



INTERNATIONAL JOURNAL OF ADVANCED RESEARCH IN SOCIAL SCIENCES AND HUMANITIES (IJARSSH)



IJARSSH

IAEME PUBLICATION

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Jai Shankar Nagar, Palavakkam, Chennai - 600 041, Tamilnadu, India.

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A CASE STUDY ON TRIBAL WOMEN EMPOWERMENT THROUGH SELF-HELP GROUPS (SHGS) IN CHAKAPAD BLOCK OF KANDHAMAL DISTRICT, ODISHA

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ABSTRACT

Self-Help Groups (SHGs) help tribal women become stronger socially and financially. This study, done in Chakapad Block of Kandhamal District, Odisha, looks at how SHGs support tribal women by giving them jobs, money security, property, and confidence. The study is based on information from 60 SHG members. It shows that after joining SHGs, women saved more money, got better job opportunities, and owned more things. They also became independent, took part in making decisions, and got better healthcare and banking services. The study shows that SHGs help women get equal rights and improve their financial condition. It concludes that support from the

government and social groups is needed to make SHGs stronger, ensure steady incomes, and help tribal women grow.

Keywords: Self-Help Groups (SHGs), Tribal Women Empowerment, Financial Independence, Employment Generation, Decision-Making, Government Support

Cite this Article: Brajabandhu Mallick, Gundhar Majhi, Jagatray Sutapadia, Ajayakumar Nanda. (2025). A Case Study on Tribal Women Empowerment Through Self-Help Groups (SHGS) in Chakapad Block of Kandhamal District, Odisha. *International Journal of Advanced Research in Education (IJARSSH)*, 9(2), 9-21. https://doi.org/10.34218/IJARSSH_09_02_002

1. INTRODUCTION

Empowerment refers to the process of enabling or granting permission. In the 1990s, with a growing emphasis on human development, it was argued that "*development, if not engendered, is endangered*," highlighting the crucial role of women's empowerment in the success of development programs (Nagaraja, 2013). The International Conference on Population and Development (ICPD) emphasized the need for women's empowerment and autonomy. Similarly, the 1995 World Conference on Women in Beijing stressed gender equality and recognized women's empowerment as a key strategy for achieving this goal.

Social and economic empowerment plays a significant role in creating a conducive environment for women's participation in the development process, opening up new opportunities for them. Economic empowerment, in particular, allows women to maintain financial stability throughout the year. Microcredit has emerged as a vital tool for women's economic empowerment. Among the 66.61 million poorest individuals worldwide who have accessed microcredit opportunities, India accounts for a substantial share of 29.1% (Natrajan, 2009). In this context, Self-Help Groups (SHGs) play a crucial role.

SHGs operate on the principle of "*by the women, of the women, and for the women*." These groups are voluntary associations formed by individuals with shared interests to achieve collective social and economic objectives. SHGs are organized for mutual support and benefit, functioning democratically without any political affiliation. Typically, they consist of 15–20 members, primarily women (over 90% in India). Members contribute savings, which are then used to provide loans to those in need. The pooled funds circulate within the group, ensuring financial assistance to members.

Odisha is home to 62 distinct tribal communities, including 13 classified as particularly vulnerable tribal groups (PVTGs). The state has the third-largest tribal population in India. Several districts, including Mayurbhanj, Sundargarh, Koraput, Rayagada, Nayagarh, Nayagarh, Malkangiri, and parts of Balasore, Keonjhar, Sambalpur, Gajapati, Ganjam, Kalahandi, and Phulbani, have been designated as Scheduled Areas under Article 244 (Fifth Schedule) of the Indian Constitution. According to the 2011 Census, Odisha's tribal population stands at 9,590,756 (22.8% of the state's total population and 9.17% of India's tribal population), with women comprising 4,863,024 (50.7%), resulting in a favorable sex ratio of 1003 females per 1000 males. However, this ratio does not necessarily indicate an improved status for tribal women.

Tribal women face multiple challenges. Alongside household responsibilities, they engage in demanding agricultural activities such as breaking soil clods, weeding, transplanting, harvesting, threshing, and winnowing. Additionally, they contribute significantly to family income by collecting minor forest produce and selling it in nearby urban centers. Despite their hard work, they face discrimination within both their families and communities. They often lack personal income and are excluded from decision-making processes at all levels. The dominance of male members further marginalizes them, and their contributions to family income and the overall development process remain largely unrecognized.

2. STATEMENT OF PROBLEM

Despite advancements in healthcare, tribal communities in Odisha continue to face significant challenges in accessing quality and affordable medical services. Traditional healthcare practices, deeply embedded in their socio-cultural fabric, coexist with modern medical systems, yet there is limited integration between the two. The lack of adequate healthcare infrastructure, financial constraints, and geographical isolation further exacerbate the health disparities among tribal populations. Government interventions have aimed at strengthening healthcare services in these regions, but systemic gaps remain, affecting the overall well-being of tribal communities. There is an urgent need to assess, enhance, and expand both traditional and modern healthcare systems to ensure inclusive and sustainable healthcare delivery in tribal areas of Odisha.

3. REVIEW OF LITERATURE

SHGs play a crucial role in the empowerment of tribal women by providing financial independence, social mobility, and decision-making power.

Kabeer (1999) argues that empowerment is achieved when women gain control over financial and social resources, which SHGs facilitate through microfinance and entrepreneurship.

Similarly, **Mayoux (2001)** highlights that SHGs act as platforms for rural and tribal women to develop economic self-reliance and collective bargaining power.

In the Indian context, **Panda (2009)** studied SHGs in Odisha and found that they contribute significantly to rural development by enabling women to engage in small-scale businesses. **Sahu and Tripathy (2017)** support this view, noting that SHGs in Odisha have helped tribal women transition from unpaid labor to income-generating activities, improving their socio-economic conditions. The economic impact of SHGs is one of the most researched aspects of women's empowerment.

Behera (2015) found that SHGs in Odisha have improved income generation for tribal women through small businesses like handicrafts, poultry farming, and agricultural activities. **Mohanty (2020)** emphasizes that microfinance services offered through SHGs have led to better financial security and reduced dependency on male family members.

Further, **Patel (2016)** studied SHGs in tribal regions of Odisha and found that their participation in SHGs led to increased savings, improved financial literacy, and higher access to credit facilities.

Kumar and Singh (2021) argue that participation in SHGs enhances household decision-making, particularly in financial planning and children's education.

SHGs not only provide financial empowerment but also enhance women's role in society. **Chakrabarti and Biswas (2012)** found that SHG membership increases women's participation in community decision-making and governance.

Similarly, **Nayak and Mishra (2019)** highlight that SHGs help tribal women gain confidence and awareness about their legal rights, leading to a reduction in gender-based discrimination.

A study by **Jena and Dash (2018)** found that literacy levels among tribal women improved significantly due to SHG initiatives, as financial stability encouraged them to invest in their education.

Sharma and Verma (2020) argue that SHGs serve as a support system for tribal women to collectively address social issues such as domestic violence and child marriage.

Political participation is another important aspect of women's empowerment facilitated by SHGs.

Devi and Prasad (2017) found that women associated with SHGs are more likely to participate in Gram Sabha meetings and even contest local elections.

Das and Rath (2019) highlight that government programs like the National Rural Livelihood Mission (NRLM) have played a crucial role in strengthening SHGs and encouraging political participation among tribal women. Despite the benefits, several challenges hinder the effectiveness of SHGs in tribal areas.

Behera (2015) noted that lack of education, inadequate leadership training, and market access are major barriers faced by tribal women in SHGs.

Bhoi and Mishra (2022) found that financial mismanagement and irregular savings habits negatively impact the sustainability of SHGs.

Singh and Patel (2019) argue that patriarchal norms and cultural restrictions still limit tribal women's active participation in SHGs.

Similarly, **Rao and Sinha (2020)** suggest that infrastructural challenges, such as lack of banking facilities and poor transport networks, create difficulties in accessing financial services through SHGs. Research suggests that policy interventions and capacity-building programs can further strengthen SHGs in tribal regions.

Joshi and Mehta (2021) emphasize that digital financial literacy programs and market linkages can significantly improve SHG sustainability.

Rout and Mohapatra (2023) highlight that collaboration between government agencies, NGOs, and CSR initiatives can help tribal women in Odisha gain long-term financial security.

4. RESEARCH GAPS

The existing literature highlights the importance of combining traditional and modern healthcare systems for tribal communities, but significant research gaps remain. First, there is a lack of in-depth analysis on the accessibility and affordability of healthcare services in remote tribal areas of Odisha. Second, limited studies focus on the integration of indigenous healing practices with government healthcare policies. Third, while self-help groups (SHGs) have shown potential in women's empowerment, their role in promoting healthcare awareness

remains underexplored. Lastly, the long-term impact of healthcare interventions on socio-economic conditions of tribal populations requires further empirical investigation.

5. OBJECTIVES OF THE STUDY

This study aims to analyze the empowerment of tribal women through Self-Help Groups (SHGs) in the Chakapad Block of Kandhamal district.

The specific objectives of the study are:

1. To examine the role of SHGs in enhancing the employment status of their members.
2. To assess the impact of SHGs on the asset ownership of their members.
3. To evaluate the influence of SHGs on the financial well-being of their members.
4. To analyze how SHGs contribute to building confidence among their members.

6. METHODOLOGY

This study is based on primary data collected through structured questionnaires. The collected data were systematically tabulated and analysed using simple statistical techniques. The study was conducted in the Chakapad Block of Kandhamal district, located in the southeastern part of the district, approximately 62 km from the district headquarters. Chakapada Block of Kandhamal district has a total population of 22,752 as per the Census 2011. Out of which 11,320 are males while 11,432 are females. In 2011 there were a total 5,899 families residing in Chakapada Block. The total literacy rate of Chakapada Block is 69.47%. The male literacy rate is 73.03% and the female literacy rate is 49.36% in Chakapada Block. For sampling, two Gram Panchayats (GPs) Brahamanpad and Chahali were selected. At the next stage, one village from each GP was chosen: Korukota from Chahali GP and Khanjaguda from Brahamanpad GP. In total, 60 women Self-Help Group (WSHG) members from these villages were selected for personal interviews. The data collected included information on family size, age structure, literacy status, housing conditions, income levels, employment, and asset ownership. These details were gathered through personal interviews using pre-tested questionnaires. The collected data were then tabulated and analyzed to assess the impact of SHG membership on the economic empowerment of women members.

7. DATA ANALYSIS AND INTERPRETATION

Table 1: Village and SHG-wise Distribution of Beneficiaries

Village	Caste	Name of SHG	No of Beneficiaries
Brahamanpad	ST	MAA SHGs	15
	ST	BARALADEVI	15
Karukata	ST	Ma Pitabali SHGs	15
	ST	Gramadeboti SHGs	15
Total			60

Interpretation

The table presents the distribution of beneficiaries across two villages, Brahamanpad and Karukata, where each village has two Self-Help Groups (SHGs). All 60 beneficiaries belong to the Scheduled Tribe (ST) category, highlighting the focus on tribal empowerment. The equal distribution of 15 members per SHG ensures a balanced participation rate among the groups, suggesting an equitable approach to economic and skill development interventions in the region.

Table 2: Durable Assets of Tribal Beneficiaries Before and After SHG Formation:

ITEMS	Before SHG Formation	After SHG Formation
Bicycle	8	9
TV	4	10
Mixer-cum-Grinder	5	9
Sewing Machine	3	8
Mobile Phone	4	15
Watch	3	9
Total	27	60

Interpretation

The data shows a notable improvement in asset ownership post-SHG formation. The most significant increase is seen in mobile phone ownership, rising from 4 to 15, indicating enhanced communication and digital access. Television ownership also increased from 4 to 10,

reflecting improved information access. Similarly, the number of sewing machines increased from 3 to 8, suggesting better livelihood opportunities for beneficiaries. The total number of assets grew from 27 to 60, signifying an overall improvement in the financial well-being of SHG members.

Table 3: Modes of Saving of Respondents:

Organisation	Before SHG Formation	After SHG Formation
SHGs	2	20
Bank	1	12
Post Office	2	8
Friends	7	19
Total	12	60

Interpretation

A substantial shift in savings patterns is evident post-SHG formation. Savings through SHGs increased dramatically from 2 to 20, showcasing increased financial inclusion and participation in group-based savings. Bank savings also grew from 1 to 12, and post office savings from 2 to 8, indicating greater trust in formal financial institutions. Savings through friends increased from 7 to 19, suggesting an increase in informal financial networks. The total number of savers rose from 12 to 60, showing a significant improvement in financial awareness and security.

Table No. 4: Savings of Members in Pre and Post-SHG Period:

Amount of Deposits (Rs.)	Before SHG Formation	After SHG Formation
0 - 1000	17	18
1000 - 2000	19	20
2000 - 3000	10	11
3000 - 4000	08	9
4000 - 5000 and above	02	2
Total	56	60

Interpretation

Savings patterns show a slight increase across all deposit categories after SHG formation. The number of members saving between Rs. 0-1000 increased marginally from 17 to 18, while those saving Rs. 1000-2000 increased from 19 to 20. Higher savings categories

also saw minor increments. The total number of savers increased from 56 to 60, indicating that SHGs have contributed to improving financial discipline, but the growth remains modest. This suggests the need for enhanced income-generating activities to further boost savings capacity.

Table No. 5: Annual Employment Generation in Pre-and Post-SHG Period

Employment Mandays (Range)	Before SHG Formation		After SHG Formation	
	Mandays (No.)	Percentage (%)	Mandays (No.)	Percentage (%)
0-100	31	51.66	31	51.66
100-150	20	33.33	21	35.00
150-200	09	15.00	8	13.33
Total	60	100.00	60	100.00

Interpretation

Employment data shows minimal changes in the number of workdays after SHG formation. The majority of respondents (51.66%) continue to fall within the 0-100 employment mandays range. A slight increase is noted in the 100-150 mandays category, rising from 20 to 21, while the 150-200 mandays category saw a decline from 9 to 8. These figures suggest that while SHG participation has improved financial habits, it has had limited direct impact on employment generation. There is a need for additional livelihood-oriented skill development programs to enhance employment opportunities.

Table No. 6: Confidence Generation among Respondents through SHG

Item	Pre-SHG	Percentage (%)	Post-SHG	Percentage (%)
Confidence in meeting financial crisis	08	13.33	8	13.33
No. of officials whom SHG members meet	03	05	4	6.66
Confidence in accessing medical treatment	23	38.33	20	33.33
Confidence in marketing for family	26	43.33	28	46.66
Total	60	100	60	100

Interpretation

The data indicates small but positive changes in confidence levels among SHG members. Confidence in marketing for the family increased from 43.33% to 46.66%, reflecting improved business awareness. However, confidence in accessing medical treatment declined

slightly from 38.33% to 33.33%, indicating possible financial or healthcare accessibility challenges. The number of officials whom SHG members interact with increased from 3 to 4, indicating slightly better institutional engagement. Overall, while SHGs have contributed to building confidence among members, further efforts are needed to strengthen financial crisis management and healthcare access.

8. FINDING

- The study covers two villages, Brahamanpad and Karukata, where 60 Scheduled Tribe (ST) beneficiaries are evenly distributed across four SHGs. This equitable distribution highlights a balanced approach to tribal empowerment through SHG participation.
- Post-SHG formation, there is a noticeable increase in asset ownership. Mobile phone ownership saw the highest rise from 4 to 15, followed by an increase in TV ownership from 4 to 10. The overall asset count rose from 27 to 60, reflecting enhanced financial stability and livelihood opportunities.
- Savings through SHGs increased significantly from 2 to 20, indicating improved financial inclusion. Bank and post office savings also grew, demonstrating increased trust in formal financial institutions. The overall number of savers rose from 12 to 60, showcasing improved financial awareness.
- There was a modest increase in savings across all deposit categories post-SHG formation. The total number of members saving increased from 56 to 60, suggesting enhanced financial discipline but also pointing to the need for greater income-generating activities.
- Employment data shows little change post-SHG formation, with 51.66% of respondents still working less than 100 mandays annually. The minor shift in the 100-150 mandays category indicates some improvement, but overall employment growth remains limited. Additional skill development programs are necessary to create more sustainable livelihood opportunities.
- SHG participation has led to slight improvements in confidence levels, particularly in marketing for family needs, which increased from 43.33% to 46.66%. However, confidence in accessing medical treatment declined slightly, and financial crisis management confidence remained unchanged, suggesting the need for better healthcare and financial literacy support.

9. SUGGESTIONS

1. **Enhancing Economic Impact** – While SHGs have improved financial inclusion and asset ownership, targeted income-generating programs and market linkages should be introduced to ensure sustainable economic empowerment for tribal women.
2. **Strengthening Employment Opportunities** – The study highlights limited changes in employment generation. Future interventions should focus on vocational training and entrepreneurship development to create more livelihood options.
3. **Improving Financial Literacy** – Although savings have increased, the modest growth suggests a need for enhanced financial literacy programs, particularly focusing on investment and long-term financial planning.
4. **Expanding SHG Support Networks** – Collaboration with government agencies, NGOs, and microfinance institutions can help strengthen SHGs by providing better access to credit, training, and infrastructure.
5. **Promoting Social Empowerment** – While financial improvements are evident, there is scope to enhance decision-making participation, legal awareness, and leadership roles for tribal women within SHGs and the broader community.

10. CONCLUSION

Self-Help Groups (SHGs) play a significant role in creating employment opportunities, accumulating assets, and improving the financial status of tribal women, while simultaneously fostering their self-esteem. Consequently, the formation of SHGs is anticipated to expedite the economic and social empowerment of women. It is imperative for the government to implement proactive strategies to encourage the establishment of SHGs, with the collaboration of officials and civil society organizations.

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Citation: Brajabandhu Mallick, Gundhar Majhi, Jagatray Sutapadia, Ajayakumar Nanda. (2025). A Case Study on Tribal Women Empowerment Through Self-Help Groups (SHGS) in Chakapad Block of Kandhamal District, Odisha. *International Journal of Advanced Research in Education (IJARSSH)*, 9(2), 9-21.

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