

Where Has Maternal and Child Health Reached in Algeria under Social and Health Care: In Light of the Challenges of Global Health Security

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Received: 12/04/2023; Accepted: 11/12/2023

Abstract: Taking care of the health and care of the mother and child is a very important issue, which is of global and local importance, as the mother and child are a sensitive situation in society, through the important stages during her pregnancy, where safety means must be available for this pregnancy, she needs health care from the beginning to the end of pregnancy, taking care of That is why we conducted an investigation with expectant mothers through social networking pages with an electronic form in the period between the beginning of March 10 to May 26, 2023, which touched 109 expectant mothers and we got results that there is a level The quality of social care for pregnant women, and there is a level of quality of health care for pregnant women, there is a level of quality of medical care for pregnant women, there is also a level of quality of health care related to the child, there is a statistical relationship between the health care of the mother and the health care of the child, and there is an impact of medical care for the mother on the child.

Keywords: mother / child / mother and child / mother and Child Health/ mother and Child Health in Algeria.

Tob Regul Sci. [™] 2023 ;9(2): 2468-2491

DOI: doi.org/10.18001/TRS.9.2.161

1. Introduction

The progress of health care and the treatment of patients reflects the progress and development of societies. It is an essential and important part of the basics of the health system, where the staff of hospital institutions at various levels and functions take care of the care and satisfaction of patients. Health care is the science and art of prevention and treatment of patients and the creation of appropriate conditions for patients, where the goal of health care is to achieve health for all and to ensure that adequate health and social measures are taken to achieve a level of health for all peoples. It is a natural right of every human being, regardless of gender or gender. Health care is effective and related to the needs of communities and her service.

A woman is considered the main element in the formation of society, and this is what makes her influenced by the prevailing factors in it. This is her position, status, and the role she represents in

society, where she carries a human soul in her bowels and brings it to life to live in all its stages. Pregnancy represents happiness and joy for every woman, where nothing is greater than for a woman and a man to have a child. A woman's practice of motherhood increases her beauty and femininity, as the pregnancy stage is one of the most important stages that every woman is able to experience.

On the other hand, it is accompanied by changes from the psychological point of view as a result of the circumstances and factors related to the period of pregnancy that the woman is living. Most women are exposed to these changes and the appearance of mixed feelings in pregnancy, starting from the first months of pregnancy. The woman's psyche fluctuates continuously, and these fluctuations are exacerbated and become more acute, especially in the last months of pregnancy. The pregnant woman is exposed to fears for the health of the fetus and its natural birth, in addition to other concerns related to her pain during the birth process.

Attention to the health and care of the mother is a very important issue, which is of global and local importance, as the mother is a sensitive situation in society. Through the important stages during her pregnancy, where safety means must be available for this pregnancy, she needs health care from the beginning to the end of pregnancy. Take care of her, serve her, and provide her with health care for a natural birth and a healthy child.

The main question:

What is maternal and child health care in Algeria?

Sub-questions:

- What is the level of quality of social care for pregnant women?
- What is the quality of health care for pregnant women?
- What is the level of quality of medical care for pregnant women?
- What is the level of quality of child-related health care?
- Is there a statistical relationship between maternal health care and child health care?
- Is there an impact of Mother's medical care on the child?

Study concepts

The concept of health care:

Language: The word "care" is derived from the notions of nurturing, caring for, protecting, and overseeing.

Health care refers to the comprehensive range of preventive services and procedures provided by the Directorate of Basic Health Care and its affiliated institutions to all members of society. Its aim is to enhance the overall health level of society and prevent the occurrence and spread of diseases. This includes attention to environmental health aspects such as housing, water, and food safety, as well as proper waste disposal. Health care also encompasses immunization and vaccination campaigns organized to combat infectious and dangerous diseases like polio, whooping cough, cholera, and others.

The concept of health care encompasses all the political, economic, social, and environmental factors that have an impact on an individual's health. Therefore, health care includes all the efforts made by various social systems to promote and maintain health, as well as prevent diseases. It is a holistic approach that takes into account not only medical interventions but also the broader determinants of health, such as access to healthcare services, socio-economic conditions, education, and environmental factors. By addressing these various factors, health care aims to improve overall well-being and enhance the quality of life for individuals and communities.

Health care is also defined as an activity aimed at promoting and enhancing the health of individuals and groups in all physical, psychological, mental, and social aspects. It focuses initially on disease prevention and the well-being of individuals affected by illnesses. Health care utilizes various cost-effective measures to prevent diseases from occurring. In cases where an individual is affected by a disease, health care intervenes to provide treatment. However, the work or activity of health care does not end there. It also involves the rehabilitation of patients who have not fully recovered from the disease, with the aim of restoring their health and well-being.

As you mentioned, health care is a crucial component of the health system, providing accessible and comprehensive services to address the diverse needs and problems of individuals. It focuses on delivering individual-centered care, placing emphasis on the well-being of all individuals rather than just patients. Health care strives to cater to the needs of everyone, while also addressing any exceptional or highly uncommon cases that may arise. Additionally, it plays a vital role in coordinating and integrating care provided by various stakeholders across different settings.

Procedurally: "It is the totality of preventive services and procedures provided by the Directorate of Basic Health Care and its affiliated institutions that aim to encourage the provision of a high level of care to patients."

Pregnancy: "It is a natural physiological phenomenon that a woman undergoes, involving periods of psychological and physical changes from the moment of fertilization until birth. Statistics indicate that the duration of pregnancy is approximately 280 days, and most births take place between 40 to 42 weeks of gestation."

Pregnancy is defined as "the state of a woman from conception until the delivery or extraction of the fetus, and a normal pregnancy typically lasts between 38 to 42 weeks." The duration of pregnancy includes the time period from the fourteenth day of the last menstrual cycle until the onset of labor.

Others define pregnancy as an important transitional period for all family members, particularly the mother.

Procedurally, pregnancy is the stage that a pregnant woman goes through, typically lasting around 9 months.

Previous Studies

Local Study:

The first study:

Nasibi Samira, Zarazhi Lubna (2020-2021): A complementary study conducted as part of a master's degree in sociology, specializing in the sociology of health. The study focused on "the impact of economic and social disparities on children's health care" and involved a field study at the Hakim Okbi Public Hospital Foundation in Guelma.

The study aimed to:

- Highlight that child health is a fundamental societal goal and a requirement for development.
- Emphasize that children should have the opportunity to grow up healthy, irrespective of the economic and social conditions of their families.

In this study, the researchers adopted the descriptive method, which is characterized by an analysis focused on obtaining accurate knowledge about the various components of a phenomenon. This method allows researchers to gather detailed information in order to make predictions about the future trajectory of the phenomenon under investigation.

The study utilized the survey technique, which involved formulating questions to be answered on a questionnaire sheet. The researcher collected information through oral interviews with the participants. The questionnaire consisted of 39 questions, comprising both open-ended and closed-ended questions. For sampling, an accidental sampling approach was employed, involving individuals who happened to be present at the hospital institution during the study period.

The study's most significant findings are as follows:

- Families of sick children receiving care at the institution exhibited diverse economic and social backgrounds.
- Sick children received a range of varied healthcare services within the institution.
- The study found a positive correlation between the economic status of the family and the child's access to quality healthcare.
- As the standard of living and economic level of the family improved, the quality of healthcare services for the child also improved.

The second study:

Yacoub Khadija (2017-2018): A complementary study conducted as part of an academic master's degree in Social Sciences, specializing in population planning. The study focused on "health care for pregnant women and its relationship to demographic factors" and involved a field study conducted on a sample of pregnant women at the Khalil Abdul Wahab Hospital for Mother and Child in the city of Tekert.

The study aimed to:

The study aimed to investigate the factors that hinder many expectant mothers from seeking medical follow-up during pregnancy and after childbirth. The objective was to identify the barriers and challenges that prevent pregnant women from accessing healthcare services during these critical periods.

The examination sought to detect diseases and health problems experienced by pregnant women throughout the pregnancy and postpartum period. By identifying these health issues, the study aimed to contribute to improving the quality of care provided to pregnant women and enhance their overall well-being.

The objective of the study was to provide information about various aspects related to the healthcare of pregnant women in Algeria, including the availability of necessary healthcare facilities and competent healthcare professionals. These factors directly impact the health of the mother.

The study employed a descriptive-analytical approach as it was deemed the most suitable for the research topic. This approach involves organized scientific analysis and interpretation to describe a specific phenomenon or problem. It aims to capture a quantitative or data-driven depiction of the phenomenon or problem at hand. The collected and codified information is then classified, analyzed, and subjected to a thorough study.

The study utilized the questionnaire technique as a means to collect and source data and information. This technique involved surveying the targeted individuals in the research to gather their responses on the topic. The researcher expected these answers to be valuable for the research and assist in hypothesis selection.

Furthermore, the study employed the Statistical Package for the Social Sciences (SPSS), a statistical program for analyzing the collected data and selecting hypotheses.

Regarding the sampling approach, the study utilized intentional sampling. This method involved the deliberate selection of participants by the researcher based on the research objectives. The aim was to include a diverse and varied representation of the total population.

The most important findings of the study are as follows:

1. The study concluded that there is no correlation between the age of mothers and their adherence to health follow-up during their last pregnancy.
2. Similarly, there was no correlation found between the rank of pregnancy (e.g., first pregnancy, second pregnancy) and the level of health follow-up during the last pregnancy.
3. The study also found no correlation between the duration of maternal stay (e.g., length of hospital stay) and the extent of health follow-up during the last pregnancy.
4. Furthermore, there was no correlation observed between the educational level of mothers and their engagement in health follow-up during the last pregnancy.
5. The study indicated that there was no correlation between maternal income and the level of health follow-up during the last pregnancy.
6. Finally, the study found no correlation between the income of spouses and the extent of health follow-up during the last pregnancy.

Eloul Amal (2011-2012) conducted a complementary study as part of a master's degree in psychology, specializing in Clinical Psychology. The study focused on the topic of "psychological stress in pregnant women preparing to give birth for the first time." It was a field study that examined five cases in a public hospital.

The aim of the study is to:

1. Identify and assess the level of psychological stress experienced by pregnant women who are about to give birth for the first time.
2. Contribute to the advancement of scientific research within the field of clinical psychology, particularly in relation to understanding and addressing psychological stress in pregnant women.
3. Develop proposals and recommendations for the prevention and treatment of the challenges and problems faced by first-time pregnant women.
4. Improve healthcare methods by providing better psychological support, comfort, and safety for pregnant women.
5. Enhance attention towards the mental health and psychological and social well-being of this specific group in society, aiming to promote their overall mental well-being and sociocultural integration.

In this study, the researchers relied on the clinical-clinical approach, which is suitable for the subject of their research. This approach focuses on conducting a case study that allows for detailed observations of individual cases. The clinical approach involves a comprehensive examination of the personality within its environment.

The study utilized three techniques: the semi-guided clinical interview and the Levstein stress perception scale. The semi-guided clinical interview is characterized by a combination of open-ended and closed-ended questions. It requires the researcher to ask specific and precise questions in a predetermined sequence, which adds rigor to the process.

The researchers chose to rely on the semi-guided clinical interview as it allows for obtaining information that scales or questionnaires alone cannot provide. This interview technique enables the exploration of various aspects of the examinee's life, such as their personal experiences, relationships with family and surroundings, and other relevant contextual factors. By directly engaging with the examinee, the researchers gain a deeper understanding of their condition and can work towards unraveling any mysteries surrounding their experiences.

Based on the findings of our research, the following are the most important results obtained:

1. The general hypothesis that pregnant women who are about to give birth experience psychological stress was partially supported by the findings. Out of the five cases studied, three cases exhibited significant levels of psychological stress, while the remaining two cases did not demonstrate significant stress levels.
2. The results were obtained through the analysis of the semi-guided clinical interviews and the Levstein stress perception scale.

Summary of all cases.

The study revealed that pregnant women who are about to give birth generally exhibit awareness of the psychological pressure they experience, with the exception of two cases. The level of psychological pressure experienced is influenced by various internal and external factors, as well as

the psychological state of the pregnant woman. The family environment plays a significant role in influencing the mental well-being and physical health of the pregnant woman. Pregnancy experiences and changes vary from one woman to another, and each woman deals with internal conflicts in her own way throughout the pregnancy journey. These internal conflicts can have either positive or negative impacts on the woman's psychological well-being. The findings of the study indicate that three cases demonstrated a high level of awareness of psychological pressure, while two cases exhibited a low level of psychological pressure. The difference in awareness is attributed to factors such as the presence of a supportive and protective environment, the absence of significant problems within the family or with the husband, and a sense of safety. Despite facing some challenges, particularly in the later stages of pregnancy, these women accepted their situation and did not experience significant psychological pressure.

The first partial hypothesis regarding the role of family support in reducing the level of psychological stress in first-time pregnant women has been supported by the findings. Based on the interviews conducted with the five cases, it was evident that all of them received adequate support from their families throughout their pregnancy journey. The support provided by their families includes assistance and understanding during the various changes experienced by the women from the beginning of pregnancy until delivery. This support contributes to their sense of security, protection, and fulfillment of their desires. It is also worth noting that the five cases did not report suffering from any organic or psychological diseases. Specifically, in the cases of (B) and (C), it was observed that they experienced feelings of fatigue, heaviness in weight, and increased stress and fear, particularly in the last stage of pregnancy. These feelings were primarily related to concerns about childbirth and worries about the physical appearance and health of the fetus.

The fourth study:

Takut Suleiman (2013-2014) conducted a complementary study as part of obtaining a master's degree in psychology, specializing in Clinical Psychology. The study focused on the topic of "psychological care for pregnant women threatened with spontaneous abortion." It was a field study that examined eight clinical cases. The objective of the study was to investigate and understand the psychological care needs of pregnant women who were at risk of experiencing a spontaneous abortion.

The study aimed to:

1. Investigate the influence of various dimensions, including the psychological, social, economic, cultural, and physical dimensions, on the occurrence of spontaneous abortion in pregnant women.
2. Specifically, the study aimed to understand the impact of the psychological dimension on the occurrence of spontaneous abortion in pregnant women.
3. Additionally, the study aimed to examine the influence of the social dimension on the occurrence of spontaneous abortion in pregnant women.

4. It also sought to explore the impact of the economic dimension on the occurrence of spontaneous abortion in pregnant women.
5. Furthermore, the study aimed to investigate the influence of the cultural dimension on the occurrence of spontaneous abortion in pregnant women.
6. Lastly, the study aimed to assess the impact of the physical dimension on the occurrence of spontaneous abortion in pregnant women.

In terms of methodology, the study did not rely on statistical analysis. Instead, it used a clinical approach where statistical means were not utilized. The primary calculation used in the study was the calculation of percentages to express the results obtained from the applied forms used in the analysis of the studied cases.

We also used the study tools, including the clinical interview, the clinical observation, the form, where the clinical interview is known as one of the most important means of investigation, although we did not say the most important in collecting the maximum amount of necessary information and data needed by the psychologist in his sponsorship or psychological treatment of the case.

Clinical observation, as commonly understood, refers to a scientific method of observing and documenting behavioral phenomena that hold significance within the context of an individual's dynamics, history, and life. It is not limited to pathological conditions or solely used in psychological adaptations of an analytical nature, but rather aims to uncover the psychological reality of the individual. In our study, we employed a form consisting of a list of carefully crafted questions. This form was designed to guide the participants in expressing their thoughts and experiences related to the topic under investigation, providing valuable information and data required to elucidate and define the phenomenon from multiple perspectives.

The most important results obtained:

1. In the alternative field, the psychological dimension received the highest percentage of "very approved" answers among the eight cases, estimated at 75%.
2. The social dimension followed with the highest percentage of "very approved" answers, estimated at 60%.
3. The physiological dimension received the largest percentage of "very approved" answers among the eight cases in the alternative field, estimated at 50%.
4. Finally, the cultural dimension received the highest percentage of "very approved" answers in the alternative category, with 40%.

It is notable that the economic dimension was found to have a very weak impact on the possibility of spontaneous abortion in pregnant women, as indicated by the highest percentage of "not completely agree" answers among the eight cases in the alternative category, estimated at 45%. However, it is important to clarify that this result does not imply a complete exclusion of the economic dimension's impact on the possibility of spontaneous abortion. The researcher

acknowledges that while its impact remains present, it is in a significantly weakened form. It can be concluded that the economic dimension is unlikely to have a substantial influence on the occurrence of spontaneous abortion.

The student also considered the earlier result regarding the economic dimension as a reflection of the relative unimportance of material or financial factors in light of the immediate circumstances experienced by the pregnant woman. The focus of the pregnant woman is primarily on the success of her pregnancy rather than contemplating the costs associated with pregnancy or child-rearing. Thus, the economic dimension is perceived as a secondary concern that arises after the pregnancy itself. Consequently, there was minimal pressure or emphasis on this dimension in any of the cases. The researcher's interviews and observations with the pregnant women did not indicate a significant consideration of economic factors. Additionally, cultural and religious beliefs played a role in shaping the mindset and psychology of the cases, with the understanding that providing for the livelihood of the newborn or the individual is ultimately in the hands of a higher power, and any efforts made by the individual are appreciated by that higher power.

The fifth study:

Qunaidi Bushra and Ghomri Jehan (2020-2021) conducted a complementary thesis for their Master's degree in Psychology, specializing in Clinical Psychology, titled "Psychological Stress in Pregnant Women in Light of the COVID-19 Pandemic" at Mohammed Khidr University, Biskra. The study aimed to:

1. Identify the level of psychological stress in pregnant women in light of the COVID-19 pandemic.
2. Contribute to scientific research in the field of clinical psychology.
3. Emphasize the importance of improving healthcare methods, providing psychological comfort, and ensuring the safety of pregnant women during the COVID-19 pandemic.
4. Highlight the need for security and safety measures to promote the mental health and psychosocial well-being of pregnant women in society.

In this research, we employed the clinical approach, which is a scientific method that focuses on conducting a detailed and accurate case study. The aim is to thoroughly understand a specific situation by collecting relevant information and data, analyzing them, and drawing clear conclusions about the subject under investigation.

It is important to note that this method does not follow a structured questionnaire or investigation format. Instead, the necessary topics for study are addressed during conversations, and the researcher refrains from providing direct or indirect answers. Additionally, a stress perception scale was utilized as part of the research methodology.

Some of the most important findings were:

The case indicates a high perception of psychological pressure.

In response to the question, "Does a pregnant woman experience psychological pressure in light of the COVID-19 pandemic?" we can affirm that pregnant women indeed experience a high perception of psychological pressure during this period. This is attributable to several factors. Firstly, pregnant women have fears of contracting COVID-19 and the potential consequences it may have on their health and the health of their unborn child. Additionally, they may feel overwhelmed by the protocols and guidelines set forth by the World Health Organization specifically for pregnant women. Furthermore, the inability to effectively solve problems and cope with stressful life events contributes to the psychological pressure experienced by pregnant women. This realization aligns with the general hypothesis that pregnant women do suffer from psychological pressure in the context of the COVID-19 pandemic. As Pervin (1968) states, psychological pressure arises from the relationship between an individual and their environment. When an individual perceives that their capabilities are sufficient to navigate their environment, they experience a moderate level of effort. However, if they realize that their abilities are inadequate to meet the demands of their environment, they experience significant stress.

Faraj Taha's perspective on psychological pressure suggests that it is a series of external events that individuals encounter as they interact with their environment and respond to the demands placed upon them. These events can create a sense of urgency to adapt and effectively cope with them in order to prevent negative psychological and social consequences and ultimately achieve harmony and compatibility with life.

Arabic studies:

Amal Abdel Fattah Ahmed Ghanem conducted a complementary study as part of her master's thesis titled "Psychological Stress Levels and Coping Mechanisms in Women during their First Pregnancy: A Review of UNRWA Clinics in the Central West Bank, in Community Mental Health at the Faculty of Graduate Studies, Al-Quds University, in 2011-1432H.

The study aimed to:

1. Measure the level of psychological stress in pregnant women.
2. Assess the level of adaptation in pregnant women.
3. Examine the relationship between the level of psychological stress in women during their first pregnancy and various variables, including age, stage of pregnancy, place of residence, nature of housing, educational level, physical health, economic status, work status, extent of partner support, attendance of educational courses, and changes in sexual relationship with the husband.
4. Investigate the relationship between the level of adaptation in women during their first pregnancy and variables such as age, stage of pregnancy, place of residence, educational level, physical health, economic status, work status, extent of partner support, attendance of educational courses, and changes in sexual relationship with the husband.

In this study, the researchers utilized the descriptive analytical method to collect data from the study community, specifically Palestinian women residing in the Palestinian camps in the Central West Bank, including Jerusalem, Jericho, and Ramallah. The focus was on examining the women's experiences during their first pregnancy in terms of the level of psychological stress and adaptation, as perceived by the women themselves.

To gather data, a questionnaire was employed. The researchers also calculated the Cronbach's Alpha coefficient to assess the internal consistency and reliability of the questionnaire. The collected data were processed using the Statistical Package for the Social Sciences (SPSS), and various statistical analyses were conducted, including frequencies and percentages, means and standard deviations, and tests of independent samples.

The most important findings of the study are as follows:

The study aimed to identify the level of psychological stress and coping methods among Palestinian women in the Palestinian camps in the Central West Bank during their first pregnancy. It also aimed to determine the role of the study variables in achieving the research objectives. To achieve this, a questionnaire was developed and its validity and reliability were ensured by calculating stability coefficients. After collecting the questionnaires, they were coded, entered into a computer, and statistically analyzed using the Statistical Package for the Social Sciences (SPSS).

The study's results, based on its research questions and hypotheses, are as follows:

The field side :

First: areas of study:

The spatial domain is:

The study was conducted on virtual pages and sites, including social networking platforms such as Facebook, Instagram, WhatsApp, Twitter, and others. The time domain of the study spanned from March 10 to May 26, during which the researcher collected the necessary information and data from the selected virtual platforms. The study's focus was on analyzing and understanding the subject matter within this defined time frame and virtual setting.

The process of developing the electronic form started in March, and after finalizing and evaluating the form, it was downloaded from the group of pages and virtual sites on April 2. The data collection and analysis stage commenced in April 2023. Once all the forms were collected and the data reviewed, they were organized into simple statistical tables to determine percentages and facilitate data analysis for the field study. The human domain in this study refers to the community identified by the researcher, which consists of the set of pages and virtual sites such as Facebook, Instagram, Twitter, and WhatsApp.

Second: the study group:

The study community consists of individuals and accounts participating in the pages of virtual sites.

For the sample study, a subset of the community was chosen by the researcher according to specific criteria to ensure accurate representation of the larger community. In this case, individuals were selected from the group of pages and virtual sites, and the sample size consisted of 109 individuals. A sample is defined as a segment or part of the study community that possesses the characteristics and qualities of the larger community and represents it in relation to the research topic. It is a subset of the original community, selected by the researcher using various methods and including a number of members from the original community.

The sample is "part of the indigenous research community, selected by the researcher for different and varied methods and includes a number of members of the indigenous community".

Fourth: the study curriculum:

Science can be defined as a field of study that focuses on a network of interconnected and categorized established facts, which are governed by general laws and encompass reliable methods for discovering new facts. When researchers encounter a problem, they are driven to conduct scientific studies that adhere to the scientific method.

The scientific method, as defined by Mohammed Badawi, is the pathway that leads to the revelation of truth in science. It consists of a set of general rules that govern the functioning of the mind and guide its processes towards achieving a specific result. The scientific method provides a structured and systematic approach for researchers to gather evidence, formulate hypotheses, conduct experiments, analyze data, and draw conclusions based on empirical observations. It aims to ensure objectivity, reproducibility, and reliability in the pursuit of knowledge and understanding.

Ammar bakhush defines it as "a set of rules that are established with the intention of reaching the truth in science"

The curriculum is defined as: "an organized method or strategic plan based on a set of foundations, rules and steps that are useful in achieving the research objectives by taking a scientific approach characterized by collecting information and facts through objective and organized scientific observation."

In our study on the topic of healthcare for pregnant women, we have collected information in an accurate and organized manner to interpret and analyze it. Based on this approach, we have chosen the descriptive method, which is appropriate for our research objective. The descriptive method falls under descriptive correlational research, which aims to discover the relationship between two or more variables in terms of correlation type and strength.

The descriptive method is defined as "an analytical approach that relies on sufficient and accurate information about a specific phenomenon or topic over a period of time. Its purpose is to obtain practical results that are interpreted objectively and in alignment with the actual data of the phenomenon. By employing the descriptive method, our study aims to provide a comprehensive understanding of the healthcare situation for pregnant women and to uncover any relationships between variables that may exist."

- Study tools:

When studying a phenomenon comprehensively and gathering the necessary information and data for research, researchers utilize various scientific methods. These methods aid in understanding the nature of the society being studied and encompass a range of approaches, including observation, interviews, and forms, among others. In the field study conducted for this research, the following data collection tools were employed: forms, observations, and interviews.

Observation:

Dr. Mohammed Talaat Issa defines observation as the primary tool for collecting information and the nucleus upon which he can rely to access scientific knowledge. Observation, in its simplest form, involves looking at things and realizing the state they are in.

Observation is defined as “the act of closely observing a specific behavior or phenomenon and recording firsthand observations. It also involves employing appropriate methods to study the nature of that behavior or phenomenon, with the aim of achieving optimal results and obtaining the most accurate information.”

Analysis and discussion of data

To analyze and discuss the collected data, one important aspect is measuring the truthfulness and consistency of the questionnaire. Truthfulness refers to the questionnaire's ability to measure what it was intended to measure. The truthfulness of the questionnaire can be confirmed through various methods, including constructive honesty.

Constructive honesty involves calculating the average correlation score for each study axis and the overall average score of the questionnaire using the Pearson correlation coefficient. The results of this analysis can be presented in a table, as shown below:

Axes	correlation coefficient	statistical value
The first axis: social welfare	0.599	0,00
The second axis: health care	0.525	0,00
The third axis: medical care	0.926	0.00
The fourth axis: child-related care	0.702	0.00

From the table we note that the level of statistical significance is equal to 0 in all axes and we also note positive correlation coefficients greater than 0.5, from which there is a good correlation between the axes and the questionnaire as a whole, and from which the questionnaire is honest.

Consistency means the ability of the questionnaire to give the same results, as we repeated the same study on the same sample, and it is calculated by the method of semi-fragmentation.

Krombach's Alpha invariance:

Axes	Krombach's Alpha invariance
The questionnaire as a whole	0.822

From the table we note that the value of the Crombach's alpha coefficient in the questionnaire as a whole is high and more than 0.6, and therefore the questionnaire is stable.

View and analyze personal data:

- Table 1 shows the distribution of sample members according to the age variable:

age	Repetition	percentage
30-20	70	64.2%
40-31	29	26.6%
40and	10	9.2%
total	109	%100

From the table we note that the predominant age group among pregnant women in the sample is “20 to 30 years old” with a rate of 64.2%, followed by the “31 to 40 years old” category with a rate of 26.6%, and finally the “more than 40 years old” category with a rate of 9.2%.

Table 2 shows the distribution of sample members according to the civil status variable:

civil status	Repetition	percentage
married	97	89%
divorced	6	5.5%
widow	6	5.5%
the total	109	%100

From the table, we note that married pregnant women have the highest percentage, 89%, followed by widows and divorcees, with the same percentages, respectively: 5.5%.

Table 3 shows the distribution of sample members according to the variable of the pregnant woman’s professional status:

Professional status	Repetition	percentage
A worker	41	37.6%
Staying	59	54.1%
Temporary worker	9	8.3%
the total	109	%100

From the table, we find that pregnant women who stay at home are more than those who work, as they obtain a percentage of 54.1%, then permanent workers at a rate of 37.6%, and temporary workers at a rate of 8.3%.

Table 4 shows the distribution of sample members according to the husband’s professional status variable:

Professional status	Repetition	percentage
Factor	84	77.1%
Batal	17	15.6%
temporary	8	7.3%
the total	109	%100

From the table we note that spouses are workers at a rate of 77.1%, then unemployed at a rate of 15.6%, and finally temporary at a rate of 7.3%.

Table 5 shows the distribution of sample members according to the variable of educational level of the pregnant woman:

Educational level	Repetition	percentage
Primary	10	9.2%
middle	22	20.2%
secondary	46	42.2%
University	31	% 28.4
the total	109	% 100

From the table we find that 42.2% of the couples have a secondary level, 28.4% have a university level, 20.2% have an intermediate level, and 9.2% have an elementary level.

Table 7 shows the distribution of sample members according to the variable place of residence:

Place of residence	Repetition	percentage
city	81	74.3%
village	28	25.7%
the total	109	100%

From the table we find that 74.3% of the study sample are from the city, while 25.7% are from the countryside.

Table 8 shows the distribution of sample members according to the variable of age at first marriage:

Age of marriage	Repetition	percentage
_ 20	8	7.3%
30-20	98	89.9%
40-31	3	2.8%
the total	109	%100

From the table we find that 89.9% of the study sample members were married between the ages of 20 and 30 years, 7.3% were married before the age of 20, and 2.8% were married between the ages of 31 and 40 years.

Table 9 shows the distribution of sample members according to the variable number of pregnancies:

pregnancies	Number	Percentage
1	33	%30,3
2	31	% 28.4
3	21	% 19.3
4	13	% 11.9
5	5	% 4.6
6	4	% 3.7
7	1	% 9
9	1	% %9
total	109	% 100

From the table we find that 30.3% of the study sample was their first pregnancy, while 28.4% was their second pregnancy, 19.3% was their third pregnancy, 11.9% was their fourth pregnancy, and as for the rest of the number of pregnancies from 5 to 9, they obtained Ratios less than 10

Table 10 shows the distribution of sample members according to the variable number of live births:

	percentage	Repetition
0	8	%7.3
1	39	%35.8
2	27	24.8%
3	22	20.2%
4	9	8.3%
5	4	3.7%
total	109	100%

From the table we find that 35.8% had one live birth, 24.8% had two births, 20.2% had three live births, and the rest of the percentages were due to the absence of a live birth, or the presence of 4 and 5 births, with rates less than 10%.

- Table 11 shows the distribution of the sample members according to the variable of the period separating the two births:

The period between the two births	percentage	Repetition
0	33	%30.3
1	22	%20,1
2	30	%27.5
3	11	%10.1
4	5	%4.6
5	4	%3.7

6	2	%1.8
7	1	%0.9
8	1	%0.9
total	109	%100

From the table, the percentage of 30.3% did not have an interval period, because it was their first pregnancy, and the percentage of 27.5% had the interval between the last two pregnancies was two years, and the percentage of 20.1% had one year, and the percentage of 10.1% had 3 years, and the rest of the periods Between 4 to 8 years, rates were less than 10%.

- Table 12 shows the distribution of sample members according to the variable number of abortions:

Miscarriage times	percentage	Repetition
0	77	% 70.6
1	18	% 16.5
2	10	% 9.2
3	3	% 2.8
5	1	% 0.9
total	109	% 100

From the table we find that 70.6% of the study sample never had an abortion, while 16.5% had an abortion once, 9.2% had an abortion twice, 2.8% 3 times, and finally 0.9% 5 times.

- Table 13 shows the distribution of sample members according to the variable number of dead births

Deaths	percentage	Repetition
0	87	%79.8
1	16	%14.7
2	5	%4.6
3	1	%0.9
total	109	%100

From the table, we find that 79.8% had no deaths, while 14.7% had one dead birth, 4.6% had two dead births, and 0.9% had three dead births.

- Table 14 shows the distribution of sample members according to the variable number of natural births

Natural births	percentage	Repetition
0	35	32.1
1	35	32.1
2	17	15.6
3	13	11.9
4	7	6.4
5	2	1.8

total	109	100
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From the table we find that 32.1% of the study sample did not give birth naturally, and this is due to two reasons: having a cesarean section or not arriving at the birth date. Also, 32.1% had a natural birth only once, 15.6% had two natural births, and 11.9% had 3 natural births, and the remaining number of births of 4 and 5 is less than 10%.

- Table 15 shows the distribution of sample members according to the variable number of cesarean sections:

Caesarean sections	percentage	Repetition
0	57	.%52.3
1	31	.%28.4
2	17	.%15.6
3	3	.%2.8
5	1	.%0.9
total	109	.%100

From the table we note that 52.3% of the study sample had no cesarean births, while 28.4% had one cesarean birth, 15.6% had two cesarean births, and the rest of the cesarean births were less than 10%.

Table 16 shows the distribution of sample members according to the variable distance to place of birth

distance	percentage	Repetition
5 KM	60	%55
6- 10 KM	14	%12.8
11 – 20 KM	16	%14.7
*21 KM	19	%17.4
total	109	%100

From the table we find that 55% reside less than 5 km near the place of birth, while 17.4% reside more than 20 km away from the place of birth, 14.7% reside between 11 and 20 km, and 12.8% reside between 6 and 10 km.

Table 17 shows the distribution of sample members according to the distance variable to the place of health follow-up:

distance	percentage	Repetition
5 KM	77	%70.6
6- 10 KM	12	%11
11 – 20 KM	14	%12.8
*21 KM	6	%5.5

total	109	%100
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From the table we find that 70.6% reside less than 5 km from the health follow-up center, 12.8% from 11 to 20 km, 11% from 6 to 10 km, while 5.5% more than 20 km.

Table 18 shows the distribution of sample members according to the variable of average income of a pregnant woman:

Average income	percentage	Répétition
0	50	%45.9
_ 15000 DZ	13	%11.9
15000_30000 DZ	24	%22.0
30000-50000 DZ	20	%18.3
*50000 DZ	2	%1.8
total	109	%100

From the table we notice that 45.9% have no income, while 22% have an average income between 15 to 30 thousand DZD, 18.3% have an average income between 30 to 50 thousand DZD, 11.9% have less than 15 thousand DZD, and finally 1.8% have an average income of more From 50 thousand.

- Table 19 shows the distribution of sample members according to the variable of average husband's income:

Average income	percentage	Répétition
0	19	%17.4
_ 15000 DZ	3	%2.8
15000_30000 DZ	37	%33.9
30000-50000 DZ	39	%35.8
*50000 DZ	11	%10.1
total	109	%100

From the table we note that 35.8% of the couples in the study sample have an average income between 30 to 50 thousand DZD, and 33.9% have an average income between 15 to 30 thousand DZD, while 17.4% have no income, and 10.1% have an average income higher than 50 thousand DZD, and finally 2.8% have an average income between 15 and 30 thousand DZD.

General results of the study

Through the field study conducted on health care for pregnant women, in addition to the most important results that we reached through the study, after presenting and discussing the content of the results and providing answers to the questions of the research topic, after analyzing the

content of the form and testing the validity of the hypotheses, we conclude through this study and in light of the study hypotheses were analyzed into a set of results, which are as follows:

- There is a level of quality social care for pregnant women.
- There is a level of quality health care for pregnant women.
- There is a level of quality medical care for pregnant women.
- There is a level of quality of health care associated with the child
- There is a statistical relationship between maternal health care and child health care.
- There is an effect of the mother's medical care on the child.

Conclusion:

From what has been studied, it can be said that health care is an effective means of providing the necessary protection and care for pregnant women and protecting them from risks and complications that threaten the health of their fetus by providing sound health conditions and continuous monitoring of their health and the health of their fetus during their pregnancy.

Health care is a group of services provided by the state to the individual and society. Its development contributes to the promotion of health services, as it differs from one country to another, depending on their readiness and potential. Through this study, we have tried to shed light on the issue in terms of the level of care and the quality of health care. What exists for pregnant women, and how these institutions seek to develop it in order to achieve progress and continuity in it.

Some important recommendations to improve health and social care for pregnant women in Algeria include:

1. Increase health awareness and the importance of preventive and curative health care for pregnant women.
2. Improving health services and providing comprehensive health care for pregnant women, including periodic medical examinations, proper nutrition, and psychological and social care.
3. Providing regular health awareness and health education for pregnant women and their families, and encouraging participation in awareness and educational programs.
4. Providing psychological and social support for pregnant women and their families, and encouraging participation in social and recreational activities.
5. Improving the health and social environment for pregnant women, and providing appropriate conditions for pregnancy and safe childbirth.
6. In addition to the previous recommendations, some practical measures can also be taken to improve health and social care for pregnant women in Algeria, such as:
7. Providing more financial and human resources to improve the health and social services available to pregnant women.
8. Improving the infrastructure of health services, and providing the medical equipment and medicines necessary for comprehensive health care for pregnant women.

9. Encouraging the active participation of pregnant women in making decisions related to her health and the health of her fetus, and providing the necessary support for her to make the right decisions.
10. Encouraging fathers to actively participate in the health and social care of the pregnant woman and her fetus, and providing them with the necessary support for that.
11. Providing psychological and social support for pregnant women after childbirth, and providing the necessary services for health care for the infant.

Therefore, the health and well-being of pregnant women and their fetus can be improved, and the health of society in general can be improved, by providing comprehensive health care, regular health awareness, and psychological and social support, enhancing cooperation and coordination between concerned parties, and providing the necessary resources to improve health and social care for pregnant women in Algeria.

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