ISSN(O): 2320-5407 | ISSN(P): 3107-4928

# International Journal of Advanced Research

**Publisher's Name: Jana Publication and Research LLP**

*www.journalijar.com*

## REVIEWER'S REPORT

**Manuscript No.: IJAR-55724**

**Title:** LÂ'ACCES A LA CESARIENNE DANS LA ZONE DE COUVERTURE DU DISTRICT SANITAIRE DE BLITTA (TOGO),

**Recommendation:**
**Accept after minor revision**

| Rating | Excel. | Good | Fair | Poor |
|---|---|---|---|---|
| Originality | | ✔, | | |
| Techn. Quality | | ✔, | | |
| Clarity | ✔, | | | |
| Significance | ✔, | | | |

**Reviewer Name: Dr Abdul Haseeb Mir**

## Detailed Reviewer's Report

The article offers a detailed and empirically grounded analysis of access to cesarean section in the Blitta Health District of Togo, addressing a critical public health issue in sub-Saharan Africa. By focusing on geographical and socio-economic determinants of access to emergency obstetric care, the study contributes meaningfully to debates on maternal and neonatal health, health equity, and spatial disparities in healthcare provision. The topic is timely and policy-relevant, particularly in light of the Sustainable Development Goals and ongoing national and regional efforts to reduce maternal and infant mortality.

Conceptually, the article is well positioned within the literature on obstetric care and health geography. The author demonstrates a solid command of global and regional scholarship on cesarean section trends, drawing on authoritative sources such as WHO reports, UNICEF data, and key academic contributions by Dumont and Guilmoto, Betrán et al., and Kabore. The distinction made between medically necessary cesarean sections and excessive or non-indicated procedures is analytically important and avoids a simplistic interpretation of low cesarean rates as inherently positive. The framing of access to cesarean section as a multidimensional issue—shaped by infrastructure, distance, human resources, and socio-economic vulnerability—is conceptually sound and well articulated.

ISSN(O): 2320-5407 | ISSN(P): 3107-4928
International Journal of Advanced Research
Publisher's Name: Jana Publication and Research LLP
*www.journalijar.com*

**REVIEWER'S REPORT**

The introduction is comprehensive and effectively situates the Blitta case within broader global and national trends. The historical overview of cesarean section, the discussion of rising global rates, and the contrast between overuse in high-income countries and underuse in low-income contexts provide a strong rationale for the study. The research questions are clearly formulated and logically derived from the identified gaps in access and equity. The objectives of the article are explicit and consistently addressed throughout the text.

Methodologically, the study adopts a mixed-methods approach combining documentary analysis, direct field observation, quantitative analysis of maternity registers, and qualitative interviews with healthcare professionals, postpartum women, and local authorities. This triangulation of data sources is a major strength of the article, as it allows the author to capture both structural patterns and lived experiences of access to cesarean care. The description of the study area, including its geographical characteristics, population distribution, and health infrastructure, is detailed and supported by maps and tables, which enhance the clarity and empirical grounding of the analysis.

The quantitative analysis of cesarean section trends between 2019 and 2024 is clearly presented and reveals important findings, particularly the persistently low average cesarean rate of 3.3% in the district despite national progress and cost-reduction policies. The spatial distribution of referrals and the identification of distance, road conditions, and uneven distribution of SONUC and SONUB facilities as key barriers are convincingly demonstrated through tables, figures, and cartographic representations. The qualitative insights from health workers and women who underwent cesarean sections add depth to the analysis and illustrate how geographical constraints translate into delayed care, risky transportation, and unequal health outcomes.

The discussion section effectively connects the empirical findings with existing literature and confirms that the Blitta case reflects broader patterns observed in other parts of West Africa. The author rightly emphasizes that financial subsidies alone are insufficient to ensure equitable access when geographical and infrastructural barriers remain severe. The argument that low cesarean rates in this context indicate unmet medical need rather than overmedicalization is well supported and analytically important.

Despite its many strengths, the article would benefit from some refinements. At times, the descriptive richness of the results section could be complemented by a more explicit analytical synthesis, particularly

ISSN(O): 2320-5407 | ISSN(P): 3107-4928
International Journal of Advanced Research
Publisher's Name: Jana Publication and Research LLP
*www.journalijar.com*

**REVIEWER'S REPORT**

in relation to health system governance and policy implementation. While the geographical factors are thoroughly examined, greater attention could be given to institutional coordination, referral protocols, and emergency transport systems as mediating variables between space and access. Additionally, although the methodology is generally clear, a brief clarification of sampling criteria for interviews and a more explicit justification of sample size would further strengthen methodological transparency.

From an editorial perspective, the article is generally well written, but minor language and stylistic revisions are needed. These include correcting typographical inconsistencies, improving sentence flow in longer paragraphs, and standardizing terminology and citation format. These issues are minor and do not detract from the overall quality or originality of the research.

**Recommendation**

Overall, the article provides a robust, well-documented, and policy-relevant contribution to the study of maternal health and access to emergency obstetric care in rural sub-Saharan Africa. Its empirical depth, methodological triangulation, and clear focus on geographical determinants constitute significant strengths. The limitations identified are minor and readily addressable through targeted revisions.

I therefore recommend the article for publication with minor revisions.