Ipas Partners for Reproductive Justice

The Received Social Support Scale (R3S) for Abortion Care Seekers

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The Received Social Support Scale (R3S) is a 9-item tool designed to measure social support received by people seeking abortion care. The tool can be used as part of formative research to inform the design, content and messaging of interventions intended to increase social support for abortion care seekers. It can also be used to measure changes in abortion-related social support over time. Additionally, R3S scores can be utilized to understand factors associated with abortion-related social support. R3S is also available in Spanish, French, Bangla, and Portuguese.

Social support for people seeking abortion care

Social support is a multi-dimensional concept with meanings that may differ across cultural contexts. Ipas defines social support as the set of interpersonal relationships or connections that facilitate **functional** and **informative** support related to a person's condition and includes support provided by individuals and by social institutions in times of need. Although several dimensions of functional support have been posited by various scientists, all include four main domains – instrumental, informational, emotional, and companionship support.

Numerous studies have found that social support, among other factors, influences health and well-being. Specifically, poor prenatal health, late entry to prenatal care, and less frequent health care-seeking behaviors are associated with less social support. Many researchers believe that the connection between social support and health outcomes operates through relationships between social support, stigma, and self-efficacy, with social support attenuating stigma and enhancing self-efficacy.

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Social support is especially important for people seeking stigmatized and sometimes criminalized medical care, including abortion. Numerous studies have shown that abortion stigma leads many people to seek clandestine abortion, even where abortion is legal. Because of this, stigma is a recognized contributor to maternal morbidity and mortality from unsafe abortion. Supportive actions from family, friends, partners and society at large are thought to enhance coping performance either independently or through a mediating effect on self-efficacy, which is of particular importance when accessing abortion care. An individual's self-efficacy has been shown to be positively influenced by the availability of social support; the more social support a person receives, the higher their self-efficacy. It is, therefore, conceivable that higher social support will trigger one's perceived ability and courage to seek safe abortion care.

Developing and validating the scale

The Received Social Support Scale (R3S) was tested and validated in three countries: Bangladesh, Ghana, and Mexico. The creation of a validated social support scale specific to abortion is critical to understanding how social support affects abortion-seeking behavior, especially in stigmatized environments, as well as identifying interventions that improve social support for abortion care seekers.

The development and validation of R3S was conducted in three phases. In Phase 1, the draft scale was adapted from various existing tools by selecting 20 items relevant to people seeking abortion and covering each of the four functional dimensions: 1) instrumental support (3 items); 2) informational/appraisal support (5 items); 3) emotional support (7 items); and 4) companionship support (5 items). Key informant interviews (KIIs) were

Functional dimensions of social support

Instrumental support: provision of aid, resources, money, goods, equipment, and services at a time of need

Informational and appraisal support: provision of advice, knowledge, suggestions, tools, positive feedback useful to the individual & that allow the individual to self-evaluate his or her situation

Emotional support: availability of person(s) such as friends or family who show interest, listen, and express sympathy, concern, care, and empathy

Companionship support: availability of person(s) with whom to interact or affiliate and with whom one feels emotionally close or connected

conducted with a panel of experts working in the reproductive health field in Bangladesh, Ghana, and Mexico to explore the beliefs that prevail in communities regarding the local perception and meaning of social support (N=20). The experts were also given a copy of the proposed scale and asked to assess its content and face validity. The findings were used to refine and contextualize the tool for the local context. Following KIIs, the proposed scale was translated into local languages and pre-tested among a purposive sample of 10 women and girls presenting to a health facility for abortion care in each country (N=30). Cognitive interviewing using the concurrent verbal probing method was employed during the pre-testing to assess respondent's comprehension (i.e., question's intent and meaning of terms) of the questions of the scale. Respondents were asked to provide feedback on whether the domains of social support included were important and needed by women and girls seeking abortion. This was followed by a revision of the scale items.

In Phase 2, the scale was administered in surveys with 1,058 women presenting for abortion and postabortion (PAC) services in two induced abortion-only health facilities in Mexico and three health facilities providing both induced abortion and PAC services in Ghana and Bangladesh, respectively. Women and girls receiving CAC services at the study sites were recruited for enrollment in the survey upon discharge from the facility. To accommodate testing of this tool in restrictive settings, the sample included women who present for induced abortion services and/or postabortion care depending on the country context in Bangladesh and Ghana, and only induced abortion in Mexico. Exploratory factor analysis (EFA) was conducted to identify an appropriate scale structure. Internal consistency, item-response reliability, and construct validity measures were used to assess the psychometric properties of the scale following the first stage of quantitative data collection. Items with factor loadings ≥0.40 were retained. Items that loaded on more than one factor were eliminated from the model. EFA resulted in two promising scales: 1) a 12-item, 3-factor model and 2) a 9-item, 3-factor model. Both reduced scales had an excellent reliability coefficient (Cronbach's alpha ≥ 0.85).

In Phase 3, the reduced 12-item scale was administered to a new sample of 568 women and girls seeking abortion services at the same facilities in Bangladesh and Ghana. This second wave of field testing was designed to test the validity of the reduced 12-item scale as well as a further reduced 9-item scale. Confirmatory factor analyses (CFA) were conducted to test model fit for the scale structures identified during Phase 2. CFA results indicate a strong model fit for the 9-item scale on the independent sample, with key goodness-of-fit statistics within the acceptable range—specifically, root mean square error of approximation (<0.10), standardized root mean square residuals (<0.05), and comparative fit index (>0.90).

R3S APPLICATION ACROSS THE IPAS IMPACT NETWORK

Following Phase 2 of the R3S development and validation protocol, seven country teams in the Ipas Impact Network fielded the R3S during client exit interviews with people receiving abortion care at a representative sample of Ipas-supported health facilities from 2018-2020. These countries included Argentina, Mexico, Bolivia, Argentina, Ethiopia, Kenya, Uganda, and Nepal. Using the pooled sample of N=3,478 people seeking abortion care across these seven countries, CFA revealed acceptable reliability for the full 9-item scale and three sub-scales respectively (α=0.89 full scale; α=0.86 emotional support sub-scale; α=0.74 instrumental support sub-scale; and α=0.79 informational/appraisal sub-scale. The 9-item scale also retained acceptable goodness-of-fit statistics—root mean square error of approximation of 0.07, standardized root mean square residuals of 0.03, and comparative fit index of 0.97. Results

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R3S Scoring

The response categories for R3S are set up on a Likert scale from "strongly disagree" to "strongly agree," with each response assigned a value ranging from 1 to 5. R3S is easy to score and can be done either as a total score or using three sub-scale scores.

Total R3S score (range: 9-45): Sum the responses to all 9 items.

Emotional support sub-scale (range: 3-15): Sum items 1, 2, and 3.

Instrumental support sub-scale (range: 3-15): Sum items 4, 5, and 6.

Informational and appraisal support sub-scale (range: 3-15): Sum items 7, 8, and 9.

Researchers and program evaluation professionals can use the total summed score (range: 9-45), the subscale summed scores (range: 3-15 each) or can calculate the summed score average for the total scale or subscales (score range: 1-5). A higher score, summed or average, represents greater levels of social support received by people seeking abortion care. Results will need to be contextualized within the setting where the data was collected.

R3S items, by sub-scale

R3S comprises 9 items, with each contributing to a sub-scale score, as indicated below. Respondents are asked to think about their most recent abortion experience and to determine how strongly they agree or disagree with each item. A visual aid can assist respondents in ranking their level of agreement for each item.

RECEIVED SOCIAL SUPPORT SCALE (R3S) FOR ABORTION CARE SEEKERS

Self-administered survey prompt: Below is a series of statements about the support you may have received from friends, family members, husband/significant other, or other members of your community in deciding what to do about your pregnancy. Please think about your most recent abortion experience when answering these questions. Please circle whether you strongly agree, agree, neither agree nor disagree (neutral), disagree, or strongly disagree with each statement.

Interviewer-administered survey prompt (*read aloud*): I am going to ask you a series of questions about any support you may have received from friends, parents, significant other, other family members, health care providers, community health agents, and/or other community members in deciding what to do about your pregnancy. Please think about your most recent abortion experience when answering these questions.

I will read a statement and you will tell me how much you agree with the statement. Please tell me whether you strongly agree, agree, neither agree nor disagree (neutral), disagree, or strongly disagree with each statement.

EMOTIONAL SUPPORT	
1	Someone was available/present to listen openly when you wanted to talk about your abortion decision.
2	Someone was available with whom you could share your private worries and fears about your pregnancy.
3	Someone expressed empathy about or understood your situation.
INSTRUMENTAL SUPPORT	
4	Someone was available who helped you pay for costs associated with abortion service.
5	Someone was available who assisted you with transportation to seek care.
6	Someone was available to help you with things you were not able to do on your own while seeking care.
INFORMATIONAL / APPRAISAL SUPPORT	
7	Someone was there for you who helped you get your mind off things.
8	Someone encouraged you not to give up on your desire to end your pregnancy.
9	Someone was there for you to turn to for suggestions about how to make decision about your pregnancy.

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Ipas works to advance reproductive justice by expanding access to abortion and contraception, using a comprehensive approach that addresses health, legal and social systems. We believe every person should have the right to bodily autonomy and be able to determine their own future. Across Africa, Asia and the Americas, we work with partners to ensure that reproductive health services, including abortion and contraception, are available and accessible to all.

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