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PERSONAL INFORMATION Date of Birth: June 7, 1988
Female, Indian citizen

EDUCATION Ph.D. Candidate in Economics
Princeton University, 2011 to present
Thesis Title: "Essays in Development Economics"
Expected Completion Date: June 2017

M.A. Economics
Princeton University, 2013

M.S. Quantitative Economics. First Division with Distinction.
Indian Statistical Institute, 2011

B.A. (Hons.) in Economics
Lady Shriram College, University of Delhi, 2009

REFERENCES Professor Thomas Fujiwara Professor Ilyana Kuziemko
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Princeton University Princeton University
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Professor Tom Vogl
Department of Economics
Princeton University
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RESEARCH FIELDS Primary Fields: Development Economics, Political Economy
Secondary Fields: Health Economics

TEACHING
EXPERIENCE

- 2016** Junior Independent Work, Princeton University
Teaching assistant for Professor Kelly Noonan
Teaching assistant for Professor Pierre Bachas
- Fall 2015** ECO 100, Introduction to Microeconomics, Princeton University
Teaching assistant for Professor Hank Farber
- Fall 2014** WWS 302/ECO 359, International Development, Princeton University
Teaching assistant for Professor Alicia Adsera
- 2014** Junior Independent Work, Princeton University
Teaching assistant for Professor Nancy Reichman
- Fall 2013** ECO 351, Economics of Development, Princeton University
Teaching assistant for Professor Thomas Fujiwara
- 2013** Junior Independent Work, Princeton University
Teaching assistant for Professor Thomas Fujiwara

HONORS,
SCHOLARSHIPS,
AND
FELLOWSHIPS

- 2015-2016** Griswold Center for Economic Policy Studies Fellowship,
Princeton University
- 2011-2012** The Harold Willis Dodds Merit Fellowship in Economics,
Princeton University
- 2009** Ranade Prize and Vidya Vati & Sohan Lal Nayyar Gold Medal
for Best Student in Economics, University of Delhi
- 2007-2009** Shri JN Kataria Prize for Best Student in Economics,
Lady Shriram College

PROFESSIONAL
ACTIVITIES

Referee for Journal of Health Economics, Health Economics

JOB MARKET
PAPER

“Are Public Funds Used to Maintain Ruling Coalitions? Evidence from India”

Abstract: Political considerations can distort public policies in developing countries, making them less effective. While past literature has focused on incumbent politicians manipulating policies for reelection purposes in two-party settings, around 52% of the world’s democracies have coalition governments. In such settings a national incumbent can not only allocate funds to woo voters pre-election, but also to buy legislative support from smaller parties *post-election*. My paper presents a simple framework formalizing these two mechanisms and tests it using a newly constructed dataset of district-level disbursements from India’s Total Sanitation Campaign. These two mechanisms give rise to two distinct patterns in the disbursement of funds: the “Buying Votes Cycle” and the “Patronage Cycle.” The former is the traditional cycle with a pre-election increase (60%) in the release of funds in swing districts for the national parties. The latter is a *previously undocumented cycle* with a post-election increase (55%) in the release of funds that occurs, as predicted by the model, only in safe districts for smaller parties. Both cycles are large enough to affect the timing of household consumption and hence their welfare.

PUBLICATIONS “Within-Mother Estimates of the Effects of WIC on Birth Outcomes in New York City”, *Economic Inquiry*, vol. 53 (4), pp 1691-1701, October 2015, with Janet Currie.

Abstract: There is a large literature suggesting that “WIC works” to improve birth outcomes. However, methodological limitations related to selection into the Women, Infants, and Children (WIC) program have left room for doubt about this conclusion. This article uses birth records from New York City to address some limitations of the previous literature. We estimate models with mother fixed effects to control for fixed characteristics of mothers and we directly investigate the way that time-varying characteristics of mothers affect selection into the WIC program. We find that WIC is associated with reductions in low birth weight, even among full-term infants, and with reductions in the probability that a child is “small for dates”. These improvements are associated with a reduction in the probability that the mother gained too little weight during pregnancy. Improvements tend to be largest for first born children. We also find that women on WIC are more likely to be diagnosed with chronic conditions, and receive more intensive medical services, a finding that may reflect improved access to medical care.

WORKING PAPERS “*Lifecycle Fertility and the Impact of Family Planning Programs: Evidence from Southern Africa*”, with Nikhil Gupta

Abstract: The impact of family planning programs on fertility in developing countries is contested, with empirical evidence finding negative effects on completed fertility but no consistent effect on short-run fertility. Using a lifecycle model of fertility control choice, we theoretically and empirically show that differential responses of short-run and completed fertility are consistent with a single behavioral response to improved contraceptive access — a shifting of births earlier in the lifecycle due to improved control over fertility outcomes. Women without access to modern contraceptives use traditional methods to delay wanted births because of a precautionary motive to avoid exceeding their target fertility; improved contraceptive access relaxes this precautionary motive and can increase short-run, but not completed, fertility. Using a difference-in-difference design that exploits the legalization of injectables in Zambia, we show that an expansion of the type and availability of modern contraceptives increases use of injectables and modern contraceptives by 350% and 50%, respectively; decreases use of traditional fertility control methods such as unsafe abortions, coital infrequency, and postpartum behaviors; and increases short-run fertility by 10%. Consistent with the predictions of our model, completed fertility does not increase and short-run fertility increases are confined to rural women 20–45. Our results confirm that improved control over unwanted pregnancies can produce the divergent fertility responses found in the literature and suggest that access to modern contraceptives is welfare-improving for women, despite having counterintuitive implications for fertility.

WORKS IN PROGRESS “*Contraceptive Choice Over the Lifecycle*”, with Nikhil Gupta

Abstract: Despite a large literature studying contraceptive use in sub-Saharan Africa, little attention has been paid to how women’s contraceptive choices vary over their lifecycle. Using all DHS contraceptive calendar information collected post-1990 in

sub-Saharan Africa, we provide descriptive evidence that: 1) condoms are used almost exclusively by unmarried adolescent women; 2) pills and injectables are the dominant method choice for women during prime childbearing years; and 3) female sterilization and hormonal implants are used primarily by women at the end of their fertile years. These choices are consistent with different motivations for using modern contraceptives at different ages: preventing STI transmission for young, single women with multiple sex partners; improving control over birth spacing for married women during peak fertile years; and limiting future births for older women exiting childbearing. Our results suggest that the set of contraceptives women view as substitutes at a given age is smaller than the set of available modern contraceptives.

“Evaluating the Impact of RSBY in India”, with Caitlin McGugan

Abstract: Health expenditures are a heavy financial burden on low-income Indian households. In 2008, the Indian government launched RSBY, a government-run health insurance scheme for below poverty line households with the goal of reducing the burden of health costs and improving health-care access to 70 million Indian households by 2017. To address the impact of the program, we construct and use a novel data set that combines rounds 60 and 71 of the NSSO Morbidity and Health Care Survey with district-level RSBY implementation data, including program enrollment and differential participation of public and private hospitals. We find that household expenditure on hospitalizations in India rose by far more than inflation between 2004 and 2014. These increases can not be explained by the changing disease-burden in India or differences between urban and rural healthcare prices. Does this reflect the ability of poor households to purchase more medical care due to insurance contributions, or has out-of-pocket medical expenditure become more crippling? We address these questions using spatial variation in insurance registration and rollout of the program.

RESEARCH
EXPERIENCE

June 2014 to Sept. 2014 Research Assistant for Professor Thomas Fujiwara
June 2012 to Sept. 2013 Research Assistant for Professor Janet Currie
May 2010 to Dec. 2010 Research Assistant for Professor Debasis Mishra