

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: Mar 27, 2020
To: "Alok Atreya" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-20-360

RE: Manuscript Number ONG-20-360

The untouchable Nepalese females in the menstrual huts.

Dear Dr. Atreya:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Due to the COVID-19 pandemic, your paper will be maintained in active status for 30 days from the date of this letter. If we have not heard from you by Apr 26, 2020, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1:

The authors well describe the disturbing practice in Nepal of women and girls being banished to unsafe menstrual huts during menstruation. While the authors have cited several other published papers, the amount of information available in medical journals is surprisingly sparse on this topic. As the authors describe it, the practice is based in cultural beliefs that are sexist, patriarchal, and superstitious, but the medical consequences for girls and women are potentially severe. There have been recent reports in the mainstream new media (NY Times, Reuters, The Guardian, Huffington Post, CNN, BBC, NPR) of deaths of women from fires and more recently, of the arrest of a male relative in such a case. The authors bring this issue to obstetrician-gynecologists as a medical issue that must be recognized before it can be addressed and eradicated.

This reviewer would be interested in hearing a bit more of an actual Personal Perspective from the authors. I would like to hear about the authors' backgrounds, practices, and perspectives. The affiliations with the departments of forensic medicine and community medicine at the teaching hospital in Palpa, Nepal tell us a bit about the authors--they are educators and likely also clinicians (? MD degrees), but I would personally be interested in hearing how/why the authors chose to write about this topic. What experiences have they had that led them to speak out? What efforts are occurring among the medical communities in Nepal to further stamp out this practice? Why did they choose to alert the international community in the way that they did--with a scholarly article?

The paper requires some attention to grammar, punctuation, and English language word usage. The quality of the paper would be improved with input from a native English speaker, ideally one who is familiar with this topic in Nepal.

Reviewer #2: Atreya presents a personal perspective dealing with the menstrual exile placed on girls and women in rural Nepal. I have the following questions/comments for the authors:

1- The spelling, word choice, and grammatical errors throughout this article would suggest that English is not the first language of the author(s). If considering a revision, I recommend use of a consultant who is facile with the English language.

2- Shining a light on this practice as well as the unintended consequences of the government interventions to try to stop the practice is worthwhile and appreciated. I found the subject matter compelling.

3- The prose is often rambling and difficult to follow but this may be primarily the language barrier and might be corrected with editing for English grammar usage and sentence structure. Revisit the flow with a native English speaker after revisions to ensure that no further restructuring is needed.

Reviewer #3: This is an important issue, but needs rewriting.

EDITORIAL OFFICE COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

- A. OPT-IN: Yes, please publish my point-by-point response letter.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

3. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

4. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Personal Perspectives essays should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

5. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

6. Provide a short title of no more than 45 characters (40 characters for case reports), including spaces, for use as a running foot.

7. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

8. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

9. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a

measurement.

10. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 30 days from the date of this letter. If we have not heard from you by Apr 26, 2020, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

The Editors of Obstetrics & Gynecology

2018 IMPACT FACTOR: 4.965

2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

Dear Editor,

We thank you for the opportunity to revise the manuscript. We would also like to thank the learned reviewers for the critical comments to improve the manuscript. The point wise response to the comments are made. Please kindly do the needful.

Sincerely,

Corresponding Author

Alok Atreya.

Reviewer #1:

The authors well describe the disturbing practice in Nepal of women and girls being banished to unsafe menstrual huts during menstruation. While the authors have cited several other published papers, the amount of information available in medical journals is surprisingly sparse on this topic. As the authors describe it, the practice is based in cultural beliefs that are sexist, patriarchal, and superstitious, but the medical consequences for girls and women are potentially severe. There have been recent reports in the mainstream new media (NY Times, Reuters, The Guardian, Huffington Post, CNN, BBC, NPR) of deaths of women from fires and more recently, of the arrest of a male relative in such a case. The authors bring this issue to obstetrician-gynecologists as a medical issue that must be recognized before it can be addressed and eradicated.

Response: Thank you for the comments.

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-with a scholarly article?

Response: Although menstruation is a normal process during the reproductive age of a woman, it is still regarded as a taboo in Nepal. The unscientific practice is linked to many health-related issues which are overlooked. The authors with this article attempt to raise a voice to abolish the unscientific cultural practice of menstruation in Nepal.

Author SN is a Community Physician. The following paragraph is included in the manuscript.

“The Department of Community Medicine in the Institution where the authors are affiliated, organized a mass campaign to raise awareness and improve menstrual hygienene in May 2019 to mark ‘menstrual hygienene awareness month’. The campaign included various activities, like street dance (flash mob), street drama and distribution of pamphlets. Almost all the rural schools were visited and the adoloscent female students were instructed on how to make reusable sanitary pads and how to reuse them in the most hygenic way.”

The following paragraph is included in the manuscript which describes the personal experience of Medicolegal expert: “The mother of a 12-year-old girl visited a nearby health post for the per-vaginal bleeding of her daughter. Initially, she thought it was her first menstruation. When two adult size gauze-cotton pads were completely soaked with blood, the health care personnel referred her to a higher center. Menstruation is such a taboo in rural communities in the western region of Nepal, that the mother then travelled approximately 100 km along mountainous roads in order to reach a tertiary care center for further treatment, as she did not want people, from her locality, to know that her child had per vaginal bleeding. On-duty clinicians were suspicious of potential abuse and requested for medicolegal consultation. The child was examined by the first author, who noted a muscle-deep laceration of the perineum at the 6 o’clock position and hymenal laceration at the 4 o’ clock position. The labia majora were tender to the touch and the labia minora were swollen and tender. There was delayed physical and mental development of the girl who was likely to be suffering from Down Syndrome. Further elicitation of the history revealed the child was sexually abused and the police was informed.”

The paper requires some attention to grammar, punctuation, and English language word usage.

The quality of the paper would be improved with input from a native English speaker, ideally

one who is familiar with this topic in Nepal.

Response: The authors tried to improve the language and content of the manuscript with help from native English speaker and obstetrician-gynecologist.

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A. OPT-IN: Yes, please publish my point-by-point response letter.