

Abstract

We draw on Maslow's hierarchy of needs to conceptualize energy poverty as a disruption of basic physiological and safety requirements—such as adequate heating, clean water, and nutrition—that increases vulnerability to disease and raises healthcare utilization. Using the 2016 Vietnam Household Living Standard Survey, we construct a multidimensional measure of energy poverty and provide causal evidence of its effect on hospitalization admissions. To address endogeneity, we employ a two-stage least squares strategy, instrumenting energy poverty with information and communication technology infrastructure. Results show that energy poverty significantly increases hospitalization rates, partly through lifestyle risk behaviors and lower living standards. Findings are robust to alternative measures and instruments. By focusing on Vietnam, our study uncovers the health burden of energy deprivation in developing countries and highlights the urgency of achieving Sustainable Development Goal 7 (SDG7).