Hygiene Inequalities in Ireland: An Analysis of Secondary Data

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List of Abbreviations

CSO	Central Statistics Office
ECOICOP	European Classification of Individual Consumption according to Purpose
HBS	Household Budget Survey
HICP	Harmonised Index of Consumer Prices
MESL	Minimum Essential Standard of Living
SILC	Survey of Income and Living Conditions

1. Background and Context

1.1 Poverty and Deprivation in Ireland

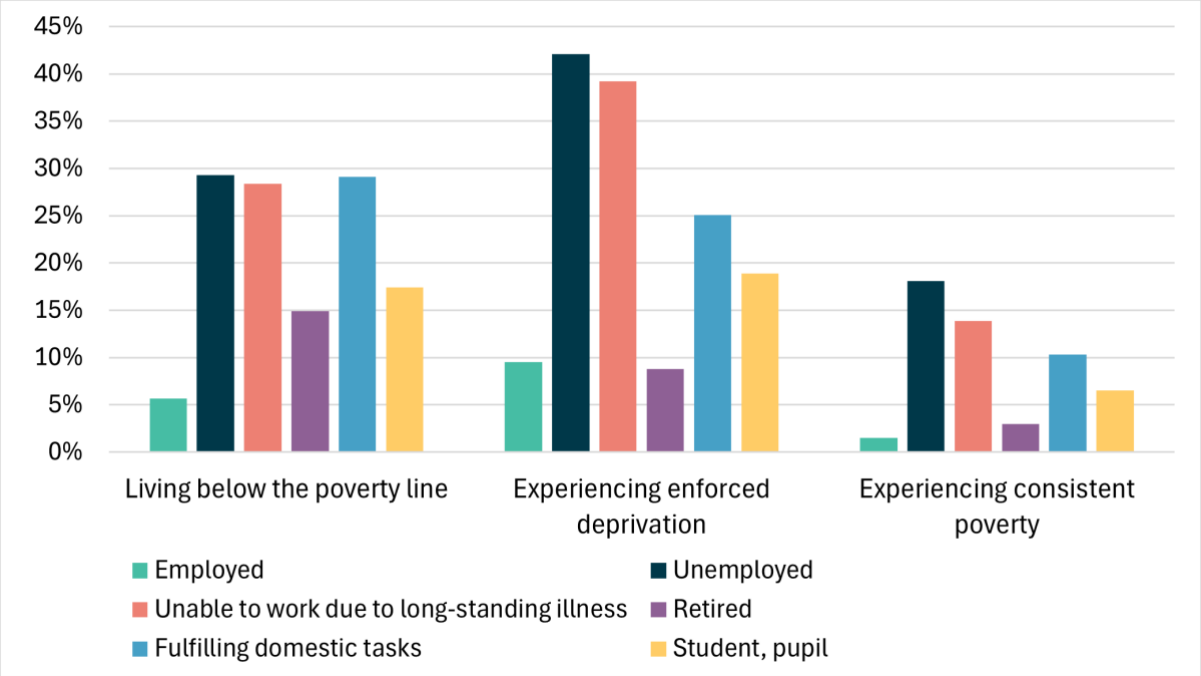
"Hygiene poverty" refers to the inability to afford items such as cleaning or laundry products, soap, toiletries, and period products. Inadequate access to hygiene products has a substantial impact on health status, as poor hygiene increases the risk of various infections (e.g. Aiello et al., 2008; Al-Sakkaf et al., 2020; World Health Organization & WHO Patient Safety, 2009). In addition, lack of access to hygiene products can result in shame and embarrassment, leading to withdrawal from family and friends and increased loneliness and social isolation (Gunstone et al., 2022).

With the continuing "cost of living crisis" in Ireland, poverty and deprivation remain central topics across society, including the affordability of essentials such as hygiene products. In 2025, 13% of the Irish population was living below the poverty line, increasing from 12% in 2024 and 11% in 2023 (Central Statistics Office [CSO], 2025d). While these figures are based on income, other measures attempt to quantify poverty based upon a person's material living conditions. "Enforced deprivation" refers to an inability to purchase the minimum goods and services deemed necessary for an acceptable standard of living and participation in society. The CSO defines this as being unable to afford at least two of 11 minimum essential items, which include, for example, two pairs of properly fitting shoes in good condition and suitable for daily activities; a warm waterproof coat; a morning, afternoon or evening out every fortnight; and presents for family or friends at least once a year. In 2025, 15% of the population experienced enforced deprivation (CSO, 2023c). Almost 5% lived in "consistent poverty", meaning that they both experienced enforced deprivation and lived under the poverty line (CSO, 2025d).

Some groups face a higher risk of poverty and deprivation. People who are unemployed or unable to work due to long-lasting health problems experience the highest rates of both (Figure 1). Among people who are unable to work, 28% live below the poverty line, 39% experience enforced deprivation, and 14% experience consistent poverty (CSO, 2026c). Additionally, 50% reported being

unable to afford a one-week holiday away from home, almost one in four could not afford new clothes, and almost one in five went without heating at some stage in the last year (CSO, 2026e).

Figure 1. Rates of poverty and deprivation by principal economic status



Importantly, people with a disability or chronic illness face additional costs that are not considered in standard poverty and deprivation measures. The Disability Federation of Ireland (2026) estimates that this "cost of disability" ranges from €10,766 to €15,221 per year. When these costs are factored in, people who are unable to work due to health problems are estimated to face much higher rates of poverty: in 2024, 65% to 76% lived below the poverty line, compared to the official rate of 33%.

1.2 Hygiene Poverty in Ireland

Notably, international research demonstrates that hygiene poverty is also more prevalent among certain groups. In one UK study, 6% of the general population was found to experience hygiene poverty (Gunstone et al., 2022). Among people who are "limited a lot" (p. 15) by disabilities and long-term health problems, this figure rose to 21%. Even among those with less limiting disabilities or health

conditions, the rate of hygiene poverty was higher than among the general population, at 8%.

In Ireland, similar research is very limited but suggests a high prevalence of hygiene poverty across the population. In the 2022 Healthy Ireland survey of a nationally representative sample of 7,455 people, 24% of eligible respondents had experienced indicators of period poverty and 6% reported having problems with buying enough hygiene products in the past year due to their cost (Healthy Ireland, 2022). However, this was a once-off focus only included in the 2022 research. In a more recent survey of 258 participants conducted by the Hygiene Hub, 65% of respondents experienced difficulties affording essential hygiene products in the last 12 months. Among respondents with a disability or health condition, this figure rose to 80% (Whelan & Greene, 2023). Importantly, these findings cannot be generalised to the wider population of Ireland as the survey sample was not representative.

To our knowledge, no published research has attempted to use existing datasets to assess the extent of hygiene poverty in Ireland. Several national datasets monitor spending, living conditions, and poverty among the Irish population. A position paper from the Government of Ireland (2021) noted that the available data and research did not allow for quantifying the prevalence of period poverty specifically. However, this paper focused on access to period products, rather than hygiene products more broadly. In addition, progress in this area may have been made in the five years since the paper recommended improved data collection. As such, the extent to which current data allow for examination of hygiene poverty in Ireland is unknown.

1.3 Current Research

The present research involves a secondary, exploratory analysis of existing Irish datasets relevant to hygiene poverty. This will attempt to assess the prevalence of hygiene poverty in Ireland, with an additional focus, if possible, on people with disabilities. Through this, the research will also establish the extent to which existing datasets allow for assessing hygiene poverty, both across society and

among specific populations. Since no existing research has used secondary datasets for this purpose, at present, it is unclear whether data collection in Ireland adequately attends to hygiene poverty.

The secondary data analysis, therefore seeks to address two overall questions:

1. What, if anything, do existing datasets tell us about hygiene poverty in Ireland, among both the general population and specifically people with disabilities?
2. How can current data collection be enhanced to give better insight into the scale of hygiene poverty in Ireland and who it impacts?

2. Methodology

The core of the research consisted of an exploratory analysis of secondary data. As no specific dataset dedicated to hygiene poverty exists in Ireland, this analysis involved a range of datasets concerning the cost of living, consumer behaviour, and expenditure. These data were sourced primarily through the Central Statistics Office as well as the Minimum Essential Standard of Living (MESL) from the Vincentian MESL Research Centre. The complete list of included datasets consisted of the following:

- Consumer Price Index (Harmonised Index of Consumer Prices), 2015 to 2025
- Household Budget Survey, 2015/16 and 2022/23
- Minimum Essential Standard of Living, 2023 and 2025

Additionally, the Survey on Income and Living Conditions (SILC) provided further context for the opening chapter but did not offer any specific insight into hygiene poverty. The Household Digital Consumer Behaviour section of the Information and Communications Technology Household Survey was analysed but ultimately not included in the report, due to the extent of missing data and concerns about accuracy.

2.1 Harmonised Index of Consumer Prices, 2015 to 2025

The Harmonised Index of Consumer Prices (HICP) is a measure of change in consumer prices, very similar to the Consumer Price Index but standardised across the European Union. The HICP is broken down by spending category, along with an overall figure for all included consumer items. For the purpose of this research, the HICP was analysed instead of the Consumer Price Index, due to the availability of very clear definitions of the expenditure categories in the HICP. Two expenditure categories[1] were selected for analysis: household cleaning and maintenance products (05.6.1.1) and other appliances, articles and products for personal care (13.1.2.0). Additionally, the index was rebased from 2025 to 2015 to assess changes

[1] These expenditure categories follow the European Classification of Individual Consumption according to Purpose (ECOICOP). The specific items included under categories 05.6.1.1 and 13.1.2.0 are outlined on the CSO website, at the following links: ECOICOP 05 and ECOICOP 13.

in the cost of hygiene products since 2015, aligning with the dates of the Household Budget Survey (HBS).

2.2 Household Budget Survey, 2015/16 and 2022/23

The HBS is a nationwide survey of income and expenditure among Irish households and is used as a basis for updating the weighting of the Consumer Price Index. The survey is conducted periodically, with the most recent iterations occurring in 2015/16 and 2022/23[2]. The 2022/23 HBS included three spending categories relevant to hygiene: household cleaning products and non-durable small household articles; toiletries and related products; and hair and cosmetic products. In contrast, the 2015/16 survey instead grouped hygiene products into 10 distinct categories, complicating direct comparisons between the two datasets. As such, prior to analysis, the 2015/16 expenditure categories were reorganised in alignment with the 2022/23 categories, based upon their descriptions (Table 1).

Table 1. Recategorisation of 2015/16 Household Budget Survey spending categories

2015/16 Spending Category	**2022/23 Spending Category**
06.01 Detergents, washing up liquid and washing powder	06.01 Household cleaning products and non-durable small household articles
06.02 Disinfectants, polishes and other cleaning materials	
06.03 Non-durable small household articles	
06.04 Toilet paper	
06.05 Toiletries - disposable (e.g. toothpaste)	06.02 Toiletries and related products
06.06 Toilet soap, liquid soap, shower gel, etc.	
06.07 Toilet requisites (e.g. toothbrush and comb)	
06.10 Baby toiletries/accessories (e.g. nappies)	
06.08 Hair products	06.03 Hair and cosmetic products
06.09 Cosmetics and related accessories	

[2] The CSO (2024e) has announced that the HBS would be published annually from 2025 onwards, but at the time of writing, the 2022/23 dataset remains the most recent available.

Data from the HBS were analysed to assess changes in hygiene spending between the two waves of the survey, as well as demographic trends in the more recent iteration. The 2022/23 survey data are broken down according to several demographic variables: principal economic status of the chief income earner, region of Ireland, type of area (rural, with a population of 1,499 or less; and urban, with a population of 1,500 or more), household composition and size, disposable income (gross income less income tax and social insurance deductions), and housing tenure type. Each of these variables was analysed, with a selection presented within this report.

In particular, analyses of household size and composition are excluded from the report due to their limited utility. Households are disaggregated by size into one-, two-, three- and four-person (or larger) households, and by composition into "One adult", "Two adults", "Three or more adults", and "Households with children" categories. Neither of these classifications is detailed enough to provide relevant insights into their hygiene spending, as they do not specify, for example, the number or ages of the children or the economic statuses of the adults.

Spending on hygiene products was explored as a percentage of each demographic group's total expenditure.

2.3 Minimum Essential Standard of Living, 2023 and 2025

The MESL (Thornton et al., 2025b) attempts to establish the income required by various types of households to maintain an acceptable minimum standard of living. This is calculated by pricing the products deemed as necessary for this minimum standard, based on consultations with members of the public. Known as the Consensual Budget Standards approach, the consultation involves a series of focus groups with participants from rural and urban areas and across various household types. Participants are asked to consider the needs of a case study family or individual (rather than their own needs) to reach a consensus on what exactly is considered essential, with support from the researchers and expert input. The items are repriced annually to account for inflation, and the entire basket is

reviewed every few years through this Consensual Budget Standards approach, with items potentially added or removed following these reviews.

Separate MESL budgets are devised for rural and urban households, as well as for different types of households, in accordance with the number of adults and children and the ages of any children. These household types include two-parent households with one to four children; one-parent households with one or two children; single adults of working age; couples of working ages; retired single adults; and retired couples. These categories account for 85% of households in Ireland (by type), with the remaining 15% not included, such as households with more than two adults or more than four children. Importantly, this figure of 85% is based on household composition alone and does not consider to the representativeness of the MESL with regards to other variables, such as disability status, ethnicity, nationality, gender, and so forth. The MESL also does not appear to account for additional costs that may arise due to disabilities or health conditions.

The essential products included in the MESL basket are grouped into 14 categories: food, clothing, personal care, health, household goods, household services, communications, social inclusion and participation, education, transport, household energy, personal costs, insurance, and savings and contingencies. Housing and childcare costs are not included. Within this research, we focus on the "personal care" spending category, which "includes all the personal hygiene and grooming items, and services required, at a minimum level; from toothpaste and shampoo to cosmetics and haircuts" (McEvoy et al., 2020, p. 13). Where comparisons are drawn between the MESL and HBS, the 2023 MESL is used to align with the dates of the 2022/23 HBS, and the MESL "personal care" spending category is compared with HBS spending categories 06.02 (toiletries and related products) and 06.03 (hair and cosmetic products). Category 06.01 (household cleaning products and non-durable small household articles) is excluded from these comparisons as, within the MESL, these are captured within a much broader "household goods" category, which also includes items such as furniture, stationery, and kitchen equipment. Separating out the specific cost of cleaning products is not possible within this breakdown.

It is important to note that, in contrast with the HBS and HICP, the MESL is not managed by the Government or a public agency, but by the Vincentian Partnership for Social Justice, a charity and campaign group. As such, the nature, purpose, and typical usage of MESL data are inherently different to that of the HBS and HICP.

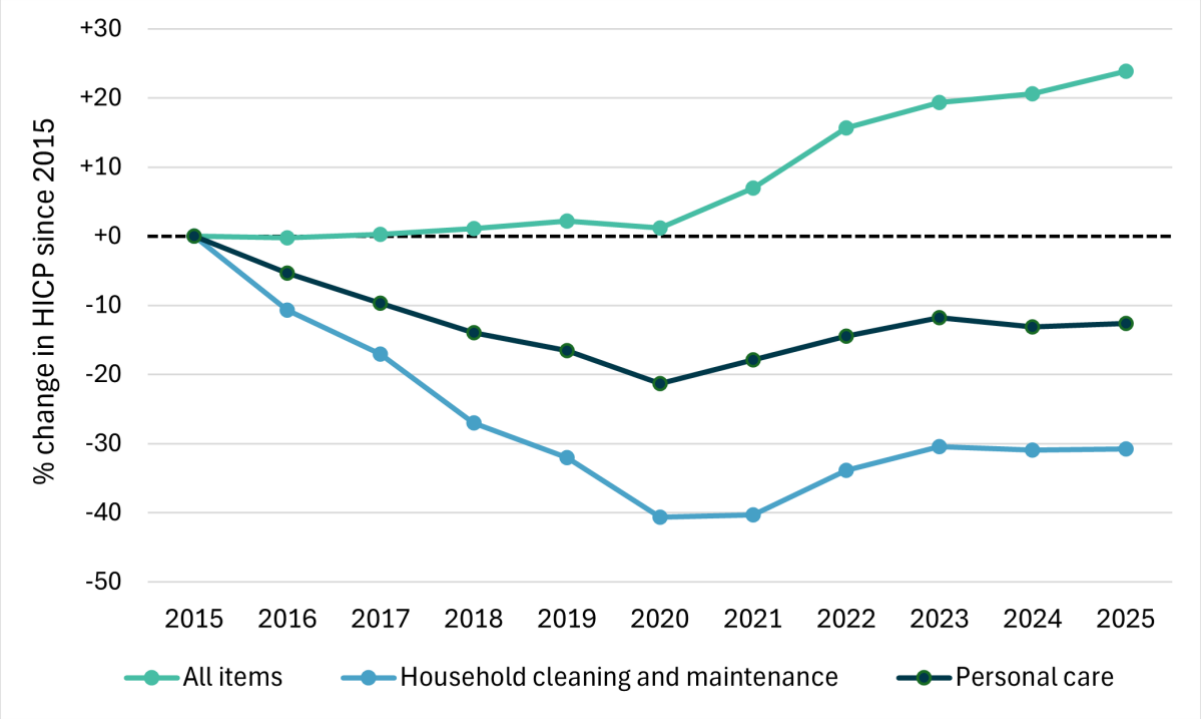
3. Results and Discussion

This section presents an overview and discussion of the findings of the secondary data analysis. Results are discussed in the context of the two key research questions, addressing both the insights they provide into hygiene poverty in Ireland and any limitations of the datasets for drawing such conclusions.

3.1 Harmonised Index of Consumer Prices

Analysis of the HICP shows that prices of hygiene products have decreased between 2015 and 2025, despite an overall increase in broader consumer prices (Figure 2; CSO, 2026b). Since 2015, household cleaning products and personal care products have decreased in price by 31% and 13% respectively, while overall consumer prices increased by 24%. Notably, this decline took place prior to 2020, with prices rising since then but remaining substantially below 2015 levels.

Figure 2. Change in hygiene product prices and consumer prices from December 2015 to December 2025



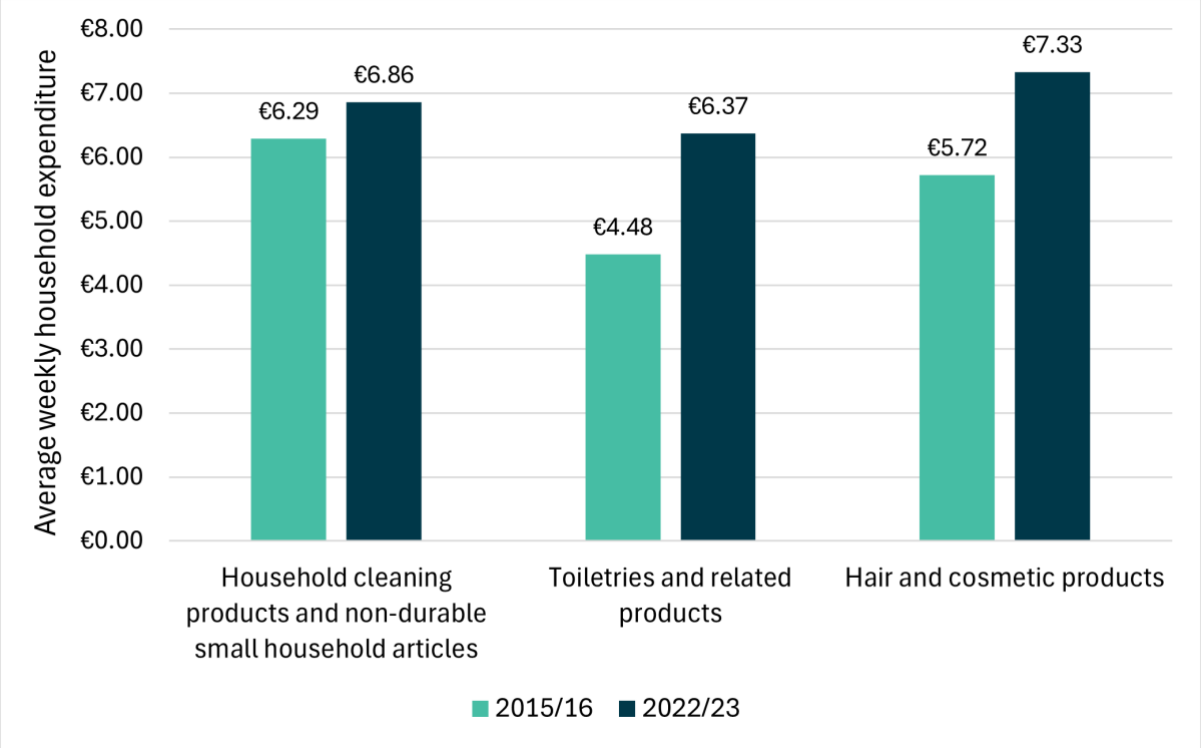
3.2 Household Budget Survey

The HBS data were analysed, firstly, to compare spending on hygiene products between 2015/16 and 2022/23; and secondly, to draw comparisons across different demographic groups participating in the 2022/23 survey.

3.2.1 Change in Expenditure Between 2015/16 and 2022/23

Firstly, data from the 2015/16 and 2022/23 HBS were compared to assess changes in spending on hygiene products over time (CSO, 2020; CSO, 2024a). Contrary to the HICP, this comparison revealed that household hygiene expenditure has increased between 2015/16 and 2022/23 (Figure 3). The greatest increase occurred in spending on toiletries, with households spending 42% more in 2022/23 than in 2015/16. This was followed by a 28% increase in hair and cosmetics and a 9% increase in household cleaning products. In total, spending across all hygiene products increased by 25%.

Figure 3. Comparison of hygiene expenditure across the 2015/16 and 2022/23 Household Budget Survey



This is notable, as the decrease in the HICP for these items should, in theory, result in lower expenditure on hygiene products. With prices decreasing, this increase in spending may be explained by changes in quantities, brands, or types of products

purchased. For example, the COVID-19 pandemic may have led to an enduring increase in purchases of hygiene and cleaning products. EU research suggests that consumers continue to value hygiene and cleanliness to the same extent as in 2020 (AISE, 2025), with social media trends potentially adding to this effect (Gay & Gordon, 2019; McArdle, 2024). Social media have also contributed to a boom in the beauty industry, including the sales of skin care products, make-up, and fragrances (Dufosse, 2026). Globally, sale of grooming products has also increased among men (Roy Morgan, 2025; Mintel, 2024). Rates of skin conditions are rising internationally, such as eczema (Langan et al., 2023) and psoriasis (Gu et al., 2025), which can require heavy use of skincare products to manage. Growing interest in environmentalism and climate action may also play a role, as consumers across the globe state that they are willing to pay more for sustainable products (Deloitte Center for Integrated Research, 2025). However, as the HBS datasets do not include information on the volume or brands of purchases, or detailed breakdowns of spending per product type, it is not possible to establish the extent to which these factors account for the increase in hygiene spending in Ireland.

3.2.2 Demographic Trends and Differences in 2022/23

Data from the 2022/23 HBS were further analysed to explore demographic differences in spending on hygiene products. These analyses look at the percentage of total household expenditure that was spent on hygiene products.

Rural and Urban Households

In the 2022/23 HBS, rural households spent a greater proportion of their expenditure on hygiene products than urban households, with the greatest disparity existing in relation to household cleaning products (Figures[3] 4a and 4b; CSO, 2024a).

[3] In these and subsequent figures, "Household cleaning products and related articles" represents the spending category officially titled "Household cleaning products and non-durable small household articles". This is done for aesthetic purposes.

Figure 4a. Relative hygiene spending in HBS 2022/23: rural and urban

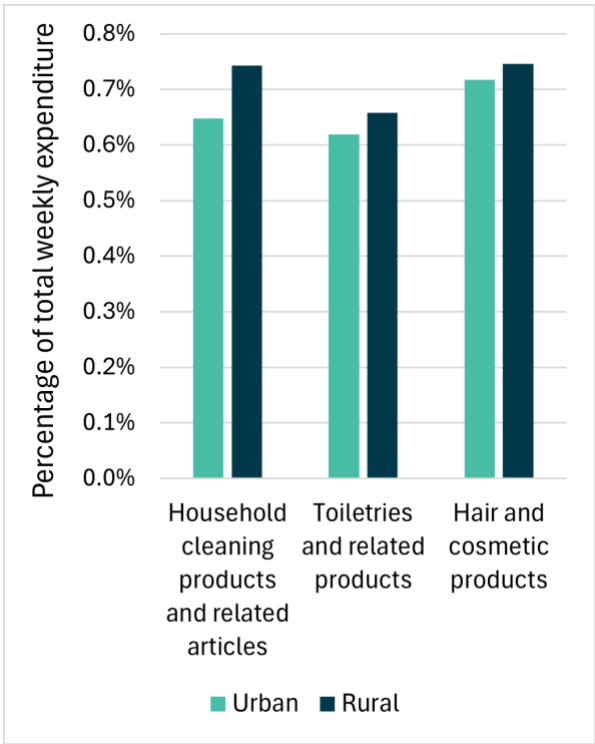
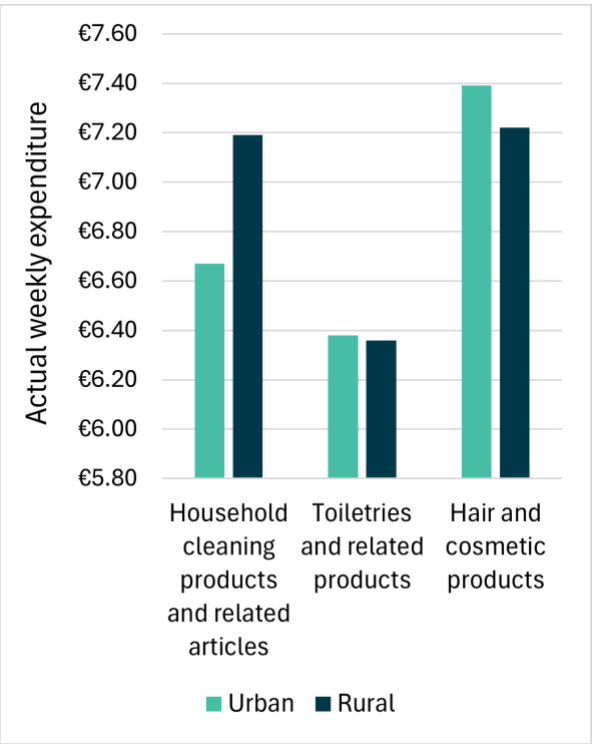


Figure 4b. Actual hygiene spending in HBS 2022/23: rural and urban



The causes of differences in spending across categories of hygiene products are unclear and may be varied. For example, rural households may have more restricted options for retailers and therefore less competitive prices, and potentially need to purchase products online, with shipping fees inflating the cost (Schiffling et al., 2014; Rundel et al., 2024). Further to this, online retailers sometimes offer free shipping if a specified minimum value of products is purchased, which has been found to result in higher spending (Chen & Ngwe, 2018). Rural houses may also be larger and therefore require higher volumes of cleaning products. Of all home types, detached houses have the largest average floor area (CSO, 2026a) and constitute 85% of rural households (CSO, 2026f). Differences in incomes and poverty levels may also be a contributing factor; the rural households participating in the survey may have lower disposable incomes and therefore spend a larger proportion of their income on essentials, such as hygiene products. However, data on deprivation and income in Ireland reveals that rural areas are not consistently more deprived than urban areas and much depends on the specific location (CSO, 2019; CSO, 2025a). Assessing the impact of these variables on differences between

rural and urban households is not possible using HSB data, which lacks insight into intersecting demographic characteristics, such as a breakdown of rural and urban households by region of Ireland or income.

Housing Tenure Type

Households with a mortgage spent relatively less on cleaning products and toiletries than other tenure types but were similar in spending on hair and cosmetics (Figures 5a and 5b; CSO, 2024b). Renters spent relatively more on toiletries than homeowners.

Figure 5a. Relative hygiene spending in HBS 2022/23: housing tenure type

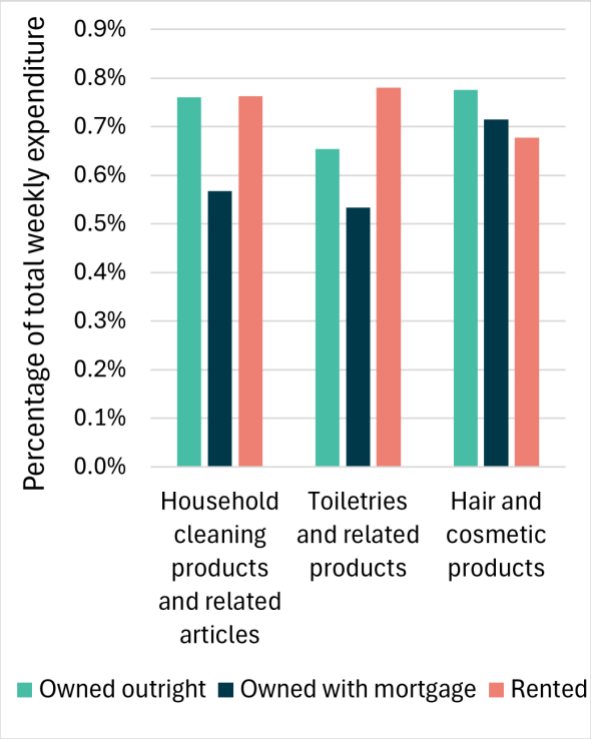
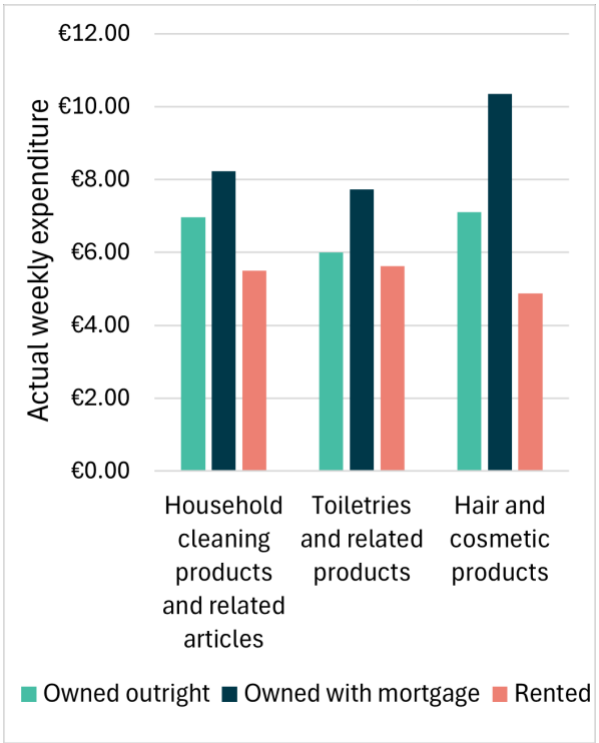


Figure 5b. Actual hygiene spending in HBS 2022/23: housing tenure type



The breakdown of tenure type into only three, general categories is a major shortcoming of this dataset, significantly limiting the conclusions that can be drawn on its basis. For example, the "rented" category includes both those who pay rent and those living rent-free even though the material and financial conditions of these two groups are likely to differ substantially. Furthermore, the type of rental accommodation, for example, private or local authority housing, is not differentiated. People living in temporary accommodation, such as Direct Provision or homeless accommodation, are also not accounted for. These data can

hence only provide a surface-level insight into hygiene expenditure across different types of housing tenure, lacking crucial detail and nuance.

Disposable Income Quintile

Households in the 1st disposable income quintile[4] spent more of their expenditure than others on household cleaning products, but less on hair and cosmetic products (Figures 6a and 6b; CSO, 2024c). As disposable income increases, the proportion of spending accounted for by household cleaning products generally decreases, while spending on hair and cosmetics generally increases. This may be due to cleaning products being seen as more essential and therefore prioritised by households with restricted incomes, while hair and cosmetics are perceived as more luxury purchases.

Figure 6a. Relative hygiene spending in HBS 2022/23: disposable income quintile

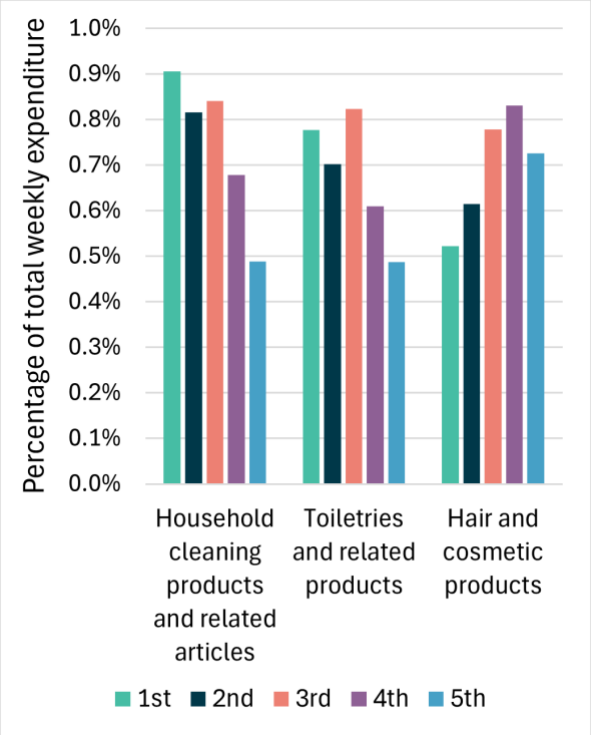
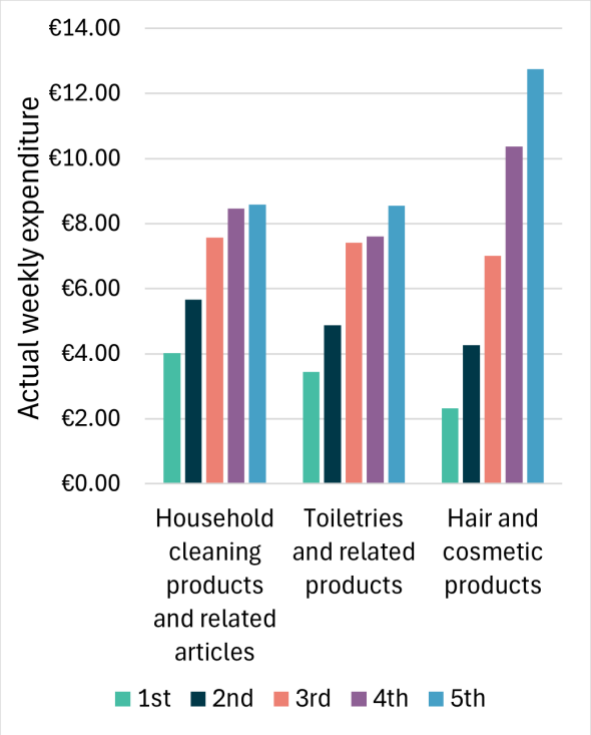


Figure 6b. Actual hygiene spending in HBS 2022/23: disposable income quintile



Furthermore, households in the 5th quintile spent relatively less than others on cleaning products and toiletries. They also spent relatively less on hair and cosmetics than households in the 3rd and 4th quintile, in contrast to the general

[4] The income quintiles used in the HBS are defined as: less than €536.71; €536.72 to €891.84; €891.85 to €1,285.80; €1,285.81 to €1,836.00; and more than €1,836.00 per week.

trend of spending in this area increasing with disposable income.

This exception to the trend may arise out of varying perceptions of the value of time and money across disposable income brackets. For example, people with lower incomes are more willing to spend time repairing items, rather than purchasing a new replacement item (McCollough, 2006). On the contrary, people with higher incomes are more likely to purchase a new item instead, feeling that saving on the cost of a new item does not warrant the time the repair will take. In other words, people with lower incomes prefer to spend time to save money, while people with higher incomes prefer to spend money to save time. Accordingly, people with higher incomes may be more likely to purchase services over goods to save time on carrying out the task themselves. In the context of hygiene products, households with higher disposable incomes may be more likely to purchase cleaning, hair, and cosmetic services. As a result, they may have less need to use and buy the relevant products, reducing their spending on the purchase of goods in these areas. HBS data on service spending support this, as households in the 5th income quintile spent an average of €16.42 per week on care, domestic, and household services (CSO, 2024c). This is substantially higher than even the 4th income quintile, which spent €4.58 on these services on average.

Principal Economic Status

Households where the chief income earner is retired or otherwise not employed spent more of their expenditure on household cleaning products than households with employed chief income earners (Figures 7a and 7b; CSO, 2024d).

Figure 7a. Relative hygiene spending in HBS 2022/23: economic status

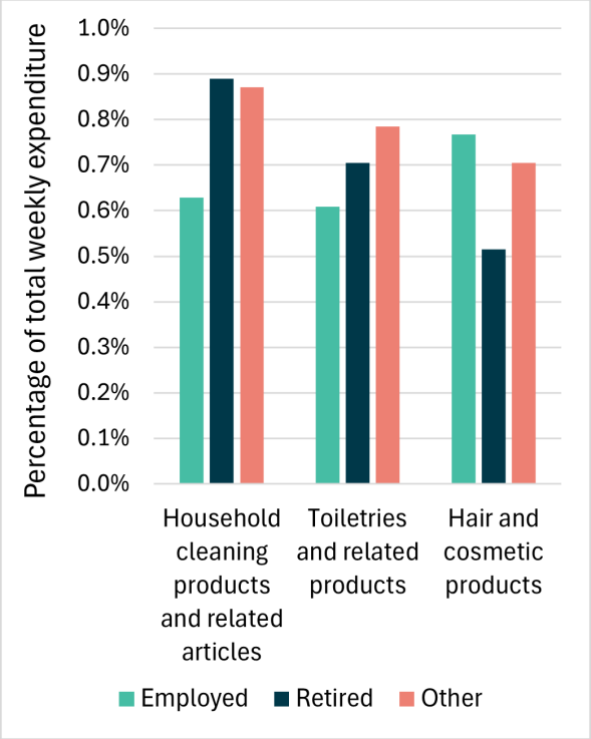
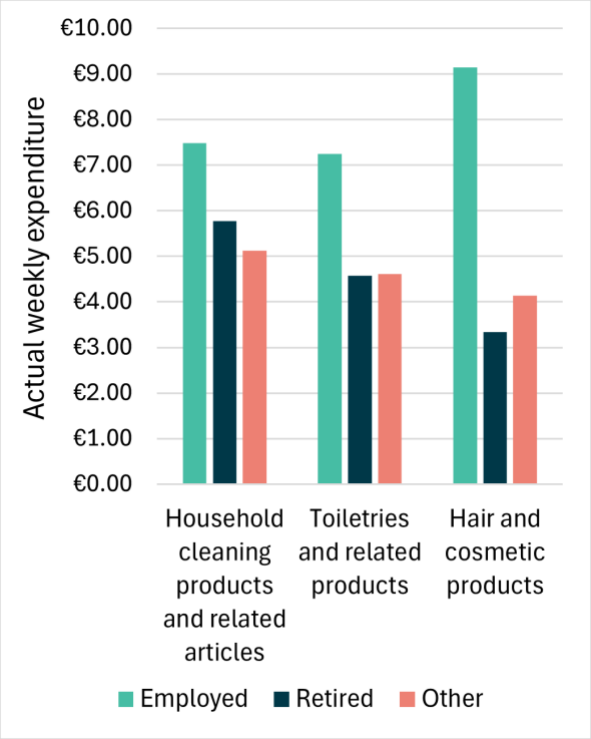


Figure 7b. Actual hygiene spending in HBS 2022/23: economic status



This may reflect spending patterns among lower disposable income quintiles, as people who are retired or otherwise not employed are likely to have lower incomes than those who are employed.

Within the HBS, households' principal economic status is based upon the "reference person", that is, the person who contributes the most to the household's income[5]. Only their principal economic status is therefore reflected in the data. This is a significant limitation of this dataset as it does not account for the number of other people in the household and their circumstances. A further limitation is the combining of full- and part-time employed people into one "employed" category, and the grouping of anyone who is not retired or employed into one "other" category, which includes, for example, people who are unable to work due to a disability, carers, and students. These categorisations group together households with potentially vastly different economic circumstances, losing much of the nuance necessary to adequately analyse their spending habits. Given these

[5] This is a new definition introduced within the 2022/23 HBS. In the 2015/16 HBS, the "reference person" was defined as the person in whose name accommodation was owned or rented. Where this was joint, the household member with the highest income was taken as the reference person.

shortcomings, comparisons of spending across different economic statuses are inherently very limited in the insights they can provide.

3.2.3 Limitations of the Household Budget Survey

Our analysis reveals that the 2022/23 HBS comes with several limitations which substantially inhibit its utility in examining hygiene poverty in Ireland. Firstly, as discussed, several of the demographic characteristics included in the HBS datasets are disaggregated in a manner that does not allow for detailed, nuanced analysis. This includes data on household size, household composition, housing tenure type, and principal economic status. Many of the demographic categories are too broad and all-encompassing to clearly establish similarities and differences in spending between various groups, and, crucially, the potential reasons for any differences.

Secondly, certain important demographic characteristics are omitted entirely from the 2022/23 HBS datasets. Particularly relevant to this research is the lack of data on people with disabilities, for example, how many people with disabilities are present in a household and their ages, economic statuses, and types of disabilities. Similarly, no data on the presence of carers in the surveyed households is available.

The inability to disaggregate data by multiple demographic characteristics is a further challenge, as it makes it difficult to establish why differences in spending arise. For example, without data on the income levels of rural and urban households, it is impossible to assess whether differences in their spending are due to rural households generally having a lower income, or whether there is something inherent to living in a rural area that results in higher hygiene spending, regardless of income levels.

Lastly, and importantly, information on the sample of households participating in the 2022/23 HBS is not publicly available. A total of 1,737 households took part in the survey, but this sample is not broken down in any manner. It is unknown, for example, how many of these households lived in rural and urban areas; how many were renting, owned outright, or had a mortgage; how many include children; and so forth.

These shortcomings also influence the conclusions that can be drawn by comparing personal care spending in the 2022/23 HBS with the 2023 personal care MESL. These comparisons are nonetheless made and the findings presented within Section 3.3.2, but the above limitations are important to consider in interpreting these findings.

3.3 Minimum Essential Standard of Living

MESL reports were analysed to explore data on general and personal care costs in 2025 and compare benchmark MESL costs in 2023 with actual spending in the 2022/23 HBS.

3.3.1 Minimum Standards in 2025

In the five years up to March 2025, the cost of the overall MESL basket increased by 19% (Thornton et al., 2025b). This increase is attributed primarily to rising energy costs (up by 58% since 2020), followed by rising food prices (up by 20% since 2020). With regards to personal care specifically, minimum essential spending ranges from €10.34 to €37.52 per week, depending on household composition and location (Thornton et al., 2025a). Figures 8 and 9 depict minimum essential spending on personal care for all family types included in the MESL. In general, households with children (Figure 8) have a higher personal care MESL than those without children (Figure 9), with the cost increasing with the number of children. For families with children, the personal care MESL was higher in urban areas than in rural areas.

Among households without children, single working-age adults have a slightly lower personal care MESL than single older people. However, working-age couples have a 44% higher personal care MESL than older couples, and the reasons for this disparity are not clear from the supporting report (Thornton et al., 2025b). Additionally, the impact of location is less clear for households without children. For older households, the personal care MESL is the same in rural and urban areas. Among working-age households, single adults face a higher personal care MESL in urban areas, while working-age couples face a higher personal care MESL in rural areas.

Figure 8. Personal care weekly MESL among households with children, 2025

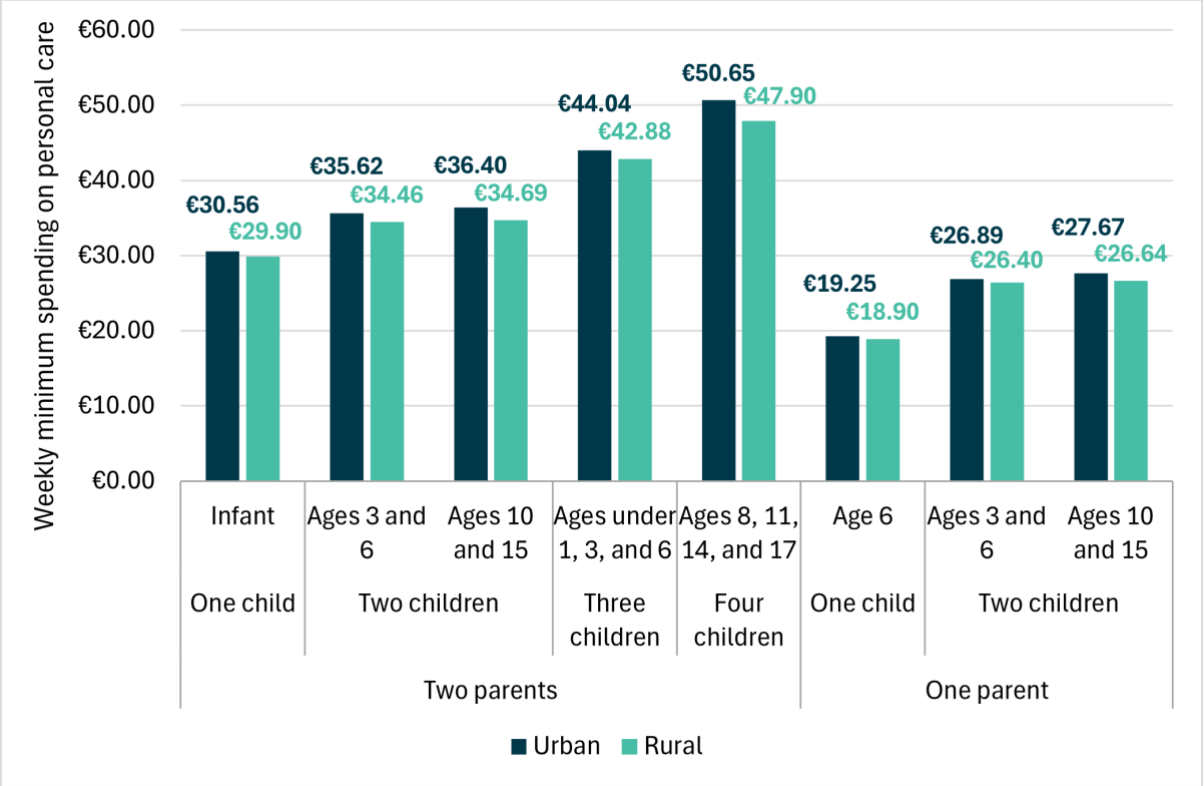


Figure 9. Personal care weekly MESL among households without children, 2025

3.3.2 Minimum Standards and Actual Spending in 2022/23

For the second set of analyses, the 2023 personal care MESL was compared with actual spending on personal care as per the 2022/23 HBS. The aim was to assess what types of households did and did not spend enough on personal care in 2022/23 to meet the minimum essential standard at the time. Table 2 shows the weekly personal care MESL in 2023 for all household types included in the MESL calculations, with which the HBS data are compared (Thornton et al., 2023b).

Table 2. Personal care MESL among different household types, 2023

Household type	Weekly personal care MESL (€)	
	Urban	Rural
Two parents with one child (infant, i.e. aged under 1)	27.54	27.54
Two parents with two children (ages 3 and 6)	21.54	21.54
Two parents with two children (ages 10 and 15)	26.82	26.82
Two parents with three children (ages under 1, 3, and 6)	32.95	32.95
Two parents with four children (ages 8, 11, 14, 17)	37.52	37.52
One parent with one child (age 6)	12.59	12.54
One parent with two children (ages 3 and 6)	14.37	14.32
One parent with two children (ages 10 and 15)	19.66	19.61
Single adult of working age, living alone, no children	10.65	10.34
Cohabiting couple of working age, no children	25.57	26.21
Older person living alone	12.29	12.29
Older couple	18.99	19.09

Rural and Urban Households

In 2022/23 (CSO, 2024a), the average rural household in Ireland spent €13.58 per week on personal care, while the average urban household spent €13.77 (not including cleaning products – see Section 2.3 for further detail). This met the MESL for only three household types: one parent with one child (€12.54-12.59), single adult of working age (€10.34-10.65), and older person living alone (€12.29).

As such, the average weekly household spending on personal care in 2022/23 only met the MESL for households consisting of, at most, one adult and one child. The average household was not spending enough on personal care to meet the minimum needs of any two-parent household (minimum €21.54), household with more than one child (minimum €14.32), or cohabiting couple without children (minimum €18.99). This is the case for both rural and urban households.

Housing Tenure Type

In 2022/23, the average rented household spent €10.50 per week on personal care; the average household owning their home with a mortgage spent €18.08; and the average household owning their home outright spent €13.09 (CSO, 2024b).

The average rented household was therefore not spending enough on personal care to meet the MESL for any urban household (minimum €10.65), only meeting the MESL for rural, single working adult households (€10.34). For households who own their home outright, average weekly spending on personal care only met the MESL for households consisting of, at most, one adult and one child. For households with a mortgage (who had the highest spending on personal care), the average weekly spending on personal care did not meet the MESL for any cohabiting couple, with or without children (minimum €21.54 and €18.99 respectively).

Disposable Income Quintile

In 2022/23, average weekly spending on personal care was €5.77 among the first disposable income quintile; €9.15 among the second income quintile; €14.42 among the third income quintile; €17.97 among the fourth income quintile; and €21.31 among the fifth income quintile (CSO, 2024c).

On average, households in the first and second disposable income quintile were not spending enough on personal care to meet the MESL for any household type. Surprisingly, even the fifth income quintile did not meet the MESL for any two-parent household (minimum €21.54).

Principal Economic Status

Among households where the chief income earner was employed, average weekly spending on personal care was €16.38 in 2022/23 (CSO, 2024d). Where the chief income earner was retired, this figure fell to €7.91, and among those with another principal economic status, average household spending on personal care was €8.75.

As such, average spending on personal care among people who are retired or otherwise not employed did not meet the personal care MESL for any urban or rural household. Among people who are employed, average spending met the MESL for single people and some one-parent families, but no cohabiting couples or two-parent families.

3.3.3 Limitations of the Minimum Essential Standard of Living

The primary limitation of the MESL comes from its limited representativeness and, consequently, compromised accuracy. The authors of the MESL acknowledge that their research excludes 15% of household types, as they only account for one or two-adult households with no more than four children (Thornton et al., 2025b). This excludes, for example, multi-family homes; house-shares with more than two adults; parents living with their adult children; two-parent families with more than four children; and one-parent families with more than two children.

Among these are household types facing some of the highest living costs, such as multi-family households and households with more than four children, which, by definition, house more people, necessitating higher spending. At the same time, incomes may be lower too. Maître et al. (2025) found that across the island of Ireland, families with three or more children and single-parent families face higher levels of poverty. In the 2025 SILC (CSO, 2026d), households categorised as "other households with children under 18 years" experienced some of the highest levels of poverty and deprivation: 25% lived below the poverty line, 26% experienced enforced deprivation, and 30% lived in consistent poverty. This category includes, among others, any household with children and more than two adults, and any household with more than three children (regardless of the number of adults), both of which are largely not accounted for in the MESL.

It is also clear from the MESL reports that this restricted conceptualisation of a household is becoming less representative with time. Previous reports noted that 90% of household types were covered (e.g. Thornton et al., 2023a), while the 2024 and 2025 reports covered only 85%, despite the included household types remaining the same. National datasets indicate that the types of households not covered within the MESL are becoming more common due to increasingly challenging economic conditions. In recent findings from the Growing Up in Ireland survey, 70% of the participating cohort of 7,870 25-year-olds were still living with their parents (CSO, 2025b). Among these, 62% were doing so primarily for financial reasons.

Further to this, while Thornton et al. (2025b) note that 15% of household *types* are not included in the MESL, this figure is based upon only two factors: the number and ages of the adults and children within the home. Other variables are not considered in this approximation, such as whether any household members have a disability or chronic illness. In fact, the MESL calculations appear to assume that all household members are non-disabled and in generally good health, as they do not include, for example, the costs of regular appointments with doctors and other health professionals; repeat medication; respite; assistive technology; mobility aids; adaptations to the home; and so on. This excludes a substantial minority of the Irish population, as in the 2022 Census, 22% of the population reported having a long-lasting health issue or disability (CSO, 2023a). The proportion of households represented in the MESL is thus likely to be lower than 85%, as households which include a disabled member are not accounted for.

Outside of the main, annual MESL reports, two once-off reports have extended the MESL to people with certain types of disabilities. MacMahon et al. (2022) found that caring for an adolescent with a profound intellectual disability increased a household's total MESL by €243.95 per week, or 48%. With regards to personal care spending specifically, the MESL more than doubled, from €21.26 to €45.07. In another report, a single person with a vision impairment was found to face a MESL €44.54 higher than a person without a vision impairment, or 18% (MacMahon & Moloney, 2017). Personal care costs were 40% higher, increasing from €13.04 to €18.28 per week. These reports evidence the extensive additional costs faced by

households with disabled members, consistently not accounted for in the main MESL. It is also important to highlight that both reports were published several years ago and therefore do not reflect the costs faced by disabled people at present, nor the costs faced by people with other types of disabilities.

Lastly, the methodology behind the MESL comes with some notable limitations. As explained in Section 2.3, the contents of the MESL basket are determined through consultations with members of the public. In the 2025 report, this involved 128 participants, combined with expert input in some areas (Thornton et al., 2025b). It is questionable whether a participant sample this small is capable of accurately assessing the minimum essential needs of the general population of Ireland, even with expert input. Though the aim is "to establish a social consensus on the goods and services necessary for a minimum acceptable standard of living" (p. 5), in reality, this is the consensus of a small group of people and may not necessarily represent the views and needs of the wider population. In addition, the recruitment and participant selection strategy is not described within the MESL report, and the participants' demographic characteristics are also not reported. As such, it is not possible to establish which groups are represented, and which key voices may be missing in the consultation process. This raises further questions about the accuracy of the MESL and its ability to truly capture the minimum essential needs of the 85% of the population which it purports to represent.

4. Conclusions and Recommendations

The present research addressed two broad areas. Firstly, we intended to use existing datasets to explore hygiene inequalities in Ireland, assessing the extent of hygiene poverty among both the general population and people with disabilities. Secondly, we sought to establish how current data collection can be improved to give better insight into hygiene poverty in Ireland, including who it impacts.

Overall, our research showed that existing datasets on poverty, deprivation, and expenditure do not allow for adequate exploration of the scale and distribution of hygiene poverty in Ireland. This is discussed in detail in subsequent sections, followed by a brief overview of the limited findings that can be drawn from the available data. Importantly, these findings concern hygiene poverty among the general population. No specific information on hygiene poverty among disabled people is included, as existing data do not allow for these analyses. The section concludes with a set of recommendations for improving and using existing data to better address questions on poverty and to facilitate better analyses in the future and more equitable policymaking.

4.1 Insights from Secondary Datasets

4.1.1 Limitations of the Data

Our analyses reveal that existing datasets provide little insight into the scale and distribution of hygiene poverty in Ireland. The SILC (CSO, 2025d) functions as a primary measure of poverty and deprivation in Ireland but does not address hygiene poverty in any capacity. The survey's measure of enforced deprivation attends to a range of purchases and services deemed essential for an acceptable standard of living and participation in Irish society (CSO, 2025b). Yet, adequate hygiene products are not included as one such essential.

The HICP (CSO, 2026b) tracks nationwide prices across various products and services and can be especially useful when drawing international comparisons. However, comparisons with HBS data (CSO, 2020; CSO, 2024a) indicate that the HICP does not reflect actual household expenditure on hygiene products.

According to the HICP, prices of household cleaning and personal care products decreased by 34% and 14% respectively between 2015 and 2022; in the same period, household spending on these products increased by 25% overall. Unfortunately, establishing the reasons for this discordance is not possible using either dataset as they lack the necessary detail to do so. As explained in Section 3.2.1, it is possible that the rise in household hygiene expenditure stems from changes in the quantity, brands, and types of products purchased; the HBS does not publish data on these areas, focusing only on the amounts spent on various broad categories of products.

The MESL (Thornton et al., 2025b) sets a benchmark for the minimum spending required to achieve an acceptable standard of living, across various areas. In theory, comparing MESL minimum spending with HBS actual spending could demonstrate whether – and which – households are not spending enough on hygiene products to meet a minimum essential standard. However, the utility of this comparison is heavily compromised by the limitations of both datasets. The MESL excludes at least 15% of household types, and likely more, if variables other than the number and age of household members are accounted. The MESL focus group methodology also raises some concerns (see Section 3.3.3). MESL benchmarks are therefore questionable in their accuracy and certainly not representative of all households.

Even if it is assumed that the MESL data are accurate, comparisons with HBS data remain limited due to the structuring of the HBS datasets. MESL data are broken down by household composition, with different household types having different benchmark minimum spending. These household types do not map directly onto those used in the HBS. Furthermore, HBS data can only be disaggregated by one variable at a time. For example, it is possible to look at average hygiene spending among rural and urban households overall, but not among specifically one-adult rural households, or a retired couple living in a rural rea, or urban households consisting of two parents and two children, and so forth. This may be due to the sample size of the HBS being too small, resulting in too few observations for these subcategories. One-to-one comparisons with the MESL, by household composition, are therefore not possible.

To navigate this challenge, in the present research, actual spending as per the HBS was compared with the MESL benchmarks for all household types. Yet, even with this workaround the comparison provides little insight, as HBS data do not provide the necessary context needed to interpret these comparisons or, in fact, any findings derived from these datasets. Again, the inability to break down data by multiple demographic variables simultaneously is a significant challenge. In addition, no information is provided about the overall sample, such as the number of rural and urban households participating, a breakdown of the sample by housing tenure type, and so on. Together, these limitations compromise the insights that can be drawn from the available HBS data (see Section 3.2.3 for further detail).

4.1.2 Scale and Distribution of Hygiene Poverty

Notwithstanding these challenges, some limited conclusions can be drawn from the available data, though with little context to explain them. The HBS survey (CSO, 2020; CSO, 2024a) indicates that hygiene spending has increased from 2015/16 and 2022/23, despite a documented decrease in the actual prices of hygiene items in this period (CSO, 2026b). The MESL has also been increasing, including the MESL for personal care items specifically, and ranges from €10.34 to €37.52 per week depending on the household type and location.

Some types of households appear to spend a greater proportion of their expenditure on hygiene products than others, although the reasons for this are unclear. For example, rural households allocate more of their spending to hygiene products than urban households (CSO, 2024a). Renters spend relatively more on toiletries than homeowners (CSO, 2024b). As disposable income increases, relative spending on cleaning products generally decreases while relative spending on hair and cosmetics generally increases (CSO, 2024c). Households in the 5th disposable income quintile are an exception to this latter trend, while spending substantially more on care, domestic, and household *services*. Households where the chief income earner is retired or otherwise not employed spend more of their expenditure on cleaning products, compared to households where the chief income earner is employed (CSO, 2024d).

Comparisons between the 2022/23 HBS and 2023 MESL indicate that, on average, households in Ireland are not spending enough on hygiene products to meet the personal care MESL for most household types. This holds across various demographic groups. Even among the fifth disposable income quintile, average hygiene spending did not meet the personal care MESL for any two-parent household with children (CSO, 2024c). Some types of households fall especially short of meeting the personal care MESL. For example, households in the first and second disposable income quintile were, on average, not spending enough on hygiene products to meet the personal care MESL for any household type. The same is true for households where the chief income earner is retired or otherwise not employed (CSO, 2024d). The average rented household does not meet the personal care MESL for any urban household type (CSO, 2024b). Unfortunately, the reasons for these disparities between minimum essential and actual spending cannot be established from the available data.

4.1.3 Hygiene Poverty and Disability

Crucially, and concerningly, our research found that existing datasets provide no insight into hygiene poverty among people with disabilities or long-term health conditions. Consideration of the impact of disability or chronic illness on hygiene spending appears entirely absent in the HBS and MESL.

Within the HBS, data on household spending are not broken down by disability or long-term illness (for example, the presence of a disabled household member). It is possible that the participating households include people with disabilities or long-term illnesses, but this is unknown – the CSO does not state whether and how many households with disabled members participated in the HBS, nor provide any data on their specific spending.

Within the MESL, people with disabilities and chronic illnesses appear to be excluded entirely. Despite the well-established additional costs associated with having a disability (e.g. Disability Federation of Ireland, 2026), and 22% of the Irish population stating that they have a disability or long-term health condition (CSO, 2023a), there is no evidence that the MESL accounts for any such potential costs. Two reports have attempted to calculate the MESL for specific households with a

disabled member, but these are once-off and hence quickly become outdated, as the general cost of living changes (MacMahon et al., 2022; MacMahon & Moloney, 2017). What is clear from these reports, however, is that household members with disabilities must spend substantially more to achieve the same minimum standard of living as the general population, both on hygiene products and otherwise. Thus, the main, annual MESL is not reflective of the general and hygiene costs faced by people with disabilities or long-term illnesses.

4.2 Recommendations for Future Data Collection

Our analyses demonstrate clearly that existing data collection in Ireland does not adequately attend to the presence, prevalence, or distribution of hygiene poverty across the Irish population. Notably, little has improved since this was first highlighted five years ago in a Government of Ireland (2021) report on period poverty. This discussion paper noted that "[b]ased on the research and data currently available, it is not possible to quantify the prevalence of period poverty" (p. 24) and called for improved data collection in this area. While the subsequent Healthy Ireland (2022) survey included questions on period and hygiene poverty, this was a once-off focus and hence did not result in a sustained, longer-term improvement in the available data.

The noted limitations in the available data carry real implications for policy decisions and, consequently, the population of Ireland. Hygiene poverty cannot be addressed if its scale is unknown. With no representative, nationwide data on the prevalence of hygiene poverty, it is difficult to evidence the need to attend to this hidden crisis. Targeted measures, which attempt to reach those who need them most, are even more difficult to devise as it is not clear which populations are most impacted and therefore most in need of these supports.

Regarding the MESL specifically, the authors acknowledge that 15% of household types are excluded from their calculations, based upon the number and ages of household members (Thornton et al., 2025b). However, this figure is likely higher if other variables are considered – for example, the 22% of the Irish population living with a disability or long-term health condition (CSO, 2023a). Furthermore, as

discussed in Section 3.3.3, both disabled people and some of the wider household types excluded from the MESL face higher living costs than those who are included. Thus, the MESL – which attempts to quantify the spending needed for a minimum, dignified standard of living – excludes some households with some of the highest expenditure needs. The minimum benchmarks set by the MESL may therefore substantially underestimate the actual minimum essential costs of much of the Irish population.

Despite these limitations, the MESL is often considered an accurate snapshot of Irish living costs and used to guide campaigning and advocacy in relation to the cost of living. The living wage is a key example, as it uses MESL data to calculate a minimum hourly wage needed to afford an acceptable standard of living. The Living Wage Technical Group and its affiliated organisations have campaigned for this living wage to guide increases in the National Minimum Wage[6]. While increases to the National Minimum Wage are of course welcome, using MESL data in this manner, without accounting for the households and people excluded from the MESL, could further existing structural inequalities.

The recommendations outlined below are based upon the findings of this research. They seek to improve both the available data pertaining to hygiene poverty in Ireland and the policy decisions resulting from this data. The overall aim is to support the availability of data that accurately captures the scale and distribution of hygiene poverty across the entirety of Irish society and hence facilitate more equitable and progressive policymaking in this area.

1. Consider the cost of disability in calculating and using MESL data.

The MESL attempts to calculate the minimum spending necessary to achieve an acceptable standard of living, for a range of rural and urban households. However, there is no evidence that the cost of disability is factored into these calculations, thus not accounting for the needs of the 22% of the Irish population who live with a disability or long-term health condition (CSO, 2023a). Despite this significant shortcoming, a range of organisations use MESL data to guide their campaigning

[6] For examples, see press releases from Unite the Union and Social Justice Ireland.

– for example, as the basis for the living wage calculated by the Living Wage Technical Group.

Once-off reports have attempted to calculate a MESL for a single person with a vision impairment (MacMahon & Moloney, 2017) and a household caring for an adolescent with a profound intellectual disability (MacMahon et al., 2022). Both found that the MESL for these groups was much higher than among the general population, including within the personal care category. These reports highlight the disparity between the standard MESL and the costs faced by households with disabled members, but they do not bridge this gap, as these costs continue to be excluded from the main MESL.

To address this limitation, future MESL reports should factor in the cost of disability. Calculating a MESL that wholly and adequately represents every disabled person is unlikely to be possible, as the exact costs faced depend on the type and severity of a person's disability or health condition. However, an average or minimum and maximum cost could be calculated. Alternatively, a number of disabilities and health conditions could be chosen as case studies to provide a general idea of the approximate additional costs faced by people with disabilities. Utilising the same case studies every year would allow for tracking of changes in the cost of disability.

In the interim, any usage of the MESL data should make additional considerations for the cost of disability, recognising that, at present, the MESL does not appear to factor this in. Without this, usage of the MESL to influence policymaking reinforces existing systemic and economic inequalities faced by disabled people as major policy and campaigning decisions continue to be made without any consideration of their specific needs. For example, without factoring in the cost of disability, the living wage (as set by the Living Wage Technical Group) will never be adequate for people living with a disability or chronic illness, as the calculations behind it do not consider their needs.

2. Incorporate hygiene poverty into the SILC as an indicator of deprivation.

The SILC collects data on income and expenditure to assess the rates of poverty and deprivation in Ireland. The "enforced deprivation" subscale extends upon the poverty rate by looking beyond just income, instead asking participants about their

ability to afford 11 items and services deemed as necessary for an acceptable minimum standard of living (CSO, 2023c). To date, ability to purchase adequate hygiene products has not been included within these. Adding this as an indicator of enforced deprivation would allow for consistent tracking of the rate of hygiene poverty among the Irish population, as the SILC is conducted on an annual basis. Since the SILC already collects certain demographic data, this would also enable comparisons of hygiene poverty between different groups.

3. Include questions on hygiene and period poverty as a standard element of the Healthy Ireland survey.

The Healthy Ireland survey is conducted on an annual basis with a representative sample of the 15 and older population of Ireland. In 2022, the survey included a number of questions on hygiene and period poverty (Healthy Ireland, 2022), finding that 24% of eligible respondents had experienced indicators of period poverty and 6% had problems in buying enough hygiene products in the last year due to cost. Unfortunately, this was a once-off focus, and these questions have not been included in the survey since. Incorporating these questions as a permanent and standard element of the Healthy Ireland survey would provide annual data on the extent of hygiene and period poverty among a representative sample of the Irish population. Comparisons could also be drawn based upon other questions which already form part of the survey, such as health status, presence of a long-term health condition, and caring responsibilities.

4. Expand and standardise the "household composition", "size", and "type" variables across the HBS, SILC, and MESL.

The HBS, SILC, and MESL all utilise household composition, size, or type as a demographic variable, whereby data can be broken down in accordance with the number and ages of people in the household. However, there is a lack of consistency across the three datasets in how this is formulated.

The HBS separates this into two variables. "Household composition" is broken into "1 adult", "2 adults", "3+ adults", and "households with children". "Household size" is broken into "1 person", "2 persons", "3 persons", and "4 or more persons".

The SILC provides a more detailed breakdown, with "household composition" defined in terms of the number of adults (1, 2, or 3 or more), the age of adults (under 65 or 65 and over), and the number of children - for example, "2 adults, with 1-3 children under 18 years" and "2 adults, at least 1 aged 65 years and over, no children under 18 years". "Household type" is disaggregated based upon the number of adults (one-person household, lone parent, or couple), and presence and ages of children (at least one child aged less than 25, or all children aged 25 or more).

Lastly, the MESL is disaggregated primarily by household composition, in terms of the number of adults (single adult or a couple), ages of adults (working age or retired), number of children (between one and four), and ages of children (for example, two children aged 3 and 6).

The lack of consistency across the three datasets in this regard prohibits direct comparisons. For example, it is not possible to directly compare minimum essential spending as per the MESL with actual spending as per the HBS, as the household types included in both do not map onto each other. Standardising these variables such that the same categories are used across all three datasets would increase their overall utility by enabling such comparisons. This standardisation should offer as much detail as possible into the number and ages of adults and children in the home, and extend beyond the traditional conceptualisation of a nuclear family, including, for example, homes with more than two adults or those housing multiple generations (e.g. grandparents, parents, and children).

5. Increase the representativeness of household types included in the MESL.

In addition to standardisation with the HBS and SILC, the types of households included in the MESL should be expanded to increase their representativeness. At present, the MESL excludes 15% of household types (Thornton et al., 2025b), including some household types that may be facing the highest living expenses – such as multi-family homes and families with more than four children (CSO, 2026d; Maître et al., 2025; see Section 3.3.3 for further detail). In addition, the representativeness of the included household types is decreasing with time, with the percentage of excluded households rising from 10% in previous reports

(Thornton et al., 2023a). This may be due to wider population trends, such as increasing numbers of adult children living with their parents (CSO, 2025b). It is therefore possible that the representativeness of the MESL will continue to decrease over time. In fact, according to the MESL website, the included household types were last updated in 2014; the profile of the Irish population has changed substantially since then[7]. To ensure that the MESL truly captures minimum essential spending across the Irish population, and that resulting policy decisions and campaigning do not further marginalise some of the most disadvantaged households, the types of households included in the MESL should be expanded to represent the entire population of Ireland.

6. Enhance the collection and reporting of demographic data within the HBS.

As discussed in Section 3.2, the insights that can be drawn from the HBS are heavily limited by the demographic data reported as part of the survey. Some key demographic variables are not made available, while many of those which are do not provide enough detail. Lastly, information on the demographic backgrounds of the overall sample is not reported. Several changes to the HBS are needed in order to address these limitations.

Firstly, disability and caring responsibilities should be attended to as part of demographic data collection. The HBS should, at minimum, record and report whether any household members have a disability or long-term health condition; whether any household members have caring responsibilities; and, if so, whether the household member with a disability, long-term health condition, or caring responsibilities is the chief income earner in the home.

Secondly, the demographic data already recorded should be reported in greater detail, as current reporting groups together households with potentially very differing living circumstances, losing much important nuance. For example, all renters – including those who are living rent-free, renting private accommodation, and living in local authority housing – are grouped together (CSO, 2024b). These

[7] For example, see CSO (2026f) statistical release on "Urban and Rural Life in Ireland, 2025", comparing household composition by area type in 2016 and 2022.

groups make up very different proportions of Irish society; less than 2% of the Irish population lives rent-free, while 8% rent from a local authority and 18% rent from a private landlord (CSO, 2023b). They also may experience vastly differing economic circumstances. For example, given that local authority housing is means-tested, those who rent from a local authority will necessarily have lower incomes, on average, than those who rent privately. Data on principal economic status concerns exclusively the chief income earner and includes only three distinct categories: "employed", "retired", and "other principal economic status" (CSO, 2024d). These breakdowns should be more granular, and more insight should be given into the principal economic statuses of others in the home – such as the total number of employed adults in the home, separating out those in full- and part-time employment.

Thirdly, at present, HBS data can only be disaggregated by one demographic variable at a time. For example, it is possible to look at urban or rural households, and households by disposable income quintile, but not both simultaneously – such as rural households in the first disposable income quintile. To maximise the utility of HBS data, the CSO website should allow for disaggregation of data by more than one demographic variable. This would give better insight into not just differences in spending across groups, but the potential reasons behind these differences.

Lastly, information (including descriptive statistics) should be made available on the demographic composition of the entire HBS sample. For example, the total number of participating rural and urban households should be reported. This would offer greater context for the collected data and thus further support the interpretation of findings.

7. Improve the Household Digital Consumer Behaviour survey to make it more useful for future research.

Data from the Household Digital Consumer Behaviour section of the 2025 Information and Communications Technology Household Survey were explored as part of this research but ultimately not included in the report, due to the extent of missing and potentially inaccurate data. The overall Information and

Communications Technology Household Survey involved 4,034 respondents. The Household Digital Consumer Behaviour subsection explored, among other topics, internet purchases, specifically among those respondents aged 16 and over who used the internet in the three months prior to completing the survey.

The aim of the analyses was to look at online purchases of hygiene products among different groups and over time. However, the extent of missing data heavily limited these analyses. Data were marked as missing by the CSO where there were fewer than 50 people in a cell. For example, data on online purchases of hygiene products, by principal economic status, were missing entirely for the years 2023 and 2024. With regards to age, data were missing for at least one age group every year between 2020 and 2023. The non-missing data showed very substantial variation year-on-year, with no identifiable pattern behind these variations. For example, in 2021, 0% of retired respondents had purchased hygiene products online. By 2022, this had increased to 17% (CSO, 2025c). These major and unexplained shifts raise concerns about the accuracy of the data, thus resulting in the exclusion of these analyses from this report.

To enhance the utility of this data, a larger sample size would be beneficial, across all demographic groups. This would enhance the accuracy and representativeness of the data, as well as reducing the number of missing datapoints. If such improvements are made, then this dataset could in the future be analysed alongside the HBS, to provide greater insight into the reasons behind differences in hygiene spending across different demographic groups. For example, as noted in Section 3.2.2, the relatively higher hygiene spending among rural households may be caused by a greater reliance on online shopping, due to limited in-person options. The Household Digital Consumer Behaviour survey could be used to assess whether rural households do indeed purchase more hygiene products online than urban households.

References

Aiello, A. E., Coulborn, R. M., Perez, V., & Larson, E. L. (2008). Effect of Hand Hygiene on Infectious Disease Risk in the Community Setting: A Meta-Analysis. *American Journal of Public Health, 98*(8), 1372–1381. https://doi.org/10.2105/AJPH.2007.124610

AISE. (2025). *Cleanliness & hygiene – Consumers' understanding and washing & cleaning habits at home.* https://aise.eu/priorities/science-research/consumer-research/

Al-Sakkaf, K., Bahattab, A., & Basaleem, H. (2020). Cholera knowledge, socioeconomic and WaSH characteristics in Aden - Yemen, 2017: A community-based comparative survey. *Journal of Preventive Medicine and Hygiene, 61*(3), E392–E400. https://doi.org/10.15167/2421-4248/jpmh2020.61.3.1529

Central Statistics Office. (2019). *Urban and Rural Life in Ireland, 2019*. https://www.cso.ie/en/releasesandpublications/ep/p-urli/urbanandrurallifeinireland2019/

Central Statistics Office. (2020). *Average weekly household expenditure* (HS208) [Data set]. https://data.cso.ie/table/HS208

Central Statistics Office. (2023a). *Census of Population 2022 Profile 4 - Disability, Health and Carers.* https://www.cso.ie/en/releasesandpublications/ep/p-cpp4/censusofpopulation2022profile4-disabilityhealthandcarers/disability/

Central Statistics Office. (2023b). *Permanent Private Households* (FY034B) [Data set]. https://data.cso.ie/table/FY034B

Central Statistics Office. (2023c). *Survey on Income and Living Conditions: Glossary of Terms.* https://www.cso.ie/en/media/csoie/releasespublications/documents/ep/surveyonincomeandlivingconditions/2023/factsheets/0168401_SILC_Factsheet.pdf

Central Statistics Office. (2024a). *Average Weekly Household Expenditure* (HBS01) [Data set]. https://data.cso.ie/table/HBS01

Central Statistics Office. (2024b). *Average Weekly Household Expenditure* (HBS02) [Data set]. https://data.cso.ie/table/HBS02

Central Statistics Office. (2024c). *Average Weekly Household Expenditure* (HBS03) [Data set]. https://data.cso.ie/table/HBS03

Central Statistics Office. (2024d). *Average Weekly Household Expenditure* (HBS07) [Data set]. https://data.cso.ie/table/HBS07

Central Statistics Office. (2024e, January 9). *Press Statement Launch of awareness*

campaign for CSO's new Household Budget Survey 2024 [Press release]. https://www.cso.ie/en/csolatestnews/pressreleases/2024pressreleases/pressstatementlaunchofawarenesscampaignforcsosnewhouseholdbudgetsurvey2024/

Central Statistics Office. (2025a). *Geographical Profiles of Income in Ireland 2022 - Household Income.* https://www.cso.ie/en/releasesandpublications/fp/fp-gpiihi/geographicalprofilesofincomeinireland2022-householdincome/

Central Statistics Office. (2025b). *Growing Up in Ireland: Cohort '98 at age 25 Main Results.* https://www.cso.ie/en/releasesandpublications/ep/p-guic98/growingupinirelandcohort98atage25mainresults/localandnationalmovements/

Central Statistics Office. (2025c). *Persons aged 16 years and over (ICA85)* [Data set]. https://data.cso.ie/table/ICA85

Central Statistics Office. (2025d). *Survey on Income and Living Conditions (SILC) 2025*. https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2025/poverty/

Central Statistics Office. (2026a). *Domestic Building Energy Ratings Quarter 4 2025*. https://www.cso.ie/en/releasesandpublications/ep/p-dber/domesticbuildingenergyratingsquarter42025/

Central Statistics Office. (2026b). *EU Harmonised Index of Consumer Prices (CPM23)* [Data set]. https://data.cso.ie/table/CPM23

Central Statistics Office. (2026c). *Income, Poverty and Deprivation Rates (SIA62)* [Data set]. https://data.cso.ie/table/SIA62

Central Statistics Office. (2026d). *Profile of the Population at Risk of Poverty, Experiencing Deprivation and in Consistent Poverty (SIA85)* [Data set]. https://data.cso.ie/table/SIA85

Central Statistics Office. (2026e). *Type of Deprivation Item Experienced (SIA133)* [Data set]. https://data.cso.ie/table/SIA133

Central Statistics Office. (2026f). *Urban and Rural Life in Ireland, 2025.* https://www.cso.ie/en/releasesandpublications/ep/p-urli/urbanandrurallifeinireland2025/

Chen, C. & Ngwe, D. (2018). *Shipping Fees and Product Assortment in Online Retail.* https://www.hbs.edu/ris/Publication%20Files/19-034_b2382177-a462-447e-86f8-690d1ea7af18.pdf

Deloitte Center for Integrated Research. (2025). *Sustainability has staying power.*

https://www.deloitte.com/us/en/insights/topics/environmental-social-governance/sustainable-consumption-trends.html

Disability Federation of Ireland. (2026). Factsheet: Cost of Disability - The lived reality. https://www.disability-federation.ie/publications/factsheet-cost-of-disability-the-lived-reality/

Dufosse, J. (2026). *Why the beauty industry is booming.* The Economist. https://www.economist.com/business/2026/01/20/why-the-beauty-industry-is-booming

Gay, H. & Gordon, A. (2019, January 1). Cleaning product sales set to continue to rise in 2019. *BBC News Northern Ireland*. https://www.bbc.com/news/uk-northern-ireland-46646800

Government of Ireland. (2021). *Period Poverty in Ireland: Discussion Paper.* Period Poverty Sub-Committee, National Strategy for Women and Girls 2017–2020. https://assets.gov.ie/static/documents/period-poverty-in-ireland-discussion-paper-period-poverty-sub-committee-national-strat.pdf

Gu, X., Wang, X., Bin, Y., Xue, R., & Zhu, G. (2025). Global Trends and Future Predictions of Psoriasis Burden: Insights from the GBD 2021 Study. *Psoriasis (Auckland, N.Z.), 15*, 569–580. https://doi.org/10.2147/PTT.S558419

Gunstone, B., Gosschalk, K., Stoker, M., Owen, M., Zabicka, E., & Harmer, L. (2022). *The Hygiene Bank: Hygiene Poverty 2022.* https://thehygienebank.com/wp-content/uploads/2022/10/Hygiene_Poverty_2022_Full_Report.pdf

Healthy Ireland. (2022). *Healthy Ireland Survey 2022.* https://www.gov.ie/en/healthy-ireland/publications/healthy-ireland-survey-2022/

Langan, S. M., Mulick, A. R., Rutter, C. E., Silverwood, R., Asher, I., García-Marcos, L., Ellwood, E., Bissell, K., Chiang, C. Y., Sony, A. E., Ellwood, P., Marks, G., Mortimer, K., Martínez-Torres, A. E., Morales, E., Perez-Fernandez, V., Robertson, S., Williams, H., Strachan, D. P., Pearce, N., … the Global Asthma Network Phase I Study Group (2023). Trends in eczema prevalence in children and adolescents: A Global Asthma Network Phase I Study. *Clinical and Experimental Allergy, 53*(3), 337–352. https://doi.org/10.1111/cea.14276

MacMahon, B., Boylan, H., & Thornton, R. (2022). *Care at Home: Costs of Care Arising from Disability.* Family Carers Ireland & The Vincentian Partnership for Social Justice. https://www.familycarers.ie/media/2pqokwm0/care-at-home-costs-of-care-arising-from-disability.pdf

MacMahon, B. & Moloney, N. (2017). *A minimum essential standard of living for a single*

adult with vision impairment. NCBI & The Vincentian Partnership for Social Justice. https://budgeting.ie/wp-content/uploads/2024/08/full_report_vpsj__ncbi_2017_a_mesl_for_a_single_adult_with_vision_impairment.pdf

Maître, B., Russell, H., Alamir, A., & Slevin, E. (2025). *Child poverty on the island of Ireland*. Economic and Social Research Institute. https://www.esri.ie/publications/child-poverty-on-the-island-of-ireland

McArdle, D. (2024, April 29). *Here's why I'm watching 'cleanfluencer' videos in my messy house*. Irish Examiner. https://www.irishexaminer.com/lifestyle/people/arid-41382871.html

McCollough, J. (2006). The effect of income growth on the mix of purchases between disposable goods and reusable goods. *International Journal of Consumer Studies, 31*(3), 213-219. https://doi.org/10.1111/j.1470-6431.2006.00504.x

McEvoy, O., Mac Mahon, B., & Thornton, R. (2020). *2018/19 Review and Rebase: Minimum Essential Standard of Living.* The Vincentian Partnership for Social Justice. https://budgeting.ie/wp-content/uploads/2024/08/mesl_review__rebase_2018-2019_report.pdf

Mintel. (2024, July 24). *More than half of US men now use facial skincare—a 68% increase from 2022* [Press release]. https://www.mintel.com/press-centre/more-than-half-of-us-men-now-use-facial-skincare-a-68-increase-from-2022/

Roy Morgan. (2025, September 30). *More men are using skincare; up over 20% compared to five years ago* [Press release]. https://www.roymorgan.com/findings/10011-more-men-are-using-skincare-september-2025

Rundel, C., Salemink, K., & Haartsen, T. (2024). The potential of local online shopping platforms for villages and small and medium-sized towns. *Journal of Rural Studies, 112*, 103422. https://doi.org/10.1016/j.jrurstud.2024.103422

Schiffling, S., Karamperidis, S., & Nelson, J. D. (2015). Local Shops vs. Online Retailers: Competition or Synergy? *Scottish Geographical Journal, 131*(3–4), 220–227. https://doi.org/10.1080/14702541.2014.978805

Thornton, R., Boylan, H., & O'Carroll, N. (2023a). *MESL 2023: Annual Update.* Vincentian MESL Research Centre. https://budgeting.ie/wp-content/uploads/2024/08/MESL%202023%20-%20Appendix%20Tables.pdf

Thornton, R., Boylan, H., & O'Carroll, N. (2023b). *MESL 2023: Detailed MESL expenditure need and income calculation tables from the annual MESL update report.* Vincentian MESL Research Centre. https://budgeting.ie/wp-

content/uploads/2024/08/MESL%202023%20-%20Annual%20Update%20Report.pdf

Thornton, R., O'Carroll, N., McGovern, A., & Boylan, H. (2025a). *MESL 2025: Appendix of detailed MESL expenditure need and income calculation tables from the 2025 MESL update report.* Vincentian MESL Research Centre. https://budgeting.ie/wp-content/uploads/2025/11/MESL-2025.pdf

Thornton, R., O'Carroll, N., McGovern, A., & Boylan, H. (2025b). *Minimum Essential Standard of Living: MESL 2025.* Vincentian MESL Research Centre. https://budgeting.ie/wp-content/uploads/2025/11/MESL-2025.pdf

Whelan, J. & Greene, K. (2023). *An Exploration of Hygiene Poverty in Ireland.* Hygiene Hub. https://www.hygienehub.ie/_files/ugd/740242_04855364ac7e49f188acd9144daeb491.pdf

World Health Organization & WHO Patient Safety. (2009). *Guidelines on hand hygiene in health care.* WHO/IER/PSP/2009/01. https://www.who.int/publications/i/item/9789241597906

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