INTRODUCTION

Female genital mutilation (FGM) 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 ***(Onuh S et al., 2006).***

Female genital cutting (FGC) 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 ***(Raimbo, 1999).***

The procedures were commonly referred to as female circumcision, but the terms female genital mutilation (FGM) and female genital cutting (FGC) 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. A few organizations have started using the combined term female genital mutilation / cutting (FGM / C). Some twenty – first century scholars continue to refer to the procedures as female circumcision ***(WHO, 2006).***

It is estimated that between 100 and 130 million girls and women now alive in at least 28 African countries and the Middle East have been subjected to FGC ***(El-Zanaty & Way, 2001).***

Practices involving cutting of female genitals have been found throughout history in many cultures, but there is no definitive evidence documenting when or why this ritual began. Some theories suggest that FGC might have been practiced in ancient Egypt as a sign of distinction, while others hypothesize its origin in ancient Greece, Rome, Pre – Islamic Arabia and the Tsarist Russian Federation ***(Al-Hussaini, 2003)***.

In Egypt, the Demographic Health Survey in 2000 revealed that 97% of married women surveyed experienced FGC. Another study, carried out by the Egyptian Ministry of Health and Population in 2003, reported that 94.6 % of married women had been exposed to FGC and 69.1 % of those women agreed to carry out FGC on their daughters. A pilot study by the Health Insurance Organization showed that 41 % of female students in primary, preparatory and secondary schools had been exposed to FGC ***(Elgaali et al., 2005).***

FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Immediate complications can include severe pain, shock, hemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury

to nearby genital tissue. Long – term consequences can include recurrent bladder and urinary tract infections, cysts, infertility, the need for later surgeries ***(Paul & Amos, 2006).***

AIM OF THE WORK

The goal of this study was health protection of female children in Egypt through reduction of violence against them by minimizing the size of the problem of female genital mutilation.

The objective was to assess KAP of physicians in both October 6 and Benha faculties of medicine about female genital mutilation.

We will compare between male and female physicians regarding their knowledge, attitude and practice of FGM.

Finally, Suitable recommendations will be submitted.