



Research Article

The Relationship Between Body Privacy and Cervical Cancer Early Diagnosis Attitude in Women

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Abstract

This study was conducted to examine the relationship between body privacy and attitudes toward early diagnosis of cervical cancer among women. Designed as a descriptive and correlational study, it was carried out with the participation of 213 women. Data were collected using the "Personal Information Form," the "Body Privacy in Gynecology and Obstetrics Scale," and the "Attitude Scale for Early Diagnosis of Cervical Cancer." Descriptive statistics, independent samples t-test, ANOVA, and Pearson correlation analysis were used in data analysis. The mean body privacy score of the participants was 151.54 ± 31.27 , while the mean attitude score toward early diagnosis of cervical cancer was 87.06 ± 16.20 . No statistically significant differences were found between marital status, educational level, income status, employment status, regular gynecological examination, and Pap smear testing in terms of the Attitude Scale for Early Diagnosis of Cervical Cancer scores and the Body Privacy in Gynecology and Obstetrics total scores ($p > 0.05$). The study revealed a positively moderate and statistically significant relationship between body privacy, its subdimensions, and attitudes toward early diagnosis of cervical cancer and its subdimensions ($p < .001$). As women's sensitivity and awareness regarding their own bodily privacy increases, their positive attitudes toward cervical cancer screenings also increase.

Keywords: Body privacy, Cervical cancer, Early diagnosis, Nursing

Özet

Bu araştırma, kadınlarda beden mahremiyeti ile servikal kanserin erken tanısına yönelik tutumları arasındaki ilişkiyi incelemek amacıyla yapılmıştır. Tanımlayıcı ve ilişkili arayıcı nitelikteki bu araştırma, 213 kadının katılımıyla gerçekleştirilmiştir. Veriler "Kişisel Bilgi Formu", "Jinekoloji ve Obstetride Beden Mahremiyeti Ölçeği" ve "Servikal Kanser Erken Tanısına Yönelik Tutum Ölçeği" ile toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, bağımsız gruplarda t-testi, ANOVA ve Pearson korelasyon analizi kullanılmıştır. Araştırmaya katılan kadınların beden mahremiyeti puan ortalaması 151.54 ± 31.27 , servikal kanser erken tanısına yönelik tutum puan ortalaması ise 87.06 ± 16.20 olarak saptanmıştır. Araştırmada Servikal Kanser Erken Tanısına Yönelik Tutum Ölçeği Puanı ve Jinekolojide ve Obstetride Beden Mahremiyeti Toplam Puanı açısından medeni durum, öğrenim düzeyi, gelir durumu, çalışma durumu, düzenli jinekolojik muayene ve Pap smear test yaptırma durumu değişkenleri arasında istatistiksel olarak anlamlı bir fark bulunmamıştır ($p > 0.05$). Araştırmamızda beden mahremiyeti, altboyutları ve servikal kanser tutum puanları ve alt boyutları arasında pozitif yönde orta şiddetli anlamlı bir ilişki olduğu saptanmıştır ($p < .001$). Kadınların kendi beden mahremiyetlerine olan duyarlılığı ve farkındalığı arttıkça, servikal kanser taramalarına yönelik olumlu tutumları da artmaktadır.

Anahtar Kelimeler: Mahremiyet, Servikal kanser, Erken tanı, Hemşirelik



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INTRODUCTION

Regular gynecological examinations play a crucial role in maintaining and improving women's health. These examinations enable the diagnosis of sexually transmitted infections, the monitoring of pregnancy-related conditions, and, most importantly, the early detection of gynecological cancers, particularly cervical cancer (Topatan, 2020). However, many women avoid these examinations due to concerns related to privacy, embarrassment, anxiety, and fear. A study conducted in Türkiye on women's health revealed that 48.8% of women had never undergone a gynecological examination, and the majority sought gynecological care only for pregnancy- or childbirth-related reasons (Republic of Türkiye Ministry of Health, 2014). Privacy concerns have been reported as one of the most significant barriers preventing women from attending gynecological examinations. Studies have shown that inadequate attention to bodily privacy during gynecological examinations increases women's anxiety levels (İldan et al., 2022; Yılmaz & Demirel, 2021). When women feel that their emotions and sense of self are not respected, they tend to postpone gynecological examinations. This delay can hinder the early diagnosis and treatment of diseases and may, in some cases, lead to irreversible consequences (Ülger & Aktaş, 2023). Privacy is considered one of the fundamental human needs, a universal value, and a right that must be protected; it is also regarded as an important indicator of private life and individual autonomy (İnan, 2015).

According to GLOBOCAN 2020 data, the three most common cancers among women worldwide are breast, lung, and colorectal cancers, while cervical cancer ranks fourth (GLOBOCAN, 2020). Cervical cancer, primarily caused by Human Papillomavirus (HPV), is reported to account for 5–10% of all cancers affecting women (General Directorate of Public Health, 2018). This common cancer type is also among the most preventable cancers and has a high likelihood of successful treatment when detected at an early stage. Early diagnosis increases treatment success and can lead to complete recovery (General Directorate of Public Health, 2018; Republic of Türkiye Ministry of Health, General Directorate of Public Health, 2017). One of the most effective methods for the early detection of cervical cancer is the Pap smear test (Demirgöz Bal, 2014; Polat & Kalkım, 2023). Studies conducted in Türkiye have reported that Pap smear screening rates range from 6.9% to 51%, indicating that participation in screening programs remains below the desired level (Gök Uğur & Aydın Avcı, 2015; Kazankaya et al., 2023). One possible reason for not undergoing Pap smear testing may be women's reluctance to attend gynecological examinations and their unwillingness to seek care from healthcare institutions.

In this context, the present study was conducted to determine the relationship between women's perceptions of bodily privacy and their attitudes toward the early detection of cervical cancer.

METHOD

Study Design

This study was conducted as a descriptive and correlational research to determine the relationship between body privacy and attitudes toward the early detection of cervical cancer among married women.

Research Questions

1. What is the level of body privacy among married women?
2. What are the attitudes of married women toward the early detection of cervical cancer?
3. Is there a relationship between married women's body privacy levels and their attitudes toward the early detection of cervical cancer?

Study Setting and Time

The study data were collected online.

Population and Sample

The study population consisted of married women living in Türkiye. The study sample included women who met the inclusion criteria: being 18 years of age or older, married, able to speak and understand Turkish, and having no difficulties accessing the internet.

A power analysis was conducted using the G*Power 3.1.9.7 software program (Institute for Experimental Psychology, Heinrich Heine University, Düsseldorf, Germany) to determine the required sample size. Correlation analysis (Correlation: Bivariate Normal Model) was used as the basis for examining the relationship between two variables. The significance level was set at 0.05, statistical power at 90%, and a small-to-moderate effect size ($r = 0.30$) was assumed. According to these parameters, the minimum required sample size was calculated as 92 women (Cohen, 1988).

Considering potential issues such as missing data, participant withdrawal, and data loss during the study process, the sample size was increased by approximately 10%, and it was planned to include at least 105 women. The study was ultimately completed with 213 married women.

Data Collection Instruments

Study data were collected using a data collection form consisting of the "Personal Information Form," the "Body Privacy Scale in Gynecology and Obstetrics," and the "Attitude Scale Toward Early Detection of Cervical Cancer."

Personal Information Form

The Personal Information Form consisted of eight questions developed by the researchers to assess the participants' sociodemographic characteristics.

Body Privacy Scale in Gynecology and Obstetrics

The scale was developed by Değirmen and Şaylıgil (2014). It is a five-point Likert-type scale consisting of 37 items and four subscales: "General Privacy," "Rights and Privacy," "Ethics and Privacy," and "Clinical Privacy." All items are positively worded. Responses to each item are scored from 1 to 5, summed, and then averaged for each item. Higher mean scores indicate greater sensitivity toward privacy in the relevant domain. The overall Cronbach's alpha coefficient reported for the scale was 0.84 (Değirmen & Şaylıgil, 2014). In the present study, the Cronbach's alpha coefficient was found to be 0.87.

Attitude Scale Toward Early Detection of Cervical Cancer

The scale developed by Özmen and Özsoy (2009) was structured to assess four subdimensions of the Health Belief Model. The scale includes nine items for the perceived susceptibility subscale, eight items for the perceived severity subscale, seven items for the perceived barriers subscale, and six items for the perceived benefits subscale. Cronbach's alpha coefficients for the overall scale and its subscales range between 0.70 and 0.89.

Items are rated on a five-point Likert scale as follows: (1) Strongly Disagree, (2) Disagree, (3) Undecided, (4) Partially Agree, and (5) Strongly Agree. The minimum possible score is 30, and the maximum possible score is 150. Higher scores indicate more positive attitudes toward the early detection of cervical cancer (Özmen & Özsoy, 2009).

Data Collection

This descriptive study was conducted in Türkiye, and data were collected between December 2024 and March 2025. Data were gathered using a web-based online questionnaire (Google Forms; Google LLC, Mountain View, CA, USA) distributed through social media platforms such as Facebook, Twitter/X, and Instagram.

The first page of the online questionnaire included information about the purpose and content of the study, as well as an informed consent form. The online survey was configured to allow each participant to complete the questionnaire only once. Participants who agreed to participate and indicated their consent were granted access to the subsequent pages of the survey.

Ethical Considerations

Written ethical approval for the study was obtained from the Scientific Research and Publication Ethics Committee of Toros University (Decision No: 198, Date: 21.11.2024). Permission to use the scales was obtained prior to the study. During data collection, participants were informed about the purpose of the research, and both verbal and written informed consent were obtained. The study was conducted in accordance with the principles of the Declaration of Helsinki.

Statistical Analysis

Data were analyzed using SPSS (Statistical Package for the Social Sciences, Chicago, Illinois, USA) version 27.0. Prior to analysis, assumptions of normality and homogeneity of variance were evaluated using the Shapiro–Wilk and Levene tests. The variables were found to be normally distributed.

Parametric tests were used for data analysis. Independent samples t-tests and one-way analysis of variance (ANOVA) were employed to compare groups, while Tukey’s test was used for post hoc analyses. Pearson’s correlation coefficient was used to determine the relationship between two continuous variables.

Descriptive statistics were presented as frequencies, percentages, means, and standard deviations. A p-value of less than 0.05 was considered statistically significant.

RESULTS

The mean age of the women included in the study was 44.00 ± 1.43 years (range: 20–82), and the mean age at first sexual intercourse was 23.7 ± 4.32 years (range: 16–41). It was determined that 91.1% of the participants were married and 82.1% had completed high school education or higher. More than half of the women (55.9%) were employed, and 82.1% reported that their income was equal to their expenses. As shown in Table 1, 63.4% of the women did not attend regular gynecological examinations, and nearly half (43.7%) had never undergone a Pap smear test (Table 1).

Table 1. Descriptive characteristics of the women

Characteristics	$\bar{X} \pm SS$	Min-Max
Age	44.00 ± 1.43	20-82
Age at first sexual intercourse (years)	23.7 ± 4.32	16-41
Marital Status	n	%
Married	194	91.1
Single	19	8.9
Educational Level		
Below high school	38	17.9
High school and above	175	82.1
Employment Status		

Employed	119	55.9
Unemployed	94	44.1
Income Status		
Income less than expenses	38	17.9
Income equal to expenses	175	82.1
Regular Gynecological Examination		
Yes	78	36.6
No	135	63.4
Previous Pap Smear Test		
Yes	120	56.3
No	93	43.7

The mean score of the Attitude Scale Toward Early Detection of Cervical Cancer (ASEDCC) was 87.06 ± 16.20 (range: 40–121). Examination of the subscales revealed that the mean scores for perceived susceptibility, perceived severity, perceived barriers, and perceived benefits were 26.90 ± 5.46 , 20.86 ± 5.82 , 21.81 ± 5.14 , and 17.47 ± 3.98 , respectively. The mean total score of the Body Privacy Scale in Gynecology and Obstetrics (BPSGO) was 151.54 ± 31.27 . The mean scores for the General Privacy, Rights and Privacy, Ethics and Privacy, and Clinical Privacy subscales were 34.39 ± 7.99 , 20.59 ± 4.99 , 19.93 ± 4.46 , and 76.61 ± 16.71 , respectively (Table 2). These findings indicate that participants exhibited varying perceptions regarding cervical cancer attitudes and body privacy.

Table 2. Distribution of women's total and subscale scores on the body privacy scale in gynecology and obstetrics and the attitude scale toward early detection of cervical cancer

	$\bar{X} \pm SS$	Min-Max
ASEDCC Total Score	87.06 ± 16.20	40-121
Perceived Severity Subscale	26.90 ± 5.46	10-39
Perceived Barriers Subscale	20.86 ± 5.82	8-36
Perceived Benefits Subscale	21.81 ± 5.14	9-35
Perceived Susceptibility Subscale	17.47 ± 3.98	7-26
BPSGO Total Score	151.54 ± 31.27	37-185
General Privacy Subscale	34.39 ± 7.99	9-50
Rights and Privacy Subscale	20.59 ± 4.99	5-25
Ethics and Privacy Subscale	19.93 ± 4.46	5-25
Clinical Privacy Subscale	76.61 ± 16.71	18-90

No statistically significant differences were found in the Attitude Scale Toward Early Detection of Cervical Cancer (ASEDCC) scores or the Body Privacy Scale in Gynecology and Obstetrics Total Scores (BPSGO-TS) according to marital status, educational level, income status, employment status, regular gynecological examination attendance, or Pap smear testing history ($p > 0.05$). Married and single women demonstrated similar ASEDCC and BPSGO scores, although slight differences were observed across educational levels. While employed women had somewhat higher BPSGO scores than unemployed women, this difference was not statistically significant ($p = 0.080$). Likewise, income status, regular gynecological examination attendance, and Pap smear testing history were not significantly associated with ASEDCC or BPSGO scores (Table 3).

Table 3. Comparison of mean scale total scores according to selected characteristics of women

	ASEDCC	BPSGO
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	$\bar{X} \pm SS$	p	$\bar{X} \pm SS$	p
Marital Status *		p=0.967		p=0.883
Married	88.11±15.82		151.62±31.26	
Single	86.94±16.31		151.00±33.10	
Educational Level *		p=0.716		p=0.234
Below high school	86.97±16.33		149.47±35.60	
High school and above	87.47±15.80		151.99±30.34	
Employment Status *		p=0.716		p=0.080
Employed	87.52±15.64		154.37±28.44	
Unemployed	86.70±16.69		147.95±34.34	
Income Status *		p=0.716		p=0.174
Income less than expenses	85.23±14.57		149.47±35.70	
Income equal to expenses	87.61±17.63		150.99±31.34	
Regular Gynecological Examination *		p=0.955		p=0.476
Yes	88.12±15.56		149.89±32.22	
No	86.45±16.59		152.49±30.17	
Previous Pap Smear Test		p=0.716		p=0.286
Yes	87.10±15.52		151.37±32.75	
No	87.02±17.14		151.76±29.43	

*Student's t-test.

The study also revealed a positive, moderate, and statistically significant relationship between body privacy scores and their subdimensions and attitudes toward the early detection of cervical cancer and its subdimensions ($p < .001$). As attitudes toward the early detection of cervical cancer became more positive, body privacy scores also increased (Table 4).

Table 4. Correlation between total and subscale scores of the body privacy scale in gynecology and obstetrics and the attitude scale toward early detection of cervical cancer among women

		BPSGO Total	BPSGO General Privacy Subscale	BPSGO Rights and Privacy Subscale	BPSGO Ethics and Privacy Subscale	BPSGO Clinical Privacy Subscale
ASEDCC Total	r	.384	.312	.295	.198	.276
	p	< .001	< .001	< .001	< .001	< .001
ASEDCC Perceived Susceptibility Subscale	r	.362	.289	.278	.181	.251
	p	< .001	< .001	< .001	< .001	< .001
ASEDCC Perceived Severity Subscale	r	.347	.270	.265	.175	.238
	p	< .001	< .001	< .001	< .001	< .001
ASEDCC Perceived Barriers Subscale	r	.298	.241	.226	.157	.231
	p	< .001	< .001	< .001	< .001	< .001
ASEDCC Perceived Benefits Subscale	r	.317	.257	.327	.164	.276
	p	< .001	< .001	< .001	< .001	< .001

Pearson correlation is significant at the 0.01 level

DISCUSSION

Body privacy is an important factor influencing both individual attitudes and the utilization of healthcare services in women's health. Many women avoid gynecological examinations due to discomfort associated with body privacy concerns (Özmen, 2012). For women, the gynecological area is often perceived from childhood as a part of the body that should remain covered, protected, and even associated with shame. Consequently, gynecological examinations may be experienced as a loss of control over bodily privacy and as a potentially traumatizing experience (Özbek & Sümer, 2019; Öztürk, 2020). In the present study, the effect of women's perceptions of body privacy on their attitudes toward the early detection of cervical cancer was examined, and the findings were discussed in light of the existing literature.

When the total scores of the Attitude Scale Toward Early Detection of Cervical Cancer (ASEDCC) and the Body Privacy Scale in Gynecology and Obstetrics (BPSGO) were evaluated according to participants' sociodemographic characteristics, no statistically significant differences were found between married and single women, women with lower and higher educational levels, employed and unemployed women, or among groups with different income levels. Furthermore, all groups demonstrated relatively high scores on both the ASEDCC and the BPSGO. This finding may be attributed to the largely homogeneous nature of the study sample. Attitudes toward body privacy and the early detection of cervical cancer are shaped not only by demographic characteristics but also by deeper psychosocial dimensions such as life experiences, health literacy, social roles, family structure, and individual belief systems (Aktaş & Pasinlioğlu, 2017). Therefore, it is not surprising that health-related attitudes cannot be fully explained by traditional demographic variables such as age, marital status, or educational level.

The finding that high sensitivity to body privacy did not negatively affect attitudes toward cervical cancer screening may be explained by participants' awareness of health-related issues, their acquisition of health-literate behaviors, and their knowledge of the importance of early diagnosis (Gültop & Özkan, 2022). In contrast to our findings, many studies have reported that concerns regarding body privacy constitute a barrier to gynecological examinations. A study conducted by Erbil et al. (2008) in Ordu Province demonstrated that women were reluctant to attend gynecological examinations because of privacy-related feelings such as embarrassment, anxiety, and stress (Erbil et al., 2008). Similarly, Hassan et al. (2012) reported high rates of pain, embarrassment, and discomfort among women undergoing gynecological examinations (Hassan et al., 2012). In a study involving 300 women, Topatan (2020) found that women had high levels of privacy concerns and that these concerns affected their willingness to seek gynecological examinations (Topatan, 2020).

In the present study, a positive, moderate, and statistically significant relationship was found between body privacy and attitudes toward the early detection of cervical cancer. As cervical cancer attitude scores increased, body privacy scores also increased. The concept of body privacy, which can be defined as an individual's awareness of protecting their rights and personal boundaries regarding their own body, is particularly important in the fields of reproductive health, women's health, and sexual health (Saribaş et al., 2023). Individuals with a high level of privacy awareness are generally more likely to protect their bodies, make decisions regarding their own health, and participate in preventive health screenings. Therefore, they may also possess greater awareness regarding the early detection of cervical cancer.

Previous studies have demonstrated a positive relationship between body privacy and healthy lifestyle behaviors as well as health literacy (Öztürk, 2020). In particular, individuals with a high level of awareness regarding body privacy in the context of sexual and reproductive health have been shown to be more likely to seek health information, access healthcare services, and participate in screening

programs. As awareness of one's body and privacy increases, positive attitudes toward cervical cancer prevention and early detection are strengthened. Individuals who possess a strong sense of body privacy are more likely to seek health-related information and adopt preventive screening behaviors. Conversely, as health knowledge increases, individuals become more aware of their bodies, which may further strengthen their perception of privacy. These findings suggest a bidirectional and structural relationship between body privacy and health-related attitudes.

In traditional societies, sexual health and body privacy are often considered taboo subjects, which may limit women's autonomy and decision-making regarding their own bodies. Such circumstances can negatively affect participation in screening programs (Sung et al., 2015; Tuğut & Gölbaşı, 2017). However, the findings of the present study suggest that this cycle can be disrupted among informed and health-conscious individuals. Factors such as educational attainment, social awareness, media influence, and access to healthcare services play important roles in shaping both health attitudes and privacy perceptions. Therefore, enhancing awareness of body privacy should be considered not only an individual responsibility but also a broader public health objective.

The findings of this study provide important implications for both healthcare professionals and educators. Educational and awareness programs related to cervical cancer should focus not only on disease prevention, diagnosis, and treatment but also on psychosocial dimensions such as body privacy and bodily self-awareness. Implementing practices that reassure individuals that their privacy will be protected before and during health screenings may increase both access to and participation in healthcare services. In particular, ensuring physical privacy during screening procedures, maintaining clear and effective communication throughout the information process, and respecting individuals' decisions can strengthen trust between patients and healthcare providers.

Educational programs should address not only disease-related information but also topics such as body awareness, personal boundaries, individual rights, and the protection of these rights within healthcare settings. Women's health nurses, who play a pivotal role in promoting women's health, are responsible for improving women's health literacy and body awareness, empowering them to become active decision-makers regarding their own bodies, and providing healthcare environments in which privacy is protected. Through their roles as counselors, advocates, and educators, nurses contribute to individuals' ability to make informed health decisions. In this context, implementing cervical cancer screening programs using privacy-centered approaches may not only increase participation rates but also help women feel safe and respected throughout the healthcare process.

CONCLUSION

In this study, a positive, moderate, and statistically significant relationship was found between body privacy and attitudes toward the early detection of cervical cancer among married women. As women's body privacy scores increased, their attitude scores toward the early detection of cervical cancer also increased. No significant differences were identified between these variables and demographic characteristics such as educational level, income status, or health insurance coverage. This finding suggests that body privacy may be an important determinant of women's health-related behaviors. Strengthening women's perceptions of body privacy may positively influence their attitudes toward the early detection of cervical cancer and, consequently, increase participation rates in cervical cancer screening programs.

Limitations of the Study

This study has several limitations. First, the data were collected through an online survey, which may have excluded women without internet access or adequate digital literacy. Second, the use of self-reported measures may have introduced response bias. Third, the cross-sectional design of the study does not allow for causal inferences regarding the relationship between body privacy and attitudes toward the early detection of cervical cancer. Finally, because the study sample consisted of married women living in Türkiye, the findings may not be generalizable to all women or to populations with different sociocultural characteristics.

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Ethical Approval: Ethical approval for this study was obtained from the Toros University Scientific Research and Publication Ethics Committee (Decision No: 198, Date: 21.11.2024). Permission to use the study instruments was obtained from the original scale developers prior to data collection. All participants were informed about the purpose and procedures of the study, and informed consent was obtained before participation. The study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki.

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