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Integrated Community Framework for Work-Life Balance among Underprivileged Women in North Kolkata: Evidence from a Home-Based Pilot Study in Ahiritola

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Abstract

Women engaged in semi-formal work in economically constrained urban neighbourhoods experience a continuous negotiation between income generation and unpaid domestic responsibilities. In areas such as Ahiritola, these pressures are further intensified by dense living conditions, limited access to institutional support, and children's increasing exposure to unregulated digital environments. The present study examines a micro-level intervention designed to address these overlapping challenges through a structured yet flexible community-based model. The pilot study was conducted over a four-week period with ten women engaged in semi-formal work, each participating in weekly one-hour sessions held in a local resident's home. The intervention integrated three interdependent domains—sustainability, health, and entrepreneurship—through practical activities, including container gardening, peer-led skill exchange, digital awareness discussions, and cooperative childcare arrangements. Findings from the pre- and post-intervention assessments indicate improvements across multiple dimensions. Participants reported an enhanced ability to organize daily routines, reduced psychological strain, improved supervision of children, and greater confidence in applying income-generating skills. Quantitative analysis indicated substantial gains, particularly in skill confidence and social cohesion, alongside a notable decline in perceived stress levels. Qualitative feedback further supported these findings, highlighting increased self-efficacy and strengthened interpersonal support networks. The study suggests that low-resource, community-embedded strategies may contribute to addressing interconnected socio-economic challenges among underprivileged women. It demonstrates that even short-duration interventions can be associated with meaningful behavioural and perceptual changes when they are designed around existing community structures and participants' everyday needs.

Keywords: *Semi-formal Work, Women's Empowerment, Micro-Entrepreneurship, Mental Well-Being.*

1. Introduction

The lived realities of women in low-income urban neighbourhoods are shaped by the interaction between paid work, unpaid domestic labour, caregiving responsibilities, and limited access to institutional support. These pressures become particularly visible in densely populated inner-city settlements, where households often have limited living space and rely heavily on informal or weakly institutionalised economic arrangements. The present study is situated in Brindaban Basak Street in Ahiritola, North Kolkata. The locality provides a specific micro-level setting in which questions of employment, household responsibility, time use, and community support can be examined together. The choice of this setting is therefore not intended to represent all low-income women in Kolkata, but to provide a closely bounded context for examining how employment and domestic responsibilities interact in everyday life.

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Women participating in the study are engaged in a range of livelihood activities that do not necessarily fit neatly into a simple formal–informal dichotomy. Some have relatively identifiable workplaces, regular employers, continuing work arrangements, or predictable payment practices, while lacking the documentation, social-security coverage, employment benefits, or institutional protections generally associated with organised employment. For the purposes of this study, these arrangements are referred to as semi-organised employment. The term is used as an analytical category rather than as a separate official statistical sector. This distinction is important because international labour statistics distinguish between the characteristics of an economic unit and the characteristics of the job itself; informal employment may occur across different types of economic units, while employment outside the formal sector may include several different forms of work.

The present study consequently does not assume that an occupation such as domestic work, vending, home-based production, retail work, or service work is automatically semi-organised. Instead, classification considers the characteristics of the employing establishment and the employment relationship, including continuity of work, regularity of payment, supervision, documentation, employment benefits, and social-security access. This approach allows the study to capture intermediate employment arrangements that may otherwise be obscured by a strict formal–informal binary. It also recognises the broader understanding of informality as a multidimensional phenomenon involving economic units, employment relationships, and the extent to which workers are covered by formal institutional arrangements.

Within this setting, women frequently combine income-generating activities with responsibility for childcare, cooking, cleaning, household management, and other forms of unpaid care work. The resulting constraint is not simply a shortage of income but also a shortage of discretionary time. Time that could otherwise be used for rest, learning, skill development, social participation, or income-generating activity is frequently absorbed by unpaid domestic responsibilities. The issue of time poverty is therefore particularly relevant to understanding women's economic participation because the ability to undertake paid work depends not only on the availability of employment but also on the availability of time and supporting resources.

These constraints also intersect with changing patterns of children's access to mobile phones and digital technologies. Digital devices can support learning and communication, but they may also create concerns relating to inappropriate content, excessive use, and unsupervised online interactions. For mothers who already face considerable time constraints, continuous monitoring of children's digital activities may itself become an additional responsibility. The present study therefore considers childcare and digital-safety concerns as part of the broader everyday environment within which women's employment and time-use decisions are made.

The intervention developed for this study responds to these overlapping constraints through a small-scale, community-based approach. Rather than introducing a resource-intensive external programme, it makes use of existing community space, locally available knowledge, peer learning, and temporary sharing of caregiving responsibilities. The intention is not to claim that such an intervention can resolve the structural causes of women's economic and care-related disadvantages. Rather, the study examines whether a compact intervention can create limited but measurable improvements in selected aspects of women's work-life balance, psychosocial well-being, skills confidence, and social support within the specific study setting.

The study addresses a gap at the intersection of these concerns. Existing research on women's work and informality has established the importance of unpaid care work, insecure employment, and limited social protection, while research on community interventions has examined individual domains such as livelihoods, health, education, or behavioural change. However, considerably less attention has been given to small-scale interventions that bring together time management, childcare support, peer learning, livelihood-related skills, and digital-safety awareness within a single community setting. The contribution of the present study therefore lies not in proposing a universal model, but in examining the feasibility and observed outcomes of an integrated, time-sensitive intervention within a clearly bounded urban community.

2. Women, Work-Life Balance & Literature

Literature on women's employment in low-income settings increasingly recognises that the distinction between formal and informal employment does not adequately capture the diversity of women's work arrangements. Chen (2012) explains that informality includes varied forms of enterprise, employment relationships, regulation, and social protection. The International Labour Organization (ILO) similarly distinguishes between the informal sector, informal employment, and the wider informal economy, emphasising that employment conditions cannot be determined solely by the type of enterprise (ILO, 2003, 2013). Women are disproportionately represented in employment characterised by low earnings, limited protection, and weak institutional visibility, including domestic, home-based, and contributing family work (ILO, 2018, 2022). The present study therefore uses "semi-organised employment" as a context-specific analytical category rather than an official statistical classification. It refers to employment showing some continuity, supervision, identifiable workplace or employer arrangements, and relatively regular payment, while lacking several protections associated with organised employment.

Women's employment must also be considered alongside unpaid domestic and caregiving responsibilities. Feminist economic scholarship demonstrates that unpaid household labour is essential to social reproduction but remains inadequately represented in conventional economic measures (Folbre, 2001; Hirway, 2015). Paid employment may therefore coexist with substantial responsibilities for childcare, cooking, cleaning, and household management, producing a double burden for many women (Hochschild & Machung, 2012). Indian research similarly indicates that unpaid domestic and caregiving work remains strongly gendered and can influence women's employment choices, time allocation, and well-being (Deshpande et al., 2024; Gupta, 2025). The concept of time poverty is particularly relevant because access to an income-generating opportunity does not guarantee sufficient discretionary time to use it. Time constraints may reduce opportunities for training, social participation, rest, and additional livelihood activities (Hirway, 2015). This literature provides the basis for examining work-life balance and the potential contribution of temporary childcare support within the present intervention.

Sen's Capability Approach provides a broader perspective for understanding women's well-being by distinguishing between resources and the substantive freedoms required to convert those resources into valued ways of living (Sen, 1999). From this perspective, access to employment, training, or skills may have limited practical value when women lack adequate time, social support, or freedom to use them. A woman may possess a marketable skill but remain unable to develop it because of childcare or household responsibilities. The Capability Approach therefore directs attention towards enabling conditions rather than resources alone. However, the present study does not attempt to measure the complete capability set described by Sen. Instead, the approach is used as an interpretive framework for understanding how time, skills, childcare, and social support may influence selected outcomes. Changes in work-life balance, stress, skill confidence, or social support are consequently not treated automatically as evidence of comprehensive capability expansion.

Kabeer's (1999) empowerment framework complements the Capability Approach by distinguishing among resources, agency, and achievements. Resources include material, human, and social inputs that may expand opportunities; agency concerns the ability to define goals and act upon them; and achievements refer to resulting outcomes. This distinction is important because access to resources or improvements in outcomes do not necessarily demonstrate increased agency. In the present intervention, peer knowledge, practical skills, social interaction, and temporary childcare can be viewed as resources or enabling conditions. Improvements in skill confidence, work-life balance, or social support may represent relevant outcomes, but they cannot automatically be interpreted as evidence of greater decision-making power or empowerment. The study therefore applies Kabeer's framework cautiously, using it to maintain a distinction between intervention resources, observable outcomes, and agency. This conceptual boundary prevents the empirical findings from extending beyond the indicators actually measured among participants.

The literature on gendered care further explains the relevance of childcare within interventions designed for working women. Feminist political-economy scholarship argues that unpaid care is connected to labour-market participation,

gender inequality, and wider processes of economic reproduction (Folbre, 2001; Rai et al., 2014). Indian evidence indicates that women continue to undertake a disproportionate share of unpaid domestic and caregiving activities, with implications for employment participation and time poverty (Deshpande et al., 2024; Gupta, 2025). Community-based interventions may therefore reduce some practical barriers by locating activities close to participants and limiting the time and travel required for participation. Peer learning provides an additional mechanism through which women can exchange practical knowledge and reinforce skills. Bandura's (1977) social-learning perspective highlights observation, modelling, interaction, and social reinforcement as mechanisms supporting learning. In the present study, these mechanisms are examined through skill confidence, collaborative behaviour, and social support rather than assumed to constitute empowerment.

Conclusively, the literature demonstrates that women's employment, unpaid care, time poverty, capabilities, empowerment, and social support are interconnected dimensions of work-life experience. Existing research establishes the complexity of informal employment (Chen, 2012; ILO, 2013), the significance of unpaid care (Folbre, 2001; Hirway, 2015), the importance of substantive opportunities (Sen, 1999), and the distinction between resources, agency, and achievements (Kabeer, 1999). However, the present study addresses a more specific empirical question: whether a short, locally situated intervention combining temporary childcare, peer-based livelihood learning, sustainability activities, and health and digital-safety awareness is associated with changes in selected work-life and psychosocial outcomes. The study does not claim that such an intervention can resolve structural employment insecurity, gender inequality, or household divisions of labour. Rather, it contributes a bounded examination of whether practical, community-level support can be associated with measurable short-term changes among women experiencing constrained time and institutional support.

3. Method of the Study

The study adopted a small-scale, pre–post intervention design to examine whether participation in a short-duration, community-based programme was associated with changes in selected dimensions of women's work-life balance and psychosocial well-being. The study was conducted among ten women aged 22–40 years residing in Brindaban Basak Street, Ahiritola, North Kolkata, who were engaged in semi-organised livelihood activities and had at least one child aged 3–10 years. Participants were selected purposively according to the study's inclusion criteria; therefore, the sample was treated as a context-specific pilot group rather than a statistically representative population sample. The intervention was implemented over one month through weekly one-hour sessions conducted in a local home. Its components included sustainability-related activities, health and digital-safety awareness, peer-based livelihood skill development, and temporary rotational childcare. The childcare arrangement was intended to reduce immediate caregiving barriers and facilitate participation without implying permanent redistribution of unpaid care work.

Data were collected through a structured survey administered immediately before and after the intervention. The measurement framework included eight empowerment-related indicators, five items from the Satisfaction With Life Scale (SWLS), and two indicators relating to work-life balance. The study focused on changes in reported work-life balance, life satisfaction, perceived stress, skill confidence, income-related capabilities, peer support, and collaborative behaviour, where these dimensions were represented by the survey measures. The hypotheses were framed as empirical propositions within the study sample: participation was expected to be associated with improved work-life balance, reduced perceived stress, improved skill confidence and income-related capabilities, and increased peer support and collaboration. The conceptual framework drew on literature concerning employment informality, unpaid care work, Sen's Capability Approach, Kabeer's empowerment framework, and Bandura's social-learning perspective (Bandura, 1977; Chen, 2012; Kabeer, 1999; Sen, 1999). These perspectives were used to interpret the relationship between structural constraints, available resources, intervention mechanisms, and observed outcomes.

The study conceptualised the intervention as operating through a sequence of structural conditions, immediate constraints, intervention mechanisms, and measurable outcomes. Employment insecurity, household responsibilities,

caregiving demands, limited discretionary time, and restricted access to resources formed the contextual conditions within which participants lived and worked. These constraints were addressed through temporary childcare, peer learning, practical skill development, sustainability activities, and health and digital-safety awareness. The resulting outcomes were assessed through the available empirical indicators rather than through claims about comprehensive empowerment or capability expansion. Sen's Capability Approach was used to consider whether intervention resources created greater practical opportunities, while Kabeer's framework distinguished resources, agency, and achievements; neither framework was treated as a directly tested comprehensive theory. Similarly, the livelihood activities were interpreted as opportunities for skill development and confidence rather than evidence of actual income growth. Because the study used only a pre–post design without a control group, observed changes cannot independently establish causality. Findings are therefore interpreted as participant-level changes associated with the intervention period and are not generalised to all women in low-income urban settlements.

4. Data Analysis

The data analysis compared participants' responses before and after the intervention to identify changes in the selected indicators. Given the small sample of ten participants, the analysis was interpreted primarily as evidence concerning the participating group rather than as a basis for population-level inference. Descriptive comparisons were used to summarise changes across the two measurement points, while any statistical tests were interpreted cautiously in view of the small sample size and the absence of a control group. Statistical significance, where observed, was therefore considered alongside the study design and substantive pattern of responses. The analysis also examined the practical meaning of observed changes in relation to the intervention mechanisms. For example, changes in work-life balance were considered alongside temporary childcare support, while changes in skill confidence and collaborative behaviour were interpreted in relation to peer-based learning. Such interpretations remain associative rather than definitive causal explanations because other factors during the intervention period could have influenced participants' responses.

Participation was voluntary, and informed consent was obtained from all participants before data collection. Participants were informed about the purpose and nature of the study, and participation involved no financial cost. Confidentiality was maintained throughout the research process, and personal identifiers were excluded from the survey data used for analysis. The intervention was designed to minimise disruption to participants' existing livelihood and household responsibilities through short weekly sessions and the use of a local venue. Collective childcare arrangements further reduced immediate caregiving barriers during programme activities. Given the small and geographically concentrated participant group, particular care was taken to protect anonymity when presenting the findings. Individual responses were therefore reported in aggregated form, and unnecessary identifying information was omitted. These procedures were intended to protect participants' privacy while enabling systematic examination of changes associated with the community-based intervention.

Table 1: Participant-Level Responses (Pre/Post)

Participant	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
1	2/4	4/3	3/4	3/4	2/4	2/3	2/4	2/4
2	3/4	5/3	3/4	3/4	2/3	2/3	2/4	2/4
3	2/4	4/3	3/4	3/4	1/3	2/3	2/4	2/4
4	2/4	4/4	3/4	3/4	2/4	2/3	3/4	3/4
5	2/4	4/3	2/4	3/4	2/4	2/3	2/4	2/4
6	3/4	3/3	3/4	3/4	1/3	2/3	3/4	3/4
7	2/4	4/3	3/4	3/4	2/4	2/3	2/4	2/4
8	2/4	4/3	3/4	3/4	2/4	2/3	2/4	2/4
9	3/4	5/4	3/4	3/4	2/4	3/4	3/4	3/4
10	2/4	4/3	3/4	3/4	2/4	2/3	2/4	2/4

Source: *Author's calculation from primary data*

Table 2: SWLS + Work-Life Balance Responses

Participant	SWLS Avg (Pre/Post)	WLB (Pre/Post)
1	2/4	2/4
2	3/4	3/4
3	2/3	2/3
4	2/4	3/4
5	2/4	2/4
6	3/4	3/4
7	2/4	2/4
8	2/4	2/4
9	3/4	3/4
10	2/4	2/4

Source: *Author's calculation from primary data*

Table 3: Session-wise Implementation Structure

Session	Focus Area	Key Topics	Activities	Linked Indicators
1.	Time Management	Daily scheduling, task prioritization	Weekly planning exercise	Q1, Q2
2.	Child Safety	Digital risks, supervision strategies	Role-play, discussion	Q3, Q4
3.	Skill Development	Crafts, food preparation	Peer-led training	Q5, Q6
4.	Community Support	Collaboration, shared childcare	Group planning	Q7, Q8

Source: *Author's calculation from primary data*

Standard Deviation Analysis

To assess the consistency of responses among participants, standard deviation was calculated for key indicators (Table 4). For perceived stress, pre-intervention responses were relatively clustered around the mean (SD ≈ 0.6), indicating uniformly high stress levels across participants. Post-intervention, the standard deviation decreased slightly (SD ≈ 0.5), suggesting not only a reduction in average stress but also greater consistency in improved outcomes. Similarly, skill confidence exhibited higher variation prior to the intervention (SD ≈ 0.7), reflecting unequal distribution of skills among participants. Post-intervention, the variation reduced (SD ≈ 0.5), indicating convergence in skill levels, likely due to peer learning and shared practice. Across the indicators examined, the reduction in dispersion suggests greater consistency in participants' responses following the intervention. However, the decrease in standard deviation should be interpreted as a change in the distribution of responses rather than as evidence of a more equitable distribution of intervention benefits. In a small sample of ten participants, changes in dispersion may also reflect individual response patterns and should therefore be considered alongside the mean scores and other statistical results.

Table 4: Summary Statistics

Indicator	Mean (Pre)	Mean (Post)	% Change	SD (Pre)	SD (Post)
Stress	4.1	3.2	-22%	0.6	0.5
Skill Confidence	2.0	3.5	+75%	0.7	0.5
Time Management	2.3	3.8	+65%	0.6	0.4

Source: *Author's calculation from primary data*

Reliability Analysis

The Cronbach's alpha values (Table 5) indicate acceptable internal consistency among the eight empowerment-related indicators in both the pre- and post-intervention measurements. The increase in alpha from approximately 0.78

to 0.84 suggests stronger inter-item consistency in the post-intervention responses. However, reliability statistics indicate the consistency with which the items relate to one another; they do not by themselves demonstrate that the intervention caused improvements in empowerment or other outcomes. The results are therefore used to support the internal consistency of the measurement instrument rather than as independent evidence of intervention effectiveness.

Table 5: Overall Impact Summary

Dimension	Indicators Covered	Direction of Change	Magnitude
Economic	Skill confidence, income contribution	Positive	High
Social	Peer support, collaboration	Positive	High
Health	Stress, child supervision	Positive	Moderate
Personal	Life satisfaction, time management	Positive	High

Source: *Author's calculation from primary data*

Figure 1: Pre- and Post-Intervention Comparison of Key Indicators



Source: *Author's calculation from primary data*

Figure 1 illustrates the comparative changes in the selected indicators between the pre- and post-intervention measurements. The observed pattern shows an increase in skill confidence and time management, accompanied by a decline in perceived stress. These descriptive changes are consistent with the direction of the quantitative results reported in the summary statistics. Given the small sample and absence of a comparison group, however, the figure should be interpreted as evidence of observed pre–post change rather than as definitive evidence of intervention effectiveness.

Significance Testing, Expanded Results and Interpretation

In addition to paired-sample t-tests, the study used the Wilcoxon signed-rank test as a non-parametric method for examining pre- and post-intervention differences. This test was appropriate because the study involved only ten participants and several indicators were measured using ordinal response categories. The Wilcoxon test examined whether the distribution of paired differences was systematically different from zero without relying on the normality assumption required by the paired-sample t-test. The analysis was applied to the principal indicators, including time management, skill confidence, perceived stress, peer support, life satisfaction, and work-life balance. Effect sizes were also considered alongside significance levels to provide information about the magnitude of observed changes. Given the small sample, statistical results were interpreted cautiously and were not treated as population-level evidence. The use of both parametric and non-parametric procedures provided a robustness check for the observed pre–post patterns and helped determine whether the direction of change remained consistent across alternative statistical approaches.

The study also used descriptive change analysis to calculate the difference between each participant's pre-intervention and post-intervention scores. Individual change scores were examined to identify the direction and magnitude of improvement or decline across the measured indicators. Mean, median, minimum, maximum, and standard deviation values were used to summarise the distribution of responses. A sign-based analysis was additionally used to

identify the number of participants showing improvement, decline, or no change on each indicator. This provided a clearer picture of whether observed group-level changes were broadly distributed among participants or influenced by only a few cases. Effect-size measures were considered to complement p-values because statistical significance alone provides limited information about practical magnitude in a sample of ten participants. These analyses allowed the study to describe both the statistical and substantive dimensions of change while maintaining appropriate caution regarding interpretation.

The study further used Spearman's rank correlation as an exploratory analysis to examine associations among changes in selected indicators. Change scores for time management, perceived stress, skill confidence, peer support, life satisfaction, and work-life balance were compared to identify whether improvements in one dimension tended to occur alongside changes in another. This analysis was used to examine relationships suggested by the conceptual framework, such as the possible association between improved time management and work-life balance or between peer support and skill confidence. Because the sample consisted of only ten participants, these correlations were treated as exploratory rather than confirmatory findings. The study did not use the correlations to establish causal relationships between the variables. Instead, they provided additional information about patterns within the participant group and helped connect the quantitative findings with the proposed intervention mechanisms.

The study also examined individual participant-level change profiles to assess the consistency of the overall findings. For each participant, pre- and post-intervention scores were compared across the principal indicators, allowing the analysis to identify whether observed improvements were widespread or concentrated among particular participants. This approach was particularly relevant because a small sample can produce substantial differences between individual responses that may be concealed by group averages. The analysis therefore considered both aggregate changes and participant-level patterns. Where different statistical procedures produced similar directional findings, the consistency was noted as supporting evidence for the observed pattern. However, these analyses did not eliminate the limitations associated with the study design. In particular, the absence of a control group meant that changes could not be attributed exclusively to the intervention. The results were therefore interpreted as evidence of observed within-participant change during the intervention period rather than definitive evidence of causal intervention effects.

Paired-sample t-tests examined mean pre–post differences, while the Wilcoxon signed-rank test provided a non-parametric comparison. Descriptive statistics and individual change scores were used to assess the magnitude and direction of changes, while sign-based analysis examined the consistency of improvement across participants. Spearman's rank correlation was used exploratorily to examine relationships among changes in selected indicators. These complementary approaches strengthened the descriptive interpretation of the findings by considering statistical significance, effect magnitude, direction of change, and participant-level consistency. Nevertheless, the findings were interpreted within the limitations of the small sample and single-group pre–post design. The statistical analyses therefore supported an assessment of observed changes and the feasibility of the intervention but were not treated as sufficient evidence of population-level effectiveness or definitive causality. Further studies using larger samples, comparison groups, and longer follow-up periods would be required to examine whether the observed patterns are sustained and generalisable.

5. Discussion

The findings provide preliminary evidence on the potential of small-scale, community-based interventions to address interconnected constraints affecting women's everyday lives in the study setting. Rather than relying primarily on external institutional resources, the intervention drew on existing community relationships, locally available knowledge, and shared participation arrangements. This approach appears feasible within the time and resource constraints of the participating women. However, the findings should be understood as exploratory evidence from a bounded pilot intervention rather than as evidence that decentralized community-based models are generally more effective than conventional or top-down programmes.

The role of peer learning is particularly relevant to interpreting the observed increase in skill confidence. Participants had opportunities to observe, practise, and exchange knowledge with others facing broadly similar everyday constraints. Such horizontal interaction may have created a supportive learning environment in which existing skills could be recognised and developed. This interpretation is consistent with social learning perspectives, including Bandura's emphasis on observation, interaction, and reinforcement. Nevertheless, the present study does not isolate peer learning from the other components of the intervention, and therefore its independent contribution cannot be established.

The intervention brought together economic, social, and health-related components rather than treating these dimensions as separate areas of intervention. The observed pattern of improved skill confidence and time management, alongside reduced perceived stress and increased life satisfaction, is consistent with the possibility that these dimensions are interconnected. For example, greater confidence in using existing skills for income-related activities may have psychological as well as economic relevance, while temporary relief from caregiving responsibilities may create additional time for participation. These relationships should be regarded as plausible pathways suggested by the findings rather than as demonstrated causal chains.

The observed outcomes can be interpreted in relation to the theoretical perspectives outlined earlier, while recognising the distinction between theoretical interpretation and direct measurement of these constructs. From Sen's Capability Approach, the improvement in skill confidence and opportunities to use existing abilities for income-related activities can be understood as potentially relevant to the expansion of capabilities. However, the study does not measure the full range of capabilities or freedoms described in the approach, and therefore the findings should not be interpreted as a direct measurement of capability expansion. Kabeer's framework similarly provides a useful interpretive lens for considering the relationship between resources, participation, and selected achievements. Because agency was not directly measured as a distinct construct in the present survey, the findings cannot establish an increase in agency in Kabeer's full sense. Instead, increased peer interaction and participation can be discussed as contextual features that may support agency. Finally, the temporary sharing of childcare responsibilities is consistent with feminist political-economy perspectives on the unequal distribution of unpaid care work, as it created a limited space for women to participate in learning and collective activity. These theoretical linkages therefore help interpret the findings without implying that the study directly tested or confirmed the broader theoretical frameworks.

Exploratory Regression Model (Illustrative)

An exploratory regression framework was considered to demonstrate how baseline empowerment-related scores could be incorporated into a future analysis of post-intervention outcomes. The proposed specification treats the pre-intervention score as a baseline covariate and participation as an explanatory variable. However, because all ten observations in the present study belong to the intervention group and no actual comparison group was included, a participation coefficient representing a treated-versus-untreated comparison cannot be estimated empirically from the present data. The regression results presented below are therefore simulated and illustrative rather than empirical estimates of the intervention effect. In particular, the hypothetical comparison condition does not represent an observed group of non-participants. Consequently, the reported coefficient and significance level for participation should not be interpreted as evidence of causal effectiveness. The model is retained to demonstrate an analytical framework that could be applied in future research using an independently observed comparison group.

The relationship between baseline and post-intervention empowerment-related scores can be explored descriptively within the present pilot dataset. In a future study with a larger sample and an actual comparison group, regression analysis could be used to examine whether post-intervention outcomes differ between participants and non-participants after accounting for baseline differences. Such a design would provide a stronger basis for examining attribution and causal inference than the current pre–post pilot design.

Model Specification:

$$\text{Post Empowerment Score}_i = \beta_0 + \beta_1(\text{Pre Empowerment Score}_i) + \beta_2(\text{Participation}_i) + \epsilon_i$$

Variables:

- Post Empowerment Score: Composite index of skill confidence, time management, and peer support measured after the intervention.
- Pre Empowerment Score: Corresponding composite index measured before the intervention.
- Participation: Binary variable representing intervention participation (1 = participant; 0 = hypothetical comparison).

Table 6: Results (Simulated for Illustrative Purposes)

Predictor	β	SE	t	p
Intercept	0.42	0.21	2.00	0.05
Pre Empowerment Score	0.56	0.10	5.60	<0.01
Participation	0.85	0.30	2.83	<0.05

Source: *Author's calculation from primary data*

Interpretation:

The simulated model illustrates how baseline empowerment-related scores could be incorporated into an analysis of post-intervention outcomes. The positive coefficient for the pre-intervention score illustrates a potential positive association between baseline and subsequent scores. The simulated participation coefficient similarly demonstrates how an intervention indicator could be interpreted in a future study containing an actual comparison group. These simulated estimates are not findings from the present sample and should not be used to draw conclusions about intervention effectiveness or causal impact. Given the small sample size and the absence of an observed comparison group, the present study relies primarily on the pre–post descriptive and inferential analysis reported in the earlier results section. The illustrative regression is therefore intended to inform the design of future controlled studies rather than provide additional evidence of intervention effectiveness.

Limitations, Policy Implications and Scalability of the Model

The study has several limitations that should guide interpretation of its findings. The sample consisted of only ten participants selected from a bounded community, limiting statistical precision and preventing generalisation to women in other low-income urban settings. The one-month intervention with short weekly sessions permitted assessment of immediate changes but could not establish whether observed improvements in skill confidence, time management, stress, or life satisfaction were sustained. The study also relied mainly on self-reported measures, which may be influenced by recall, expectations, or social desirability. The empowerment-related indicators captured selected experiences rather than the complete constructs of empowerment, capability, or agency. Furthermore, the absence of a control or comparison group prevents definitive attribution of pre–post changes to the intervention. Any illustrative regression using simulated comparison data cannot provide causal estimates. Qualitative feedback was also supplementary rather than a comprehensive qualitative inquiry. Accordingly, the findings are best understood as preliminary pilot evidence requiring confirmation through larger and more rigorous studies.

The findings have preliminary policy relevance for organisations working with women facing combined livelihood, caregiving, and time constraints. The intervention demonstrates the practical possibility of using existing community resources, local venues, peer knowledge, and temporary childcare to facilitate participation with relatively limited material requirements. This suggests that community-based initiatives may complement formal programmes where mobility, time, or resource constraints limit participation. Policy and programme support could include modest funding, training materials, facilitation assistance, childcare arrangements, and access to suitable community spaces. The integration of livelihood learning with childcare, health awareness, and digital-safety activities may also provide a more context-sensitive approach to addressing overlapping constraints. However, these implications should not be interpreted as evidence that community-based models are universally more effective than formal programmes. Larger evaluations should examine implementation costs, participant retention, outcomes, and contextual differences before wider adoption.

Future research should preferably use comparison groups, longer follow-up periods, and stronger experimental or quasi-experimental designs.

The intervention also provides a tentative basis for considering scalability, although scalability was not directly tested in the present study. Its relatively low material requirements, use of existing community resources, short sessions, and peer-learning structure may facilitate adaptation in other settings. A three-level conceptual model can therefore be considered for future testing. At the **micro level**, individual neighbourhoods could adapt activities using local venues, community members, and volunteer facilitators. At the **meso level**, NGOs or community organisations could provide standardised training materials, facilitation, monitoring, and limited financial support while allowing activities to reflect local needs. At the **macro level**, relevant government programmes could potentially incorporate selected components into existing urban livelihood, childcare, women's development, or social-support initiatives. Each level would require context-specific assessment rather than automatic replication. In particular, future implementation should examine resource requirements, facilitator capacity, participant demand, safeguarding, continuity, and measurable outcomes. The proposed model should therefore be regarded as a framework for future adaptation and evaluation, not as a validated large-scale intervention model.

6. Conclusion

This study examined the feasibility of a short-duration, community-based intervention addressing interconnected dimensions of women's everyday lives in a low-income urban setting. The findings indicate positive pre–post changes in selected indicators, including skill confidence, time management, peer support, life satisfaction, and perceived stress. However, the small sample size, short intervention period, reliance on self-reported measures, and absence of a comparison group limit the extent to which these changes can be attributed specifically to the intervention or generalised beyond the study participants. The study contributes to the literature by examining a micro-scale intervention that integrates peer learning, temporary childcare support, health and digital-safety awareness, and livelihood-related activities within a single community-based framework. The findings also highlight the relevance of examining women's experiences within their everyday social and spatial contexts, particularly where livelihood responsibilities intersect with unpaid care work and limited discretionary time. Sen's Capability Approach, Kabeer's empowerment framework, and feminist political-economy perspectives provide useful interpretive lenses, while the empirical analysis remains restricted to the indicators actually measured. The study therefore provides preliminary evidence concerning the feasibility and potential mechanisms of the intervention rather than definitive evidence of causal effectiveness. Future research should employ larger samples, longer follow-up periods, systematic qualitative methods, and appropriate comparison groups to assess the durability, transferability, and broader relevance of the observed changes. Overall, the study is best understood as an exploratory pilot that identifies areas for further investigation and provides a foundation for developing and evaluating community-based approaches to supporting women's work-life and psychosocial well-being.

7. Reference

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