop their competencies in providing counseling services to LGBTQ students. Policymakers should develop specific policies with student participation, and for future research, should explore integration models of all stakeholders and cross-university comparison research.

Keywords: disease prevention, health promotion, sexual health literacy, sexually transmitted disease, undergraduate students

Introduction

During 2021-2024, sexually transmitted diseases are likely to become a public health problem in Thailand. The population group of most significant concern is people who are students aged 15-24 years because the incidence of sexually transmitted infections has been reported to increase continuously, at 106.2, 112.3, 198.4, 257.7 per 100,000 population, respectively, which is higher than

other age groups (Ministry of Public Health Thailand, [2025](#)). If there is no disease control, these students will become increasingly dependent on medical services and medications, leading to higher national healthcare costs. Furthermore, hospitals and health care facilities will be burdened with medical care, limiting their ability to promote health and provide equal access to services.



Sexual health literacy is a factor that correlates with sexually transmitted disease prevention behavior. Individuals who have a high level of sexual health literacy tend to have good sexually transmitted disease prevention behavior and a reduced risk of contracting sexually transmitted infections (Buarod and Thongnopakun, 2019; Tangnorakul, Sananreangsak, and Teerarungsikul, 2019; Jahangir et al., 2020; Chaiyakhote et al., 2021). Previous studies have examined the promotion of sexual health literacy in sexually transmitted disease prevention among other groups. Still, none have been conducted among undergraduate students, who generally have low to moderate levels of sexual health literacy regarding the prevention of sexually transmitted diseases (Buarod and Thongnopakun, 2019; Kaewphanna and Thongnopakun, 2021; Padphai et al., 2022).

Sexual health literacy for sexually transmitted disease prevention among undergraduate students is not a personal matter that only concerns students and their partners. Still, it is also a systemic, societal, and public matter that concerns all stakeholders at the family, university, and health care system levels, which factors influencing sexual health literacy in sexually transmitted diseases prevention are at the individual, family, and societal levels (Vongxay et al., 2019; Kaczowski and Swartout, 2020; Kaneoka and Spence, 2020; Vamos et al., 2020; Adegbilero-Iwari, Oluwadare, and Adegbilero-Iwari, 2021; Chaiyakhote et al., 2021; Gomez and Geneta, 2021; Pissawongprakan, 2022). The review of all previous literature about guidelines for promoting sexual health literacy in sexually transmitted disease prevention found that there has been a lack of contextualized understanding among undergraduate students. The purpose of this study was to study the promotion of sexual health literacy in the prevention of sexually transmitted diseases among undergraduate students.

Materials and Methods

Study Design

This study uses critical ethnography to study the guidelines for promoting sexual health literacy in the prevention of sexually transmitted diseases that are suitable for undergraduate students, individuals, organizations, and social and cultural contexts. This approach focuses on finding explanations and understanding phenomena of life, society, and culture comprehensively by studying them in their natural state, analyzing, and interpreting them to understand the meaning of human actions or behaviors through the perspective of an emic view, opening up space for the oppressed to release their freedom of thought to society (Malka, 2024)

Setting

The research area is a university in northeastern Thailand. The reason for selecting northeastern Thailand

is that this area has a high incidence of sexually transmitted infections among students aged 15-24 years, at 129.9 per 100,000 population, which is one of the highest in Thailand (Ministry of Public Health Thailand, 2020). This university has a system for promoting sexual health literacy in the prevention of sexually transmitted diseases among undergraduate students.

Sampling

The total number of participants was 63 persons who were stakeholders in the same university consisting of 7 groups: 1) 22 undergraduate students aged 18-24 years old; 2) 4 health care providers with direct work experience; 3) 8 department representatives from university departments involved in promoting sexual health literacy in preventing sexually transmitted diseases among undergraduate students; 4) 1 university administrator involved in policy, mission, and vision formulation; 5) 4 advisors or lecturers with direct work experience; 6) 11 parents of undergraduate students who are closest to the students; and 7) 13 friends of undergraduate students who are closest to the students.

This research used the snowball sampling method. After receiving the certificate from the Human Research Ethics Committee, the researcher sent a letter requesting permission to collect data to the university where the research is being conducted. After receiving permission from the research study area, the researcher went to the area to introduce himself and explain the details of the research project to the relevant persons and units of the university. The researcher contacted the gatekeeper to identify the target and asked for cooperation to contact the target group as follows: 1) The undergraduate students were classified according to gender, year, faculty, and sexual experience. 2) The healthcare providers were required to be experts and have direct experience in promoting sexual health literacy in preventing sexually transmitted diseases among undergraduate students. 3) The department representatives were required to be experts and have direct experience in promoting sexual health literacy in preventing sexually transmitted diseases among undergraduate students. When the target group agreed to meet, the researcher explained the details of the research project, asked for consent from the target group, and collected data.

Data collection

Data was collected from 7 December 2022 to 30 September 2024. The data was collected by in-depth interviews, participatory observation, non-participatory observations, field notes, and documented studies. In-depth interviews were unstructured, and no informant was eliminated during the data collection process. The interview guideline consists of 1) introducing the researcher to the informants, 2) explaining the research objectives, benefits, and rights of the informant, 3)

obtaining informed consent, and 4) requesting permission to record using the audio recorder. The interview questions were developed through a thorough literature review. The questions were designed to be relevant to the research questions, research objectives, and the experiences of the informants. Experts in qualitative research checked the validity and quality of the questions. The researcher interviewed the informant directly. Each interview lasted 60-90 minutes to ensure the reliability of the data. The researcher used the Thai language and in-depth techniques to obtain comprehensive answers. The examples of the questions were, "How is the control of sexually transmitted diseases managed among undergraduate students?", "How is the process?", "Who is responsible?", "What is the cooperation between this department and other departments?" etc. The researcher also documented important data in the field notes. The data collection process ended when the data reached saturation. This study used thematic saturation, where the researchers analyzed the data immediately after each interview to assess saturation, meaning that no new main themes or sub-themes emerged (Naeem et al., 2024). This ensures that this study will provide a comprehensive and in-depth understanding of approaches to promoting sexual health literacy in preventing sexually transmitted diseases among undergraduate students.

Rigor

This research followed the credibility, dependability, confirmability, transferability criteria of qualitative research results according to the principles of Guba & Lincoln (1989) to ensure that this study had comprehensive trustworthiness which researcher has built relationships with relevant individuals and is embedded in relevant agencies to create trust among information providers and ensure that information is verified correctly without any distortion. There was a long and continuous observation. Use a data validation method by triangulation which collected data for 1 year and 10 months, collecting data 2 weeks per month every month, collected data from 63 participations, collected data from 8 university departments, and data collection is performed with member checking by researcher asked the participations whether what the researcher understood matched what the participants had communicated, to ensure a common understanding and to create confidence that the knowledge discovered was a fact that had occurred from the participations. After that, the obtained data were examined with a qualitative research expert to debrief and confirm the knowledge gained. In addition, there was a process of reflexivity during data collection and analysis by checking the research results with the research objectives and questions, checking the research process, and seeking expert advice throughout the research.

Data Analysis

Demographic characteristics of participants are shown in [Table 1](#)

This study used thematic analysis (Braun and Clarke, 2019) as follows: Firstly, transcribed the audio tapes into verbatim documents and read them multiple times. Secondly, coded the data by reading the data carefully and identifying short words and phrases to mark the text in the data that was seen as interesting. Thirdly, I carefully reviewed all the codes that had been created and identified the more critical and prominent codes, which indicate essential points in the research. Next, find the codes that correspond to the main points and organize them into groups. Display the data in a comparative table and Typology format to make it easy to understand, including the main themes and giving details of those themes (sub-themes). After that, data explanation involved working on the key points/findings of the research, a process that aims to find patterns, relationships, and meanings in the key points/findings. Finally, write the results and describe all the essential structures of the issue being studied, compared with the discourse, policies, and current theoretical concepts. Reviewed the analyzed data with informants and qualitative research experts.

Ethical Consideration

The Human Research Ethics Committee of Khon Kaen University approved this study and certified the research ethics, No. HE 652173 was approved on 16 November 2022 and ended on 11 September 2025. The researcher has taken into account the research ethics principles according to the research study guidelines under the ethical principles of human research, according to the principles of the Belmont report (Tariq, 2024). Firstly, informed consent: the researcher told the participants of all research details before written consent. Secondly, voluntary participation: the researcher allowed participants to ask questions and to express their consent without coercion freely. Thirdly, confidentiality: the researcher used a code in the interview transcripts to prevent the identification of the informants. The researchers securely stored all data collected from volunteers, electronic files in a password-protected computer, and paper files stored in a locked filing cabinet. All the data will be destroyed after two years of publication. Finally, the right to withdraw: during the research project, if the informant finds that they are not comfortable, they can withdraw from participating in the research project.

Results

Promoting sexual health literacy in preventing sexually transmitted diseases among undergraduate students consists of 2 themes: 1) Development of university mechanisms to prevent, deter, and support

Table 1 Demographic characteristics of all participants (n = 63)

Code	Demographic Characteristics	n (%) / Mean (SD)
US 01-22	1) Undergraduate students (n = 22)	
	Age in year	20.27 (SD = 1.16)
	Sex	
	Male	11 (17.46%)
	Female	11 (17.46%)
	Year of study	
	First year students	5 (7.94%)
	Second year students	6 (9.52%)
	Third year students	5 (7.94%)
	Fourth year students	6 (9.52%)
	Faculty of study	
	Health Sciences	10 (15.87%)
	Science and Technology	2 (3.17%)
	Humanities and Social Sciences	10 (15.87%)
HCP 01-04	Relationship status	
	Single	11 (17.46%)
	Have a boyfriend/ girlfriend	11 (17.46%)
	2) Health care provider (n = 4)	
	Age in year	49.50 (SD = 10.63)
	Position	
	Doctor	
	Female	1 (1.59%)
	Education Background: Master degree	1 (1.59%)
	Work Experience >20 years	1 (1.59%)
	Nurse	
	Female	2 (3.17%)
	Education Background	
	Bachelor degree	1 (1.59%)
	Master degree	1 (1.59%)
	Work Experience >20 years	2 (3.17%)
	Public health practitioner	
	Male	1 (1.59%)
	Education Background: Bachelor degree	1 (1.59%)
	Work Experience 10-15 years	1 (1.59%)
DR 01-05	3) Department representative (n = 8)	
	Age in year	40.75 (SD = 9.74)
	Sex	
	Male	4 (6.35%)
	Female	4 (6.35%)
	Department Branch	
	Student development	3 (4.76%)
	Library	1 (1.59%)
	Technology and information	1 (1.59%)
	Others	3 (4.76%)
	Work Experience	
	<1-10 years	3 (4.76%)
	>10-20 years	2 (3.17%)
	>20 years	3 (4.76%)
UA 01	4) University administrator (n = 1)	
	Sex: Female	1 (1.59%)
	Education Background: Master degree	1 (1.59%)
	Work Experience >20 years	1 (1.59%)
LA 01-04	5) Lecturers/Advisor (n = 4)	
	Age in year	43.75 (SD = 10.21)
	Sex: Female	4 (6.35%)
	Education Background: Doctoral degree	4 (6.35%)
	Work Experience	
	10-15 years	1 (1.59%)
	>15-20 years	1 (1.59%)
	>20 years	2 (3.17%)
PUS 01-11	6) Parents of undergraduate students (n = 11)	
	Age in year	46.45 (SD = 5.16)
	Sex	
	Male	3 (4.76%)
	Female	8 (12.70%)
	Education Background	
	Primary education	3 (4.76%)
	Secondary education	5 (7.94%)
	Bachelor degree	1 (1.59%)
	Master degree	2 (3.17%)
FUS 01-13	7) Friends of undergraduate students (n = 13)	
	Age in year	20.38 (SD = 1.26)
	Sex	
	Male	3 (4.76%)
	Female	10 (15.87%)
	Education Background	
	Undergraduate	13 (20.63%)

students, and 2) Providing health services to care and

Table 2: Themes and subthemes of promoting sexual health literacy in sexually transmitted diseases prevention among undergraduate students

Themes	Subthemes
1) Development of university mechanisms to prevent, deter and support students	1.1 Teaching and learning in subjects related to sex education, sexually transmitted diseases and prevention of sexually transmitted diseases in the curriculum 1.2 Organize extra-curricular activities to make use of free time to provide knowledge and develop skills in preventing sexually transmitted diseases 1.3 Having advisors and familiar teachers who are always ready to teach and warn students 1.4 Support students with tools to search for information on their own 1.5 Set policies, measures and apply relevant guidelines 1.6 Monitor, inspect and observe risky behaviors of students 1.7 Develop safe environment within the university 1.8 Create classroom environment conducive to learning
2) Providing health services to care and help for students	2.1 Providing health services to provide knowledge and develop skills in preventing sexually transmitted diseases 2.2 Organize activities to develop knowledge about sex education and skills in preventing sexually transmitted diseases for students 2.3 Having channels for help and counseling when students have problems 2.4 Having health centers and health services that are easily accessible 2.5 Facilitate and distribute sexually transmitted disease prevention equipment to students 2.6 Publicize health service centers and health services to students 2.7 Encourage friends to help friends 2.8 Create cooperation with the network to work to promote and prevent

help for students. These central themes were generated from the research participants' comments and compiled into a single data set, as shown in [Table 2](#).

Theme 1: Development of university mechanisms to prevent, deter, and support students

Subtheme 1.1: Teaching and learning in subjects related to sex education, sexually transmitted diseases, and prevention of sexually transmitted diseases in the curriculum

This university offers the following courses: 1) Subjects with direct content are taught in 2 ways: the first type is a required subject in the curriculum of students in the Faculty of Health Sciences, and the second type is a subject in the elective subject category that students from all faculties who are interested can register to study; 2) Subjects with indirect content or inserted content. There are classes on skills in searching for information, and how to consider the reliability of information and knowledge on the prevention of sexually transmitted diseases are also included during teaching.

"There are lectures in the faculty's courses related to sexually transmitted diseases" (LA 03)

"Teach an elective course on sexually transmitted disease prevention" (LA 01)

"There is a compulsory general education course that all students must take to teach how to search for information and consider the reliability of information" (US 05)

"The teacher has inserted the topic of prevention of sexually transmitted diseases during the teaching" (US 20)

Subtheme 1.2: Organize extra-curricular activities to make use of free time to provide knowledge and develop skills in preventing sexually transmitted diseases

This university has organized extra-curricular activities to make use of free time, to provide knowledge and develop skills in preventing sexually transmitted diseases, consist of (1) club activities, (2) student council

activities, (3) welcoming freshman activities, such as group bonding activities to provide knowledge and practice skills in condom use, etc., and 4) sports activities.

"I participated in the activity to welcome new students. The university organized group relations activities with a base to provide knowledge on using condoms" (US 22)

"We organize sports activities to promote student health so that students are healthy, far from drugs, far from risky behaviors that affect sexual health and sexually transmitted diseases" (DR 07)

Subtheme 1.3: Having advisors and familiar teachers who are always ready to teach and warn students

This university has provided instruction and warnings to students through various means, consist of instruction during meetings between advisors and students, giving advice to students in private online channels, teaching them to protect themselves, warning students when they misbehave, and prohibiting students from doing risky things.

"Students who have studied with us, they are familiar with us. I will be someone that students can easily approach because I will give my Line to students. They will direct message to consult me. I will use this channel to teach and warn them" (LA 01)

"I also talked about the situation that sometimes getting a sexually transmitted diseases may not be caused by us, but it may be caused by our partner who has a sexually transmitted diseases and then spreads it to us. Students must be careful, must prevent disease, and must not trust their sexual partners too much" (LA 04)

Subtheme 1.4: Support students with tools to search for information on their own

This university supports students with tools for searching for information, including internet services, computers, library lecturers, books with content about

sexually transmitted diseases in the library, providing services to individuals who act as consultants for searching for information, and having databases that students can search.

“We provide internet services so that students can use the internet to search for information, using the internet at full speed at all times” (DR 05)

“We also have various database services that we have purchased, which students can easily access” (DR 04)

Subtheme 1.5: Set policies, measures, and apply relevant guidelines

This university has policies, measures and applies relevant guidelines, consist a policy to close classrooms and buildings after use, a policy to separate male and female dormitories, set opening and closing times for female dormitories, a policy prohibiting the importation of alcoholic beverages and drugs, measures to set limits on the time of night-time activities, and allocating dormitory counselors to provide advice and take care of students in every central dormitory of the university.

“Our university has a policy prohibiting the importation of alcoholic beverages and addictive substances such as cigarettes, liquor, drugs, and marijuana” (DR 06)

“The time limit for organizing activities during the night, our university will consider according to the appropriateness of the activities in that project. For example, the previous project was to limit the time not to exceed 10:00 p.m.” (DR 02)

Subtheme 1.6: Monitor, inspect, and observe risky behaviors of students

This university monitors, inspects, and observes risky behaviors of students, including inspection of the university area and monitoring of risky behavior. There are guidelines to help in the event of adverse events that may occur.

“We have been monitoring on risky behaviors of students. For example, monitoring risky behavior of students in visiting entertainment venues” (UA 01)

Subtheme 1.7: Develop safe environment within the university

This university has developed a safe environment, which consists of installing CCTV cameras in the university area, installing lighting in risky areas in the university, having security guards at various points in the university area, and having officers oversee opening and closing classrooms and buildings, and closing and locking classroom doors whenever not in use.

“We have also increased the security system, such as CCTV cameras and security guards at various points to ensure that students can live safely at the university” (DR 06)

Subtheme 1.8: Create a classroom environment conducive to learning

This university has created a classroom environment conducive to learning by providing microphones and speakers with clear sound covering the entire classroom, installing sufficient lighting in the school, installing projectors, televisions with clear images and text, and designing the classroom to be free from noise disturbances.

“We have several TVs covering the entire classroom so that students can see the images and text clearly. Students can see it on the TV near them” (LA 04)

Theme 2: Providing health services to care and help for students

Subtheme 2.1: Providing health services to provide knowledge and develop skills in preventing sexually transmitted diseases

This university's health service center provides health services, consisting of giving knowledge during examinations by doctors, providing knowledge services after examinations, providing knowledge services by scanning QR Codes, providing knowledge services by pamphlets, and providing knowledge services through online channels.

“While students were visiting the doctor for diagnosis, the doctors here taught the students very well, taught in depth and comprehensively, and taught the students to take care of themselves” (HCP 01)

“We created a Facebook page to provide students with up-to-date information about HIV and sexually transmitted diseases” (HCP 04)

Subtheme 2.2: Organize activities to develop knowledge about sex education and skills in preventing sexually transmitted diseases for students

This university health service center has organized activities to develop knowledge about sex education and skills in preventing sexually transmitted diseases, consisting of (1) activities to provide knowledge and develop skills during Valentine's Day, and (2) activities to provide knowledge and develop skills during World AIDS Day.

“That day, I went to the student health center in February and participated in an activity to provide knowledge about sexually transmitted diseases. They said that it was an activity to provide knowledge during the Valentine's Day” (US 13)

“On World AIDS Day, the faculty of this university invited us to join the activity. We set up a booth and provided information on prevention of AIDS and sexually transmitted diseases, and handed out pamphlets to provide information” (HCP 04)

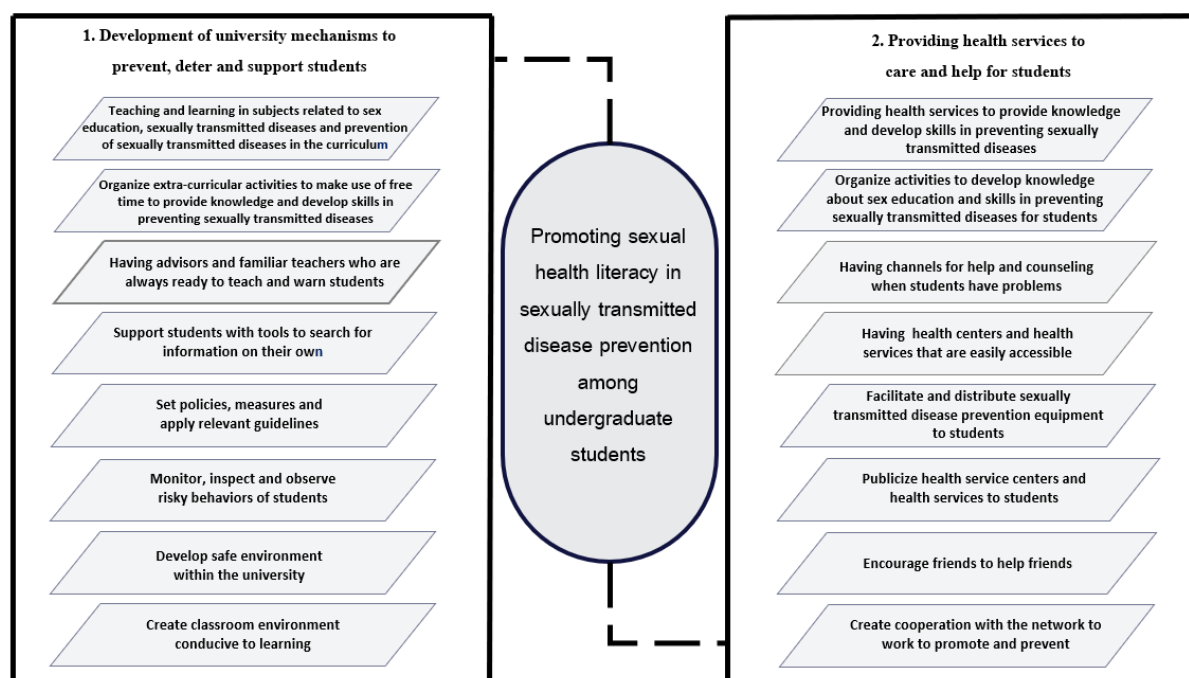


Figure 1: Promoting sexual health literacy in sexually transmitted disease prevention among undergraduate students

Subtheme 2.3: Having channels for help and counseling when students have problems

This university health service center provides help and counseling channels when students have problems, consisting of a counseling room to help students when they have issues, a counseling service at the university health service center (walk-in), and a confidential counseling service via online channels.

“We have a counseling room and counseling services open every day from 8:00 a.m. to 2:00 p.m. If students have any problems, they can come and use the services” (HCP 04)

Subtheme 2.4: Having health centers and health services that are easily accessible

This university health service center provides health centers and provides easily accessible health services, consist of there are many health service centers in the university, the health service centers are not far from students' residences, the service procedures are not complicated, there are many channels to access the service, and each health service center provides comprehensive services for students to access easily.

“We have several health centers within the university that provide diagnostic services and counseling on sexually transmitted diseases to students” (HCP 02)

“Our health centers are located near student accommodation, making them easy for students to access, no exceptions. For example, if a student is uncomfortable talking to a male health professional, we will arrange for a female one” (HCP 01)

Subtheme 2.5: Facilitate and distribute sexually transmitted disease prevention equipment to students

This university health service center provides and distributes protective equipment, including condoms, through various initiatives. These include distributing condoms as part of faculty projects, providing condoms with medication, and running a public relations campaign to encourage students to visit the health service center to receive condoms.

“Our department has a lot of condoms when students come to get medicine from us, we also give them condoms” (HCP 04)

Subtheme 2.6: Publicize health service centers and health services to students

This university health service center has organized the publicization of health service centers and health services to students through various channels, including using social media, using word-of-mouth from friends, using public relations on the new student orientation day, and using public relations of faculty activities.

“On orientation day for new students, there will be an introduction to the health service center in this university, health services, and various rights” (DR 02)

Subtheme 2.7: Encourage friends to help friends

This university health service facility encourages friends to help friends, consisting of training to provide knowledge to student leaders to help friends. The trained student leaders will share information with their friends, promote access to health services, and encourage their friends to use condoms.

"We invited student leaders to attend training to provide knowledge and then have them pass on their knowledge to their friends, share condoms with their friends, and have student leaders to help publicize our department and services" (HCP 04)

Subtheme 2.8: Create cooperation with the network to work to promote and prevent

This university health service center has created collaboration with networks in its work, which consists of creating collaboration with network organizations outside the university, and creating collaboration with network organizations within the university in organizing activities to promote and prevent.

"The faculties of this university also cooperate with us in organizing activities, such as every year on Valentine's Day, we go to provide knowledge on prevention of AIDS and sexually transmitted diseases to students in the faculties" (HCP 04)

Discussions

The first theme is the development of university mechanisms to prevent, deter, and support students. This study indicates that this university has advisors and familiar lecturers who teach and warn students, which is consistent with previous research studies that found that teachers influence sexual and reproductive health literacy (Kaczowski and Swartout, 2020). In addition, the results of this study found that this university offers courses in subjects related to sex education, sexually transmitted diseases, and the prevention of sexually transmitted diseases in the curriculum. There are extra-curricular activities to use your free time to benefit, provide knowledge, and develop skills in preventing sexually transmitted diseases. This university supports students with tools to search for information on their own, monitors, inspects, and observes risky behaviors of students, has developed a safe environment within the university, and provides a classroom environment that is conducive to learning. In addition, the study also found that this university has policies, measures, and applies relevant guidelines. However, these policies were issued by influential policymakers without the participation of undergraduate students. This is consistent with Foucault's Power and Knowledge theory, which states that the two cannot be separated. Suppose those in power create policies without the participation of subordinates. In that case, knowledge cannot be made (Poorghorban, 2023). Therefore, in developing policies to promote sexual health literacy in the prevention of sexually transmitted diseases, policymakers must involve undergraduate students to create new knowledge.

The second theme is providing health services to support students. This study found that this university has health centers and health services that are easily accessible, which is consistent with previous research

that found that health centers are a factor influencing access to health information and services in sexual health and sexually transmitted diseases (Hayrumyan *et al.*, 2020; Lee-Foon, 2021). In addition, this study also found that This university's health service center has encouraged friends to help friends, which is consistent with previous research that found that friends influence sexual and reproductive health literacy (Kaczowski and Swartout, 2020; Vamos *et al.*, 2020). The results of this study found that this university's health service center provides health services to provide knowledge and develop skills in preventing sexually transmitted diseases. There are activities to build knowledge about sex education and skills in preventing sexually transmitted diseases for students. However, most of the services and activities organized by this university do not cover some elements of health literacy. The nature of the activities is that health personnel only provide knowledge, and students do not get to analyze their problems. This is in line with Paulo Freire's Critical Pedagogy theory, which states that learning should not be a "banking model" (putting knowledge in students' heads), but should enable students to think, analyze, and critique social structures (Lamsal, 2024). Therefore, in organizing services and activities to promote sexual health literacy in sexually transmitted disease prevention, it is necessary to provide opportunities for students to express their opinions and design activities, emphasizing the importance of encouraging them to think analytically. This is so that health literacy skills can be developed in all elements. In addition, this study found that this university's health service center provides and distributes sexually transmitted disease prevention equipment to students. There are channels for help and counseling when students have problems. There are publicized health service centers and health services for students. In addition, this university's health service center has created cooperation with the networks to promote and prevent health issues.

The limitation of this study was that the student health promotion policy of this university is broad and lacks a specific policy for any one disease. It depends on the interpretation of the relevant practitioners whether to apply this policy to sexually transmitted diseases or not, lack of integration between relevant department, lack of collaboration between university and parents, relevant personnel's lack of counseling skills for LGBTQ students, and focus on promoting knowledge and access to health information and services only but relatively little has been done to encourage communication skills, self-management, media literacy and decision-making skills. In addition, this research has limitations because there was only one university administrator informant and two science and technology student informants, which may affect the themes and sub-themes.

Recommendations for implementation and management, the results of this research provide

practical knowledge for guidelines to promote sexual health literacy and appropriate sexually transmitted disease prevention for undergraduate students. Implementation and management consist of 2 parts: 1) Development of university mechanisms to prevent, deter, and support students, and 2) Providing health services to care and help for students. However, the following actions should be added to develop specific policies to promote sexual health knowledge for the prevention of sexually transmitted diseases among undergraduate students in university is an essential priority for university to implement. In addition, increasing the integration between relevant departments, increasing the promotion of all components of sexual health literacy in preventing sexually transmitted diseases among students, building a partnership between university and parents, supporting relevant personnel to develop their competencies in providing counseling services to LGBTQ students is the key to success in promoting sexual health knowledge for the prevention of sexually transmitted diseases among undergraduate students in university.

Conclusion

This study used a critical ethnographic research methodology to study the promotion of sexual health literacy in preventing sexually transmitted diseases among undergraduate students. The results of this study indicate that the approach to promote sexual health literacy in preventing sexually transmitted diseases among undergraduate students consists of 2 parts: Firstly, the university should develop university mechanisms to prevent, deter, and support students. Secondly, the university's health service center should provide health services to help students. However, from the research results, there are recommendations for university administrators: they should increase the integration between university-relevant departments, improve the promotion of all components of sexual health literacy to prevent sexually transmitted diseases among students, and build a partnership between the university and parents. Secondly, student health centers should support relevant personnel to develop their competencies in providing counseling services to LGBTQ students. Thirdly, policymakers should develop specific policies to promote sexual health knowledge for the prevention of sexually transmitted diseases among undergraduate students, which are created with student participation, and this is an essential priority for policymakers to implement. Finally, future research: There should be research on developing digital platforms to promote sexual health literacy, a counseling service model for LGBTQ students, integration models of all stakeholders, and cross-university comparison research. All of this is the key to success in promoting sexual health knowledge for the prevention of sexually transmitted diseases among undergraduate students.

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Availability of data and materials

The raw data, datasets, or materials generated and analyzed in this study are not publicly available owing to ethical obligations concerning the protection of participant confidentiality. Nevertheless, de-identified data may be supplied by the corresponding author upon justified request and subject to relevant ethical clearance.

Authors' contributions

Sittisak Kreupimy contributed to the study's conception and design, data acquisition, and data analysis, wrote the first draft of the manuscript, revised the final draft, and gave final approval of the version to be published.

Peerapong Boonsawasdgulchai provided advice on research conception and design, data analysis, and writing of the first draft of the manuscript.

Declaration of Interest

The researchers declare no conflicts of interest.

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