

Reproductive Health among Algerian Youth: Reality, Determinants, and Programmatic Challenges

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Abstract

Reproductive health is one of the most important issues affecting the health and social and psychological well-being of young people. It is also a fundamental indicator of the level of human development in a society. This issue is particularly important in Algeria in light of the significant proportion of young people in the population. Data from the National Office of Statistics indicate that a substantial share of the population belongs to younger age groups, making attention to this population an urgent social and public health priority.

This article aims to examine the state of reproductive health among Algerian youth, analyze the main factors influencing it, and identify the most important challenges facing health programs and policies in this field. The study is based on a review of national and international scientific literature, together with an analysis of data from the 2019 Multiple Indicator Cluster Survey (MICS6), with particular attention to the 15–24 age group. The analysis focuses on a set of core indicators, including adolescent fertility, early marriage, the use of family planning methods, and access to reproductive health services. The findings indicate a relative improvement in several indicators, reflected in declining adolescent fertility and early marriage rates and increased utilization of health-care services. At the same time, the results reveal the persistence of certain social and geographical disparities, as well as limited awareness-raising and sexual and reproductive health education programs targeting young people. These findings highlight the need to develop more effective policies that respond to young people's needs and improve the quality and accessibility of health services provided to them, in line with the social and demographic transformations taking place in Algerian society.

Keywords: Reproductive Health, Algerian Youth, Adolescent Fertility, Early Marriage, Family Planning, Multiple Indicator Cluster Survey.

1. Introduction

The sexual and reproductive health (SRH) of young people is one of the key determinants of human development and demographic transition. According to the World Health Organization, reproductive health is “a state of complete physical, mental and social well-being in all aspects of the reproductive system, its functions and functioning” (OMS, 2006). It also includes the right of individuals to a satisfying and risk-free sex life, the freedom to

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decide whether or not to have children, and access to the birth control methods of their choice. For young people in particular, this definition implies access to comprehensive sexuality education, appropriate contraceptive services, and protection against sexually transmitted infections (STIs), including HIV/AIDS.

Globally, adolescence and youth are periods of particular reproductive vulnerability (UNFPA, 2021; Patton, G. C. et al., 2016). Around 16 million girls aged 15–19 give birth each year worldwide, with 95% of these births occurring in low- and middle-income countries (FIGO, 2021). Complications related to pregnancy and childbirth remain the leading cause of death among adolescent girls aged 15–19 (OMS, 2024). At the same time, the United Nations Population Fund (UNFPA) estimates that the majority of adolescents in developing countries do not possess sufficient knowledge to make informed decisions about their sexual and reproductive health. This lack of knowledge exposes them to risky behaviors, unintended pregnancies, and sexually transmitted infections (UNFPA Algérie, 2025).

Algeria is undergoing an advanced demographic transition, characterized by a decline in the total fertility rate from 7.4 in 1970 to approximately 2.8 in 2020 (ONS, 2020; ONS/INED, 2026), alongside the continued presence of a large proportion of young people. According to the National Office of Statistics, the population under the age of 15 accounted for 29% of the total population in 2023, while the 15–24 age group represented approximately 16% of the total population. This demographic structure makes young people's reproductive health a public health priority because it intersects with population, health, and education policies.

Several studies have examined reproductive health in Algeria from a holistic perspective (Kouaouci, 2004; Benali, 2017). However, relatively few recent studies have focused specifically on the 15–24 age group using data from the 2019 Multiple Indicator Cluster Survey on Health (MICS6) (MSPRH / UNICEF Algérie, 2020), which is the latest and most comprehensive survey available on women's and children's health in Algeria. This article seeks to address this gap by providing a systematic analysis of the state of reproductive health among Algerian youth, the factors that shape it, and the programmatic challenges associated with it.

This article pursues four specific objectives:

- To assess the current status of reproductive health indicators among Algerian youth aged 15–24 years, based on the latest available data;
- To analyze trends in these indicators between 2012–2013 (MICS4) and 2019 (MICS6);
- To identify the individual, social, and structural factors affecting young people's reproductive health;
- To formulate evidence-based programmatic recommendations for public health policymakers.

2. Theoretical Framework and Methodology

2.1. Theoretical Framework

The analysis is structured around the Integrated Framework for the Determinants of Reproductive Health proposed by Mosley, W. H., and Chen, L. C. (1984) and adapted by the United Nations Population Division for middle-income countries (United Nations Population Division, 2019). This framework distinguishes among three levels of determinants:

- Remote determinants, including the socio-economic context, public policies, and cultural norms;
- Intermediate determinants, including reproductive behaviors, access to services, and biomedical factors;
- Proximate determinants, including contraceptive practices, age at first sexual relationship, and age at marriage.

This hierarchical approach makes it possible to avoid reductionist analyses that focus exclusively on individual behaviors while overlooking the structural factors that shape them.

The concept of the “obstetric transition,” proposed by Souza, J. P. et al. (2013), is also used to situate Algeria within the broader trajectory of maternal mortality control. As a country considered to be between the third and fourth stages, with a maternal mortality rate ranging between 78 and 50 per 100,000 live births, Algeria can be viewed as being midway between effective maternal mortality control and a full transition toward high-quality sexual and reproductive health services and universal access.

2.2. Data Sources and Methodology

This article is based on a systematic literature review and a secondary analysis of data from the following main sources:

- Multiple Indicator Cluster Survey (MICS6) in Algeria, 2018–2019 (MSPRH / UNICEF Algérie, 2020), conducted by the Population Directorate of the Ministry of Health, Population and Hospital Reform (MSPRH) with the support of UNICEF, using a sample of 29,919 households. This survey represents the latest and most comprehensive national source on reproductive health among Algerian women aged 15–49.
- MICS4 Algeria 2012–2013, which was used as a temporal reference for trend analysis over the 2013–2019 period.
- Annual data issued by the National Office of Statistics (ONS) on aggregated demographic indicators, including the birth rate and population age structure.
- International studies retrieved from the PubMed, Scopus, and Google Scholar databases. These studies were selected using the search terms “reproductive health,” “Algeria,” “adolescents,” and “youth,” with a publication period extending from 2000 to 2025.

MICS6 data were analyzed for women aged 15–24 years and disaggregated into five-year age groups (15–19 and 20–24 years), by place of residence (urban/rural), and by educational level. The selected indicators were aligned with the Sustainable Development Goal (SDG) indicators and the MICS Reproductive Health Reference Indicators (UNICEF, 2017; MSPRH / UNICEF Algérie, 2020).

Findings

1.3. Evolution of Reproductive Health Indicators among Young People (2013–2019)

Table 1. Development of the Most Important Reproductive Health Indicators among Algerian Youth between 2013 and 2019

Reproductive Health Indicators	Algeria 2012–2013 (MICS4)	Algeria 2019 (MICS6)	MENA 2019 (Ref.)	Direction
Fertility rate among adolescent girls aged 15–19 years (‰)	18.00	14.7	40	↓
Marriage before age 18 (% of women aged 20–24)	5.2	3.8	18	↓
Marriage before age 15 (% of women aged 15–49)	0.4	0.2	~4	↓
Contraceptive use rate (modern methods) (%)	57.1	58.5	45	↑
Unmet need for family planning (%)	9.3	8.1	12	↓
Childbirth under the supervision of qualified staff (%)	97.4	98.8	89	↑
Antenatal care (4 visits or more) (%)	62	69.8	65	↑
Exclusive breastfeeding for 6 months (%)	25.7	28.7	35	↑
Crude birth rate (‰)	23.5	23.8	–	↑ slightly

Source: MICS Algeria 2013; MICS Algeria 2019; UNFPA Arab States 2020.

Table 1 shows the evolution of reproductive health indicators in Algeria between 2013 and 2019, based on data from the Multiple Indicator Cluster Surveys (MICS4 and MICS6), and compares these indicators with the average for countries in the Middle East and North Africa (MENA) region.

The data indicate a marked improvement in most indicators, reflecting the efforts made to strengthen health care and improve reproductive health services.

Regarding the fertility rate among adolescent girls aged 15–19, the rate declined from 18 per thousand in 2013 to 14.7 per thousand in 2019, remaining well below the MENA average of 40 per thousand. This decline may be associated with the higher educational attainment of females, the postponement of marriage, and increased health awareness among young people.

With regard to marriage before the age of 18, the proportion declined from 5.2% to 3.8%, while the percentage of marriage before the age of 15 decreased from 0.4% to 0.2%. These declines reflect broader social and

cultural transformations in Algerian society, together with substantial improvements in educational attainment, particularly among females.

In terms of the use of modern family planning methods, the proportion increased from 57.1% to 58.5%, which is higher than the regional average of approximately 45%. At the same time, the proportion of women with an unmet need for family planning declined from 9.3% to 8.1%. This change suggests improved access to family planning services.

The data also indicate improvement in maternal and child health-care indicators. The proportion of births attended by qualified health personnel increased from 97.4% to 98.8%, a very high level that reflects the development and broad coverage of health services in Algeria. Similarly, the percentage of women who received four or more antenatal care visits increased from 62% to 69.8%.

The rate of exclusive breastfeeding during the first six months increased from 25.7% to 28.7%, but it remained below the established reference average of 35%. This finding points to the continuing need to strengthen health education and awareness programs directed toward mothers.

With regard to the crude birth rate, it increased slightly from 23.5 per thousand to 23.8 per thousand. This limited change does not indicate a fundamental shift in the indicator during the period under study.

Overall, these findings demonstrate substantial improvement in most reproductive health indicators in Algeria. Nevertheless, the persistence of certain challenges, including relatively low rates of exclusive breastfeeding and continued unmet need for family planning, highlights the need for further development of health policies and programs targeting young people.

2.3. Adolescent Fertility and Early Marriage

2.3.1. Geographical Variations in the Adolescent Fertility Rate

MICS6 data reveal that adolescent fertility in rural areas is almost twice as high as that in urban areas (MSPRH/UNICEF Algérie, 2020; CIDDEF, 2023). This disparity reflects differences in educational attainment, age at marriage, and access to reproductive health services between urban and rural populations. The southern regions and the High Plateaus, which are characterized by greater rurality and lower levels of female education, record the highest rates of adolescent childbearing.

The national total fertility rate has declined markedly since its peak in 2017, when it reached 3.0 children per woman, and stabilized below this level from 2020 onward. The crude birth rate also declined from 23.8 per thousand in 2019 to 19.3 per thousand in 2023 (ONS/INED, 2026). For the first time since 2010, the number of births fell below 900,000 in 2023, according to the National Office of Statistics. This trend suggests a shift toward lower fertility levels that may have structural implications for the demand for and organization of reproductive health services in the coming decades.

2.3.2. Early Marriage

Despite a marked national decline in marriage before the age of 18, which affected 3.8% of women aged 20–24 in 2019, early marriage remains a reality for some population groups. Analysis by educational level shows that women with no education or only primary education are significantly more likely to marry early than women with secondary or tertiary education (MSPRH / UNICEF Algérie, 2020). The increase in the mean age at first marriage, which reached 28.8 years for women in 2019 compared with 24.5 years in 1987, represents one of the most significant demographic changes in contemporary Algerian society (MSPRH / UNICEF Algérie, 2020; Kouaouci, 2004). This change has direct implications for adolescent fertility and for the reproductive health needs of unmarried young women, whose specific needs remain largely insufficiently addressed in current health policies.

3.3. Contraceptive Prevalence Rates, Methods Used, and Disparities in Access

Table 2. Distribution of Contraceptive Use by Method and Age Group in Algeria, MICS6 (2019)

Contraceptive methods	15–19 years	20–24 years	25–34 years	35–49 years	Total
Modern methods					
Oral contraceptive pill	32.1	38.4	40.2	35.7	38.1
Intrauterine device (IUD)	4.3	8.7	14.3	16.8	13.4
Condom	2.1	3.2	3.5	2.8	3.2
Injection	0.8	1.4	1.9	1.6	1.7

Implant / patch	0.3	0.7	0.6	0.4	0.5
Traditional methods					
Rhythm method / periodic abstinence	3.7	4.1	4.8	3.9	4.4
No method among exposed women	57.4	11.3	8.7	9.2	9.2
Contraceptive prevalence rate (modern methods)	39.6	52.4	60.4	56.5	58.5

Source: Prepared by the researcher based on the MICS6 Algeria database.

Table 2 presents the distribution of contraceptive use among women across different age groups, based on MICS6 data from 2019. The findings reveal clear differences in family planning patterns by age, reflecting variations in health, social, and reproductive needs across the different stages of the life course.

The results indicate that oral contraceptive pills are the most widely used method across the different age groups, with an overall prevalence of 38.1%. Use reached 40.2% among women aged 25–34 years, whereas the lowest rate, 32.1%, was recorded among women aged 15–19 years. The widespread use of oral contraceptives may be associated with their relative affordability and accessibility compared with some other methods.

The intrauterine device (IUD) ranked second in terms of overall prevalence, at 13.4%. Its use increased progressively with age, from 4.3% among women aged 15–19 years to 16.8% among those aged 35–49 years. This increase is generally associated with women's desire to regulate and space reproduction over the longer term.

By contrast, condom use remained relatively low, accounting for only 3.2% of total contraceptive use, while the highest rate, 3.5%, was recorded among women aged 25–34 years. This pattern indicates the limited reliance on condoms compared with other methods and may also reflect the continuing perception that women bear the primary responsibility for family planning.

Injectable contraceptives and hormonal implants or patches recorded very low rates of use. Injectable methods accounted for 1.7%, while implants or patches accounted for only 0.5%. These figures indicate the limited diffusion and adoption of these methods within Algerian society.

With regard to traditional methods, the proportion relying on the rhythm method or periodic abstinence was 4.4% overall. This figure increased slightly among women aged 25–34 years, reaching 4.8%.

The data also show a substantial proportion of women who reported using no contraceptive method. This proportion reached 57.4% among women aged 15–19 years, compared with 11.3% among those aged 20–24 years and 8.7% among those aged 25–34 years. This pattern may be explained by a combination of social and cultural factors, including limited reproductive health awareness, restricted access to relevant services, and insufficient awareness programs specifically targeting adolescent girls.

The results further show that the prevalence of modern contraceptive use generally increases with age. It reached 39.6% among women aged 15–19 years and 52.4% among those aged 20–24 years. It attained its highest level, 60.4%, among women aged 25–34 years before declining slightly to 56.5% among those aged 35–49 years.

The unmet need for family planning, defined as the proportion of married women who wish to postpone or limit childbearing but are not using any contraceptive method, reached 8.1% in 2019 (MSPRH / UNICEF Algérie, 2020). This represents a slight decline from the 9.3% recorded in 2013. Women with an unmet need constitute a priority target group for family planning services. Improving the availability and accessibility of these services could help reduce unintended and potentially unwanted pregnancies. The proportion with an unmet need is higher in rural areas, among women with lower levels of education, and in cities of the South.

In general, these findings indicate that modern family planning methods are relatively widespread in Algeria. However, the differences observed across age groups underline the need to strengthen health education and awareness programs and to expand reproductive health services targeting young people. Such measures are necessary to ensure an appropriate response to their diverse health and reproductive needs.

3.4. Access to Reproductive Health and Sexual Education Services

Despite the high level of quantitative coverage of obstetric care, with 98.8% of deliveries attended by medically qualified personnel, the quality, availability, and accessibility of reproductive health services specifically adapted to young people remain inadequate. UNFPA Algeria emphasizes that “the majority of adolescents do not possess the necessary knowledge to make responsible decisions, leaving them vulnerable to coercion and risky behaviors” (UNFPA Algérie, 2025). In the absence of a structured sexual education program within schools, the transmission of information on reproductive health depends largely on parents and peers, who may themselves have limited knowledge of these issues (Hammouda, N. et al., 2015; Ben Salem & Labidi, 2014).

With regard to HIV/AIDS and sexually transmitted infections (STIs), HIV prevalence in Algeria remains very low, at less than 0.1% of the general population (UNAIDS, 2024; Grangé, G. et Benchikh-Lefgoun, A., 2019). Nevertheless, young people remain a potentially vulnerable group. Low condom use, estimated at 3.2% in the general population and potentially lower among unmarried young people involved in undisclosed relationships, represents a continuing concern. Uptake of HIV testing services among young people also remains limited, partly because of the social stigma associated with testing and the shortage of appropriate services capable of ensuring privacy and confidentiality (UNAIDS, 2024; Grangé, G. et Benchikh-Lefgoun, A., 2019).

Exclusive breastfeeding, which may serve as an indirect indicator of the quality of postnatal care and mothers' awareness of reproductive health practices, also remains insufficient. The proportion of children under six months who were exclusively breastfed reached 28.7% in 2019 (MSPRH / UNICEF Algérie, 2020), below the World Health Organization's target of 50%. This proportion is particularly low among mothers under the age of 25, who may be less likely to receive adequate guidance on breastfeeding practices. Regional disparities also persist. In rural areas, exclusive breastfeeding rates are slightly higher than those observed in urban areas, possibly reflecting the continued influence of traditional practices.

4. Factors Affecting the Reproductive Health of Algerian Youth

Table 3. Multilevel Determinants of Reproductive Health among Algerian Youth

Level of determinants	Protective factors	Risk factors
Remote / Structural	Urbanization, prolonged schooling, family law reform (2005), and national reproductive health policies.	Youth unemployment (26%), persistent gender inequalities, cultural taboos surrounding sexuality, and limited structured sexual education programs.
Intermediate / Social	Increased mean age at first marriage (28.8 years for women), higher levels of female education, and greater participation of women in the labor market.	Underreporting of premarital sexual activity, absence of appropriate reproductive health services for unmarried adolescents, and stigmatization of young people's reproductive health needs.
Proximate / Behavioral	Moderate use of contraceptives (58.5% for modern methods), high antenatal care coverage (98.8% of medically assisted births), and increasing male participation in reproductive health.	Low condom use (3.2% overall and below 5% among those aged 15–19), persistent unmet need for family planning (8.1%), and insufficient exclusive breastfeeding (28.7%).

Source: Adapted from Mosley and Chen (1984) and UNFPA (2020).

Table 3 summarizes the main factors affecting reproductive health among Algerian youth by classifying them into three principal levels: remote or structural factors, intermediate or social factors, and proximate or behavioral factors. This classification demonstrates that the reproductive health status of young people is not determined by a single factor. Rather, it is shaped by a complex interaction of social, economic, cultural, and behavioral conditions operating at different levels.

4.1. Remote or Structural Factors

This category includes a range of factors related to the broader social, economic, and political context. Several positive factors have contributed to improvements in reproductive health indicators, most notably urbanization, increased levels of schooling, the reform of the Family Code in 2005, and national policies aimed at strengthening reproductive health services.

At the same time, several factors continue to pose significant challenges to further progress in this field. These include high levels of youth unemployment, persistent gender disparities, social and cultural constraints surrounding discussions of sexual matters, and the limited availability of programs designed to promote sexual and reproductive health awareness.

4.2. Intermediate or Social Factors

The data indicate that several factors have contributed positively to the health and reproductive status of young people. These include the increase in the average age at first marriage among women to 28.8 years, rising levels of educational attainment, and greater participation of women in the labor market. Such factors are generally associated with declines in early fertility and improvements in health awareness.

At the same time, the data reveal the persistence of several challenges, including the limited recognition and disclosure of sexual practices occurring outside marriage, the inadequacy of reproductive health services in

responding to the specific needs of unmarried young people, and the continuing social stigma associated with accessing such services.

4.3. Proximate or Behavioral Factors

The increase in the mean age at first marriage among women from 24.5 years in 1987 to 28.8 years in 2019 (MSPRH / UNICEF Algérie, 2020) represents one of the most important proximate factors influencing adolescent fertility. This substantial change, comparable in magnitude to demographic shifts observed in Southern Europe over several decades, represents one of the rapid demographic transformations documented in the literature (ONS/INED, 2026). The postponement of marriage is associated with a significant decline in total fertility and improvements in maternal health. However, it also contributes to a prolonged period of unmarried life among young people, particularly those aged approximately 15–28 years, during which existing reproductive health services often fail to adequately address their specific needs.

5. Discussion of the Study Findings

The results of this analysis indicate that Algeria made substantial progress in the field of reproductive health among young people between 2013 and 2019. This progress is reflected in an 18.3% decline in the adolescent fertility rate, a reduction in early marriage, and a significant increase in the proportion of births occurring under qualified medical supervision. These indicators have contributed to placing Algeria among the more advanced countries in North Africa with regard to reproductive transition. These developments also form part of the country's broader demographic transition, which Fargues (2000) described as one of the fastest demographic transformations observed in the history of demography. These changes may be associated with Algeria's relatively high educational attainment and declining levels of illiteracy, alongside improvements in human development indicators. Together, these factors may have contributed to greater awareness among Algerian youth of reproductive and sexual health issues.

Despite these gains, the analysis identifies several fundamental gaps that continue to present major challenges for public health policy. The first concerns the continuing absence of structured and systematic sexual and reproductive health education programs for young people. In contrast to the Tunisian experience, which since 2000 has incorporated specialized educational modules addressing marital life and sexual health into school curricula (UNFPA Tunisie, 2018), Algeria still lacks a comprehensive national program of sexual education within educational institutions. Although UNFPA, in collaboration with Algerian authorities, has supported community-based awareness and outreach initiatives (UNFPA Algérie, 2025), the scope of these interventions remains limited in terms of geographical coverage and overall reach.

The second challenge concerns the extent to which reproductive health services respond to the needs of unmarried young people. The strong orientation of Algeria's family planning system toward married women has created a clear gap in services for adolescents and unmarried youth, particularly in the context of the continued postponement of marriage. This gap is reflected in the limited availability of services addressing sexual and reproductive health, the prevention and detection of sexually transmitted infections, and access to appropriate health information and counseling. The increasing participation of women in the labor market and the rising educational attainment of Algerian youth have contributed to later marriage, including a decline in early marriage and, in some cases, the postponement of marriage beyond the age of 30. This creates a particularly important service gap for adolescents and young adults, especially because premarital sexual relations remain highly sensitive and socially taboo within Algerian society.

The third challenge relates to continuing social and regional inequalities in access to reproductive health services. These disparities are reflected in differences between urban and rural areas and between more and less educated populations with regard to adolescent fertility, contraceptive use, and early marriage. The findings therefore confirm that improvements in national-level indicators do not necessarily reflect the experiences of all social groups and geographical areas. National averages may conceal substantial disparities that require more flexible and context-sensitive policies capable of taking account of the social, cultural, and regional specificities of target populations, particularly those experiencing greater vulnerability (Wagstaff, 2000).

6- Limitations of the Study

Despite the importance of these findings, the study has several methodological limitations that should be considered when interpreting and evaluating the results.

First, the study relies primarily on data from the Multiple Indicator Cluster Survey (MICS6), which covers women aged 15–49 years and therefore provides only limited information on the male dimension of reproductive health. This limitation is particularly relevant when examining indicators related to preventive practices and sexual behaviors among young men. As a result, the picture presented of reproductive health among Algerian youth is not fully comprehensive.

Second, the cross-sectional nature of the data imposes methodological constraints. The data make it possible to describe and examine associations between different variables, but they do not allow causal relationships

to be established conclusively. Accordingly, caution is required when interpreting the findings and attributing reproductive health outcomes to particular determinants.

-Third, some behaviors related to sexual and reproductive health among unmarried adolescents and young people are likely to be underreported. This may result from the household-based nature of data collection, as well as from the influence of prevailing social and cultural norms. Premarital sexual relations remain a particularly sensitive subject and are often surrounded by strong social conservatism, which may affect participants' willingness to disclose relevant behaviors.

These limitations do not diminish the importance of the findings. Rather, they help define the appropriate scope of interpretation and generalization and highlight the need for more comprehensive future research that incorporates the social, cultural, behavioral, and psychological dimensions of reproductive health among Algerian youth.

7. Recommendations

7.1. Developing a Structured Program for Sexual and Reproductive Education

There is a need to develop and integrate educational modules addressing emotional, sexual, and reproductive life into middle- and secondary-school curricula. These modules should be age-appropriate and grounded in ethical and human-rights principles. The World Health Organization recommends comprehensive sexuality education (CSE) as an effective intervention for delaying the initiation of sexual activity, improving contraceptive use, and reducing unintended pregnancies among adolescents (UNESCO, 2018; OMS, 2024). Implementing such an intervention would require close coordination between the Ministry of National Education and the Ministry of Health, together with prior consultation with religious and community stakeholders to ensure appropriate cultural adaptation of the program.

7.2. Adapting Reproductive Health Services to Young People's Needs

Family planning and reproductive health services should be adapted to the needs of unmarried young people within a framework that guarantees confidentiality, privacy, and freedom from stigma or discrimination. The establishment of "youth-friendly" health facilities, in accordance with World Health Organization guidelines (OMS, 2015), within public health centers could help respond to the needs of the growing unmarried population aged 15–29 years as the age at marriage continues to rise. Such services should provide contraceptive counseling, STI and HIV screening, psychological support, and accurate reproductive health information in an accessible and confidential environment.

7.3. Focusing on Rural Areas and Vulnerable Groups

Reproductive health programs should adopt a geographically differentiated approach, giving priority to rural areas, the southern wilayas, and the High Plateaus, where adolescent fertility, early marriage, and unmet reproductive health needs are comparatively higher. Innovative health-care strategies, including mobile family planning units, community-based midwives, and telemedicine, could help improve geographical access to services in remote and underserved areas.

7.4. Engaging Young Men in Reproductive Health

The low prevalence of condom use, estimated at 3.2%, together with the fact that contraceptive practices are predominantly directed toward women, highlights the need for specific programs that raise awareness among young men and encourage their active participation in couples' reproductive health. Experiences from other North African countries, particularly Egypt and Morocco, suggest that programs implemented in university settings and through social media can be effective in reaching young men and promoting greater involvement in reproductive health (Ministère de la Santé, Maroc, 2019; El-Zanaty & Way, 2009).

7.5. Strengthening the Reproductive Health Information System

The establishment of a national system for monitoring youth reproductive health, supported by periodic surveys on sexual behaviors, reproductive health knowledge, and unmet needs, is essential for evidence-based policy development. Algeria could make greater use of UNICEF's Multiple Indicator Cluster Survey (MICS) cycle to update existing data and address identified information gaps, particularly those concerning the male dimension of reproductive health and the behaviors and needs of unmarried young people.

8- Conclusion

This article has shown that Algeria has made substantial progress in the field of reproductive health. The reduction in adolescent fertility, the decline in early marriage, and the near-universal coverage of obstetric care represent important and measurable achievements. These developments reflect the cumulative effects of sustained public investment in health and education, improvements in female educational attainment, and broader normative changes associated with social modernization. Nevertheless, this progress should not obscure the persistence of

important challenges, including the limited availability of sexual and reproductive health education programs for young people, the inadequacy of some health services in responding to the needs of unmarried populations, and continuing social and regional inequalities in access to and use of these services. The characteristics of the available data also impose methodological limitations that must be considered when interpreting and generalizing the findings.

In this regard, improving reproductive health among Algerian youth requires a comprehensive approach that extends beyond the therapeutic dimension to incorporate preventive, educational, awareness-raising, and social components. Particular attention should be given to developing more inclusive educational programs, promoting equity in access to health services, and taking into account the social and cultural specificities of different population groups. There is also a need for more in-depth and comprehensive research to strengthen the national evidence base and support more effective planning and decision-making in the field of reproductive health.

The recommendations proposed in this article are consistent with Algeria's commitments under Sustainable Development Goal 3.7, which calls for universal access to sexual and reproductive health services, and Goal 5.6, which calls for universal access to sexual and reproductive health and reproductive rights. Effective implementation requires sustained multisectoral political commitment, careful cultural adaptation, and a robust health information system capable of monitoring progress and identifying persistent inequalities. Such measures would contribute to making reproductive health among Algerian youth a stronger component of sustainable human development.

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