



Reproductive Health And Its Relationship With The Quality Of Family Life

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Abstract:

The human element is the pillar of sustainable economic development. In this context, the significance of preserving him as an indispensable resource is evident. Organizations, entities, and governments worldwide, including Algeria, have sought to address this issue and care for it. They have rushed to devise a strategic plan containing various laws and regulatory frameworks concerning reproductive health in general and women in particular, aiming to provide comprehensive health care and social protection.

Therefore, this research paper aims to highlight the relationship between reproductive health and the quality of family life by examining socio-legal aspects of national health care policies.

Keywords: Reproductive health, Family, Health Legal Policy, Social Protection, Quality of Life.

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Introduction:

There has been increasing international interest in health through programs and policies established by international entities and organizations to fulfill and meet all life requirements and their quality across economic, social, and cultural fields. It has become imperative to care for individuals, ensuring health security, quality of life, and achieving sustainable development in its comprehensive concept for individuals and communities.

The Millennium Conference played a significant role with its developmental goals, representing one of the largest international initiatives globally accepted by all countries due to the goals it ensured, encapsulating the fundamental human rights. Its goals were considered a challenge for nations and governments, especially those related to health. The fifth goal, focusing on women's health, garnered significant attention.

Algeria, like other nations, sought to achieve family life quality by adopting policies and crafting health programs aimed at achieving health well-being for all members of society, especially with regard to reproductive health policy, as it occupies a significant portion of public health.

Reproductive health and the quality of family life are interlinked and integral concepts. Family life quality cannot be achieved without adequate reproductive health care. This necessitates providing a set of economic and social factors that contribute to the quality of family life.

Based on this premise, we can raise the following problematic question:

- What health policies has Algeria guaranteed to achieve the quality of life for women of reproductive age?

To answer this problematic question, we adopt the following sub-questions:

- Has the widespread establishment of health centers, especially maternity and child centers across all geographic regions, contributed to achieving good reproductive health care in Algeria?

- What is the extent of healthcare received by women of reproductive age before and after childbirth?
- Does the economic, social, and cultural level of the family affect the reception of reproductive health care?
- How successful has health policy been in achieving family life quality in Algeria?

SECTION I: STUDY CONCEPTS:

Our Study includes a number of key concepts that are crucial in analyzing reproductive healthcare. They are as follows:

First Requirement: Health:

The World Health Organization defined health in 1946 as: "A state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity." (World Health Organization, October 2006, p. 17)

Second Requirement: Reproductive Health:

The World Population Conference held in Cairo in 1994 defined reproductive health as: "Attaining a state of complete physical, mental, and social well-being in all matters related to the reproductive system and its functions, not merely the absence of diseases or disabilities. It is an essential part of public health, reflecting the health status of women of reproductive age." (United Nations, 1995, p. 3)

According to the World Health Organization: "It is reaching a state of complete physical, psychological, mental and social well-being, and not merely the absence of disease or disability. Reproductive health includes personal health habits, including the reproductive process and reproductive function throughout life stages. It represents an individual's ability to enjoy a satisfying and safe reproductive life, have children, and maintain the health of the mother and child." (Suwakri, 2019-2020, p. 22)

Third Requirement: Quality of Life:

Quality of Life according to Judd is: "The possession of opportunities to achieve meaningful goals." (Aydi, 2019, p. 416)

Quality of Life according to Dodson: "a personal sense of competence and proficiency in dealing with challenges." (Al-Duhani & Galib, 2018, pp. 276-302)

Mahmoud Abdel Haleem Mansi and Ali Mehdi Kazem define it as: "The individual's sense of satisfaction, happiness, and ability to satisfy their needs by enriching the environment and improving the services provided to them in health, social, educational, and psychological fields, along with effective time management and utilization." (Hamza & Boudouaou, 2018, pp. 139-157)

The American Society defines "quality" as: "The characteristics and properties of a service or product that reflect its ability to satisfy explicit and implicit needs."

ISO's definition: "Quality is the degree of fulfillment of inherent characteristics in the product meeting customer requirements." (Al-Najdi, pp. 1-48)

In the economic field, quality is defined as: "The degree of appreciation by the consumer (or proxy) of a consumption subject. It is an evaluative judgment of the described subject, whether material or symbolic (component, system, law, commodity, service, or any product). It determines the extent to which it meets one or more standards originally set to demonstrate its virtues or shortcomings. Quality can be assessed using one or more standards depending on the situation and the nature of expectations." (Nakhla, p. 5)

El Desouki's definition: "The individual's assessment of their life circumstances at the optimal level believed to be suitable for their life." (Siham, pp. 204-244)

According to the World Health Organization: "It is individuals' perceptions of their position in life, in the context of culture, values, and systems, in relation to their goals, expectations, and concerns, reflecting aspects of their life including life satisfaction, professional activities, and daily life activities." (Madi, 2016, pp. 95-107)

Operational definition of Quality of Life: "The degree of satisfaction felt by members of society and their ability to satisfy their health needs through available resources and the health, social, educational, and psychological services provided to them."

Forth Requirement: Family:

Defined by Burgess and Locke: "A group of people connected by the bonds of marriage and blood, forming a distinct family. They interact and accept each other through the social roles assigned to them, including roles of husband, wife, mother, father, son, daughter, brother, and sister, with their shared culture."

Abdel Moneim Shawqi defines family as: "A social structure based on:

1. Living together of a man and a woman or more in a common place.
2. Establishing sexual relationships sanctioned by religion and society.
3. Childbearing and childcare.
4. Strong relationships characterized by privacy and continuity over a long period.
5. A series of rights and duties (rights of the wife, husband, children, and their duties towards each other and others)."

SECTION II: EPISTEMOLOGICAL READING OF REPRODUCTIVE HEALTH:

The term "Reproductive Health" appeared more than 29 times at the International Conference on Population and Development in Cairo in 1994. This was the first time reproductive health was defined in an international policy document to encompass all aspects of reproductive health in its modern sense. (Helmi, April 2019, p. 16)

The conference concluded with the following definition: "Reproductive health is a complete state of physical, mental, and social well-being in all matters related to the reproductive system and its functions, not merely the absence of disease or disability. Therefore, reproductive health means people's ability to enjoy satisfactory and secure reproductive health, their ability to reproduce, and their freedom to determine the timing and frequency of reproduction. This latter condition implicitly includes the right of men and women to know and

use safe, effective, affordable, and acceptable methods of family planning, and fertility regulation of their choice that are not against the law. It also includes the right to appropriate care that enables women to safely go through pregnancy and childbirth, preparing couples for the best opportunities for a healthy offspring." (World Health Organization, April 15, 2004, p. 4)

First Requirement: Elements of Reproductive Health:

To ensure comprehensive reproductive health services, nine key elements must be provided: (General Secretariat of the National Council for Population, 2001, p. 39)

1. Prevention and treatment of infertility.
2. Counseling, education, communication, and family planning services.
3. Offering services and awareness, especially regarding safe motherhood ensuring care before and after childbirth, including breastfeeding and providing nutritional needs for the mother.
4. Prevention of unsafe abortion, treatment of its consequences, and reducing its complications.
5. Prevention and treatment of reproductive system injuries and sexually transmitted diseases, including HIV/AIDS.
6. Information, education, and guidance on reproductive and sexual health.
- 7- Prevention and control of reproductive-related diseases.
8. Prevention and combating of harmful practices affecting the reproductive system, such as female circumcision.
9. Prevention and treatment of postpartum diseases (e.g., osteoporosis, heart conditions).

All these elements significantly impact the health and quality of life, particularly for women of reproductive age and children under five years old. Multiple social and health studies have emphasized the importance of proper reproductive behavior.

Second Requirement: Factors Influencing Reproductive Health:

Reproductive health is affected by a number of economic, social and even environmental factors. They include educational levels among couples and living conditions.

From this standpoint, several influential factors can be highlighted: (Wannous, 2015)

- Access to education for girls, especially in rural areas, empowers them to make informed decisions about their reproductive health.

- Certain cultural norms and taboos surrounding sexual life hinder the provision of information and services in the field of reproductive health.

- Physical, mental, or emotional violence has a detrimental effect on reproductive health due to the associated mistreatment.

- Lack of awareness among the general populace, insufficient human and financial resources, and inadequacies in health systems hinder effective reproductive health programs.

- Healthcare services play a crucial role in improving reproductive health. Without easy and rapid access to quality healthcare services, preventing or treating reproductive health issues becomes challenging.

- Gender disparities in resource allocation within families, especially in meeting women's educational and healthcare needs (men's over women's), impact the quality of their reproductive health.

Third Requirement: Reproductive Health Goals:

Goals for reproductive health have been set by the Millennium Conference to enhance family well-being through reproductive health. Notable goals include:

- Reducing Child Mortality Rates:

As per the fourth goal of the Millennium Development Goals, aiming to decrease under-five mortality rates by two-thirds between 1990 and 2015.

Relevant indicators include:

- Child mortality rates under the age of five.
- Infant mortality rate.

- Vaccination coverage against measles for one-year-old children. (Dereje, 2015)

- Improving Reproductive Health:

Aligning with the fifth Millennium Development Goal, striving to reduce maternal mortality rates by three-quarters between 1990 and 2015. This goal was reintegrated into the third goal of the Sustainable Development Plan for 2030, emphasizing the necessity to lower maternal mortality rates to fewer than 70 per 100,000 live births by 2030.

Indicators include:

- Maternal mortality rate.
- The percentage of births attended by skilled health personnel.
- Rate of contraceptive usage.
- Adolescent girls birth rates,
- Antenatal care coverage,
- Unmet needs for family planning.

Forth Requirement: Reproductive Healthcare:

According to the 1994 Cairo Conference, reproductive healthcare is defined as "a set of methods, techniques, and services contributing to improving reproductive health and well-being by preventing and resolving reproductive health issues." (Fahd, 2006)

The key elements of reproductive healthcare include maternal health care, which branches into into pre-pregnancy care, care during pregnancy, care during childbirth, and post-partum care. The International Family Planning Organization mentioned in its 1996 report that reproductive healthcare includes:

- High-quality services offering family planning counseling, information, communication, prenatal care, safe delivery, postnatal care (including breastfeeding), prevention, and treatment of infertility, safe abortion complications (where not prohibited by law), treatment of reproductive system infections, sexually transmitted diseases, and other genital health issues. (International Family Welfare Organization, 1996, p. 30)

- Quality of Reproductive-Age Women's Health:

Health is a global priority in development plans due to its role in economic and social development, prompting countries to provide all necessary health services to their citizens for better health quality. Reproductive health, specifically addressing a sensitive group, mothers and children, is a major focus to achieve quality of family life.

Among the Millennium Conference's goals is the reduction of maternal mortality by three-quarters between 1990 and 2015. This goal was later incorporated into the Sustainable Development Goals for 2030, aiming to reduce maternal mortality rates to fewer than 70 deaths per 100,000 live births by 2030. (Maash, 2020, p. 15)

To achieve a healthy quality of life for women of reproductive age, comprehensive reproductive healthcare for mothers and infants during and after pregnancy is essential.

- Healthcare During Pregnancy:

Pregnancy is a highly sensitive phase due to the risks surrounding the mother and the fetus. Therefore, healthcare during pregnancy is an effective means of protecting mothers from complications that might arise due to pregnancy or childbirth.

Healthcare during pregnancy entails providing pregnant women with one or more medical check-ups by qualified medical professionals to maintain their health and the fetus's well-being and to prevent complications such as miscarriage, premature birth, deformities, anemia, diabetes, etc. The goals of healthcare during pregnancy are:

- Detecting diseases in their early stages and providing appropriate treatment.
- Preserving the mother's health and protecting her during pregnancy.
- Educating pregnant women about risks such as bleeding, anemia, gestational diabetes, and hypertension.
- Attempting to reduce fetal mortality rates among young pregnant women (under 20) and older women (35 and above).

Among the essential services during this period are:

- Specialized medical examinations which include periodic health check-ups and laboratory blood tests.
- Giving medication to alleviate pregnancy-related conditions (anemia, diabetes, hypertension).
- Vaccination against tetanus (the first dose between weeks 16 and 20, and the second dose between weeks 28 and 30 of pregnancy).
- Providing health advice and counseling to pregnant women,

- Healthcare During Childbirth:

One of the most important indicators of reproductive health is the health care of the mother and her newborn during childbirth, as the conditions surrounding childbirth can increase the risk of complications or diseases that may affect the mother or child, potentially leading to the death of one or both of them. Proper healthcare during childbirth is influenced by prenatal care and the mother's health. It should be facilitated by trained professionals (specialized doctors, qualified midwives, nurses, etc.) in maternity clinics or hospitals.

During childbirth, women may face various emergency issues such as the need for surgical intervention or cesarean section, sudden bleeding, which requires an experienced medical team to assist the mother in delivering her child.

Among the services and advice that should be provided during this stage are:

- Encouraging breastfeeding and highlighting its benefits.
- Advising on the importance of balanced nutrition during breastfeeding.
- Explaining warning signs that may occur during the postpartum period that require immediate medical attention.
- Educating mothers about the importance of immunizing their children and adhering to vaccination schedules.
- Educating mothers about the benefits of family planning for their health and their child's health.

- Postpartum Healthcare:

According to the World Health Organization, postpartum healthcare begins an hour after delivery and lasts for four weeks to monitor complications observed during pregnancy and childbirth. It provides necessary advice regarding breastfeeding, proper nutrition, personal hygiene, spacing between births, and family planning. (Al-Ansi, April, 2021, pp. 3-20)

The postpartum period can extend to cover six weeks (42 days), following customs and traditions, during which the body's functions return to their natural state. (Abdel Salam, 2008, p. 64)

Fifth Requirement: Family Planning:

Family planning is crucial for improving the health quality of women. The fifth Millennium Development Goal focused on using family planning methods (contraception for spacing or cessation) to help women conceive at the most suitable times for mothers and children. Women's and children's health is at risk when pregnancies are closely spaced, either at an early or late age.

The participants at the Islamic Conference on Population and Family Organization in Rabat in 1971 unanimously agreed that family planning conceptually involves "the voluntary and free use of the souses of a legitimate and secure means to delay pregnancy according to their health, social, and economic circumstances, within the responsibility towards their children and themselves." (Abassi & Mohamed , 2008-2009, p. 121)

The Key indicators for family planning include: (Malak , September 2014, p. 11)

- Percentage of women using family planning methods for contraception.
- Average number of children at the first use of family planning methods.
- Average number of children in current use.
- Average age of mothers at first childbirth.
- Types of methods initially and currently used for family planning.

- Family Planning Methods:

Several methods exist to space or prevent unwanted pregnancies. Family planning methods are divided into two types: modern and traditional methods. (Fahimi & Ashford, 2008, pp. 16-24)

Traditional methods rely on the couple's behavior and include:

- Withdrawal.
- The safe period (temporary sexual abstinence, particularly during the forty days after childbirth).
- Breastfeeding.

Modern methods involve medical products and services, including:

- Birth control pills, which are taken daily during the menstrual cycle.
- Intrauterine implants (IUDs) are used from 3 to 10 years depending on the type.
- Contraceptive injections are given every two or three months, depending on their type.

The healthcare services targeting women of reproductive age, initiated in the early 1980s under the framework of "Child Health and Family Planning," led most countries to establish quality family planning programs. This was particularly prominent in countries with high population growth rates, in addition to establishing specialized departments in health ministries for child and maternal health. (General Secretariat of the National Population Council, 2013)

SECTION III: THE ROLE OF THE SOCIAL SECURITY INSTITUTION IN MATERNAL HEALTH PROMOTION:

First Requirement: Executive Decree No. 20-60:

The Social Security Institution played an effective role through Executive Decree 20-60, effectively contributing to the promotion and protection of women from risks they may face during their reproductive lives, thus contributing to the overall quality of family life. Among the texts adopted by the Health Law, we find:

Article 12: "The state works to ensure the realization of the right to health as a fundamental human right at all levels, through the spread of public coverage across the national territory." (Asmani, 2010, p. 146)

The purpose of establishing the social security system is to confront what socially insured individuals face. Since childbirth is a condition that forces women to stop working, the Social Security Law enabled them to benefit from benefits arising from pregnancy, as stated in Article 23 of Law No. 83-11 on Social Insurance: "Insurance benefits for childbirth include:

- In-kind Benefits:

Coverage of expenses resulting from pregnancy, childbirth, and their consequences (Democratic and Popular Republic of Algeria, 1983). A woman has the right to maternity leave of 14 weeks and the right to benefit from expenses related to pregnancy, childbirth, and their consequences. This is according to Article 26 of Law 83-11 concerning social insurance, covering medical and pharmaceutical expenses at a rate of 100%, as well as expenses for the mother and newborn's hospital stay for a maximum of eight days. All this is stipulated in Law 83-11 through Article 24: "Insurance benefits for childbirth shall not be granted unless delivery is performed by a qualified doctor or assistants, except in cases of force majeure." (Democratic and Popular Republic of Algeria, 2008)

According to Executive Decree No. 20-60, working women or spouses of those insured socially benefit from maternity insurance, covering expenses related to their hospital stay at a full 100% rate, provided that the duration of the stay does not exceed 8 days. The Social Security Institution covers expenses resulting from hospitalization and treatment in public or private health structures based on agreements concluded between them and the relevant health institutions, as per Executive Decree No. 60-20. (Democratic and Popular Republic of Algeria, 2020)

Second Requirement: Goal (3-1) Content and Indicators:

Among the seventeen Sustainable Development Goals, one focuses on improving health, which is Goal 3. It aims to ensure everyone enjoys healthy living standards throughout all ages. This goal comprises 13 targets and 27 indicators, including Goal 3.1 related to maternal deaths. This goal was transferred from the Millennium Development Goals,

aiming to reduce the global maternal mortality rate (maternal deaths per 100,000 live births) to less than 70 by 2030. (United Nations General Assembly, September 25, 2015)

Third Requirement: National Policy on Maternal Health:

Algeria's public health policy attaches significant importance to maternal and child health. Law 58-05 related to health protection and promotion dedicated an entire chapter to maternal and child protection. Article 68 of this law stipulates that maternal and child protection involves all medical, social, and administrative measures aimed specifically at protecting mothers by providing the best medical and social conditions before, during, and after pregnancy, as well as achieving optimal conditions for the physical and psychological health of the child. In this context, Algeria has adopted various policies and implemented several programs aimed at improving the health status of mothers and children. (Democratic and Popular Republic of Algeria, 1985)

Forth Requirement: Birth Spacing and Family Planning Programs:

- National Program for Maternal Protection, Child Welfare, and Birth Spacing in 1974:

After gaining independence, interest in family planning arose, leading to the establishment of the first birth spacing center in Algeria, specifically at the Mustapha Pasha University Hospital in 1967. Subsequently, two other centers were founded in Oran and Constantine in 1969. However, both centers ceased operations after two years.

A significant shift in family planning occurred in 1974 with the launch of the National Program for Maternal Protection, Child Welfare, and Birth Spacing. This program aimed to develop and provide contraceptive methods in public health institutions. It emphasized creating and expanding a network of Maternal and Child Protection centers nationwide, primarily dedicated to protecting and enhancing the health of mothers and children, as stipulated by Law 73-65 of 1973. (Boutfenoshan, 2013, p. 56)

- National Program for Demographic Growth Control in 1983:

This program was initiated on February 20th, 1983, with the goal of reducing demographic growth rates. It was a policy adopted by Algeria in the late seventies and commenced its implementation in the early eighties. This program significantly contributed to enhancing the birth spacing program and improving the health status of mothers and children in Algeria. It benefited from the network of Maternal and Child Protection centers established under the National Program for Maternal Protection, Child Welfare, and Birth Spacing. (Lakrouf, 2014, pp. 3-4)

- Amendment of the National Program for Demographic Growth Control in 1995:

During the eighties, this program garnered significant attention from authorities, focusing on human resource recruitment and financing. The heightened interest from late 1989 to the early nineties was a consequence of political and economic conditions in Algeria during that period. Moreover, there was a new global concept emergence, namely Reproductive Health, following the 1994 International Conference on Population and Development in Cairo. The interest in the issue of family planning shifted from being a means of population health to a component of reproductive health and this led to a major modification of the National Program for Demographic Growth Control.

The following actions were taken in this program:

- Establishing the National Committee for Reproductive Health and Family Planning in November 1995, responsible for guiding the strategy to improve reproductive healthcare and promote compliance with maternal regulation.
- Adopting a new strategy focusing more on qualitative service improvement than quantitative aspects through resource reinforcement, enhancing technical capacities of personnel, and organizing the reference framework in reproductive health and family planning. (Lakrouf, 2014, p. 3)

- Integrating family planning activities within obstetrics and gynecology departments in university hospitals by establishing 363 Family Planning Centers. This was in accordance with Ministerial Decree No. 39 issued on September 4, 1992, and Ministerial Decree No. 5 issued on February 25, 1995. These decrees aimed to establish reference centers with suitable staff, including medical and paramedical personnel, bridging the gap between obstetrics and family planning. (Boutfenoshan, 2013, p. 57)

Conclusion:

Through this theoretical study, we attempted to highlight the most important laws striving to enhance the quality of family life. Today, individuals critically need a healthy quality of life due to its importance in both individual and societal spheres. Therefore, Algerian healthcare policies have shown significant concern for the quality of healthcare services, particularly concerning reproductive health, despite reproductive health programs and policies adopted within the framework of the Millennium Development Goals. However, despite the reduction in maternal mortality rates in Algeria in recent years from 117.4 deaths per 100,000 live births in 1999 to 48 deaths per 100,000 live births in 2020, due to efforts made to improve healthcare for women of childbearing age, the rates remain far from the last Millennium Development Goals' targets.

Despite several decrees issued to enhance and protect motherhood and childhood from risks they face during reproductive life, notably Executive Decree No. 20-60 that contributed to the quality of family and reproductive life in particular, its practical implementation faced significant difficulties. Private clinics, for instance, unfairly deal with patients who are 100% socially insured, neglecting the healthcare services and care guaranteed to them by this decree. Consequently, this leads to the neglect and lack of proper healthcare for this category, attributed to the nature of the contract between these clinics and the Social Security Institution.

This confirms that women's reproductive health and the challenges it poses remain subject to laws that are unclear in many aspects.

Legislators must involve the Social Security Institution as a mechanism to promote reproductive health by assigning it the expenses resulting from the risks that may arise from the latter. Additionally, regulatory oversight over private childbirth institutions needs activation, intensifying inspection campaigns and monitoring, given that some private healthcare institutions benefiting from agreements with the Social Security Institution have begun conducting unnecessary caesarian operations on women, prioritizing profit over women's health.

Therefore, a re-evaluation of various laws ensuring comprehensive coverage of reproductive health is necessary to achieve a better quality of family life."

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