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CorStone (Baltimore, US) develops and provides personal
resilience programs to improve well-being for youth

worldwide, focusing on girls and women as critical
change-agents in their communities. CorStone Resilience
Programs | Development Starts Inside

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Category: Practice

**THE SELF-HELP GROUP RESILIENCE
PROJECT: DEVELOPING AND
PILOTING A RESILIENCE
INTERVENTION IN BIHAR, INDIA**

**HET *SELF-HELP GROUP RESILIENCE*
PROJECT: DE ONTWIKKELING
EN IMPLEMENTATIE VAN EEN
VEERKRACHTINTERVENTIE IN
BIHAR, INDIA**

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ABSTRACT

This paper describes the development of a resilience-based self-help group (SHG) curriculum for an illiterate, adult, female population in rural Bihar and highlights lessons learned for future program development. We describe the curriculum development and include tables with all elements of the curriculum in its final form. We describe two different pilots of the curriculum and offer observations from qualitative and quantitative data, focus-groups, and observer-reports. The present resilience-based SHG intervention was built from an existing intervention for girls and was adapted and enhanced by input from women participants. Pilots indicated that the Self-Help Group Resilience Project is feasible, relevant, and acceptable, suggesting that it shows promise as an SHG program to strengthen the resilience of illiterate women in low- or middle-income country settings. Future practitioners and researchers might consider further refinement of the curriculum and additional testing using efficacy trials, as well as investigating whether other resilience-based curricula may be feasible, relevant, and acceptable in combination with different interventions meant to build economic empowerment for other populations and/or in other settings.

KEYWORDS

Self-help groups, resilience, empowerment, illiterate, women, rural, India

SAMENVATTING

Dit artikel geeft een beschrijving van de ontwikkeling van het curriculum van zelfhulp veerkrachtgroepen (SHG) voor ongeletterde vrouwen op het platteland van Bihar, India en laat zien hoe het programma zou kunnen worden doorontwikkeld. We beschrijven hoe het curriculum tot stand is gekomen en geven een gedetailleerd inzicht in de uiteindelijke opzet. Aan de hand van kwantitatieve en kwalitatieve data, focusgroepen en observatieverslagen gaan we dieper in op de bevindingen rond twee verschillende pilots.

De huidige SHG veerkrachtinterventie is gebaseerd op een bestaande interventie voor meisjes en is aangepast en uitgebreid in samenwerking met de deelnemende vrouwen zelf. De uitgevoerde pilots tonen aan dat de zelfhulp veerkrachtgroepen haalbaar en relevant zijn. Het project heeft de belofte in zich om een effectieve interventie te zijn om de veerkracht te versterken van ongeletterde vrouwen op het platteland met lagere en middeninkomens.

Deze bevindingen kunnen aanleiding zijn voor professionals en onderzoekers om het curriculum verder te verfijnen en aanvullend testonderzoek op te zetten. Mogelijk zullen zij het onderzoek uitbreiden naar andere curricula die gebaseerd zijn op veerkracht om te zien of zij haalbaar en relevant zijn in combinatie met verschillende interventies om de economische veerkracht van andere groepen en/of in andere settings te versterken.

TREFWOORDEN

Zelfhulpgroepen, veerkracht, empowerment, ongeletterdheid, vrouwen, platteland, India

SELF-HELP GROUPS AND EMPOWERMENT

Microfinance self-help groups (SHGs) as a means of promoting women's empowerment have become popular, especially in low- and middle-income countries (Brody et al., 2017; Orton et al., 2016). Empowerment has been identified as a means to improve women's position in society, in particular, in those societies where women traditionally have had especially limited opportunities because of their gender (Huis, Hansen, Otten, & Lensink, 2017). Empowerment is a familiar term much used in the context of women (Afshare, 1998), considered as an increased ability to make choices and participate in decision making (Kabeer, 1999). The path to becoming empowered is often associated with financial independence (Brody et al., 2017; Kabeer, 2011). Hence, microfinance programs, including SHGs, are increasingly viewed as a natural medium to increase women's empowerment (Brody et al., 2017).

The number of microfinance programs for women in low- and middle-income countries has expanded in the last couple of decades. A systematic review examining 23 studies of the impact of women's economic SHGs on women's individual-level empowerment in low- and middle-income countries indicated small to moderate effectiveness (standardized effect sizes = .06 - .41) of SHGs on women's economic, social, family, and political empowerment (Brody et al., 2017). However, these benefits did not extend to women's psychological empowerment: the ability to make choices and act on them (Brody et al., 2017). Some research shows high levels of emotional stress and maladaptive responses from women in microfinance SHGs, especially when expectations for success are not managed and realistic (Van Kempen, 2009). One study examined the prevalence of emotional stress in Bangladeshi women participating in microfinance groups and compared them to socio-demographically similar non-participants. Results showed that 38% of all participants surveyed reported emotional stress in the last month, and participants (43%) and non-participants

(44%) in the microfinance groups reported similar levels of emotional stress (Ahmed, Chowdhury, & Bhuiya, 2001). The same study revealed that 44% of all study participants responded to stress in a depressed manner by skipping meals, feeling unable to complete household responsibilities, becoming listless or indifferent, displaying extreme coping reactions such as mourning their misfortune or giving up. In sum, the extant literature offers two insights. First, microfinance SHGs can provide *economic, social, family, and political* empowerment. Second, microfinance SHGs may not reliably bring about changes in *psychological* empowerment among women.

SELF-HELP GROUPS AND RESILIENCE

Given that SHGs may not always be effective at promoting all forms of empowerment and may not address high levels of stress resulting from low empowerment, it is important to recognize that building resilience might be a potential goal of SHGs. Empowerment is social and aimed at changing relationships and/or social or power structures (Brodsky & Cattaneo, 2013). Resilience is the ability to bounce back and thrive in the face of adversity (Windle, 2011). It is the capacity to develop and use skills of social competence (responsiveness, cultural flexibility, empathy, caring, communication skills, and a sense of humor); problem-solving (planning, help-seeking, critical and creative thinking); autonomy (sense of identity, self-efficacy, self-awareness, task-mastery, and adaptive distancing from negative messages and conditions); and a sense of purpose and belief in a bright future (goal direction, educational aspirations, optimism, faith, and spiritual connectedness) (Benard, 1991).

Although both resilience and empowerment are iterative, reflective processes, empowerment is not sufficient for the development of resilience, and *vice versa*. In situations where social change may be unobtainable or too risky to work toward, building resilience might be a more adaptive coping strategy. In other circumstances, both might be useful. In short, resilience and empowerment are related but independent constructs. As such, in addition to enhancing women's empowerment, enhancing resilience skills within SHGs can broaden women's coping repertoires, allowing them to find the best suited responses to unique situational demands, allowing them to seek change when the opportunity arises and adapt and withstand adverse situations when it does not (Brodsky & Cattaneo, 2013).

NEED FOR A RESILIENCE-BASED INTERVENTION

There is a large body of evidence of the impact of building resilience skills using a variety of curricula (e.g., Liu et al., 2020; Macedo et al., 2014). Programs that aim to build resilience skills

generally integrate strategies from multiple fields in order to affect the target skills. For instance, programs often integrate strategies drawn from fields such as positive psychology, cognitive-behavioral therapy, mindfulness, emotional intelligence, and restorative practices, that together help people be able to cope emotionally and respond in a more flexible manner when challenges arise. Few resilience-based interventions have been implemented in low- or middle-income settings and even fewer among self-help groups of women (Dow et al., 2018; Leppin et al., 2014; Macedo et al., 2014; Robertson, Cooper, Sarkar, & Curran, 2015; Vanhove, Herian, Perez, Harms, & Lester, 2016). One study has developed and tested a resilience-based curriculum for girls (Girls First) studying in government schools in Bihar, a state in the eastern region of India (Leventhal et al., 2015, 2016). This curriculum integrated topics such as character strengths, emotion regulation, goal setting and planning, problem-solving, conflict resolution, mindfulness, and non-violent communication, among others, to improve resilience among girls. Girls First has shown feasibility, acceptability, and effectiveness among Bihar's girls (Leventhal et al., 2015, 2016). As there were no existing resilience programs for women in Bihar's SHGs, and the Girls First target population and the current project's target population shared many similarities (e.g., gender, socio-economic status, and geographic location), the research team decided to adapt the Girls First curriculum for use among the target population in the current project. This paper describes the systematic process of developing a resilience curriculum for an illiterate, adult, female population in SHGs in rural Bihar, using the Girls First resilience-based curriculum developed by Leventhal et al., 2015 and Leventhal et al., 2016 as a foundation, and highlights key lessons learned that could guide similar program adaptation and development in the future.

CONTEXT AND AIMS OF THE PROJECT

Bihar is a large state of approximately 120 million people (National Commission on Population, 2020), the vast majority of whom (89%) live in rural areas (National Commission on Population, 2022). Bihar is one of India's poorest states, with a per-capita income that falls between that of Liberia and Eritrea (World Bank, 2019). Women in Bihar face significant discrimination, violence, and unequal access to resources, including economic resources (Datta & Satija, 2020).

In this context, microfinance SHGs run by JEEViKA (the Bihar government's umbrella organization overseeing SHGs) aim to provide a means for women to access monetary support and gain access as contributing members of the economy. Within these SHGs, women meet regularly in small groups to pool savings and support each other to begin women-led enterprises. They also support one another financially when other financial needs arise, such as those related to health or

education for their families. Although there have been some attempts to integrate health trainings into SHGs, such as family planning, community hygiene, and nutrition programs, Bihar's ongoing microfinance SHGs do not include any psychosocial components.

The Self-Help Group Resilience Project aimed to develop a resilience curriculum that could be integrated into ongoing activities for women in Bihar's existing microfinance SHGs, and to explore its feasibility and acceptability in this context. To achieve this aim, the research team conducted a formative study that informed development of the curriculum, then conducted two pilots that investigated to what degree the program could be conducted in this context, while exploring its reception by the participants themselves. This paper illuminates the process followed and lessons learned from these stages of this project, setting the stage for future examinations of program efficacy.

FORMATIVE STUDY

Prior to developing the SHG resilience curriculum, the research team conducted a brief formative study in order to understand existing microfinance SHGs' current functioning. This formative study aimed to answer the following questions: (1) What are the major problems that women in SHGs face and how do they cope with them? (2) What benefits do women derive from their participation in the microfinance SHGs? (3) What vocabulary and language do women use to speak about resilience and related concepts? (4) How do women prefer to learn new concepts and how have they learned well in the past?

The study consisted of qualitative individual interviews and focus groups with existing SHG members, community mobilizers, JEEViKA staff, and other key stakeholders. We also observed an SHG meeting, which, as all meetings did prior to the introduction of the resilience curriculum, covered microfinance topics, and a module from a health curriculum that was being delivered via SHGs. This module provided an example of additional content that had been added into the SHGs beyond their original purpose of microfinance. Given our plans to add resilience-based content into the SHGs, this provided valuable insights in terms of how women had learned new concepts and have learned well in the past.

During this formative study, focus groups were conducted with women from three SHGs that were convened by JEEViKA. Access to these groups was facilitated through JEEViKA. The three SHGs in this component were made up of an average number of 12 women each. Women's ages ranged

from 20 years to 65 years. On average, each woman had three children, though a few had up to six or seven. The age range of their children varied from 10 months to 32 years. One third of the women had completed middle school and only two had completed high school. The remaining women had less than a middle school education, and the majority were illiterate. Two individual interviews were conducted with SHG women in their forties within the same village. Additionally, one area coordinator from JEEVIKA and one community mobilizer were each interviewed.

The research questions were translated into themes for analysis: research question 1 was translated to *life problems and coping*, question 2 to *SHG benefits*, question 3 to *resilience and related concepts*, and question 4 to *pedagogical techniques*. Together, the first and second author (Gracy Andrew and Katherine Leventhal) reviewed transcripts and notes and manually coded transcripts according to these themes. The authors then consolidated and summarized findings by theme. Findings related to each of these themes are described below.

Life problems and coping

Many women described economic problems, illness of a family member, the burden of managing household chores and work, and interpersonal problems with a husband or extended family members as common. A number of the women described problems with husbands' substance abuse and domestic violence. They all understood the word "tension" and could relate to having experienced it, though the word "stress" was less well-known. When they were asked about how they coped with tension/stress, they spoke of a number of ways, including praying, sharing their woes with other family members, crying, and especially if it was a conflict, moving away from the situation and distracting themselves.

SHG benefits

The benefits women described from being in their microfinance SHG were largely economic, mainly speaking of financial skills gained. Some also spoke of an increase in self-confidence. With the small amount that they saved each month via the SHG, they were able to seek loans with low interest rates that they used for health expenditures, agricultural purposes, or other family events. Economically, they felt more secure, and some had even started small enterprises. In turn, they felt they had grown in self-confidence and gained respect from their extended families and the community, as they felt their opinions were more heard within the family when they contributed financially. The increased confidence had also helped them approach banks, communicate with

officials, and manage money. For women who had never ventured out of their homes, especially in some communities, just attending SHG meetings was experienced as a big accomplishment.

Resilience and related concepts

When women were prompted to speak about their strengths, they reported self-confidence and religious faith. The women were not able to articulate any other strengths except one woman who had been trained as a facilitator for the previously-mentioned resilience program (Leventhal et al., 2015, 2016) for girl students in Bihar. Women spoke of their goals, including aspirations of improving their families' financial conditions by starting enterprises such as tailoring or poultry farming. Women expressed wanting a better future for their children, specifically in terms of education and health. Some women had already taken out loans to start their own shops. However, they expressed a lack of knowledge about the market and how to go about making their aspirations a reality.

Pedagogical techniques

Women and JEEVIKA staff mentioned that learning methods that worked well with the women were role plays, games, songs, stories, and poems. The JEEVIKA staff interviewed mentioned the usefulness of audio-visuals, pictorial cards, games, and the use of Hindi, the participants' native language, in increasing comprehension and retention of material. Additionally, it was mentioned that facilitators would likely require patience as participants may require significant support to progress, and that facilitators would need to be effective managers of group dynamics.

Interpretation: SHG utility

The formative study illuminated a number of ways in which a well-designed resilience program could be helpful for the women. For instance, recognizing character strengths and emotions could help boost self-efficacy, goal setting, and planning. This, in turn, could help them systematically translate their aspirations to achievements. Developing communication skills could not just enhance interpersonal relationships within the group, but also related skills like assertive communication could help them address issues with family members. Violence was found to be a major problem that women in these communities faced. Emotional management skills could help them cope. Restorative practices, including group conflict resolution and problem-solving, could help them deal with conflicts.

Each of these potential areas of benefit were considered and integrated into the intervention in steps that followed. Learnings from the formative study about the current functioning of the SHGs, as well as the issues that women frequently described facing, were also integrated into the intervention. Finally, the pedagogical approaches described as effective during this formative study were prioritized.

INTERVENTION DEVELOPMENT

Following the formative study, the curriculum was developed in collaboration with consultants local to Bihar and/or familiar with SHGs. The intervention was designed to be conducted among existing microfinance SHGs as an additional activity to build resilience, defined as the ability to cope with challenges that arise and to use these to catalyze improved psychosocial wellbeing.

The intervention introduced a number of concepts related to resilience, positive psychology, emotional intelligence, and attitudinal healing (see Table 1, column 1). Topics drew from a number of sources, including character strengths (e.g., Peterson & Seligman, 2004), emotional intelligence (e.g., Mayer, Salovey, & Caruso, 2000), benefit finding (e.g., Tennen & Affleck, 2002), and non-violent communication (e.g., Rosenberg & Eisler, 2003). The curriculum was adapted to introduce and discuss these topics using culturally-appropriate examples and stories. The resulting curriculum was reviewed by a resilience-curriculum expert to ensure that it followed best-practices and built on previous evidence from the field. Given that the curriculum would be imparted to a largely illiterate population, the entire curriculum was translated into the local language (Hindi) and was designed to be spoken only (no reading required by the participants), supported by visual diagrams and pictures designed by local artists on a pre-printed flipchart and in handbooks for participants. The curriculum encouraged women to share their personal experiences with one another as a facilitated peer support program.

Table 1: Curriculum themes and lessons learned in developing them.

Theme	Lessons learned
Listening Skills	<ul style="list-style-type: none"> • During piloting, we found that the “telephone” game is a fun activity and a good starting point. • We found it useful to provide an explanation followed by a demonstration, and then have women practice.

Table 1: Continued

Theme	Lessons learned
Emotional Intelligence	<ul style="list-style-type: none"> • In the first versions of this theme, we found that it took a lot of time to make participants aware of many emotions. • We split “identifying and expressing emotions” across two sessions, then moved “managing difficult emotions” to the third session of the theme. • We decided to remove a segment on benefit finding since this was a very difficult concept for participants to understand.
Character Strengths	<ul style="list-style-type: none"> • Initially, character strengths followed listening skills. Observations and feedback indicated that since character strengths were new concepts for the women, and emotions were more easily understood, introducing emotions before character strengths was ideal. • We split explanation of strengths across two sessions to make retention easier. • We included identifying their own strengths within the session while recognition of strengths in family members was a take-home activity. • We piloted two versions of a character strengths activity. In the first version we tested, women were asked to develop skits that depict strengths, but they found it difficult to come up with skits of their own. We then adjusted this activity so that women used strengths cards and gave examples based on the cues on the cards.
Goal Setting	<ul style="list-style-type: none"> • Goals were explained in the first session of this theme. • How long-term goals can be achieved through short term goals and learning how to plan was the focus of the second session. • Planning was reinforced in the third session. • We found that since many of these concepts were new they needed to be repeated in order to get them to internalize.
Identifying Violence	<ul style="list-style-type: none"> • Identifying violence was included as a special session; in the formative study, women consistently indicated that violence played a prominent role in their lives. • In the first version, identifying violence came after the communication theme, but in the final version, the communication theme came after the session on identifying violence. We realized that the communication skills were useful for them to apply to avoiding and responding to violence, so defining and identifying violence first was key.

Table 1: Continued

Theme	Lessons learned
Communication	<ul style="list-style-type: none"> • We did not include a personal story of violence from participants because that could have been very emotional and difficult to manage in one session. • In the final versions we removed a take-home activity and split the whole concept of assertive communication by just introducing and getting participants to understand the concept in the first session, and learning the steps and practicing in the second session. This gave them time to absorb the skill. • We found that communicating aspects of the forgiveness process, such as apology, can be misunderstood easily in this context. We therefore omitted it and focused instead on the clear communication of expressions of gratitude.
Group Problem Solving	<ul style="list-style-type: none"> • This theme worked very well for the participants and did not need any changes.

PILOT 1

CorStone staff trainers with post-graduate training in the social sciences next piloted the intervention with four SHGs. These trainers were first trained by the first author (Gracy Andrew) and other senior specialists at CorStone on the concepts and pedagogies, including how to facilitate sessions. The training was conducted for two days before the piloting.

For the pilot phase (pilots 1 and 2), we partnered with Integrated Development Foundation (IDF), a local non-governmental organization. IDF is a civil society organization in Bihar that had been working with microfinance SHGs in Vaishali district for six years. The intervention was piloted among four of IDF's existing and ongoing microfinance SHGs. Using an iterative process, the curriculum was split among the SHGs and each session was piloted twice with two different SHGs. Sessions were observed to assess participants' level of understanding and engagement. Exit interviews were conducted with 1-2 group members after each session, gathering information on the relevance of the session to their lives, how much they enjoyed each session component, and recommendations for changes. After each round of piloting we reviewed the observations and revised each session accordingly.

Table 1 provides a summary of the themes of the curriculum (column 1) and the lessons learned (column 2) in developing each theme (an expanded version of Table 1 is available in

Andrew et al., 2022). Changes to the curriculum were based on feedback from women in the four SHGs with whom we pilot-tested the program. Revisions generally involved shortening sessions, reordering the sessions to ensure better flow, and changing some of the visual aids. As one example, in the original framework that was developed, we had planned to conduct sessions on character strengths followed by sessions on emotions. During the pilot, however, we observed that women more easily understood and related to the sessions on emotions, immediately engaging and opening up, while sessions on character strengths were more difficult to grasp. So, we reordered the sessions on emotions to come before character strengths, as this order helped women to be more comfortable with one another and open to engaging with the character strengths topics that came later.

Some sessions, like one on benefit finding (the ability to notice and focus on benefits in a difficult or challenging situation; e.g. Tennen & Affleck, 2002), had to be removed or significantly shortened, due to the level of women's understanding. Conversely, some concepts had to be expanded to be conducted across more sessions to increase understanding, such as the emotions sessions. Similarly, some pedagogical techniques were found to be more feasible and/or effective than others. For instance, the sessions initially included exercises for women to complete at home between sessions. However, women rarely managed to actively try skills at home and get back to the group, so we shortened the tasks to be done at home and allowed a few minutes in the next session's opening for women to reflect on the time since the last session and respond based on a given prompt. Further, skills practice in dyads during sessions proved difficult for women, who had trouble using new skills without significant support. We changed all dyad exercises to group practice and discussion questions, which allowed women more direct support from the facilitator and thus more successful practice with the concept.

Learning via narrative was effective, but stories had to be short to introduce concepts in manageable amounts. Additionally, we found it successful for the same characters to flow through continuing stories in subsequent sessions. This consistency made it easier for the women to identify with characters who also became models of resilient people. The final curriculum is summarized in Table 2.

Table 2: Curriculum sessions.

Theme Title	Session Number	Session Title
Introduction	0	Introduction to the Program (<i>note: not a full session; rather, a brief meeting to introduce the program</i>)
	1	Making Guidelines for Resilience Sessions

Table 2: Continued

Theme Title	Session Number	Session Title
Listening Skills	2	Listening Skills
Emotional	3	Identifying Emotions
Intelligence	4	Expressing Emotions and Tuning into Others' Emotions
	5	Managing Emotions and Coping Skills
Character Strengths	6	Introduction to Character Strengths
	7	Character Strengths in Action
	8	Identifying Character Strengths
Goal Setting and Planning	9	Introduction to Goal Setting and Planning
	10	Starting to Plan to Reach our Goals
	11	Planning to Reach Our Own Goals and Our SHG Goals
		12
Communication	13	Introduction to Assertive Communication
	14	Practicing Assertive Communication
	15	Expressing Gratitude
Problem Solving	16	Solving Our Own Problems
	17	Solving Problems in Our SHG
Conclusion	18	Final Discussion Session and Celebration

PILOT 2

As a larger-scale pilot to investigate the feasibility and acceptability of the resulting curriculum, we recruited and trained 10 community facilitators to implement the program among 50 existing, ongoing microfinance SHGs, run by IDF, in Pilot 2. The facilitators were from the same local community as the participants and had a minimum tenth grade education. They were all females who had worked before with SHGs. Community facilitators underwent a four-day residential training by the trainers who had conducted sessions during Pilot 1. Facilitators were each assigned approximately five groups for which they led the resilience sessions. Facilitators led sessions twice a week. One trainer visited and supported each facilitator regularly with content and skills training. Regular refresher trainings were held every two weeks for facilitators to discuss major challenges, find solutions, and address gaps that were observed in their session implementation. The sessions were completed with all groups over five months.

The 50 SHGs that participated in this component were recruited in partnership with IDF. All 639 members of the 50 SHGs consented to participate in the pilot study (mean of 12.8 women per

group; range of 6-23 members). Women were about 36 years old, all were married, and age at marriage averaged 15 years. Only 22% could read and write, and their average number of years of education was about 4. Forty-four percent did not work outside the home, and their average household income was 5355 rupees per month (approximately 75 US Dollars at the time of the study). Ninety six percent were Hindu and 76% were scheduled caste.

During the intervention, we conducted qualitative exit interviews with a subset of women from the 50 groups. The qualitative exit interviews were conducted using purposive sampling with the aim of covering a broad diversity of women. The interviews were conducted by the fifth author (Ananya Tiwari) assisted by another staff member, in the local language. Both were trained by the first author (Gracy Andrew). Trainers also regularly observed sessions and conducted quantitative ratings of the facilitators. Facilitators kept participant attendance records. Additionally, focus groups were conducted after the intervention's conclusion with the facilitators to gather information on their perceptions about the curriculum, training and resource materials (e.g., manuals, visuals).

Findings from qualitative exit interviews with women

Twenty-eight exit interviews were conducted during the course of the sessions. Seven women specifically mentioned seeing changes in themselves in their attitudes, emotions, and behaviors. Many of these women said that the changes had positively impacted their relationships with their children. As one woman said, "Now I am caring for my child more. All that I learn, I share with my child. Now I am fighting less. Now I talk to others very smoothly." Many women credited the first session on listening skills as having a significant positive impact on them, though most positive responses were seen after several sessions had been completed, suggesting that it may take some time for these skills to be developed, practiced and internalized.

Participants indicated that they found sessions relevant to their lives, understandable, and enjoyable. In terms of relevance to their lives, one participant said that before the program, "We didn't know anything about these things. I learn them here and I go back and share it with my family and neighbors." As for enjoyment of sessions, one woman said, "It's useful for me. Spending time here is good," and another said, similarly, "It feels good, that's why I am coming." Participants indicated that the pictures and stories helped them to understand the concepts, and that even though the concepts were new to them, they were able to understand them. As one woman said about character strengths, for instance, "It was easy to understand [even though] the character strengths list is new for us."

All women indicated that they found the sessions worthy of their time. They found time to attend the sessions even with multiple competing responsibilities. However, one participant suggested that sessions could be shorter, and another mentioned keeping the agricultural growing and harvesting cycle in mind and perhaps rescheduling sessions during the slower rainy season. Regarding the instructional approach, two-thirds of women felt they understood the sessions because of the pictures, stories, songs and games. They suggested that we continue to simplify language and consider using videos.

Findings from attendance records

During the formative study, government, JEEViKA, and other stakeholders originally suggested that women would be unlikely to spend more time in their SHGs beyond their microfinance tasks, meaning that absentees would be common for the resilience program as it was an add-on component. However, women's mean attendance was 82.9% of sessions (SD = 18.7%) during this second pilot, suggesting that women were not only able to make time for the program but regularly did so.

Findings from session observations of facilitators

Quantitative ratings from session observations indicated that fidelity to curriculum was an average of 2.8 on a scale of 1 to 4 (1 = very poor; 4 = very good; including adherence to allotted time, completeness of the session, and order of the session, as prescribed in the manual). Quality was an average of 2.5 on the same scale (including clarity of information delivery, group management, and efforts for obtaining participation). In 83% of observations, the facilitator appeared engaged in the session and enjoying it.

Findings from focus groups with facilitators

Interviews with facilitators revealed that all felt that the participants were engaged. About 70% said that they observed positive changes in the participants over the course of the sessions, including that women's responsiveness improved, interest in the sessions increased, and lateness in arrivals decreased. They mentioned that attendance was relatively stable once the sessions got underway. They felt their own efforts in outreach to women to attend sessions, as well as, biscuits and drinks provided during sessions were helpful factors in bolstering attendance, in addition to the natural affinity the women seemed to have for the sessions.

Major challenges faced by the facilitators, especially initially, were having to go to some women's houses and find others in the fields to remind them to come to the sessions. The need for these reminders decreased as sessions progressed and might indicate increased interest. Other challenges were lack of adequate space to conduct sessions, children being present during the sessions, family members asking women to attend to other tasks rather than attend sessions, and people from the village listening to group discussions. Addressing these challenges required a multifaceted and flexible approach: we encouraged women to find space (e.g., a neighbor's courtyard) where they were less likely to be disturbed and emphasized the importance of confidentiality. We then allowed women to decide together where they would like to hold the sessions. Women regularly brought their young children to the groups (toddlers and younger), which presented safety complexities as well, particularly during visualizations and meditations, when women were asked to close their eyes. As groups were regularly held outside, children could wander off if unattended. In these cases, we gave women advance notice and encouraged them to make alternate arrangements for childcare. Some groups had members who were able to ask older siblings to watch younger children at home, for instance; other groups instead depended on a community member who came to the group and took all children to a nearby space to keep them occupied.

DISCUSSION

A number of projects have been designed to develop interventions in a variety of populations and cultures around the world aimed at building empowerment, resilience, or both (Brody et al., 2017; Leppin et al., 2014; Macedo et al., 2014; Robertson et al., 2015; Vanhove et al., 2016). However, to our knowledge, no published project has reported on the development of one of these programs for SHG members in a low- or middle-income country setting. Having little to no existing work to build from, the present effort set out to develop a curriculum for use with mostly-illiterate adult women, foundationally based on another resilience curriculum for youth (Girls First) which has shown evidence of effectiveness in similar areas (Leventhal et al., 2015, 2016). This paper offers a snapshot of this process. Above, we have illustrated the development of this intervention. Observations, lessons learned, limitations, and conclusions are discussed below.

Observations and connections to other work

In the development and exploratory testing of our intervention, we were able to make some observations and note some consistencies with prior work in the area. First, our intervention has

a specific, unique focus on not only offering education for empowerment but also developing resilience. Resilience is a key overlooked component of many SHGs as many focus almost exclusively on economic gender equality. Results of these programs have been mixed (Barry, Clarke, Jenkins, & Patel, 2013). Second, our intervention was relevant to the issues faced by the rural, highly marginalized women participants. As the intervention continued, women became increasingly motivated to learn and actively participate in the sessions.

Women and facilitators qualitatively reported positive changes due to the intervention's relevance to their lives, such as changes in their attitudes, emotions, and behaviors. Many specifically mentioned changes in their relationships. In what is perhaps the most similar program developed and conducted to date, a mental health intervention was provided to SHG women in Karnataka, India, which included sharing and venting frustrations in the group, reassurance by the facilitator and group members, problem- and emotion-focused coping suggestions, and breathing-based relaxation exercises. Qualitatively, the intervention showed good impact: women reported better sleep, less fatigue, and reduction in somatic complaints (Rao, Vanguri, & Premchander, 2011). The present study provides similar observations to Rao et al. (2011), showing that women found discussing personal issues useful, how difficult it was for women to find spaces in their lives to discuss sensitive issues, and the value of including a psychosocial intervention in SHGs.

Finally, we found that the use of alternative teaching techniques such as games, songs, and stories, accompanied by visuals, were well-received and effective. This confirms the findings of others conducting interventions in India, showing games, songs, visuals, and other activities as modes of delivery can be successful pedagogies (Tripathy et al., 2010). Some additional, important lessons that can be drawn from the development of this intervention is that women understand and engage with learning and concepts when they are simplified and directly related to their everyday lives. Complicated concepts were most effectively communicated when broken down and reinforced through visuals and stories, and scaffolding provided for skill practice. Participants needed to be given time and space to think about, absorb, and relate to concepts. Finally, linking each skill to others in the curriculum enhanced retention and helped in internalization.

The next step would be to test this intervention using a randomized, controlled trial design where specific outcomes could be assessed for change and impact demonstrated on a broader range of social and health outcomes. At that point, questions regarding long-term implementation and intervention effects could be investigated.

Limitations

The present work describes the development of an intervention for promoting resilience in illiterate women in India, with some limitations. First, findings may not have relevance beyond specific interventions in this type of setting with this specific population. Second, the findings reported herein are mainly qualitative, and focus on the feasibility, acceptability, and relevance of the curriculum, rather than its effects or changes observed. Additional observational, neighborhood, and community data, both quantitative and qualitative, would offer further insight. Last, all findings are retrospective, gathered during the course of the intervention and after, without baseline comparisons. Although some initial indications of how women and facilitators experienced changes during the intervention were shared, this manuscript stops short of describing any pre-post assessments of change for participants.

CONCLUSION

The SHG model has gained prominence as a means of alleviating poverty among communities, and multiple studies have documented the efficacy of this approach (Rao et al., 2011). Consequently, there have been several interventions that have been introduced through SHGs, particularly aiming to improve health (Barry et al., 2013). This is the first study in a low- or middle-income country where a resilience-based intervention was piloted among an illiterate population of women in SHGs. Having little previous work in this area to build from, this paper describes a systematic approach for curriculum development. By adapting existing material using an iterative process, and piloting the intervention to assess acceptability and feasibility, this work lays the foundation for continued development and testing of future resilience interventions in rural India and potentially other low- or middle-income countries.

This project has supported the feasibility, relevance, and acceptability of resilience skill building within a setting (SHGs) that was originally established for economic empowerment of marginalized individuals. This lesson is critical; future studies and interventions should investigate whether resilience skill-building is also feasible, relevant, and acceptable in combination with other activities meant to build economic empowerment in other contexts, in both low- and middle-income and high-income country settings.

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