

JSC370 Final Project

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1. Intruduction

The dataset for this project is life expectancy data. It contains the health factors and economic data for 193 countries from year 2000 to 2015. What's more, the health factor data is collected from World Health Organization (WHO) while the economic data is from the United Nation website. Life expectancy data contains 2938 rows, and each row is the life expectancy related information for a country in a specific year. The data set has 22 columns, including the immunization, mortality, economy and society related information. Specifically, Life expectancy data includes variables "Country", "Year", "Status", "Life expectancy", "GDP", "Adult Mortality", "BMI", "Schooling", "Hepatitis B", "Alcohol" and so on. There are total 2938 rows.

The question that I am going to answer based on this dataset is as follows: For the given life expectancy related variables, which variables greatly affect the life expectancy? How those factors affect the life expectancy?

By knowing the above question, we may change situation of the specific variables to improve the life expectancy of a person/country, and we can use the variables to generate an effective model to predict the life expectancy by given information.

2. Methods

The life expectancy data set is download from Kaggle.

The main methods for this project is shown as follows: Use `rename()` in `dplyr` library to rename column names. Use `ggplot2/plotly` to plot most plots. Use `corPlot()` in `psych` library to plot correlation plot. Use `ggarrange()` in `ggpubr` library to combine plots. Use `facet_zoom()` in `ggforce` library to enlargr part of points plot. Use `lm()` and `gam()` in `mgcv` library to generate Multiple linear models. Use `repart()` in `rpart` library to fit regression tree. Use `repart.plot()` in `rpart.plot` library to plot regression tree. Use `randomForest()` in `randomForest` library for bagging and random forest, and use `varImpPlot()` to construct a vraible importance plot.

Data preprocessing

missing/error data

First, Change the variable names of the data in order to better use and understand the columns, such as, "Life expectancy" to "life_expectancy", and show the missing data information.

Table 1: Type and Number of Missing values for the variables in data

	type	mean	n_NA
country	character	173 countries	0
year	integer	2000-2015	0
status	character	Developed/Developing	0

	type	mean	n_NA
life_expectancy	double	69.2249316939891	10
adult_mortalit	integer	164.796448087432	10
infant_deaths	integer	30.3039482641253	0
alcohol	double	4.60286078717201	194
percentage_expenditure	double	738.251295453383	0
Hepatitis_B	integer	80.9404612159329	553
measles	integer	2419.59223961879	0
bmi	double	38.3212465564738	34
under_five_deaths	integer	42.0357385976855	0
polio	integer	82.550188420692	19
total_expenditure	double	5.9381895280236	226
diphtheria	integer	82.3240835902706	19
Hiv_aids	double	1.74210347174949	0
gdp	double	7483.15846913847	448
population	double	12753375.1200525	652
thinness_1_19	double	4.83970385674931	34
thinness_5_9	double	4.87031680440771	34
income_composition	double	0.627551064597618	167
Schooling	double	11.9927927927928	163

By counting the missing values, I found that missing values are mainly concentrated in Hepatitis_B, GDP, population and total_expenditure variables, and are concentrated in countries such as South Sudan and Somalia where information may be difficult to collect. Since these missing data are difficult to find, I replaced the missing values with the mean values for those variables with the same status (developed/developing) and year values.

Related to the wrong data, I found the population values for a country varies a lot from 2000 to 2015, and it looks like the unit of population are different in different years. Therefore, I omitted the population variables. Also, there exists BMI value less than 10, which is obviously wrong, I replaced those values with the mean BMI(without BMI < 10) of the same country. What's more, there exists countries with 0 years of schooling, I replaced those values with the mean schooling values of the same status.

Table 2: The min, mean, median and max of the life expectancy

min	mean	median	max
36.3	69.22496	72	89

Some countries has higher mean of expectancy among 2000-2015, such as Slovenia has mean of life expectancy 88, and “Denmark”, “Chile”, “Cyprus” and “Japan” have life expectancy higher than 83.5. However, some countries have low life expectancy. For example, “Sierra Leone” has life expectancy of 51, and “Angola” and “Central African Republic” have life expectancy less than 53.

Create New variables

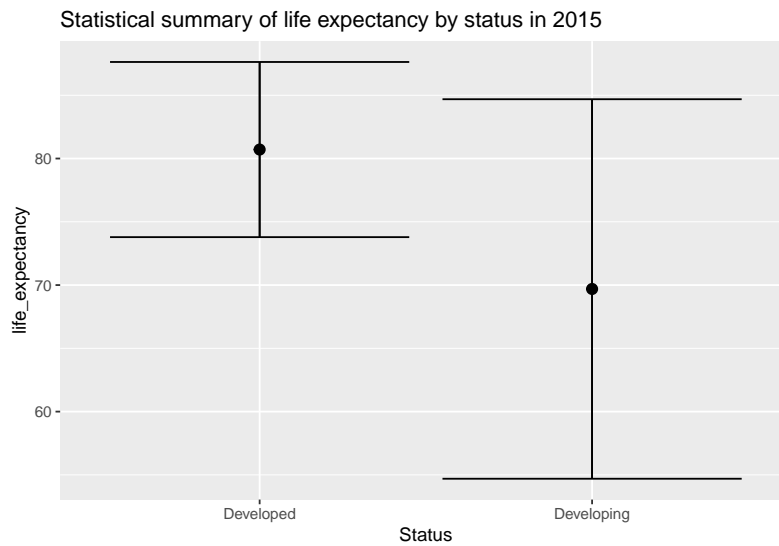
1. create a column called “vaccine” to be the mean of Hepatitis_B, Polio and Diphtheria vaccination rate.
2. Create a new column called “obesity_level” according to the BMI value.

If BMI < 18.5, obesity_level is “underweight”, if BMI is greater or equal 18.5 and smaller than 24.9, obesity_level is “normal”. If the BMI is greater or equal 24.9 and smaller than 29.9, obesity_level is “overweight”. Otherwise, “obese”.

Statistical summary plot

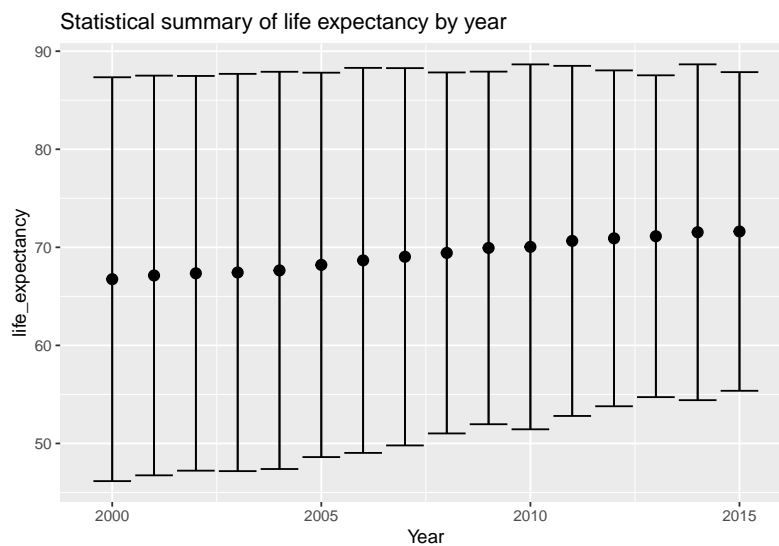
The data we analysis focus on 2015.

status vs. life__expectancy



As shown by the above graph, developed countries has higher min, mean, and max values of life expectancy than developing countries, and the range of life expectancy for developed countries is shorter than developing countries in 2015.

year vs. life__expectancy

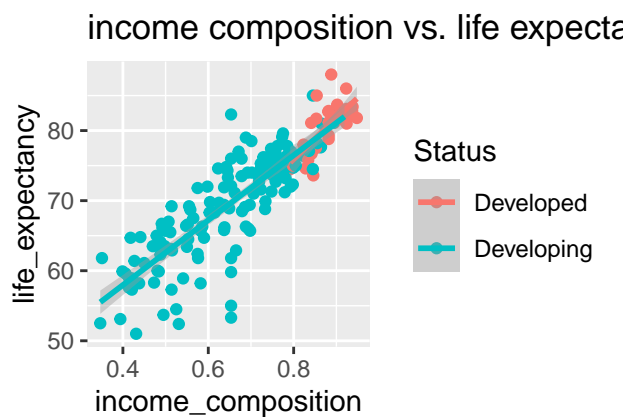
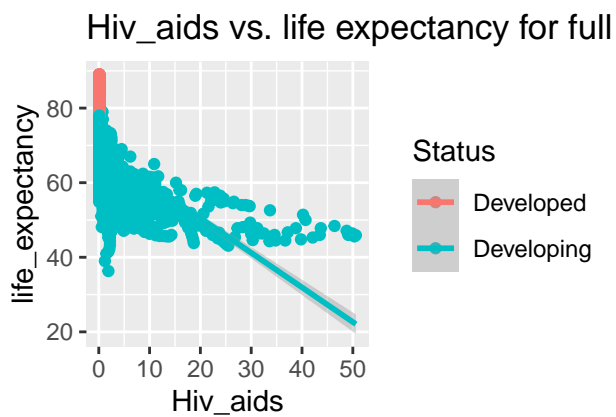
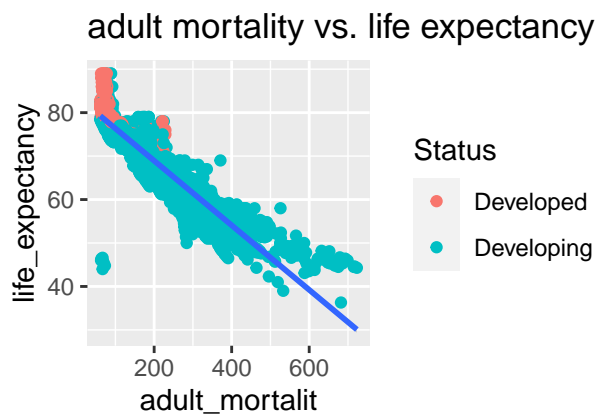
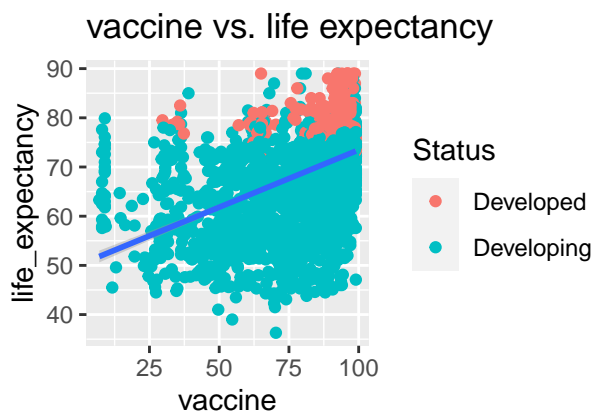
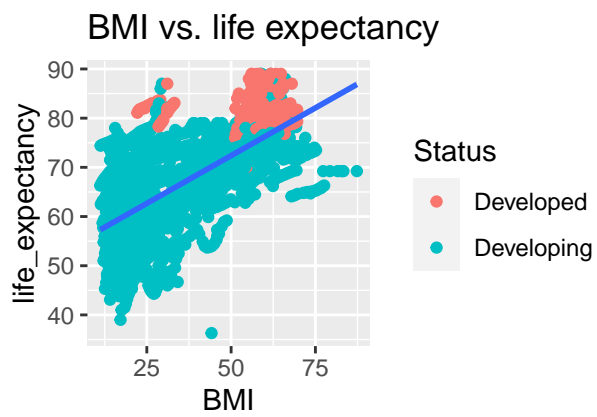
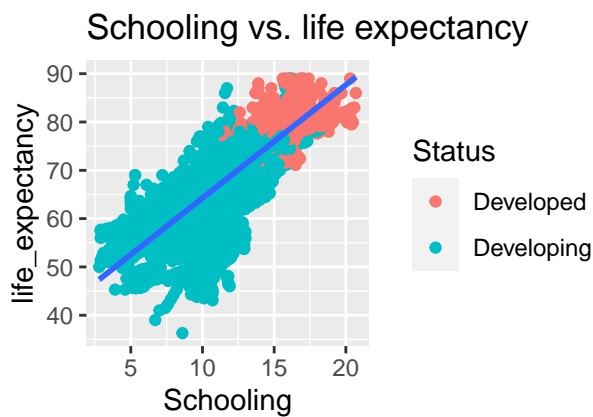
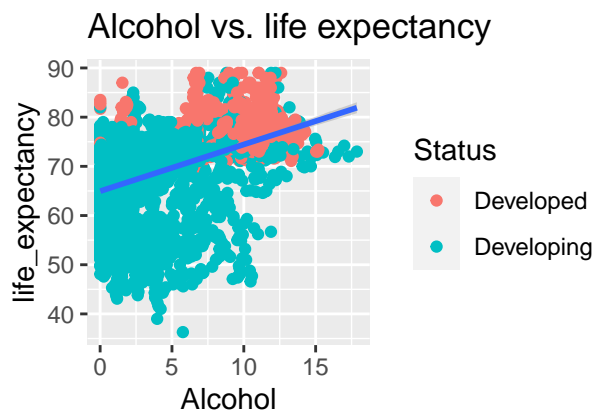
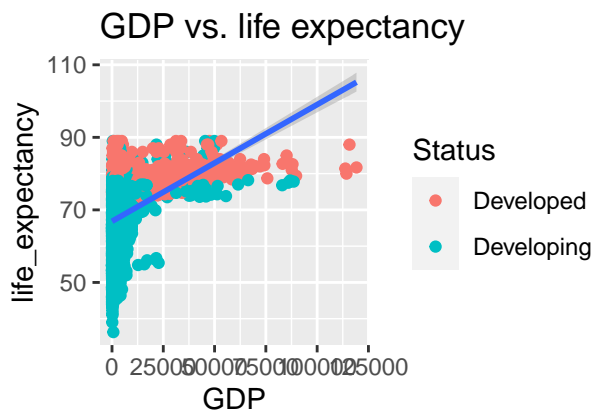


As shown by the above graph, the mean, min and max values of life expectancy over all countries increases as the year variable increases from 2000 to 2015.

Visualizations

scatterplots

Generate scatterplots and smooth lines for the full data set.

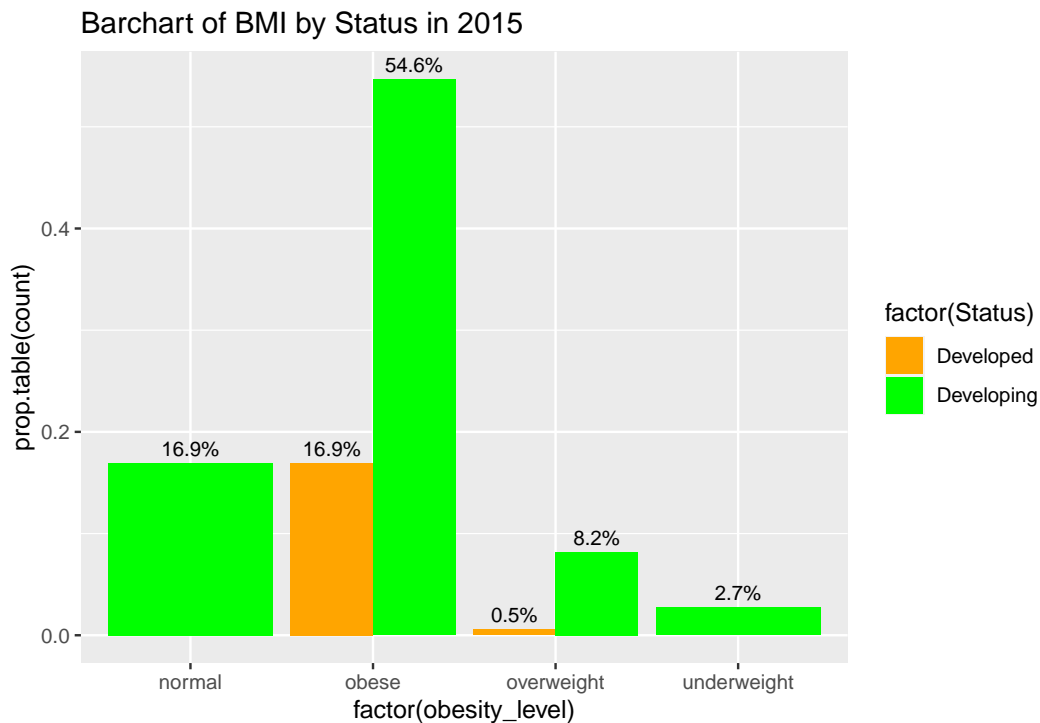


From the above graph, the life expectancy increases as GDP increases, but the life expectancy stays still when GDP reaches a certain level, and as alcohol/BMI/vaccine increases, the life expectancy increases, but the range of

life expectancy for alcohol/BMI/vaccine level are large. It is obvious that the life_expectancy increases as schooling year/income composition of resources increases, and developed countries has higher schooling years, alcohol level and BMI level. Moreover, There is a strong linear relationship between adult_mortality and life expectancy. As the adult mortality increases, the life expectancy decreases. From the plot, we can see that in overall, as the Hiv/Aids deaths of child 0-4 per 1000 increases, the life_expectancy decreases.

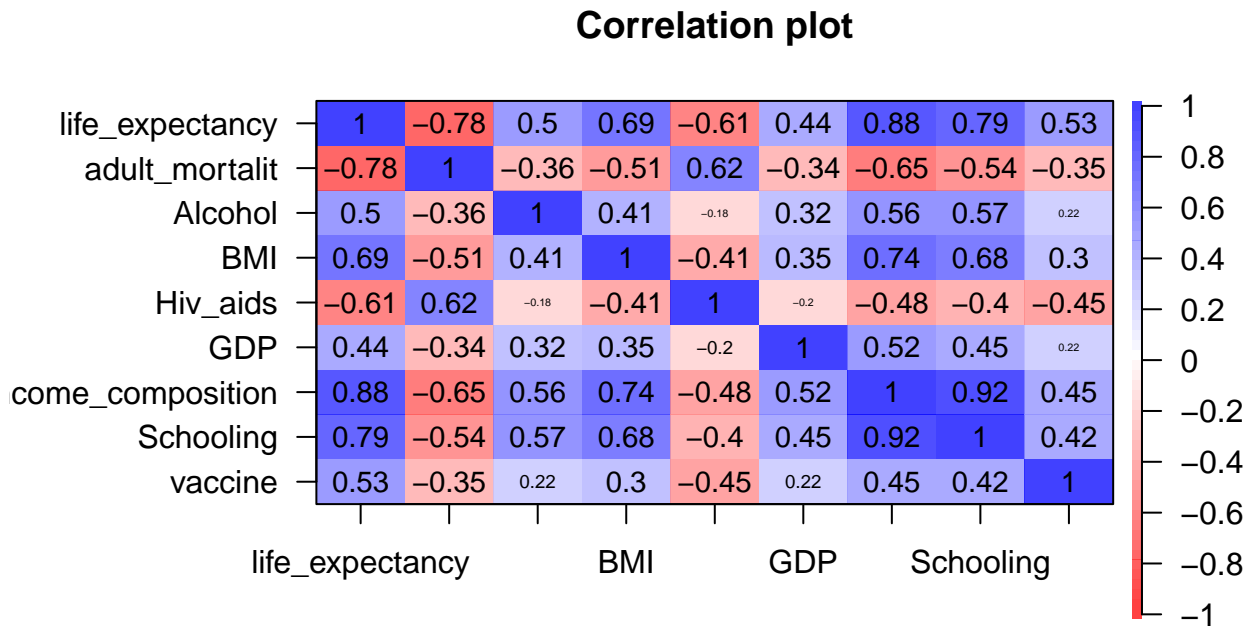
Histogram of life_expectancy by Status

Barchart of BMI by obesity level



More than half of the countries are developing countries with obese obesity_level. The proportion of developed countries in each obesity_level categories is as follows: 0% normal obesity_level countries are developed countries, 6% overweight obesity_level countries are developed countries, 0% underweight obesity_level countries are developed countries, and 30.78% obese obesity_level countries are developed countries.

Correlation plot



As shown from the above graph, income composition, Schooling, adult_mortality, BMI, Hiv_aids, vaccine has the correlation value higher than 0.5 with life expectancy. Also, the correlation between Schooling and income composition is 0.92, which is very higher. The correlation between GDP and income_composition/Schooling is 0.74/0.68. Furthermore, The correlation between adult_mortality and BMI/Hiv_aids/income_composition, Alcohol and income_composition/Schooling are all around 0.5-0.65.

3.Preliminary results

T test

The following models use full life data set

t test for life expectancy by status

Null hypothesis: true difference in means between group Developed and group Developing equals to 0.

Since $p\text{-value} < 2.2e-16 < 0.05$, we will reject the null hypothesis that means between group Developed and group Developing equals to 0.

t test for life expectancy by year 2000 and year 2015.

Null hypothesis: true difference of life expectancy in means between year 2000 and year 2015 equals to 0.

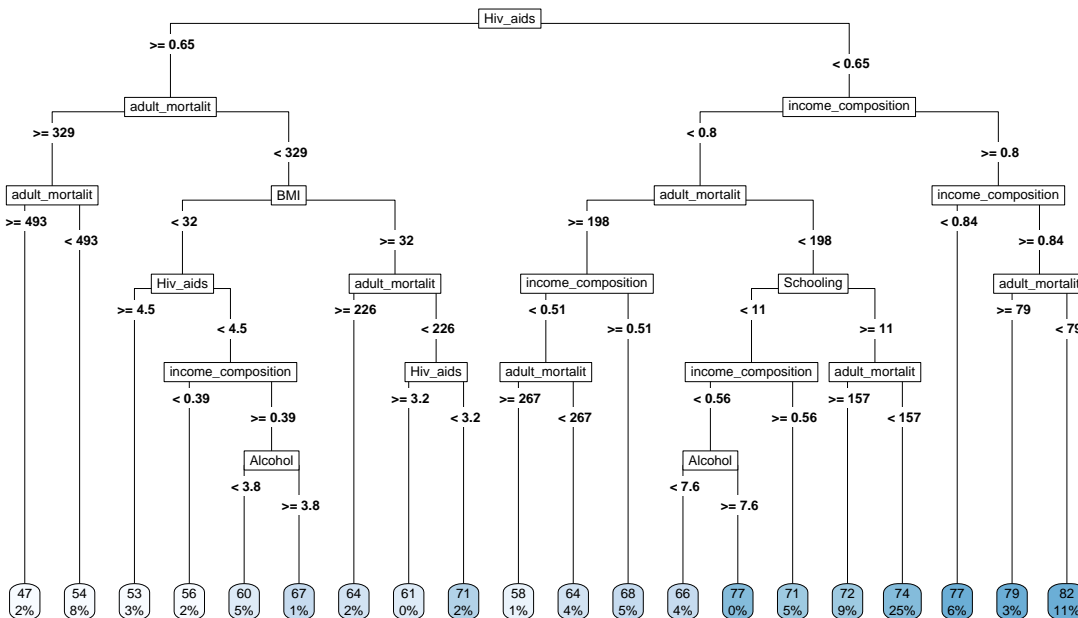
Since $p\text{-value} < 8.104e-07 < 0.05$, we will reject the null hypothesis that true difference of life expectancy in means between year 2000 and year 2015 equals to 0.

Linear model

From the above analysis, we can find that the life expectancy is highly affected by income composition, Schooling, adult_mortality, BMI, Hiv_aids, vaccine, and income_composition is highly related to many variables, such as Schooling, GDP, adult_mortality and Alcohol, so I will use Hiv_aids, Country, Year, Status, adult_mortality, Alcohol, BMI, GDP, Schooling and vaccine to predict life expectancy.

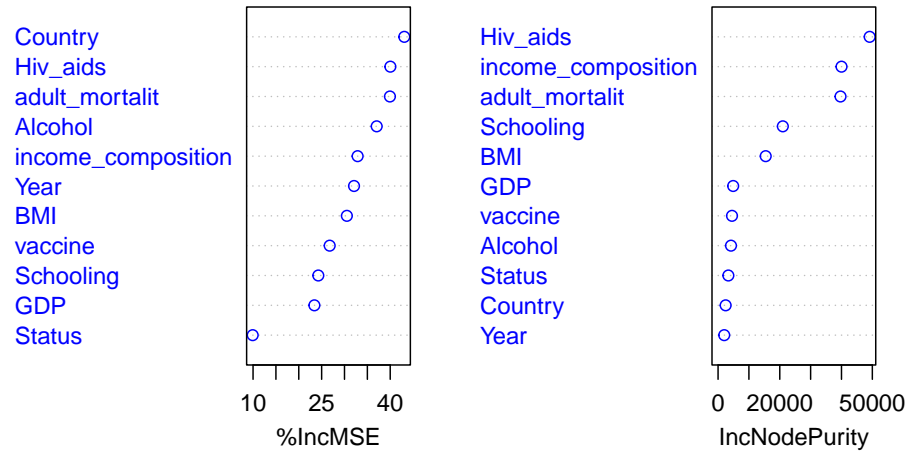
From the result of lm, the R-squared is around 0.9611, and the R-squared for gam is around 0.963, so the gam fits the data slightly better since it can change line direction to fit data. However, since the r-squared for both models are high, the difference can be ignore, we may need to care about over-fitting problem due to so high R-squared.

ML models



The MSE for regression tree is 9.972(cp=0.002), and the MSE for bagging is 3.6989. In addition, the MSE for random forest is 3.39. Since Random Forest has the lowest MSE, I will choose it to be the desired model.

life_rf



4. Conclusion

In summary, the variables that greatly affect life expectancy including income composition, Schooling, adult_mortality, BMI, Hiv_aids and vaccine. The correlation between Schooling and income composition is 0.92, which is very higher, and the correlation between GDP and income_composition/Schooling is 0.74/0.68. Furthermore, The correlation between adult_mortality and BMI/Hiv_aids/income_composition, Alcohol and income_composition/Schooling are around 0.5-0.65.

1. Developed countries has an average of 13 years life expectancy than developing countries.
2. The mean life expectancy over all countries increases from 2000 to 2015.
3. As adult_mortality/Hiv_aids increases, the life_expectancy decreases.
4. The life expectancy increases as GDP increases, but the life_expectancy stays still when GDP reaches a certain high level.
5. The higher vaccine/income_compostion of resources/GDP/Schooling, the higher the life expectancy, but the life_expectancy stays still when GDP reaches a certain high level. Developed countries has higher schooling years, BMI and vaccine.
6. The mean of the life expectancy ordered by obesity_level is shown as follows: normal < overweight < underweight < obese. More than 60% of the countries in the obese obesity_level. For developed countries, the increase of BMI has no obvious effect on life expectancy. However, the developing countries with higher BMI have higher life expectancy.

By using Hiv_aids, Country, Year, Status, adult_mortalit, Alcohol, BMI, GDP, income_composition, Schooling and vaccine to predict life expectancy in linear model, the R-squared is around 96%, so 96% of data can be explained by the model.

The MSE for regression tree model with cp=0.002 is 9.972, and the MSE for bagging model is 3.6989. In addition, the MSE for random forest is 3.39. Since Random Forest has the lowest MSE, I choose it to be the desired model to predict life expectancy.

github link for this project: https://github.com/Jianhong-Guo/Life_expectancy_Analysis_JSC370 website link for this project: https://jianhong-guo.github.io/Life_expectancy_Analysis_JSC370/