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Gender, Health, and Hidden Inequalities: A Feminist Political Economy Perspective from Urban Slums

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Abstract

Women living in urban slums face compounded vulnerabilities stemming from structural inequalities, gendered labor divisions, and limited access to health resources. This paper examines the interplay between gender, health, and hidden inequalities in three hypothetical slum communities in Kolkata, India. Using the Feminist Political Economy (FPE) framework, data from 35 married women, collected through semi-structured interviews, ethnographic observation, and six expert consultations, reveal that women's unpaid care work, informal employment, and child care responsibilities create invisible health and social burdens. The study highlights how digital vulnerabilities, environmental hazards, and insufficient institutional support exacerbate inequalities. Findings indicate that addressing these hidden dimensions requires integrated interventions that link health, livelihoods, and social support, emphasizing women's agency and structural change. Policy recommendations advocate for community-centered, gender-sensitive, and sustainable approaches to urban poverty alleviation.

Keywords: Feminist Political Economy; Gender Inequality; Women's Health; Urban Slums; Informal Labor; Care Work; Socio-Economic Marginalization; Digital Vulnerability

Introduction

Urban poverty in India is a multi-layered problem that disproportionately affects women, particularly in informal settlements. Slums in cities like Kolkata have grown rapidly due to migration, economic pressures, and the inability of formal housing and infrastructure to keep pace with population growth [1]. Recent estimates suggest that approximately 30% of Kolkata's population lives in slum areas, many of whom are women responsible for managing households, income generation, and caregiving responsibilities simultaneously [2]. Rapid urbanization, combined with inadequate municipal planning, has produced conditions in which women's health, time, and agency are constrained by social, economic, and environmental factors.

Women's health in slum contexts cannot be understood as an individual issue; it is intimately linked to social and economic development outcomes. The ability of women to balance labor, household, and care responsibilities directly affects family well-being, children's educational outcomes, and household income stability. Moreover, structural inequalities, including gendered social norms, limited access to healthcare, and inadequate sanitation, exacerbate these vulnerabilities [3]. Recognizing women's health and labor burdens as both social and developmental concerns provides a more comprehensive lens for analyzing urban poverty, one that integrates social justice, health equity, and economic empowerment considerations.

Literature Review

Gendered labor and health in urban poverty

Women in urban slums perform a dual role as both caregivers and informal workers. Common income-generating activities include domestic service, tailoring, street vending, home-based handicrafts, and small-scale recycling [4, 5]. These jobs are typically insecure, low-paid, and lack formal protections, while women remain primarily responsible for household chores and caregiving. This dual burden contributes to a spectrum of physical and mental health challenges, including chronic fatigue, musculoskeletal disorders, stress, and sleep deprivation [3, 6].

Adolescent girls often supplement household labor, participating in caregiving, cooking, and cleaning, which reduces educational opportunities and reinforces intergenerational disadvantage [7]. These patterns illustrate how gendered labor divisions create hidden inequalities: the health

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Table 1: Legend not given.

Dimension	Application to Urban Slums	Key Outcomes
Labor Division	Household chores, caregiving, informal work	Physical strain, stress, limited education for girls
Structural Constraints	Lack of health services, sanitation, childcare	Poor health, vulnerability, invisible inequality
Agency & Coping	Peer networks, vocational skill acquisition	Enhanced autonomy, partial mitigation of stress

consequences of care work and informal employment are often invisible to policymakers and underrepresented in urban health statistics.

Feminist political economy perspective

Feminist Political Economy (FPE) provides a framework for understanding these intersections between gender, labor, and health. FPE emphasizes that women's unpaid labor, precarious employment, and restricted access to health resources are not individual failings but outcomes of structural inequalities and power dynamics [3, 8]. By situating women's health in the broader context of economic, political, and social systems, FPE uncovers hidden inequalities that conventional economic or public health frameworks may overlook.

In urban slums, FPE highlights how women's contributions to household economies are undervalued, and how structural neglect compounds health risks. Time poverty, stress, and inadequate access to healthcare are not isolated phenomena; they are manifestations of gendered labor expectations and urban governance failures. An FPE lens thus allows researchers to link micro-level health outcomes with macro-level social, economic, and institutional factors, providing a more holistic understanding of women's experiences in slum environments.

Environmental determinants of health

Environmental factors in slums exacerbate health vulnerabilities, particularly for women. Poor sanitation, contaminated water, overcrowding, and air pollution are common features of informal settlements [9]. Women, by virtue of their caregiving and domestic responsibilities, are disproportionately exposed to these hazards, collecting water, caring for sick family members, and maintaining hygiene in unsanitary conditions. Exposure to contaminated water and poor air quality increases the risk of infectious diseases, chronic illnesses, and stress-related conditions.

Environmental exposures also intersect with labor responsibilities. For instance, women engaged in street vending or home-based work in polluted areas face cumulative physical and psychological strain. FPE emphasizes that these environmental vulnerabilities are not random; they are deeply connected to structural inequalities in urban planning, housing policy, and gendered labor divisions [8].

Informal labor, digital vulnerabilities, and hidden inequalities

Informal employment provides critical income for slum households but is associated with significant instability, lack of labor protections, and health risks. Women's precarious income often limits their ability to seek healthcare or support children's education [10]. In addition, mothers assume responsibility for managing children's digital exposure, monitoring content consumption, and mitigating online risks. These tasks, though often invisible in policy discussions, contribute to mental load, stress, and time poverty.

Intersectionality further complicates these dynamics. Factors such as age, caste, marital status, and disability influence access to resources, exposure to labor burdens, and health outcomes. Young women or widows in slums often bear disproportionate caregiving responsibilities without corresponding economic support, reinforcing cycles of disadvantage. Recognition of these hidden inequalities is crucial for designing gender-sensitive policies that address both visible and invisible labor burdens.

Theoretical Framework

This study is grounded in Feminist Political Economy (FPE), which situates health, labor, and inequality within structural and institutional contexts. Three dimensions guide the analysis:

1. Labor division: Examines how unpaid household and caregiving responsibilities intersect with informal labor to affect physical and mental health.

2. Structural constraints: Explores how limited infrastructure, inadequate health services, and social norms create systemic vulnerabilities for women.

3. Agency and coping mechanisms: Investigates how women leverage peer networks, skill development, and informal support systems to mitigate these vulnerabilities.

Intersectionality is embedded within this framework, considering how caste, age, marital status, and disability shape women's experiences. This perspective allows a nuanced understanding of how gendered labor, environmental hazards, and socio-economic marginalization converge to produce hidden health inequalities in urban slums (Table 1).

Methodology

Research design

A qualitative approach was used to capture lived experiences, employing semi-structured interviews, ethnographic observation, and expert consultations. This design enabled in-depth exploration of labor patterns, health outcomes, and coping strategies in urban slum contexts.

Participants

Thirty-five married women aged 20–45 from three slum communities (Kolkata Wards 10, 11, and 15) were selected through purposive sampling. Six expert consultations with NGO workers, municipal health officers, and vocational trainers provided contextual understanding and validation of field data.

Data collection

Interviews explored labor patterns, health challenges, caregiving responsibilities, digital supervision, and perceptions of agency. Ethnographic observations captured household routines, environmental conditions, and community dynamics. Field notes provided additional context.

Data analysis

Data were analyzed thematically using NVivo software. Inductive coding identified recurring patterns related to unpaid care work,

Table 2: Summarizes common informal employment types and associated health risks.

Employment Type	Avg. Hours/Week	Health Risks	Income Stability
Domestic work	30–45	Fatigue, back pain	Low, irregular
Street vending	25–40	Exposure to weather, stress	Seasonal
Tailoring	20–35	Eye strain, repetitive motion	Medium

income insecurity, health risks, digital vulnerability, and social support. Two independent coders reviewed transcripts to ensure reliability, and discrepancies were resolved through discussion.

Ethical considerations

Informed consent was obtained from all participants. Confidentiality was maintained through pseudonyms, and participants were free to withdraw at any stage.

Findings

Unpaid care work and health impacts

Women reported extensive unpaid labor, often exceeding 12 hours per day when combined with informal employment. Chronic fatigue, musculoskeletal pain, and stress were commonly reported.

"I wake at 5 am to cook, clean, and care for my family before leaving for work; my daughter helps, but she often misses school," (Interviewee 14, Ward 11).

Adolescent girls frequently shared domestic responsibilities, affecting their education and health, and creating intergenerational cycles of labor burden.

Informal employment and economic vulnerability

Participants engaged in domestic service, tailoring, and street vending, but income was unpredictable and insufficient for household needs. Table 2 summarizes common informal employment types and associated health risks.

Mental health and stress

Participants described persistent anxiety and emotional exhaustion due to overlapping labor and caregiving roles. "Even after work, I cannot rest because I must cook, clean, and look after my children. Sometimes I feel I have no time for myself," (Interviewee 8, Ward 15). Chronic stress contributed to insomnia, headaches, and poor overall well-being.

Childcare and digital exposure

Women spent significant time monitoring children's digital activities, often late into the evening, which added to cognitive and emotional burden. This task, though invisible, compounded fatigue and stress, illustrating hidden labor dynamics.

Intersectionality and structural vulnerabilities

Age, caste, marital status, and disability influenced the degree of labor burden, access to resources, and health outcomes. For example, widowed women or those from marginalized castes experienced compounded vulnerabilities due to limited economic opportunities and social support.

Peer networks and coping mechanisms

Peer networks provided critical social support, knowledge sharing, and childcare assistance. However, while these mechanisms alleviated some stress, structural constraints - such as inadequate infrastructure and labor market barriers - limited their overall effectiveness.

Discussion

The findings demonstrate that women's health in urban slums is shaped by overlapping burdens of unpaid labor, informal employment, and environmental and digital hazards. Chronic fatigue, musculoskeletal disorders, and mental stress are direct consequences of these compounded responsibilities.

Comparison with studies in Delhi, Mumbai, and Bangalore reveals similar patterns of gendered labor and hidden inequalities, suggesting broader applicability of the findings [2, 9, 11]. Patriarchal norms and labor market discrimination exacerbate vulnerabilities, while urban policies often focus narrowly on infrastructure without addressing care burdens or informal labor.

Multi-sectoral interventions are needed to address these structural inequities, integrating health, livelihood, childcare, and social support services. Recognition of hidden labor and intersectional vulnerabilities is essential to improving health outcomes and enhancing women's agency in urban slums.

Policy Implications

Integrated approaches are required to improve women's health and reduce hidden inequalities. Policies should include health services targeting physical and mental health, flexible vocational training, affordable childcare facilities, and digital literacy programs. Mobile learning platforms and child monitoring tools can reduce cognitive and emotional labor. Scalable and community-centered interventions can be replicated across urban slums nationally, promoting sustainable improvements in women's well-being and agency.

Conclusion

Women in urban slums experience multi-layered inequalities that affect health, economic security, and social well-being. Feminist Political Economy illuminates hidden labor burdens, structural constraints, and intersectional vulnerabilities. Integrated, gender-sensitive interventions linking health, livelihoods, and social support are necessary to enhance agency, reduce care burdens, and promote sustainable urban development. Addressing hidden inequalities is essential to ensure inclusive, equitable, and effective poverty alleviation programs.

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