

240 | 6

Views | CrossRef citations to date | 3

Altmetric

Articles

The joint demand for health care, leisure, and commodities: Implications for health care finance and access in Vietnam

Chad D. Meyerhoefer , David E. Sahn & Stephen D. Younger

Pages 1475-1500 | Received 01 Feb 2006, Published online: 05 Jun 2008

Cite this article <https://doi.org/10.1080/00220380701611527>

Sample our Social Sciences Journals

>> [Sign in here](#) to start your access to the latest two volumes for 14 days

Full Article Figures & data References Citations Metrics

Reprint

ABSTRACT

This paper examines the joint demand for health care, leisure, and commodities in Vietnam. It shows that the demand for health care is highly elastic and that the demand for leisure is highly inelastic. The results imply that increasing health care financing through a sales tax on leisure activities would be a more efficient way to increase health care access than increasing health care financing through a sales tax on commodities.

We Care About Your Privacy

We and our 854 partners store and access personal data, like browsing data or unique identifiers, on your device. Selecting "I Accept" enables tracking technologies to support the purposes shown under "we and our partners process data to provide," whereas selecting "Reject All" or withdrawing your consent will disable them. If trackers are disabled, some content and ads you see may not be as relevant to you. You can resurface this menu to change your choices or withdraw consent at any time by clicking the ["privacy preferences"] link on the bottom of the webpage [or the floating icon on the bottom-left of the webpage, if applicable]. Your choices will have effect within our Website. For more details, refer to our Privacy Policy. [Here](#)

We and our partners process data to provide:

...

I Accept

Reject All

Show Purpose and the



Article >

Acknowledgements

This work was part of Chad Meyerhoefer's Ph.D. dissertation at Cornell University. The views expressed are those of the authors, and no official endorsement by the Agency for Healthcare Research and Quality or the Department of Health and Human Services is intended or should be inferred.

Notes

1. For example, Gertler et al. ([1987](#)) find that although user fees generate substantial revenue in Peru, they are accompanied by large reductions in aggregate consumer welfare, with the poor shouldering most of this burden. Sahn et al. ([2003](#)) show that own-price health care elasticities in Tanzania are decreasing in income, suggesting higher fees create larger barriers to care for the poor. Analogously, Deininger and Mpuga ([2005](#)) find that the removal of user fees in Uganda led to improved access to care by the poor and a reduced probability of sickness.
2. This is consistent with the broader literature on the demand for health care services. One notable exception to the lack of research on alternatives to user fees is that on community financing of health care in Carrin ([1992](#)).
3. For example, the demand for health care is significantly higher in the presence of user fees and being significantly higher in the presence of user fees.
4. The elasticity of demand for health care services depends on how health care is financed. This elasticity is significantly higher in the presence of user fees and being significantly higher in the presence of user fees.
5. Our study finds that the elasticity of demand for health care services is significantly higher in the presence of user fees and being significantly higher in the presence of user fees.



6. Another practical reason for restricting the sample in this manner is that the VLSS only collects commune level health centre information in non-urban locations.
7. This is a reasonable assumption given that public clinics are located in each of the surveyed communes and are typically the least expensive treatment alternative. In cases where an individual visited both a pharmacy and non-clinic provider, we model the probability of the former, given the likelihood that the pharmacy visit is for an unrelated minor illness.
8. Private facilities consist mainly of private clinics, since the exclusion of urban households makes private hospital visits highly unlikely. House calls made by doctors/nurses in a private capacity are included in private facilities while those made in an official government capacity are included in public clinics. Pharmacy transactions also include drugs purchased from 'medicine peddlers'. Although the VLSS collects information on traditional (eastern) medical practitioners, only 2.3 per cent of health care demanders used their services. Therefore, traditional practitioners are included in the no-care category.
9. Dow ([1995](#)) also demonstrates via a dynamic model of health inputs that estimates conditional on health status can only capture the short-run effects of policy reform while unconditional estimates yield long-run demand elasticities.

10. It is ... any forms of
preventat ... order to
'diagnos ... correlated
with fact

11. Sahr

12. The ... e. This is
cons

13. Our ... hospitals or
clinics si ... arate from
pharmac



Related Research Data

Are user fees regressive

Source: Elsevier BV

World Development Report 2002

Source: The World Bank

'DOI MOI ' AND HEALTH: THE EFFECT OF ECONOMIC REFORMS ON THE HEALTH SYSTEM IN VIETNAM

Source: Wiley

Strategies for Health Care Finance in Developing Countries

Source: Macmillan Education UK

Household utilization and expenditure on private and public health services in Vietnam.

Source: Oxford University Press (OUP)

THE EFFECTS OF MALE AND FEMALE LABOR SUPPLY ON COMMODITY DEMANDS

Source: JSTOR

Does selection on health status matter?

Source: The World Bank

Economics and Consumer Behavior

Source: Cambridge University Press

Econ

Ugan

Source

Testin

Source

Linkin



Relate

Access

Sonya C

International Journal of Health Economics

Published online: 8 Jun 2023

Home health care facility location problem under demand uncertainty >

Pooya Pourrezaie-Khaligh et al.

INFOR: Information Systems and Operational Research

Published online: 2 Jan 2024

Abortion Care is Health Care: By Barbara Baird. Melbourne: Melbourne University Press, 2023. Pp. 320. A\$40 paper. >

Felicity Goodyear-Smith

Australian Historical Studies

Published online: 24 May 2024

View more



Information for

- Authors
- R&D professionals
- Editors
- Librarians
- Societies

Opportunities

- Reprints and e-prints
- Advertising solutions
- Accelerated publication
- Corporate access solutions

Keep up to date

Register to receive personalised research and resources by email

 Sign me up

- 
- 
- 
- 
- 

Open access

- Overview
- Open journals
- Open Select
- Dove Medical Press
- F1000Research

Help and information

- Help and contact
- Newsroom
- All journals
- Books

Copyright

Accessib

Registered
5 Howick Pl

or & Francis Group
orma business

