Dear editor,

Thank you for the comments and for the acceptance of the manuscript for publication.

Comment 1: Please incorporate your response to Comment 6 of the Reviewer 3 in the manuscript "Regarding the mystery client approach, please explain why and how the 2 particular scenarios were constructed. Did the team consider a scenario in which requests were made to circumcise babies or younger girls?" This needs to be included under the 'Mystery client visits' section on page 4.

Response: The response to the comment was included under the “Mystery client visits” section. "These scenarios were constructed based on the findings of the performed FGDs with physicians who mentioned that they are usually asked to circumcise girls at the age of 10-12 or asked to circumcise older girls about to get married. Mothers also in the FGDs mentioned that they either consult the physicians about circumcising their girls at the age of puberty and those who decline to circumcise their girls may get asked by the daughters fiancée or his family to circumcise the bride as a prerequisite for getting married. Both scenarios were discussed and agreed upon by the advisory committee of the national population council in Egypt to explore the responses of physicians when they face both situations.

Comment 2: It is not clear how you have responded to the Comment 7 of Reviewer 1, "In general, I recommend the manuscript be edited to improve it." Please mention if you have made any edits and how you have made that.

Response: We used the services of a professional freelance editor in the previous and current version of the manuscript to correct any language or grammar errors (all in track changes).
Comment 3: It will be useful to provide some practical implications of your study including policy implications.

Response: Practical and policy implications were added under the heading “Implications of the study.” With the culture of FGM/C still strong, tackling medicalization would only be possible by addressing both the demand for it by the community, as well as its supply by medical professionals. Sexual education should be included in school curriculum and integrated in social marketing campaigns for FGM/C abandonment. It should tackle not only FGM/C as a practice, but also correct its associated misconceptions. Moreover, information on FGM/C health and legal consequences should be integrated within the medical school curriculum framing FGM/C within a wider sexual health discourse. This will help in changing the mindset of medical practitioners to see the long-term effects of FGM/C. A team of experts would be instrumental in ensuring that the topic is tackled from all different perspectives.

Health care providers need to be equipped with the appropriate counselling skills on FGM/C to be better able to convince clients to abandon the practice. The use of innovative methods in training and role plays with well-prepared scenarios of different customers’ requests of FGM/C and how to deal with each should be integrated in training sessions. Religious, moral and legal aspects of FGM/C need to be included in training sessions and in awareness raising activities to ensure the delivery of a holistic multi-dimensional message. Furthermore, the medical syndicate should take punitive measures against physicians who practice FGM/C by revoking their license.