

# *Health Inequalities in Northern Ireland*

## Chapter Two:

### The Impact of the Cost of Living Crisis on Women's Health

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This report was prepared by Aoife Mallon on behalf of the  
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# Contents

1. Introduction	1
1.1 Scope	1
1.2 Methodology	1
1.3 Research Ethics	1
1.4 Note from the Researcher	2
2. Literature Review	4
2.1 Introduction	4
2.2 The Cost of Living Crisis	6
2.3 Health impacts of the Cost of Living Crisis	9
3. Primary Research Data	14
3.1 Focus Group Data	14
3.2 Survey Data	20
4. Key Findings	43
4.1 Key Focus Group Findings	43
4.2 Key Survey Findings	43
5. Conclusion	46
5.1 Concluding Remarks	46
5.2 Recommendations	46
5.3 Further Information	46
References	47
Appendices	48
Appendix A: Focus Group Questions	48
Appendix B: Survey Questions	48
Appendix C: List of Figures and Tables	50

## 1. Introduction

This report is the second chapter of a research project conducted by the Women's Resource and Development Agency (WRDA) into health inequalities faced by women in Northern Ireland. This chapter will focus on the impact of the Cost of Living Crisis on women's health in Northern Ireland.

### 1.1 Scope

The scope of this research includes:

- The impact of the Cost of Living Crisis on women's health
- The relationship between financial circumstances and health outcomes
- Women's experiences of using the National Health Service (NHS)

### 1.2 Methodology

This research report is informed by primary and secondary research. Primary research was conducted in the form of in-person focus groups and an anonymous online survey. Secondary research was conducted in the form of desk research and analysis of research, policy and legislative documents. A full list of contextual references has been included at the end of this report.

#### 1.2.1 Relevant personnel

This research has been undertaken by Aoife Mallon, Policy Assistant at WRDA. This research was supervised by Elaine Crory, Women's Sector Lobbyist at WRDA. If you have any questions or queries regarding this research report please contact Aoife at [aoife.mallon@wrda.net](mailto:aoife.mallon@wrda.net) or Elaine at [elaine.croory@wrda.net](mailto:elaine.croory@wrda.net).

#### 1.2.2 Focus Groups

Between October and November 2023, the Researcher conducted 7 focus groups with 63 women across Northern Ireland. These focus groups lasted approximately one hour and participants were asked three primary questions. These questions have been listed in Appendix A.

#### 1.2.3 Anonymous online survey

An anonymous online survey was conducted on the topic of the impact of the Cost of Living Crisis on women's health. This survey was open for 7 weeks between 9<sup>th</sup> October and 29<sup>th</sup> November 2023 and received 126 responses. A full list of survey questions can be found in Appendix B.

## 1.3 Research Ethics

This research was conducted in line with WRDA's Research Ethics Policy which is available to access in WRDA's online Research Hub<sup>1</sup>. For any questions or queries regarding this policy, please contact [info@wrda.net](mailto:info@wrda.net).

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<sup>1</sup> WRDA (2024)

### 1.3.1 Risk Assessment

A risk assessment was carried out by the Researcher in advance of research being conducted. This assessment found that there were risks associated with the research, including the collection of sensitive and personal information relating to women's health and finances. It was also identified that the research carried a potential risk to the emotional well-being of participants, as it was anticipated that participants might find discussing topics relating to their health and finances upsetting or triggering. Prior to conducting the primary research, the Researcher ensured that focus group participants could access support where the focus group was being held, such as in the form of a centre manager or staff member.

### 1.3.2 Disclaimers

The following message was displayed for survey participants in advance of them completing the survey:

*This survey aims to capture how women's health has been impacted by the Cost of Living Crisis. The survey should take approximately 5-10 minutes to complete and all responses received will be anonymous.*

*This research is conducted in line with the WRDA Research Ethics Policy which can be accessed [here](#). By completing this survey you consent to allowing WRDA to anonymously store and use the information you provide for the purposes of the research outlined above. This anonymised information may also be used to inform WRDA's future research and policy work. You will not be identified in any of this research. Please be aware that information about this survey may be stored in your browser history.*

### 1.4 Note from the Researcher

The Researcher would like to sincerely thank all of the women that took part in this research who gave their time and shared their experiences so generously throughout the research process. The Researcher would also like to thank the staff at the women's centres and groups who helped to organise the focus groups and approached the research with such enthusiasm.

Research published by the Women's Regional Consortium (WRC) in 2023 on the impact of the Cost of Living Crisis on women<sup>2</sup> acted as a springboard for this piece of WRDA research. The Researcher would like to sincerely thank Siobhán Harding at Women's Support Network for sharing insights and expertise from her WRC research to help guide the direction of this report.

The Researcher would also like to thank Elaine Croy, Women's Sector Lobbyist at WRDA, for supervising and supporting this research, and Anne McVicker, Director of WRDA, for championing research as a key priority area for WRDA<sup>3</sup>.

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<sup>2</sup> WRC (2023)

<sup>3</sup> WRDA (2024)

# Literature Review



## 2. Literature Review

### 2.1 Introduction

#### 2.1.1 What are health inequalities?

Health impacts all aspects of our lives; how we live, work, exercise, socialise and experience the world. However, we all experience health differently, and our health is impacted by a range of factors, including lifestyle, genetics, finances and the environment we live in. These circumstances will differ depending on a range of personal characteristics such as gender, race, religion, socio-economic background and location. Social determinants of health are non-medical factors that influence health outcomes, such as where we live, work, and the conditions of our daily lives. These conditions can include the social policies and legislation that apply in a particular jurisdiction and the public services that people can access.<sup>4</sup>

These socio-economic factors and social determinants of health cause people to experience health differently and cause some groups to be more likely than others to experience negative health outcomes as a result. Health inequalities can be defined as:

*The unjust and avoidable differences in people's health across the population and between specific population groups... They are socially determined by circumstances largely beyond an individual's control. These circumstances disadvantage people and limit their chance to live longer, healthier lives.*<sup>5</sup>

This report will examine health inequalities experienced by women through an intersectional lens. It will do this by highlighting the impact of the Cost of Living Crisis on women's health, with a particular focus on the experiences of marginalised women, such as ethnic minority women and women from economically disadvantaged areas.

#### 2.1.2 The relationship between health and finances

The World Health Organization (WHO) states that there are five building blocks, or 'essential conditions' for a healthy life<sup>6</sup>. These building blocks illustrate the inextricable link between health and economic circumstances.

1. Income security and social protection (how secure our finances are, whether through income and/or welfare)
2. Social and human capital (how connected we feel to each other, our community and society)
3. Employment and working conditions (the quality and conditions of our work)

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<sup>4</sup> WHO (2023)

<sup>5</sup> Public Health Scotland (2021)

<sup>6</sup> WHO (2019)

4. Living conditions (including the quality of our home, natural environment and the air we breathe)
5. Health services (how available, accessible and acceptable our healthcare services are)

Analysis by the World Health Organisation suggests that across all countries, regardless of levels of income, as socio-economic position reduces, so do health outcomes.<sup>7</sup> This analysis shows that, in general, one is more likely to experience poor health if they face economic disadvantage. The JRF (2022) summarise this relationship as follows:

*Better health generally improves your quality of life; it allows improved employment opportunities and reduces the extra costs ill-health can bring. Living in poverty means extra stresses on day-to-day decisions and can lock people out of health-promoting services or assets such as better housing.*

Economic circumstances can impact our health in several ways. Having more financial resources facilitates better access to high quality food, housing and healthcare, all of which have an impact on health outcomes. Similarly, having less financial resources can mean having less access to high quality food, housing and healthcare, which can create a dependence on charitable support and public provision of housing and healthcare. Financial insecurity can also cause increased levels of stress which can lead to poorer mental and physical health.

Some individuals and groups are more likely to experience economic disadvantage than others, making them more vulnerable to experiencing poor health. In particular, factors such as gender, race, religion, sexual orientation, disability and location can make someone more or less likely to experience economic disadvantage and can shape their health outcomes. For example, women, disabled people, carers and people from ethnic minority communities experience higher poverty rates than the rest of the population<sup>8</sup>.

The graph on the following page demonstrates the difference between poverty levels between white and minority ethnic people.

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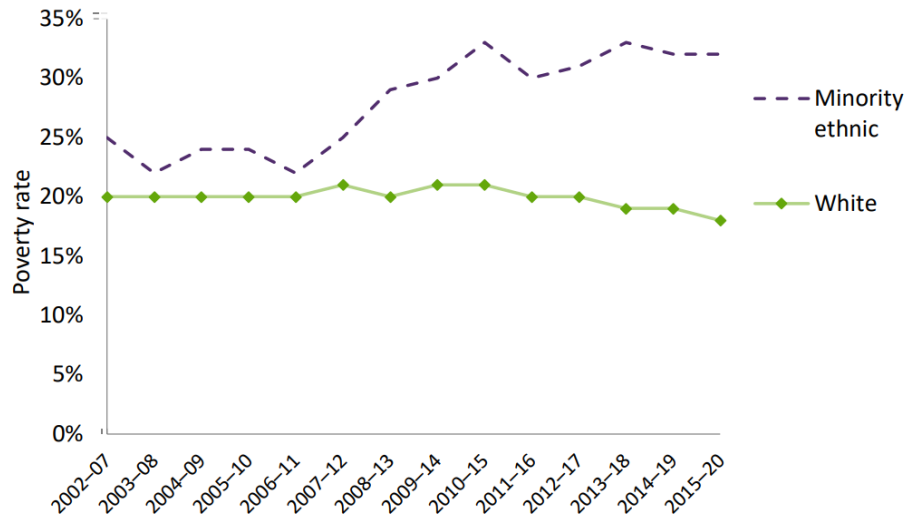
<sup>7</sup> Ibid.

<sup>8</sup> Joseph Rowntree Foundation (2022)



Figure 1: Gap in poverty rate between ethnic minority and white households

**There is a growing gap in the poverty rate of people in ethnic minority and white households in Northern Ireland**



Source: Households Below Average Income, 2019/20, DWP.

Source: Joseph Rowntree Foundation (JRF) (2022)

## 2.2 The Cost of Living Crisis

### 2.2.1 General impacts of the Cost of Living Crisis

The Cost of Living Crisis is taking a significant toll on people in Northern Ireland and across the United Kingdom. The term ‘Cost of Living Crisis’ refers to the relative fall in ‘real’ disposable incomes in the United Kingdom as a result of inflation, whereby prices have increased yet salaries remain at the same level<sup>9</sup>. According to JRF (2022), the ‘cost of living’ is:

*...The spending by households on goods and services to help them fulfil their everyday lives. If the price of goods, especially of essentials, increases at a faster rate than incomes, this squeezes household budgets and puts pressure on households already on lower incomes.*

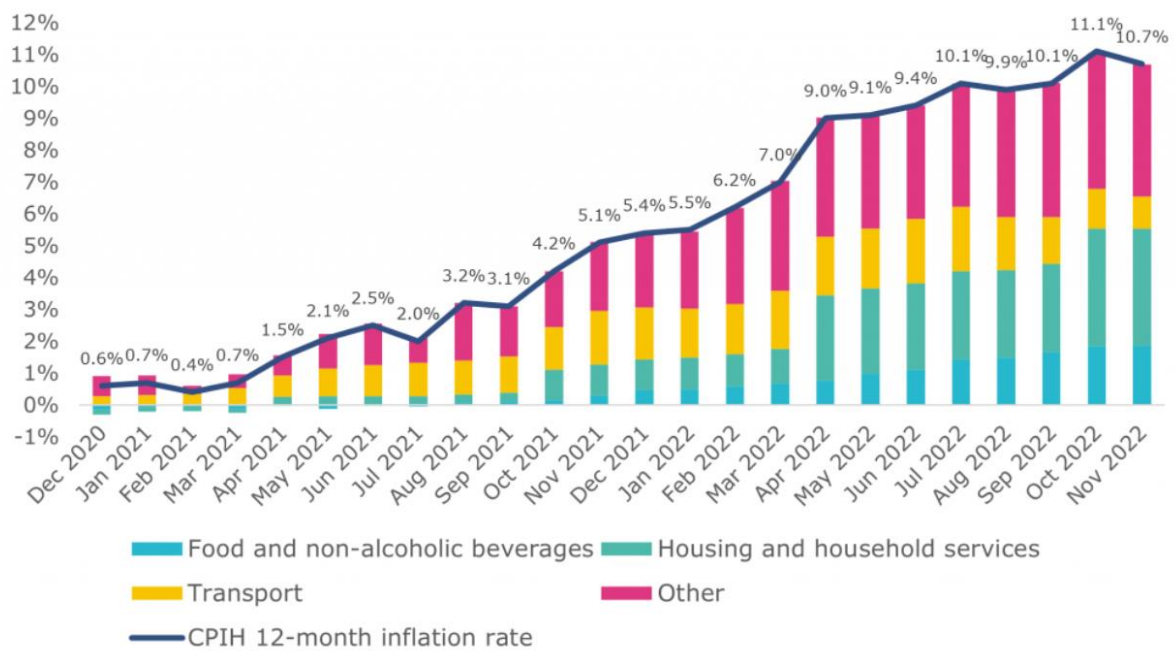
In the past year, households across the U.K. have seen a significant increase in the cost of food, petrol, household essentials and mortgage rates. However, wages and benefits have not increased at the same rate.

The graph on the following page demonstrates the rise in consumer prices for essentials such as energy, housing, food and fuel across the U.K. between December 2020 and November 2022.

<sup>9</sup> Institute for Government (2022)

**Figure 2: Annual consumer price inflation rate in the UK**

*Figure 1. Annual consumer price inflation rate, UK, December 2020 to November 2022.*



Source: Roberts and Pitchey (2023)

These increasing costs for essentials have led to increased levels of poverty, debt and homelessness in the U.K. This has led to increased levels dependence on voluntary and community sector organisations who are also facing significant financial challenges in the current economic climate. This means that while demand is increasing for support in communities, capacity for providing this support is being reduced. This has particularly been the case in Northern Ireland, as many voluntary and community sector organisations saw their funding reduced or withdrawn altogether in the 2023/2024 Northern Ireland Budget.

Even before the Cost of Living Crisis, the Northern Ireland economy was still recovering from the impacts of the COVID-19 pandemic and the U.K’s exit from the European Union. A report by Joseph Rowntree Foundation (JRF) (2022) found that when the pandemic began, nearly one-in-five people in Northern Ireland were living in poverty, including over 100,000 children, and one in fourteen households were experiencing food insecurity.<sup>10</sup> In the second year of the pandemic, by November 2021, the number of families in receipt of Universal Credit had almost doubled, which equates to roughly one in seven of all working-age families.

Notably, Northern Ireland has the highest economic inactivity rates and the highest level of families in receipt of social welfare in the United Kingdom. These rates are particularly higher for women than men.

<sup>10</sup> Joseph Rowntree Foundation (2022)

## 2.2.2 Gendered impacts of the Cost of Living Crisis

Prior to the Cost of Living Crisis, many women in Northern Ireland were in a financially precarious position. Women are more likely than men to experience poverty, debt and be in receipt of social welfare. They are also more likely to be in part-time, low-paid and precarious work; more likely to be single parents and more likely to have caring responsibilities.

On average, women have less savings, smaller pension pots and live longer than men, causing them to be more at risk of financial insecurity over the course of their lives. In 2022, research by JRF found that 36% of single parent households in Northern Ireland were living in poverty. In Northern Ireland, women make up 93% of single parents<sup>11</sup>.

In a new research report by the Women's Regional Consortium (2023) on the impact of the Cost of Living Crisis on women,<sup>12</sup> figures showed that:

- 96% of the women felt their financial situation was worse than it was in the previous year.
- 91% of the women reported difficulty paying their bills as a result of cost of living increases.
- 91% of the women felt that the Cost-of-Living Crisis had impacted on their physical or mental health or both.
- 78% of the women had felt cold or hungry or both as a result of cost of living increases.
- 41% of the women had needed to use a foodbank/other charitable support due to increases in the cost of living.

Research by the Mental Health Foundation (2023)<sup>13</sup> also found that as a result of the Cost of Living Crisis, women have been more likely to avoid turning on home heating, have poorer quality sleep and meet with friends less often. The gender break-down of these impacts has been shown by the graphs on the following page.

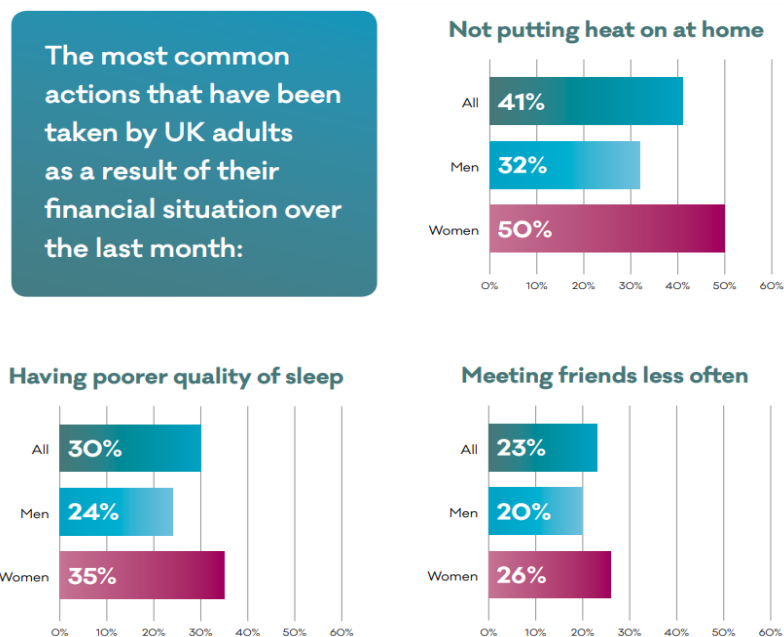
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<sup>11</sup> NISRA (2021)

<sup>12</sup> WRC (2023)

<sup>13</sup> Mental Health Foundation (2023)

Figure 3: Gendered impacts of the Cost of Living Crisis



Source: Mental Health Foundation (2023)

### 2.2.3 Impacts on employment and childcare

According to the results of the 2023 Northern Ireland Childcare Survey, the average cost of a full-time childcare place in NI is now more than £10,000 per year. Families with a child under the age of 5, who are using formal childcare, pay an average of over £14,000 per year for their childcare. In 2023, 88% of parents have had to change their work arrangements due to the cost of childcare<sup>14</sup>. It is notable that Northern Ireland has the lowest provision of affordable childcare in the United Kingdom, and still does not have a Childcare Strategy, despite it being in development for approximately 15 years.

A recent briefing by Employers for Childcare and the Joseph Rowntree Foundation (2024) highlights the inextricable link between childcare provision and poverty, and shows that the lack of affordable childcare provision in Northern Ireland is causing many parents, particularly women, to give up work in order to care for children.<sup>15</sup> The briefing also highlights that child poverty is extremely high in Northern Ireland, and out of the 240,000 families in Northern Ireland with dependent children, 18% live in relative poverty and 15% in absolute poverty.

## 2.3 Health impacts of the Cost of Living Crisis

### 2.3.1 General health impacts

It is widely recognised that the Cost of Living Crisis is having a negative impact on people's health, particularly those who were worse off before the crisis began. A

<sup>14</sup> Employers for Childcare (2023)

<sup>15</sup> Employers for Childcare and Joseph Rowntree Foundation (2024)

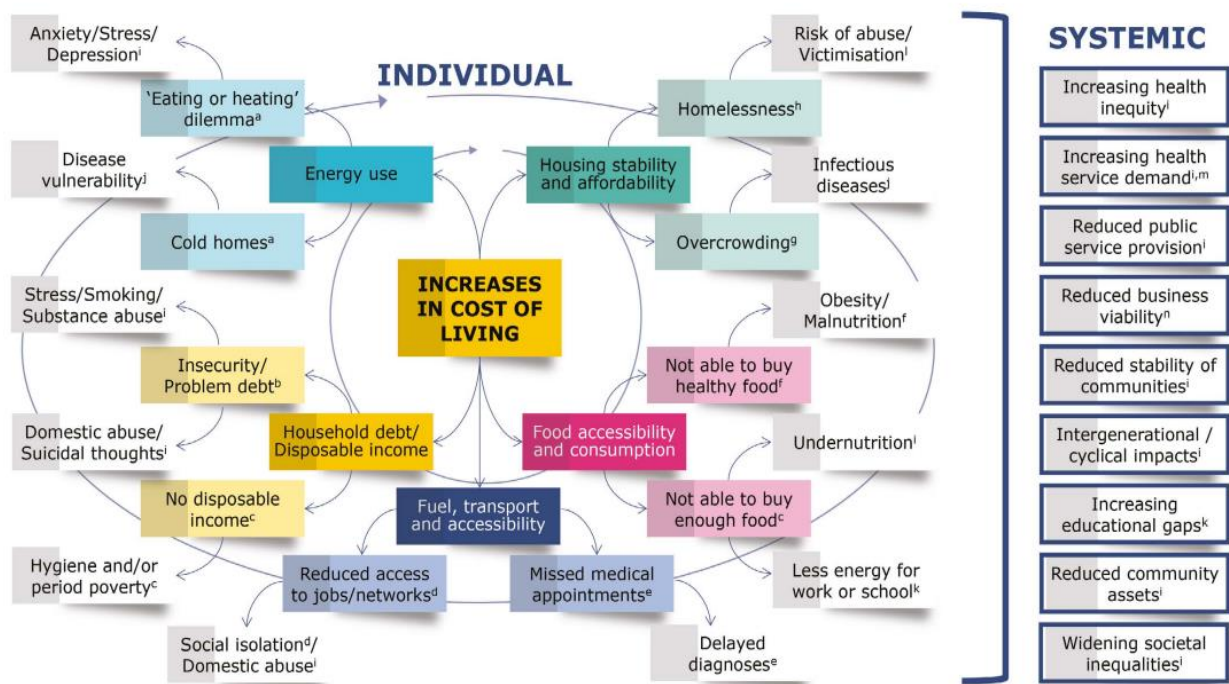
recent report published by Public Health Wales (2022) described the Cost of Living Crisis as a ‘public health emergency’ which is impacting people in the U.K. on the same scale as the COVID-19 pandemic<sup>16</sup>. This is because the cost of living has a direct impact on one’s ability to experience good health and enjoy a high quality of life. As noted by Roberts and Petchey (2023):

*Not being able to afford the essentials, such as food, rent, heating or transport, has wide-ranging negative impacts on mental and physical health and well-being.<sup>17</sup>*

The following diagram from Public Health Wales (2022) summarises some of the key health impacts of the Cost of Living Crisis which include:

- A cold house increases one’s vulnerability to disease
- Facing the ‘eating or heating dilemma’ can cause severe anxiety and stress
- Having no disposable income can lead to hygiene and/ or period poverty
- Missed medical appointments can lead to delayed diagnoses
- Not being able to buy healthy food can lead to obesity or malnutrition
- Homelessness increases one’s risk of abuse/ victimisation
- Reduced access to jobs or networks can lead to increased social isolation

Figure 4: Health impacts of the Cost of Living Crisis



Source: Public Health Wales (2022)

<sup>16</sup> Public Health Wales (2022)

<sup>17</sup> Roberts and Petchey (2023)

### 2.3.2 The impact on women's health

Women's increased likelihood of experiencing financial insecurity has implications for their health outcomes, as economic disadvantage can lead to poorer health outcomes. However, women are not a homogenous group and experience inequalities differently depending on a range of factors such as race, religion, sexual orientation, disability and location. For example, different groups of women are at risk of different illnesses, require different types of care and face unique barriers when accessing healthcare. Therefore, the way that women experience health inequalities will also differ and should be understood through an intersectional gender lens.

American lawyer and scholar, Kimberlé Williams Crenshaw, first introduced the theory of Intersectionality in 1989 and coined the term in 1993. This extremely influential theory explains how overlapping identities relate to systems and structures of oppression, domination or discrimination. For example, a Black woman can simultaneously face discrimination both on the grounds of race and gender, and the racism and sexism she experiences can be different to that experienced by a Black man or a white woman. Therefore, it is important to use an intersectional feminist lens when analysing the gendered impacts of any policy, legislation or crisis, such as the pandemic or the Cost of Living Crisis.

#### 2.3.2.1 Women as 'shock absorbers'

Research by the Women's Regional Consortium (WRC) in 2023 found that 91% of the women felt that the Cost-of-Living Crisis had impacted their physical or mental health or both<sup>18</sup>. This research also found that in times of financial hardship, women become the 'shock absorbers' of poverty in the household, and will often go without necessities such as food and heat to ensure that their children are protected from the impacts of poverty. For example, the research found that women routinely missed meals, restricted their household energy use and avoided social activities to prioritise money for their children and families.

This research also found that 'shock absorbing' behaviour has significant impacts on women's physical and mental health. In terms of physical health, 89% of women said that increases in food prices had the biggest impact on their household budget, forcing women to buy cheaper, healthier food because they can no longer afford things like fresh fruit and vegetables. The following quotes from this research report reflect the extent to which strained finances have caused women to opt for cheaper, less healthy food options for their families:

*...We're all eating chicken strips and chips, that's all we eat for 4 days is chicken strips because I can't afford anything else.*

*Fruit and vegetables are really expensive. You can run into Iceland and grab pizzas for cheaper. You're forced to buy more unhealthy food.*

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<sup>18</sup> WRC (2023)

### 2.3.2.2 Period Poverty

A recently published article by ActionAid shows that period poverty has dramatically increased as a result of the Cost of Living Crisis<sup>19</sup>. In the past year, period poverty has increased from 12% to 21%, which equates to approximately 2.8 million people in the UK. Plan International<sup>20</sup> and Water Aid<sup>21</sup> have also both produced research showing that as many as 1 in 4 women and girls are currently experiencing period poverty. This has significant implications for women's health as it increases the likelihood of women re-using disposable pads or using unhygienic methods such as clothing or paper for their period. It also has negative consequences for women's ability to work, socialise and access education, as not being able to access period products can force women to stay home from work, school or social gatherings.

### 2.3.2.3 Mental Health

Research also shows that the Cost of Living Crisis is having a severe impact on women's mental health. WRC research (2023) showed that rising bills and increasing debt have caused women to experience higher levels of stress and anxiety. This research found that women reported experiencing increased sleeplessness, panic attacks, high blood pressure, worsening depression and issues connected to poor diet due to living on cheaper, less nutritional food.

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<sup>19</sup> ActionAid (2023)

<sup>20</sup> Katsha, H. (2022)

<sup>21</sup> Water Aid (2022)

# Primary Research Data





## 3. Primary Research Data

### 3.1 Focus Group Data

Between October and November 2023, 7 focus groups were conducted with 63 women across Northern Ireland. In each of these focus groups, participants were asked three primary questions:

1. When did you first become aware of the Cost of Living Crisis?
2. How has the Cost of Living Crisis impacted your mental health?
3. How has the Cost of Living Crisis impacted your physical health?

In instances where there was extra time at the end of the session, focus group participants also discussed what changes they would like to see in Northern Ireland so that women are better supported through the Cost of Living Crisis.

#### 3.1.1 Awareness of the Cost of Living Crisis

##### *Q1. When did you first become aware of the Cost of Living Crisis?*

Focus group participants were asked to describe when they first became aware of the Cost of Living Crisis. The purpose of this question was to establish an approximate timeline for when the crisis started having material impacts on people in Northern Ireland. It was also intended to initiate more general conversations regarding the impact of the Cost of Living Crisis before asking specifically about health impacts.

In response to this question, focus group data showed that:

- The most commonly cited timeline for when focus group participants started noticing the impacts of the Cost of Living Crisis was in the period between 2021-2023. However, some focus group participants said they had only noticed the Crisis starting within the last year, between October 2022 and October 2023.
- Focus group participants also shared their perspectives on what they thought was causing the Cost of Living Crisis. The most commonly cited cause was the pandemic, but other participants referenced factors such as the U.K.'s exit from the European Union and the Ukraine War.
- The vast majority of focus group participants first noticed the Cost of Living Crisis when household essentials, such as groceries, petrol, electricity and gas, became more expensive. Other focus group participants became aware of the Crisis when they noticed supermarket items, such as food, becoming smaller in size, but remaining the same price or becoming more expensive.
- Several participants felt that there was not enough being done to limit the ability of private companies to continuously increase prices and that more controls should be put on the cost of essentials, such as food, gas and electricity. Others also expressed frustration that events such as the pandemic and Ukraine War were being blamed for the Crisis when prices have risen uncontrollably for the past two years without any intervention.

### 3.1.2 Impacts of the Cost of Living Crisis on women's mental health

#### **Q2. How has the Cost of Living Crisis impacted your mental health?**

Focus group participants were then asked to discuss how the Cost of Living Crisis has impacted their mental health. In the majority of focus groups, the most time was dedicated to discussing this question, as it generated the most conversation. Several focus group participants described how the mental health impacts they have experienced have also led to physical health impacts. These physical health impacts will be discussed in more depth under Question 3. In response to this question, focus group data showed that the most commonly cited impacts of the Cost of Living Crisis on women's mental health included:

1. Increased stress and anxiety
2. Increased isolation and loneliness
3. Low mood and depression
4. Feelings of guilt and of being a 'failure'
5. Feeling like a 'human calculator'

These mental health impacts have been elaborated upon below.

- Increased stress and anxiety

The most commonly mentioned mental health impacts of the Cost of Living Crisis were increased stress and anxiety. Many focus group participants described feeling constantly worried about not being able to provide for their family, the impact of the Crisis on their children, and the increased financial pressure they face around times of special occasions like birthdays and Christmas. In many cases, this anxiety has led to many women experiencing physical health problems, such as issues with sleeping and eating. As a result of increased stress, several participants also described feeling less able to cope when times were difficult, causing them to lose their temper more, which has put strain on family relationships and increased tension in their household.

*"The stress... it's constant."*

- Increased isolation and loneliness

In every focus group, participants said they were seeing friends and family less frequently due to having less disposable income for socialising. For several participants, this lack of socialising has led to increased feelings of isolation and loneliness. In several focus groups, socialising was described as a 'luxury' that women could no longer afford, with one woman saying she dreaded being invited anywhere by friends because she knew she couldn't afford to accept the invitation. In several focus groups, women highlighted the importance of their local women's centre in providing spaces where they can socialise for free and attend free residentials. One focus group participant noted:

*"You can't really afford to have a social life... This [the women's centre] is our social life."*

- Low mood and depression

Several focus group participants said that the Cost of Living Crisis has caused them to experience low mood and depression. Some participants said that they were prescribed antidepressants to help them cope but were unable to speak to a Counsellor because of lengthy NHS waiting lists. Others described experiencing addiction and suicidal thoughts as a result of the Cost of Living Crisis. It was common for participants to use words like 'drowning' to describe how they had been feeling. One focus group participant said she felt like she was constantly 'fire-fighting' in an attempt to keep her and her family afloat during the Crisis.

- Feelings of guilt and of being a 'failure'

Throughout the focus groups, it was common for women who had children to describe feeling what they referred to as "mum guilt" because they could not purchase everything their family needed or asked for. These focus groups took place in the run up to Christmas, and several women specifically noted feeling guilty that they could not get their children the presents they wanted due to financial constraints.

Women described how these feelings of guilt were made worse when their children asked for things that other children in school have that they can't afford, like first-hand clothes or new toys. Several women described repeatedly having to say no when their children ask for 'treats' or ask to go to activity centres like soft play areas, which have become increasingly expensive. Many women said they felt like a 'failure' as a result of not being able to give their children what they want.

*"It feels like you're failing them [the children]."*

- Feeling like a 'human calculator'

Several focus group participants described feeling like they were constantly doing mental maths throughout the day and while they were grocery shopping; adding up the costs of their items and working out what they could afford. One woman described the experience of grocery shopping as 'overwhelming' because she was constantly hunting for offers and items with reduced stickers. Another woman said that over the past couple of years, during the Cost of Living Crisis, she felt she had become a 'human calculator,' constantly adding up household costs and trying to find ways to reduce them.

*"You end up becoming a computing machine or human calculator... you're just counting, counting, counting."*

### 3.1.3 Impacts of the Cost of Living Crisis on women's physical health

#### Q3. How has the Cost of Living Crisis impacted your physical health?

Finally, focus group participants were asked to discuss how the Cost of Living Crisis has impacted their physical health. In many cases, the physical health impacts reported were closely connected to the mental health impacts previously

discussed, highlighting the intrinsic link between mental and physical health. Focus group data showed that, as a result of the Cost of Living Crisis, women's physical health has been impacted in several ways, including:

1. The development of new health conditions
2. The exacerbation of pre-existing health conditions
3. The increasing cost of treatment and medicines
4. Being unable to meet special dietary requirements

These physical health impacts have been elaborated upon below.

- The development of new health conditions

Several women reported developing new physical health conditions as a result of the Cost of Living Crisis and the impact of the Crisis on their grocery shopping. Focus group data showed that the increased price of high quality food has caused many families to buy less fresh fruit and vegetables and meat, which has had an impact on their physical health. For example, participants reported developing conditions such as anaemia and lowered levels of white blood cells, due to a lack of iron in their diet. Other participants reported they had developed irritable bowel syndrome (IBS) because of consuming poor quality food, and putting on weight because of an over-reliance on high-sugar and high-fat foods, which tend to be cheaper but low in nutritional value. Other women reported experiencing heart palpitations as a result of increased anxiety levels during the Cost of Living Crisis.

- The exacerbation of pre-existing health conditions

For many focus group participants, the Cost of Living Crisis did not cause them to develop new physical health conditions, but has exacerbated pre-existing health conditions. For example, one woman described how her arthritis has worsened as a result of not being able to keep the heat on for as long, due to the increased price of gas. Another woman described how her lymphedema has worsened as a result of no longer being able to afford to go to the swimming pool, which used to help her manage this condition. Several focus group participants also reported having to cancel their gym memberships because of costs, despite needing to use the gym to manage health conditions.

- The cost of treatment and medicines

Several participants reported not being able to afford the treatment or medication necessary to cope with their physical health conditions. In every focus group, participants reported struggling to make GP appointments which has made them more likely to self-diagnose and self-prescribe medication. In some cases, women felt that GP surgeries have also been impacted by the Cost of Living Crisis, and can no longer prescribe as much medication or the same types of medication as before. Several focus group participants reported having to buy their own supplements and medication to cope with their health conditions, which they were struggling to afford.

- Being unable to meet special dietary requirements

Another key issue raised in several focus groups was the impact of the Cost of Living Crisis on women who have special dietary requirements for health or religious reasons. People who have health conditions such as diabetes, coeliac disease, nut allergies or lactose intolerance are forced to stick to a special diet in order to manage their conditions. For example, coeliac disease is a chronic autoimmune condition, for which there is no cure or treatment, and the only way it can be managed is to eat a strictly gluten-free diet. Many people also follow special diets for religious reasons, for example, many Muslims only eat halal food. However, foods that cater to special dietary requirements, such as halal, dairy-free or gluten-free foods, are often more expensive than regular items.

Several focus group participants reported not being able to afford these specialised products and said their health had been negatively impacted as a result of eating foods that were not in line with their required diet. Some participants said that this has caused their physical health condition to worsen and become harder to treat.

### 3.1.4 Other impacts of the Cost of Living Crisis on women

Throughout the focus groups, participants discussed several topics relating to the Cost of Living Crisis, in addition to discussing the impact of the Crisis on their mental and physical health. Some of the most common topics that were discussed included: different ways that women were coping with the Cost of Living Crisis, the importance of women's centres in supporting women during the Crisis, the impact of the Cost of Living Crisis on employment and childcare and specific impacts of the Crisis on marginalised women, such as ethnic minority women, migrant women, and refugees and asylum seekers.

Focus group discussions relating to these topics have been summarised below:

#### *How women are coping with the Cost of Living Crisis:*

- Cutting back on gas and food
- Wearing more layers to keep warm
- Using food banks more regularly
- Buying long-life products instead of fresh products
- Not going on holiday or taking breaks from work
- Not buying anything other than essentials, for example, no new clothes
- Relying on second hand donations
- Relying on food vouchers

#### *The importance of women's centres*

Several participants stressed the importance of women's centres in supporting women during the Crisis by highlighting that they provide:

- A space for women to socialise for free
- "A reason to get up in the morning"

- Food for women and children in need
- Referrals for women to food-banks
- On-site childcare while women access support and training

#### *The impact on employment and childcare*

- Many women are having to work more hours to cover increasing costs
- The increasing cost of childcare is forcing women out of work
- Women who can't work for health conditions or because of their migration status are reliant on a fixed low income that they cannot supplement
- Difficult to find part-time jobs for mothers who are providing care for children or other family members
- "I was worse off actually working. I find people who are working are actually worse off 'cause they get nothing."

#### *Other points of note*

The majority of women who took part in the focus groups described being responsible for their household's grocery shopping. As a result, many of them were familiar with the individual prices of frequently purchased items, and were able to recall the exact changes in prices of items such as milk, bread, baby formula and vegetables. This suggests that women are more likely to notice changes to the price of groceries because they are more likely to be responsible for a household's grocery shop. This also means that women are more likely to be the ones making decisions about what food their family will consume during any given week, which is significant in terms of understanding the close relationship between women's poverty and children's poverty.

In one of the focus groups, participants were particularly keen to point out that although the Cost of Living Crisis is having significant impacts on women, the challenges they are currently facing are not new. These challenges were already there before the Crisis and have been exacerbated as a result of it. This was particularly the case for ethnic minority women, asylum seeker women and migrant women, who already faced significant barriers to providing for themselves and their families before the Cost of Living Crisis began. These barriers include being on a fixed low-income and experiencing language barriers when accessing support, such as food support or healthcare support.

### [3.1.5 Recommendations for change](#)

Focus group participants raised several recommendations for how they believe women could be better supported during the Cost of Living Crisis. These recommendations included:

- Government should be restored at Stormont
- Increased investment for training NHS nurses
- Ensure all healthcare staff receive a living wage

- Embed a more joined-up approach to healthcare and improve communications between hospitals and GP surgeries
- Increased investment in women's centres who are providing front-line support to women during the Cost of Living Crisis
- Improved training for GP receptionists who are responsible for triaging patients before they can speak to a GP

### 3.2 Survey Data

This section of the report will present data obtained through an anonymous online survey that was open for 7 weeks and received 126 responses.

#### 3.2.1 Demographics

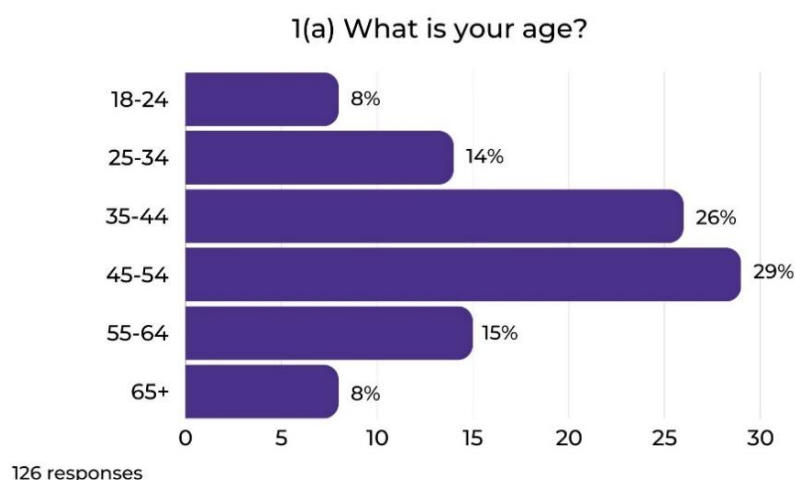
A series of questions relating to demographics were asked at the beginning of the survey to capture a profile of who responded to this survey and identify gaps in terms of representation.

##### *Q1(a) What is your age?*

Survey respondents were asked to select their age from a multiple choice list. Responses to this question showed that:

- 8% were aged 18-24 years
- 14% were aged 25-34 years
- 26% were aged 35-44 years
- 29% were aged 45-54 years
- 15% were aged 55-64 years
- 8% were aged 65+ years

This data has been visualised by the graph below:



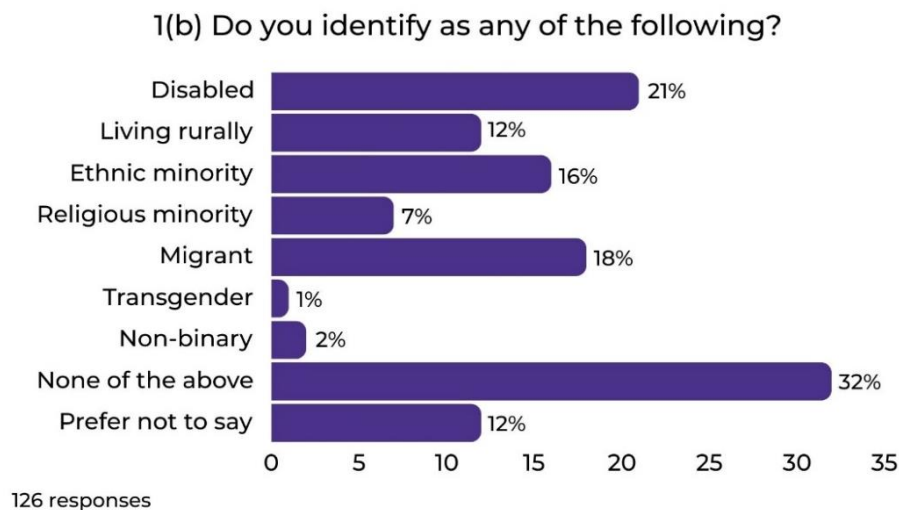
##### *Q1(b) Do you identify as any of the following?*

Survey respondents were asked if they identified as any of the following: disabled, living rurally, ethnic minority, religious minority, migrant, transgender or non-

binary. This question was asked to capture levels of representation among marginalised communities in this research. Respondents could select more than one option in response to this question. Responses to this questions showed that:

- 21% of respondents identified as disabled
- 12% of respondents said they live rurally
- 16% of respondents identified as being from an ethnic minority community
- 7% of respondents identified as being from a religious minority community
- 18% of respondents identified as being a migrant
- 1% of respondents identified as transgender
- 2% of respondents identified as non-binary
- 32% of respondents selected 'none of the above'
- 12% of respondents preferred not to answer this question

This data has been visualised by the graph below:



### *Q1(c) What County do you live in?*

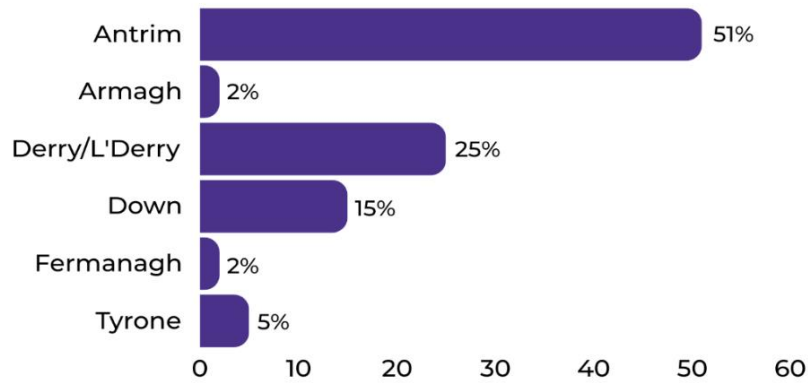
Survey respondents were asked to indicate which County they live in. This question was asked to capture the geographical spread of survey respondents. Responses to this question showed that:

- 51% of respondents were from County Antrim
- 25% of respondents were from County Derry/ Londonderry
- 15% of respondents were from County Down
- 5% of respondents were from County Tyrone
- 2% of respondents were from County Armagh
- 2% of respondents were from County Fermanagh

This data has been visualised by the graph on the following page.



### 1(c) What County do you live in?



126 responses

### 3.2.2 Health Impacts

The second section of the survey asked participants questions relating to how their health has been impacted by the Cost of Living Crisis.

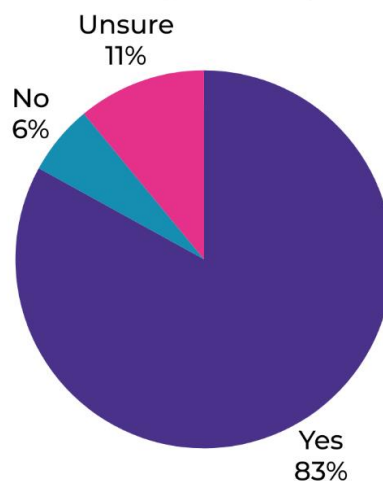
#### Q2(a) Has your health been impacted by the Cost of Living Crisis?

Survey respondents were asked if their health had been impacted by the Cost of Living Crisis. There were 126 responses received for this question. Responses to this question showed that:

- 83% said their health had been impacted by the Cost of Living Crisis
- 11% were unsure if their health had been impacted by the Cost of Living Crisis
- 6% said their health had not been impacted by the Cost of Living Crisis

This data has been visualised by the graph below.

#### 2(a) Has your health been impacted by the cost of living crisis?



126 responses

**Q2(b) If yes, in what way has it been impacted?**

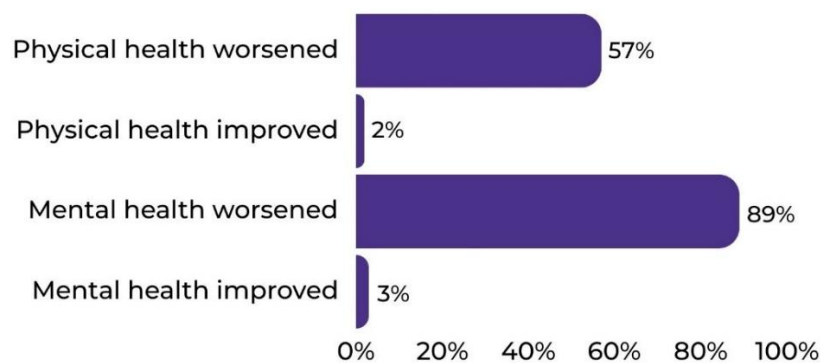
Survey respondents who responded 'yes' to the previous question were then asked how their health had been impacted by the Cost of Living Crisis. These impacts were divided into physical health and mental health impacts. There were 114 responses received for this question.

Responses to this question showed that, as a result of the Cost of Living Crisis:

- 89% said their mental health had worsened
- 57% said their physical health had worsened
- 3% said their mental health had improved
- 2% said their physical health had improved

This data has been visualised by the graph below.

**2(b) If yes, in what way has it been impacted?**



114 responses

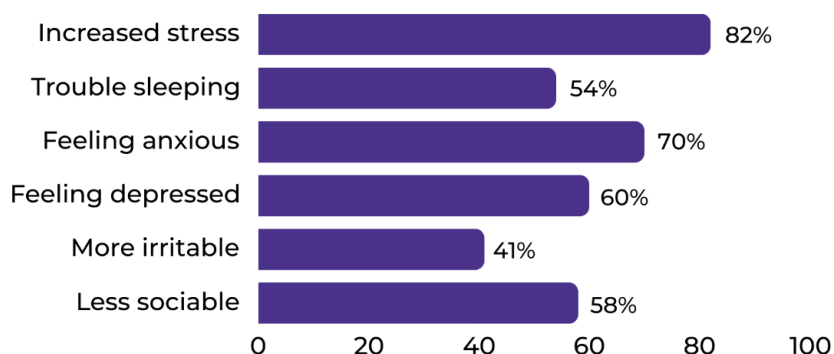
**Q2(c) If the cost of living has negatively impacted your mental health, in what way has it been impacted?**

Survey respondents who said their mental health had been negatively impacted by the Cost of Living Crisis were then asked to give more detail about how it had been impacted. There were 120 responses received for this question. Respondents could select multiple options in response to this question. Responses to this question showed that:

- 82% have experienced increased stress
- 70% reported feeling anxious
- 60% reported feeling depressed
- 58% reported feeling less sociable
- 54% reported having trouble sleeping
- 41% reported feeling more irritable

This data has been visualised by the graph on the following page.

2(c) If the cost of living crisis has negatively impacted your mental health, in what way has it been impacted?



120 responses

*Q2(d) Please use the box below to tell us more about how your physical and/ or mental health has been impacted by the Cost of Living Crisis.*

Survey respondents were asked to provide more detail about how their health has been impacted by the Cost of Living Crisis. This question received 94 qualitative responses and several health impacts were identified. An analysis of this qualitative data has been provided below.

**Key findings:**

- 1. Mental health impacts were more commonly reported than physical health impacts**

The vast majority of people who responded to this question referenced the impact of the Cost of Living Crisis on their mental health. Many of these responses also mentioned impacts on their physical health, but where only one type of impact was mentioned, it was more common for mental health to be cited than physical health.

- 2. The most commonly cited mental health impacts were increased stress, anxiety, isolation and depression**

Several impacts on mental health were identified in response to this question. The most commonly cited impacts were increased stress, anxiety, isolation and depression. Other impacts cited by respondents included feelings of being a failure, feeling over-worked, unmotivated, angry, irritable, afraid, low mood, feeling less able to cope, lower self-esteem, lower self-confidence and feeling less sociable.

The following quotes provide a sample of responses that referenced mental health impacts of the Cost of Living Crisis:

*... I'm hopeless for the future; I see myself in a generation that will never own anything, that will always be struggling to afford things...*

*I am constantly worried about the cost of everything and how we will cope when our mortgage deal expires in the coming months...*

*I feel like a failure as a mother as I can't give my children a fulfilled substantial life as I can't afford to take my children on days out or treat them to nice things...*

*All I do is worry about how I'm paying my bills & buying food. Very rarely get a full night sleep now because of worrying...*

*Constant stress and worry about paying bills and bills yet to come, I've become a very anxious person and am constantly irritable and not nice company.*

*Constant worry. More cross at home. Can't go out, don't want to go out.*

- 3. The most commonly cited physical health impacts were issues with sleeping, exercising less, being cold for long periods of time and eating less nutritious food**

Several impacts on physical health were identified in response to this question. The most commonly cited impacts were issues with sleeping, exercising less, being cold for long periods of time and eating less nutritious food. Other physical health impacts included feeling tired, low energy, hungry, period poverty, lower levels of fitness, dental issues, physical pain e.g. headaches and muscle tension, untreated health issues (due to not being able to afford private healthcare), seizures, worsening of pre-existing health conditions, weight gain/ loss and mobility issues.

The following quotes provide a sample of responses that reference physical health impacts of the Cost of Living Crisis:

*... I don't put my heating on and I minimise my electricity usage, making winter months a struggle...*

*Due to Cost of Living Crisis I cannot afford badly needed dental treatment, without one I am in constant pain, cannot eat properly, lost weight, all the time stressed and angry.*

*More seizures and lack of sleep, then oversleeping. physically ache all over, bad headaches, irritable and anxious all the time.*

*... I do not put the heating on and have cut back on food and do not go out as I cannot afford to...*

*Buy cheaper items. Not always the healthiest.*

- 4. The majority of physical health impacts reported were experienced in tandem with mental health impacts**

The majority of responses that cited physical health impacts also cited mental health impacts of the Cost of Living Crisis. In many cases, the physical and mental

health impacts were connected in some way, for example, mental health issues often led to or exacerbated physical health issues, and in other cases, physical health issues contributed to the worsening of mental health issues.

The following quotes provide a sample of responses that referenced linkages between their worsening mental and physical health.

*Worried about being able to pay bills and look after family the same way I have been. [I] think the stress is now causing aches and pains across my body, migraines.*

*Grinding my teeth at night led to teeth problems and I lost a number of teeth.*

*... Spending more time at home. As a result, diet has been affected, leading to a weight gain, affecting self-esteem.*

*Stressed - triggers flares ups.*

*I used to go to the gym, pool and yoga twice weekly to help both my physical and mental health. It was also a way of being sociable. I can't afford the petrol or the fees now so I am spending more time at home. I have been feeling more lonely and lower in mood. I go walking with my dog but my all round fitness isn't as good as it was.*

##### **5. Disabled women were more likely than non-disabled women to report that their physical health had been impacted by the Cost of Living Crisis**

Respondents who identified as disabled were more likely than non-disabled respondents to report that their physical health had been impacted by the Cost of Living Crisis. For many respondents, the Crisis has exacerbated pre-existing health conditions and made it harder to manage them. Several respondents explained how they were struggling to afford the additional costs associated with managing their conditions, such as, increased energy and electricity bills to support the use of at-home medical equipment. Other respondents reported cancelling gym memberships, not travelling for doctor appointments and no longer purchasing specialist treatments that aren't available on the NHS. Some examples of worsening health conditions included increased pain, issues sleeping, mobility issues and flare-ups of skin conditions.

The following quotes provide a sample of responses that demonstrate this disproportionate impact on disabled women:

*... My medical device (an enteral pump used for tube feeding) wouldn't work, because the sensor in it which detects that I've plugged the tubing in correctly does not function at very low temperatures... It has recurred a few times since during bitter cold. When that's happened, I've had to turn on a little electric heater and put the pump right next to it just to make the sensor work well enough to initiate a feed...*

*I've lower back pain and sciatica, it was cure[d] when visit[ing the] gym (refer[red] by GP). The pain [has] now come back. I need to go to the gym but can't afford the membership...*

*... Less opportunities to get out and about. As I am a Fibromyalgia sufferer this does cause me to be less mobile and this can lead to trouble getting a good night's sleep.*

### **Other findings**

There were also several responses to this question that explained how the Cost of Living Crisis has led to more women and girls experiencing period poverty. For example:

*... I can't even afford to buy menstrual products anymore and always use the free ones available at work - there's barely any dignity left for us...*

*... I've found myself having to pick between electric and sanitary products...*

Other respondents noted the health impacts of being on NHS waiting lists and how they have been unable to get treatment for conditions because they cannot afford to go privately.

### **3.2.3 Grocery Shopping**

This section of the survey focused on how the Cost of Living Crisis has impacted people's grocery shopping and the implications of this for physical and mental health.

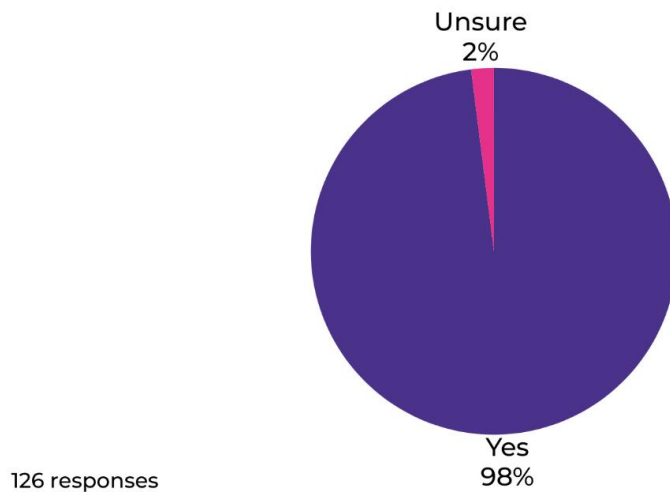
#### **Q3(a) Has the Cost of Living Crisis impacted your grocery shopping?**

Survey respondents were asked if the Cost of Living Crisis had impacted their grocery shopping. There were 126 responses received for this question. Responses to this question showed that:

- 98% said the Cost of Living Crisis has impacted their grocery shopping
- 2% said they were unsure if the Cost of Living Crisis has impacted their grocery shopping
- 0% said the Cost of Living Crisis has not impacted their grocery shopping

This data has been visualised by the graph on the following page.

### 3(a) Has the cost of living crisis impacted your grocery shopping?



### Q3(b) If so, in what way(s) has it impacted your grocery shopping?

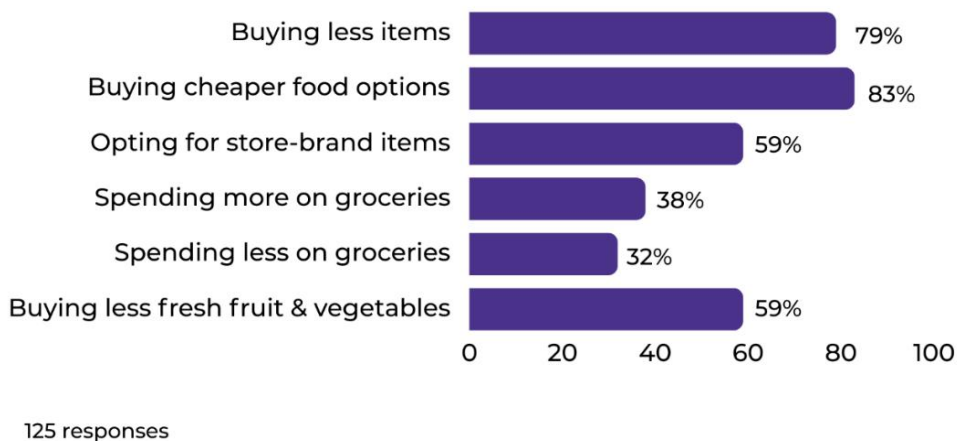
Survey respondents were asked to provide more detail on how the Cost of Living Crisis has impacted their grocery shopping. Respondents could select multiple options in response to this question and 125 responses were received.

Responses to this question showed that:

- 83% of women reported buying cheaper food options
- 79% of women reported buying less items
- 59% of women reported opting for store-brand items
- 59% of women reported buying less fresh fruit and vegetables
- 38% of women reported spending more on groceries
- 32% of women reported spending less on groceries

This data has been visualised by the graph below.

### 3(b) If so, in what way(s) has it impacted your grocery shopping?



**Q3(c) Are there any other ways that your grocery shopping has been impacted by the Cost of Living Crisis?**

This question aimed to capture any additional ways that respondents' grocery shopping has been impacted by the Cost of Living Crisis, aside from the impacts that were listed in Question 3(b). This question was optional and received 78 responses. In response to this question, respondents noted several ways that their grocery shopping has been impacted in addition to the impacts listed above.

The most common responses to this question included:

- Cutting back on the number of meals consumed per day
- Eating food that is past its best-before date
- Eating more frozen and tinned food
- Eating less meat and fish
- Eating less fresh fruit and vegetables
- Going to the shops less to save money on fuel
- Buying only the essentials and no treats or extras
- Buying food with reduced prices

The quotes below provide a sample of responses to this question:

*I'm counting all my pennies.*

*Eating less healthy because the healthier options more expensive.*

*My shopping bill has doubled in the last 6-12 months. We use to get a week's food, toiletries, dog food, for around £20-25 now it's costing me near £55.*

*I now rarely use the supermarket home delivery services that I used to rely on as a disabled person, because it's seldom economically justifiable.*

*No matter what changes you make, the costs increase outweighs them, spending more and cupboards are empty.*

**Q3(d) Has your health been impacted by any changes to your grocery shopping?**

Survey respondents were asked if their health had been impacted by any changes to their grocery shopping. There were 126 responses received for this question.

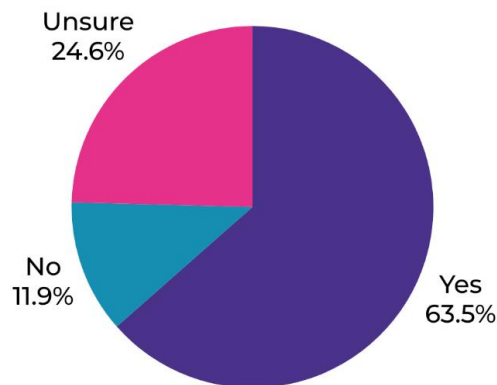
Responses to this question showed that:

- 63.5% said their health had been impacted by changes made to their grocery shopping as a result of the Cost of Living Crisis
- 24.6% were unsure if their health had been impacted by changes made to their grocery shopping as a result of the Cost of Living Crisis
- 11.9% said their health had not been impacted by changes made to their grocery shopping as a result of the Cost of Living Crisis

This data has been visualised by the graph on the following page.



3(d) Has your health been impacted by any changes to your grocery shopping?



126 responses

*Q3(e) Please use the box below if you would like to tell us more about how your health has been impacted by any changes to your grocery shopping.*

This question was optional and received 73 responses. In response to this question, respondents reported a multitude of ways that their health has been impacted by changes to their grocery shopping.

The most commonly cited health impacts included:

- Tiredness/ low energy/ fatigue
- Deficiencies in key vitamins and minerals
- Increased stress levels
- Increased anxiety levels
- Weight gain
- Headaches
- Trouble sleeping
- Exacerbation of pre-existing health issues e.g. Diabetes, IBS, osteoporosis

These health impacts were most commonly attributed to the following factors:

- Buying cheaper, lower quality food
- Eating less fresh fruit and vegetables
- Eating less meat and fish
- Mums eating less so children can have more
- Not being able to afford food for special dietary requirements

There were several responses from women that referenced cutting back on their own food intake to prioritise feeding their children. This included saving the fresh fruit and vegetables for their children and opting for cheaper, lower quality food for themselves. This finding echoes the findings of the Women's Regional Consortium (2023) research that found that women were the 'shock absorbers' of poverty, and in times of financial difficulty, often prioritise their children's needs over their own. This reality is demonstrated by the following quotes from survey respondents:

*Can't afford food for both myself and the kids so I'll just buy for the kids.*

*I find I eat less fruit and veg simply because the fruit I buy I make sure the boys get it. I'd quicker have a coffee and piece of toast before having a lunch.*

*I've no want anymore to cook dinners for myself, just for my kids.*

Another key finding was the disproportionate impact of rising food prices on people with pre-existing health conditions and special dietary requirements. Prior to the Cost of Living Crisis, products for people with dietary requirements, such as gluten free or dairy free products, were already considerably more expensive than regular items. However, as a result of the crisis, these prices have risen even more, making it more difficult for people with dietary requirements to follow a diet that will promote good health. This also impacts people who follow specialised diets, such as halal or vegetarian, for religious or cultural reasons.

*I'm coeliac and I can't afford the option that would be the best.*

*I've special diet like sugar diet and halal. I've to switch to vegetarian which is more cheaper than halal diet and meat diet.*

*I have iron deficiency. I had to stop buying meat and less fruits which made my health bad.*

*Have lung and kidney disease and osteoporosis need healthy balanced diet.*

*I would like to buy more natural products for myself and my home as I am still on Cancer treatment but cannot afford these...*

Several survey respondents also described how their mental health has been impacted by changes to their grocery shopping. For example:

*... Mentally, it's hard to open you're fridge when you're hungry and see it basically empty.*

*... It all adds up and wears me out. As a person with a condition that causes fatigue, this is unhelpful.*

### 3.2.4 Accessing healthcare

This section of the survey focused on the experiences of women when accessing healthcare during the Cost of Living Crisis.

#### **Q4(a) Have you sought support for your physical or mental health in the last 12 months?**

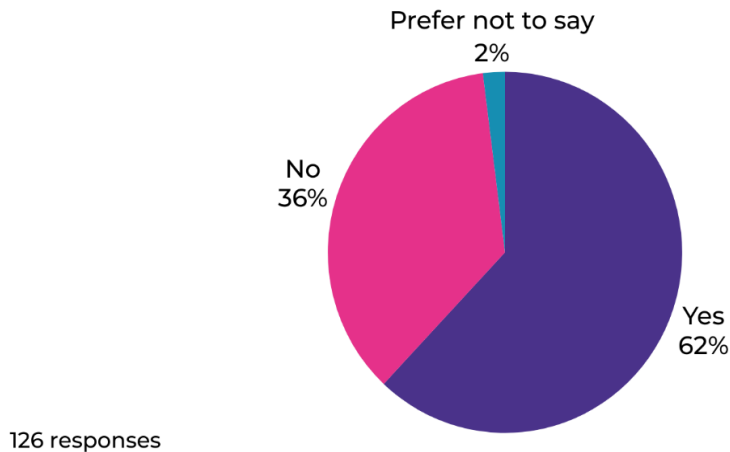
Survey respondents were asked if they had sought support for their physical or mental health in the last 12 months. There were 126 responses received for this question. Responses to this question showed that:

- 62% had sought support for their physical or mental health in the last 12 months

- 36% had not sought support for their physical or mental health in the last 12 months
- 2% preferred not to say if they had sought support for their physical or mental health in the last 12 months

This data has been visualised by the graph below.

**4(a) Have you sought support for your physical or mental health in the last 12 months?**



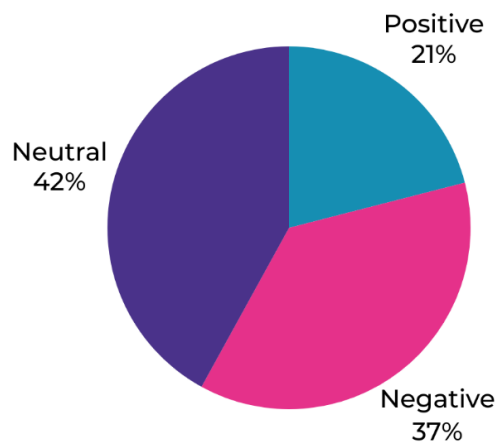
**Q4(b) If yes, how would you describe this experience of seeking support?**

Survey respondents were asked to describe their experience of seeking support for their physical or mental health. This question was optional and 83 responses were received for this question. Responses to this question showed that:

- 37% described their experience of seeking support for their health as 'negative'
- 42% described their experience of seeking support for their health as 'neutral'
- 21% described their experience of seeking support for their health as 'positive'

This data has been visualised by the graph on the following page.

4(b) If yes, how would you describe this experience of seeking support?



83 responses

**Q4(c) Please use the box below to tell us more about the support you received and how satisfied you were with this experience.**

This question was optional and received 69 responses. Types of support cited in response to this question included support from GPs, hospitals, private health professionals, charities, community organisations and women's centres.

The most commonly cited issues with accessing healthcare support included:

- Being unable to make a GP appointment
- Long NHS waiting lists for mental health support
- Long NHS waiting lists for appointments, scans and procedures
- Lack of follow up communication from GP surgeries

Of the above list, issues with making a GP appointment were the most commonly cited. The quotes below provide a sample of responses that reference experiencing issues with trying to make a GP appointment.

*...I haven't had a face to face doctor's apt for myself since before the pandemic...*

*So difficult to get GP appointment, usually just try to deal with anxiety myself rather than going back to GP.*

*Difficult to get through to make appointment, long wait for scans*

*... So difficult to get an appointment with the G.P. - having to take time off work to see G.P...*

*I haven't been to the doctors since 2019 apart from getting my covid & flu vaccines because it takes that long to get an appointment and if I do the date is so far away I end up cancelling because my symptoms have lessened and then this stresses me out because I think I'm a hypochondriac*

*I found it very difficult to get anywhere with the GP. On average I ring 250 times to get through. I work and don't have time to spend constantly phoning...*

In several cases, women described having to seek support from charities, community organisations and women's centres because they could not access support through their GP surgery. The quotes below provide a sample of responses which refer to accessing support outside NHS:

*... I'm lucky enough to work for a non-profit organization who specialize in mental health and well-being, they provided me free 12 week counseling sessions which were extended for free, and my colleagues have become my support system.*

*The support is not there on a statutory level. I've been able to find it from a voluntary organisation but the GP was unable to help at all.*

*I have had more support from other women by going to women's centre as they are having same problems.*

*Been contacting local charities and food banks. Positive experiences mostly.*

*I have received little to no support in regards to my mental health, other than my family and friends, no help from the professionals.*

*I ended up seeking help with Atlas Women's Centre and they have been amazing. Although shouldn't have to ask a charity.*

Many women also described the impact of being on long NHS waiting lists for health issues. For example:

*I first got in touch with my GP, then got assessed by the Mental Health team and now I'm on a 3 year waiting list to see a psychiatrist. I'm on medication for anxiety, and they've referred me to other support services who I'm still on a waiting list for...*

*... I will be very honest: the long wait times for both of these services have absolutely broken my mental health this year. I've desperately needed that support and struggled without it, and with our high per capita rates of autism in NI, I will not be the only one...*

*... I have been referred to the Community Mental Health team twice but no appropriate services available, and now on a 5 year waiting list for ADHD and Autism assessments...*

*Waiting lists are ridiculous currently. Especially for 'women's' health issues. I have been waiting a year for an appointment already for suspected endometriosis. I have chronic pain but there is absolutely nothing else my GP or I can do...*

*I've been waiting on a rheumatology appointment for months. I have really bad pain in my hands which gets worse in winter...*

**Q4(d) Are there any ways you think this support could have been improved?**

Survey respondents were asked if they had any suggestions for how this healthcare support could have been improved. This question was optional and 57 responses were received.

Survey respondents suggested several ways that healthcare support could be improved in Northern Ireland which included:

- More face-to-face appointments
- Better linkages between parts of the health service
- The re-establishment of an Executive at Stormont
- Better support for people on waiting lists
- More accessible healthcare
- Better communication between patients and healthcare workers
- Better pay for healthcare staff
- More counselling services made available and for longer time periods
- Should be easier to make GP appointments (not just between 8-9am)
- More investment in the NHS to reduce waiting lists
- Training for GP receptionists on mental health issues
- Support for families on low incomes and single people

In response to Questions 4c and 4d, several respondents noted the importance of taking a patient-centred approach to healthcare. This included making sure that patients feel listened to and respected when they are seeking support, which is more easily done in-person, rather than over phone calls. For example:

*In person visits from my consultant at the Royal Victoria. I have never met my consultant and I would appreciate a more patient centred approach which can only come from understanding my needs holistically, which is better understood by in-person appts.*

*... Sometimes, when you get an appointment or you finally get sessions with a mental health community worker, they just forget to phone you. That's so damaging when you're so vulnerable. There needs to be a system where patients aren't forgotten and if they miss a call that they aren't just left to deal with their problems...*

Several respondents referenced the importance of getting an Executive back up and running to adequately tackle the issues in our health service. For example:

*... There needs to be an Executive back actually working at Stormont so we can urgently get these issues sorted, and Westminster need to stop torturing the people of Northern Ireland by gutting our health budget...*

### 3.2.5 Impact on Family and Care

This section of the survey focused on the impacts of the Cost of Living Crisis on women's families and care responsibilities.

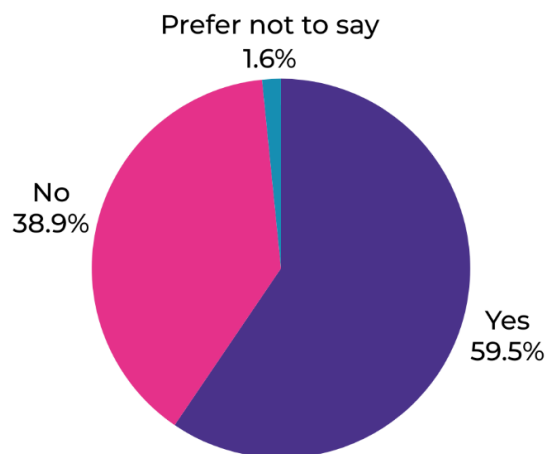
#### ***Q5(a) Do you have any caring responsibilities?***

Survey respondents were asked if they had any caring responsibilities. There were 126 responses received for this question. Responses showed that:

- 59.5% of respondents had caring responsibilities
- 38.9% of respondents did not have caring responsibilities
- 1.6% of respondents preferred not to say whether or not they had caring responsibilities

This data has been visualised by the graph below.

#### **5(a) Do you have any caring responsibilities?**



126 responses

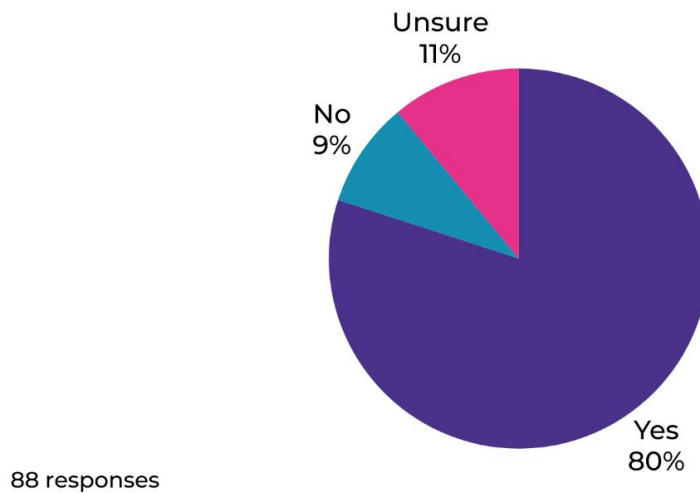
#### ***Q5(b) If yes, has the Cost of Living Crisis impacted these responsibilities?***

Survey respondents were asked if the Cost of Living Crisis had impacted their care responsibilities. There were 88 responses received for this question. Responses showed that:

- 80% said these responsibilities have been impacted by the Cost of Living Crisis
- 11% were unsure if these responsibilities have been impacted by the Cost of Living Crisis
- 9% said these responsibilities have not been impacted by the Cost of Living Crisis

This data has been visualised by the graph on the following page.

5(b) If yes, has the cost of living crisis impacted these responsibilities?



Q5(c) If yes, how has the Cost of Living Crisis impacted your care responsibilities?

Survey respondents who said that their care responsibilities had been impacted by the Crisis were then asked how these responsibilities have been impacted. This question was optional and 56 responses were received. The five most commonly cited ways that the Cost of Living Crisis has impacted care responsibilities included:

- Negative impacts on mental health
- Struggling to afford food for those they care for
- No longer able to take children out for activities
- Increasing costs of childcare
- Increased petrol costs associated with care

These five most commonly cited impacts have been discussed below.

1. **Negative impacts on women's mental health**

Several respondents said that the Cost of Living Crisis has put increased pressure on their care responsibilities which has led to poorer mental health. The most commonly cited mental health impacts were increased stress, anxiety and low mood. Other impacts included becoming more irritable, angry, less sociable and feeling guilt or shame as a result of not being able to adequately provide for the people they care for. Several respondents felt that these changes to their mental health had led to strained relationships with their family or people they care for. The quotes below provide a sample of responses that highlight this issue:

*I feel like less of a mother as I can't give my children the life I had as a child. That affects my mental health which then impacts my kids as I am not at my best as a mother.*

*I'm more stressed and finding hard to stay calm when assisting family.*



## 2. Struggling to afford food for those they care for

In response to this question, several respondents described struggling to afford school meals, hot food and healthy options for the people they care for. One respondent explained how she cares for her grandchildren but can no longer afford for them to stay over at her house because of the associated costs of food.

*Care for grandchildren at times, but unable to afford for them all to stay over and feed them with costs increasing. Can't help my adult children the way I would want.*

The increasing cost of school meals and holiday hunger was mentioned by several respondents as particular issues for women with school-age children. For example:

*Last year I was able to avail of the holiday hunger payment from EA but this has now been stopped.*

*I can't pay for school meals or afterschool clubs as it has become impossible.*

## 3. Increasing costs of childcare

Several respondents cited the increasing cost of childcare as a key impact of the Cost of Living Crisis on their care responsibilities. Many respondents explained that it was cheaper for them to stay at home and care for their children than to go to work and pay for childcare. This demonstrates how the lack of affordable childcare provision in Northern Ireland is acting as a key barrier to women's employment.

The quotes below provide a sample of responses that highlight this issue:

*Childcare costs and provision is horrendous in Northern Ireland. I cannot afford to work more than part time due to this. To have 2 of my children in after-schools childcare and one in all day would cost me £100/day term time and £135 on school holidays. The tax free childcare system is extremely difficult to navigate as my husband is self-employed. This system is totally against women.*

*I wanted to work but when the childcare cost is too expensive I forget about my plan to work and prefer to look after my child by myself.*

*I used to work, and because childcare has got so dear, I now have to be a stay-at-home mum, which has decreased my social life.*

*Not able to afford childcare. Working after child is in bed in the evening to make up for it.*

## 4. Increased petrol costs associated with care

Many people with care responsibilities have additional costs associated with travel. This travel can include travelling to appointments, to someone's house or doing school runs. The Cost of Living Crisis has led to an increase in the price of petrol, which has meant that the cost of essential travel for people with care

responsibilities has also increased. The quotes below provide a sample of responses that highlight this issue:

*Fuel costs increased, so has my son's appointments, whereby more travel to take him to appointments.*

*I care for 2 family members 1 has severe additional needs and the other has medical needs and memory loss issues. It costs money to attend appointments and neither of these people drive, I have to drive them to their various appointments which takes petrol money that I don't always have.*

*... My adult daughter also suffers with physical and mental ill health and, especially in times of crisis, I have a caring role for her. She lives and works in Belfast and with the high cost of fuel, we can no longer see each other on a regular basis...*

#### **5. No longer able to take children out for activities**

Several respondents who had childcare responsibilities described no longer being able to take their children or grandchildren out for activities or provide opportunities for them to develop their hobbies and interests. For those who cited this issue, it was common for them to also describe feelings of guilt and shame.

The quotes below provide a sample of responses to this question:

*I no longer have "spare" money to take the kids on days out or for treats. It is very tough when we're cooped up at home together, especially during the school holidays...*

*I can't enjoy myself as much with the grandkids as I can't take them out or do stuff I used to do.*

*I stop take my kids out on places like funky monkey or been part of football or swimming.*

*I can't take my children to practice their hobbies because I have 4 and the prices are not suitable for me.*

*Had to reduce activities and opportunities the kids want to avail of as I don't have the money for it.*

**Q5(d) Please use the box below to describe any other impacts of the Cost of Living Crisis on your family or people you care for.**

Survey respondents were asked to highlight anything additional or emphasise any impacts they had previously cited. This was an optional question and 49 responses were received. The most commonly cited impacts noted in response to this question included:

- Impact on carers' mental health
- Concerns about the wellbeing of those being cared for
- Social isolation and not seeing family and friends as often

These impacts have been elaborated upon below.

### 1. The impact on carers' mental health

Several respondents emphasised that the Cost of Living Crisis is having a significant impact on their mental health, particularly in relation to their care responsibilities. The most commonly cited mental health impacts included increased stress, anxiety, isolation, depression, loneliness and trouble sleeping. These impacts make it more difficult for women to provide care which in turn can have negative impacts on the people they care for.

The quotes below provide a sample of responses to this question that cited mental health impacts of the Cost of Living Crisis:

*Constant low level stress; inability to plan with any degree of certainty; inability to even consider retiring at 66, concerns over older family members needing surgery and being unable to avoid to go private while NHS lists are so long they may die first...*

*... I feel we're all much more depressed and unable to socialise because of the financial strains we are all going through.*

*Loneliness, sleep problems, social isolation due to not having money to do things my family and I enjoy.*

*Social isolation and loneliness - Poor sleeping - Frustration - Poor quality of living*

*The cost of living has increased everyone's stress levels. It's hard to cohabit and there not be tension from never having any surplus money.*

*Stress and anxiety, running out of food, sitting in the cold, even been told could be homeless.*

### 2. Concerns about the wellbeing of those being cared for

Several respondents described feeling anxious about the impact of the Cost of Living Crisis on the people they care for, such as parents, children and grandchildren. This included raising concerns about their children's future, the impact of poor nutrition, worsening mental health and not being able to provide what they need, such as clothes or school supplies. The following quotes provide a sample of responses relating to these concerns:

*The Cost of Living Crisis is causing a lot of problems within my family: e.g., lack of nutrition, unable to afford things we need daily, unable to provide a fulfilled happy life for my children.*

*Ability to do normal things like go to cinema, buy clothes they need, new big purchases e.g. new bicycle desperately needed.*

*I worry about the future, how this is going to impact on my children and grandchildren, how they getting professional help, dental, the waiting lists are just seem to be getting longer for children with problems to be assessed.*

*Has impacted on the level of physical and emotional support I can give to my daughter who is a student.*

### **3. Social isolation and not seeing family and friends as often**

Several respondents described how they are no longer able to see their family and friends as much, due to the rising costs of transport, food and social activities, and how this has increased their social isolation and feelings of loneliness. This is particularly an issue for women living rurally who might need to take longer journeys to visit friends and family. The quotes below provide a sample of responses that speak to this issue:

*As I live in a fairly remote rural area I used to travel to meet friends in town for lunch or an evening out, but this has become mostly unaffordable. Likewise, my friends who are also finding money tight, cannot afford the fuel to come and visit me very often so I am beginning to feel quite isolated...*

*We see less of each of other whereas before we would have been more sociable visiting each other. I feel we're all much more depressed and unable to socialise because of the financial strains we are all going through.*

*... I lost my Mum to cancer in January, and can't get home to see my 80 year-old Dad as often as I'd like. Time is precious with him and I'm so angry really that first it was COVID that kept me from seeing my family (just when my daughter was born), and now it's the COL crisis.*

*My daughter who is at Uni in England cannot afford to come home often and I cannot afford to go to see her. This causes us both stress and upset.*

*Not able to do family days out or some special things, and not able to have holiday.*

These responses relating to social isolation were often directly related to other responses mentioned previously which describe the mental health impacts of the Cost of Living Crisis.

# Key Findings



## 4. Key Findings

The following section provides a summary of findings based on the quantitative and qualitative primary research data presented in section 3 of this report.

### 4.1 Key Focus Group Findings

Qualitative data collected during **7 focus groups with 63 women** showed that:

- The most commonly cited impacts of the Cost of Living Crisis on mental health included:
  - Increased stress and anxiety
  - Increased isolation and loneliness
  - Low mood and depression
  - Feelings of guilt and of being a 'failure'
  - Feeling like a 'human calculator'
- The most commonly cited impacts of the Cost of Living Crisis on physical health included:
  - The development of new health conditions
  - The exacerbation of pre-existing health conditions
  - The increasing cost of treatment and medicines
  - Being unable to meet special dietary requirements
- The majority of focus group participants first noticed the material impacts of the Cost of Living Crisis when household essentials, such as groceries, petrol, electricity and gas, became more expensive.
- Women's centres are providing frontline support to women who are at risk of poverty by providing food, signposting and mental health support.
- The Cost of Living Crisis is forcing many women out of work who cannot afford to pay for childcare, and forcing many women who are providing care to seek additional sources of work on top of their caring responsibilities.

### 4.2 Key Survey Findings

Quantitative survey data from an **online survey with 126 responses** showed that:

- 83% of respondents said their health had been impacted by the Cost of Living Crisis
- 89% of respondents said their mental health had worsened as a result of the Cost of Living Crisis
- As a result of the Cost of Living Crisis:
  - 82% of respondents reported increased stress levels
  - 70% of respondents reported feeling anxious
  - 60% of respondents reported feeling depressed
- 80% of respondents who have care responsibilities said these responsibilities had been impacted by the Cost of Living Crisis
- 98% of respondents said the Cost of Living Crisis had impacted their grocery shopping. Of these respondents:
  - 83% reported buying cheaper food options

- 79% reported buying less items
- 59% reported buying less fresh fruit and vegetables

Qualitative survey data showed that:

- The most commonly cited physical health impacts were issues with sleeping, exercising less, being cold and eating less nutritious food
- Disabled women were more likely than non-disabled women to report that their physical health had been impacted by the Cost of Living Crisis
- Commonly reported changes to diet as a result of the Cost of Living Crisis included:
  - Cutting back on the number of meals consumed per day
  - Eating food that is past its best-before date
  - Eating more frozen and tinned food
  - Eating less meat and fish
  - Eating less fresh fruit and vegetables
- The most commonly cited ways that the Cost of Living Crisis has impacted care responsibilities included:
  - Negative impacts on mental health
  - Struggling to afford food for those they care for
  - No longer able to take children out for activities
  - Increasing costs of childcare
  - Increased petrol costs associated with care
  - Negative impact on carers' mental health
  - Increased levels of social isolation
- The most commonly cited issues with accessing healthcare support included:
  - Being unable to make a GP appointment
  - Lack of follow up communication from GP surgeries
  - Long NHS waiting lists for mental health support
  - Long NHS waiting lists for appointments, scans and procedures

# Conclusion





## 5. Conclusion

### 5.1 Concluding Remarks

This research report has presented findings from primary research conducted by WRDA on the impact of the Cost of Living Crisis on women's health. The findings from this research paint a stark picture of how the Cost of Living Crisis is impacting both women's physical and mental health, and highlights the need for urgent intervention from civil servants, political representatives and policy-makers.

The ongoing Cost of Living Crisis is affecting everyone in Northern Ireland, however, because women are more likely to be single parents, experience poverty, and have care responsibilities, they are being disproportionately impacted. The impacts of the Cost of Living Crisis are not gender neutral and it is crucial that these gendered impacts are highlighted and directly addressed.

The Cost of Living Crisis is taking place during a period of political instability in Northern Ireland, and at a time when we are seeing unprecedented cuts to public funding. Throughout this research, women have emphasised the need for government to be restored in Northern Ireland so that politicians can provide leadership and take action to support women through the Cost of Living Crisis. For example, by implementing the long overdue Childcare Strategy that would remove barriers to women accessing the workforce and reduce the strain on their household income.

### 5.2 Recommendations

Based on the findings presented in this report, WRDA has made the following recommendations aimed at better supporting women's health through the Cost of Living Crisis:

1. The Department of Health should urgently implement a Women's Health Strategy for Northern Ireland
2. The Department of Education should urgently implement the long-overdue Childcare Strategy for Northern Ireland
3. All of the Social Inclusion Strategies, including the Gender Equality Strategy and the Anti-Poverty Strategy, should be urgently implemented
4. Increase levels of investment in women's centres to ensure they are sustainably funded to provide support to women in their local communities
5. Urgently review levels of benefits in light of the increasing cost of living and increase the level of entitlements for asylum seeker women

### 5.3 Further Information

If you have any questions or queries regarding this research report, please contact the Researcher for this project, Aoife Mallon, at [aoife.mallon@wrda.net](mailto:aoife.mallon@wrda.net) or Elaine Crory at [elaine.croy@wrda.net](mailto:elaine.croy@wrda.net). Any general queries regarding the work of WRDA should be directed to [info@wrda.net](mailto:info@wrda.net).

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- WRC (2023) Primary Research: [Women's Experiences of the Cost-of-Living Crisis in NI](#)

## Appendices

### Appendix A: Focus Group Questions

1. When did you first become aware of the Cost of Living Crisis?
2. How has the Cost of Living Crisis impacted your mental health?
3. How has the Cost of Living Crisis impacted your physical health?

### Appendix B: Survey Questions

#### 1. Demographics

1(a) What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to say

1(b) Do you identify as any of the following?

- Disabled
- Living rurally
- From an ethnic minority community
- From a religious minority community
- Migrant
- Transgender
- Non-binary
- None of the above
- Prefer not to say

1(c) Which county do you live in?

- County Fermanagh
- County Armagh
- County Tyrone
- County Derry/ Londonderry
- County Antrim
- County Down
- Prefer not to say

#### 2. Impact on health

2(a) Has your health been impacted by the Cost of Living Crisis?

- Yes
- No

- Unsure

2(b) If yes, in what way has it been impacted?

- Physical health worsened
- Physical health improved
- Mental health worsened
- Mental health improved

2(c) If the Cost of Living Crisis has negatively impacted your mental health, in what ways has it been impacted? (You can select multiple options)

- Increased stress
- Trouble sleeping
- Feeling anxious
- Feeling depressed
- More irritable
- Less sociable

2(d) Please use the box below to tell us more about how your physical and/or mental health has been impacted by the Cost of Living Crisis.

### 3. Grocery Shopping

3(a) Has the Cost of Living Crisis impacted your grocery shopping?

- Yes
- No
- Unsure

3(b) If so, in what way(s) has it impacted your grocery shopping? (You can select multiple options)

- Buying less items
- Buying cheaper food options
- Opting for store-brand items
- Spending more on groceries
- Spending less on groceries
- Buying less fresh fruit and vegetables

3(c) Are there any other ways that your grocery shopping has been impacted by the Cost of Living Crisis?

3(d) Has your health been impacted by any changes to your grocery shopping?

- Yes
- No
- Unsure

3(e) Please use the box below if you would like to tell us more about how your health has been impacted by any changes to your grocery shopping.

#### 4. Accessing healthcare

4(a) Have you sought support for your physical or mental health in the last 12 months?

4(b) If yes, how would you describe this experience of seeking support?

- Positive
- Negative
- Neutral

4(c) Please use the box below to tell us more about the support you received and how satisfied you were with this experience.

4(d) Are there any ways you think this support could have been improved?

#### 5. Impact on Family and Care

5(a) Do you have any caring responsibilities? For example, childcare responsibilities?

5(b) If yes, has the Cost of Living Crisis impacted these responsibilities? For example, increased costs of providing care or struggling more as a result of changes to your physical or mental health?

- Yes
- No
- Unsure

5(c) If yes, how has the cost of living impacted your care responsibilities?

5(d) Please use the box below to describe any other impacts of the Cost of Living Crisis on your family or people you care for.

### Appendix C: List of Figures and Tables

Figure 1: Gap in poverty rate between ethnic minority and white households

Figure 2: Annual consumer price inflation rate in the UK

Figure 3: Gendered impacts of the Cost of Living Crisis

Figure 4: Health impacts of the Cost of Living Crisis

