

Summary

Female genital cutting it's a partial or complete removal of female external genitalia, varying from removal of The prepuce of clitoris only to full excision of The clitoris, The labia minora, and The labia majora. (Little, 2003).

In Egypt The prevalence of FGC in 1995 was 97% of Married women surveyed (**EDHS, 1995**), and In 2000 revealed that 97% of Married women surveyed (**EDHS, 2000**).

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 (Hannah Edwar / 16 September 2012 / Education Key to ending FGC in Egypt).

The Egyptian demographic and health survey in 2008 reports that The among females ages 15 to 19 years, The prevalence rate dropped to 81%, down from 96% in 2005.

Given The fact that The age of FGC in Egypt is generally before age 15 years and that The government has banned The practice (charlotte Feldman – Jacobs and Donna Clifton, FGC : Data and Trends – Update 2010 (English PDF : 198Kb) (French PDF : 173Kb).

The prevalence of FGC in the **current study** was **84.4%** in females between age of 14 and 40 years old, Including urban and rural females educated and non educated from upper and lower Egypt living In El Hagana area – Nasr City, Cairo.

The study carried out on 501 females in The child bearing period and will be selected randomly from The house hold from 2008 to 2010 to assess The prevalence of FGC and its complications.

According to The **WHO** classification (**type II**) FGC is The most prevalent (81.4%).

The interviewed females pointed to keeping habit as The main reasons regard FGC followed by keeping cleaning and religion.

The main decision Maker in FGC are mothers (76%) and 48% of females were operated by (Daya) and 31% by Doctors.

Most of females (76%) were circumcised at home and (59.2%) without Anasthesia and 97% without stitches.

Significant relation between types of FGC and complications in this study The type III FGC had 100% complications, Type II had 30.9% and Type I had 17.1%>

The complications resulting from The procedure are pain (85.6%), Bleeding (18%), Infections (18.7%), fear (43.2%).

Dysparaunia and vaginismus (5.8%) therefore, this study has recommended that :

FGC is done only if indicated, and when indicated it must be done at hospital by a physician, under Anasthesia and complete aseptic conditions, it should be also of type I FGC (Sunna type).