Gaius Ahamide
Research Statement

As an applied microeconomist with an expansive interest in development economics, health, and education questions, I provide credible, convincing, and insightful analysis to lead evidence-based decision-making. I employ quasi-experimental design on large data sets and advanced econometric tools to understand the determinants behind individual behavior regarding their health or relatives' health. The competence I acquired allows me to contribute to the economics of early childhood and the demand for healthcare, working to establish causal evidence and analyze the effectiveness of public policy and management.

My current research pedigree uses extensive representative survey data with econometric models and quasi-experimental techniques to expand the economic knowledge of issues facing children and young girls. I study the global phenomenon of Female Genital Cutting (FGC) and provide comprehensive solutions to tackle the practice. FGC is a non-medical intervention that consists of the partial or total removal of the external female genitalia.

My dissertation on "Essays of the Health Economics of Female Genital Cutting" provides the impact of girls and women cutting on education and health outcomes to a broader extent. I use the data set on FGC innovatively and capture how background information on parents' characteristics influences their decision to cut a girl.

In a first-stage analysis, I design a difference-in-difference (DID) approach on the constructed hazard sample using an exogenous shock provided by adopting a law banning FGC, comparing a country where the law was enacted to another where no law exists. I then define exposure by considering the date of birth and country of origin as a variation across individuals and the timing of cutting. Due to some specificities of the data set, I fit a likelihood function to the age at cutting for each girl in the sample. The results indicate that religion, parents' age, and wealth are the main drivers when people decide to cut their daughters. I find that the law has contributed to the decrease in the prevalence of FGC. However, combining the legal ban with a proxy of income shock reveals that household.

For the subsequent analysis, I explore how FGC affects the intensive and extensive margin of girls' education. In the marriage market, FGC is considered a substitute for education. I provide new evidence in this regard, and my findings suggest

that, on average, cut girls are less likely to attend school or spend less time in school than uncut girls. Other significant results imply that FGC increases the probability of pregnancy termination and experiencing a c-section. Furthermore, I examine how households react to income shock if FGC increases the value of women in the marriage market and that marriageability provides income through the bride price. I show that even in the presence of the law, parents who experience an income shock still cut their girls. The final set of results shows how cutting positively impacts marriage outcomes.

Besides my dissertation, I have collaborated with Dr. Pierre Nguimkeu on a project looking at the impact of climate change through a weather-related disaster such as drought on maternal and child health outcomes. We use the 2015/16 extreme drought event in Lesotho and exploit a difference-in-variation approach to examine whether people before and after differing win the outcomes of interest. We found that the 2015/16 drought in Lesotho substantially and significantly worsened children's nutritional outcomes in Lesotho. In particular, the 2015/16 extreme drought reduced the Height for Age, Weight for Age, and Weight for Height z-scores by 2.1, 2.86, and 2.87, respectively, based on one standard deviation of geographical variation in the SPEI index during the three significant rainfall months. Moreover, these effects are worse for girls than boys, especially the Height for Age effects.

I am also interested in topics related to the value patients put on health information in the U.S. I have ongoing work that looks at the potential bias between informed and non-informed patients and the behaviors of physicians when interacting with these two kinds of patients. This study will provide a large spectrum of medical decisions to ensure we get a complete knowledge of demand inducement. It will also thoroughly discuss how financial incentives motivate physicians' behaviors for informed and non-informed patients.

In the future, my objective is to contribute individually or collaboratively to reshaping policies that indicate how parents' early decisions affect their children's health and education. I want to explore different mechanisms that give a head start to children and could potentially enhance later life outcomes. My skills will help me perform efficiently in a setting where policy interventions are analyzed and polished to reduce poverty and poor health outcomes. I also intend to work on the demand side of health economics in exploring how patients can access the resources they need to make informed health decisions.