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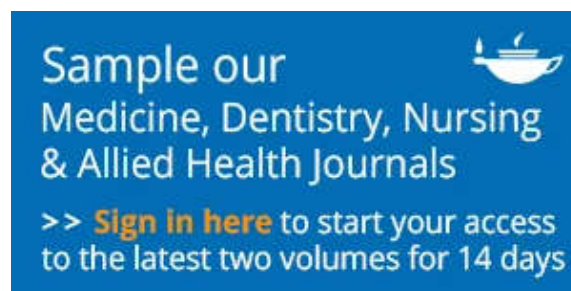
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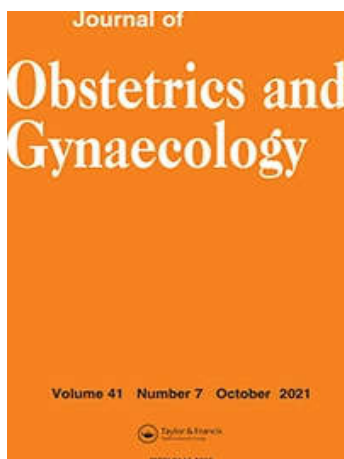
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The relationship between body privacy and anxiety in women having gynecological examination

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ABSTRACT

Protection of privacy during gynecological examination is one of the important ethical principles and invasion of body privacy can cause anxiety. This study was conducted in order to determine the relationship between the level of importance women attach to privacy and the level of anxiety. This descriptive-correlational study consisted of 349 women who applied to the obstetrics outpatient clinic of a university hospital to have gynecological examination. Data were collected using Body Privacy Scale for Gynecology and Obstetrics and State Anxiety Inventory. Before the gynecological examination, the high importance women attach to privacy in rights and all of them experienced anxiety. A positive relationship was found between the importance women attach to privacy and their anxiety levels. It was determined that the importance women attach to body privacy in these areas explained 16.3% of the total variance at the level of anxiety.

IMPACT STATEMENT

- **What is already known on this subject?** Gynecological examination is one of the basic examination methods in the protection of women's health. Protection of body privacy during gynecological examination is one of the most important ethical principles. Failure to exercise due care to ensure body privacy during gynecological examination causes anxiety in women.
- **What do the results of this study add?** In our study, it was found that women having gynecological examination place a high degree of emphasis on body privacy. It was determined that all women experienced anxiety before gynecological examination. It was determined that the importance women attach to body privacy was an important determinant in the increasing level of anxiety.
- **What are the implications of these findings for clinical practice and/or further research?** Not giving importance to body privacy, increases the level of anxiety before gynecological examination.

KEYWORDS

Gynecological examination; privacy; body; anxiety; woman

Introduction

Gynecological examination, which is among the check-ups performed for the protection of women's health, is an important part of gynecological care (Yanikkerem et al. 2009). Many women in the world undergo a gynecological examination at least once in their lifetime (Swahnberg et al. 2011). Even though gynecological examination takes shorter than other examinations, it can contain negative cognitive and behavioural conditions for women and healthcare professionals (Demiray et al. 2014). The most important of these conditions is an invasion of privacy. Due to the nature of gynecological care, there is a special need to protect privacy (FIGO 2012).

Privacy is critical among the sensitive issues that are addressed in the healthcare process for women. Invasion of women's privacy during gynecological evaluation and examination causes intense feeling of shame and fear and also feelings of inferiority and anxiety in women (Yanikkerem et al. 2009; Ouj et al. 2011; Ozbek and Sümer 2019). Anxiety

experienced during gynecological examination causes women to escape from the examination and to consult a doctor only when they cannot cope with their problems (Huber et al. 2009). This can make early diagnosis and treatment of diseases difficult and perhaps eliminates the chance of treatment due to delay (Altay and Kefeli 2012; Ozbek and Sümer 2019).

It is thought that this study will contribute to health professionals and science in taking into account the privacy dimension that can increase the level of anxiety, and in protecting women's health. For this reason, this study was conducted to determine the level of importance attached to privacy and anxiety levels of women having gynecological examination, and to determine the relationship between body privacy and anxiety.

Materials and methods

This study is descriptive and correlational type. The population of the study consisted of women who applied to the

gynaecology and obstetrics outpatient clinic of a university hospital between June and December 2019 and who were planned to have a gynecological examination. The sample size in this study was calculated by using power analysis, and 285 women were included in the study for a difference of ± 2 units accompanied by statistical parameters obtained from the reference studies at 0.90 test power, at $\beta = 0.10$ rate and at $\alpha = .05$ significance level. Women aged 18 and over, who were conscious, had verbal communication, had no hearing problems, had no neurological and psychiatric diagnosis, and who agreed to participate in the study were included in the research. In this context, the study was completed with 349 women who met the inclusion criteria.

Data were collected using personal information form, Body Privacy Scale for Gynecology and Obstetrics (BPSGO) and State Anxiety Inventory (STAI). BPSGO was developed by Degirmen (2014) to evaluate body privacy in gynaecology and obstetrics in terms of both the health service providers and receivers. Validity and reliability study of the scale was done. The scale consists of 37 questions, 5-point likert type and four subscales as general privacy, rights and privacy, ethics and privacy, and clinical privacy. All the subscales in the scale are positive and the answers given to each item are scored between 1 and 5. In the scale, '1' shows the lowest and '5' shows the highest score that can be obtained. As the mean score obtained from the scale increases, the importance given to body privacy increases. In this study, the Cronbach's alpha value of the scale was found to be 0.95.

The most commonly used test in medicine for anxiety measurement is STAI scale. Adaptation of the scale to Turkish was done by Oner and Le Compte (1983). This inventory measures the state anxiety level and consists of 20 questions. In this 4-point likert type inventory, 10 questions are coded reverse. In the calculation of the scale score, the total score of the reversed questions is subtracted from the total score of the direct questions and the number 50 is added to the value obtained. 0–19 points obtained from the scale indicated 'no anxiety', 20–39 points 'mild anxiety', 40–59 points 'moderate anxiety', 60–79 points 'severe anxiety' and stated that individuals with 6 or more points need professional help (Erbil et al. 2008). In this study, the Cronbach's alpha value of the scale was found to be 0.79.

Written permission was obtained from the ethics committee of a university (decision no: 2019-10/03) before collecting the data. In addition, every woman to be included in the study was informed verbally about the content of the study, about their voluntary participation, about the use of data to be used only within the scope of the research and to ensure confidentiality. Written consents of the women who agreed to participate in the study were obtained. The study was conducted in accordance with the ethical standards of the Helsinki declaration. Also, permission was obtained from the relevant authors to use the scales used in data collection.

Statistical analysis

Data was interpreted in SPSS 22.0 package program. The mean score and the percentage of the scores that women

got from the BPSGO and STAI were evaluated. Student t test, one-way ANOVA, Mann–Whitney *U* test and Kruskal–Wallis test were used to compare some socio-demographic and gynecological examination characteristics of women. The relationship between the BPSGO and STAI mean scores of women were evaluated by Pearson correlation analysis and multiple regression analysis. In statistical evaluation, significance was evaluated at $p < .05$.

Results

It was determined that 32.7% ($n = 114$) of women in the study are between 30 and 39 years old and 28.4% ($n = 99$) of them are between 40 and 49 years old, 93.1% ($n = 325$) are married and 9.7% ($n = 34$) are illiterate. Only 12% ($n = 42$) of the participants work and 73.8% ($n = 31$) of these women work in a health-related profession. Table 1 shows the characteristics of women regarding gynecological examination.

BPSGO mean score of women in the study was high (4.06 ± 0.60). In addition, it was determined that the STAI mean score of the women before the gynecological

Table 1. Gynecological examination related characteristics of women.

Characteristics	Frequency	Percent
Number of gynecological examinations		
First time	46	13.2
2–5	187	53.6
6 and more	116	33.2
Number of pregnancies		
None	19	5.4
1–2	195	55.9
3 and more	137	38.7
The reason for gynecological examination		
Pregnancy	99	28.4
Abortion	73	20.9
Bleeding	64	18.3
Pain	55	15.8
General medical examination	27	7.7
Other (vaginal infection, itching, menopause, infertility)	31	8.9
Being informed about the gynecological examination by the doctor, nurse or midwife before the examination		
Yes	267	76.5
No	82	23.5
Expectations from the health personnel before, during and after gynecological examination		
Smiling face	107	30.7
Good communication	78	22.3
Respect for privacy	76	21.8
Respect for individuality	42	12.0
Empathetic approach	30	8.6
Being informed	16	4.6
Female	289	82.8
Male	14	4.0
No preference	46	13.2
The person requested to be with during the examination		
Midwife/Nurse	118	33.8
Acquaintants (husband, relatives)	138	39.5
Nobody	93	26.6
The most intense feeling experienced before gynecological examination		
Shame/hesitation	130	37.2
Pain	96	27.5
Stress	39	11.2
Fear	37	10.6
Worry/Uneasiness	33	9.5
No negative feeling	14	4.0

Table 2. Distribution of BPSGO and STAI mean scores of women.

Scales	Mean \pm SD	Min-max scores obtained from the study	Frequency	Percent
BPSGO				
General privacy	3.90 \pm 0.74	1.44–4.89		
Rights and privacy	4.09 \pm 0.68	1.60–5.00		
Ethics and privacy	4.08 \pm 0.72	1.60–5.00		
Clinical privacy	4.17 \pm 0.66	2.22–5.00		
Total	4.06 \pm 0.60	2.39–4.90		
STAI				
General	51.88 \pm 11.58	27–69		
No anxiety			0	0.0
Mild anxiety			77	22.1
Moderate anxiety			171	49.0
Severe anxiety			101	28.9

Table 3. Stepwise multiple regression analysis of predictors of anxiety levels.

Variables	B	SE	β	t	p Value
Rights and privacy	8.690	2.136	0.517	4.069	.000**
Ethics and privacy	3.571	1.789	0.222	1.996	.047*
Clinical privacy	8.317	2.100	0.474	3.960	.000**

$R = 0.416$, $R^2 = 0.163$, $F = 17.972$, $p = .000^{**}$

* $p < .05$; ** $p < .01$.

examination was moderate (51.88 \pm 11.58), all of them experienced anxiety and especially 28.9% of them had severe anxiety (Table 2).

In multiple regression analysis, it was found that women's emphasis on body privacy in the areas of rights, ethics and clinics are factors that significantly affect their level of anxiety ($R = 0.416$, $R^2 = 0.163$, $F = 17.972$, $p = .000$). The importance women attach to body privacy in the area of rights, ethics and clinical accounts for 16.3% of the total variance at the level of anxiety. The high importance attached to privacy in ethical and clinical areas increases the level of anxiety (Table 3).

Discussion

Respecting privacy, which is a fundamental value in the provision of healthcare for women, is one of the most important human and reproductive rights (Bekmezci and Ozkan 2015). Protection of privacy in terms of religion is extremely important in Turkey, where the majority of individuals belong to Muslim religion. However, the correction of obstructive elements for the protection and improvement of women's health in terms of health policies in Turkey is recommended (Ilicioglu et al. 2017). In this study, it was aimed to determine the relationship between the importance women attach to body privacy and anxiety, and the findings were discussed in line with the literature.

In the study, it was determined that the importance that women attach to body privacy was high. In the study of Degirmen (2014), the importance of body privacy was compared among women receiving gynaecology and obstrety services, patients of surgery and internal diseases services, and healthy individuals, and there were no differences in ethics, rights, and clinical privacy between groups. There was only a significant difference in the area of general privacy, and the level of importance of surgery service patients for

general privacy was high and that of healthy individuals were low (Degirmen 2014). In another study, the vast majority of women (89.5%) claimed that privacy was violated during gynecological examination (Ouj et al. 2011). The findings of the study are important in terms of emphasising that privacy, which is an indispensable ethical principle in the provision of health services, is a very important value for women in terms of gynecological examination.

Anxiety is a condition that prevents women from receiving the best possible care (Altay and Kefeli 2012). Gynecological examination is an important part of life and it is a medical process that creates anxiety (Demiray et al. 2014). In this study, all women experienced anxiety before gynecological examination, overall anxiety level was moderate and approximately one-third experienced severe anxiety. The findings of the study are similar to the literature, and it was determined that women experienced moderate anxiety before gynecological examination (Erbil et al. 2008; Altay and Kefeli 2012; Ulker and Kivrak 2016; Ozbek and Sümer 2019). In a systematic study in which 15 studies were examined, it was stated that 10% to 80% of women experienced fear, shame and anxiety related to gynecological examination (Bloomfield et al. 2013). The study was conducted in Central Anatolia region of Turkey. As women living in this region are conservative and because of their religious and traditional attitudes, sexuality role in society and their prior knowledge and experiences, they have experienced severe anxiety before gynecological examination.

Women experience discomfort due to insufficient attention to their privacy before gynecological examination (Demir and Oskay 2014). In the study, it was determined that women's emphasis on privacy in rights, ethics and clinical areas was the factor affecting the level of anxiety, and the high importance attached to privacy in these areas was a determinant in increasing the level of anxiety. In one study, three-quarters of women stated that they were disturbed by not paying enough attention to privacy before gynecological examination (Demir and Oskay 2014). Although it is stated in the studies conducted in the literature that not protecting the privacy can be effective in the increase of anxiety level, there is no quantitative data related to the subject (Altay and Kefeli 2012; Ulker and Kivrak 2016; Aktas et al. 2018). Although the importance women attach to body privacy is important in terms of protecting personality, not paying attention to body privacy may be an indicator of their feeling of worthlessness. In this context, when the woman perceives a risk regarding the protection of body privacy, she may experience anxiety in return.

Conclusion

Women pay high attention to body privacy. The importance given to body privacy before gynecological examination is decisive in the control of anxiety. It is clear that positive gynecological examination experience for the woman is encouraging for her to come further examinations. For this reason, healthcare professionals should pay attention to the protection of women's privacy during gynecological

examination. In this context, practices such as trainings and role modelling should be carried out for health professionals in order to increase their ethical sensitivity to privacy. In addition, it is recommended for healthcare professionals to plan appropriate interventions by questioning women's expectations and needs prior to gynecological examination and ensuring privacy during the procedure, to consider the factors. Also, the healthcare professionals may affect the importance that women attach to body privacy and their anxiety levels and to support especially the women living in rural areas and with low educational level for the provision of body privacy.

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