

Summary

Female genital mutilation and cutting is a subject of global interest, with many countries of the world still practicing it despite efforts by the WHO and other agencies to discourage the practice. The highest known prevalence is in Africa.

Female genital cutting is the collective name given to traditional practices that involve partial or total cutting away of the female external genitalia whether for cultural or other non – therapeutic reasons.

The procedures were commonly referred to as female circumcision, but the terms female genital mutilation and female genital cutting are now dominant throughout the international community. Opponents of the practice often use the term female genital mutilation, whereas groups that oppose the stigma of the word mutilation prefer to use the term female genital cutting.

The goal of this study was health promotion of children in Egypt through reduction of violence against them by minimizing the size of the problem of female genital mutilation. The objective was to identify Knowledge Attitude & Practice of physicians in both October 6 and Benha faculties of medicine about female genital mutilation together with the magnitude of the problem in both October 6 and

Benha faculties of medicine. Finally, Suitable recommendations will be submitted.

This study included five hundred physicians randomly selected from faculties of medicine, Benha and October 6 Universities including the departments of Gynaecology & Obstetrics, Paediatrics, General Surgery, and General Practice.

The questionnaire was done to fulfil the following objectives:

- To give the demonstrator a chance to practice testing the questionnaire on a small scale.
- To make sure that the questions of the questionnaire are in a logical sequence and there is no typing error, and to ascertain whether the questions are comprehensive and whether any rewording will improve them.

The study showed that most of the physicians were found to be from urban areas(81.5%) which affected the results of performing female genital mutilation and beliefs regarding this practice as the residency has its effect on the way of thinking according to the findings that state that some scholars argue that attitudinal variations based on residence are probably rooted in such factors as the area's ethnic composition, neighbouring countries, dominant religious affiliation, and level of urbanization.

The great majority of studied physicians(51%) accused the family will as the main major cause of spread of female circumcision.

This finding holds true for only the female physicians while males said that there are religious reasons behind such practice in most of all the studied geographical areas.

Integration of all efforts to change the social tradition, which is the main reason behind female genital mutilation. All concerned community leaders and agencies including physicians, social workers, educators and religious men should be actively participating.

Correction of wrong health knowledge, ethical considerations, and misunderstanding of religious believes needs the efforts of all community influence personnel. Efforts have to be directed to parents as key personnel connected to this malpractice.