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**Corresponding author:****Mohamed A Orabi**[orabi20000@agr.sohag.edu.eg](mailto:orabi20000@agr.sohag.edu.eg)**The social impact of the Egyptian Women's Health Initiative on rural women in Sohag Governorate****Mohamed A Orabi and Mohamed S El Sabbagh****Abstract**

The study aimed to identify the sources of the respondents' knowledge about health initiatives in general and the Egyptian Women's Health Initiative in Sohag Governorate in particular and the reasons for their acceptance of them, measure the degree of social evaluation of health initiatives, identify the obstacles facing these initiatives from the point of view of the respondents, identify some proposals to increase their effectiveness, and finally determine the degree of benefit. The subjects included health initiatives and the factors affecting them.

To achieve the goal of the study, a representative sample of the beneficiaries of the initiative, the subject of the study, was drawn from the records of the Health Directorate in Sohag Governorate, where the number of those who were examined and confirmed to have the disease was determined, in the Egyptian Women's Health Support Initiative, and the largest numbers infected and examined at the level of the governorate centers were determined, where they were chosen. Al-Balina Center was considered the largest center in the number of infected cases, then the village of Al-Halafi was chosen as it was the largest village in the number of infected cases. Data was collected through a personal interview using a questionnaire form during the period (July 2023 - September 2023), which was transcribed and analyzed using frequencies and percentages to prepare Description and presentation tables, as well as using simple and multiple correlation coefficients to test the validity of hypotheses.

The results showed that television is the primary source of knowledge about the initiative, and it was found that the most important reasons for the respondents' interest in the Egyptian Women's Health Initiative were the desire of rural women to be reassured about health on the one hand, and to receive treatment on the other hand, in addition to saving time, effort and cost. It was also found that the social evaluation of the initiative was high, and the most important obstacles were the complexity of some examination procedures and some matters related to the medical team. It was also found that the initiative had contributed well to the direct benefit of the subjects with the disease by saving time, effort and the hassle of moving across different distances, the cost of transportation for the patient and her companions, and the cost of examination and follow-up. And the cost of medications.

**Keywords:** Health initiatives, supporting the health of Egyptian women, rural people in Sohag Governorate.

## INTRODUCTION

The human right to health is considered one of his basic rights that must be respected. This right is guaranteed by international conventions, laws, and the constitution. It is a priority and a right, and no one belongs to us. The world has witnessed many developments in the field of health to improve the level of health of individuals in all parts of the world. There are also many Innovations and technology used in this field to raise the level of service provided to citizens (World Health Organization, 2017:11).

There are many global health initiatives in partnership between the public and private sectors to confront the spread of diseases, which helps to strengthen the health system and achieve progress and development, as a healthy population is more productive in society (Curze, 2011:10).

Therefore, the Egyptian state cared about the health of citizens. In Egypt there are many presidential health initiatives issues related to health services are not just health problems, but rather are factors that hinder the development process, in addition to health problems that not only threaten human security, but also have effects. Negative social and economic impacts on society (Morsa, 2020: 186).

The Egyptian Women's Health Support Initiative for detecting many diseases such as breast tumors, an initiative for early detection of hearing impairment among newborns, a maternal and fetal health initiative, and an initiative to eliminate waiting lists (Al-Hamami, 2021: 188).

Given that the rural community suffers from many problems related to health conditions, such as the spread of infectious diseases, insufficient health services, and other problems that rural people suffer from, the study therefore focused on shedding light on the impact of some health initiatives launched by the state on improving the health level of rural people.

### **The research problem:**

The state's ability to achieve high rates of development requires that it be able to confront societal risks, especially health ones, because they are linked to the human component of development and the strength of its social capital, and its effects are reflected in all other

development components in the state, especially these which related to the rural women.

Therefore, the Egyptian state strives to improve the health system with the aim of providing health care to all citizens especially the rural women, because health is one of the human rights guaranteed by the Egyptian constitution. Since 2014, the Government has taken a package of measures to improve the public health of rural women by launching the initiative to support Egyptian women's health. Therefore, it is important and even necessary to evaluate the initiative to determine the extent of its success, the obstacles it face, and the various impacts, especially on The beneficiaries of the rural women, which explains the importance of the current study in exploring the evaluation aspects of the initiative under study, so the problem of the study was to try to answer the following question: What is the impact of the initiative to support Egyptian women's health on improving the health level of rural women, especially the initiative to support Egyptian women's health.

### **Objectives:**

In light of the above, the objectives of the study crystallize in the general objective, which is to identify the impact of the health initiative on rural women, and from this objective, the following sub-objectives were derived:

- 1- Identifying the sources of respondents' knowledge about the initiative to support Egyptian women's health, and the reasons for their interest in it.
- 2- Determine the social evaluation of initiative to support Egyptian women's health.
- 3- Identifying the obstacles facing this initiative to support Egyptian women's health from the perspective of the respondents.
- 4- Identifying the respondents' suggestions to increase the effectiveness of initiative to support Egyptian women's health in raising the women's health level.
- 5- Determining the degree to which respondents benefit from initiative to support Egyptian women's health and the factors influencing them (a- Pre-post measurement of the elements of benefit, b- Index of the degree of benefit, c- Influencing factors).

### **Literature Review:**

Health is an important part of economic and social development. There is a strong relationship between health and development. Health is not only one of the goals of development, but rather one of the inputs and drivers of development. Health services were previously viewed as non-productive social services that the state provides to citizens if it has a surplus. (Zhan, 2016: 42).

However, the shortcomings of this view became clear after the emergence of new theories of growth in the mid-eighties, which proved that the provision of health services is an essential element in development, given that what is spent on these services is directed to the human element, which is the one who plans and implements development (Mukhtar, 2013: 123). Therefore, there is great interest in studying the health sector, and intensifying efforts by health policy makers in order to advance this sector and make it an integral part of the comprehensive development strategy (Al-Jabouri, 2019: 4).

Developing countries are considered among the countries that suffer most from the lack of services provided to citizens in the health sector, as poverty is widespread in them, which leads to the spread of diseases. Low income leads to deprivation of health services, and thus the problem is exacerbated (Gonash, 2004: 95). They also suffer from There is a shortage of workers in the health sector, as many medical personnel leave their countries to work in industrialized countries in search of better job opportunities, and the population increase that developing countries are suffering from exacerbates the problem (Hammer, 2012: 570).

Therefore, the World Bank has stressed the need for developing countries to follow decisive policies in the field of health in order to achieve development, through better allocation of health spending on curative and preventive health services because the shortage of health facilities and health personnel is considered one of the factors that threaten development in these countries. World Bank, 2008: 4).

Therefore, developing countries have resorted to launching many initiatives to address societal issues. Both Ruegg (2018:4) and Dean (2020:782) defined the initiative as an action plan put forward to address societal issues and transformed into short-term and long-term development projects,

and issued by government institutions and associations. Charitable and volunteer.

Health initiatives are considered one of the new models in the field of development through which diseases are combated, especially in developing countries, which helps improve the health system in these countries. From this standpoint, on September 18, 2018, President Abdel Fattah El-Sisi launched a health reform package and a series Among the initiatives to confront health risks in all governorates of Egypt, based on His Excellency's belief in the importance of health for development and that there are many shortcomings in the health sector, so that these initiatives serve as urgent first aid for the health problems and crises that citizens suffer from (Mohamed, 2020: 425).

These presidential initiatives are considered a recent trend in public communication at the state level regarding societal issues. They are the most influential means of societal change, and have high success rates when they are officially launched by the state and adopted at all stages, and at the same time provide community and preventive services to citizens from risks. The list, with diversity in the use of means of communication with the public (Ahmed, 2019: 67).

The Cabinet Media Center (2019), Abdel-Wahab (2020: 426), and Al-Hamami (2021: 188) discussed the most important of these health initiatives launched by the state, and this is clear as follows:

1- **The "100 Million Health" initiative**, which screened 50 million Egyptian citizens for the risks of the virus and treated 1.2 million people infected with Hepatitis C, and non-communicable diseases such as blood pressure, diabetes, and obesity, with the aim of reducing the death rate resulting from them, as well as providing the opportunity for a large number of citizens to check on their health. Their health and freedom from disease, and continuous and ongoing health awareness of citizens about non-communicable diseases through the initiative's channels and means. The initiative embraced refugees and foreigners, and targeted the public in the age group from 18 years and above in all governorates of Egypt of both sexes, and those who have not previously been examined or treated, and School students as a special segment.

2- **The “Early Detection of Hearing Weakness and Loss in Newborn Children” initiative**, based on the necessity of providing complete health care to children, through early detection of hearing weakness and loss to provide treatment for them, and the “Early Detection of Anemia, Obesity, and Stunting Diseases for School Students” initiative at the primary stage, In February 2019, it aimed to examine 14 million students from the first to the sixth grade of primary school, including 6 million and 400 thousand students in urban schools, and 7 million and 600 thousand students in Egyptian rural schools.

3- **“Noor Hayat” initiative** to combat the causes of weakness and loss of vision. It is an initiative implemented by the Long Live Egypt Fund over the course of 3 and a half years, in cooperation with 4 major charitable societies, and with funding estimated at one billion pounds, and aims to diagnose and early treat the causes of weakness and loss of vision. By examining 5 million students, in addition to 2 million citizens with primary care cases, providing one million medical glasses and performing 250,000 eye surgeries.

4- **The “Ending Waiting Lists” initiative**, which has achieved the highest success rates in performing critical and urgent surgeries for free since its launch in July 2018. Since its inception, more than 156 thousand surgical operations have been performed at a cost exceeding one billion and 500 million pounds, distributed according to the specialties included in the presidential initiative. These are surgeries (tumors, bones, ophthalmia, open heart catheterization, brain and nerve surgeries, cochlear implants, liver transplants, and corneal transplants). The initiative succeeded in completing 767,000 medical procedures for citizens, as they underwent medical surgeries.

5- **The “Chronic Diseases and Renal Illness” initiative** to follow up and treat people with chronic diseases, as well as early detection of kidney disease among the most vulnerable patients, namely patients with diabetes, high blood pressure, urinary tract obstruction, and recurrent kidney stones, as it aimed to examine all citizens in this category.

6- **“Supporting Egyptian Women’s Health” initiative**. This initiative was launched in early July 2019, to support women’s health, as they are the most important segments of society and the most in need of health awareness and care. They suffer from decades of many health problems, most notably cancerous tumors. Therefore, the initiative aimed to detect early cancer. Breastfeeding, for about 28 million Egyptian women, free of charge. It also targeted awareness of reproductive health, family planning, and detection of noncommunicable diseases (blood pressure, diabetes, weight gain, and measuring weight and height).

7- **The “Maternal and Fetal Health Care” initiative** was launched in March 2020 AD for early detection of diseases transmitted from the mother to the fetus, and to provide free treatment and health care. The initiative aims to early detect infection with Hepatitis B, HIV, and syphilis for pregnant women, in addition to reduce maternal deaths resulting from these diseases, as well as follow up on the condition of the mother and newborn for 42 days after the end of pregnancy to discover risk factors for the mother or newborn, and take appropriate measures, as well as dispense the necessary micronutrients during the postpartum period.

Among the sources of citizens’ access to information regarding initiatives, the study of Al-Hamami (2021), Abdel-Wahab (2020), Done Chaney (2020), Taha (2018), Fadloun (2017), and Biesma (2009) stated that social networking sites have taken It is responsible for educating the citizen about the seriousness of the diseases that health initiatives address and encouraging people to go out for detection and examination, followed by news websites, then health websites, and finally newspapers, magazines, radio and television. Both Ali (2017) and Hassan (2020) mentioned that direct meetings and seminars with citizens were One of the most important sources of obtaining health information. Both studies also mentioned that the “100 million Health” initiative is one of the initiatives most followed by citizens. They also confirmed that the initiatives helped provide citizens with ways to prevent diseases and various treatment methods.

As for the motives behind citizens' interest in these initiatives, Mohamed's study (2020) stated that among the most important of these motives is the desire of citizens to be reassured about their health, as well as the ease of examination and treatment procedures, free treatment, and the spread of campaign sites in places close to citizens, as indicated by the study of both Morsi and (2020), Ahmed (2019) said that these initiatives contributed to educating citizens about ways to prevent diseases, and providing them with information about the first aid that must be performed when infected with the disease. Abdel-Wahab's study (2020) also reported that there is speed in receiving citizens' complaints and grievances.

## RESEARCH METHODOLOGY

To conduct this study, the following steps were followed:

### First - the study area:

This study was conducted in Sohag Governorate. Through the records of the Governorate's Health Directorate, the number of those who were examined and confirmed to have the disease was determined, as the Egyptian Women's Health Support Initiative recorded the largest numbers of infections and examinations at the level of the governorate's centers, where the Al-Balina Center was chosen as it is the largest center in the number of cases. Then the village of Al-Halafi was chosen as it was also the largest village in the number of infected cases.

### Second- Sampling:

To determine the sample size in the initiative, the Krejcie & Morgan equation was used to determine the sample size, and Table No. (1) shows the study sample.

**Table No. 1: The sample of the study**

Total Respondents	Sample
210	168

Source: Health Directorate of Sohag Governorate.

### Third: The research operational concepts:

1- **Age of the respondent:** It means the number of years the respondent lived to the nearest Gregorian year until the time of data collection.

2- **Gender:** Two categories of responses were given: 1- Male 2- Female

This variable was excluded for the female respondents in the Egyptian Women's Health Support Initiative because they are all female.

3- **Marital status:** This means the marital status of the respondent at the time of data collection. Four categories of responses were given: 1- Single 2- Married 3- Divorced 4- Widowed

This variable was excluded for the respondents in the Hepatitis C initiative because they were all married.

4- **Number of family members:** This means the number of family members of the respondent.

5- **Number of years of education of the respondent:** This means the number of years of formal education that the respondent received during his life

6- **The profession of the subject:** This means the work of the subject. Three categories of responses were given:

1- Farmer 2- Government job

3- Craftsman work

This variable was excluded for the female respondents in the Egyptian Women's Health Support Initiative because they were all unemployed.

7- **Family monthly income:** This means the total monthly income in pounds received by the head of the family.

8- **The time the respondent needs to go to the doctor:** This means the time taken from his place of residence to another place the doctor before and after launching the initiative.

9- **The distance between the village and the treating doctor:** This means the distance that the respondent travels to reach the doctor before and after the launch of the initiative.

10-**Transportation cost:** This means the cost that the respondent bears to reach the treating physician before and after the launch of the initiative.

11- **The cost of the examination:** This means the amount that the subject pays for the examination before and after the initiative.

12- **The price of medicines:** This means the price of medicines recommended by the doctor before and after the initiative.

13- **Follow-up cost:** This means the financial compensation that the patient pays for follow-up before and after the initiative

14- **Sources of knowledge about health initiatives:** This means the sources through which the respondents learned about the initiative. 12 sources were identified and the following responses were given for each source: 5- Always, 4- Often, 3- Sometimes, 2 Rarely, 1- It does not happen.

15- **Reasons for the demand for this health initiative:** It means the reasons that prompted the respondents to participate in the initiative. The following responses were given in comparison to the reasons identified by the study (8 reasons): 5- Always, 4- Often, 3- Sometimes, 2 Rarely, 1- It does not happen.

16- **Services provided by health initiative:** This means the type of services provided by the initiatives, where the following responses were given in comparison to the services identified by the study (15 health services): 5- Always, 4- Often, 3- Sometimes, 2 Rarely, 1- It does not happen

17- **Women`s opinion on examination and treatment procedures:** This means the respondents` point of view on the initiative`s examination and treatment procedures, where the following responses were given in comparison to the procedures specified by the study (4 procedures): 5- Always, 4- Often, 3- Sometimes, 2 Rarely, 1- No It is happening

18- **The respondents` opinion on the extent of the medical team`s cooperation in the initiative:** This means the respondents` opinion on the

doctors` cooperation in the initiative. The following responses were given: 4- Very cooperative 3- Moderately cooperative 2- Weakly cooperative 1- Uncooperative

19- **The opinion of the respondents regarding the degree of response to complaints:** This means the view of the respondents regarding the degree of response to the complaints submitted by them. The following responses were given: 3- Quick response 2- Slow response 1- No response

20- **The respondents` opinion on the extent of the success of the community awareness campaigns about the initiative:** This means the respondents` opinion on the initiatives` awareness campaigns, where the following responses were given: 4- Greatly successful 3- Moderately successful 2- Weakly successful 1- Not successful

21- **The contribution of initiatives in raising health awareness:** It means the role played by the initiatives in raising the health awareness of the respondents. The following responses were given in relation to the phrases identified by the study (6 phrases): 5- Always, 4- Often, 3- Sometimes, 2 Rarely, 1- Does not happen

22- **The degree of respondents` satisfaction with the initiatives:** This means the respondents` satisfaction with the services provided by the initiative, as the following responses were given: 3- Satisfied 2- Somewhat satisfied 1- Dissatisfied

23- **Obstacles facing the initiatives from the perspective of the respondents:** This means the obstacles facing the initiatives from the perspective of the respondents. The following responses were given in conjunction with the phrases identified by the study (7 phrases): 5- Always, 4- Often, 3- Sometimes, 2 Rarely, 1 -Does not happen

24- **Some suggestions to increase the effectiveness of initiative to raise the health level of rural women from the perspective of the respondents:**

It means the respondents` proposals to activate initiative in developing health awareness. The following responses were given in relation to the phrases identified by the study (9 phrases): 5-

Always, 4- Often, 3- Sometimes, 2 Rarely, 1- It does not happen.

#### **Fourth - Data collection tools:**

To achieve the aim of the study, a questionnaire form was prepared for this purpose and was presented to 10 arbitrators who were professors specialized in the field of study. The inappropriate phrases that had been agreed upon by the professors were deleted. Then a preliminary test (pre-test) of the form was conducted, and some were modified. The questions became suitable for collecting data, and data was collected from the women who were examined in the initiative through a personal interview using this form during the period (July 2023 - September 2023).

#### **Fifth: The statistical methods and tools used:**

Categories were used to display and describe the results of the study variables. The data was analyzed using the statistical software package (SPSS). Frequencies, percentages, arithmetic mean, mode, standard deviation, and weighted average were calculated. Pearson's correlation coefficient and the T-test were calculated to test the validity of the hypotheses. .

The study notes that all independent and dependent study variables were converted to standard Z values to unify the measurement scores due to their different discrimination coefficients and measurement levels, according to what Barakat (2023) stated.

#### **Sixth: Study hypotheses:**

The study tests thirty statistical hypotheses, all of which are related to the fifth objective of this study, and are explained as follows:

1- The study contains six statistical hypotheses that all test the fifth objective of the study, and their statement is as follows:

There are no significant differences between the elements for evaluating the respondents' benefit from each initiative (the time the respondent needs to go to the doctor, the distance between the village and the treating doctor, the cost of transportation, the cost of examination, the price of medicines,

and the cost of follow-up) before and after the initiative.

2- The study contains eight statistical hypotheses, all of which test the fifth objective of the study, and their statement is as follows:

There is no relationship between the degree to which respondents benefit from the health initiative and the following variables: age of the respondent, number of family members, number of years of education, profession of the respondent, monthly income, and social evaluation of the initiative.

3- The study contains two combined hypotheses related to the combined measurement of the influence of the independent variables together on the dependent variable in this study (the degree of benefit), and their explanation is:

There is no relationship between the degree to which respondents benefited from the health initiative and the following variables combined: the age of the respondent, the number of family members, the number of years of education, the respondent's profession, monthly income, and social evaluation.

## **RESULTS AND DISCUSSIONS**

**The following is a presentation of the personal, social and economic characteristics of the respondents of the beneficiaries from initiative to support Egyptian women's health.**

The data in Table (2) shows the numerical and relative distribution of the personal, social, and economic characteristics of the female respondents. The results indicated that (52.97%) of the female respondents were less than 30 years old, and it was found that (44.06%) of them were married, and the results indicated that (32.73%) They have less than 4 members. It also became clear that (42.27%) of them had a primary education or less. As for monthly income, it was found that (52.38%) had an income of 1,000 pounds or less.

**Table (2):** Numerical and relative distributions of the personal, social, and economic characteristics of female respondents

%	No.	Data	serial	%	No.	Data	serial
100	168	Total No. of respondents		100	168	Total No. of respondents	
		<b>Education</b>	4			<b>Age</b>	1
42.27	71	Primary or less		52.97	89	Less than 30yrs	
19.04	32	Middle-Secondary		14.88	25	30-39 yrs	
38.69	65	University+		32.15	54	40+ yrs	
		<b>Monthly Income</b>	5			<b>Marital Status</b>	2
52.38	88	-1000		-	-	Single	
25.00	42	2000-1000		44.06	74	Married	
22.62	38	2000+		32.14	54	Divorced	
						Widowed	
						<b>Family size</b>	3
			32.73	55	4 persons or less		
			40.47	68	6-4persons		
			26.8	45	7+ persons		

**First: The sources of the respondents' knowledge about the initiative to support Egyptian women's health, and the reasons for their interest in it.**

Table (3) indicates the sources of knowledge of the respondents about the initiative, which were arranged according to the weighted average

values. The four most important sources were as follows: television advertisements (4.93), family and relatives (4.64), neighbors (4.61), and friends (4.57), followed in importance by the rest. Sources.

**Table No. (3):** The sources of knowledge of the respondents about the initiative

Source of Knowledge about the initiative	Ranking	
	Rank	Weighted Average
TV	1	4.93
Relatives and family	2	4.64
Neighborhood	3	4.61
Friends	4	4.57
Tehe Charity and Volunteering visits	5	4.14
Radio	6	3.33
Social Media	7	2.13
Health Websites	8	1.0
News Paper	8	1.0
The Initiative website	8	1.0
News Websites	8	1.0
The Initiative's Flyers	8	1.0

Source: Questionnaire



Respondents of the initiative confirm that family, relatives, friends and neighbors are a source of trust for them because they have credibility. As for television advertisements, they contribute to providing a large amount of information about the health initiative in terms of appointments and locations. They are also an audio-visual means suitable for all segments of society, educated and uneducated.

## 2- Reasons for respondents' interest in health initiatives:

The results presented in Table No. (4) show that the eight reasons for the respondents' acceptance of the initiative, which were arranged according to the weighted average values, were represented by three reasons: the desire to be reassured about health (5.0), and the spread of examination centers everywhere (5.0). The impact of awareness campaigns in the media (5.0), followed in importance by the rest of the reasons listed in the table.

**Table No. (4):** The reasons for the respondents' acceptance of the initiative

Reason of acceptance of the initiative	Ranking	
	Rank	Weighted Average
Need to know about the health	1	5.0
The availability of the check centers	1	5.0
Media Awareness Effect	1	5.0
Feeling of the country's care of the citizens	2	4.78
The initiative is a presidential	3	4.70
Free Initiative	4	4.56
The trust ability of checking and treatment process	5	4.55
Ease of checking steps	6	3.75

Source: Questionnaire

The results confirm that one of the most important reasons for the demand for the initiative is the desire to be reassured about health, and this reveals the convergence between the state's goal and the aspirations of individuals. Its emphasize the importance of health status as the key to comprehensive development in Egypt, and one of the most important indicators of human development, which is attributed to Egypt's ranking on the global human development standard. On the other hand, as well as the impact of awareness campaigns in the media, as they encouraged individuals to take part and provided a huge amount of information related to the initiatives.

### Second: Social and administrative evaluation of health initiatives

The social and administrative evaluation of initiatives includes seven dimensions, including

three dimensions for the social evaluation, and four dimensions for administrative evaluation, which are as follows:

#### A- Social evaluation of women health initiative

The social evaluation of the initiative included three dimensions: the degree to which the initiative contributed to raising health awareness among respondents, the extent of respondents' satisfaction with it, and the degree of success of community awareness campaigns about the initiative, as follows:

#### 1- The degree to which initiatives contribute to raising health awareness for respondents

The indicator of the degree of contribution of initiatives was determined through a number of 6 five-dimensional statements, and the theoretical range ranged between a minimum of 6 degrees

and a maximum of 30 degrees. The arithmetic means of the index scores reached (2.9) degrees, while its standard deviation reached (0.2) degrees. By dividing the index range into three equal and ascending categories, the results presented in Table (5) related to determining the degree to which initiatives contribute to increasing the health awareness of respondents indicate the following:

It turned out that 39.28% of the female respondents had the initiative contribute to increasing their health awareness to a high degree, while 32.74% of the female respondents had the initiative contribute to increasing their health awareness to a moderate degree, which means that 72.02% of the sample had their degree of health awareness raised.

**Table No. (5):** Distribution of the respondents according to the degree of contribution of the initiative to raising their health awareness.

Indicator categories	Distribution	
	F	%
Low (6-13) Degree	47	27.98
Medium (14-21) Degree	55	32.74
High (22-30) Degree	66	39.28
Total	168	100.00

Source: Questionnaire

The previous results confirm that the health initiative launched by the state has effectively contributed to raising individuals' health awareness by providing information about diseases and ways to prevent them, following an appropriate diet. It has also effectively contributed to reducing the health illiteracy rate of rural women in terms of providing information and knowledge and providing health care services.

#### - The extent of satisfaction of female respondents with health initiative:

The results presented in Table (6) show that 58.34% of the respondents are completely satisfied with the Egyptian Women Health initiative, which confirms the positive role of these health initiatives.

**Table No. (6):** Satisfaction of the respondents with health initiative.

Indicator categories	Distribution	
	F	%
Very Satisfied	98	58.34
Moderate	15	8.92
Not Satisfied	55	32.74
Total	168	100.00

Source: Questionnaire

#### -The opinion of the female respondents regarding the degree of success of community awareness campaigns about the initiative

The results presented in Table (7) show that 88.6% of respondents saw the success of awareness campaigns in this regard. This success of community awareness campaigns about the initiatives is attributed to their contribution in providing a huge amount of information about the initiatives in terms of dates, locations, and target groups. As well as the diversity of means and content, which was reflected in the formation of positive attitudes among citizens towards the initiatives.

**Table No. (7):** Respondents Point of view regarding the success of the Egyptian Women Initiative.

Respondents Point of view	Distribution	
	F	%
Very Successful initiative	109	64.88
Moderately Successful initiative	11	6.55
Weak Successful initiative	48	28.57
Total	168	100.00

Source: Questionnaire

#### 2- The opinion of the male and female respondents regarding the examination and treatment procedures of the Egyptian Women's Health Support Initiative:

The results presented in Table (8) indicate that the procedure of not requesting medical certificates or documents for the disease came in first place according to the weighted average

values, with a value of (2.79), followed by quick registration (2.70).

**Table No. (8): Ranking of Respondents point of view regarding the procedure of the Egyptian Women's Health Support Initiative**

Respondents Point of view	Ranking	
	Rank	Weighted Mean
No need of documents	1	2.79
Quick Registration at any time	2	2.70
Personal Nepotism	3	1.80
Complicated Process	4	1.99

**Source: Questionnaire**

**-The extent of the medical team's cooperation in the initiative:**

The results of Table (9) show that 78.57% of the respondents stated that the medical team is very cooperative. This is confirmed by the female respondents mentioned about the cooperation of the medical teams and their good treatment of them while receiving examination and treatment.

**Table No. (9): The extent of the medical team's cooperation in the initiative:**

Respondents Point of view	Distribution	
	F	%
Very Cooperative team	132	78.57
Moderately Cooperative team	8	4.76
Not Very Cooperative team	28	16.67
Not Cooperative team	0	0.00
Total	168	100.00

Source: Questionnaire

**Responding to complaints about the Egyptian Women's Health Support Initiative:**

The results presented in Table (12) show that (63.69%) of the respondents in the initiative confirmed that there is a rapid response to

complaints, The results shows that respondents in the initiatives reported that the rapid response of the initiatives' organizing bodies to citizens' complaints and grievances reflects credibility and the desire to achieve excellence in providing distinguished medical services to rural people in a way that contributes to their recovery.

**Table No. (10): Responding to complaints about the Egyptian Women's Health Support Initiative**

Respondents Point of view	Distribution	
	F	%
Very Fast Response	107	63.69
Moderately Response	32	19.05
Weak Response	29	17.26
Not Cooperative team	168	100.00

Source: Questionnaire

**Third - The total score for the social and administrative evaluation:**

**A- Social evaluation of health initiatives:**

The results presented in Table (11) show that (41.66%) of the respondents in the Women's Health Support Initiative fell into the upper category, while about (45.24%) of them fell into the middle category, which means that 89% of the total sample had high social assessment. It is clear from this that the highest percentages of respondents had a high social evaluation of the initiative.

**Table No. (11): Respondents Distribution in terms of total degree of Social Evaluation for the Egyptian Women's Health Support Initiative**

Source: Questionnaire

Respondents Degree of Evaluation	Distribution	
	F	%
Low (0.52-4.62 Degree)	22	13.10
Medium (4.63-8.73) Degree	76	45.24
High (8.74-12.85) Degree	70	41.66
Total	168	100.00

#### Fourth: Obstacles facing the initiative from the perspective of the respondents:

**Table No. (12): Ranking of Respondents point of view regarding the Obstacles of the Egyptian Women's Health Support Initiative**  
Source: Questionnaire

Respondents Point of view of Obstacles	Ranking	
	Rank	Weighted Mean
Lack of radiation equipment.	1	4.75
Lack of Medical team.	2	4.70
Difficulties in Registration.	3	2.45
Difficulties in actability to the initiative.	4	1.95
Low Announcement of the initiative	5	1.0

The results presented in Table (12) showed that the three most important obstacles facing the initiative from the point of view of the respondents are: the lack of availability of the necessary radiology equipment (4.75), the shortage of doctors in various specialties (4.70), and the difficulty of direct registration (2.45), followed in importance by the rest of the obstacles. contained in the table.

### RECOMMENDATIONS

In light of the results of the current study, the following is recommended:

- 1- The state should facilitate direct registration procedures for individuals and reduces the use of the Internet
- 2- The Ministry of Health should determine specific locations and dates for medical convoys
- 3- The Health Directorate in Sohag must periodically monitor medical awareness among the rural women.
- 4- It is necessary for the Ministry of Health to conduct continuous training for the medical team to get ready for such central initiatives.
- 5- The Ministry of Health must provide technical support to health units in the rural areas.

6-The need for the state to expand such initiatives and launch more because of their positive role on the health of the people of the countryside

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## الأثر الاجتماعي لمبادرة صحة المرأة المصرية بريف محافظة سوهاج

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### الملخص العربي

استهدفت الدراسة التعرف على مصادر معرفة المبادرات بالمبادرات الصحية بشكل عام ومبادرة صحة المرأة الريفية بمحافظة سوهاج بشكل خاص وأسباب قبولهم لها، وقياس درجة التقييم الاجتماعي للمبادرات الصحية، والتعرف على المعوقات. مواجهة هذه المبادرات من وجهة نظر المبحوثين، وتحديد بعض المقترحات لزيادة فعاليتها، وأخيراً تحديد درجة الاستفادة منها. وتضمنت المواضيع المبادرات الصحية والعوامل المؤثرة فيها.

ولتحقيق هدف الدراسة تم سحب عينة تمثيلية من المستفيدين من المبادرة موضوع الدراسة من سجلات مديرية الصحة بمحافظة سوهاج، حيث تم فحص عدد من تم فحصهم والتأكد من إصابتهم بالمرض وتم تحديد المرض، في مبادرة دعم صحة المرأة المصرية، وتم تحديد أكبر الأعداد المصابة والمفحوصة على مستوى مراكز المحافظات، حيث تم اختيارهم. واعتبر مركز البلينا أكبر مركز من حيث عدد الحالات المصابة، ثم تم اختيار قرية الحلفي باعتبارها أكبر قرية من حيث عدد الحالات المصابة. تم جمع البيانات من خلال المقابلة الشخصية باستخدام استمارة الاستبيان خلال الفترة (يوليو 2023 - سبتمبر 2023)، والتي تم نسخها وتحليلها باستخدام التكرارات والنسب المئوية لإعداد جداول الوصف والعرض، وكذلك استخدام معاملات الارتباط البسيطة والمتعددة لاختبار صحة الفرضيات.

وأظهرت النتائج أن التلفزيون هو المصدر الأساسي للمعرفة حول المبادرات، وتبين أن أهم أسباب اهتمام المبحوثين بمبادرة صحة المرأة المصرية هي رغبة المرأة الريفية في الاطمئنان على صحتها من ناحية. وتلقي العلاج من جهة أخرى، بالإضافة إلى توفير الوقت والجهد والتكلفة. كما تبين أن التقييم الاجتماعي لكلا المبادرتين كان مرتفعاً، وكانت أهم المعوقات هي تعقيد بعض إجراءات الفحص وبعض الأمور المتعلقة بالفريق الطبي. كما تبين أن المبادرة ساهمت بشكل جيد في تحقيق الاستفادة المباشرة للمصابين بالمرض من خلال توفير الوقت والجهد وعناء التنقل عبر المسافات المختلفة، وتكلفة النقل للمريضة ومرافقها، وتكلفة الفحص. والمتابعة. وتكلفة الأدوية.

**الكلمات المفتاحية:** المبادرات الصحية، دعم صحة المرأة المصرية، سكان الريف بمحافظة سوهاج.