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Research Article

Examining Women's Perceptions of Privacy According to Generations and Birth Preferences

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Abstract

Objective: The aim of this study is to examine women's perceptions of privacy according to generations and birth preferences.

Methods: The study was conducted cross-sectionally between April and July 2024 with women who applied to the gynecology outpatient clinic in a public hospital in Çanakkale province. The population of the study consisted of women who applied to gynecology outpatient clinics between these dates, and the sample consisted of 300 women (n= 100 for each generation) in BP (Baby Boomer), X and Y generations. The data of the study were collected by face-to-face interview method with "Personal Information Form and Gynecology and Obstetrics Bodily Privacy Scale (GOBPS)".

Results: In the study, it was determined that the total score of the BP generation women on the GOBPS was 4.76±0.70, the X generation was 4.28±0.74, the Y generation was 4.18±0.72, and the BP generation women had a higher perception of body privacy. In addition, the mean GOBPS total scores of women in BP, X and Y generations who had cesarean section were higher than those who had normal vaginal delivery, and this difference was found to be statistically significant ($p<0.05$).

Conclusion: It has been concluded that there are intergenerational differences in women's body privacy perceptions, women's body privacy perceptions decrease over time, women's perceptions of privacy differ between generations according to their birth style preferences, and women who have had a cesarean section have higher body privacy perceptions.

Keywords: Body Privacy, Birth, Mode of Birth, Birth Preference, Intergenerational Difference

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1. Introduction

Individuals from different age groups, referred to as generations, tend to exhibit similar attitudes and behaviors due to experiencing similar historical events and having access to similar conditions and opportunities during their formative years (1). Additionally, differences can be observed among generations in terms of aspects related to women's births (such as birth preferences) and perceptions of privacy. Practices passed down from generation to generation can influence how women perceive, react to, and interpret events (2,3). Factors influencing intergenerational change include variations in social, economic, technological, political, and cultural contexts, with contextual changes often cited as the main reason for differences between generations. Therefore, the study of generations is crucial for understanding social structure and differentiatio (4-7).

Privacy is defined as not allowing access to an individual's physical and mental integrity, kept discreet or secret (1). Recently, with the emergence of gender-based approaches in health care delivery, the application of the principle of "privacy in health" is being discussed. Particularly during pregnancy, childbirth, and the postpartum period, women expect greater respect for their privacy and require

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healthcare services that protect their privacy rights (8-11). Thus, the coexistence of women from different generations with different characteristics in the same environment can lead to various challenges in understanding and communication. Therefore, healthcare professionals providing services to women should be well aware of generational characteristics, sensitive to intergenerational differences, and value women's perceptions of bodily privacy (12-15).

Women's preferences for childbirth method are influenced by multiple factors, such as marrying and conceiving at older ages compared to in the past, wanting fewer children, the emergence of the concept of precious babies, and infertility issues. Additionally, women's perceptions of bodily privacy can influence their childbirth choices, which may vary among different age groups and even across generations (16-19). It is important to identify these differences and characteristics among generations of women and examine how perceptions of bodily privacy and childbirth preferences vary across generations. Such insights can contribute to planning effective care and counseling services by healthcare professionals, enhancing the quality of healthcare services for women and improving women's health overall. Therefore, understanding factors influencing women's childbirth preferences, including the impact of privacy perceptions, is crucial for minimizing the negative outcomes associated with increasing cesarean rates and for promoting natural childbirth. This research aims to contribute to the literature by examining how women's perceptions of bodily privacy across different generations affect their childbirth preferences Although there are no studies in the literature that evaluate women's body privacy across generations, there are some studies that evaluate women's body privacy perceptions with the age variable. Indeed, in the study conducted by Topatan (2019) to evaluate the body privacy perceptions of women who applied to the gynecology and obstetrics clinic, it was determined that there was a significant relationship between women's body privacy perceptions and age, and that women's perceptions of privacy increased as they got older (12). In addition, when the literature was examined; Although there are studies indicating that women's birth methods are affected by their body privacy perceptions, and that women with a high perception of privacy have more cesarean deliveries; Yücel et al. (2021) found that 67.9% of women who gave birth naturally and 88.8% of those who gave birth by caesarean section had their bodily privacy protected during their births, and that women who gave birth by caesarean section had their privacy expectations met at a significant level compared to those who gave birth vaginally (18). With technological developments, the ways in which individuals in different generations perceive the world and events can also be effective, and it is thought that this causes a change in the privacy perceptions of women in different generations whose perceptions differ. Therefore, it is of great importance to identify the characteristics and differences between generations for women, to provide care for the differences between generations by being sensitive to women's privacy, and to take measures to protect women's bodily privacy. The aim of this study is to examine women's perceptions of privacy according to generations and birth preferences. As a result of this study, it will be possible to determine the effects of factors such as privacy perception that may affect women's ability to have a normal birth.

2. Methods

2.1. Study design and sample

The research was conducted as a cross-sectional study, consisted of women who applied to the gynecology outpatient clinic of a state hospital in Canakkale province, Türkiye, between April and July 2024. The sample size was calculated using power analysis based on Topatan's (2019) study on women attending the obstetrics and gynecology clinic to assess their perceptions of bodily privacy. Effect size of 0.19, α= 0.05, Power= 0.95 were used with G*Power 3.1.9.2, determining a minimum sample size of 270 individuals. Considering the possibility of data loss in the study, the sample size for each group was increased by approximately 10%, and it was planned to include 100 women (Generation BP: 100, Generation X: 100 and Generation Y: 100 people). The power of the study was found to be 80% in the

post hoc power analysis with the relevant sample size. For this study, the age ranges representing each generation were chosen according to the literature: women born between 1946-1964 represented the BP generation, those born between 1965-1979 represented generation X, and those born between 1980-1999 represented generation Y. In consideration of potential health issues (serious illness, hearing or speech problems that may prevent participation in the study, etc.) and difficulties in responding to questions among older participants in the BP generation, the upper age limit for participation was set at 65 years. Therefore, women aged between 1957 and 1999, who had at least completed elementary school education, had children, and volunteered to participate, were included in the study. The inclusion criteria for the study were; having a birth date between 1957 and 1999, having a child, being at least a primary school graduate, and volunteering to participate in the study. The exclusion criteria for the study were not accepting to participate in the study, having communication barriers, having psychological health problems, or not answering any questions of the study.

2.2. Data collection tools

Personal Information Form: The Personal Information Form, developed after reviewing current literature, consists of 35 questions aimed at gathering socio-demographic and obstetric information from the participating women (8, 13, 20-22). A pilot study was conducted with ten women to assess the comprehensibility and feasibility of the form, and these women were not included in the research.

Gynecology and Obstetrics Bodily Privacy Scale (GOBPS): Developed by Değirmen and Şaylıgil (2014), the GOBPS comprises sub-dimensions including General Privacy, Ethical and Privacy, Rights and Privacy, and Clinical Privacy. It is a five-point Likert scale with 37 items. Responses to each item range from one to five, and mean scores are calculated for each item. Higher average scores indicate greater sensitivity towards privacy in the respective sub-dimension. The Cronbach's Alpha reliability coefficient for the GOBPS was determined as 0.84 in its original development, and in this study, it was found to be 0.82, indicating strong internal consistency.

2.3. Statistical analysis

Statistical analyses were conducted using the IBM SPSS Statistics 24 software package. Data were presented as mean, standard deviation, minimum, maximum etc. The Kolmogorov Smirnov test was used to examine whether the data showed normal distribution. Since the data did not show normal distribution, the Mann Whitney U test and Kruskal Wallis Variance analysis were used. A significance level of $p<0.05$ was considered statistically significant. The flow chart of the study was prepared in accordance with the STROBE Checklist (23).

2.4. Ethics committee approval

A research ethics approval has been obtained from the Graduate Education Institute Ethics Committee of Canakkale Onsekiz Mart University and institutional permission has been granted from Mehmet Akif Ersoy State Hospital for the study. This study was conducted by the principles of the Declaration of Helsinki. Verbal and written consent was obtained from the participants.

3. Results

The study found that 80% of women from the BP generation, 76% from generation X, and 51% from generation Y had completed primary or middle school education. It was determined that there was no statistically significant difference in marital status among generations, but there was a significant difference in educational attainment, with women from generation Y having a higher education level compared to the other generations ($p<0.05$) (Table 1).

The average age of women in the BP generation was 60.81±2.31 years, in generation X it was 46.52±3.42 years, and in generation Y it was 28.34±1.32 years. Additionally, the average age at marriage was 17.13±2.44 years for BP, 20.63±1.55 years for generation X, and 23.32±1.49 years for generation Y.

Furthermore, the average age at first pregnancy was 17.02±1.54 years for BP, 21.42±0.85 years for generation X, and 24.46±1.47 years for generation Y. The average number of pregnancies for women in the BP generation was 4.26±3.41, in generation X it was 2.56±2.16, and in generation Y it was 2.63±1.45. Similarly, the average number of births for BP women was 4.13±2.44, for generation X it was 2.76±1.56, and for generation Y it was 2.63±1.44. The study also revealed that 24% of women from the BP generation gave birth by cesarean section, compared to 37% in generation X and 45% in generation Y. (Table 1).

Table 1. Inter-Generational Distribution of Certain Socio-Demographic and Obstetric Characteristics of Women

Characteristics	**BP Generation (n= 100) n (%)**	**X Generation (n= 100) n (%)**	**Y Generation (n= 100) n (%)**
Education level			
Primary/Secondary school	80 (80.0)	76 (76.0)	51 (51.0)
High School	14 (14.0)	16 (16.0)	34 (34.0)
University	6 (6.0)	8 (8.0)	15 (15.0)
Marital status			
Married	83 (83.0)	84 (80.0)	82 (82.0)
Not married	17 (17.0)	16(16.0)	18 (18.0)
Last childbirth method			
Normal vaginal delivery	76 (76.0)	63 (63.0)	58 (55.0)
Cesarean delivery	24 (24.0)	37 (37.0)	45 (45.0)
	Min-max (median) Mean ± SD*	**Min-max (median) Mean ± SD***	**Min-max (median) Mean ± SD***
Age (years)	58-65 (60.2) 60.81±2.31	43-57 (46) 46.52±3.42	23-42 (28) 28.34±1.32
Age at marriage	14-25 (17) 17.13±2.44	15-28 (20) 20.63±1.55	17-32 (23) 23.32±1.49
Age at first pregnancy	15-27 (17) 17.02±1.54	17-27 (20) 20.42±0.85	18-29 (24) 24.46±1.47
Number of pregnancies	1-8 (4) 4.26±3.41	1-5 (2) 2.56±2.16	1- 4 (2) 2.63±1.45
Number of births	1-7 (4) 4.13±2.44	1-5 (2) 2.76±1.56	1-4 (2) 2.63±1.44

**Standard deviation*

In the study, it was determined that the total score average of GOBPS was 4.76±0.70 for women in the BP generation, 4.28±0.74 for generation X, and 4.18±0.72 for generation Y. It was found that privacy perceptions of BP women were higher compared to those in generation X and Y. Additionally, there was a statistically significant difference in the average scores from all subscales of GOBPS among the generations, predominantly driven by higher scores among BP women ($p<0.05$) (Table 2).

Table 2. Distribution of Inter-Generational Women's Scores on the GOBPS

Items	**BP Generation Mean ± SD (Min-Max)**	**X Generation Mean ± SD (Min-Max)**	**Y Generation Mean ± SD (Min-Max)**	**p-value**
General Privacy	4.59±0.77 (1-5)	4.28±0.85 (1-5)	3.68±0.82 (1-5)	**0.001****
Rights and Privacy	4.82±0.84 (1-5)	4.39±0.88 (1-5)	4.26±0.86 (1-5)	**0.021****
Ethics and Privacy	4.85±0.69 (1-5)	4.21±0.67 (1-5)	4.48±0.68 (1-4)	**0.001****
Clinical Privacy	4.78±0.51 (1-5)	4.27±0.59 (1-5)	4.33±0.55 (1-4)	**0.001****
Total Score	4.76±0.70 (1-5)	4.28±0.74 (1-5)	4.18±0.72 (1-5)	**0.001****

***Kruskal-wallis test*

When the relationship between the total GOBPS score averages of the women participating in the study and the delivery methods was examined, it was determined that the total GOBPS score average of women who had a cesarean section (4.76±2.84) was statistically significantly higher than that of women who had a normal vaginal delivery (4.32±1.15) ($p<0.05$) (Table 3).

Table 3. Distribution of Women's GOBPS Total Scores by Birth Preferences

GOBPS	Birth Preference		Test/ p-value
	Normal Vaginal (n= 197) Mean ± SD	Cesarean (n= 106) Mean ± SD	
Total Score	4.32±1.15	4.76±2.84	U: 3.729/ **0.001*** **

*****Mann Whitney U test*

4. Discussion

In this study, which was conducted to determine women's perceptions of body privacy across generations and the effects of body privacy perceptions on birth method preferences, it was determined that the rate of women in the BP generation giving birth by cesarean section was lower than other generations. Consistent with our findings, literature indicates an increasing trend in cesarean rates from the BP generation to generation Y, which raises concerns for maternal and infant health. Looking at cesarean section rates in Türkiye, the country has one of the highest rates among OECD countries. According to the Türkiye Health Statistics Report (2019) by the Ministry of Health, the primary cesarean section rate is 26.5%, with the total cesarean section rate at 54.4%. Factors contributing to high cesarean rates among generation Y women include the belief that cesarean births are safer and less painful, advancements in fetal assessment technologies, anesthesia techniques, and assisted reproductive technologies. Other reasons include the trend towards delaying first births to older ages, increasing rates of obesity and chronic diseases, rising incidences of repeat cesareans, reduced use of forceps and vacuum in normal vaginal births, and a preference for elective cesarean sections due to fear of childbirth and the popularity of the concept of on-demand cesarean sections. Additionally, the transfer of childbirth to hospitals may reduce privacy, contributing to increased fear of childbirth and higher cesarean section rates.

In the study, it was determined that the average GOBPS score of women from the BP generation is higher than those of the X and Y generations, indicating that the privacy perceptions of women in the BP group are higher than those of women in the X and Y groups. Although there are no studies discussing our finding that evaluate intergenerational differences in women's body privacy perceptions, there are some studies that evaluate women's body privacy perceptions and these perceptions with the age variable. In this context, Topatan (2019) conducted a study to evaluate the body privacy perceptions of women applying to the gynecology outpatient clinic, and it was observed that the average GOBPS score of women (4.19±0.55) is similar to the total score average of women from the Y generation (4.18±0.72) in our study, and a statistically significant positive relationship was determined between women's GOBPS total and sub-dimension scores and age. In addition, in the studies conducted by Değirmen and Şaylıgil (2014) and Akten and Özata (2017), no statistically significant difference was found between women's ages and GOBPS total score averages. The perception styles of different generations of individuals in perceiving the world and events are effective with technological developments, and the meanings attributed to technology usage purposes and frequencies, especially social networks and mobile communication technologies, are changing. It is important for health professionals to know the cultural structure of society and the characteristics of generations well, to prioritize women's body privacy perceptions, to be sensitive to intergenerational differences, to provide necessary care and counseling services to women based on these differences.

The study found that women who had a cesarean section had higher GOBPS total scores than women who had a vaginal birth. According to our findings, we can infer that women's birth preferences are influenced by their body privacy perceptions, indicating that women with higher privacy perceptions are more likely to opt for cesarean delivery. Reviewing the literature, Aslan and Okumuş (2017) conducted a study to determine the impact of birth expectations on the birth experience perceptions of primiparous women who had vaginal or cesarean deliveries. They found that women had a significantly high level of privacy perception, but there was no relationship between the mode of delivery and their privacy expectation levels. Additionally, Yücel et al. (2021) evaluated the privacy experiences and expectations of women during and after childbirth. They reported that 67.9% of women who had vaginal deliveries and 88.8% of those who had cesarean sections felt their body privacy was respected during childbirth, with significantly higher privacy expectation fulfillment among women who had cesarean deliveries compared to those who had vaginal births. Furthermore, deficiencies in preserving women's privacy have been noted in studies, particularly in state and university hospitals where doors of delivery rooms were not closed (61%), delivery tables faced towards the door entrance (40.7%), and insufficient attention was paid to women's body privacy during the transition from the delivery room to the delivery service (17.9%). Similar studies indicate that inadequate preservation of privacy leads to increased embarrassment among women during childbirth, hindered progress in childbirth, increased likelihood of cesarean delivery, and negatively influences women's birth preferences. The disregard for privacy rights adversely affects the quality of childbirth services and steers women away from choosing vaginal birth. Various strategies are being developed globally and, in our country, to increase the rate of normal births and reduce cesarean section rates. The "Mothery-Friendly Hospital Initiative" is one such program that aims to preserve and support privacy rights during childbirth, which is a crucial step in the transition to motherhood for women. Another criterion for becoming a Baby-Friendly Hospital is the establishment of single-room maternity units, which is an important practice for maintaining privacy. Health professionals involved in childbirth services, such as midwives, doctors, and nurses, should create an appropriate environment and demonstrate behaviors that respect women's privacy rights throughout the childbirth process, especially for women having vaginal deliveries. In addition, there is a need for national and international studies that will be the subject of discussion in the literature on the subject.

5. Conclusions and Recommendations

It has been concluded that there are intergenerational differences in women's body privacy perceptions, women's body privacy perceptions decrease over time, women's perceptions of privacy differ between generations according to their birth style preferences, and women who have had a cesarean section have higher body privacy perceptions. It is of great importance that healthcare professionals serving women understand the cultural dynamics of the society, the characteristics of different generations, and prioritize women's perception of body privacy. To reduce rising caesarean section rates and mitigate associated negative outcomes, it is important to prioritize understanding women's birth preferences and the factors that influence their decisions, such as their perceptions of body privacy. Health professionals should adapt care and counseling services to the specific characteristics of the communities and generations in which women live, taking into account intergenerational differences. This approach will contribute to improving health outcomes and improving women's health by increasing vaginal birth rates and minimizing the negative effects of increasing cesarean section rates.

References

1. Türk Dil Kurumu. Retrieved from https://sozluk.gov.tr/
2. Akman G, Gözüyeşil E. Doğum sonu dönemde geleneksel uygulamalara yönelik yapılan araştırmaların incelenmesi. Kadın Hastalıkları ve Anne Çocuk Sağlığı Dergisi. 2018;12:14-22.
3. Kay L, Downe S, Thomson G, Finlayson K. Engaging with birth stories in pregnancy: A hermeneutic phenomenological study of women's experiences across two generation. BMC Pregnancy and Childbirth. 2017;17:283.
4. Hacıvelioğlu D, Bolsoy N. Üç kuşak kadınların doğum deneyimleri ve doğum algılarının incelenmesi: Atı anadolu kırsalı örneği. ÜSBD. 2020;9(2):67–81.
5. Liu N, Farrugia MM, Vigod SN, Urquia ML, Ray JG. Intergenerational abortion tendency between mothers and teenage daughters: A population-based cohort study. CMAJ. 2018;190(4):95-102.
6. Townsend ML, Riepsamen A, Georgiou C, Flood VM, Caputi P, Wright IM, Davis WS, et al. Longitudinal intergenerational birth cohort designs: A systematic review of Australian and New Zealand studies. PLoS One. 2016;8;11(3):e0150491.
7. World Health Organization. (2018). Recommendations: Intrapartum care for a positive childbirth experience. Geneva: World Health Organization; Licence: CC BY-NC-SA 3.0 IGO.
8. Değirmen N, Şaylıgil O. Jinekoloji ve obstetride beden mahremiyeti: Kütahya Örneği Eskişehir Osmangazi Üniversitesi Sağlık Bilimleri Enstitüsü Tıp Tarihi ve Etik Anabilim Dalı Doktora Tezi, 2014.
9. Bekmezci H, Özkan H. Ebelik uygulamalarında mahremiyetin önemi. Sağlık Bilimleri ve Meslekleri Dergisi. 2015;2:113–24.
10. Orman H, Demirci N. Effects of confidentiality perception during delivery period on maternal satisfaction. JAREN. 2019;5(3):219-227.
11. Liu N, Vigod SN, Farrugia MM, Urquia ML, Ray JG. Intergenerational teen pregnancy: A population-based cohort study. BJOG. 2018;125(13):1766-1774.
12. Topatan S. Jinekoloji ve obstetri polikliniğine başvuran kadınlarda beden mahremiyeti. ACU Sağlık Bil Derg. 2020;11(3):471-477.
13. McCrindle M, (2012). The generations defined. Retrieved from https://mccrindle.com.au/insights/blog/the-generations-defined/
14. Tanskanen AO. Intergenerational relations before and after offspring arrive: A within-person investigation. Soc Sci Res. 2017;67:138-146.
15. Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü. (2018). Türkiye Nüfus ve Sağlık Araştırması 2018. Ankara: Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü.
16. Betran AP, Ye J, Moller AB, Zhang J, Gülmezoglu AM, Torloni MR. The increasing trend in caesarean section rates: global, regional and national estimates: 1990-2014. Plos One. 2016;2:1-12.
17. Aydın N, Yıldız H. Travmatik doğum deneyiminin etkileri ve nesiller arası aktarımı. Journal of Human Sciences. 2018;15(1):604-618.
18. Yücel Ummahan, Rüzgâr Ş, Ekşioğlu A, Hadımlı A. Kadınların doğum şekline göre mahremiyet ile ilgili deneyimleri ve beklentileri. Türkiye Klinikleri J Health Sci. 2021;6(1):26-36.
19. Avaner E. Mahremiyet nedir? Mahremiyetin sağlık hizmetleri penceresinden görünürlüğü nasıldır? What is privacy? How is the visibility of privacy from the health services window? Methods. 2018;5(3):110-116.
20. T.C. Sağlık Bakanlığı Sağlık Araştırmaları Genel Müdürlüğü. (2019). Sağlık İstatistiği Yıllığı 2018. Ankara.

21. Manno LD, Macdonald JA, Knight T. The intergenerational continuity of breastfeeding intention, initiation, and duration: A systematic review. Birth. 2015;42(1):5-15.
22. Aydın R. Doğumda mahremiyetin önemi ve ebelik. SABAD. 2019;1(2):120-129.
23. STROBE Checklist. Retrieved from http://www.strobe-statement.org.

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