

Psycho-social outcomes and mechanisms of self-help groups in Ethiopia from 2016 to 2022

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1. ACKNOWLEDGEMENTS

First of all, we would like to thank the Self-Help Group (SHG) members who generously gave of their time to participate in this study. Without their openness and patience, we would not have been able to gather such extensive and rich data.

Secondly, we want to thank the facilitators and project leaders in Wolaita and Adama who gave generously of their time to help us gather this data. Their dedication to the SHG movement and their devotion to the members of each group is an inspiration to us.

2. EXECUTIVE SUMMARY

Tearfund UK in Ethiopia and Tearfund Ireland have implemented a programme of establishing and facilitating a network of self-help groups (SHG) comprising the poorest people in Ethiopian Society since 2002. The SHGs follow a carefully defined philosophy based initially on the self-help group movement run by MYRADA India and adapted to the Ethiopian Context with the assistance of Tearfund Netherlands, The Dutch Ministry of Foreign Affairs (BuZa) and Irish Aid.

Previous research has examined the cost-benefit of Ethiopian self-help groups and found a very positive cost benefit ratio (Venton, et. al., 2013). In 2016, in phase 1 of this project – jointly conducted by Tearfund UK, Tearfund Ireland and Trinity College Dublin - we visited 10 SHGs in Southern Ethiopia to evaluate the impact of SHGs on the psychosocial wellbeing of their members and to elucidate the features SHGs which promote, and those that may hamper, achieving this impact. A survey of individual members, a focus group with the SHG as a whole and interviews with key informants served to gather qualitative and quantitative data about both the individual and the SHG.

At time 1, we found that, as well as having a clear impact on the financial circumstances, SHGs are also impacting members' lives in a variety of ways. Older SHGs assessed the impact of the SHG as being greater and they scored more highly on measures of psychological and social wellbeing, indicating that the impact of the SHG increases over time. We identified several key elements of SHGs that seem to be critical in achieving these positive outcomes. The defined rules and bylaws of each SHG are complemented by a set of values and principles – of equality, sharing, mutual support and forgiveness – and supported effectively by a strong network of facilitators.

Phase 2 of this research is reported here. We revisited the same ten SHGs six years after the first visit to elucidate if the SHGs had continued to have an impact on the psychosocial wellbeing of their members and, if so, what factors are influential. In particular, we were interested in whether the longer involvement has continued to have an influence on SHG member wellbeing (older vs younger groups) and whether the level of functioning of the SHG at time 1 (T1) would predict changes. Additional objectives of phase two were: to examine how the SHGs and their members have been influenced by the crises that have occurred since 2016 – COVID-19, political instability, inflation, etc., to explore role of SHGs vis-à-vis members with disabilities, promoting civic engagement, and promoting spiritual and character development. 97 SHG members participated in both T1 and T2 surveys; 40 participated only in T1, 41 participated only in T2.

The SHG members continued to report very positive changes in their lives since joining the SHG. Across most dimensions, they were slightly less positive about these changes than in 2016, suggesting that the past six years have been difficult for many members. This was the case for finance, family and social circumstances, health, and psychological wellbeing. However, the participants continued to give the SHGs the substantial share of the credit for their improved circumstances since joining.

By contrast to self-assessment, scale assessed wellbeing increased significantly for both age groups – psychological and social wellbeing scales both showed significant increases since 2016, as did meaning of life and team evaluation. The differences between younger and older groups in psychological and social wellbeing at T1 disappeared at T2. This could be because the younger SHGs over the past 6 years matured enough and attained high psychosocial and social wellbeing outcomes.

The T2 team evaluation scale was a more meaningful predictor of outcome variables than the T1 team evaluation scale or the T1 SHG functioning score. Either SHG impact is not related to SHG quality, or we are not effectively measuring SHG quality.

There was a self-reported increase, since joining the SHG, in civic engagement, voting & community, more markedly for older groups. Members self-reported character changes: increased tolerance, forgiveness & concern for others.

No disabilities were reported among members of the SHGs involved in this research, meaning it was impossible to explore the experiences of SHG members with a disability. The focus groups reported that the SHGs have been providing training on disability for its members, and the SHGs have become more open to including people with disabilities and some SHGs assist people with disabilities. Focussed research into the reasons for the absence of self-reported disabilities among SHG members in this research would be valuable. This is at odds with Tearfund Ireland's findings in baseline and endline surveys. Based on the definition of Washington Group, they found 12.3% of SHG members who are PWD (Tearfund, 2020).

The qualitative questions and focus groups provided a rich source of information to help interpret the quantitative findings. Since 2016 the SHGs and their members have had to cope with political unrest and ethnic tensions, high rates of inflation and COVID-19. These impacted the members' ability to carry on their businesses in numerous ways. The social distancing and masks affected the relationships among members and their perception of empathy toward others. They reported separation from loved ones, loss of freedom to move and travel, uncertainty about the advancement of the pandemic, lack of clear understanding about the real nature of the pandemic, and the unavailability of vaccination at the beginning. The partial lockdown in Ethiopia disrupted SHG meetings, but only for a few weeks before they were able to resume with protective measures. The SHGs were active in helping their members cope with these crises. They provided facemasks, sanitiser, etc. and encouraged their members to use them; they provided interest-free loans and flexible repayments and direct financial support to those in particular need.

Overall, the SHG groups appear to be functioning well and continuing to play a positive role in their members' lives. The fact that most of the self-assessed dimensions of wellbeing have remained stable, declined slightly or increased is testament to the resilience that the SHGs provide to their members during a period of significant disruption. The significant increase in scale-assessed wellbeing suggests that the SHGs may be having a greater impact than many members recognise. That the older SHGs score higher on many items indicates that SHGs have an ongoing function for them. The focus groups indicated some changes in the groups that promote this – becoming more dependable and socially cohesive for their members, administering the finances better, adopting more formal transparent working systems, power delegation and decision making through consensus. The qualitative data continue to provide insight into how the SHGs are having their impact. Further research is needed to quantify the impact of SHG activities and SHG quality.

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4. ACRONYMS & ABBREVIATIONS

CLA	Cluster Level Association
FG	Focus Group
FLA	Federation Level Association
MYRADA	Mysore Resettlement and Development Agency
PWD	Persons with Disabilities
SHG	Self-Help Group
SNNPR	Southern Nations Nationalities and Peoples Region
T1	Time 1
T2	Time 2
WHO	World Health Organisation

5. INTRODUCTION

Tearfund UK in Ethiopia and Tearfund Ireland have implemented a programme of establishing and facilitating a network of self-help groups (SHG) comprising the poorest people in Ethiopian Society since 2002. The SHGs follow a carefully defined philosophy based initially on the self-help group movement run by MYRADA India and adapted to the Ethiopian Context with the assistance of Tearfund Netherlands, The Dutch Ministry of Foreign Affairs (BuZa) and Irish Aid.

Previous research has examined the cost-benefit of Ethiopian self-help groups and found a very positive cost benefit ratio (Venton, et. al., 2013). However, this research has not documented, other than anecdotally, the social and psychological benefits experienced by the individuals participating in SHGs or the mechanisms involved in bringing about these benefits.

Phase 1 of the current project aimed to:

- Evaluate the impact of SHGs on the psycho-social wellbeing of their members.
- Elucidate the features of SHGs which promote, and those that may hamper, achieving this impact.

In phase 1, ten SHGs from Wolaita (SNNPR) and Adama (Oromiya) were selected for this study – five young (less than two years) and five more mature (more than five years). The SHGs were chosen to include high- (5), low- (1) and average- (4) functioning groups. A survey of individual members, a focus group with the SHG as a whole and interviews with key informants served to gather qualitative and quantitative data about both the individual and the SHG. Quantitative analysis was complemented by a thematic analysis of the open-ended questions in the survey and focus groups.

In phase 1 we found that, as well as having a clear impact on the financial circumstances, SHGs were also impacting members' lives in a variety of ways. Older SHGs assessed the impact of the SHG as being greater and they scored more highly on measures of psychological and social wellbeing, indicating that the impact of the SHG increases over time. Themes that emerged from the members' discussion of the impact of the SHG were increased finances, moving from poverty to provider, moving from dependence to independence, education gained through the SHG, moving from social isolation to participation, social development, personal and spiritual development.

We identified several key elements of SHGs that seem to be critical in achieving these positive outcomes. The defined rules and bylaws of each SHG provide a strong structure for members to interact with clear expectations and boundaries. For members who, in their own words, have come from lives with no structure, no role, no one to meet, no process to follow, the "hard" fixed aspects of the SHG are very empowering. These are complemented by a set of values and principles – of equality, sharing, mutual support and forgiveness. The evidence is strong that the SHGs manage to develop an environment in which all members are valued and get to participate, where dominance by one or two individuals is rare and where conflicts are, generally, effectively dealt with within the group. These "soft" aspects of the SHGs are to some extent built into the structure, but there is a strong indication that facilitators are a critical part of promoting this culture by providing strong models of the values and attitudes that are reported as being characteristic of the SHGs – acceptance, love, forgiveness. A strong theme in both the impact and mechanism sections above is education or training. It is clear that this is an aspect of the SHG that participants find very empowering. Given the low education level that most of the participants are coming from, the opportunity to gain knowledge and skills in areas as diverse as financial management and hygiene is very empowering.

1.1 THIS RESEARCH

1.1.1 Objective

This document reports on phase 2 of this research. We revisited the same SHGs 6 years after the first visit to elucidate:

1. How the psychosocial wellbeing of SHG members has changed since phase 1.
2. What personal, group and external factors have influenced this change
3. What supports help SHGs be more effective?

Several additional objectives were introduced in phase 2:

1. Whether the longer involvement has continued to have an influence on SHG member wellbeing
2. How the SHGs and their members have been influenced by the crises that have occurred since 2016 – COVID-19, political instability, inflation, etc.
3. The role of SHGs vis-à-vis members with disabilities, promoting civic engagement, and promoting spiritual and character development

2 METHOD

2.1 DESIGN

The study comprised time 2 of a mixed methods (qualitative and quantitative) study of ten SHGs. This mixed methods approach was chosen to enable an exploratory understanding of the underlying processes that contribute to the functioning of the SHG (qualitative) as well as to gather numerical information, quantifying the functioning of the SHG (quantitative). The SHGs were chosen deliberately to include:

- Five young (less than 2 years at T1) and five older (more than 5 years at T1) SHGs
- High (5), Average (4) and Low (1) functioning SHGs; this was defined by Tearfund and Tearfund Ireland's local partners depending on the outcome of the periodic SHG assessment carried out by the CLA
- SHGs from two regions – Oromiya (Adama Zone), and SNNPR (Wolaita Zone)
- All-female SHGs; given the size of the sample and the number of variables exploration of gender differences was not considered feasible.

Three data collection methods were used in time 2:

1. Surveys of the SHG members, including:
 - Demographic data
 - Self-evaluations of current status and changes since joining the SHG in finances, health, education, and wellbeing
 - Standardised scales of key psycho-social and spiritual dimensions
 - Team evaluation items

2. In-depth focus groups with the SHGs focussed on elaborating their understanding of how the SHGs work, how they influence change in their members' lives and what the key mechanisms are.
3. Profiling of SHGs using a structured interview with key informants (normally SHG facilitators) and reference to data gathered by Tearfund, Tearfund Ireland or its partners:
 - Date of formation, location, ethnic and religious composition, etc.
 - Local socio-political and economic context
 - Any significant events in the history of the SHG – internal conflicts, members leaving, drought challenges.

2.1.1 Impact

The study examined the impact of the SHG on wellbeing in three ways:

1. We directly asked participants to assess the impact of the SHG on different dimensions of their life – **self-assessed impact**.
2. We measured some of those dimensions using standard scales – **scale-assessed impact**.
3. We asked members – in the surveys and focus groups – **to describe how the SHG has impacted different aspects of their lives**.

We predicted that older SHGs would show a greater impact and that the impact would be greater at T2 for both younger and older groups. We also anticipated that there might be some difference between these measures – i.e., that participants might perceive a change that is not borne out in the scales, or that the scales may exhibit a change that is not perceived. The qualitative accounts should give insight into the nature of the changes.

2.1.2 Mechanisms

The study examined the mechanisms influencing the wellbeing of SHG group members in two ways:

1. Quantitative measures of the group functioning:
 - a. Team evaluation items in the survey
 - b. Level of functioning as assessed by the CLAs – low, average, high.
 - c. Group profiling questions in key informant interviews
2. Qualitative information on the group and its functioning
 - a. Focus group questions probing how the group works, how they resolve conflict and what the key mechanisms are.
 - b. Observations of the focus groups
 - c. Open questions in the key informant interview

We predicted that SHGs that scored higher on team evaluations and level of functioning would show greater self-assessed and scale-assessed wellbeing.

Ethics approval for the study was granted by the TCD School of Psychology Ethics Committee and the Addis Ababa University Social Science Institutional Review Board.

2.2 PARTICIPANTS

97 SHG members participated in both T1 and T2 surveys; 40 participated only in T1, 41 participated only in T2. Only one was male. They derived from 10 SHGs, five in Adama Zone and five in Wolaita Zone. Members ranged in age from 19 to 63 with a mean age of 36. Table 1 shows the breakdown of participants by religion – almost all were either Orthodox or Protestant.

Religion	Time 1		Time 2	
	Frequency	Percentage	Frequency	Percentage
Orthodox	82	60%	72	52%
Protestant/Evangelical/Pentecostal ³	52	38%	66	48%
Catholic	1	1%	0	
Muslim	2	1%	0	
Total	137		138	

Table 1. The religious affiliation of the study participants

Eight participants reported a different religion at T2. Seven reported conversions from orthodox to protestant, one from protestant to orthodox.

Most survey participants also participated in the focus groups. Interviews were conducted with facilitators familiar with the SHGs.

FG participants were 125 females (65 Wolaita and 60 Adama).

10 key informant interviewees (SHG facilitators; 5 Wolaita, 5 Adama) participated in the KII respectively. At Wolaita research site, three of the interviewees were female and two were male whereas for the Adama research site, four of them were females and one of them was male.

2.3 INSTRUMENTS

The following standardised scales were used in the survey:

- The Ryff (2013) Scale of Psychological Wellbeing, 54-item version. It is comprised of six dimensions - autonomy, environmental mastery, personal growth, positive relations, purpose in life, self-acceptance.
- The Keyes (1998) Social Well-being scale; 33-item version comprising five dimensions - social actualisation, social acceptance, social integration, social contribution and social coherence.
- The Meaning in Life Questionnaire (Steger et. al. 2006); 10 items comprising two dimensions – presence and search.

Additional items specific to this survey were included to gather data on:

- Demographic variables
- Perceived changes and the contribution of the SHG to those changes
- Team variables indicated as important in the literature but not covered in the Psychological Safety Scale: The Team Evaluation Scale (TES)

The focus group, interview and observation protocols were developed specifically for this study.

³ The term “protestant” is used throughout this report to refer to members from a range of churches from the Evangelical/Pentecostal protestant tradition, including the Ethiopian Kale Heywet Church, Mekene Yesus and Apostolic churches.

The survey, interview and focus group schedules were developed in English and translated into Amharic, the Ethiopian national language.

2.4 PROCEDURE

T2 data-gathering took place in the summer of 2022 taking one day for each SHG. The research was carried out at locations accessible to the SHG members, typically a local church or school. Members of each selected SHGs were invited to attend the research location together on a particular morning. They were briefed as a group about study and the ethical procedures - consent, confidentiality. Consent was gathered verbally, and the surveys administered orally since many of the participants were not literate.

Surveys were carried out by a team of SHG facilitators who had been briefed on the survey instrument. For many participants, particularly in Wolaita, the survey needed to be translated from Amharic to their local language by the survey administrators. SHG facilitators were used because they were available, familiar to, and likely to be trusted by, the participants. Using external researchers would have added substantially to the time and cost making the research unachievable within the budget and may not have been able to establish the level of trust needed. This was judged more important than the risk of responses being either positively or negatively biased by the presence of the facilitator.

In the afternoon the SHG members returned to the research location for the focus group. Depending on the weather and facilities, the focus groups were conducted in the church/school building or outside. The focus group was facilitated by an independent consultant or researcher in Amharic. In Wolaita, a local facilitator acted as interpreter for those not familiar with Amharic.

When an additional researcher was available, they would conduct observations during the focus group. The key informant interviews, with SHG facilitators familiar with each SHG, were conducted in the afternoon after the focus group.

3 IMPACT

The study examined the impact of the SHG on wellbeing in three ways:

1. We directly asked participants to assess the impact of the SHG on different dimensions of their life – **self-assessed impact**.
2. We measured some of those dimensions using standard scales – **scale-assessed impact**.
3. We asked members – in the surveys and focus groups – **to describe how the SHG has impacted different aspects of their lives**.

We predicted that older SHGs would show a greater impact and the impact would increase between T1 and T2. We also anticipated that there might be some difference between these measures – i.e., that participants might perceive a change that is not borne out in the scales, or that the scales may exhibit a change that is not perceived. The qualitative accounts should give insight into the nature of the changes.

In the sections below we look first at the self-assessed impact and scale-assessed impact on the wellbeing variables. Then we take a closer look at the different areas of impact through the lens of the qualitative accounts.

3.1 SELF-ASSESSED IMPACT

3.1.1 Overview

Figure 1 provides an overview of the self-assessed changes in circumstances and the self-assessed impact of SHGs on those changes between T1 and T2 for younger and older SHGs. The figure makes it clear that members perceive that their financial, family, social, health, education, psychological, social and spiritual circumstances are better since joining the SHG and that the SHGs have contributed a lot to these changes. They are slightly less positive at T2 than T1 about the amount of the change, especially the older groups, but they are equally positive about the role of the SHGs in improving their circumstances.

We have highlighted a few outliers. At T1 members of younger SHGs did not report much improvement in their education opportunities and attributed little of this to the SHGs; by T2 there was some further improvement in education, and they attributed a lot of impact to the SHGs. While members of older SHGs were more positive about the improvement in their educational opportunities at T1 they saw no further improvement by T2 but were more positive about the SHG's influence. At T2, younger groups attribute more of their improvement in social and older groups of their family circumstances to the SHG than at T1.

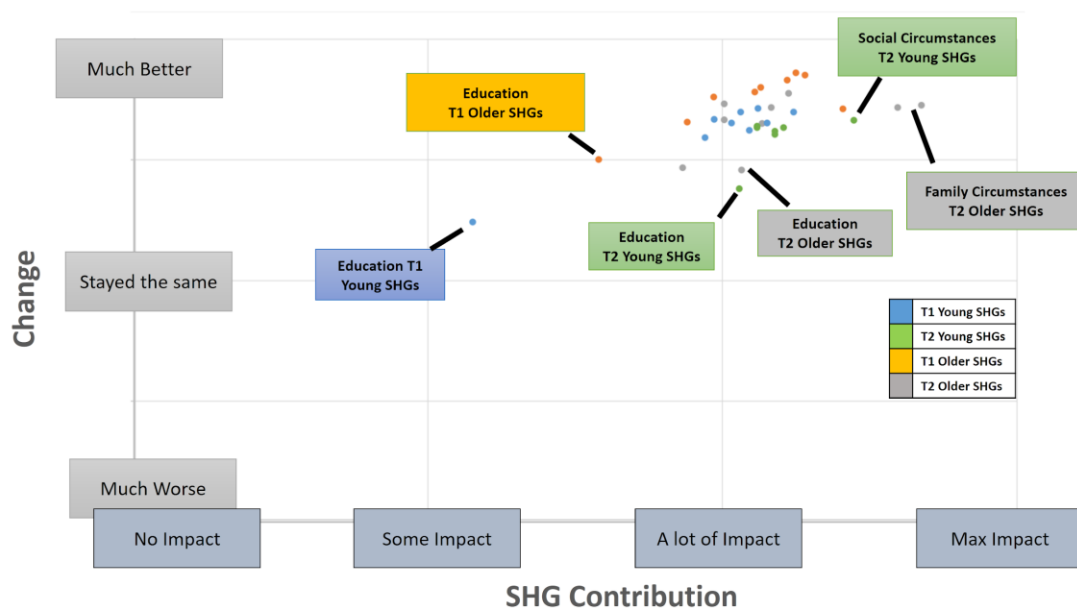


Figure 1. Overview of self-assessed changes in circumstances and the impact of SHGs between T1 and T2 for younger and older SHGs. The dots represent financial, family, social, health, education, psychological, social and spiritual circumstances.

Below we look at each self-assessed item separately.

3.1.2 Financial Circumstances

The survey participants on average estimated their assets to have increased between joining the SHG group and T1 and a more marked increase between T1 and T2 (Figure 2). This increase was greater for members of older SHGs at both T1 and T2. At both times they perceived their financial circumstances to be much better than before they joined the SHG (Figure 3) and to be much better than at T1 (Figure 4). Curiously, while their estimated change in assets since before they joined the SHGs was much larger at T2 (Figure 2), this was not reflected in their perceived change in financial circumstances (Figure 3), in fact the median change decreased from “much better” to “better”. This is most likely due to the rising cost of living and greater political and economic uncertainty. They judged the SHG to be the major factor in this change (Figure 5). Older SHGs judged the change to be greater at both times and attributed more of the change to the SHG at T1 but not at T2.

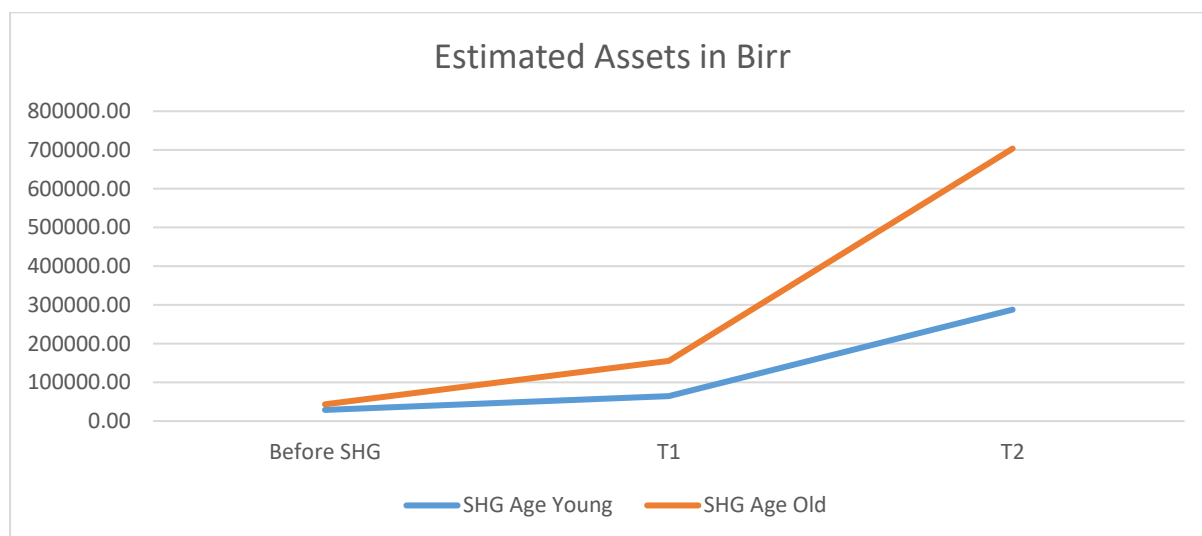


Figure 2. Participants’ estimated assets in Birr before joining the SHG, at T1 and T2

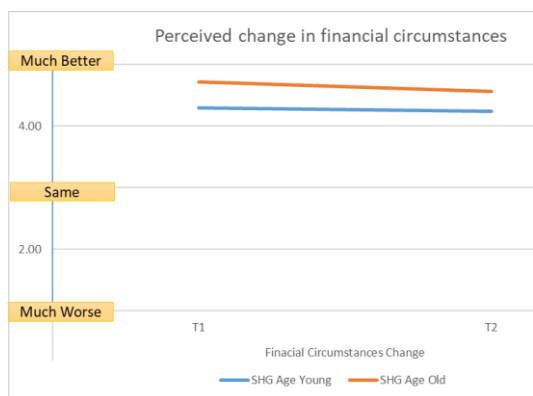


Figure 3. Participants’ perceived change in financial circumstances since joining the SHG

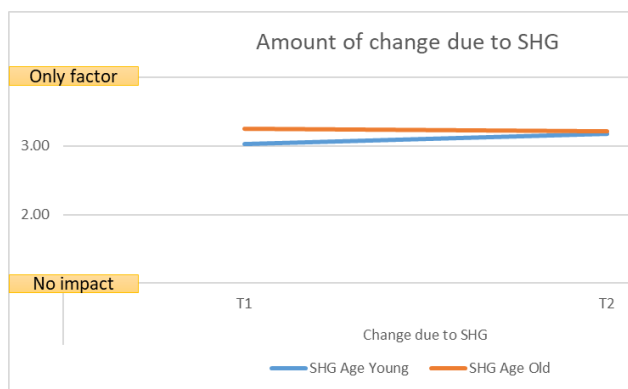


Figure 4. Participants’ perceived impact of SHG on financial circumstances

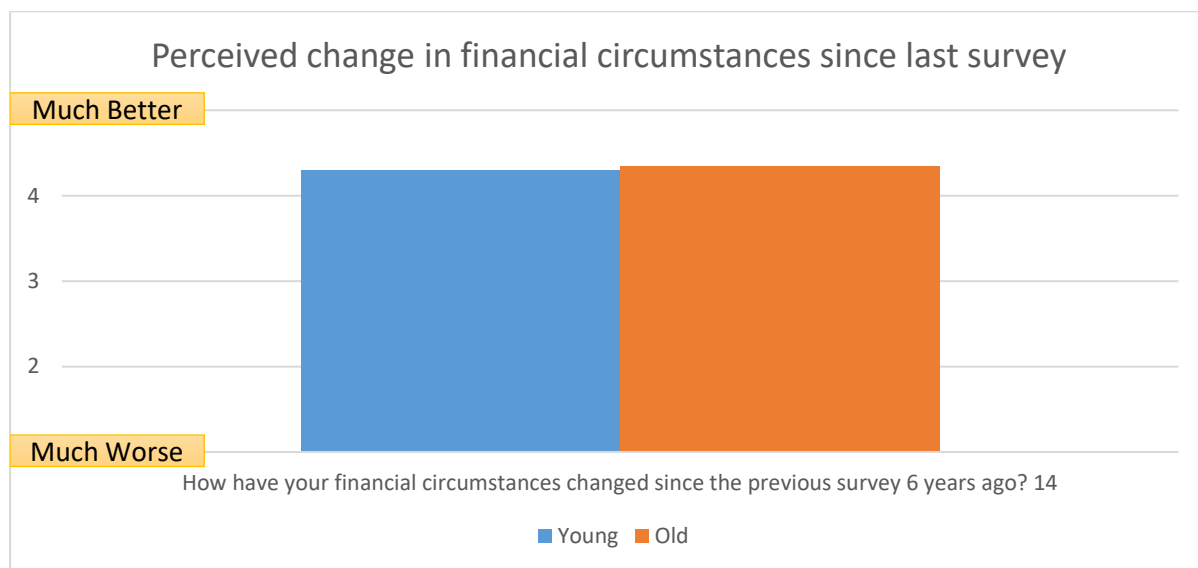


Figure 5. Participants’ perceived change in financial circumstances since the previous survey

3.1.3 Facing the challenges of the past 6 years

The members were emphatic that the SHG had helped them a lot in coping with the challenges of the past 6 years, older SHGs rating this marginally but not significantly higher (Figure 6).

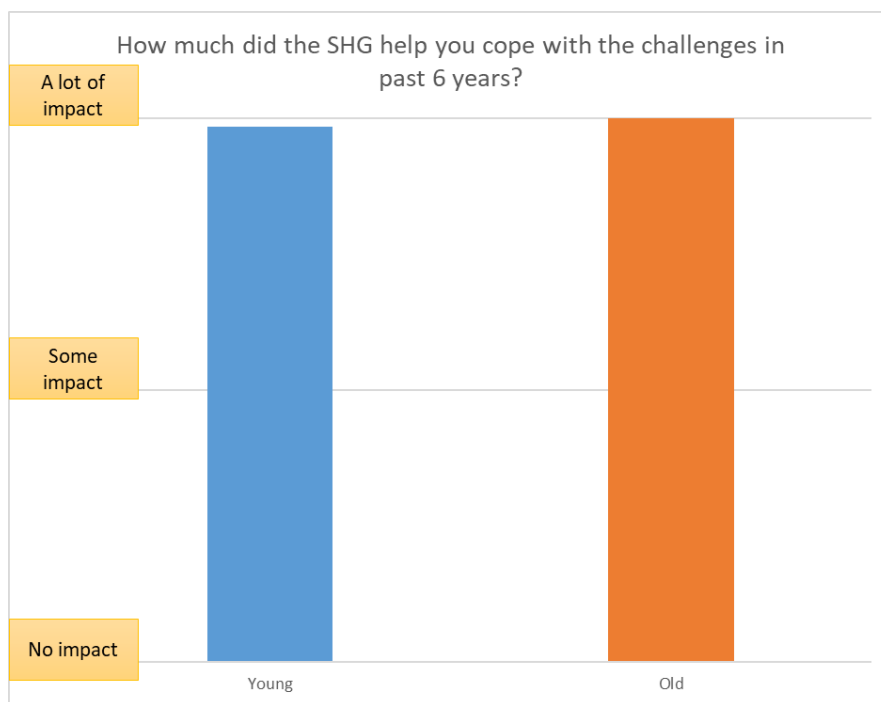


Figure 6. Members' assessment of the amount the SHG had helped them cope with the challenges of the past 6 years (since T1)

3.1.4 Family circumstances

Younger and older SHGs both evaluated their family circumstances to be much better than before the SHG while both groups rated the change slightly less positively at T2 (Figure 7). Both cohorts attributed most of this improvement to the SHG and were more emphatic about this at T2 (Figure 8). Older groups perceived significantly more change and attributed more of it to the SHG at T1 but not at T2.

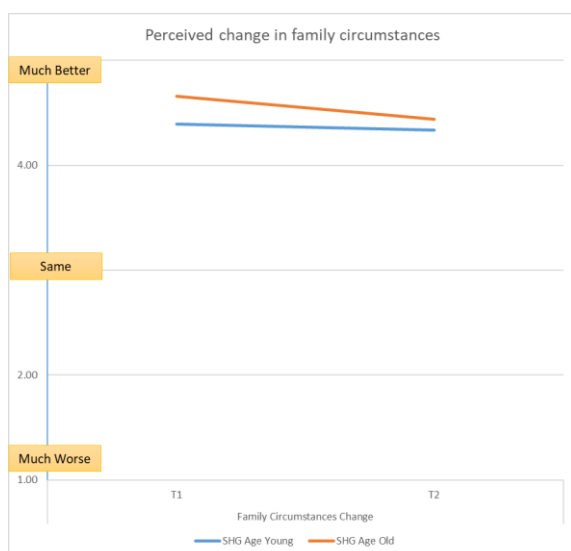


Figure 7. Members' assessment of the amount their family circumstances changed since joining the SHG

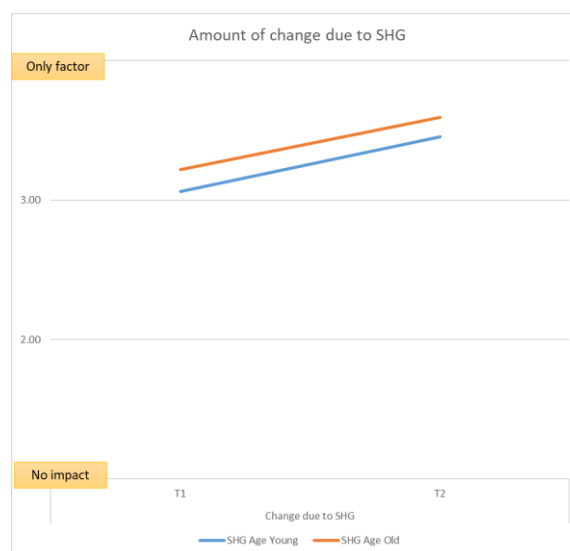


Figure 8. Members' assessment of the amount their change in family circumstances was due to the SHG

3.1.5 Social & Family circumstances

Younger and older SHGs both evaluated their social circumstances and family social circumstances to be much better than before the SHG while both groups rated the change slightly less positively at T2 (Figures 9 & 11). Both cohorts attributed most of this improvement to the SHG and were more emphatic about this at T1 (Figures 10 & 12). There were no significant differences in scores between younger and older SHGs on these variables.



Figure 9. Members’ assessment of the change in their social circumstances since joining the SHG

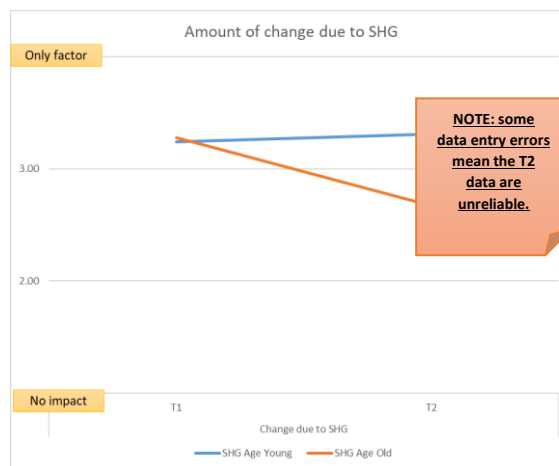


Figure 10. Members’ assessment of the amount their change in social circumstances was due to the SHG

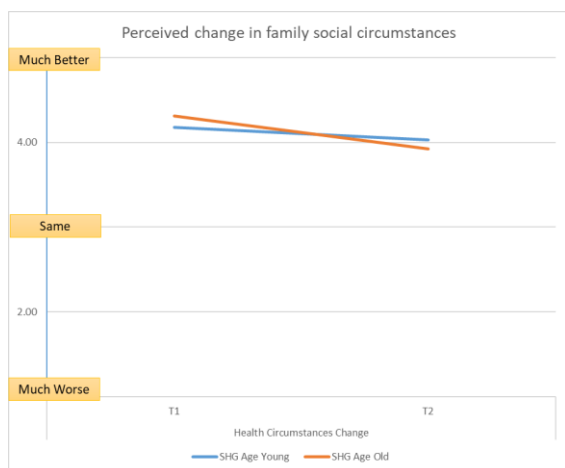


Figure 11. Members’ assessment of the change in their family’s social circumstances since joining the SHG



Figure 12. Members’ assessment of the amount their change in family social circumstances was due to the SHG

3.1.6 Health Circumstances

Both younger and older SHGs perceive their health less positively at T2 than T1, but still better than before the SHG (Figure 13). There are no significant differences between the younger and older groups. Conversely both groups attributed greater impact to the SHGs at T2 than T1 (Figure 14), possibly because of the greater role SHG groups played in their health during the COVID 19 pandemic, although this difference was not significant.

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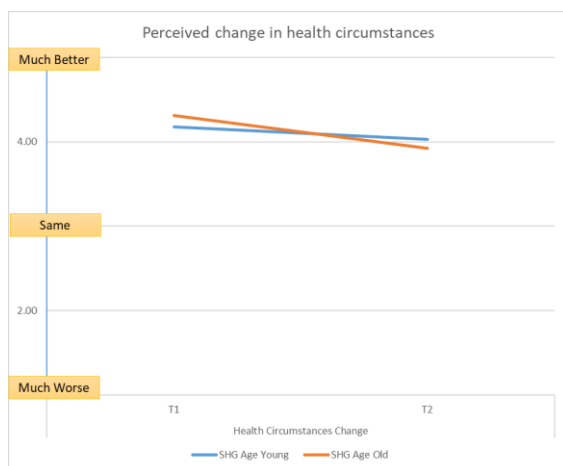


Figure 13 Members' assessment of the change in their health circumstances since joining the SHG



Figure 14. Members' assessment of the amount their change in health circumstances was due to the SHG

3.1.7 Educational Opportunities

Younger SHGs perceived a distinct increase in their educational opportunities between T1 and T2 (Figure 15) and attributed a much greater role to the SHGs in this (Figure 16). Older groups attributed a slightly greater role to the SHGs but also reported a marginal decline in their educational opportunities. It is likely that older groups have had longer to take advantage of the training/educational opportunities offered by the SHGs.

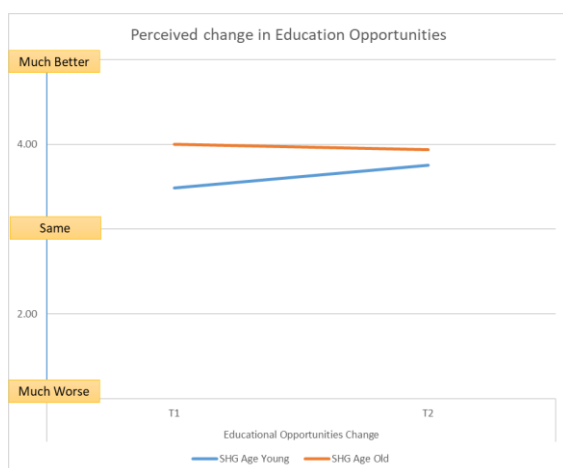


Figure 15 Members' assessment of the change in their educational opportunities since joining the SHG

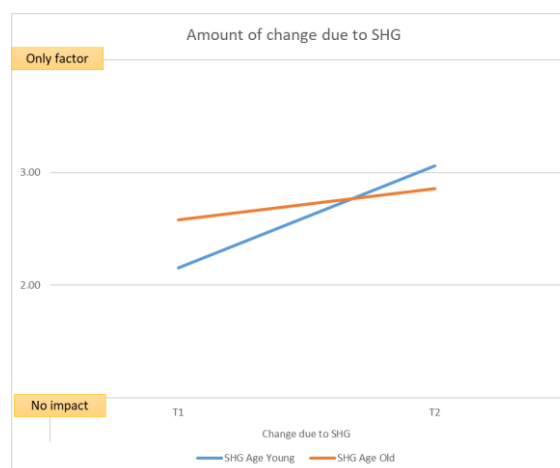


Figure 16. Members' assessment of the amount their change in educational opportunities was due to the SHG

3.1.8 Psychological Wellbeing

SHG members perceive their psychological wellbeing as much better than before they joined the SHG, with members of older groups being more positive at T1 but not T2; there is no significant change since T1 (Figure 17). There is no difference over time or between groups in the positive impact they attribute to the SHG (Figure 18).



Figure 17 Members’ assessment of the change in their psychological wellbeing since joining the SHG

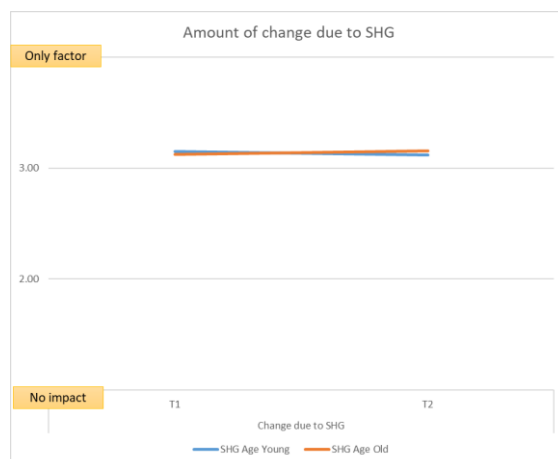


Figure 18. Members’ assessment of the amount their change in psychological wellbeing was due to the SHG

3.1.9 Spiritual Wellbeing

Participants’ assessment of their own and their family’s spiritual wellbeing shows a similar pattern to psychological wellbeing – still very positive, no significant changes since T1 and slightly higher scores for older groups (Figures 19 & 21). SHGs are seen as having a positive impact on members’ spiritual wellbeing (Figure 20), rising for younger groups. This rise for younger groups is also seen in relation members’ families but there is a distinct drop in the perceived impact among older groups (Figure 21)

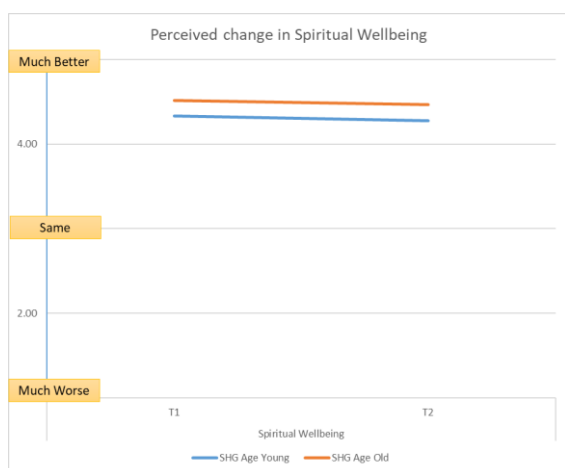


Figure 19 Members’ assessment of the change in their spiritual wellbeing since joining the SHG



Figure 20. Members’ assessment of the amount their change in spiritual wellbeing was due to the SHG

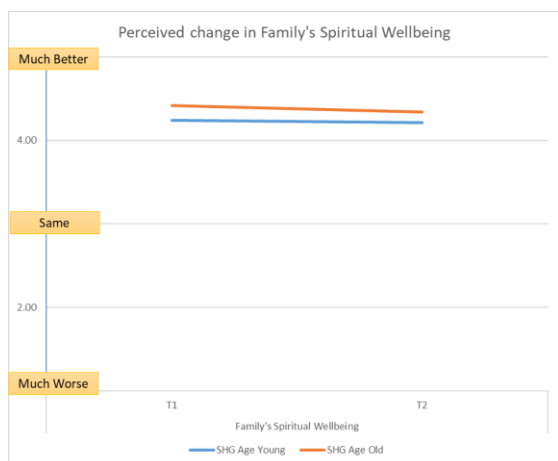


Figure 21 Members’ assessment of the change in their family’s spiritual wellbeing since joining the SHG



Figure 22. Members’ assessment of the amount the change in their family’s spiritual wellbeing was due to the SHG

3.2 SCALE-ASSESSED WELLBEING

Scale-assessed wellbeing showed a more consistent and positive pattern than self-assessed wellbeing – showing increase from T1 to T2 across all four scales. Psychological Wellbeing⁴ significantly increased for both older and younger SHGs between T1 and T2 (Figure 23). The T1 difference between the older and younger groups disappeared by T2.

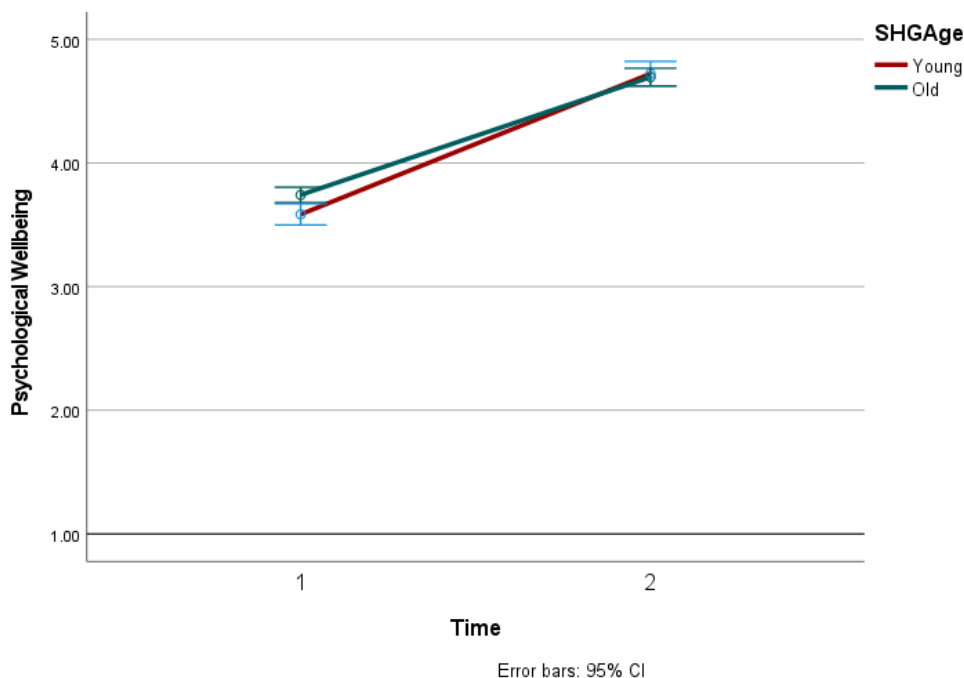


Figure 23. Changes in Ryff’s Psychological Wellbeing Scale between T1 and T2

⁴ Assessed using a subset of 40 items (out of 54) from Ryff’s (2013) Psychological Wellbeing Scale. The T2 survey only included items that loaded significantly on the main factor at T1.

Social wellbeing, after adjustment for differences in the application of the scale at T1 vs T2⁵, showed a similar pattern to psychological wellbeing – a significant increase between T1 and T2, with the difference between the younger and older groups disappearing (Figure 24).

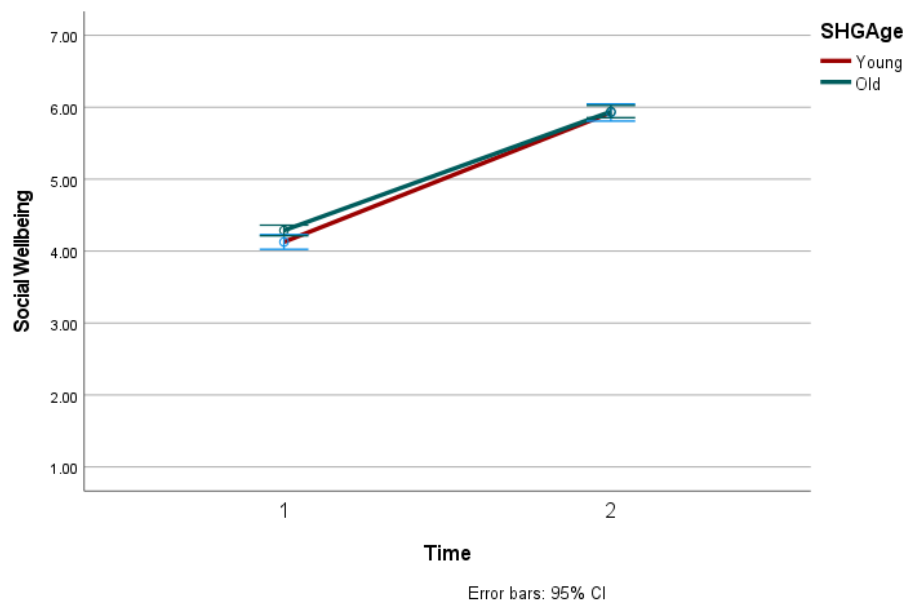


Figure 24. Changes in Keyes' Social Wellbeing Scale between T1 and T2

Similarly there was a significant increase in meaning of life scale scores from T1 to T2 (Figure 25), with no difference found between younger and older groups at either time.

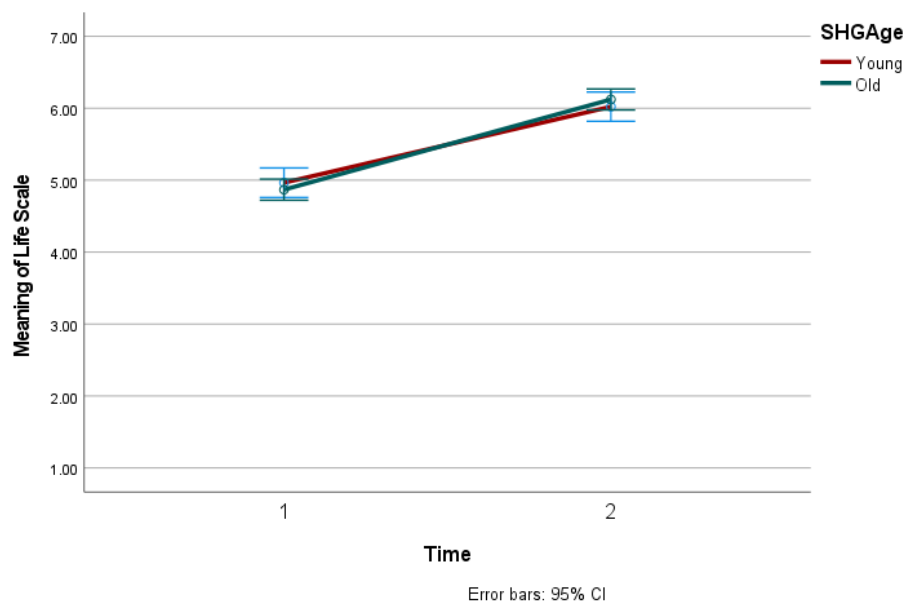


Figure 25. Changes in the Meaning of Life Scale between T1 and T2

⁵ At T2 the scale used a 6 point instead of 7-point scale.

The team evaluation scale shows increases since T1 for both younger and older groups (Figure 26), older groups scoring slightly higher at both times but not significantly so. This matches the positive evaluations of the SHGs' influence on members' lives and their comments in the qualitative sections about the positive group processes involved.

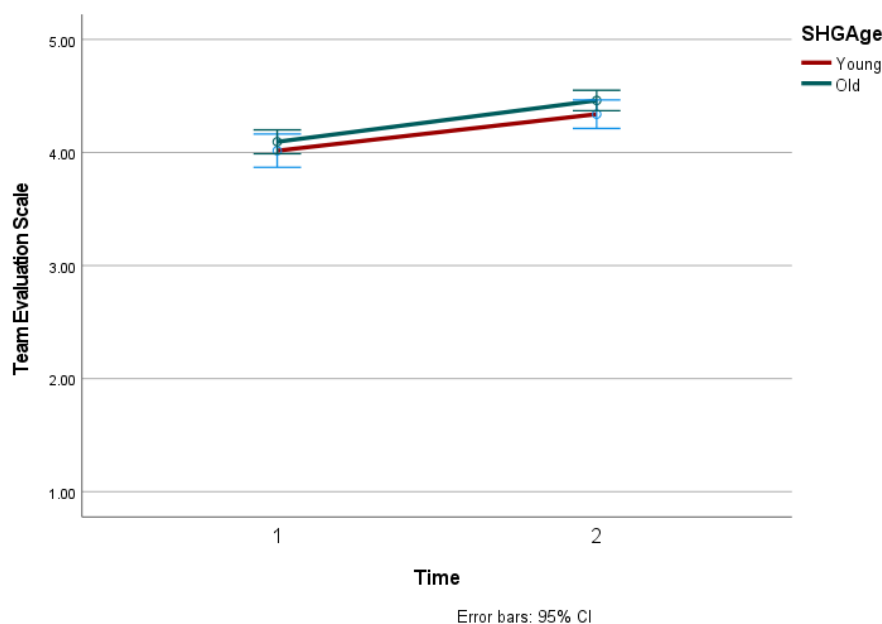


Figure 26. Changes in the Team Evaluation Scale between T1 and T2

3.3 DISABILITIES

No participant reported any disabilities. This is a surprising finding since the prevalence of functional difficulties in Ethiopia in the 2015 World Bank survey was 13%⁶. It also does not corroborate our findings in baseline and endline surveys. Based on the definition of Washington Group, we have 12.3% of SHG members who are PWD (Tearfund Ireland, 2020). There are a number of possible explanations. It may be that some with disabilities did not report either because they did not recognise their difficulties as disabilities or an unwillingness to report them. It may be that the organisation of SHGs present physical or social barriers to those with disabilities. Further research is needed to tease out this issue.

3.4 CIVIC ENGAGEMENT

The participants reported a strong impact of SHG membership on their civic engagement. They report much greater involvement in the community (Figure 27) (slightly more for older SHGs) and attribute a strong role to the SHG in promoting this (Figure 28). There is a reported increase in voting, particularly among the younger SHGs (Figure 29)

⁶ <https://disabilitydata.ace.fordham.edu/country-briefs/et/>

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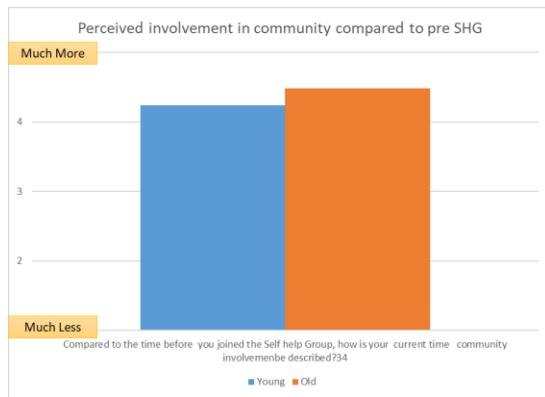


Figure 27 Members' assessment of changes in their community involvement since joining the SHG

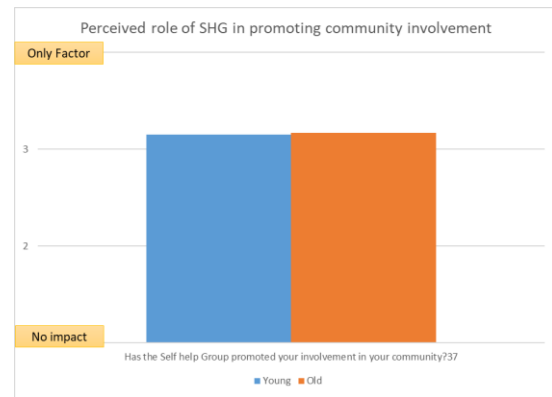


Figure 28. Members' assessment of the role of the SHG in promoting their community involvement

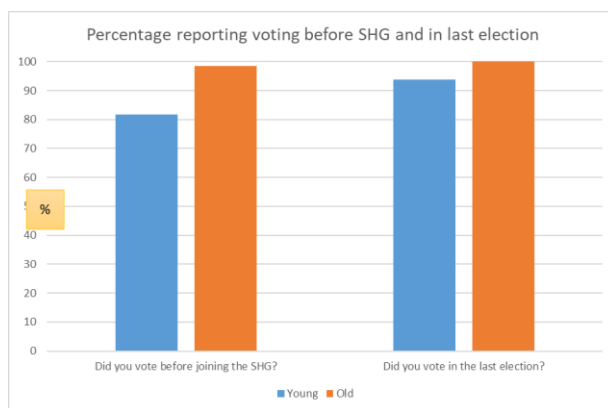


Figure 29 Reporting voting rates before and after joining the SHG

3.5 CHARACTER

SHG members reported positive changes in their own character since joining (Figure 30), including being more forgiving, more tolerant of other ethnic and religious groups and more concerned for others (Figure 31)

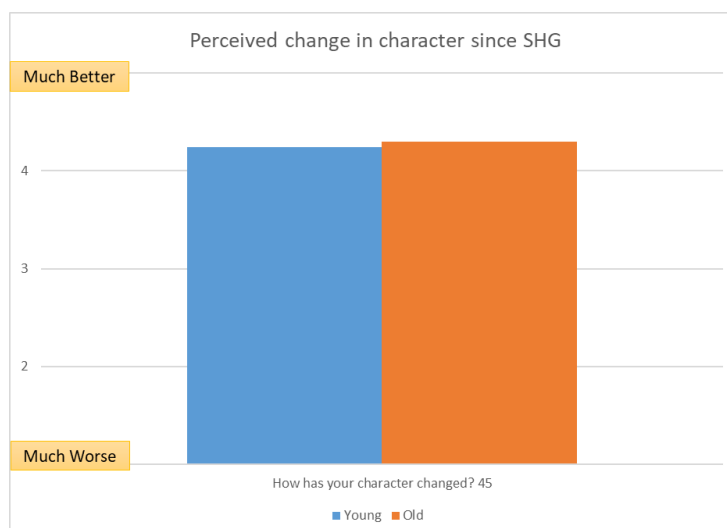


Figure 30 Self-assessed character changes since joining the SHG

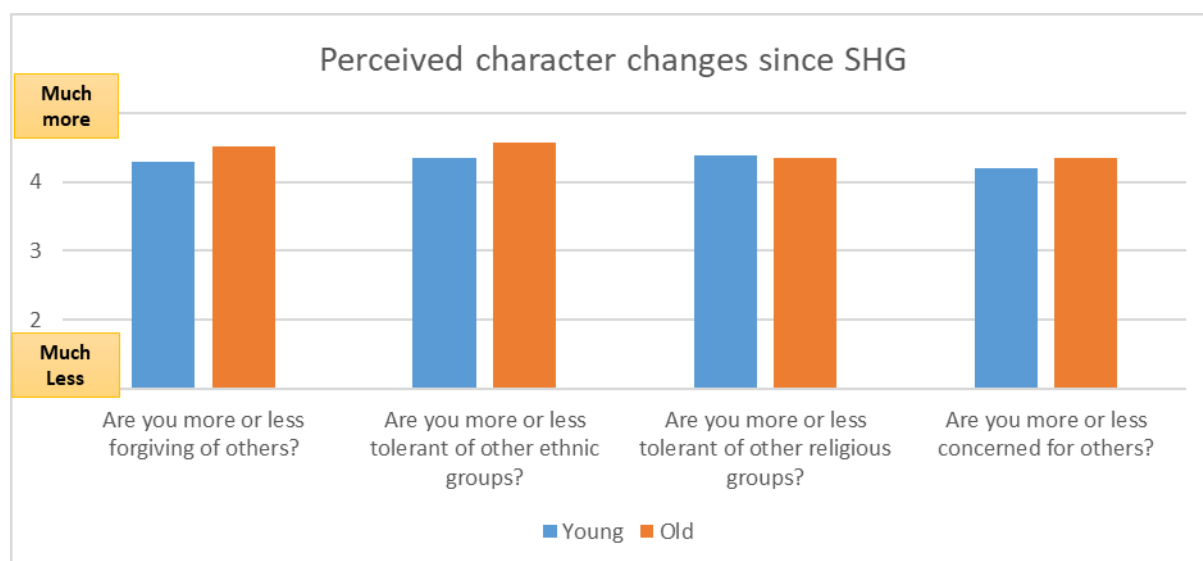


Figure 31 Self-assessed character changes since joining the SHG.

3.6 IMPACT OF SHG FUNCTIONING

Table 2 below shows the relationship between the different outcome variables and the different measures of SHG quality – SHG functioning at T1 (as assessed by the local CLA), and the Team Evaluation Scale (TES) at T1 and T2. SHG functioning was only predictive of a small number of outcome variables. Higher functioning groups self-reported greater improvement in financial circumstances and becoming more forgiving and tolerant than lower functioning groups, while lower functioning groups reported greater impact of the SHGs on their health and educational circumstances. The low number of significant relationships and the fact that half of them are contrary to the predicted relationship suggests several possible explanations. It could be that SHG quality does not influence outcomes, the SHG functioning measure is not a good measure of SHG quality, or that SHG quality may have changed since T1. T2 measures of SHG quality were not collected in this research. From informal reports of field experience of SHG facilitators, the quality of SHGs does have a significant impact on the individual and family circumstances. Quality in this context meaning regular/increasing weekly savings, engagement in businesses, participation and decision making, etc. At T2 quality may have been compromised by the pandemic.

The Team Evaluation Scale at T1 and T2 were more promising predictors of psychosocial outcome variables than T1 facilitator-assessed SHG quality. TES at T1 was predictive of two T1 outcome variables (Psychological Wellbeing and Meaning of Life). It was predictive of very few T2 outcome variables, but, interestingly, was predictive of increase in assets at T1 and T2, two of the variables not predicted by TES T2.

	SHG Functioning T1	TES T1	TES T2
Psychological Wellbeing T1		***	

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Psychological Wellbeing T2			***
Social Wellbeing T1			
Social Wellbeing T2			***
Meaning of Life Scale T1		***	
Meaning of Life Scale T2			***
Increase in assets T1		*	
Increase in assets T2		**	
Changes in finance since joining SHG	Higher for High Functioning		**
Change due to SHG			**
How have your financial circumstances changed since the previous survey?			**
How much did the SHG help you cope with the challenges in past years?			
Family circumstance since joining the SHG			***
How much of this change due to SHG			
Change in social circumstance since joining the SHG			***
How much of this change due to SHG		*	
Family social circumstance since joining the SHG			*
How much of the Family Social circumstance change since joining the SHG			
Health changes since joining SHG			
How much of this change due to SHG	Higher for Low Functioning		
How has your family's health changed since you joined the SHG?			
How much of this change was due to the SHG?	Higher for Low Functioning		
Education opportunities changes since joining SHG			*
How much of this change due to SHG	Higher for Low Functioning	*	
Family's Education opportunities changes since joining SHG			*
Compared to the time before you joined the SHG, how is your current time community involvement?			***
Did you vote in the last local/state/general election?			*
Did you vote before joining the SHG?			
Has the SHG promoted your involvement in your community?			**
Psychological wellbeing changes since joining SHG			***
How much of this change due to SHG			
Spiritual wellbeing changes since joining SHG			**
How much of this change due to SHG	Higher for Low Functioning		
Your and your family's' Spiritual wellbeing changes since you join SHG			**

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How much of this change due to SHG	Higher for Low Functioning		
How has your character changed?			**
Are you more or less forgiving of others?	Higher for High Functioning		***
Are you more or less tolerant of other ethnic groups?	Higher for High Functioning		***
Are you more or less tolerant of other religious groups?			***
Are you more or less concerned for others?			***

Table 2 Significant relationships between measures of team quality and outcome variables * p<0.05, ** p<0.01, *p<0.001**

3.7 QUALITATIVE RESULTS – SURVEY

Figure 32 presents the most frequently identified changes members reported in their circumstances due to SHG membership since the last survey, in response to an open question. Empowerment was most prominent, particularly financial empowerment. They also reported positive impacts on their quality of life, education, independence, supporting their children and several other impacts.



Figure 32. Summary of the main changes members attributed to their SHG membership

Figure 33 shows the main elements of the SHG they considered important contributors to this impact. The concrete services – training and loan support – are accompanied by relational and psychological aspects – social support and self-motivation.

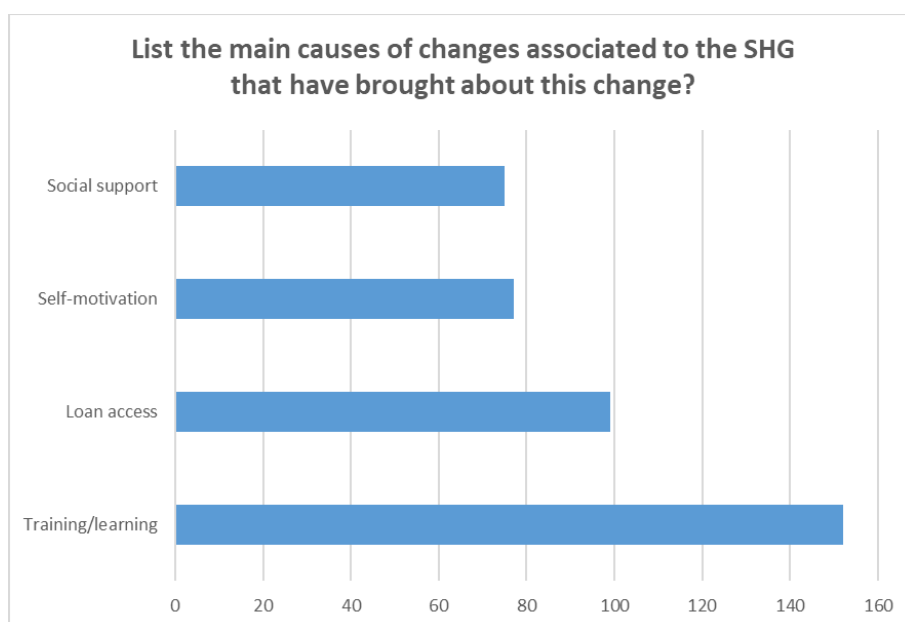


Figure 33. Summary of the main features of the SHG identified as producing change.

All participants listed the same factors affecting their financial circumstances in the past 6 years, since the previous survey: political instability, inflation, COVID-19, supply of food items. Figure 34 outlines the main ways the SHGs helped members cope with these financial challenges. Helping them cope with COVID was the most frequently cited.

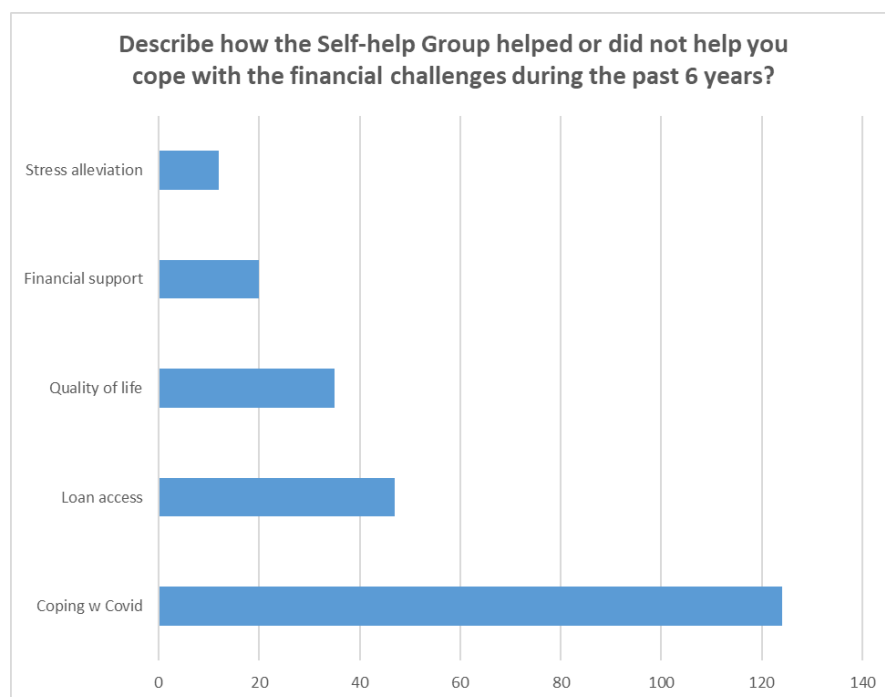


Figure 34. Summary of the main ways the SHGs helped members cope with the financial challenges of the past 6 years.

3.8 QUALITATIVE RESULTS (FGD AND KII)

This section presents combined findings from the focus group discussions with SHG members and key informant interviews with SHG facilitators familiar with the SHGs.

Significant changes that happened in the SHG since the last six years

In response to this question, participants provided many changes that happened in their SHG in the last five years affecting SHG capacity, functioning and impact. See Table 3. These reported changes are all positive and include improved organisation and administration, greater capacity for loans and resilience to shocks, social and individual member improvements. While it is encouraging that the changes identified are all positive it raises a slight concern that not all changes were reported.

Table 3. Significant changes reported in SHGs

SHG capacity

- The SHG's capacity to provide better and improved loans to members. Members are taking more loans and repaying on time.
- Capital of the SHGs was increased.
- The SHG's ability to cope up with natural as well as human-made shocks and hazards.
- Development of the capacity to tackle human-made as well as natural catastrophes.

<ul style="list-style-type: none">● <p>SHG functioning</p> <ul style="list-style-type: none">● The social cohesion, problem solving, supporting each other, knowing, and understanding each other as a group has improved.● Attitudinal changes among the members● The SHG became more reliable/dependable to the members.● The SHG became stronger and more socially cohesive.● The finance management and administration of the SHG has improved.● The SHGs became more formal, adapting transparent working systems, fair work and power delegation, structural, and more adherence to the bylaws.● The SHGs make decision making through consensus as its culture which basis itself on the equal treatment, inclusion and say of members. <ul style="list-style-type: none">● <p>SHG impact</p> <ul style="list-style-type: none">● Improved livelihood among the members● Visibility, acceptance and recognition of the SHG by the community and local government administration was improved.

Changes in SHG Membership (leave, join, and why)

Some of the reasons given for members leaving the group are positive and some are negative. Some members left the group because they changed their living place/town. Sometimes this was because they built or purchased new houses in other towns. Negative reasons for leaving include, for instance, a number of husbands of members were not supportive of their participation, unexplained private reasons, natural deaths and associated reasons. Some of the SHGs still continue to reveal that there were newly joining members to the groups just because of either the promotion of the saving group or replacement of other members.

Conflict experiences of the SHGs

All discussants and interviewees admitted that conflicts are a natural part of SHG life. The conflicts emanated from differences in outlook, experiences, perception, interest, and understanding among the members. The participants did not reveal any conflicts that remain unsolved. Participants indicated that they resolve conflicts using various mechanisms. Some of the conflict resolution strategies were open discussion, adherence to the bylaws, forgiveness, and use of a reconciliation committee. Common sentiments were that they are working as a team to resolve any common conflicts and problems, every member's problem is equally considered and receives attention, no one is left behind and everyone is heard, and they are a democratic social and saving group or institution.

It is a positive finding that conflicts are recognised, addressed and resolved in SHGs; however, the lack of reporting of any unresolved conflict may reflect some level of wanting to present the SHGs positively.

Development of new income generation activities (IGA)

Some new income generating activities (IGAs) were reported by the groups. Some of the IGAs include:

- Collecting cash and food crops in the harvesting season at low prices to sell or retail these items with higher prices at other times.
- Buying edible oil, butter, detergents from sole distributors, trade unions, and whole sellers. Afterwards, reselling and retailing these items with a better price in their surrounding communities, redistributing/reselling these items to other retailers and consumers with a better price.
- They also re-sell and redistribute these cash crops and food items with a better price at religious and cultural holidays and New Year festivals.
- Cattle, goat fattening, poultry, and agricultural activities.

Even though there are such efforts to grow and change, some of the IGAs were not successful. Some reasons reported for this are impact of inflation, increasing living costs, increment of prices of food and non-food items (NFI), the climate changes, market competition, conflicts and the pandemic COVID 19.

Working Status of the SHGs

Although there are specific SHG associated contextual variations, as reflected in table 3 above, all the SHGs reported that their SHGs are working better.

3.8.1 Impacts

As a social and saving institution, the SHG is being influenced by various social, political and economic factors in the surrounding community and society at large. The political unrest, and ethnic tension has negatively affected the SHGs day to day functioning.

Political unrest and ethnic tensions

These limit the SHGs' capacity to develop optimally. At times of insecurities, group members were unable to go out and buy, sell and distribute items for their businesses. Sometimes shops, roads and markets were closed, personal and family security guarantees were low, and there was fear of killings, robbers, looters and destruction of property. One member of a group reported that she was arrested and detained for some time because of the political unrest and ethnic tensions. This time was really bad to her family, business and life as a whole. The political unrest and ethnic tensions in the country curbs the supply of market items and affects that market situation at their localities in turn affects their economic condition. Consequently, this context leads the prices of items to rise steeply.

Inflation

Inflation has been affecting the business of the SHGs. The inflation rate of the country has been registered to be the highest in the last six years. It is still growing now. Particularly, inflation is predominantly hurting the low-income households.

COVID 19

During the pandemic, the government of Ethiopia declared a partial lockdown. Institutions providing social supports (such as the market, church/mosque, schools, business institutions) were closed so that life for those people with low income was challenging. Any social gathering was prohibited for a short period of time. The SHG's weekly saving and meeting was disrupted just for a couple of weeks. After such a short period of disruption, the SHG members resumed the weekly saving and meeting adhering to the pandemic precautionary measures.

The interviews and focus groups reported that the SHGs made some adjustments to help their members cope up with the pandemic impact. They supported their members to take loans without interest, postponed the loan repayment period, liaised with the CLA to provide support to those members in need, provided resources such as hand sanitizers, face masks and soap to members. The SHGs strongly insisted on teaching its members to take precautions.

Participants reported significant psychological and social effects on the SHG members. The social distance and the security measures affected the relationship among people and their perception of empathy toward others. Technological devices like mobile calling and prayer assumed important roles to decrease the negative effects of the pandemic.

According to the discussions, there were some elements related to the pandemic that affected more the SHG members such as separation from loved ones, loss of freedom to move and travel, uncertainty about the advancement of the pandemic, lack of clear understanding about the real nature of the pandemic, and the unavailability of vaccination at the beginning.

3.8.2 Disability Situation

The discussion result showed that none of the study participants has a disability. However, they attested that they are encouraging people with disabilities to join the SHG. Even now, if persons with disabilities request to join the SHG, they are willing to let persons with disabilities be a member of their SHGs.

They confirmed that they have a more favourable attitude towards persons with disabilities than their surrounding communities. This was the result of the training that they obtained from the local partners. They revealed that capacity strengthening training on issues like disabilities, money management, record keeping, COVID 19 precaution measures, gender and so forth have been given to SHG members at various times by the local members.

The SHG members uncovered that they are helping persons with disabilities found in their surrounding communities. For instance, at holidays and new-year festivals they provided food and non-food items to persons with disabilities. In addition, some of the SHGs reported that they provided school materials to children of persons with disabilities in their communities.

3.8.3 Community and Civic participation

Even if one of the main objectives of the establishment of the SHG is economic factors, it encourages its members to be active participants in their surrounding community. SHG members are actively participating in different civic issues in their communities. As a social and saving institution, the SHG is closely connected to its surrounding political, economic, civic, cultural, and religious systems so that members are encouraged to participate in these systems.

They are actively participating in their community affairs. Every SHG confirmed that every year they are participate in the green legacy declared by the country. This includes actions to rehabilitate degraded land and environs, natural resource conservation, climate change tackling strategies. They also participate in community clean-ups, in the national general election, in their kebeles to serve the society, fulfil their citizenship obligations through money contribution to the construction of the

Grand Ethiopian Renaissance Dam (GERD), provide of food and non-food items to IDPs, drought and conflict affected people in the country.

When there are requests from the local government administration, every member is expected to do what they can to contribute. The SHG facilitators closely follow up and ensure the full participation of every member through taking attendance, organizing the participation process, and providing support to members. Regarding civic and community participation, the discussant and key informant interviewees agreed that the SHGs were successful.

4 DISCUSSION

This T2 research has been very valuable. It has confirmed that the positive results at T1 were meaningful and have been sustained and/or improved in the intervening years. Scale-assessed wellbeing improved more than self-assessed wellbeing. This may be a ceiling effect for self-assessment – a reluctance to use the maximum value on the individual self-assessment items, whereas the accumulation of items in the scales is a more sensitive indicator of change. Individuals saw limited improvement in individual items but taken as a whole, their lives are enhanced in psychological, social, and spiritual aspects as well as financial.

The fact that these outcome measures have improved or remained level through 6 years of significant political, economic and health turmoil is testament to the role the SHGs played in buffering their members from the worst impacts of these events. The qualitative data provide a rich insight into the role the SHGs played during these times – continuing to provide access to loans and training while building the social fabric of the group and enhancing the motivation and confidence of individual members. They provided specific assistance to help with the crises, particularly COVID-19, providing protective equipment and guidance in helping their members navigate the challenges it brought.

The benefits continue for both older and younger groups with the gap between them narrowing. The positive implication of this is that the SHGs have not, as yet, proven to have a natural end-of-life where they have achieved their purpose and no longer play a significant role in members' lives.

The T1 CLA assessment of the functioning of the SHGs was not predictive of T2 benefits. It may be that as SHGs develop their functioning level changes and so do their impacts. More recent assessments would be useful to elucidate this. It also may be that the criteria used in this assessment are not nuanced enough to capture the dynamics of the SHG. The TES is more strongly predictive of outcome measures, but only for outcome measures taken at the same time. This suggests that it is a good measure of current positive attitude to the SHG but not a good predictor of future performance of the SHGs. Focussed research on this topic would be useful in the future.

The SHG movement is actively trying to promote a positive attitude to disability and greater inclusion of people with disabilities in SHGs. The focus groups and interviews reported a more positive attitude in the SHGs than in the local communities and some positive actions to help those with disabilities. But this has not yet, apparently, resulted in greater inclusion of disabled members in SHGs. No members identified as having any disability in the survey. It may not be that none of the members had a disability; it may be that they do not recognise it as a disability or are not willing to admit to it. This finding contrasts with findings from Tearfund's baseline and endline surveys. Based on the definition of Washington Group, we have 12.3% of SHG members who are PWD (Tearfund Ireland, 2020) Continued focus on this by the local Tearfund Ireland partners is needed.

The T2 survey included questions on community engagement and character development that were not included in T1. It is clear that SHG involvement enhances community involvement and voting with increasing impact over time. Similarly, SHG members see themselves as more forgiving and tolerant and concerned for others than before they joined the group, again with greater impact recorded in older groups.

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