RESULTS

Table (1) Personnel and Sociodemographic characteristics of the studied physicians:

Characteristics		No=500	Percentage (%)
Age	25 –	104	20.8%
	30 –	281	56.2%
	35 – 36	115	23%
	Mean ± SD Range	32.3 ± 3.5 28 – 36	
Sex	Male	240	44.4%
	Female	260	55.6%
Marital status	Single	185	37.1%
	Married	315	62.9%
Residence	Rural	93	18.5%
	Urban	407	81.5%
Homeland of physician	Lower Egypt	481	96.3%
	Upper Egypt	19	3.7%
Job of husband/wife	Employee	189	37.8%
	Professional	256	51.2%
	Housewife	55	11%

Table (1) shows that the studied physicians were in an age group ranging from 28 to 36 years with mean age ±32.3 years. Most of them were in an age group 30 – 35 (56.4%). More than half of the physicians were females (55.6%) and were married (62.9%). 81.5% of the studied physicians were found to be from urban areas.

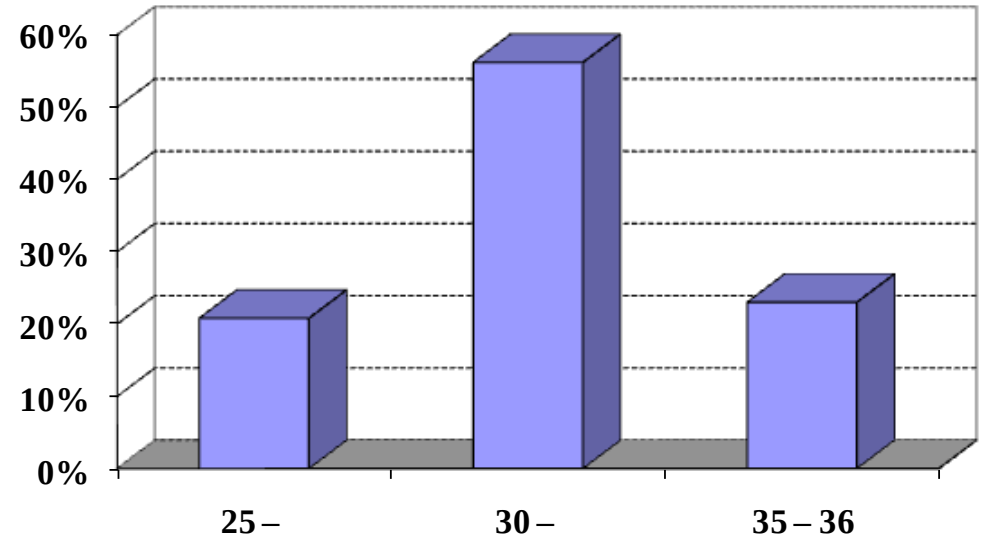

Figure (1): Distribution of age groups among study cases

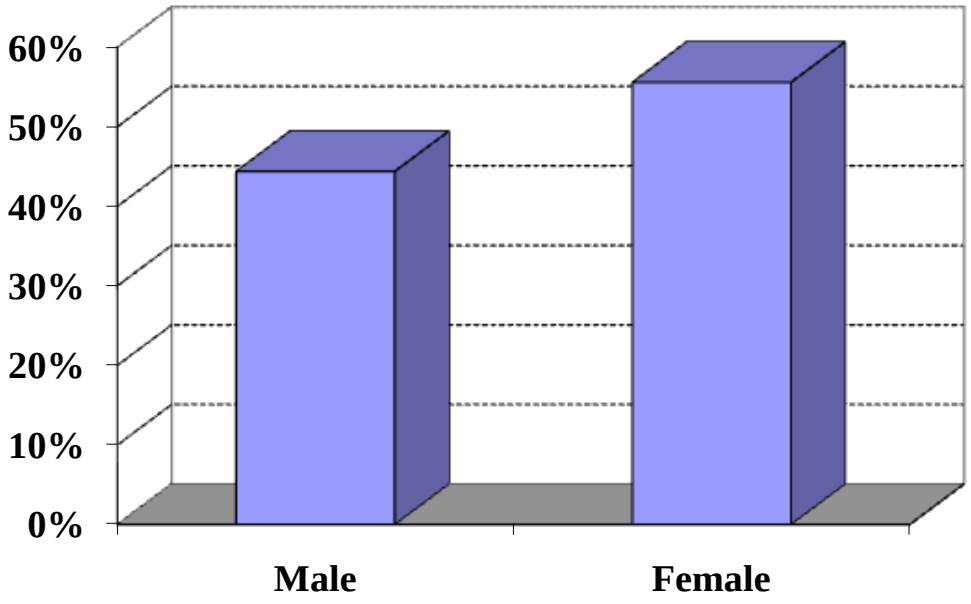

Figure (2): Distribution of gender among study cases

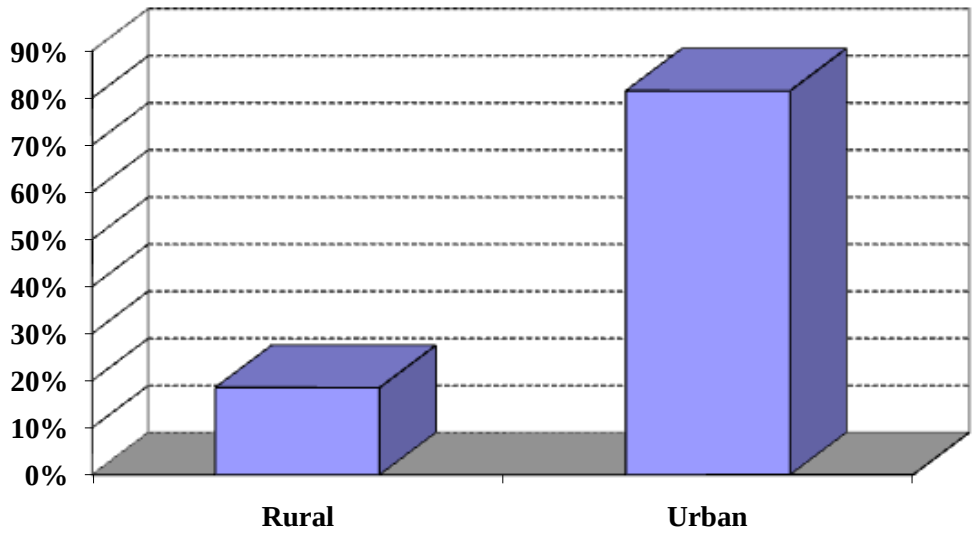

Figure (3): Residence distribution among the study cases

Knowledge of physicians about FGM

Table (2): Studied physicians regarding their knowledge about FGM as a medical practices according to sex:

FGM as one of the medical practices	Male		Female		Total		χ^2	p
	No.	%	No.	%	No.	%		
Yes	100	41.7%	0	0%	100	20.0%	132.8	<0.001
No	140	58.3%	260	100.0%	400	80.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (2): Percentage distribution of knowledge of the studied physicians regarding FGM shows that it is not considered as one of the medical practices by 80% of the studied physicians of which 58.3% are males and 100% are females while only 20% consider FGM as one of the medical practices 41.7% of which are males and 0% are females. The difference is statistically significant (p<0.001).

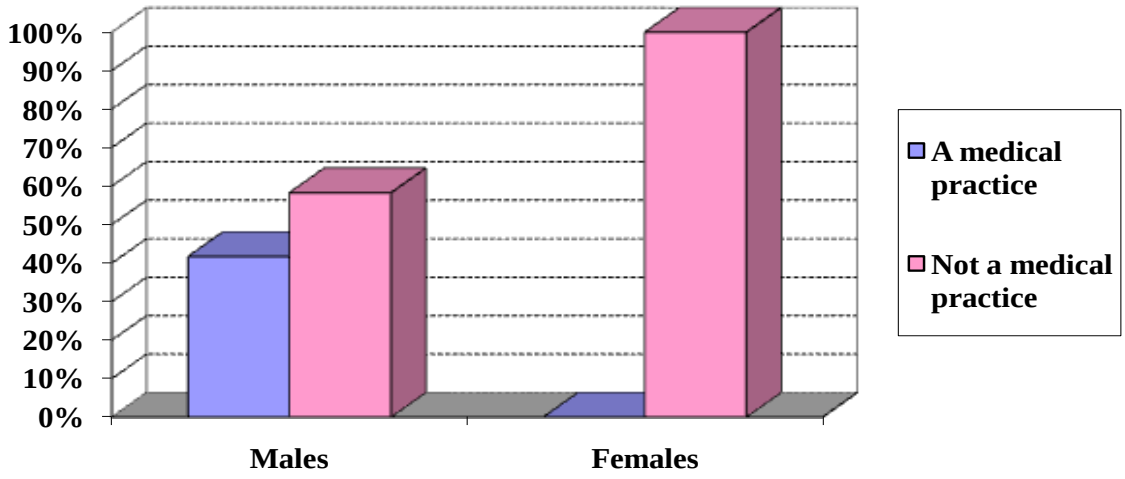

Figure (4): Distribution of physicians' knowledge about FGM as a medical practice according to sex

Table (3) Physicians knowledge about the types of troubles encountered by FGM problems according to sex:

Complications of FGM	Male		Female		Total		χ^2	P
	No.	%	No.	%	No.	%		
Hemorrhage & sepsis	48	20.0%	0	.0%	48	9.6%	363.5	<0.001
Sexual problems in intercourse with marriage	152	63.4%	0	.0%	152	30.4%		
All of the above	40	16.7%	230	88.5%	270	54.0%		
No complications	0	0%	30	11.5%	30	6.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (3): Percentage distribution of knowledge of the studied physicians regarding complications of FGM shows that 54% of the studied physicians stated that the most common complication of FGM are hemorrhage, sepsis and sexual problems 16.7% of which are males and 88.5% are females while only 6% believe that FGM has no complications 11.5% are females,30.4% of the studied physicians stated that the only FGM complication is sexual problems 63.4% of which are males. The difference is statistically significant(p<0.001).

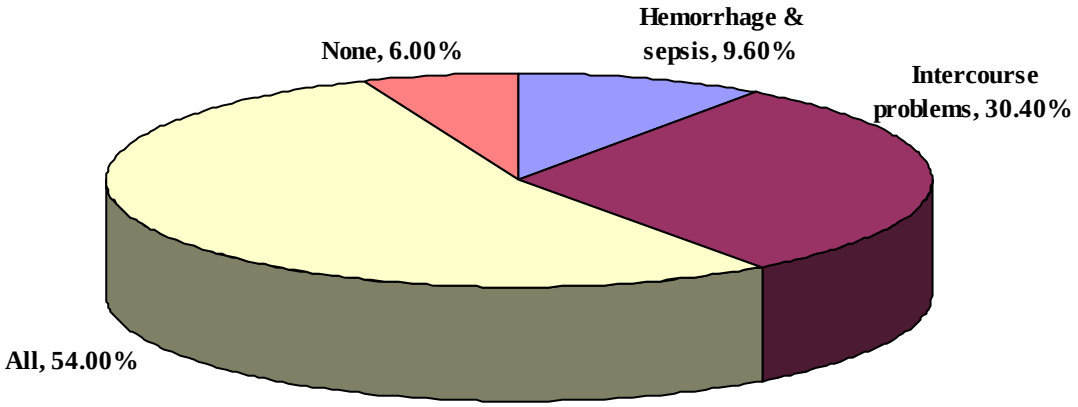

Figure (5): Distribution of physicians' knowledge about the troubles encountered by FGM problems

Table (4) Physicians knowledge about key personnel responsible for performing FGM practice according to sex:

Personnel performing FGM	Male		Female		Total		χ^2	P
	No.	%	No.	%	No.	%		
Doctor	40	16.7%	0	0%	40	8.0%	325.6	<0.001
Nurse	64	26.7%	0	0%	64	12.8%		
Mid wife	136	56.7%	64	24.6%	200	40.0%		
Experienced women in this field	0	0%	196	75.4%	196	39.2%		
Total	240	100%	260	100.0%	500	100.0%		

Table (4): Percentage distribution of knowledge of the studied physicians regarding personnel performing FGM shows that 40% said that the midwife top the list about the person performing FGM 56.7% of which are males and 24.6% are females while 39.2% believe that an experienced woman in this field performs FGM all of which are females and only 8% believe that a doctor performs FGM 16.7% all of which are males. The difference is statistically significant (p<0.001).

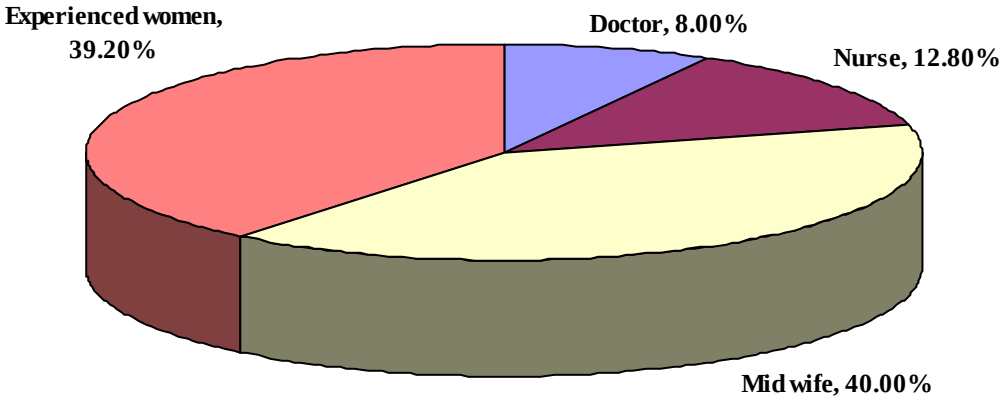

Figure (6): Distribution of physicians' knowledge about key personnel responsible for decision making for FGM practice

Table(5) Knowledge of studied physicians about ministry of health decree:

Knowledge about ministry of health decree	Male		Female		Total		χ^2	P
	No.	%	No.	%	No.	%		
Yes	100	41.7%	0	.0%	100	20.0%	132.8	<0.001
No	140	58.3%	260	100.0%	400	80.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (5) Percentage distribution of knowledge of the studied physicians regarding the ministry of health decree shows that 80% didn't know about the ministry of health decree 58.3% of which are males and 100% are females while only 20% did know about the decree all of which are males. The difference is statistically significant($p<0.001$).

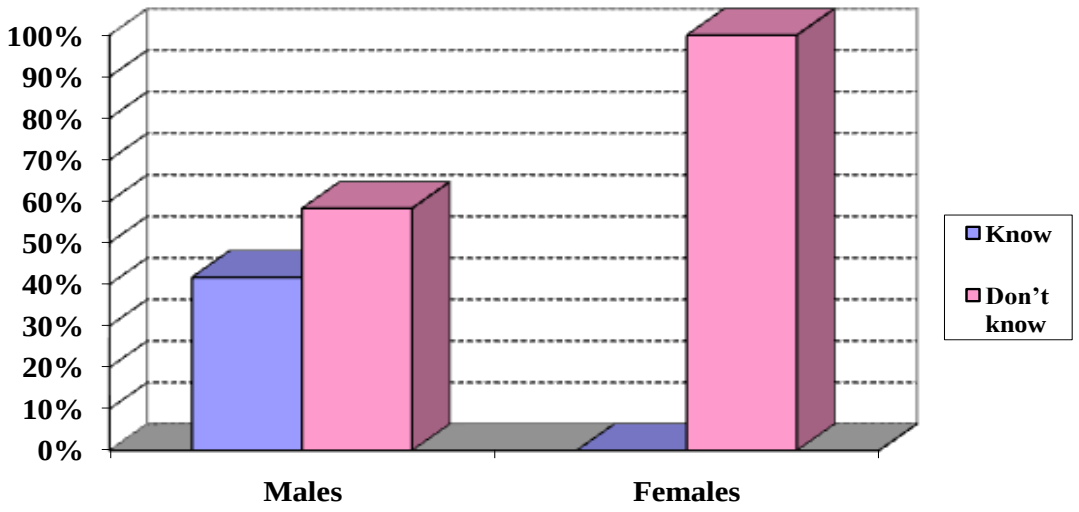

Figure (7): Distribution of knowledge of studied physicians about ministry of health decree according to sex

Table (6) Source of information of the studied physicians about FGM according to sex:

Source of knowledge about FGM	Male		Female		Total		χ^2	P
	No.	%	No.	%	No.	%		
References and scientific books	120	50.0%	0	0%	120	24.0%	339.7	<0.001
News paper	120	50.0%	60	23.1%	180	36.0%		
Audio visual aids	0	0%	200	76.9%	200	40.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (6) Percentage distribution of knowledge of the studied physicians regarding the source of knowledge about FGM shows that 40% of the studied physicians' knowledge came from audio visual aids all of which are females while 36% of the studied physicians say that their source of knowledge come from newspapers 50% of which are males and 23.1% are females while only 24% use scientific books as a source of knowledge about FGM 50% of which are males and 24% are females. The difference is statistically significant ($p<0.001$).

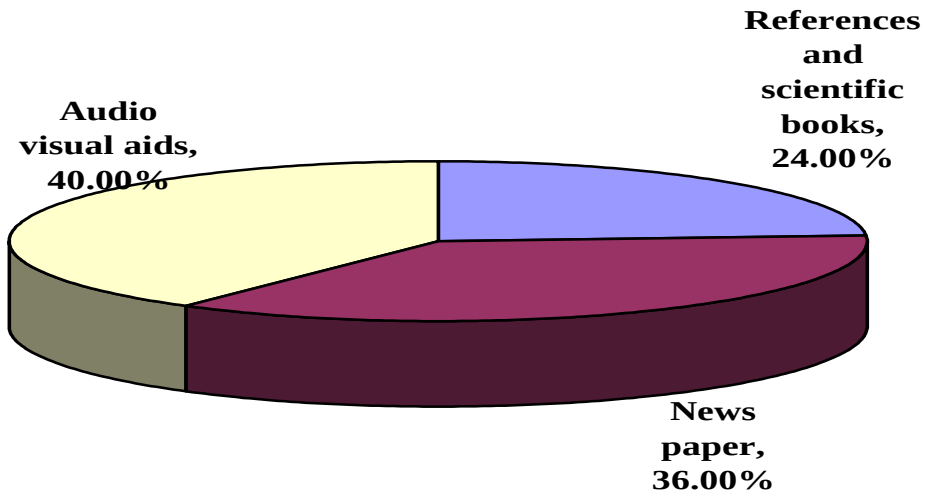

Figure (8): Distribution of Source of information of the studied physicians about FGM

Table(7) Best method combat FGM according to sex:

Ways to combat FGM	Male		Female		Total		χ^2	P
	No.	%	No.	%	No.	%		
Giving knowledge from religious men	240	100.0%	60	23.1%	300	60.0%	307.7	<0.001
Giving knowledge from media	0	0%	140	53.8%	140	28.0%		
By laws	0	0%	45	17.3%	45	9.0%		
By punishment of parents	0	0%	15	5.8%	15	3.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (7) Percentage distribution of knowledge of the studied physicians regarding ways to combat FGM shows that 60% believe that receiving knowledge from religious men is one of the best ways to combat FGM (100% males and 23.1% females) followed by 28% believe that the media is one of the best ways to combat FGM all of which are females. The difference is statistically significant(p<0.001).

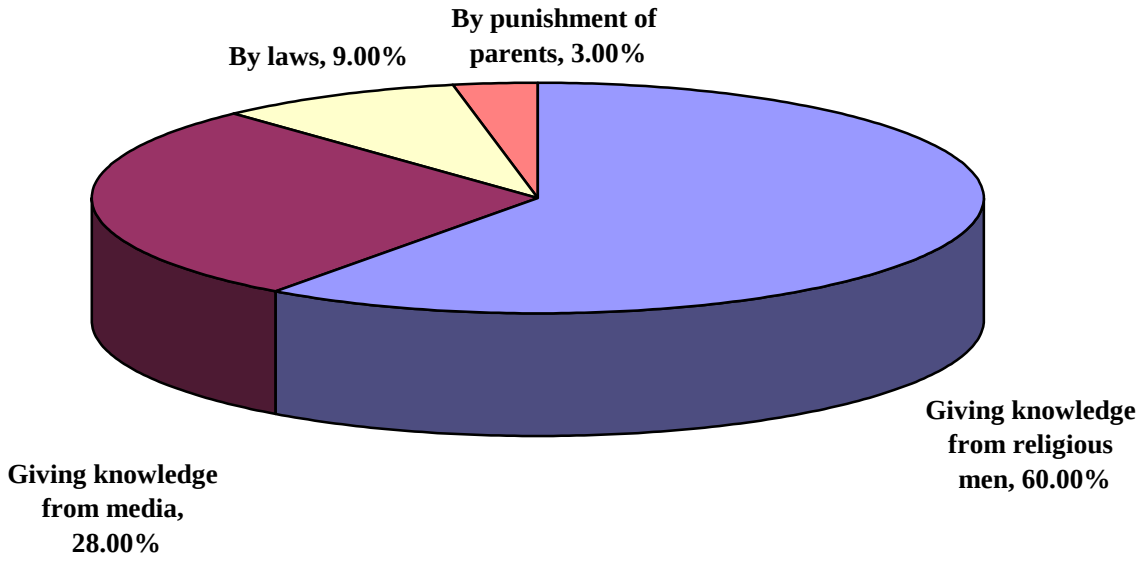

Figure (9): Distribution of knowledge about the best method combat FGM

Attitude of physicians about FGM

Table (8) Physicians' opinion regarding the importance of practicing FGM according to sex:

FGM as an important practice	Male		Female		Total		χ^2	P
	No.	%	No.	%	No.	%		
Yes	60	25.0%	0	.0%	60	12.0%	71.5	<0.001
No	180	75.0%	260	100.0%	440	88.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (8) Percentage distribution of attitude of the studied physicians regarding the importance of FGM shows that 88% of the studied physicians do not consider FGM as an important practice 100% of which are females and 75% are males and only 12% of the studied physicians all of which are males believe that FGM is an important practice. The difference is statistically significant (p<0.001).

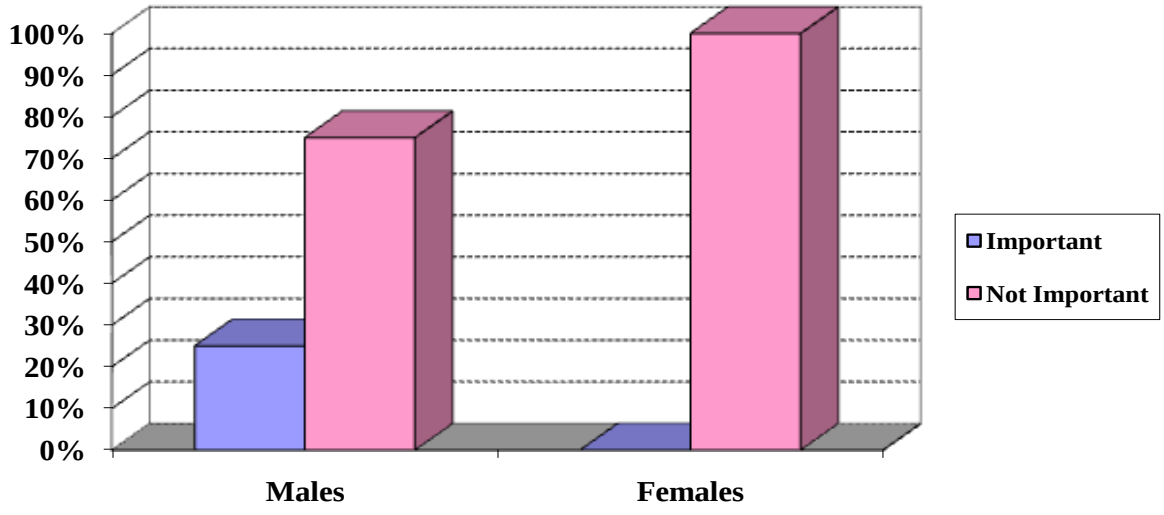

Figure (10): Attitude of physicians towards the importance of practicing FGM according to sex

Table (9) Physicians attitude towards agreement for performing FGM or recommending it when consulted according to sex:

Approval to perform FGM or recommend it when consulted	Male		Female		Total		χ^2	P
	No.	%	No.	%	No.	%		
Do not agree	240	100%	230	88.5%	470	94.0%	29.5	<0.001
Do not have sure opinion	0	0%	15	5.8%	15	3.0%		
Take religious people opinion	0	0%	15	5.8%	15	3.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (9) Percentage distribution of attitude of the studied physicians regarding willingness to perform FGM or recommend it shows that 94% of the studied physicians do not approve on performing or recommending FGM 100% of which are males and 88.5% are females while 6% would take religious people opinion or don't have a sure opinion about FGM. The difference is statistically significant ($p<0.001$).

Table (10) Attitude of studied physicians about decision making personnel for performing FGM according to sex:

Decision maker in performing FGM	Male		Female		Total		χ^2	p
	No.	%	No.	%	No.	%		
Father	60	25.0%	0	0%	60	12.0%	429.02	<0.001
Mother	120	50.0%	0	0%	120	24.0%		
Grandfather/ mother	40	16.7%	0	0%	40	8.0%		
Doctor	20	8.3%	155	59.6%	175	35.0%		
Religious people	0	0%	90	34.6%	90	18.0%		
Others	0	0%	15	5.8%	15	3.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (10) Percentage distribution of attitude of the studied physicians regarding the decision maker on performing FGM shows that 35% believe that a doctor should be the one to decide the need for performing FGM 8.3% are males and 59.6% are females while 24% believe that the mother is the decision all of which are males. The difference is statistically significant (p<0.001).

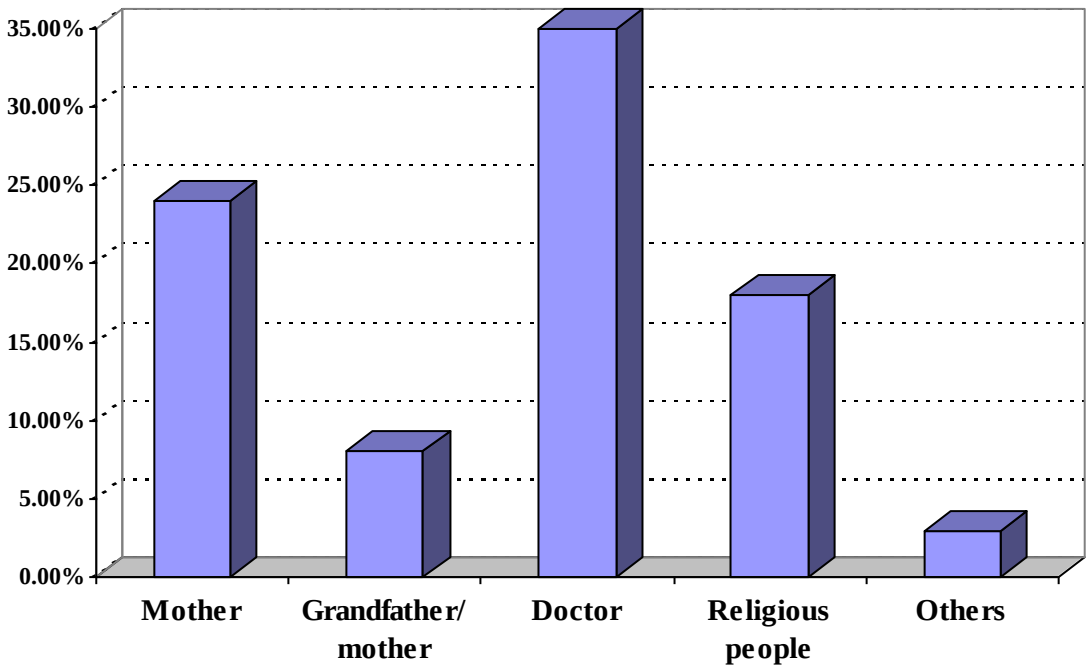

Figure (11): Attitude of studied physicians about decision making personnel for performing FGM

Table (11): The underlying reasons for practicing of FGM according to sex:

The reasons behind performing FGM	Male		Female		Total		χ^2	p
	No.	%	No.	%	No.	%		
Social benefit	60	25.0%	0	0%	60	12.0%	364.9	<0.001
Religious benefit	100	41.7%	0	0%	100	20.0%		
Health benefit	40	16.7%	0	0%	40	8.0%		
Family will	40	16.7%	215	82.7%	255	51.0%		
Increase income	0	0%	45	17.3%	45	9.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (11) Percentage distribution of attitude of the studied physicians regarding reasons behind performing FGM shows that 51% believe that the most important reason for performing FGM is the family 16.7% are males and 82.7% are females followed by 20% believe that there is a religious benefit in performing FGM all of which are males. The difference is statistically significant(p<0.001).

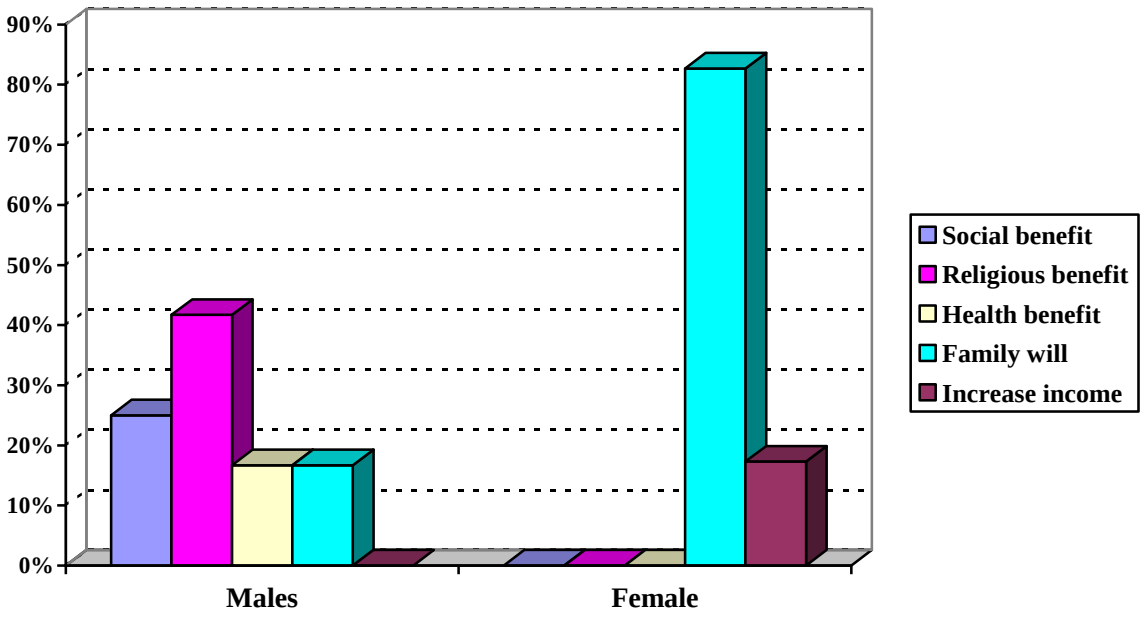

Figure (12): The underlying reasons for practicing of FGM according to sex

Practice

Table (12) Practice of FGM prior to the ministerial decree that prohibit the practice of FGM according to sex:

Practice of FGM prior to the ministry of health decree	Male		Female		Total		χ^2	P
	No.	%	No.	%	No.	%		
Yes	60	25.0%	0	.0%	60	12.0%	71.5	<0.001
No	180	75.0%	260	100.0%	440	88.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (12) Percentage distribution of practice of the studied physicians regarding FGM shows that 12% performed FGM before the declaration of the ministry of health decree all of which are males while 88% never performed FGM 100% are females and 75% are males. The difference is statistically significant(p<0.001).

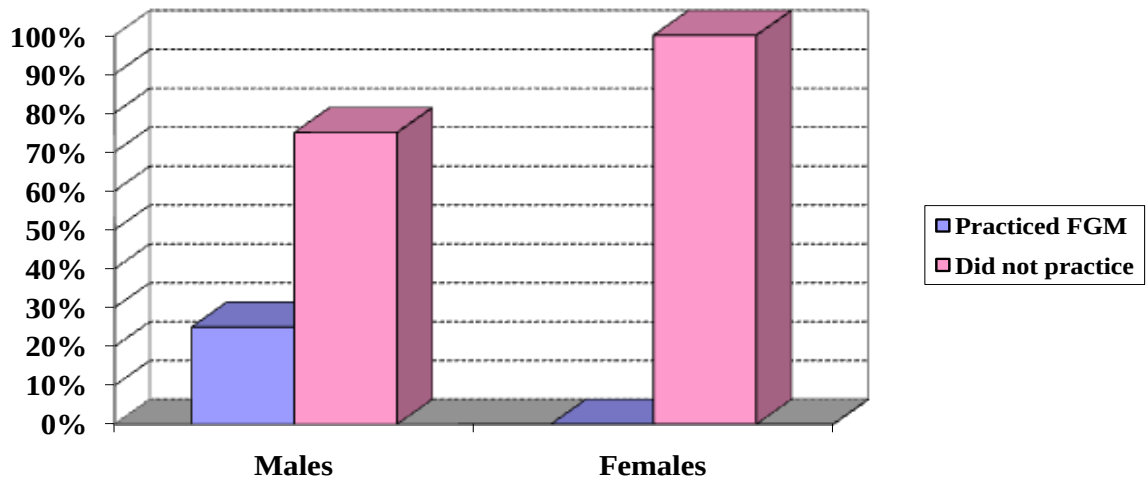

Figure (13): Practice of FGM prior to the ministerial decree that prohibit the practice of FGM according to sex

Table (13) Willingness of the studied physicians for active participation in health education campaigns against FGM according to sex:

willingness to participate in campaigns against FGM	Male		Female		Total		χ^2	P
	No.	%	No.	%	No.	%		
Yes	240	100.0%	40	15.4%	280	56.0%	395.2	<0.001
No	0	0%	220	84.6%	220	44.0%		
Total	240	100%	260	100.0%	500	100.0%		

Table (13) Percentage distribution of practice of the studied physicians regarding willingness to participate in campaigns against FGM shows that 56% are willing to participate in campaigns against FGM 100% of the males and 15.4% of the females while 44% are not willing to participate in campaigns against FGM by 84.6% all of which are females. The difference is statistically significant(p<0.001).

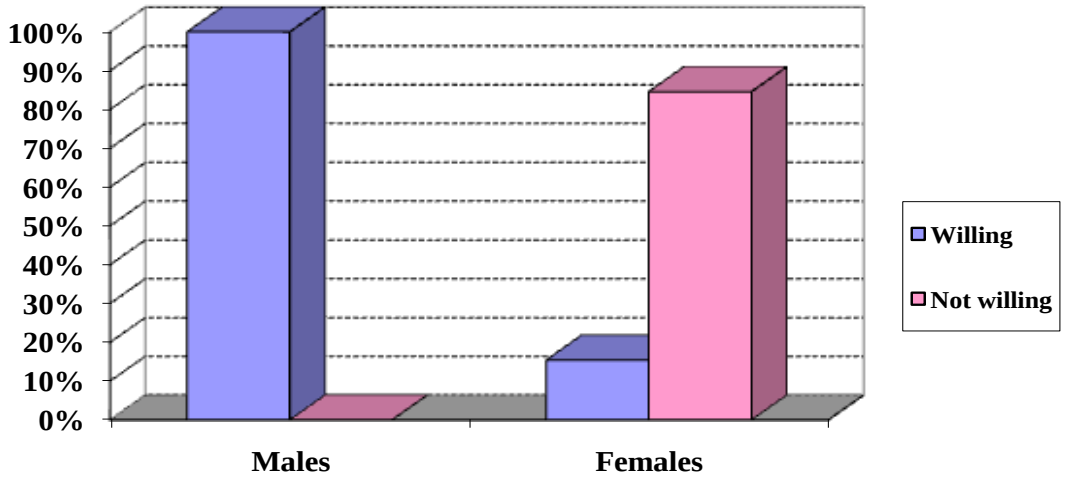

Figure (14): Willingness of the studied physicians for active participation in health education campaigns against FGM according to sex