Sir,

The recent report on the knowledge of Jordanian youths of human immunodeficiency virus (HIV) is very interesting. Al-Khasawneh et al. found that “HIV knowledge differed significantly by sources of information, with peer-acquired information associated with more accuracy, while HIV information from parents or health centres was associated with a lower score.” In fact, knowledge of HIV is an important issue to be investigated for the subsequent management, in any setting, of the HIV problem. One interesting finding in the present report is the source of the information. There is no doubt that youths usually acquire and rely upon information from their peers. Luckily, the accuracy of information from peer groups in this report is satisfactory.

Knowledge provided by educational institutions contributes to the accuracy of the information that peers can pass on to each other. Based on this information, the development of a peer-group education system might be an effective way to disseminate knowledge to focus group in rural areas, where education resources and personnel are usually limited. There are some reports of the success of using this technique—such as those from Yemen and Thailand. Nevertheless, the most important step to remember is the development of a group leader within this system to direct the group and ensure the accuracy of the information discussed within the group setting.

Additionally, to gather further data for the proper management of the HIV problem, a knowledge survey such as the one by Al-Khasawneh et al. should be followed-up by surveys on the attitudes and practices of the youths. These could employ, for instance, the Knowledge, Attitude and Practice (KAP) survey model.

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References