



## The reality of the reproductive health culture of women in Algeria Based on multiple indicator cluster survey data 2012 and 2019

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### **Abstract**

*Healthy culture is an important part of public culture, and its mission is not only to live in an environment that is compatible with it. It goes beyond giving individuals a better understanding and appreciation of the health services available in the community. and to make full use of them, as well as to provide community members with health information and guidance on their health with a view to effectively influencing their attitudes and modifying and developing their health behaviour to help them achieve physical, psychological, social and mental well-being and adequacy Therefore, reproductive health education is an important and fundamental focus of women's lives, This is why various international bodies take care of the status of reproductive health and adopt it as a sustainable development goal. So in this paper, we're going to identify some of the concepts associated with it, Some associated levels such as family planning methods and HIV/AIDS.*

**Keywords:** Endemic Health; Disease; Health Culture; Family Planning; AIDS.

## **La réalité de la culture de la santé reproductive des femmes en Algérie, d'après les données des enquêtes en grappes à indicateurs multiples de 2012 et 2019**

### **Résumé**

*Une culture saine est un élément important de la culture publique, et sa mission ne se limite pas à vivre dans un environnement qui lui est compatible. Elle va au-delà de la simple sensibilisation et appréciation des services de santé disponibles dans la communauté, et à en faire pleinement usage, mais aussi de fournir aux membres de la communauté des informations et des conseils sur leur santé afin d'influencer efficacement leurs attitudes et de modifier et développer leurs comportements en matière de santé pour les aider à atteindre un bien-être physique, psychologique, social et mental adéquat. Par conséquent, l'éducation à la santé reproductive est un élément important et fondamental de la vie des femmes. C'est pourquoi divers organismes internationaux se préoccupent de l'état de la santé reproductive et l'adoptent comme objectif de développement durable. Dans cet article, nous allons donc identifier certains des concepts qui y sont associés, ainsi que certains niveaux connexes tels que les méthodes de planification familiale et le VIH/sida.*

**Mots clés** : Santé endémique ; Maladie ; Culture de la santé ; Planification familiale ; Sida.



## Introduction

Many parents refuse their daughters any education or reproductive culture for fear of being deviated. The truth is contrary to this, as there are reproductive issues that girls have to gain some knowledge about, such as menstruation, marriage, wedding night, the physiology of pregnancy and childbirth, etc. There are sexual matters that need to be known to guide them to become good wives, and to prevent them from making mistakes if they are learned on the basis of correct scientific principles.

In the absence of reproductive education, the girl is surprised by the occurrence of bleeding from her body in adulthood without knowing the reason for it, and the bride is terrified and afraid on the wedding night of the unknown for them, and the mother is surprised by the pain of the situation and she does not know anything about the physiology of birth and its stages and time necessary for her. Proper scientific education and reproductive and sexual education for adolescent girls does not incite delinquency, but inculcates confidence, self-esteem and respect. Parents should not stand against such education in schools and should encourage mothers to open channels of frank dialog with girls in all these matters.

In this regard, the International Conference on Population and Development (1994) urged Governments to pay particular attention to meeting the educational needs and services of adolescents, so that they can address the sexual aspect of their lives in a positive and responsible manner. It also urged the implementation of education programs and the provision of information on sexual and

reproductive health issues and sexually transmitted diseases, including HIV/AIDS.

## **1. Literature Review**

There is a negative definition that considers health to be "the absence of apparent disease and the absence of human disability and malaise"<sup>1</sup>. Thus, people who did not feel sick and showed no signs of illness can be seen as healthy. But this concept is very narrow, especially if we compare it to the who definition, which holds that health is "a state of safety and physical, mental and social well-being, not just illness or impairment"<sup>2</sup>. The who definition gives health three main dimensions: Physical, mental, psychological and social.

There are those who define health as the safety of the body, the safety of the soul and the safety of social life, that is, the environment becomes an integral part of the human body and himself, and becomes the traditional method of treatment that has not entered the environment and society as unable to perform its role to achieve the true meaning of health. the reference here is not only to the physical environment, which is represented by the establishment of health projects, but also to the non-physical environment with its impurities and germs, as well as to the habits established in the life of man and society<sup>3</sup>.

**See also reproductive health**

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<sup>1</sup> Ali Mohamed al-Makawi et al., Studies in medical sociology in the Arab world, Al-Ahram Distribution Agency, Cairo, 1998

<sup>2</sup> Jamal Abu al-Sorour, Amna Nasir et al., Simplified Guide to Population Concepts, Demographic Situation and Population Issues in the Islamic World, Islamic Educational, Scientific and Cultural Organization publications, ISESCO, 2000

<sup>3</sup> Faisal Mohamed Graybia, Social Medical Service, Social Action for Human Health, 1, Wael Publishing House, Amman, 2008



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In 1994, the International Conference on Population and Development defined reproductive health as "a state of complete physical, mental and social well-being in all matters relating to the reproductive system, its functions and processes, and not merely safety from disease or disability"<sup>4</sup>. Reproductive health in its broadest sense is part of public health as a state of physical, mental and social well-being and not just the absence of disease, it concerns reproduction and fertility at all stages of life. In other words, responsible and healthy couple sex, the ability to communicate through the reproductive process and the freedom to decide on it, is not only services but knowledge, attitudes and behavior, that is, preventive aspects and the maintenance of public safety in relation to sexual and reproductive life and healthy behavior, avoid the individual, family and community from complications, damage, health and social problems and increase their chances of enjoying a happy life.

### **Awareness of health**

Health awareness is a set of structured educational activities designed to facilitate an individual's choice of health-appropriate behavior. It aims to change three aspects of the target audience: Information, orientation and practice.

### **I have health awareness**

Awareness is defined as "knowledge, understanding, perception and appreciation of a particular field, which

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<sup>4</sup> United Nations, Report of the International Conference on Population and Development in Cairo, 5-13 September 1994, New York, 1995

helps to guide an individual's behavior toward caring for that area"<sup>5</sup>.

Health awareness is "the ability of an individual to translate health information into healthy behaviors in the life situations to which he is exposed, through which he can maintain his health within the limits of available possibilities"<sup>6</sup>.

Health awareness is people's knowledge of health information and facts and their sense of responsibility toward their health and the health of others, which is the goal we seek so that health information does not remain as a health culture only. Health awareness is one of the important factors in the resistance and prevention of the disease, the more aware of the seriousness of the disease and how to prevent it, the more he is able to protect himself and many other diseases as well as reduce their spread.

### **Take healthy behavior**

Healthy behavior is a holistic concept of behavior patterns and attitudes that are all based on health, illness, and the use of medical services. It is also defined as all types of behavior that aim to develop the health potential of the individual<sup>7</sup>.

Healthy behavior patterns are based on the actions taken by the individual to identify early and prevent disease. This includes patterns of behavior that seem appropriate for

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<sup>5</sup> Ahmed Ibrahim Kandil, Impact of Multimedia Teaching on Science Acquisition, Innovative Capabilities and IT Awareness among 3rd Grade Preparatory Pupils, Journal of Curriculum and Teaching Methods Studies, A72, Egyptian Society of Curricula and Teaching Methods, Cairo, 2001

<sup>6</sup> Nahid Mohamed Abdel Fattah, Effective Use of Reading Behaviour in the Development of Health Culture among Primary Students, Master's Thesis, Faculty of Education - Helwan University, 2000

<sup>7</sup> Mazen Abdel Hadi Ahmed, Health Behaviour and Trends among Athletes, Journal of Sports Education Sciences, Issue 7, vol. I, 200\*



maintaining and developing health and restoring physical health. There are five levels of factors for healthy behavior patterns:

Factors related to the individual and the environment (age, knowledge, attitudes, skills, etc.).

Factors related to the community and society (occupation, education, social support, etc.).

Sociocultural factors at the municipal level (available offerings, ease of use and access to health service centers, etc.).

- Socio-cultural factors in general (systems of religious and belief values, legal systems ...).
- Physical environment factors (weather, nature, infrastructure ...).

The concept of healthy behavior may be called healthy practice, which is what an individual performs with intent stemming from their adherence to certain values. Good health practices can be transformed into habits that lead without thinking or feeling as a result of frequent repetition, and this is the responsibility of the family where the formation of habits begins to be used by the child before he understands or learns the foundations of these habits in terms of health. A healthy habit is what an individual performs without thinking or feeling as a result of frequent repetition.

### **Define the health culture**

Culture is defined as the complex whole of customs, traditions, beliefs, knowledge, values, arts, ethics, custom and any other information developed by man through his membership in the group or society, and it is acquired

through the processes of socialization and normalization and passed from generation to generation<sup>8</sup>. Culture is seen as the cognitive frame of reference for behavior in a society, and includes all the behaviors required by daily social life related to eating, drinking, dress, health, marriage, divorce, cooperation, competition, conflict and other social processes and behaviors framed by culture.

Health education is defined as the process of providing community members with the necessary experiences, information and health facts related to health and disease, with the aim of influencing their health information, attitudes and practices. Health education is of great importance in determining the pattern of behavior of the patient and how to behave with him and treat him, and also drives the patient to seek treatment. The behavior of the patient varies depending on the culture and the disease, and therefore we find multiple behaviors of individuals toward the disease, and thus the culture in general contributes to the decision-making of the treatment a large role.

Health education is an educational process that seeks to translate known health facts into healthy behavior patterns at the level of the individual and society, using modern educational methods.

Through these definitions, we can say that health culture is an important part of the general culture, and its message is not limited to the individual living in an environment suitable for modern life, but to give individuals a better understanding and appreciation of the health services available in society, and to benefit from them to the fullest. It also provides community members with health information

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<sup>8</sup>Abdussalam Bashir al-Doibi, *Medical Sociology*, Al-Shorouk Publishing and Distribution House, Amman, 2005



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and guidance related to their health in order to effectively influence their attitudes and work to modify and develop their health behavior to help them achieve safety and physical, psychological, social and mental adequacy.

### **Definition of health education**

Health education is an idea as old as human civilization, wise people and doctors of various times have found that what is needed is to preserve health and not just heal patients, His beginnings were tangible in the writings of the first two Arab and Muslim doctors, who made a significant contribution to the development of medicine and its collection and addition from various sources health education ", their writings carried much of the essentials of health education<sup>9</sup>.

There are many definitions of health education, including the following:

Health education is one of the main branches and an important area of public health, and it does not mean simply the spread of health information contained in a press conference or film, but the goal of health education is to change health habits, attitudes, concepts and practices<sup>10</sup>.

Health education is a process through which health awareness is raised by providing the individual with information and experiences, with the aim of influencing his knowledge, tendencies and behavior in terms of his health and the health of the community in which he lives, that is,

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<sup>9</sup> Sibai Zuhair and others health education principles and methods, Dar Sibai, Riyadh, 1416 AH

<sup>10</sup> Iqbal Ibrahim Makhoulouf, Social Work in Medical Care: Theoretical Trends, University Knowledge House, Alexandria, D. i. 1991.

helping people to improve their behavior in a way that preserves their health.

Some view health education as the translation of what is known and familiar about health, with regard to the total health of the individual or the behavior of the group through the executive or educational process<sup>11</sup>. Based on this definition, health education includes basic health facts, health goals for healthy behavior and the educational process to achieve these goals.

It has been defined by some as a continuous, continuous and cumulative process aimed at communicating knowledge and changing healthy behavior from a certain behavior to a healthy one. In recent years, the concepts of health education have been upgraded, becoming a science of knowledge that uses behavioral and educational theories, communication methods, the means of education, and the principles of media to raise the level of health of the individual and society. Health education is a guiding educational process intended for knowledge and practice<sup>12</sup> (Faisal Mohammed G, p 251).

Health education can be likened to an equilateral triangle for acquiring information (knowledge), a rib for instilling and entrenching the values associated with that information (direction) and the last side for applying that information (behavior).

Through these definitions, we can say that health education is the sum of activities aimed at improving health knowledge, building attitudes and instilling healthy behaviors for the individual and society. This can be

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<sup>11</sup> *ibid*

<sup>12</sup> UNFPA, Review of UNFPA's intercountry programme, 2000-2003, first regular session 2004, 23 to 30 January 2004



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achieved through the dissemination of sound health concepts in society, the introduction of the dangers of diseases and the guidance of people on ways to prevent them, using various means, such as open meetings with people, lectures and seminars, the screening of television and film films, the distribution of health leaflets, brochures, newspapers, magazines and other media.

I have a healthy mind

A health educator is any individual who has the right health information, has received training and is able to communicate information with his or her skills.

## **2. Methodology**

To study the topic, we consider determining the levels of knowledge of certain aspects of reproductive health through the level of knowledge of methods and types of contraceptives. Knowledge of methods of birth control is the basis of decision-making towards the use of contraceptives and the type of means to be used. The level or percentage of use of methods and methods of contraception is determined by women. as well as knowledge of HIV/AIDS

This is based on the MICS 2012 and MICS6 2019, and this is for a comparative study.

## **3. Results**

### **3.1.Used contraceptives**

Table 1 shows the proportion of women who are not single and use at least one contraceptive method, where women are questioned about the contraceptives they use. Table 1 data show that 53.6% of non-single women of

childbearing age (15-49 years) know or use at least some contraceptive method in 2019.

**Table 1:** Percentage of women (in %) who are not single and of childbearing age (15 to 49 years) using some form of contraception by type of method.

Type of known method	Survey 2019
The modern means	
Grain	39
Screw	2.4
The injection	0
Condoms	2.1
Sterilization of women	0.4
Sterilization of men	0.1
Stitches	0.3
Traditional means	
Safety period	5.1
Isolation	2.8
Breastfeeding	87.17
No matter what type of method is used	53.6
Source: Multiple Indicator Cluster Survey MICS62019	

As shown in the table, knowledge levels of traditional methods are lower than those of modern methods. The percentage of respondents who knew that prolonged breastfeeding was a method of birth spacing was 83% in 2006, followed by safety at 5.1% and isolation at 2.8%, and estimated at 87.17%, 73.1.8% and 59.8% in 2006, respectively.

As for the knowledge of modern methods, we find the most important methods used according to the 2006 survey, pills by 99.1 %, followed by the IUD by 88.6%, condoms 69.6%, but we find that these rates are low during the 2019



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survey where the injection was estimated at 39%, followed by the IUD by 2.4%, the condom by 2.1%. while the level of knowledge of other modern methods is poor, the percentage of women who knew male sterilization and stitching was 9.1% and 6.7%, respectively, in 2006, and only 0.1% and 0.3%, respectively, in 2019. This shows that women are retreating from using family planning methods.

**Table 2:** Percentage of women (in %) who are not single and of childbearing age (15 - 49 years) using some form of contraception by type of method and place of residence

As shown in the table above, the level of use of family planning methods varies by place of residence, with women

Type of known method	Place of residence		
	Urban	Rural	Total
<b>The modern means</b>			
Grain	37.1	41.9	39
Screw	2.8	1.7	2.4
The injection	0,0	0,1	0.00
Condoms	2,4	1,6	2.1
Sterilization of women	0.4	0.2	0.4
	0.1	0.1	0.1
Sterilization of men	0,4	0,2	0.3
Stitches			
<b>Traditional means</b>			
Safety period	5,3	4,8	5.1
Isolation	3,2	2,2	2.8
Breastfeeding	87,11	87,25	87,17
Whatever the method	53,2	54,2	53,6
Source: Multiple Indicator Cluster Survey MICS62019241			

living in rural areas being the most frequent users, regardless of the type of method. The percentages of women living in rural areas are lower than the national ratios.

Given the data of table (3), which deals with the level of knowledge and use of women who are not single and of reproductive age (15 - 49 years) according to their educational level, we note that the level of education is University level among educated women, with the exception of the contraceptive pill, which is known among all categories of educated and Without level women. In fact, it is the most widely known and used method among women in Algerian society. The percentage of Without level women using the contraceptive pill was 41,4%, This decreased to 33.4% among women with a university level, the difference is 8 points. While the difference in the level of use of other methods between these two groups of women is clear, for example, the percentage of condom use was 3,6% for women who achieved university level, while this percentage did not exceed 0,5% for Without level women, the difference was 3 points. As for traditional methods, the difference in the level of knowledge of the method of isolation between these two categories of women was 1,2% and 2.7% among university women, and knowledge of the method of isolation reached 1,2% among Without level women and did not exceed 2,7% for university women, breastfeeding was University level at various educational levels in the range of 87%.

**Table 3:** Percentage of women (in %) who are not single and of childbearing age (15 to 49 years) using some form of



contraception, depending on the type of method and educational level.

Type of known method	Survey 2019
Grain	39
Screw	2.4
The injection	0
Condoms	2.1
Sterilization of women	0.4
Sterilization of men	0.1
Stitches	0.3
Safety period	5.1
Isolation	2.8
Breastfeeding	87,17
No matter what type of method is used	53,6
<b>Source:</b> Multiple Indicator Cluster Survey MICS62019	

Overall, the data from the table show that the level of knowledge of contraceptive methods increases with the level of education of women. In order to raise the level of knowledge about contraceptive methods, the maternal and child protection centers, the media and the competent family planning bodies must promote awareness of these methods by providing sufficient and clear information about each method, how to use it, its effectiveness, side effects and others.

### 3.2. Level of knowledge of AIDS

Table (4) shows the proportion of women of childbearing age (15-49 years) who have heard of AIDS by place of residence, educational level, age and family wealth index.

According to the 2012 survey, 84.9% of all single women of childbearing age (15-49) know about AIDS, and this figure has dropped to 77,6% according to the 2019 survey, these percentages vary according to women's educational level, place of residence, age and wealth index.

Knowledge of AIDS among women living in urban areas is University level than in rural areas, reaching 81.3% in urban areas compared to 71,03% in rural areas according to the 2019 survey and 89.3% compared to 77.23% respectively according to the 2012 survey data. The level of knowledge about AIDS is also affected by the educational level of women, where the proportion of knowledge among the most educated women is University level than among the women without education, and this percentage is 56.3% among women without education compared to 98,9% for women with university education according to the data of the 2012 survey. these figures were 41,3% compared to 95,1% respectively, according to the 2019 survey data. In general, the knowledge of HIV/AIDS increases as women's educational level increases.

As for the age variable, we note that the level of knowledge of the disease increases among young women, reaching 82,6% among women in the age group 25-29 years compared to 71.6% among women in the age group 40-49 years according to the data of the 2019 survey, and these two rates reached 87.7% compared to 78.4% respectively according to the data of the 2013 survey.



**Table 4:** Proportion of women of childbearing age (15-49 years) who have heard of AIDS according to certain socio-economic and demographic characteristics.

Characteristics	Survey 2012/2013		Survey 2019	
	Percentage (%)	Number of women	Percentage (%)	Number of women
<b>Place of residence</b>				
Urban	89.3	24558	81,3	22 337
Rural	77.2	13989	71	12 774
<b>Educational level</b>				
Without level	56.3	5557	41,3	3 730
Primary level	73.7	5640	60,8	4 277
Intermediate level	87.6	1110	75,6	9 462
Secondary level	95.4	10173	86,2	9 303
University level	98.9	6066	95,1	8 330
<b>Age groups</b>				
15-24	87.5	12913	80,6	9996
25-29	87.7	6891	82,6	5494
30-39	84.7	10915	77,2	10 658
40-49	78.4	7828	71,6	8962
<b>Index of wealth</b>				
Poorest	70.3	7615	63,5	6 890

Second	82.3	7537	71,8	6 865
Middle	86.3	7726	79,2	7 008
Fourth	90.5	7798	83,7	7 060
Richest	94.6	7871	88,8	7 288
Total	84.9	38547	77,6	35 111
Source: Multiple Indicator Cluster Survey MICS62019, MICS42012/2013				

The data from the table also indicate that the knowledge of AIDS increases among women belonging to the University level of wealth index, reaching 88,8% among women belonging to the University level of wealth index (the richest) compared to 73.3% among women belonging to the lowest level of wealth index (the Poorest) according to the data of the 2019 survey. These figures were 94.6% compared to 70.3% respectively, according to the 2012 survey data.

These percentages call for an increase in awareness-raising and awareness-raising campaigns to publicize sexually transmitted diseases and their risks, especially without level women and in rural areas, which have a low level of awareness, in order to raise the level of knowledge about these diseases and reduce their spread.

### **3.3. Level of knowledge of methods to prevent HIV transmission**

Prevention, early detection and treatment of sexually transmitted diseases, including acquired human immunodeficiency syndrome (HIV/AIDS) are key components of reproductive health. These diseases greatly affect the reproductive life of both sexes causing infertility



and infecting other organs with various complications and diseases. In this area, UNFPA has made great strides in addressing these diseases, particularly HIV/AIDS (HIV/AIDS), and has worked to achieve prevention and link them with reproductive health programs. It has been a driving force in protecting pregnant women from HIV infection as part of efforts to prevent mother-to-child transmission during maternity. He also stressed the vital role of youth in prevention efforts and the need to identify individual needs and develop programs<sup>13</sup>.

Levels of AIDS and other sexually transmitted diseases can be reduced by:

Early diagnosis and treatment of these diseases;

Provide services and advice on sexual health issues;

Eliminate the power imbalance between women and men and gender-based violence;

Develop strategies to track injuries and refer people with the disease to treatment;

Raising awareness among individuals about the methods of spreading the disease and preventing it, and these methods can be summarized in the following points:

- Abstinence from unlawful sexual intercourse,
- Refrain from transfusing contaminated blood and testing blood prior to transfusion;
- Non-sterile injections, needles and other HIV-contaminated instruments should not be used;
- - Refrain from using personal tools such as a razor and toothbrush;

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<sup>13</sup> UNFPA, Review of UNFPA's intercountry programme, 2000-2003, first regular session 2004, 23 to 30 January 2004

- Use of male or female condoms in case of suspected infection.

Table (5) shows the proportion of women of childbearing age (15-49 years) who know the most important means of prevention of HIV transmission according to the place of residence, educational level, age and wealth index of women.

The data from the table show that having sex with a single person is the most well-known way to prevent AIDS, followed by the use of condoms.

In the 2019 survey, 62.4% of women said that having sex with one person who is not infected is a way to prevent AIDS, 48.2% said using condoms as a way to prevent the disease if one person is infected, and only 43.7% of women knew the method. In the 2012 survey, 71 % reported the first method and 49.0 % the second, and only 46% of women knew that having sex with one person was not infected and using condoms.

**Table 5:** Proportion of women of childbearing age (15-49 years) who know the most important means of preventing



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HIV transmission according to certain socio-economic and demographic characteristics (%).

Characteristics	Survey 2012/2013				Survey 2019			
	Having sex with one person who is not infected	You know the two ways	Number of women	Having sex with one person who is not infected	Use of condoms	You know the three methods	Number of women	
Place of residence								
Urban	75.8	54	50.5	24558	66,5	52,1	47,5	22 337
Rural	62.4	41	38.3	13989	55,2	41,6	37,1	12 774
Educational level								
Without level	40.9	25	23	5557	29,2	19,9	17,1	3 730
Primary level	57.1	35	32.2	5640	44,9	33,2	29,9	4 277
Intermediate level	73.2	48	45.1	11110	59	44,5	39,8	9 462
Secondary level	81.9	58	54.2	10173	69,7	53	48	9 303
University level	89	72	68	6066	82	67,6	62,4	8 330
Age groups								
15-24	72	46.7	12913	64,3	47,8	43,1	9 996	
25-29	74	53.3	6891	67,6	53,7	48,9	5 494	
30-39	72	50.8	10915	62,1	48,8	43,9	10 658	
40-49	66	46.5	7828	57,4	44,8	41	8 962	
Index of wealth								
Poorest	54	33.9	7615	47,3	36,5	31,8	6 890	



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Second	68	44.1	7537	56	41,8	37,3	6 865
Middle	72	48.8	7726	64,2	47,8	43,8	7 008
Fourth	77	53.4	7798	68,5	52,5	48	7 060
Richest	83	64	7871	75	61,8	56,7	7 288
Total	71	49	38547	62,4	48,2	43,7	35 111

Source: Multiple Indicator Cluster Survey MICS62019, MICS42012/2013

The level of knowledge of AIDS prevention varies according to the place of residence and educational level of women and their age, the proportion of knowledge is University level among women living in urban areas, women with University level education, women in the age group 25-29 years and women belonging to the University level of wealth index (the richest). They are lower among rural women, without level women, older men and women belonging to the lowest level of the wealth index (the Poorest).

For example, if we look at the data from the 2012 survey, the percentage of women who say that having sex with one person is a method of preventing AIDS increases in urban areas, where it stands at 75.8% compared to 62.4% in rural areas. This figure was 89% among women with a university education and 83% among women with the University level of wealth index, compared to 40.9% among without level women and 54.2% among women with the lowest level of wealth index.

Compared with the results of the 2019 survey, we find that (66.5%, 82%, 67.6% and 75%) respectively, in order to reduce the spread of AIDS, individuals must be made aware

of the disease and other sexually transmitted diseases and methods of infection and prevention. The disparity between rural and urban women and between educated and Without level women calls for the elimination of the gap between these groups through awareness-raising and awareness-raising through the use of the various means available, such as the media, education and communication. acquiring knowledge that is the first step to accessing health services, avoiding health problems and preventing sexually transmitted diseases.

### **3.4. Knowledge of mother-to-child transmission**

If a pregnant mother is infected with HIV, it is possible that the infection may be transmitted to her baby during pregnancy through the placenta, during childbirth through some scratches that allow blood to mix, or then through breastfeeding. There is a one to four chance that the infection will pass from the infected mother to her fetus unless the mother takes any treatment or medical intervention to prevent the infection.

Most HIV-infected women are detected before or during pregnancy. In most cases, this means that steps can be taken during pregnancy, delivery and after birth to prevent transmission of the virus to the fetus and as a result, there has been a significant decrease in the proportion of children infected with HIV, despite the significant increase in the proportion of pregnant women living with HIV.

All babies whose mothers have HIV are born immunized with anti-HIV antibodies in their blood. However, these antibodies disappear over time unless the child has been infected with the virus. Sometimes it takes 18 months, so it's



not possible to be sure if a baby is free of the virus until they're walking.

To assess women's awareness of mother-to-child transmission of HIV, respondents were asked whether HIV/AIDS could be transmitted during pregnancy, at birth or at the time of breastfeeding. Knowledge of the transmission of HIV is University level among women living in urban areas, women under 30 years of age, women with intermediate and University level, and women with a wealth index of average or University level, as shown in the following table:

**Table 6:** Proportion of women of childbearing age (15-49 years) who are well-versed in mother-to-child transmission of HIV by some characteristics (%).

Characteristics	2019 Survey				Survey 2012/2013				
	Percentage of women (%) who know that HIV can be transmitted:								
	From mother to child:				From mother to child	From mother to child:			
During pregnanc	At birth	During breastfeeding		During pregnancy		At birth	During breastfeeding	The three ways	
Place of residence									
Urban	60,2	56,2	50,4	60,2	79,2	71,1	56,8	53,5	40,6
Rura	52,1	45,8	45,5	52,1	65,6	59,2	47,1	46,5	35,6
Educational level									
Without level	27,4	23,9	24,8	19,7	43,7	39,1	30,8	33,1	24,5
Primary level	41,8	37,3	37,1	29,4	60,3	53,6	41	43,1	31,4
Intermediate level	54,1	48,6	47,0	37,4	75,4	66,9	52,9	52,2	38,7
Secondary level	64,4	58,0	53,9	43,2	85,9	78,1	61,2	57,7	44,4
University level	74,1	71,0	61,0	50,4	93,6	85	73	63,1	49,7
Age groups									
15-24	58,4	53,9	52,5	41,7	77	69	54,2	53,3	40,3
25-29	61,7	58,4	55,5	41,8	76,9	68,9	55,8	53,4	40,2
30-39	60,6	56,4	52,3	39,2	73,7	66,4	52,6	50,1	37,9
40-49	57,6	52,9	47,8	34,7	68,1	61,7	50,6	46,3	36,3
Index of wealth									
Poorest	46,9	41,6	41,6	33,5	59,4	53,4	41,9	43	32,3
Second	52,2	46,5	45,1	35,8	70,1	63,5	49,8	50,2	38
Middle	57,1	51,5	49,5	39,6	75,4	68,3	54,4	52,2	40,5
Fourth	61,7	56,6	50,2	40,2	80	71,3	56,7	54,8	40,6
Richest	67,7	64,9	56,1	46,2	85,7	76,8	63,3	54,6	42,4
Total	57,3	52,4	48,6	39,2	74,2	66,8	53,3	51	38,8

Source: Multiple Indicator Cluster Survey MICS62019, MICS42012/2013

The proportion of women who knew that HIV can be transmitted from mother to child during pregnancy, at birth



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or while breastfeeding, respectively, was 73%, 57.6.5%, 56.7% in 2006, 66.8%, 53.3.5% and 51% in 2012. These percentages are lower among women living in rural areas, women without education, those with a primary level background, women aged 30 and over and women with the lowest wealth index. The proportion of women who know the three methods of HIV transmission from mother to child is estimated at 38.8% according to 2019 survey data and is at the same level with 2012 survey 39.3%.

The ratios shown in the table show the lack of awareness and culture of mother-to-child transmission of HIV. This requires raising awareness among mothers about HIV/AIDS, its transmission methods and, consequently, its prevention, especially in rural areas, the group of women who are out of school, the least educated and the group of older women.

#### **4. Discussion**

This study came to the following conclusions:

- The level of knowledge of contraceptive methods increases with the University level educational level of women;
- The use of contraceptive methods is University level in rural areas than in urban areas, except for breastfeeding. There is no difference between the two regions;
- There is a lack of knowledge among women about HIV/AIDS and its prevention, especially among without level women. Data from the MICS 2012/2013 showed that 43.7 per cent of without level women do not know AIDS;

- The level of knowledge of AIDS prevention varies according to the place of residence, educational level and age of women. The proportion of knowledge is University level among women living in urban areas, women with University level education, women aged 25-29 and women with the University level wealth index. Women living in rural areas, Without level and older persons, and women with the lowest level of the wealth index, are lower;
- There is a lack of awareness and education about the ways in which HIV is transmitted from mother to child. This requires raising awareness among mothers about HIV and the ways in which it is transmitted, and thus ways to prevent it, especially in rural areas, the group of women who have not attended school, the least educated and the group of older women.

## **Conclusion and recommendation**

Reproductive health education specifically provides women with information related to their sexual health including sexual illnesses, with advice upon request for such care in order to improve their stereotypes and support their personal relationships, especially with couples, This brings down the rates of infection, and here we would like to point out the need to guide females towards a sound approach to sex. Raising them to achieve the purpose of sexual motivation, or so-called sex education; All health information can be provided that relates to scientific knowledge and facts associated with sexual development. compatible with the values, social disciplines and cultural



patterns prevailing in society, Beginning with the manifestations of puberty and the realities of reproduction, and everything related to this biologically, psychologically and socially sensitive subject, Especially in the Algerian family, talking about these themes is a red line. This helps girls especially to grow properly and do their job in their family life without deviation.

1. To raise awareness among individuals about the dangers of sexually transmitted diseases, the means of infection and the prevention of them, especially in rural areas, which are characterized by a low level of awareness about these diseases;
2. To eliminate the rural-urban gap in access to the media, education and communication, and to acquire knowledge, which is the first step in accessing health services, avoiding health problems and preventing sexually transmitted diseases;
3. To promote the concept of women's reproductive health and the importance of its various components for health development;
4. Integrate reproductive and sexual health into school health and primary health care services;
5. Dissemination of healthy behaviour among citizens through lectures, seminars, panel discussions and programmes provided through various media and others;
6. Provision of brochures, health tapes and simple illustrated leaflets;
7. Conduct studies and research on unhealthy health phenomena and develop health education programs to address them;

8. Holding health fairs and participating in the preparation and enrichment of medical libraries;
9. finding other ways to raise awareness, such as teaching through the Ministry's website on the Internet and using e-mail or through radio, television or mobile phone and others.

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