

**RESEARCH ARTICLE**

**[WWW.PEGEGOG.NET](http://WWW.PEGEGOG.NET)**

## **Population Policies in Algeria**

**Dr. Belhadj Yamina**

Mohamed Ben Ahmed University – Oran 2, Faculty of Social Science , Algeria

Email : [belhadjamina2016@gmail.com](mailto:belhadjamina2016@gmail.com)

Received: 12/03/2025 Accepted: 02/09/2025 Published: 12/01/2026

### **Abstract**

This presentation focuses on the policies that should be implemented to address the population problem, whether by attempting to control the population growth rate, improving the quality of demographic characteristics, changing the structure of the labor force, or organizing migration and the outflow of labor abroad. In contrast, some countries suffer from the problem of population deficiency—meaning a scarcity of population relative to available resources—, which leads to idle resources and a decline in national income growth. This situation requires the competent authorities in such countries to implement population policies that aim to increase the population growth rate, change the structure of the labor force, and recruit foreign labor in order to overcome the shortage of people needed to utilize the available economic resources, while also continuing to enhance demographic characteristics and raise the level of human development at the same time.

In this case, population policies are expansionary policies. If we look at the Arab region, for example, we find that some countries suffer from population growth that exceeds the rate of economic resource growth, and they implement contractionary population policies (such as Egypt, Morocco, Tunisia, Lebanon, and Algeria). These policies aim to reduce the population growth rate through medical and qualitative

means, and to change demographic characteristics that lead to self-regulation of population growth. This includes eliminating illiteracy, especially among women, expanding education at all levels, improving healthcare services, increasing urbanization, promoting female employment, and expanding access to cultural and media services, clean drinking water, sanitation, and electricity.

**Keywords:** Population policies, population growth, population characteristics, health services, human development.

### **introduction**

Population policies are concerned with the relationship between population and economic resources. When this relationship results in a population increase that exceeds the growth of economic resources, the population issue becomes one of relative scarcity—where available resources are insufficient to meet the growing, diverse, and evolving human needs. In such a case, the population and economic problems become two sides of the same coin. The real challenge lies in how to address this issue, especially given the difficulty of halting or stabilizing the rate of population growth. This becomes even more complex in the context of either a surplus population relative to resource exploitation needs, or a population unable to fully benefit from the available resources.

In this presentation, the focus is on the policies that should be implemented to address the population problem—whether by attempting to control the rate of population growth, improve population characteristics, restructure the labor force, or regulate migration and the outflow of labor abroad. Conversely, some countries suffer from the opposite issue: population shortage, meaning a scarcity of people relative to available resources. This leads to underutilized resources and a decline in national income growth. In such cases, the relevant authorities are required to adopt population policies aimed at increasing the population growth rate, altering the labor force structure, and attracting foreign workers to compensate for the shortage of population needed to exploit available economic resources. At the same time, efforts must continue to enhance population characteristics and improve the level of human development.

in this case, population policies tend to be expansionary. Looking at the Arab region, for example, some countries suffer from a population growth rate that exceeds the growth rate of economic resources and thus implement contractionary population policies (such as Egypt, Morocco, Tunisia, Lebanon, and Algeria). These policies aim to reduce the population growth rate through medical and qualitative means, and by changing population characteristics that lead to self-regulation of population growth. This includes eradicating illiteracy in general, especially among females, expanding education at all levels, improving health services, urbanization, female employment, increasing cultural and media services, access to clean drinking water, sanitation, electricity, and more. Additionally, these countries encourage migration and the outflow of labor to countries suffering from population scarcity relative to available resources. They also work to restructure the labor force distribution and focus on investing in

labor-intensive projects rather than capital-intensive ones.

On the other hand, there are other Arab countries that face a shortage of population relative to available economic resources, such as Saudi Arabia, Kuwait, Qatar, Bahrain, the UAE, and Libya. These are oil-producing and exporting countries with substantial financial surpluses that seek to invest in various projects and economic activities. Consequently, they are compelled to import labor from densely populated countries and encourage their youth to marry and have many children by offering financial incentives. They also tend to adopt capital-intensive technologies rather than labor-intensive ones, while continuing to raise the level of human development to a degree that enables integration with the international economy and benefits from information and communication wealth. Such policies may sometimes be implicit rather than officially declared.

### **The Concept of Population Policies**

Population policies refer to the procedures and tools officially announced by state authorities to address population issues, whether in cases of population surplus or shortage. The concept of population policies has evolved beyond the traditional focus on population increase or decrease to encompass other components, such as reconsidering the distribution of the population between rural and urban areas, improving population characteristics, restructuring the labor force, and regulating migration and labor flow either into or out of the country, depending on the circumstances.

Population policies may include contractionary tools aimed at reducing the population growth rate, enhancing population characteristics, and regulating both internal and external migration policies. These tools can also involve punitive measures to control population

growth in accordance with available resources. Traditional concepts of population policies often rely on contractionary instruments tending towards individual or collective punishment, influenced by Malthusian thought. Neo-Malthusians advocate for policies that compel citizens to reduce childbirth and marriage rates, and to withhold support or aid from the poor. This perspective was notably expressed by a Malthusian thinker named William Vogt, who stated: "As long as poor countries do not adopt sound population policies, they have no right to expect aid from other countries."

### **Some of the demands advocated by Neo-Malthusians include the following:**

1. The necessity of sterilizing men and women and inventing compulsory fertility injections, or providing incentives to those who undergo sterilization, as has happened in India.
2. The use of chemical substances for mass sterilization by adding these chemicals to food or water, making them act as anti-fertility agents.
3. Legalizing abortion and terminating unwanted pregnancies, especially in underdeveloped countries where parents prefer male children over females.
4. Abolishing welfare laws for the poor, providing free education only for the first two children per family, and withholding material support for families with more than two children.
5. Enacting laws to prohibit marriage for those who do not have sufficient income to support a family.
6. Modifying tax laws so that tax exemptions decrease progressively from the first child to the second, and then to the third child only, with no exemptions granted beyond the third child.

7. Increasing the costs of marriage and child-rearing by imposing high fees on marriage certificates, limiting the distribution of government housing based on family size, imposing heavy taxes on children's toys and necessities such as clothing, medicine, food, etc., in addition to levying head taxes on children

8. providing incentives to men and women who do not marry after a certain age and to those who do not have children, including granting a childlessness allowance to women after the end of their reproductive age and offering social security benefits to those without children to assist them in old age. Additionally, tax exemptions may be granted to those who adopt children instead of having biological ones.

The traditional and modern concepts tend to view the population problem as a one-sided issue, considering the population primarily as a consumption burden rather than a productive element. Consequently, they recommend punitive and preventive measures to reduce birth rates without considering population characteristics, geographic distribution, or migration policies abroad.

It is also notable that the core of these policies involves individual and collective penalties on the poor, such as withholding aid to prevent increased marriage and birth rates. This echoes Malthus's ideas regarding positive and preventive checks on population growth. However, most proposed population policies advocated by Neo-Malthusians conflict with customs, values, traditions, and religion, making them largely rejected by policymakers in most densely populated developing countries.

In contrast, countries facing population shortages tend to adopt expansionary population policies—some openly declared, others implicitly applied.

Examples of such policies include the following:

Providing substantial financial grants or incentives to those who choose to marry, as practiced in some Gulf countries facing population shortages relative to available resources. For example, in the United Arab Emirates, Sheikh Zayed was the first Arab ruler to introduce generous financial rewards for young people who marry and for those who have children. Currently, some Islamic banks contribute to the Marriage Fund in the UAE. In 2005, Dubai Islamic Bank donated one million UAE dirhams to the Marriage Fund to assist young couples preparing to marry. The Marriage Fund in the UAE relies on support from the public treasury, donations from banks, businessmen, and private sector investors to promote solidarity and cooperation with the institution in achieving its goals (Al-Islami, 2005).

Providing material and financial assistance to newborns, with the aid amount increasing as the number of children in a family grows. Additionally, tax exemptions, financial support, and free health and educational services are offered to care for motherhood and childhood.

Emphasizing awareness about the importance of engaging with family planning and population offices, learning about child-rearing and upbringing methods, disease prevention, and vaccination to increase child survival rates. It also includes maintaining maternal health before and after birth by providing free medication, high-quality healthcare, and adequate health insurance.

population policies do not stop at medical and health tools or financial support; they extend further to include immigration policies aimed at attracting foreign labor and encouraging population settlement in sparsely populated areas. Additionally, they focus on improving population

characteristics to positively reflect on human development indicators. This means there is no contradiction between these countries' desire to increase population growth rates in line with the size of available resources and their efforts to enhance the population's characteristics.

This phenomenon is not limited to sparsely populated developing countries but also occurs in advanced industrial nations. The report of the Scientific Committee on Environment and Development highlighted that many developed industrial countries are approaching zero population growth rates. Meanwhile, the majority of global population growth is expected to occur in developing countries, where the population is projected to reach approximately 7.6 billion by 2025, representing 85% of the world's population since 1950 (Aref & Dr. Ali Hassan Hajjaj, 1989).

## **2. The Importance of Population Policies**

1. Population policies are an effective tool to overcome the economic problem associated with the lack of proportionality between population growth and the increase in economic resources. Therefore, implementing population policies leads to reducing the population growth rate in line with the growth rate of national income, addressing the economic issue of resource scarcity compared to the growing and multiple human needs that increase at rates exceeding the growth of economic resources annually.
2. Population policies aim to eliminate the population trap, which refers to the national economy falling into a low-level equilibrium trap due to population growth outpacing capital accumulation and income growth. As a result, the level of per capita income declines again to a

subsistence level. This theory was introduced by Richard in 1975.

3. Population policies strive to achieve the optimal population size, which is the size that produces the highest average capital per individual under certain intermediate conditions, labor skill levels, customs, traditions, and other factors. This optimal limit is neither absolute nor fixed but continuously changes as the aforementioned factors evolve.

Policy makers attempt to reach this population size that ensures a certain standard of living and maintains it. This concept replaced the subsistence wage or "iron wage," which was widely used before 1914, when Edwin published *The Revolution*, containing an entire chapter titled "On the Optimal or Possible Size of the Population."

wise population policies contribute to improving population characteristics, which in turn lead to higher levels of urbanization and living standards. As a result, individuals are more likely to practice family planning voluntarily and with conviction—without the need for coercion or punitive measures.

In this context, Sir Roy Calne stated: *"There is no doubt that the most acceptable means of achieving family size regulation can be attained through education and economic pressure. It is unlikely that developed countries would have any strong desire to sacrifice their standard of living—in which they enjoy the highest quality of life—in order to provide food, shelter, and compassion to groups that have irresponsibly increased their population."* (Calne, 1996, p. 243)

He also wrote in another part of his book *The Overpopulated World*: *"In short, if we do not recognize the dangers threatening our current path, and do not apply scientific methods to control population growth,*

*humankind may not be able to enjoy civilized life—or may not survive at all."* (Calne, *The Overpopulated World*, 1996, p. 263)

Furthermore, population policies help achieve better geographic distribution of people by regulating internal migration from rural to urban areas, and from densely populated to sparsely populated regions, as well as international migration in pursuit of a better life or higher income.

6. Adjusting population policies aims to change the demographic structure of the population by influencing high fertility rates and increasing birth spacing, in order to reduce the dependency ratio caused by a large number of children or young people below working age. This is a phenomenon affecting densely populated developing countries, including Egypt. Some have described the situation by saying that "*Egypt's population pyramid is inverted*", referring to the large proportion of children in the population—particularly evident in the early 1990s, when a dedicated Ministry of Population was established and significant efforts were made to adjust the population structure. These efforts achieved some success; however, the dependency ratio remains high.

This reality places a greater responsibility on the authorities to intensify efforts in implementing effective population policies aimed at modifying the age structure of the population. The goal is to align it with the needs for increased production and productivity, rather than simply increasing consumption rates, reducing savings, and limiting investment—outcomes often seen in such countries.

7. Population policies are also committed to providing all aspects of reproductive health services as part of broader strategies to improve individuals' standard of living. These include:

- a. Providing appropriate family planning services, with a variety of safe contraceptive options available—regardless of an individual's ability to pay for a specific method.
- b. Reducing and eliminating gender-based inequality in sexual, social, and economic life.
- c. Encouraging voluntary methods as an approach to family planning, while eliminating unsafe and coercive practices.
- d. Developing policies that ensure the provision of basic needs, such as clean drinking water, sanitation, widespread access to basic healthcare, education, and all other measures that protect the rights of the poor and women in society.

### 3. Types of Population Policies

Population policies designed to address the mismatch between rapid population growth and limited resources can be classified based on whether they rely on incentives or restrictions. They can also be differentiated by their underlying outlook optimistic or pessimistic and by their short-term or long-term orientation.

The main types include:

#### 3.1. Based on Incentives and Restrictions

Some population policies rely on incentives to encourage population control. These may include tax exemptions or subsidies limited to small families. In some countries, free or subsidized services are only provided to families with two or three children, while families exceeding this number bear the full cost of services, food supplies, and development goods without any governmental support.

In addition, some governments offer economic and food assistance to families

that engage in family planning and utilize family planning centers and units. For example, it was proposed that a person who owns five hectares of land and has been married for five years without having more than two children would be exempted from the tax on one hectare or receive a 20% reduction in taxes on their land holdings. This exemption would continue as long as the individual maintains the number of children. However, this privilege would be revoked immediately if they have additional children. (*Proposal from 1982*)

In a revised version of this policy, it was proposed that a government or public-sector employee be granted a special bonus if five years have passed since their marriage and they have no more than two children. This bonus would be renewed every five years as long as the number of children does not exceed two. (*Also proposed in 1982*)

Others have suggested awarding monetary prizes and certificates of appreciation to families deemed "ideal" in terms of having no more than two children—regardless of gender (two boys, two girls, or one of each). This is particularly relevant because in some societies, families repeatedly have children in an attempt to bear a son, or after having sons, in hopes of having a daughter. Such behavioral patterns—often driven by deeply rooted social norms are especially prevalent in developing countries.

Some observers note that certain countries, such as China, have shown a marked preference for the birth of males, which has led to a relative shortage of females and consequently a decline in overall birth rates. This, in turn, may help to contain the population explosion. Such outcomes are partly made possible by modern medical technology, which allows for the identification of a fetus's sex prior to birth, often leading to selective abortion of unwanted female fetuses. (*Qawawsy*)

Some countries also prohibit polygamy in an effort to reduce the number of children born and the resulting challenges related to poverty, poor living standards, and unplanned urban environments.

### 2.3 Based on Optimism and Pessimism

Some countries adopt optimistic population policies, while others pursue more pessimistic approaches.

Optimistic population policies are typically found in low-population countries (with low population density), where governments encourage larger families by offering benefits, incentives, and financial aid to families with many children. These may include marriage subsidies and even encouragement of polygamy to increase the birth rate.

On the other hand, countries suffering from overpopulation may still implement optimistic policies in some cases. These often focus on improving the standard of living for the poor, increasing awareness of family planning, and promoting birth control practices. Such efforts frequently involve religious leaders, media campaigns, educational curricula, and support from civil society and non-governmental organizations (NGOs).

Pessimistic population policies rely on punitive measures and medical methods such as female sterilization, including scientific approaches where a vaccine carries antibodies that prevent sperm from fertilizing the egg. Some believe that this scientific method is one of the most promising for the future (Callen, S., *A World Overflowing with People*, 1996, p. 196)

Others believe that providing voluntary family planning services is the most civilized approach to addressing the

population problem. (Rosenfield, 1990, pp. 1227–1231)

These services include:

1. Making contraceptive methods available in many locations.
2. Selling contraceptives at affordable prices.
3. Providing information about contraceptive methods orally without a prescription.
4. Offering sterilization for both females and males without age or parity restrictions.
5. Promoting extended periods of breastfeeding.
6. Addressing public health issues associated with unsafe abortions.

#### 3.3. In Terms of Time Frame

There are both long-term and short-term population policies.

Long-term policies focus on improving the demographic characteristics of citizens within society, raising their standard of living, and providing services such as healthcare, education, clean drinking water, electricity, and awareness-raising and educational programs. They also emphasize increasing women's participation in economic and social activities. Some believe that education and economic pressure are among the most acceptable methods for regulating family size, especially since high fertility rates are strongly associated with poverty, high child mortality rates, and the low social and educational status of women.

Other contributing factors include inadequate reproductive health services, high illiteracy rates, low living standards in general, the absence of an urban environment, lack of population awareness, and a weak demographic structure of society.

Internal and external migration policies are also considered long-term population

strategies, as migration reduces population density per square kilometer and fosters the adoption of more civilized and positive behaviors toward population issues—whether within the country or abroad in cases of international migration.

Internal migration usually occurs from less developed or rural areas to urban centers, which helps alter behavior patterns, perceptions, and levels of population awareness.

The same effects apply to external migration, where migrants move to more developed urban societies seeking greater development and modernization. This highlights the importance of not leaving migration to individual whims or desires without planning. Migration should be part of the overall socio-economic development strategy, to avoid negative outcomes such as ruralizing cities instead of urbanizing rural and less developed areas. This emphasizes the need for balanced development both sectorally and geographically.

This is not limited to internal migration only but also extends to external migration. It is expected that there will be a strong surge of migration from the grip of alarming social poverty to more prosperous regions. This could be accompanied by the risk of population conflicts, leading developed countries to close their borders to migrants from densely populated poor countries. This situation requires regulating external migration within the framework of the national general plan and through official negotiations and agreements between the governments of population-exporting countries and those countries needing a certain type of population who can integrate into their societies without obstacles or causing social unrest or conflict within the host country.

Long-term population policies aim to make the population a vital productive element for sustainable development.

This requires the use of labor-intensive technologies in various economic activities rather than increasing mechanization or capital-intensive technologies that cannot absorb the large annual increase in population

As for short-term population policies, they undoubtedly focus on rapid medical methods, such as providing women with subcutaneous injections for sterilization and contraception lasting up to five years. In addition, some countries implement measures that withhold support and incentives from families with more than two children in some cases, or three children in others.

Indonesia has adopted this type of policy, which led to a decline in the population growth rate, earning the Indonesian government an award from the World Health Organization in this field. (Qawasi, p. 197)

Some countries permit abortion procedures to reduce population growth rates, such as the United States, where the total number of surgical abortion procedures reaches about half a million annually. (Callen, S., 1996, p. 196)

#### **4. Population Policies in Algeria**

The population issue, as an integral part of the national policy by the state aimed at economic and social development, defines population policies as all legal or administrative measures taken by the state to control demographic factors and conditions within a specific purpose, whether to increase, decrease, or improve the distribution of the population.

These policies consist of a set of measures or procedures adopted by local authorities

that are integrated into the general development policy pursued by the state in order to address population growth and attempt to link it to economic and social realities. Population policy primarily concerns demographic issues and the key phenomena or factors that influence population growth, such as births, deaths, fertility, marriage, and migration. This is achieved by implementing programs to control demographics, including family planning, birth spacing, and birth control.

In general, population policies are defined as a set of measures aimed at influencing the rate of population growth, its structure, and spatial distribution. President Houari Boumédiène was among the first to call for adopting a population policy in Algeria. In a speech addressed to the Women's Organization, he stated: "... We call upon women to run for municipal councils so they can address issues of marriage, divorce, and family planning..." (Alī Qawāssi, 1996: p. 16).

This commitment is reflected in the succession of global seminars and conferences on population issues. Several international conferences have been organized, where discussions focused on global population challenges:

- Rome Conference, 1954
- Belgrade Conference, 1965
- Bucharest Conference, 1974
- Mexico Conference, 1984
- Cairo Conference, 1994

The policy of demographic politicization emerged at the Bucharest Conference in 1974, where there was intense debate between supporters and opponents of the idea of birth control. At that time, Algeria adopted the idea advocated by the conference as a principle and foundation for establishing the social and economic development framework of the country.

Immediately after this conference, in 1974, Algeria implemented a free healthcare policy, increased the health budget, and declared that "all citizens have the right to protect their health; this right is guaranteed through public and free health services, expanded preventive medicine, and the continuous improvement of living and working conditions."

Ten years later, the World Population Conference was held in Mexico in 1984. At this conference, the birth control policy began to gradually diminish, as representatives of Third World countries expressed positions contrary to those they had affirmed at the Bucharest Conference in 1974.

As for the Cairo Conference held in 1994, its program of action urged the international community to adopt a set of population and development policies, including the following:

Promoting economic growth and working to establish the foundations of sustainable development.

The right to education, especially for females.

Equity and equality between genders in all fields.

Making every effort by countries to reduce infant and maternal mortality rates, considering these two rates as key indicators of a country's progress.

Providing access to reproductive health services for all, including family planning.

The Algerian government adopted a public health policy and emphasized this important element in all development plans. This was demonstrated by doubling healthcare facilities and structures, improving the training of medical personnel, strengthening hygiene policies,

and ensuring medical coverage through the distribution of health service centers across the entire national territory.

## 5. Objectives of Population Policies

The overarching or general objectives often focus on improving social welfare and achieving an optimal balance between the population size and resources, or on enhancing the quality of life. Many policies go beyond these general aims to more specific goals, such as reducing the prevalence of diseases and mortality rates, improving overall health conditions, creating job opportunities, increasing women's participation in development, achieving better regional and territorial development balance, providing better access to family planning services, and reducing unwanted and high-risk pregnancies.

Most development plans and population policies have adopted family planning as the main tool used by governments to reduce fertility. The state sets specific targets for family planning programs within its development plans, while other policies have defined particular objectives regarding the spread and use of contraceptive methods.

Family planning has long been part of health services; however, the current trend in population policies is to integrate family planning into other social development activities.

Family planning services are considered the most important government activity for influencing fertility

## 6. Stages of Population Policy in Algeria

**6.1 The First Phase (1962–1979)** During this period, Algeria experienced one of the highest population growth rates, reaching 3.4% in 1970. The demographic situation was characterized by high fertility, with a

fertility rate reaching 8 children per woman, and early marriage among females (around 19 years old).

In response to this situation, the idea of family planning emerged in 1966, introduced by the National Federation of Algerian Women at its first conference. They requested the government's approval to allow the use of contraception to protect mothers and children. However, this request went unanswered due to opposition from President Houari Boumèdiène, who adopted a specific population policy reflected in his speeches encouraging population growth.

This is evident in his speech at the inauguration of the Hajar Complex, where he said: “Our goal is to secure a standard of living for our people equal to that of the most advanced nations of tomorrow's world. We reject false solutions such as birth control, which means eliminating difficulties rather than seeking appropriate solutions. We prefer positive and effective solutions like creating jobs for youth, building schools for children, and providing the best social facilities for all.”

This speech reflects Algeria's rejection of discussing demographic issues, making it impossible to adopt the population policies advocated by Western countries due to ideological differences between Algeria and imperialist states.

During this phase, activities were limited to drafting reports on demographic problems and submitting them to the government, which tasked the State Secretariat for Planning with defining a population policy to be integrated into the 1970–73 four-year development plan.

The outcome was a consensus rather than a clear population policy, allowing family planning for reasons related to women's

health and their right to it. Public clinics were opened for this purpose.

It is noteworthy that the Algerian government's focus on development during this period did not permit addressing demographic growth issues. This is clear from Algeria's statement at the 1974 Bucharest Population Conference, where it expressed its pursuit of building a strong and integrated economy capable of meeting the rapidly growing population's needs, including employment, education, health, and housing.

This declaration fits within Algeria's social project aimed at full employment, education for all, free healthcare, and housing rights. Therefore, Algeria rejected what it called "false solutions," meaning birth control.

This development aspiration relied primarily on mobilizing human and material resources to satisfy the growing demands and needs of the population and eliminate development obstacles represented by underdevelopment. Population growth, which seemed like a pressure, was viewed as a means of development.

## 6.2 The Second Phase (1980–1988)

Algeria's first official population policy was adopted in 1983, based on three main pillars:

1. Developing activities related to birth spacing.
2. Enhancing studies and research on fertility and its determinants.
3. Expanding media, awareness, and sensitization activities in family planning.

It can be said that the goals set at the beginning of this phase were not fully achieved, which led to a reconsideration of

the population policy as reflected in the 1980–84 development plan.

Reducing birth rates became a necessary condition for building an effective economy capable of meeting the social needs of the population in a sound and sustainable manner. In line with this objective, Algeria accepted the global population plan at the 1984 Mexico Conference. Consequently, family planning was seen not only as a woman's right to protect her health but also as a demographic necessity.

At that time, the national program for birth spacing was implemented to protect the health of mothers and children.

## 6.3 The Third Phase (1989 to Present)

This phase coincided with a period of social and political instability in Algeria. Following the October 5, 1988 protests, Algeria embarked on a series of political, social, and economic reforms imposed by the deteriorating condition of state institutions.

During this situation, population policy was neglected and pushed out of successive government agendas. This neglect was confirmed by the transfer of officials responsible for the population policy program to the Ministry of Health under the Family Directorate, which was never fully established after they had belonged to the Ministry of Social Affairs between 1989 and 1992.

Given this context, the population policy suffered from marginalization and lack of priority.

### Conclusion :

Population policies are directly related to people's mindsets and behaviors. Therefore, controlling natural growth rates and aligning them with the resources available requires the relevant authorities to

adopt a population policy consistent with the country's demographic structure, as is the case in many countries. In Algeria, for example, it is necessary to implement a policy to regulate population growth, such as eradicating illiteracy, expanding education at all levels for both genders, improving health services, and increasing health awareness programs for women.

#### **List of sources and references.**

- 1- إبراهيم عبد الله، المسالة السكانية وقضية تنظيم الأسرة في البلدان العربية، دراسة في المنهج، المركز العربي، الطبعة الأولى، بيروت والدار البيضاء 1994.
- 2- امروهر جورج و مايرانطوان، حجم الأسرة المفضل ومنع الحمل، النشرة السكانية، العدد 28.
- 3- السيد أبو نيل محمود، دراسة تحليلية نقية لبعض بحوث تنظيم الأسرة في مصر، المجلس الأعلى لتنظيم الأسرة والسكان جهاز تنظيم الأسرة والسكان مكتب البحث، 1981.
- 4- مارستون بيتس، الانفجار السكاني دراسات في انتشار الشعوب وتكاثرها، المكتبة العصرية، صيدا بيروت، 1966.
- 5- عبد المجيد ليلي، تقرير حول معالجة الصحف المصرية للقضايا المتعلقة بالمشكلة السكانية، دراسات سكانية العدد 67 أكتوبر 1983.
- 6 .ATTOUT.N et BENKHELIL, L'espacement des naissances causes de refus ou d'abondons de la contraception, CENEAP, Alger 1998.
- 7 .BACCAINI.B , les contrastes géographiques des comportement de contraception, in population ,n°:2 1995.
- 8.DELENDAA, Politique de population et contraception en Algérie, in : revue des sciences et humaines , université de Batna,n°12 , 2005.

#### **Doctoral thesis :**

- 9.DELENDAA, rôle du développement social et économique dans le changement

des comportements démographiques en Algérie, thèse de doctorat d'état en démographie ,2004.

10.HAMZA.C.A, population et besoins sociaux essentiels en Algérie à l'horizon 2038, thèse de doctorat en démographie.