

## Sociology of food consumption in Algeria

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**Abstract**---This research paper examines food culture in Algerian society, particularly given the following: - There are several attempts to regulate food supply chains; - The recent rise in the incidence of chronic diseases and their association with modern nutrition; - There are contemporary consumer models resulting from the media and cultural invasion; - The connection between social life and cultural heritage. The researcher used the descriptive approach and statistical analysis to answer the following questions: - Is there a statistically significant relationship between socio-cultural indicators and an individual's nutritional and health status? In this study, we sought to highlight the relationship between culture, nutrition, and health, as well as their relationship to income indicators and the frequency and types of food consumption. This is through the first stage, in which bibliographic readings allowed us to define concepts and present the various stages of Algerian cultural development, which is directly related to daily nutritional and health practices. Finally, we present the field study that collected 30 individuals from the residents of the city of Algiers, and we used an interview form as a basic tool in collecting data.

**Keywords**---culture, food culture, health.

### Introduction

Algeria has undergone several changes that have significantly impacted the culture of society, leading to changes in the social appearance, customs, and attitudes of society as a whole. While the family used to play the primary role in supporting the individual's culture, the individual now supports his or her culture from society as a whole, taking into account inputs from outside Algerian society, both positive and negative.

As a result of openness to various communication channels for other cultures, the ability of individuals to adopt new ideas determines their ability to adapt and produce cultural manifestations that were not

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previously common. This results in the emergence of a cultural change that produces a new awareness and tendencies in line with the development taking place in the world as a whole.

The manifestations of cultural change are evident in many areas, such as lifestyle, way of living, dealing with situations and stimuli, and reaching the social status and role of the family as the first unit in education, upbringing, and emotional, cultural, and social upbringing.

In this context, the cultural heritage derived from simple Arab ways of life had an advantage in the daily social life of the Algerian individual, and the Algerians derived their culture from the inspiration of Islamic civilization. However, after the colonial period, those features gradually faded until European culture in general and French culture in particular came to dominate the behavior of individuals, especially the classes that interacted with the colonists on a daily basis.

The diet in Algerian society is very diverse, as it has been taken from Spanish, French, Ottoman, Berber and Arab cuisine. The diet is characterised by two basic patterns: the Mediterranean diet (specific to the regions overlooking the Mediterranean Sea) and the desert diet (i.e. the southern regions), both of which depend on grains, wheat and its derivatives, and locally produced vegetables.

Depending on the agricultural seasons, food directly influences human health. Here, we will attempt to present the most important cultural aspects that have undergone change, particularly in the area of nutrition associated with healthy living, and to test this proposition in the results of a field study. However, we will begin by presenting Arab health culture, given that Algerian society has been influenced by it as a result of its regional affiliation and the transmission of the same health practices. Then we will present the nutritional situation and its health effects in general.

**Problem:**

Algeria has adopted multiple policies and programs to ensure household food security, such as the basic food commodity subsidy program. Algeria is also currently implementing nutritional intervention programs, such as school feeding programs for children in both rural and urban areas. These programs, in addition to meeting specific nutritional needs,

In addition to encouraging school enrollment, regular attendance, and reducing dropout rates, it also supported the program for reclamation of agricultural lands, particularly desert areas, and the expansion of grazing areas for livestock, with the aim of increasing the production and consumption of food needed for balanced and nutritious meals.

Among the support programs that can be mentioned, for example, are flour (bread), sugar, oil, rice, dry grains, milk, and coffee, as they have direct effects on certain health conditions, such as cases of anaemia and malnutrition, especially among children under the age of five, and the high rate of chronic diseases as a result of fatty and saturated meals.

Certain population groups also suffer from a deficiency in some nutritional elements such as iodine in the southern geographical areas, iron deficiency, especially among mothers and children in the eastern regions of Algeria, and vitamin A deficiency in population groups that do not consume sufficient amounts of fruits and vegetables. However, these support programs are often expensive and food items are not available in the local market.

Due to the failure to achieve self-sufficiency, Algeria resorts to importing these food commodities or importing their raw materials and then producing them locally. However, despite the support and import policies, there are social and population groups that do not receive the necessary food supplies and nutritional support. Therefore, this strategy has not been able to reduce cases of malnutrition and the spread of diseases associated with it.

Moreover, purchasing power and the high prices of vegetables, fruits, and basic commodities prevent Algerian families from embodying the community's food culture. This scarcity of resources and nutritional capabilities prevents Algerian families from diversifying their diets.

Accordingly, food based mainly on pastries and sugars, both the quickly absorbed and the long-absorbed types, has become the staple food in Algerians' meals, with the consumption of "wheat and its derivatives" reaching 205 kg/inhabitant/year.

ts imports constitute 40% of the total import value of food products. The nutritional status is also affected by a group of indicators related to the population, such as the social environment, such as poverty, income level, employment status, and education status. This is what we will try to understand through the topic under study after posing the following central question:

Is there a statistically significant relationship between socio-cultural indicators and an individual's nutritional and health status? To answer this question, we conducted a field study on a sample of residents of Algiers.

First: Cultural change in general:

There is a strong connection between the concepts of culture and society as two basic concepts in social studies. Among the most prominent thinkers who tried to distinguish between the two concepts is Robin Williams, who distinguished between social change and cultural change, considering that the latter means changes in the systems of ideas related to different types of beliefs, values and standards.

As for social change, it refers to the change in the nature of the tangible (material) interaction of one person's communication with another. Williams sees in both of them, that is, in cultural change and social change, what he calls the social movement or social stimulus event, as he sees that it is not equivalent to change (3).

Culture is the cognitive legacy acquired by members of a society through trial and error. It is the product of the encounter between the experiences of others. Our behaviors are considered a product of our culture because they express the ideas that society holds regarding a particular subject. They carry an obligation in their nature and act as a link between generations. The general model of any culture "comes in harmony with the social framework that produced it."

It thus outlines the social characteristics and manifestations of individuals who make it an intellectual and behavioral reference, and do what they can to preserve, continue, and develop this cultural model.

Based on this data, there are characteristics that characterize culture, according to its concept and nature, and among the most prominent characteristics of this culture are that it is:

Humanity: Man is the only creature equipped with a special nervous system and unique mental abilities that enable him to invent new ideas and new actions. For example, man moved from warm regions to tropical regions and adapted to them by inventing new jobs, clothing, and housing that mitigated the heat and humidity.

...and he moved from the stage of gathering food to the stage of hunting, and then to the stage of herding and farming, without any notable organic changes appearing in him. Rather, what changed was his culture, that is, the sum of his thoughts, actions, and behaviors.

- Acquired: A person acquires culture from his society, from birth and throughout his life, through personal experiences. Since every human society is distinguished by a specific culture, a person acquires the culture of the society in which he lives from an early age. Regardless of the race to which the individual belongs, he can pick up the culture of any human group, if he lives in it for a sufficient period of time.

Social: Since culture is a social product created by a specific group, the study of culture can only be done through groups (societies), because this culture represents the customs and values of societies, and not the customs of individuals as individuals.

Evolutionary/Integrative: Although each specific human group has its own culture, this culture is not static, but rather it develops with the development of society from one state to another. Development does not only occur in the essence and content of culture, but also in the practice and practical method of the behavior of the person who lives in the developed society, and it combines issues related to the spirit and thought.

And between issues related to the body's needs, meaning that it achieves integration between biological, psychological, social, intellectual, and environmental needs.

Continuity/Transition: Since culture stems from the existence of the community, its satisfaction with it, and its adherence to it, it is not the property of a specific individual, nor is it confined to a specific period. Therefore, culture does not die with the death of the individual, as it is a collective property and a heritage inherited by all members of society. Furthermore, it is impossible to eradicate a culture.

“The relationship is very close between cultural frameworks and health aspects, especially when it comes to food as a cultural heritage. There is a reciprocal influence between the health status and the value system prevailing in society. Cultural patterns may vary, and the components of the value system may differ within a single society, especially in our developing societies, where we find the rural environment, village life, and city life.

The cultural pattern within each of the previous environments has a role in creating visions and representations about the health condition or aspect. There is no doubt that any health program seeks to develop cultural patterns in accordance with what is appropriate to the nature of the social structure, and thus traditional culture. The necessity of making proper use of these patterns is evident, as they form the habits and values of individuals since their inception.

Any health care planning also requires looking at the nature of life of any group or society in terms of its simplicity or complexity, measuring its economic life, between strength or deterioration, and knowing the degree of health awareness spread among the people, all of this in order to ensure the success of health care programs (5).

The cultural situation of Algerian families and its relationship to health: The predominant characteristic of Algerian society is that it is an agricultural society, and there were four types of land ownership: Habous land, Beylik land, throne land, and private property land, but without the owners having ownership documents. However, after the colonial campaign, “45% of Algerians lost their lands.”

Algeria shared, at the level of epidemics, with the countries of the Old World, such as Spain. These epidemics spread due to two basic factors, one internal and the other external. The internal factor is linked to the general conditions of the physical, biological and human environment, and the external factor is linked to external exchanges, especially with the East: Egypt, the Middle East, the South, the Sahara and tropical countries, and Northern Europe.

These regions had common characteristics with those countries, and as a result of the friction and exchange that prevailed in Algeria in all directions, diseases were diverse but of varying degrees, such as bilharzia, ankylostomus, swamp fever, parasitic infections and infections resulting from bacteria, such as typhus and hepatitis, dysentery, tuberculosis, and swamp fever. Swamps: For example, in Algeria in 1787 AD, about 17,000 residents died, and in 1817 AD, about 500 people were dying there every day due to the epidemic, widespread diseases, malnutrition, and the use of preventive methods available at that time.

The strong attachment of Algerian society to its culture, popular beliefs about health, disease, and the spread of epidemics, as a result of the Algerian people's suffering from the scourge of brutal and brutal colonialism, led to the spread of epidemics and ignorance, which led to fear of the vaccination process. This process was exposed to cultural, social, and psychological obstacles that characterized Algerian

society under French occupation. Among the beliefs that were prevalent was that the mark left by the vaccination on the body of the vaccinated child would serve as a mark in adulthood so that he would be easily identified and integrated into the French army. In addition to that, ideas that rejected vaccination appeared:

Meaning they do not want their children's blood to mix with the blood of the Romans. The concept of vaccination came after the coexistence and hybridization of the Algerian population with the French, and consequently the fears of the Douban were drawn into the afterlife. There has been an evolution in the concept of disease from what it was at the beginning of the years of occupation, and this gives an image of deep Algeria, especially the relationship of connection to the origin and contact with the era.

As for the social explanation and the causes of all diseases, some of them were attributed to the jinn, which enters the human body, even if there is no defect in any of the body's organs, such as the liver or lung. Among the new relationships that appeared with the emergence of colonial demand in Algeria is the patient's visit to the doctor, and this is what led to the building of a human relationship between them despite the conflict between the two cultures in terms of principles, customs and traditions.

What can be said is that the local culture was a mixture of metaphysical practices and therapeutic traditions regarding diseases. However, it is clear that there was a disconnect between the local culture and its failure to keep pace with scientific medical laboratory knowledge, something that the colonizing countries had preceded them in. Here, the cultural change in the health field began as a result of the following circumstances:

- If the available cultural resources cannot satisfy the existing motivations in society.
- If the necessary response can be achieved.
- If the proposed new solutions are absorbed and understood.
- If the new elements appear to be more satisfying than the old ones.

Alfred Weber believes that society develops its own culture, which is determined by factors specific to its environment, including human instincts, will and historical destiny, geographical conditions and climate. There are no fixed and correct laws in culture, because it arises from the spontaneous creative power of man (10).

The health system in Algeria before 1830 was not well-organized and established, and it was the zawiyas that carried out its functions, as they took upon themselves the task of collecting donations and zakat to relieve the poor, the sick, the elderly, and patients whose families were unable to treat them.

The health status and health plan are linked to the general situation prevailing in the country at that time. The French campaign in Algeria was aimed at appeasing the French bourgeoisie at that time, and this was confirmed by the French Governor-General in Algeria, General Bugeaud, in 1842, when he said: "Algeria can supply the metropolis industry with the necessary materials."

Third, food culture and its relationship to health:

The food dilemma is a central focus of political debates and international balances, and the need to secure food is an ongoing and ongoing problem.

While urbanization is a global phenomenon, it is estimated that the population of cities in the developing world will double between 1995 and 2020, reaching 3.4 billion people. This population growth poses significant challenges to food systems and food security worldwide.

Further expansion of improved agricultural and animal husbandry practices, the use of pre-harvest and post-harvest loss prevention and control measures, increased efficiency of food processing and distribution operations, and the introduction of new cultures, including biotechnology,

All of these factors must be exploited to increase the availability of food to meet the growing needs of the growing population. The increasing expansion of cities and the associated changes in the methods of food production and marketing will lead to the lengthening of the food chain and the emergence of

the possibility of the entry of food-borne hazards or the amplification of these hazards. Global food challenges are based on securing the need. Local and country-specific challenges relate to the production cycle, methods, adequacy, and compliance with health quality standards. Another aspect of the food problem is its health effects before or after contracting a particular disease. Nutritional balance and eating habits result from local cultures in preparation, diversification, and focus on one type of food over another.

If the cultural change, migration from the countryside to the city, migration to European or neighboring countries, and the emergence of modernization factors in various fields and the change in the social character and its productivity from the traditional agricultural, pastoral, and craft pattern based on simple relationships to a more complex industrial pattern based on modern production in quantity and quality,

The tendency of most social classes to speed up the process of accomplishment, especially with social life becoming more and more stressful, the flourishing of trade and openness to other cultures, even in food and methods of preparation, the rapid nature of meeting daily needs, the decoration of the active city, and the attempt by rural people to imitate the lives of city people.

Agricultural activity is no longer what it was in the past, and as a result, new aspects of food have spread, including quick-to-prepare dishes and the introduction of a variety of dishes. Algerian eating habits have changed and have imitated the European style in general. Food emerges as an urgent social need and raises many points for discussion and many questions from the perspective of distribution according to regions in the world and its importance as a social, political and economic indicator, because it is among the most important basic needs for humans to ensure survival. Food enables us to produce the energy necessary to carry out daily voluntary and involuntary activities. 1 and the global style in general.

Involuntary activities, such as brain activity and internal organs, provide organic needs and energy. However, food enters into the dilemma of culture and health through the approach of quantity and quality in normal conditions and quantity and quality in pathological conditions.

"The Algerian culinary journey begins with some economical dishes with cooking principles.

Derived from traditional Berber cuisine, Turkish cuisine, Spanish cuisine, Italian cuisine, Arab cuisine, French cuisine and ancient Berber cuisine made of fresh or dried herbs, grains and vegetables, which is still welcomed to this day in the countryside and cities,

Then, with the arrival of Islamic civilization, it brought us the secrets of the kitchens of Baghdad, Cairo, and Cordoba. Then, the arrival of the Turks enriched it with various dishes, such as grilled meats and sweets.

In the modern era, as a result of this historical momentum and other influences, this cuisine has become very diverse and different from one region to another. These differences may be slight at times and radical at other times. It is also important to point out that French cuisine, despite its richness, has not had much of an impact on Algerian cuisine.

But it affected the diet, which is basically based on 3 main meals, such as breakfast, lunch, and evening coffee (which can be dispensed with), followed by dinner. Grains, potatoes, tomatoes, carrots, onions, rice, bread, coffee, sugar, garlic, and dried legumes such as lentils and beans, not to mention milk and its derivatives, and oils and their derivatives, are among the most important food items that the Algerian citizen depends on.

Among the most important food items that Algerian citizens depend on, potatoes and milk come first (14), and this is confirmed by the results of our study, which states that the Algerian diet is based primarily on three meals a day.

This food is the fuel for survival and is among the factors that keep our health at a constant pace. There is a relationship between customs and cultural system related to food and eating rules, based on the fact that they are practices that can be changed, modified, and established in behavior. Here, the role of women in rural and urban societies becomes prominent, as they are responsible for feeding and maintaining it as an established culture in society. They are the channel of communication that begins with birth, care, upbringing, and education on eating habits. If these habits are bad and incorrect, disease appears immediately.

What we can say here is that Algerian culture stems from the Arab culture, which derived its strength from the Islamic approach. It has known advanced forms after cross-pollination with neighboring countries or civilizations that passed through it. There was no clear development in services, not to mention the dry and semi-arid climate.

The Mediterranean climate facilitates the proliferation of certain germs. It was enough for a person or region to be infected with an epidemic or disease for it to spread rapidly within the country or between countries, which represented an unlimited geographical area. The beliefs that people hold have a coercive power in the lives of individuals in various aspects of their lives and have a strong influence, including, for example, the evil eye causing individuals to suffer from diseases that may lead to death, or the belief and faith in matters of magic and sorcery, which causes lethargy and a lack of striving to move and work. The individual who holds these beliefs often remains ill, withdrawn, isolated, and suffers from anxiety, frustration, and a lack of motivation to achieve, even if his or her physical strength is intact. He or she may live for years under the influence of this numbing belief.

Food or eating is the most intimate time in the Algerian society, which shares the culture of the extended family. Eating time represents the most important time for the individual to share conversation with his family members or friends, thus being an opportunity for him to relax and express his psychological state, which will later benefit him because psychological stability is closely related to the prevention of diseases or their complications.

This cultural heritage has undergone some change, whether in the time factor, i.e. the times and types of food eaten, or the place factor, i.e. the open space in the home or public places, “especially since one in five Algerians eat lunch while watching television programs. Also, among the eating habits that affect health are what are called eating periods or official eating times.” Officially, 12.06% of Algerians resort to overeating outside of normal hours, a factor that has negative health effects.

**Food, its method, type, quantity, the meanings it carries, and the places where it is practiced, all have an impact on an individual's health, as they are a result of it.**

Excessive consumption of bread puts human health in danger, especially if we know that one loaf of bread contains 5 grams of salt, and the daily biological requirement of salt is estimated at only 5 grams per day, no more. Since an individual consumes approximately 2 loaves of bread, the salt content in his body will exceed 10 grams.

Because in addition to baking salt, there is table salt and mineral salt, the potential harms of this substance are mainly osteoporosis, hardening of the inner lining of blood vessels, and other health effects. This is what makes us say that Algerian customs have not changed, as eating salad has been given by society the meaning of complete luxury in eating, as they eat it after the main course on the basis that it will help lighten the fatty main course, and will give it a boost after a heavy course, while nutritionists advise eating salad before the main course.

This is to give him a sense of contentment and not being hungry, and as a result he will not eat a lot of the main dish. This helps the person regulate his food in terms of type and quantity, and thus this has positive results in the long term and has an effect on weight loss. It should be noted here that in an article issued by the World Health Organization, “a poor diet alone costs the UK government 6 billion pounds annually”<sup>19</sup>.

Studies also show that there is overweight or obesity among the sample members, and this is not good from a health perspective because the risk of obesity is often associated with heart and arterial diseases, endocrine diseases, diabetes, and joint diseases, or is a cause of their later appearance. This is due to the type of nutrition that relies mainly on fast-burning sugars, such as sweet drinks, traditional and modern sweets, and pastries, which are a type of sugar with a long burning time because they are absorbed by the body after a not-so-short period of time. Pastries are a cultural heritage par excellence for Algerian families.

Most occasions are filled with these dishes, and even on ordinary days, families sanctify Friday and make it and its foods a good habit. This is why they begin diversifying their pastries every Friday, even though the most popular dish is couscous. This is because it carries, among other meanings, a blessing and a source of blessing for the Mu This cultural heritage is part of the behavioral habits that constitute an obstacle to regulating one's diet to maintain one's health, as 60.5% of Algerians describe their time as sedentary. This was stated in a previous study of the health status in Algeria by the Ministry of Health. Despite their knowledge that there are foods that should not be eaten, they still eat them almost daily. What increases the severity of the health condition of the sample members and others is the decrease in their physiological efforts.

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Culture is the foundation of any social change or development. This is what some thinkers believe. Whenever cultural change occurs within a society, whether material or moral, it leads to social changes in customs, traditions, and norms. These concepts are either balanced or disappear altogether. Changes occurring in the material sphere are more rapid than those occurring in the moral sphere.

...Cultural change does not necessarily have to be the result of internal factors, but rather occurs as a result of a cultural trait or cultural complex from another society through contact, migration, or other means of communication, which leads to social change.” (20)

What happened to Algeria and its subjection to colonialism, the transfer of Western culture and the erasure of local culture led to a change in social life in general, as well as a change in treatment methods, and it came to be called traditional treatment and modern treatment.

Families have also changed, as have the nature of their composition and functions, and the rural and inter-city migration that resulted from modernization processes. Questions about food and its connection to the local food culture and its impact on the health situation have become a dilemma facing the system and healthy behavior in nutrition, especially when the United Nations General Assembly confirms that “food prices are witnessing continuity and fluctuations.”

Leading to food insecurity, with the possibility of future crises similar to the one that occurred in 2008, which was due to the impact of speculation in the financial food markets accompanied by severe weather phenomena... It is expected that the demand for food in the world will increase at current consumption levels by 10 to 30 percent by the year 2050,

...societies must move to better and safer consumption. Current consumption patterns are seen as a blessing for unsustainable production and resource degradation. Demographic trends show that the growing global middle class is likely to include three billion consumers by 2030.

Sustainable consumption affects purchasing behaviors, as well as all types of interactions between individuals and infrastructure (mobility, leisure time, and housing)<sup>21</sup>

The Algerian eating system is based on three main meals: breakfast, which is taken at eight o'clock or before - taking into account working hours, which usually start at eight o'clock - and is usually a cup of coffee with milk, bread, butter, and jam. Then, at noon, lunch is taken, which consists of a main dish:

soup, couscous, or fish...with salad and fruits or sparkling water... then evening coffee, although it is not necessary, can be dispensed with and consists of coffee or tea with bread. Bread is usually replaced with pastries prepared at home and are sweet, or traditional sweets or even biscuits. Finally, dinner is the main meal for Algerians, so that even when relatives and friends are invited, it is usually for dinner, at the same pace as lunch

Field results show that there is a weak relationship between the level of wages and the dietary pattern followed by the study sample (-0.04). We wanted, through the nutrition index, which is closely related to health, to show whether the level of wages affects the dietary pattern, considering that dietary practices are a product of local culture on the one hand, and on the other hand, they are a product of the mutual interaction between cultures across continents. The fast food model, which has become more and more prevalent than ever, directly affects health due to the burned fat, added salt, and added sugar.

The reason why wage levels do not affect the frequency and quality of nutrition is because families adjust the daily food availability according to their monthly salaries and limit the amount of spending according to their obligations. In this regard, "the cultural/behavioral explanation is that individuals' behavioral choices (such as smoking, drinking alcohol, meals and diets, physical exercise, etc.) Responsible for their growth and their susceptibility to many diseases... Behavioral choices depend and are largely shaped by the material conditions of an individual's life... Hence, the structural materialist interpretation emphasizes the material conditions on which individuals depend in living their various lives, and these conditions include the availability of resources to access life's comforts, working conditions, and the quality of available food and housing."22

The healthy consumption model provides guidance related to the stability of dietary practices and indicates the existence of healthier habits that include the influence of preconceived beliefs and attitudes on people's interpretations of food and what serious effects it will have on their health and lives. People hold the idea that they are likely to be healthy if they follow the recommendations, especially if they believe that they are at risk of poor health and that the occurrence of this condition will have a beneficial effect in reducing any imbalance and this has important psychological and social implications.

## **Conclusion**

It is clear from the above that there are several observations that can be taken into account based on the study's results, namely that the availability of food does not necessarily mean food security unless it is accessible to the public and all social classes, and unless it contains sufficient and diverse essential nutritional elements.

Food security must be in line with purchasing power, of high quality, and accessible to all needy and deprived groups. This can be achieved by encouraging local agriculture and exploiting all the land surrounding the destitute and poor groups. This is what the culture of the Algerian individual lacks, having lived for 50 years under a directed economy and central planning of economic activity.

Although many Algerians have the financial and economic means to obtain food containing sufficient nutrients, this does not automatically translate into a healthy nutritional level. This is demonstrated by the frequency of daily foods consumed by the sample.

Food security, in order to be translated into reality, must provide the opportunity to acquire, prepare and consume meals that meet the nutritional needs of all society, especially children. This is achieved by accustoming them to a model of healthy, varied and balanced eating and avoiding manifestations of random consumption from an early age.

Developing a taste for food begins in the early years of life, and here the role of parents at home is very important and achieves good results if accompanied by school awareness programs among children and youth in universities alike, and very special awareness of the health risks of random nutrition saturated with fats and sugars.

Nutrition security describes the conditions for access to all the nutritional, health, social, economic and environmental factors necessary for a healthy nutritional level within the appropriate cultural context at the household level.

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