ITJ | The International Tax Journal

Medical Training in Tlemcen Reproducing Social Status and Achieving Social Advancement

Omar Larbaoui [1], and **Mohammed Hassaine** [2]

[1] Faculty of Social Sciences, University of Oran 2 Mohamed Ben Ahmed, Algeria
Larbaouiomar072@gmail.com
ORCID: 0009-0006-3686-3811
[2] Faculty of Social Sciences, University of Oran 2 Mohamed Ben Ahmed, Algeria
hassaine31mohammed@yahoo.fr
ORCID: 0009-0002-7392-0951

Abstract---An individual's social, cultural, and professional background plays a significant role in shaping the social structures within society and contributes to the production of social and cultural values that ensure its survival and continuity. These backgrounds contribute to the creation of a set of values and practices that characterize students in medical school. Identifying the effects of the social, cultural, and professional backgrounds of students' families (educational level and nature of parents' professions) aims to understand how these backgrounds contribute to academic and professional success for medical students. Families in Tlemcen prioritize medical training for their children over other disciplines. Benefiting from the city's historical and cultural heritage, which made it a center for medical training during the Arab and Islamic period, medical education witnessed a remarkable revival after the establishment of the University of Tlemcen, in response to political and demographic factors, in addition to the aforementioned historical, cultural, and civilizational factors. This was further facilitated by the presence of many Tlemcen families who monopolized the medical profession and used it as a means of achieving social status.

Keywords---Medical training, social status, social advancement.

Introduction

Families in the city of Tlemcen prioritize medical training for their children over other disciplines, benefiting from the historical and cultural heritage of the city, which has made it a center for medical

How to Cite:
Larbaoui, O., & Hassaine, M. (2025). Medical training in tlemcen reproducing social status and achieving social advancement. *The International Tax Journal*, *52*(6), 3254–3265. Retrieved from https://internationaltaxjournal.online/index.php/itj/article/view/320

The International tax journal ISSN: 0097-7314 E-ISSN: 3066-2370
Submitted: 12 January 2025 | Revised: 17 April 2025 | Accepted: 02 July 2025

education, particularly during the Arab and Islamic periods, and its strong ties to Andalusia. Medical training witnessed a remarkable resurgence after the establishment of the University of Tlemcen in 1974, in response to political and demographic factors, in addition to historical, cultural, and civilizational considerations. This was facilitated by the presence of numerous Tlemcen families who monopolized the medical profession and used it as a means of achieving social status, such as the families of Ibn Zarqa, Ibn Ashnahou, Belkalfaz, Khadim, Demerdji, Sanhaji, Baba Ahmed, Kazi, Bouchanaq, El Haddam, Briksi, Hassain, Qara, Ben Thabet, Khalil, Qahwaji, Tchouar, Ben Mansour, Ben Zarjab, and Naqqash. Dr. Ben Zarqa Mohamed is considered one of the first doctors in Algeria, as is Dr. Naqqash Mohamed, who is considered one of the first surgeons in Algeria. These families sought to keep the medical profession within their own ranks in order to maintain the social standing that the profession guaranteed and to achieve social advancement. This monopolization of medicine by certain families led us to address the phenomenon of elitism among medical students in Tlemcen through an anthropological approach, attempting to uncover the various perceptions, practices, and interpretations that Tlemcen medical students hold regarding medicine, both as a field of study and as a profession. In addition to understanding how cultural, professional and social background influences medical students' opportunities of success in academic and professional aspects,This study sought to answer the question:
- What is the rate of representations of social, cultural, and professional background in students' choices for the study of medicine? How does the perception of society regarding the importance of a physician, with their symbolic added value, enhance excellence among medical students?

Accordingly, the following two hypotheses were made:

Social, cultural, and professional background plays a supporting role in becoming outstanding, as the higher the social, professional, and cultural level of their families, the more their choices and opportunities for academic and professional success increase.The physician holds a social status and symbolic value in the collective memory and imagination of society as the guarantor of health, the promoter of social and professional advancement, and the determinant of social standing, which represents a strong stimulus to effectively motivate medical students.

Based on this, the study targeted students at the Faculty of Medicine at the University of Tlemcen, distributed among first-year and sixth-year students. The sample included 300 male and female students, distributed according to year of study and gender. This selection was made using the snowball sampling method, which is a non-probability sampling technique that begins with an initial group of individuals from the target population who then lead to other participants (Morris, Angers: 2006, 314). The sample included 99 male students (33%) and 201 female students (67%). According to the year of study, there were 164 first-year students (54.67%) and 136 sixth-year students (45.33%). The objective was to determine the prevalence of the phenomenon among males and females and to understand its development among students, how it emerges and evolves from the beginning of their training to graduation and preparation for professional practice. A questionnaire (form) containing 95 closed and open-ended questions was administered to collect quantitative data on the family, professional, and cultural backgrounds of the students' families and their relationship to choosing medicine as a career, their academic path, and their success in it. The questionnaire also addressed the nature and specific characteristics of medical training, the network of relationships within the training institution (Faculty of Medicine and University Hospital), and the boundaries of relationships within the family, the immediate environment, and society.

Medical Education and the Reproduction of Social Status:

An individual's social and cultural background plays a crucial role in shaping the social, cultural, and economic structures within a society. It also contributes to the production of social and cultural values that ensure their survival and continuity. Therefore, these origins contribute to creating a set of values and practices that characterize medical students and largely define their material and moral identity.

Identifying the influence of students' social, cultural, and professional backgrounds (parents' educational level and occupations) aims to understand the opportunities these backgrounds provide for the academic and professional success of medical students. Differences in educational and professional levels, as well as social origins, are influential factors in students' choices of medicine and their future professional success.

Family plays a significant role in a student's academic and professional success. Experts have noted that the nature and furnishings of housing, as well as the number of siblings, are indicators of an individual's standard of living. These factors can either facilitate or hinder a student's medical training. Furthermore, the nature, levels, and interactions within the family provide specific indicators that influence students' choices of medicine over other academic disciplines. Personal motivation, a genuine interest in medicine and the medical profession, and external factors, primarily the family, all contribute to shaping a student's decision to pursue medicine.

The social, cultural, and economic structures of any human society are based on the social and cultural backgrounds of individuals and groups within these structures. These structures produce and adopt a set of social values that contribute to building collective social awareness among their members. They also establish social and cultural values that reflect the affiliations of these individuals and actors within the class system practiced in society. The school or university, and the educational system in general, are fundamentally a direct expression of inequality in society. Karl Marx states: "Inequality in education is the most expressive manifestation of other inequalities in the economic and social spheres, and it is the direct reflection of each social class's position in relation to the ownership of the means of production within society." (Marx and Engers: p. 73). The university strives to define and present itself as a societal institution that performs the functions of education and socialization, characterized by a free and democratic nature, neutrality, and independence, and not ideologically linked to any particular social class. However, in reality, the university is generally not immune to accusations and prejudices as a social institution subservient to authority or groups, practicing exclusion and seeking to reproduce social, cultural, economic, and political structures that, in fact, embody the principle of inequality within society. The student's social, cultural, and professional background is essential and important in understanding the nature of the university and its societal role in revealing the various phenomena associated with it. When the university describes itself as neutral, democratic in education, free, and open to all, we find that the university in general, and the Faculty of Medicine in particular, works to produce and reproduce itself and tries to market patterns of social relations, class hierarchies, and ideologies that express the totality of social and cultural relations that indicate injustice and inequality in Algerian society. The university also seeks to consolidate these concepts indirectly and through invisible mechanisms, striving to maintain the social hierarchy that largely reflects the unfair distribution of the country's wealth among the segments of society. Medical studies embody the unequal opportunities to enroll in university and study and practice medicine between the upper social and cultural classes in society and other middle and lower classes at the social, economic, and cultural level. It expresses, directly or indirectly, the absence of social justice in benefiting from the fair distribution of national income.

Socio-cultural Background and Influence of Parents on Students' Choices to Study Medicine:

Higher education, through the university institution in human societies, contributes to producing and maintaining social, professional, and cultural status. Considering the university as an educational institution, P. Bourdieu states, "The educational institution contributes—and I emphasize the word contributes—to the reproduction and distribution of cultural capital and consequently to the structure of the social field" (Pierre Bourdieu: 1998, 47). Therefore, we find that the Faculty of Medicine tends to pursue this approach by highlighting the importance that the upper classes in society give to culture, with the aim of creating and transmitting cultural and social values and practices to their children, and achieving social and cultural dominance over other social groups. Within the Faculty of Medicine in

Tlemcen, we observe the strong presence of this idea, as there is a relative dominance of students from families with a high level of education, who attribute a kind of symbolism to culture and knowledge (the university as a space that expresses it), considering it as cultural capital that contributes to defining and maintaining social status and ensuring its continuity.

Table: Number (01) Educational Levels of Parents of Medical Students

Total		Sixth Year		First Year		
%	Frequency	%	Frequency	%	Frequency	
04.67	14	05.88	08	03.66	06	Illiterate
02.67	08	05.88	08	00	00	Quranic Education
08.67.	26	12.50	17	05.49	09	Primary Level
13.32	40	14.70	20	12.20	20	Intermediate Level
10.00	30	07.35	10	12.20	20	Secondary Level
60.67	182	53.68	73	66.45	109	Higher Order
100	300	100	136	100	164	Total

When examining the relationship between the educational levels of the students' parents, Table 1 shows a strong presence of higher educational levels, accounting for 60.67%, compared to the relatively lower presence of secondary and intermediate levels, at 10.00% and 13.32% respectively. This is attributed to the ability of these groups to establish prior communication regarding the nature and role of the university, and their strong awareness of the importance of the university and the Faculty of Medicine in securing a successful academic and professional future for their children. Furthermore, the 60.67% of parents with higher university degrees demonstrate a desire to ensure their children's success within the Faculty of Medicine. Conversely, there is a noticeable decline in the percentages of parents with primary or Quranic education, at 8.67% and 2.67% respectively. This presence can be explained by the parents' desire to establish a connection with the university by providing their children with opportunities for success and ensuring their education to benefit from the professional opportunities offered by the Faculty of Medicine and the medical profession, and the social advancement it provides. Finally, a 4.67% illiteracy rate among the students' parents is recorded, which is due to historical factors, considering that many of them lived through the period of occupation and the early years of independence, a time when educational opportunities for Algerians were significantly limited. Students at the Faculty of Medicine in Tlemcen are predominantly from the upper classes of society, those capable of establishing and maintaining networks of connections with the university. This has led the university to practice a form of exclusion towards other social groups with less educational and cultural presence in society. It can be said that the prevailing culture within the Faculty of Medicine is dominated by the culture of those from higher educational backgrounds. The educational and cultural levels of the students' mothers do not differ significantly from those of the fathers, with some exceptions related to the specific circumstances of women in Algeria. This is evident in Table No. (02), which shows the educational levels of the mothers of medical students.

Table: Number (02) Educational levels of the mothers of medical students

Total		Sixth Year		First Year		Educational level
%	Frequency	%	Frequency	%	Frequency	
03.33	10	01.33	04	02.00	06	Illiterate
03.00	09	00.00	00	03.00	09	Quranic Education
04.00	12	00.00	00	04.00	12	Primary Level
14.34	43	03.67	11	10.67	32	Intermediate Level

26.00	78	12.33	37	13.67	41	Secondary Level
49.33	148	28.00	84	21.33	64	Higher Order
100	300	45.33	136	54.67	164	Total

Discussing the impact of students' mothers' educational levels on their choice of studying medicine and their academic and professional success is important. Based on the data in Table 2, which shows the distribution of educational levels among the students' mothers, we find that 49.33% have higher education, and 26% have secondary education, compared to a relatively low illiteracy rate of 3.33% among mothers. 3% of mothers have received Quranic education.

The high educational level of mothers plays a significant role in guiding their children towards important fields, including the study of medicine, and providing them with supporting factors such as financial and moral support. This is because "the academic achievement of children from different groups is directly related to the amount of cultural capital they possess" (Hamdi Ali Ahmed: 2003, 67). Mothers with a high level of education can ensure greater opportunities for their children's education and guide them according to future prospects they deem most suitable, successful, and beneficial.

The presence of some percentages indicating low levels of education among women must be considered in light of a range of historical, social, cultural, economic, and religious factors. The legacy of colonialism, on the one hand, and the prevalence of certain religious and cultural beliefs, on the other, contributed to the high rate of illiteracy among women and reduced their opportunities for education, in addition to a number of economic obstacles that led to sacrificing women's education. However, these rates have undergone significant changes after national independence, and in recent years, this has contributed to strengthening girls' educational levels and has been significantly reflected in their representation in universities and medical colleges. The high levels of education among the parents of medical students can be understood by referring to the dominance of those from higher socio-cultural backgrounds over other groups, reflecting the existence of a social hierarchy within the medical school. This hierarchy aims to impose a system of intellectual and value-based structures on all students. Therefore, the cultural factor is important in determining the strategies, customs, traditions, and practices that essentially express a particular culture of belonging, which may be manifested by owning a car or using the French language exclusively. Some experts have confirmed that "students from higher social classes are not only connected to their families in terms of social customs and behaviors that directly benefit them in their academic lives, but they also inherit knowledge, ways of life, and social skills as part of their educational background" (Bourdieu, 1964, p. 23). The interest of educated families in medicine is also evident within the various strategies they employ to ensure their existence and continuity by establishing a form of control and dominance within the framework of their self-reproduction. They perpetuate themselves through a process of reproduction, that is, by striving for the continuity of their social existence with all its powers and privileges, which is the basis of "strategies of reproduction: fertility strategies, marital strategies, inheritance strategies, economic strategies, and finally, and most importantly, educational strategies." (Pierre Bourdieu: 1988, 47-48).

The Socio-Professional Background of Medical Students:

The Faculty of Medicine in Tlemcen presents itself as a democratic and free educational institution that guarantees education and training for all students, regardless of their social, cultural, and professional backgrounds. However, practical realities indicate that it practices exclusion through various mechanisms in opportunities for admission, specialization, success, and employment. Despite the increased enrollment of students from middle and lower classes in the university, compared to the upper classes, a fundamental question urgently arises: What percentage of the middle professional classes of society is represented in the Faculty of Medicine? And what percentage of the upper professional classes of society is represented in the Faculty of Medicine? Based on the idea that medicine and the medical profession contribute to social advancement and guarantee social stability,

and confirming P. Bourdieu's idea that "the social classes least represented in higher education are the most numerous within the population" (Aiach, p., Fassin, d. p. 94), we find that the Faculty of Medicine aligns with this proposition, considering the representation of parents' professions, given that the financial level plays a significant role in the matter of medical training, through the constraints it imposes, either in terms of the availability and amount of financial assistance or the family's ability to meet the demands of medical training.

Table No. (03) Occupations of the Fathers of Medical Students

Total		Sixth Year		First Year			
%	Frequency	%	Frequency	%	Frequency		
14.00	42	07.66	23	06.33	19	Medical	Top managers
20.00	60	09.00	27	11.00	33	Non-medical	Self-employed professionals
23.33	70	93.33	28	14.00	42	Artisans - Merchants - Junior managers	
29.00	87	13.33	40	15.67	47	Workers and employees	
13.67	41	06.00	18	07.67	23	Unemployed	
100	300	45.33	136	54.67	164	total	

Table number (03) shows a disparity between the percentages of the professional levels of the students' parents, reaching 24.00% for senior executives and liberal professions, distributed as 14% for medical professions and 20% for non-medical professions, with a relative similarity between first-year and sixth-year students. These percentages tend to confirm the desire of many families to pass on the medical profession to their children and maintain the family legacy in medicine, and for some, it reflects their awareness of the importance of the medical profession and its social status. It also emphasizes the desire of many with financial means to continue in the health sector by guiding their children to choose and specialize in medicine. This is in addition to the strong presence of other categories, with 29.00% for workers and employees and an average of 23.33% for craftsmen, merchants, and middle-level executives. This increase can be explained by the desire of these families to guide their children towards professions that guarantee their professional and social future and provide them with a kind of social advancement, in addition to these families' awareness of the importance of the doctor. The family invests some of its income in the education process, which gives children better opportunities to pursue their academic and scientific studies.

These percentages, expressed in Table number (03), give priority to the upper professional social classes, despite the strong presence of the middle social classes. Considering the representation of each category within society, this raises a question about the opportunities for admission to the college and success for the students? The opportunities for future professional and academic success cannot be the same for the child of a professional, a high-ranking official, or a doctor who considers postgraduate studies important, compared to the child of a worker who is unfamiliar with the material and moral aspects of medical studies and the student environment, except through other people. "This class disparity determines the choices for those who go to university. Therefore, social background plays a role in guiding students." (Bourdieu, 1964, p. 23).

The aim of linking the socio-cultural and professional backgrounds of medical students' families to their choices and success in their academic and professional paths is to clarify the family's contribution to the material and moral support of the students, considering that material resources contribute positively or negatively to the student's chances of success. The unique nature of medicine, characterized by its difficulty, long duration, specialization, constant updating of information, intensive programs, internship requirements, the need for specialized books and scientific journals, access to the internet, and the availability of work resources, imposes significant expenses on the medical student and their

family, requiring them to provide a suitable and supportive environment for studying. The nature of medical training, its difficulty, and its long duration compel students and their families to diversify their strategies in dealing with these various difficulties, depending on their social backgrounds, considering that "the differentiating factors are the value of the resources and assistance that the family provides to their student child, and it is the nature of these resources that differentiates the students" (Bourdieu, 1964, p. 23).

It is emphasized that the socio-economic and cultural background of the students' parents is taken into account as a contributing and motivating factor for the students. Thus, the socio-cultural and professional background intervenes, playing an enabling or hindering role in the student's work or training, considering the ability of the social background to build a network of relationships within the medical school or university hospital, prioritizing certain groups over others. Therefore, students' statements confirm the existence of discrimination among students related to socio-professional levels on the one hand, and between residents of the city and those from outside the city on the other. Many student statements implicitly indicate the contribution of family factors, where class and social affiliation play a role in determining opportunities for internships. We find that the student who is the son of a director, doctor, or high-ranking official works to build a network of relationships within the college and hospital with professors and administrators, which facilitates their handling of training and internship requirements and gives them priority and preference in undertaking internships. Furthermore, their belonging to this group allows them to exert a kind of direct or indirect pressure on the administration.

The Family and its Role in the Training Path of the Medical Student:

Despite the transformations that the Algerian family has undergone, transitioning from the extended family to the nuclear family, the network of relationships has maintained its unique characteristics, with parents controlling many of their children's decisions thanks to the symbolic authority held by the father and mother. Therefore, the Algerian family still shapes and determines many of the individual's educational, professional, and social choices, whether in studies, work, or marriage. When it comes to the medical training path and family support, the family strives to provide a suitable environment and resources to help their children achieve a good education. Families are therefore keen to provide the material and moral factors for success. We find that the level and nature of resources, the number of siblings, and the degree of communication among family members, in addition to material and moral family support, are all contributing factors to the student's success. However, their weakness or imbalance can hinder the student and reduce their chances of success.

The more the family home includes all the necessities, equipment, and tools that the individual needs or desires to ensure the psychological, physical, mental, and social well-being of the student and their family, the better. The dwelling and its level of equipment indicate the economic and social level of its inhabitants. Therefore, the nature of the home, the number of siblings, the degree of communication among its members, and a stable family environment are all factors that contribute to the academic success of the medical student, by providing a family atmosphere that understands the need to provide the material and moral resources necessary for success. It also largely determines the differences in social levels among students and their contribution to providing the material and moral resources for the success of the medical student.

Table 04: Housing Nature of Medical Students

Total		Sixth Year		First Year		
%	Frequency	%	Frequency	%	Frequency	
34.00	102	14.33	43	19.67	59	villa
51.67	155	26.33	79	25.33	76	Building
14.33	43	04.67	14	09.67	29	Courtyard
100	300	45.33	136	54.67	164	total

Table number (04) indicates the impact of the type of housin on providing comfortable conditions for the student. We find that the families of students residing in apartment buildings constitute a significant percentage of 51.67%, compared to 34.00% for those living in villas and 14.33% for those in modest houses (courtyard houses), with a similarity observed between first-year and sixth-year students. From this, and referring to the students' statements, it can be said that the family plays a supportive, important, and complementary role in the student's work by emphasizing the importance of providing a family atmosphere characterized by dialogue, care, and tranquility.

Most students insist that the specific nature of medical training requires, in addition to material resources and increased expenses to meet the requirements of good training that guarantees mastery of the profession in the future, a supportive atmosphere within the family. The more understanding and aware the family is of the specific nature of medical training, the greater the chances of success, and vice versa. The material and moral support that families and households are keen to provide for their children's education is an important factor in supporting the student's training process and ensuring their academic success, as all students emphasize the need for this support.

Family Stability: The Quality of Communication and Psychological Support towards the Student:

The effectiveness and role of the family cannot be determined except by understanding the usefulness and effectiveness of communication and dialogue within it. Measuring the success and effectiveness of the family is linked to the extent of its ability to provide a suitable family atmosphere characterized by dialogue, communication, stability, and care. Therefore, the family's ability to communicate among its members is strongly linked to the size of the family and the number of its members. The smaller the number of family members, the greater the attention and the more opportunities for family communication and dialogue, and vice versa. In this regard, Emile Durkheim argues that "every increase in the number of interactions multiplies the opportunities for contact and exchange of relationships between individuals, and since this necessitates addressing the resulting adaptation problems, the number of family members controls the quality and quantity of interactions." (Mahmoud Hassan: 1967, 02).

Table No. (05): Number of siblings among medical students

Total		Sixth Year		First Year		
%	Frequency	%	Frequency	%	Frequency	
18.33	55	11.33	34	07.00	21	من 00-01
52.67	158	23.33	70	29.33	88	من 01-02
16.67	50	04.34	13	12.34	37	من 03-05
12.33	37	06.33	19	06.00	18	أكثر من 05
100	300	45.33	136	54.67	164	Total

Upon examining Table (05), we find that the families of medical students tend to reduce the number of children, with a rate of 18.33% for those with fewer than one child, compared to 52.67% for families with two children, 16.67% for those with 3 to 5 children, and 12.33% for families with more than 5 members. These percentages illustrate the increased awareness among families regarding the importance of birth control and limiting the number of children, which facilitates their upbringing and provides them with better opportunities for academic and professional success. Therefore, the degree of attention, care, provision of needs, and levels of communication and dialogue among the families of medical students are linked to the number of children. Given the economic difficulties and material demands of medical training, family attention increases as the number of family members decreases, and vice versa.

The process of raising and guiding children correctly in all aspects of life, such as providing healthcare, education, clothing, and food to maintain a high standard of living, is particularly evident in families with high incomes and high levels of education. Nair Grass states, "The probability of success is related to the number of individuals in the family. Children from large families have less favorable outcomes, which are determined by the socio-professional categories and cultural level of the family." (Matine Segolen: 1981, 272). The level of awareness within the family, linked to the cultural, social, and economic level, and reflected in the family's ability to utilize resources that contribute to and support sound education and provide all the necessary material assistance and resources to ensure academic and professional success for medical students, in addition to the nature and furnishing of the home, the number of siblings, and the levels of communication and dialogue within the family, are all factors that either facilitate or hinder the student's educational and professional development.

Choosing Medicine Between Social Background and Personal Inclination:

The family plays a significant and central role in determining a student's academic and professional future, linked to its awareness of the university's status, the prestige of medical studies, and their symbolic value within society. This awareness is more prevalent among higher cultural and social classes than among those with less cultural and social capital. Therefore, families, in their efforts to reproduce their social standing, seek to invest in higher education as one of their strategies for social reproduction. Students' choices regarding medicine fluctuate between personal choice, expressed as a desire and natural inclination towards medicine as a noble profession capable of shaping a better professional future and as an expression of independence in decision-making and the ability to assume responsibility, and the direct influence exerted by the family in determining and guiding students' choices, given its symbolic authority. In addition, factors related to the importance of the field of study, opportunities for academic and professional success, and its value within society contribute to the family's influence on guiding and shaping students' choices.

Table No. (06) Selecting Medicine: A Question of Personal Choice Versus Family Choice

total		Females		Males		
%	Frequency	%	Frequency	%	Frequency	
44.33	133	30.00	90	14.33	43	Personal choice
35.33	106	25.33	76	10.00	30	Parents
20.34	61	11.67	35	08.67	26	Friends
100	300	67.00	201	33.00	99	Total

Table (06) indicates the factors influencing the choice of medicine as a profession, distinguishing between personal choice and family influence. 44.33% of students believe that personal choice is the primary factor, while 35.33% attribute their choice to family influence, and 20.34% to the influence of friends.

Students' choice of medicine is determined by their understanding and awareness of its importance and symbolic value within society. Therefore, their choices primarily reflect a natural inclination and a deep love for this profession, regardless of the social prestige or social and cultural advancement associated with the professional success opportunities that medicine offers within society. The general trend among students confirms that personal choice was the main factor in choosing medicine, at a rate of 44.33%, compared to 55.67% who indicated that other factors influenced their choices. This indicates the presence of the humanistic dimension of medicine in their choices, in response to a natural desire and inclination, away from other factors related to financial return or the social and professional status of a medical practitioner. Therefore, students emphasize that "the essential characteristic of a doctor is the human desire to be useful" (Aiach, p. et Fassin, 101).

Given the importance that students and their families place on medicine and medical training, we find a strong tendency among students, encouraged by their families and social circles, to retake the baccalaureate exam if their grades do not qualify them for admission to medical science specialties. This is reflected in the high percentage of students who stated the need to retake the baccalaureate exam to achieve the personal and family goal of enrolling in the Faculty of Medicine in Tlemcen, at a rate of 69.33%, as shown in Table (07).

Table (07) Re-taking Baccalaureate Exam in Order to Enroll in the Faculty of Medicine

total		Females		Males		
%	Frequency	%	Frequency	%	Frequency	
69.33	208	43.33	130	26.00	78	yes
30.67	92	23.67	71	07.00	21	no
100	300	67.00	201	33.00	99	total

We clearly observe the family's ability to instill a set of intentions and projects, and to cultivate ambition and mental preparedness in a way that exerts power and dominance. Therefore, we believe that the family and the family environment, aware of the importance of this specialization in its human and social dimensions, can reinforce the natural inclination towards choosing medical studies. Despite the general trend we observe among students, who say that the choice is linked to a love for the specialization, a desire to succeed in it, and independence in making decisions related to their future professional career, we cannot deny the presence of other motivating factors, which do not fall outside this framework. One student at a medical school in France says: "I don't remember having a particular admiration for the medical profession during my childhood. My brothers were discouraged from pursuing this path, perhaps because my father wanted to convince others of the financial difficulties it entails. One day, my father asked why I didn't consider this option if I were to become a doctor. Since this question distinguished me from my brothers, my answer was yes." (Aiach.p. and Fassin.p101).

Table No. (08) Choosing Medicine: Between Natural Inclination and Professional Project

total		Females		Males		
%	Frequency	%	Frequency	%	Frequency	
54.00	162	35.67	107	18.33	55	Natural Tendency
46.00	138	31.33	94	14.67	44	Professional Project
100	300	67.00	201	33.00	99	total

Table number (08), which includes the choice of medicine between natural inclination and professional project, shows a significant dominance of personal choice among students, stemming from their desire and inclination towards medicine, at a rate of 54%. This can be interpreted as the prevalence of personal initiatives in their choices, confirming their love for medicine and its profession, in addition to the family and social upbringing that accustomed them to making good choices and taking

responsibility, and aimed at giving them independence in making important decisions regarding their academic and professional choices and charting the course for their future. In contrast, we find that 46.00% of the choices were influenced by other factors that may not be related to a love for medicine as much as they are related to medicine as a successful professional project (social status and high professional and financial returns). The medical profession has social and material characteristics that help achieve a kind of social advancement and guarantee professional success for its practitioners.
If we refer to the humanistic nature of medicine and the medical profession, students underline that "the main characteristic of a doctor is the desire to become a useful person" (Aiach, p. et Fassin, 101).

However, if we consider the choice of medicine as a study and profession and link it to the students' future professional project, we should not disregard the influence of the family and social environment. Therefore, the family, in reproducing itself, seeks to invest in higher education as one of its strategies for social reproduction, the most important of which are the hereditary strategies. Dr. Thomas Lewis states: "My father used to take me on medical visits whenever I was at home, and I am certain that my father always wanted me to become a doctor" (Lewis Thomas: 1983, 03). They intervene in shaping the various orientations and choices of students' academic and professional paths and cultivate intellectual desires and aptitudes among medical students. They also exert a kind of guardianship and influence over the student, working to alter their dreams and goals in response to the guidelines set by the family for their educational and professional trajectory. This reinforces the role that the family already plays in reproducing the structure of the social field and social relations. It is one of the prime locations for the accumulation of capital in its various forms and its transmission between generations. It preserves its unity for the purpose of inheritance, through the ability to bequeath, and because it is qualified for inheritance.

The choices of students are depicted as linked to initiatives related to their awareness of the importance of medicine, its practice, and its professional and social standing. However, these choices are influenced by direct and indirect factors that reinforce organized orientations on students' choices in connection with the family or society.

References

1. Bourdieu, Pierre, (1988), Practical Reasons: On the Theory of Action. Translated by Anwar Moghith. Dar Al-Azmina Al-Haditha, 1st edition, Beirut.
2. Bourdieu, Pierre. (1994) Symbolic Violence: A Study in the Origins of Educational Sociology. Translated by Nazir Jahel, 1st edition, Arab Cultural Center, Lebanon.
3. Bottomore, T.B. (1982) Classes in Modern Society. Translation: Muhammad Al-Gohary, Alia Shukri Muhammad, Ali Muhammad Al-Hussein. University Library Publishing House, Egypt.
4. Lewis, Thomas (1983) A Doctor's Diary. Translated by Amir Kamel. Kitabi Publishing House, Cairo.
5. Mahmoud Hassan (1967) The Family and its Problems, published by Dar Al-Nahdha Al-Arabia for Printing and Publishing, Egypt.
6. Hamdi Ali Ahmed (2002) Education and Society: Studies in the Sociology of Education, Modern Arab Office, Alexandria.
7. Marx and Engels. Critica de la educacion y la enseñanza, Paris, Maspero.
8. Aiachi, P. Fassin. The Health Professions: Power Dynamics and the Quest for Legitimacy. Anthropos, Paris.
9. Bourdieu, Pierre and Passeron, J.C. (1964), The Inheritors: Students and Culture. Paris, Minuit.
10. Matine Segolen (1981) Sociology of the Family, Armonde Colline Collection, Paris.