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 rationality behind individual behavior regarding their health or the health of relatives. The competence that I acquired allows me to contribute to the economics of early childhood and the demand of healthcare, working to establish causal evidence and to 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 fertility outcomes to a broader extent. I use the most complete dataset on FGC innovatively and capture how background information on parents' characteristics influences their decision to cut a girl.

In a first-stage analysis, I fit a Maximum Likelihood Estimator to the data to determine the hazard of a girl being cut at any age. I design a difference-in-difference approach using an exogenous shock provided by the adoption of 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. 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 even though the descending trend was observed in the early years.

In a second aspect, I study 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 the overall women's fertility.

For my final work, I look at some mechanisms induced by age at first cohabitation/marriage and wealth through drought events. I find that circumcised women get married at a considerably lower age and that parents respond to income shocks such as drought by engaging in the practice.

Beside my dissertation, I have collaborated with 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 would like 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 could access the resources they need to make informed health decisions.