

## Caesarean Section acceptability and rate in South Sudan

Women may refuse or be reluctant to have a planned or unplanned Caesarean Section (CS) for many reasons. A knowledge of these reasons can help health professionals to persuade a woman and, as importantly, her relatives to agree to a CS if the need arises.

The article on page 89 reports on the knowledge, attitude and willingness to accept CS among women in southwest Nigeria, and gives references to similar studies in other parts of West Africa. There appear to be few studies in eastern or central Africa, including South Sudan (although data from South Africa<sup>[1]</sup> and immigrant Somali women in US <sup>[2]</sup> indicate negative attitudes).

The most common indicator for CS in Africa is obstructed labour. If not treated promptly by an emergency CS, obstructed labour may lead to vesico-vaginal fistulae (VVF) in the mother or end in maternal/neonatal deaths (see article on page 93). Thus, the alternative to not doing a CS is worse for the mother and baby, although the complications of CS itself cannot outweigh the safety of the dyad.

There is no comprehensive data on the rate of CS or its acceptance rate among women in South Sudan. Globally, World Health Organization (WHO) has expressed concern about the rise in CS rates. Its statement emphasized that "Every effort should be made to provide Caesarean Sections to women in need, rather than striving to achieve a specific rate"<sup>[3]</sup>.

SSMJ is interested in publishing valid information on the perception of CS from South Sudanese women and their families.

### References

1. Roux S. An exploratory study of mothers' perceptions and experiences of an unplanned Caesarean Section North-West University Potchefstroom Campus
2. Borkan A. Rejecting Vulnerability: Somali women's resistance to Cesarean Section in Columbus, Ohio Thesis.
3. WHO, Statement on Caesarean Section Rates 2015