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ARTICLE

First thing to go? Key findings from a foundational study of hygiene poverty in Ireland

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Abstract

A hidden consequence of the cumulative impact of poverty, 'hygiene poverty' compels people to make stark choices when allocating household budgets. To increase understanding of this understudied phenomenon, we explored the prevalence of factors leading to, and impacts of, hygiene poverty in Ireland. An online survey was completed by 258 respondents during September 2023 covering a broad range of topics relating to the affordability of hygiene products. The results were analysed to identify key themes of statistical relevance in the data. Our study found 65.1 per cent of respondents had personally experienced difficulty affording essential hygiene items. Whilst lower incomes and the presence of children in the household featured, inability to afford hygiene items was also felt by those in insecure housing, people with disabilities and those from ethnic minorities. Lack of access to basic essentials prevented people from engaging fully in social, work and educational activities with negative impacts on physical and mental health across all income brackets. Drawing on existing literature alongside reporting original research, the substantive argument in this article suggests that 'hygiene poverty' is most usefully thought of as an aspect of deprivation, and that hygiene-related needs often sit at the bottom of a range of deprivation types.

Keywords: cost of living crisis; deprivation; hygiene poverty; income inadequacy

Introduction

The cumulative impact of the multi-dimensional experiences of poverty often forces people to make stark choices regarding their household expenditure on fuel, food and other essentials, with basic personal care items and household cleaning items often relegated to a lower priority. Within the overall experience of poverty, discrete forms of deprivation named as things such as 'food poverty', 'fuel poverty' or 'period poverty' are relatively well known and understood and have appeared in the literature on experiences of poverty (e.g. see Drew, 2022 on food poverty, Simcock and Bouzarovski, 2023 on energy poverty and Briggs, 2021 on period poverty for

examples). Moreover, many discrete forms of poverty or aspects of deprivation are being recognised as requiring a policy response and have begun to feature in policy programmes as a result. For example, in the Irish context, the context from which the study presented in this article is drawn, in 2022 (see Government of Ireland [GOI], 2022), the minister of state at the Department of Social Protection and Rural and Community Development announced his intention to establish a working group to tackle the issue of food poverty in accordance with the commitment on food poverty set out in the Roadmap for Social Inclusion 2020– 2025 (GOI, 2023). As a further example, Ireland's Health Service Executive's National Social Inclusion Office recently instigated a pilot, demand-led, period dignity scheme for Traveller and Roma women. The aim of the project is to reduce period stigma and distribute free period products and comes as a direct follow-on from a discussion paper published in 2021 (see GOI, 2021). Moreover, budgetary measures taken in Ireland for 2024 contained a suite of one-off measures specifically related to energy and fuel costs through things such as increases to the Fuel Allowance payment and periodic energy credits to cover increased electricity costs. This demonstrates that discrete forms of hardship and deprivation *are* politically recognised and partly addressed through social policy beyond income supports. Yet, aside from period poverty, which may be characterised as a component of hygiene poverty, there are no equivalent programmes focussed on personal and household hygiene needs specifically, and this speaks, in part, to a lack of recognition at the level of policy and practice. This also suggests that meeting hygiene-related needs constitutes a policy space in which third sector organisations are arguably ahead of mainstream policy at the level of practice, as personal hygiene and household cleaning products *are* in demand and are dispensed to those in need through foodbanks and other community settings (Trussell Trust, 2017; Whelan and Greene, 2023). However, this does also suggest that just as hygiene-related deprivation is difficult to surface as a social phenomenon, it may also be something that is difficult to target directly outside of income-related policies and measures such as increases to social welfare or via funding for third sector organisations to do the work of providing more hygiene-related goods. In other words, it is plausible to have energy poverty and fuel poverty designated as specific aspects of policy in which the state can directly intervene, but this is likely to be more difficult in the context of some types of discrete or personal forms of deprivation connected to things such as food and hygiene. Therefore, just as hygiene poverty is difficult to see, it is potentially difficult to address directly through mainstream social policies, meaning that third sector organisations may ultimately be best placed to tackle hygiene deprivation as a component of poverty. Nevertheless, it must be noted that restricted access to basic hygiene essentials has implications for participation in work, educational and social life, and potentially leads to poorer health outcomes (Joseph Rowntree Foundation, 2022) and thus needs to be formally recognised in policy and as an aspect of poverty and/or deprivation. Indeed, the limited literature unpacked further on suggests that as a discrete form of poverty, hygiene poverty is impacting a growing number of households but remains a little-known phenomenon with a distinct lack of research on how accessing basic hygiene essentials is challenging for many groups, such as low-income families and people with disabilities.

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With this in mind, to increase understanding of this understudied aspect of poverty, we explored the prevalence of, factors leading to and impact of hygiene poverty in Ireland. In doing so, we sought to provide a better understanding of how hygiene poverty interacts and intersects with wider experiences of poverty and argue that as a discrete form of poverty, hygiene poverty is frequently a precursor to other forms of material deprivation and is impacting a growing number of households. Therefore, this study contributes to the limited empirical evidence on hygiene poverty.

The remainder of this article is organised as follows. The next section offers a brief note on terminology as a means of clarifying how the researchers intend to frame what is presented. The subsequent section presents the existing and background research and contextual background to the issues. In the main section, relevant literature and research from the UK and Ireland primarily and from the liberal world of welfare more generally are covered. We then introduce our methodological approach, followed by our findings. The paper concludes with a brief discussion of our results and conclusions and revisits the note on terminology.

Hygiene poverty or hygiene deprivation? A note on terminology

Separating poverty into different 'types' – such as energy poverty, food poverty and period poverty – has been critiqued for potentially obfuscating the underlying systemic and structural causes of a lack of financial resources (Lister, 2021). However, in the context of energy poverty, scholars have argued persuasively that energy poverty should be understood as a distinct form of material deprivation (Boardman, 1991; Buzar, 2007; Hills, 2012; Simcock and Bouzarovski, 2023), with causes that extend beyond low incomes to also encompass wider infrastructural and environmental inequalities. Definitional issues in the context of poverty generally are also important to consider here, and it can be argued that a purely relativist view of poverty, primarily on the basis of income levels, ultimately makes for an anaemic and untethered understanding of the day-to-day realities of poverty (Lister, 2021, Whelan, 2023, 2024, forthcoming). With this in mind, a more nuanced understanding of hygiene poverty will be advanced here to suggest that, in effect, whilst hygiene poverty is related to and clearly overlaps with income poverty, it is not reducible to it. This is perhaps most strongly illustrated through the evidence which shows that those with nominally high incomes can still experience having significant hygiene-related needs, needs that can sometimes go unmet, as will be demonstrated through an explication of the survey data further on. However, presenting the data in this way does lead to some problems with terminology, which are best addressed upfront. In the literature, lack of or difficulty accessing personal hygiene or household cleaning items is most often referred to as 'hygiene poverty' and we both accept and take a lead from this term here to keep things as uncomplicated as possible, particularly where reviewing the literature. However, we also wish to suggest that poverty, or more specifically being 'at risk of poverty', is measured in a European context as an aspect of income, only giving poverty as a term a very particular connotation. This is of course accompanied by another measure in the form of measuring enforced deprivation, an absolute measure linked to the affordance of what are seen as essential items and/or the ability to replace essential items. Taken together, these measures allow for a potentially more nuanced

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perspective on poverty, deprivation and social exclusion to emerge. This is because it is possible to experience enforced deprivation whilst not being at risk of income poverty and to have a nominally low relative income and not be at risk of deprivation. Viewed as an aspect of deprivation, experiences of having unmet hygiene-related needs would intersect with those who are at risk of income poverty and those who are not at risk of income poverty but are experiencing significant deprivation nonetheless. This suggests that 'hygiene poverty' may be more accurately and perhaps more usefully thought of as 'hygiene deprivation', as this captures experiences across income levels and thus shows the extent and depth of hygiene-related hardships. Whilst we follow the literature in our use of the term 'hygiene poverty', we suggest the data presented further on, whilst limited, partly bears this out.

Background

In the limited literature available to date, 'hygiene poverty' refers to the inability to afford a diverse range of everyday basic essential hygiene items which are necessary for health and wellbeing across the life course and include items such as deodorant, shampoo, shaving gel, toothpaste, nappies, period products and detergents. Awareness of hygiene poverty has long been recognised as a factor of poverty or as a type of deprivation (Piachaud, 1987; Veit-Wilson, 1992), but has come to the fore in recent years in the wider context of the cost of living crisis (Gunstone et al., 2022). As a precursor to food and fuel poverty, many people are likely to limit their personal hygiene household cleaning essentials before resorting to going without food or heating. Through investigating the different aspects of poverty, our comprehension of how difficult choices between food, fuel and essentials are made can be enhanced, further aiding understandings of the cumulative nature of poverty and how it is frequently aggravated by gender, age, ethnicity and income inadequacy.

The limited empirical evidence to date regarding hygiene poverty shows that it is often bundled up with other discrete forms of poverty, making it difficult to assess separately. However, there are some indications of the levels of hygiene poverty that are being experienced. A 2017 study by The Trussell Trust in Scotland found that more than 50 per cent of people accessing their food banks could not afford toiletries (The Trussell Trust, 2017). More recently, a comprehensive 2022 study commissioned by The Hygiene Bank in the UK investigated which groups are more likely to experience difficulty affording hygiene products. This study found that hygiene poverty impacts 21 per cent of people with a disability or long-term health condition and that 8 per cent of households with children report experiencing hygiene poverty (Gunstone et al., 2022). However, experiences of hygiene poverty are not limited to specific groups, and it is estimated that up to 20% of UK adults have sacrificed buying hygiene essentials to afford food (In Kind Direct, 2023). In Ireland, 43% of households report cutting household spending to afford food (Amárach Research, 2022), as spending on the average basket of food has recently increased by more than 20 per cent (Vincentian MESL Research Centre, 2023). In a report published by the European Anti-Poverty Network Ireland (EAPN, 2023) and prepared by O' Connor and Singleton, which looks at the growing need for support with basic necessities and the impact of this on low-income households and the

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community and voluntary sector, hygiene products are noted as being amongst the basic necessities that people can struggle to provide. It is further noted that charities and community organisations can find themselves providing these as a result. More recently, a research paper authored by Cid (2023) and commissioned by the Irish Refugee Council examined the needs of the people living in Ireland's International Protection Accommodation Service (IPAS). The research by Cid (2023) specifically explores what people use their Daily Expenses Allowance (DEA) for and what they can find it hard to afford in this context. Access to personal hygiene items emerges as an area of considerable concern for those who took part in the research, particularly with respect to the needs of children. Analysing the outcomes of a survey, focus groups and interviews, the report noted that 62.5 per cent of the 67 people surveyed indicated using their DEA for 'buying personal care items (e.g. hygiene products; toiletries)' with 54.0 per cent indicating using the DEA to purchase similar items to meet children's needs. Moreover, 38.0 per cent of survey respondents noted that the current level of support is not adequate with respect to meeting the need for personal care items for children.

Experiences of poverty and social exclusion are traditionally associated with unemployment, however, those in low-paid and part-time employment also experience deprivation (Tamayo and Popova, 2021). Inadequate household incomes can limit access to hygiene essentials for families, with 60 per cent of low-income women with children in the USA reporting struggling to afford basic hygiene items (Donations for Dignity, 2022). An Australian study estimated 16 per cent of school children were found to experience some degree of hygiene poverty and 78 per cent of Australian teachers reported observing children being teased because of their hygiene (D'Rosario et al., 2022).

Putting further pressure on household budgets is the rising cost of housing and the increasing number of families in the private rental sector. For example, Clair, 2020), using data from 598 households accessing assistance from twenty-four food banks operating in Great Britain in 2016–2017, found that amongst the population of food bank users, 20 per cent are reliant on the private rental market, which was found to be expensive, low quality and the least secure form of accommodation. An analysis of EU-SILC found that risk of poverty was increasingly concentrated in households in precarious housing situations, specifically the private rental sector (Hick et al. 2024).

Moreover, the limited research available suggests that the pressure of meeting the costs of hygiene essentials in the context of stretched budgets puts considerable stress and anxiety on households, negatively impacting overall wellbeing and potentially leading to growing health inequalities. For example, some studies suggest that women and girls who lack the necessary resources to manage their menstrual hygiene reported negative impacts on their health, bringing distress, embarrassment and shame (Briggs, 2021; Boyers et al., 2022), and were also more likely to report moderate or severe depression (Cardoso et al., 2021; Marí-Klose et al., 2023). Further international research has also explored how economic deprivation can widen health inequalities. Common dental diseases were found to be correlated with financial circumstances as hygiene poverty limits the ability of persons to afford basic products essential to maintaining oral hygiene or attend regular dental care (Cope and Chestnutt, 2023), ultimately resulting in poorer dental health outcomes.

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The impact of difficulty affording basic hygiene essentials has the potential to affect people across the life course and is recognised by the Irish government as exacerbated by low incomes, homelessness, living in abusive relationships and amongst minority ethnic communities (Government of Ireland, 2021).

With this backdrop in mind, our research undertook a foundational survey on hygiene poverty to examine this under-explored issue in the Irish context. Whilst limited, hygiene poverty is an understudied facet of poverty that is not captured in large-scale representative surveys, thus our intention was to provide an initial exploratory examination of this underexplored issue. The research was commissioned by Hygiene Hub, an Irish charity that collects hygiene products from local businesses and the general public, to donate to local organisations supporting people experiencing poverty (Hygiene Hub, 2023). Our main objective was to build up a broad picture of hygiene poverty in Ireland, providing a first look at this underexplored issue.

Methods

As part of a wider study of hygiene poverty in Ireland (see Whelan and Greene, 2023), which included consultative workshops, focus groups and case study interviews, we conducted an online survey with 258 individuals over a 2-week period in September 2023. This foundational survey aimed to build up a broad overview of hygiene poverty in Ireland and focussed on the factors contributing to, impacts of and awareness of this understudied phenomena in contributing to wider understandings of poverty and deprivation.

The survey was designed and administered using the professional survey platform Survey Monkey and targeted at respondents who are broadly representative of the profile of low- to mid-income consumers in Ireland. The survey information and link were promoted through relevant social media channels and circulated by email to the network of volunteers and service users of Hygiene Hub for further dissemination. Informational posters with QR codes were also put up in community locations, for example, community centres, family resource centres and on university campuses. The survey was open for 2 weeks, from Wednesday, 20 September to Tuesday, 3 October 2023.

Potential respondents were presented with a survey link, and upon following it, they were provided with full information about the study. The participants were informed that their participation was voluntary and their responses were being recorded anonymously. Participants met the eligibility criteria if they were aged over 18 years and could provide informed consent. Subsequent information covering gender, age, income levels, employment type, welfare recipiency, civil and family status and tenure type was gathered as part of the survey, allowing for a nuanced analysis. To proceed to the survey, participants had to read the consent form, confirm they could provide informed consent and were aged over 18 years. Participants were then able to start the survey, which took approximately 10 minutes to complete. Respondents who fully completed the survey were asked if they wished to be entered into a draw to win one of ten €50 vouchers. Those who wished to enter the draw were asked to provide their email address, which was recorded separately from the main survey responses.

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The survey instrument consisted of a series of socio-economic and socio-demographic questions and probed respondents about the affordability of hygiene products in Ireland. Hygiene products asked about included both personal hygiene products and household cleaning products. To permit some thematic comparison with international reports, many of our survey questions were closely aligned to the 2022 UK report on hygiene poverty (Gunstone et al., 2022), however, we did not attempt to reproduce the UK survey verbatim and diverged to illicit responses on aspects leading to, and impacts of, hygiene poverty as our overarching focus. As noted, questions included participant demographic information such as gender, age and income and questions relating to the factors and impacts of affordability of hygiene products. Analysis was performed using SPSS, and key themes of statistical relevance in the data were identified. Ethical approval to conduct the study was granted by the Research Ethics Committee at the School of Social Work and Social Policy, Trinity College Dublin.

Findings

The data that follow are broadly descriptive and intended to provide a broad overview whilst noting key correlations, and are presented in three sections. Firstly, a profile of respondents is presented, and the general prevalence of hygiene poverty within the sample is reported, highlighting which groups are most likely to be impacted. Secondly, findings relating to the factors influencing and potentially causing experiences of hygiene poverty are presented. Finally, data on how hygiene poverty impacts people's health, social and family life and the access and barriers to supports are presented.

Respondent profile

The survey was completed by 258 adults, of whom eighty-nine were male (34.8 per cent), 165 were female (64.5 per cent) and two identified as non-binary (0.8 per cent), as well as two missing values. There was a relatively even distribution of age groups across our respondents, with the largest cohort in the 36–45 age group (27.0 per cent, $n = 69$). There was a greater number in the youngest group, aged 25 or under (23.0 per cent, $n = 59$), compared with the older group, aged 56 or older (9.0%, $n = 23$). The majority of our respondents were in full-time employment (31.8 per cent, $n = 82$) or working part-time (20.9 per cent, $n = 54$). A further 13.2 per cent ($n = 34$) indicated they were unemployed or inactive in the labour market due to being a student (21.7 per cent, $n = 56$), having a disability (6.2 per cent, $n = 16$) or identifying as a homemaker (2.7 per cent, $n = 7$) or as retired (1.9 per cent, $n = 5$). There were four missing values in this category.

Respondents were asked to indicate their approximate weekly household income, and the majority (30.6 per cent, $n = 79$) reported their household income as between €200 and €400 per week. There were four missing values. Respondents were asked whether they received a social welfare payment, and 60.1 per cent ($n = 155$) reported they did not, whilst 39.1 per cent ($n = 101$) reported they did. When asked to specify which type of payment they received, the majority reported that they receive a disability (26.0 per cent, $n = 19$) or unemployment payment

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Table 1. Socio-demographic characteristics of respondents

		Frequency (*n*)	Percentage (%)
Gender	Male	89	34.8
	Female	165	64.5
	Non-binary	2	0.8
Age, years	25 or under	59	23.0
	26–35	59	23.0
	36–45	69	27.0
	46–55	46	18.0
	56 or older	23	9.0
Employment status	Employed full time	82	31.8
	Student	56	21.7
	Employed part time	54	20.9
	Unemployed	34	13.2
	Not working due to health condition	16	6.2
	Homemaker	7	2.7
	Retired	5	1.9
Household weekly income	Under €200	37	14.3
	€200–400	79	30.6
	€400–600	50	19.4
	€600–800	40	15.5
	€800–1000	15	5.8
	€1000–1500	22	8.5
	€1500+	11	4.3

(24.6 per cent, $n = 18$). Table 1 presents an overview of socio-demographic characteristics of respondents.

Prevalence of hygiene poverty

Our study found that 65.1 per cent ($n = 168$) of respondents had personally experienced difficulty affording essential hygiene items in the previous 12 months. This was defined as 'having gone without basic toiletries or hygiene items because you could not afford to buy them. These items can include everyday essentials such as shampoo, deodorant, shaving gel, toothpaste, detergents, nappies, period products or any similar items which you consider necessary for bodily health and care'.

Looking in more detail at the respondents who reported difficulty affording hygiene essentials ($n = 168$), some groups were more likely to be affected. For instance, 79.5 per cent ($n = 70$) of respondents living with a health condition or disability, 70.4 per cent ($n = 38$) of those employed part time and 64.3 per cent

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Table 2. Proportions of respondents experiencing hygiene poverty by groups

		Frequency (*n*)	Percentage (%)
Gender	Male	57	63.3
	Female	110	66.7
Age, years	25 or under	28	46.7
	26–35	51	86.4
	36–45	46	66.7
	46–55	30	65.2
	56 or over	13	56.5
Employment status	Employed full time	46	56.1
	Student	36	64.3
	Employed part time	38	70.4
	Unemployed	26	76.5
	Not working due to health condition	12	75.0
	Homemaker	6	86.7
	Retired	1	20.0
Health status	Has disability	70	79.5
	No disability	84	54.9
Ethnicity	White Irish	118	62.8
	All other ethnic groups	42	73.7
Children in household	Children aged 17 or younger	70	72.2
	No children aged 17 or younger	27	66.7
	Children aged 18 or older	45	73.8
	No children aged 18 or older	108	68.4
Tenure status	Emergency accommodation	12	100
	Owner occupied with/without mortgage	40	44.4
	Private rental without state assistance	41	75.9
	Rented, in receipt rent subsidy	29	85.3
	Local authority/social housing	32	78.0

($n = 36$) of students showed higher statistical prevalence in the sample. Women were marginally more likely to report difficulty (66.7 per cent, $n = 110$) than men (63.3 per cent, $n = 90$). With increasing age, experiences of hygiene poverty were found to decrease, with 86.4 per cent ($n = 51$) of people aged 26–35 reporting difficulty compared with 56.6 per cent ($n = 13$) of people aged 56 and older. Our study also suggests a higher proportion of people from an ethnic minority background (73.7 per cent, $n = 57$) experience hygiene poverty compared with those from a white Irish background (62.8 per cent, $n = 188$). Table 2 presents an

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overview of different groups who reported difficulty affording essential hygiene items in the last 12 months.

Households with children were also more likely to experience hygiene poverty than households with no children. On further examination, households with children aged under 17 years were more likely to report experiences of hygiene poverty (72.2 per cent, $n = 70$) than households with no children aged under 17 years (66.7 per cent, $n = 82$). This increased slightly if there were adult children in the household (73.8 per cent, $n = 45$) compared with households with no adult children (68.4 per cent, $n = 108$).

Housing tenure status also correlated with a respondent's ability to afford basic hygiene essentials, with greater numbers of those in rental accommodation experiencing difficulties compared with owner-occupied housing. Examining tenure status in more detail, 75.9 per cent of respondents in private rental accommodation, 78.0 per cent in accommodation rented from a local authority and 85.3 per cent in receipt of a housing assistance rent subsidy reported difficulty affording hygiene essentials, compared with 44.4 per cent of those in owner-occupied housing.

When respondents were asked which hygiene products they were most likely to cut back on, the most common products were household cleaning products (48.4 per cent), razors, shaving foam or gel (47.9 per cent) and household maintenance products (47.4 per cent). Some hygiene products featured more prominently for certain groups. Men were more likely to cut back on deodorant (32.2 per cent), whereas women reported cutting back on household cleaning and maintenance products (39.4 per cent, 41.2 per cent). In total, 33.3 per cent of female respondents aged between 26 and 35 years reported going without period products due to difficulty affording them. Those who were unemployed or unable to work due to a health condition were consistently more likely to report the highest rates of unaffordability of individual hygiene items, and homemakers reported going without deodorant (57.1 per cent), period products (42.9 per cent) and nappies or wipes (14.3 per cent).

Factors influencing hygiene poverty

Ability to afford essential hygiene items was driven by the combination of increasing household expenditure with a reduction in spending power due to low incomes. Our respondents were asked what was influencing their own ability to afford hygiene products. The top three reported reasons given were increased household expenses such as gas or electricity bills (70.5 per cent), less disposable income (58.5 per cent) and increased spending on food (52.9 per cent). These findings held constant across gender, age, ethnicity, children in the household and employment status. However, those in private rental or local authority accommodation did report slightly higher levels. Respondents in private rental accommodation were most likely to report less disposable income and notably, reported the highest incidence of working reduced hours and having reduced income due to their caring duties.

Exploring further the wider causes of hygiene poverty, the most frequently cited were low wages and poor employment conditions (63.4 per cent), the way the economy works (45.4 per cent) and the social welfare system (36.6 per cent). Women were more likely than men to report low wages and poor employment

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Table 3. Factors influencing and causes of hygiene poverty

		Frequency (*n*)	Percentage (%)
Factors influencing hygiene poverty Base: 217	Increased household expenses (e.g. bills)	153	70.5
	Less disposable income	127	58.5
	Spending more on food	115	52.9
	Losing my job	32	14.8
	Reduced support from family or friends	30	13.8
	Unable to qualify for welfare payment	30	13.8
	Working reduced hours	21	9.7
	Reduced income due to increased caring duties	22	10.1
	Unable to access food banks	21	9.7
	Relationship breakdown	18	8.3
Causes of hygiene poverty Base: 194	Low wages and poor employment conditions	123	63.4
	The way the economy works	88	45.4
	The social welfare system	71	36.6
	Long-term physical or mental health conditions	59	30.4
	Difficult life experiences	56	28.9
	Personal lifestyle choices	39	20.1
	Lack of education	21	10.8

conditions (50.9 per cent versus 43.3 per cent) and also more likely to cite difficult life experiences (25.5 per cent versus 15.6 per cent). Those who reported their employment status as homemaker were most likely to report the way the economy works (71.4 per cent) as a factor. Respondents who indicated they had a disability were more likely to say their long-term physical or mental health was a factor causing hygiene poverty (34.1%). Additionally, this group also reported that the social welfare system was a key contributing factor (40.9 per cent). Table 3 presents the factors influencing and causes of hygiene poverty in Ireland.

Activity in the labour market did not always provide sufficient protection from hygiene poverty. Amongst our respondents working full time, 56.1 per cent indicated struggling to afford hygiene essentials in the previous 12 months, and this increased to 70.5 per cent for those in part-time employment. Respondents on the lowest incomes (€200–400 per week) were the most likely to struggle to afford hygiene products (86.1%). As expected, as incomes increased, unaffordability of hygiene products eased, but still featured in higher income brackets: 62.0 per cent of

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those with an income of €400–600 per week and 36.4% with an income of €1000–1500 per week reported struggling to afford hygiene items in the last 12 months. The finding that a statistically significant number of respondents (36.4 per cent) with a nominally high income of €1000–1500 found it difficult to afford hygiene items suggests that inflation and cost of living increases had a real and biting effect at the time the survey was conducted. This inference is borne out in Consumer Price Index (CPI) data for October 2023 (the month the survey was conducted), which showed an overall increase of 6.3% in the 12 months to September 2023. The largest increases in the 12 months to October 2023 were recreation & culture (+9.7 per cent), restaurants & hotels (+7.7 per cent), housing, water, electricity, gas & other fuels (+7.2 per cent) and food & non-alcoholic beverages (+7.0 per cent) (CSO, 2023), which together denote significant pressure on incomes.

Impact of hygiene poverty

The unaffordability of hygiene products impacted our respondents' physical and mental health, often preventing full participation in social, work and educational activities. When asked which areas they had cut back on to afford basic essentials, the most frequently cited were social occasions or events (72.7 per cent) and leisure activities or hobbies (69.2 per cent), however, clothing (59.0 per cent), food (36.0 per cent) and medical expenses also featured (31.0 per cent).

Amongst our respondents, there was a high level of reported negative impact on physical health. The most commonly cited impact was trouble sleeping (63.5 per cent), lack of exercise (45.9 per cent) and poor oral health (41.4 per cent) (Table 4). Trouble sleeping was reported across all age groups, but did appear to increase with age, impacting 36.7 per cent of those aged under 25 years in comparison with 47.8 per cent of those aged 56 years or older. Women were more likely to report lack of exercise than men (38.2 per cent versus 21.1 per cent).

Worrying about the ability to afford hygiene essentials was common (70.0 per cent), impacting more than a quarter of our male participants (26.7 per cent), increasing with age (30.4 per cent aged over 56 years) and the presence of children in the household (24.7 per cent). More than half of those in receipt of a social welfare payment reported they were 'always' or 'usually worried' (52.4 per cent) about affording essential hygiene items. Feeling anxious and depressed (69.0 per cent) or ashamed and embarrassed (69.0 per cent) as a result of being unable to afford basic hygiene products was commonplace, with increased stress reported by 61.3 per cent of respondents. People with a disability were more likely to report feeling angry or resentful (35.2 per cent), lonely (31.8 per cent) or isolated (30.7 per cent).

Negative impacts on mental health were more likely to be felt by those reporting lower incomes. Households with an income of less than €20,800 per annum were more likely to feel anxious/depressed (51.1 per cent/44.5 per cent), ashamed/embarrassed (40.9 per cent/56.7 per cent) and lonely/isolated (38.1 per cent/31.2 per cent) due to difficulty affording hygiene essentials. Higher income levels were not immune to negative mental health impacts, with reported feelings of depression (20.5 per cent) and embarrassment (22.7 per cent) gaining an uptick in the highest income bracket. Increased stress was reported across all income levels, but elevated

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Table 4. Impacts of hygiene poverty

		Frequency (*n*)	Percentage (%)
Impacts on physical health Base: 181	Trouble sleeping	115	63.5
	Lack of exercise	83	45.9
	Poor dental health	74	41.4
	Skin irritations	66	36.5
Impacts on mental health Base: 191	Increased stress	117	61.3
	Made me feel embarrassed	114	59.7
	Made me feel anxious	99	51.8
	Made me feel ashamed	86	45.0
	Made me feel depressed	84	44.0
	Felt angry and resentful	60	31.4
Impacts on social life Base: 158	Avoid going to a social event	105	66.5
	Avoid taking part in a physical activity (e.g. going to gym)	74	46.8
	Avoid seeing a friend	64	40.5
	Pursuing a romantic relationship	54	34.1
Impacts on work and education Base: 158	Avoid going to a job interview	22	34.8
	Going to school	28	17.8
	Going to work	22	13.9

Table 5. Impact on mental health by income

Weekly/annual household income	Under €400/ <€20,800	€400–600/ <€31,200	€600–800/ <€41,600	€800–1000/ <€52,000	€1000+/ >€52,000
Anxious/depressed	51.1%/44.5%	36.0%/34.0%	27.5%/17.5%	26.7%/13.3%	13.6%/20.5%
Ashamed/embarrassed	40.9%/56.7%	32.0%/44.0%	22.5%/30.0%	26.7%/20.0%	13.6%/22.7%
Lonely/isolated	38.1%/31.2%	6.0%/10.0%	5.0%/7.5%	0.0%/0.0%	0.0%/0.0%
Increased stress	54.3%	48.0%	42.5%	26.7%	18.2%

levels of stress were experienced in households in the lowest income bracket (54.3 per cent) (Table 5).

There were 134 households with children, aged both under and over 18 years of age, and these households were asked an additional set of questions about the impact of hygiene poverty on their family life. Many respondents frequently faced decisions between buying hygiene products for themselves or their dependent children (61.2 per cent). Of the respondents who reported making this choice, 73.2 per cent were women and 84.2 per cent were in receipt of a social welfare

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payment. A shielding effect for children in the household was evident, as most respondents said children in their household 'always' or 'usually' had access to hygiene products their peers had (54.7 per cent), however, 30.5 per cent indicated they were 'sometimes' able to provide sufficient hygiene products.

When households reported difficulty affording hygiene items, there were some indications of negative impacts on children's health, education and social life. In 34.2 per cent of households, child(ren)'s confidence was negatively affected with mental health (32.1 per cent) and physical health (30.6 per cent) both impacted. Children's hobbies, including sports, were reported as impacted 'a great deal' (16.4 per cent). However, consistently one-third of respondents said these areas were 'not at all' negatively impacted in the last 12 months, again indicating a protective shielding effect for children in the household.

Tenure status also played role in overall wellbeing, with households in receipt of rent subsidy experiencing a greater negative impact on children compared with those that are owner occupied; for example, on physical health (14.7 per cent versus 10.0 per cent), mental health (20.6 per cent versus 11.1 per cent) and performance at school (17.6 per cent versus 10.0 per cent). Respondents who reported that a child in their household had a health condition or learning difference experienced greater impacts, such as confidence (44.4 per cent versus 29.1 per cent), behaviour (38.9 per cent versus 18.1 per cent) and friendships (38.8 per cent versus 22.3 per cent).

All age groups reported cutting back on social occasions, special events and leisure activities. However, younger age groups, aged 18–45 years, were prioritising these areas for making steeper cutbacks, as 63.3 per cent of respondents aged 25 years or under reported cutting back on social occasions or events. Our respondents reported that they avoided going to a social event (66.4 per cent), taking part in a physical activity (46.8 per cent) or seeing a friend (40.5 per cent). Slight differences in social engagement were observed between the oldest and youngest respondents, with individuals aged 56 years or older more likely to have less social contacts, such as avoiding seeing a friend (17.4 per cent versus 15.0 per cent) or going to a social event (30.4 per cent versus 26.7 per cent). Respondents aged 26–35 years were most likely to say they avoided taking part in a sporting activity (35.6 per cent).

Impacts on career, employment and education due to difficulty affording hygiene products was evident, with respondents reporting avoiding going to a job interview (34.7 per cent) or attending work (13.9 per cent) or education (17.7 per cent). In addition, 10 percent of respondents aged 25 or under said they avoided education, whilst those aged 36–45 years were most likely to report avoiding going to work (13.0 per cent) or a job interview (11.6 per cent).

Respondents were asked what, if any, types of supports they had received in the last 12 months. Receiving help from family with getting basic hygiene essentials was reported by 37.9 per cent ($n = 71$), whilst 36.7 per cent said they had not received any support. Other sources of support were from friends (18.6 per cent), charities (19.1 per cent) and food banks (15.4 per cent). When asked, 63.7 per cent ($n = 114$) of our respondents reported feeling too embarrassed to ask for help. Feeling 'too embarrassed to ask for help' was more commonly reported by women (48.5 per cent), full-time workers (48.8 per cent), individuals with a health condition (51.1 per cent) and those from an ethnic minority background (66.7 per cent). Amongst households with children aged 17 or under, 54.6 per cent ($n = 53$) felt too

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embarrassed to ask for help. Given the deeply personal nature of household and personal hygiene, we suggest that significant embarrassment is likely to attach to seeking help in this area over and above seeking help with other social goods.

Discussion and conclusions

In this brief concluding section, some substantive comment based both on the original research reported here and in the literature drawn upon earlier will be offered before some of the main findings are recapped.

Whilst the study reported on here is limited both in terms of sample size and to one jurisdiction, it nevertheless represents foundational research into hygiene poverty in an Irish context and thus taking the whole of what has been presented together and considering in light of the literature that has been reviewed, some substantive points for further consideration and discussion do emerge. The first of these was addressed earlier in the brief section on terminology and suggests that a deprivation approach to understanding hygiene-related needs might allow the concept of 'hygiene poverty' to be deployed more usefully. In this respect, our suggestion intersects with the practice of measuring deprivation to suggest that what is measured through featuring on the deprivation index is of crucial importance. This broadly reflects a common theme on variation in the literature on poverty measurement and definition and on whether it is more fruitful to measure and talk about access to material resources, such as income, or outcomes in the context of living standards and activities (Lister, 2021; Nolan and Whelan, 1996). Ireland as the jurisdiction in which the study has taken place measures for both, but does not currently denote access to personal or household hygiene products as an item on the deprivation index, which includes persons living in households that cannot afford, experience or otherwise have access to two of the following eleven items:

- Two pairs of strong shoes
- A warm waterproof overcoat
- New (not second-hand) clothes
- A meal with meat, chicken, fish (or vegetarian equivalent) every second day
- A roast joint or its equivalent once a week
- Home heating during the last year
- Fuel to keep the home adequately warm
- Presents for family or friends at least once a year
- Replacement for worn out furniture
- Drinks or a meal for family or friends once a month
- A morning, afternoon or evening of entertainment once a fortnight

The material deprivation indicators at EU level differ and encapsulate persons living in households that cannot afford, experience or otherwise have access to at least three of the following nine items:

- Avoiding arrears (in mortgage or rent, utility bills or hire purchase instalments)
- To keep their home adequately warm
- To face unexpected expenses

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- A meal with meat, chicken, fish or vegetarian equivalent every second day
- One-week annual holiday away from home
- A colour TV
- A washing machine
- A car
- A telephone

(See Maître and Privalko, 2021 for more on deprivation indicators)

Whilst the EU list is arguably more expansive, like the Irish indicators, it does not include access to personal hygiene items or household cleaning products. However, it does mention having access to a washing machine, which is arguably crucial in the context of meeting hygiene needs. Though not currently counted as an aspect of deprivation, hygiene-related needs are much more likely to be captured in the deprivation space. This is because if access to hygiene items, both household and personal, was featured as part of the deprivation index, it would ultimately represent cohorts both at risk of poverty and not. This would allow for a fulsome picture of the extent of hygiene deprivation to emerge. In this way, the research documented in this report suggests that hygiene-related needs should be placed in the context of deprivation as something which, whilst not fully reducible to income poverty, may be an important outcome of it. Viewed as an aspect of deprivation, experiences of having unmet hygiene-related needs would intersect with those who are at risk of income poverty and those who are not at risk of income poverty but experiencing significant deprivation nonetheless. This matters as an aspect of definition and conceptualisation which must ultimately come before measurement, which is necessarily a 'narrow business' that leaves much out (Lister, 2021). A corollary to this might suggest that a move towards ensuring forms of epistemic justice would also mean including understandings of poverty which derive from qualitative and participatory approaches (Whelan and Albarran, 2023; Whelan, 2023, 2024, 2025, forthcoming). Whilst noting that the EU-SILC scale – and other similar scales – are based on the socially defined necessities approach wherein the necessities were derived from largescale surveys of what the public at large regards as necessary, the research team nevertheless recommends that access to personal hygiene and household cleaning items could be included as a deprivation indicator to best capture the breadth and depth of hygiene-related deprivation across income groups to steer policy responses.

The second and final area for substantive consideration and one of the things that emerged strongly from the research was evidence of there being a hierarchy of need within households and within which people must make decisions about what they prioritise in part on the basis of the monetary resources available to them. This hierarchy went across low-income groups and groups with nominally high incomes, and there was strong evidence of this in the survey results, which showed that the top three reasons respondents reported for being unable to afford hygiene essentials correlated strongly with the purchase of other goods and services, including gas or electricity bills (70.5 per cent), less disposable income (58.6 per cent) and spending more on food (52.9 per cent). The survey data also show that the most frequent expenses people tend to cut down on to afford hygiene-related needs were social occasions or events (72.7 per cent), followed closely by the respondents' own leisure

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activities or hobbies (69.2 per cent), meaning that where respondents choose to prioritise hygiene needs, aspects of their social lives or lives outside of the household often suffered. This practice of withdrawing from social contexts speaks strongly to social exclusion as arising through needing to meet basic hygiene needs in a tight budgetary context. Moreover, this point is important as it illustrates the consequences and effects of hygiene-related deprivation beyond immediate considerations of personal and household cleanliness.

Recapping, our research has sought to lend additional understanding to the lived experience of poverty generally by exploring one of its many and often hidden dimensions in the form of hygiene-related deprivation. As a discrete form of poverty, the inability to afford basic hygiene essentials is impacting an increasing number of households, and our findings contribute to unpacking the complex nature of poverty to examine how hygiene poverty is often precursor to other forms of material deprivation. Dissecting the different aspects of poverty uncovers how difficult household spending decisions are made. Whilst some of these decisions are relatively well understood, hygiene poverty is often a hidden aspect within wider experiences of food and energy poverty.

This study reports that 65.1 per cent of our respondents had personally experienced difficulty affording essential hygiene items in the previous 12 months and provides a foundational assessment of incidence, risk factors and impacts of hygiene poverty. Whilst limited, our study nevertheless suggests that difficulty affording personal and household hygiene needs cuts across different social groups and can affect people with a wide range of income levels at all life course stages.

Whilst hygiene poverty was shown to affect persons at all income levels within the sample, there was nevertheless a strong link between income inadequacy and levels of hygiene poverty. The majority of our respondents were active in the labour market, yet employment was clearly not always a sufficient insulation, with some degree of difficulty across all income bands. Unsurprisingly, those who were not currently working and who were reliant on social welfare supports reported the highest rates of unaffordability of individual hygiene items and were most likely to report cutting back to afford essentials. Reflecting gendered differences in employed persons, women were more likely than men to experience hygiene-related challenges. Insecure housing and the presence of children in the household were further strong indicators of difficulties affording hygiene items. Notably, those who identified as having a disability or health condition within the sample consistently reported difficulties meeting their hygiene-related needs. A high level of respondents reported negative impacts on their physical and mental health as a result of not being able to afford basic hygiene essentials.

Ultimately, this study has reported the descriptive findings of a survey on experiences of hygiene poverty in Ireland. Whilst not directly comparable in a statistical sense, our findings were broadly thematically similar to the findings presented in the 2022 report by *The Hygiene Bank UK*, and found that younger people, having a disability and coming from an ethnic minority were associated with the incidence of hygiene poverty. Furthermore, low incomes, insecure housing and the presence of children in the household all correlated with experiences of hygiene poverty, as was the case in the study conducted by Gunstone et al (2022).

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