

Life Expectancy Data Analysis Project

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Project Overview

The goal of this analysis is to **understand the key factors influencing life expectancy** across different countries and predict life expectancy values using relevant socio-economic, demographic, and health indicators.

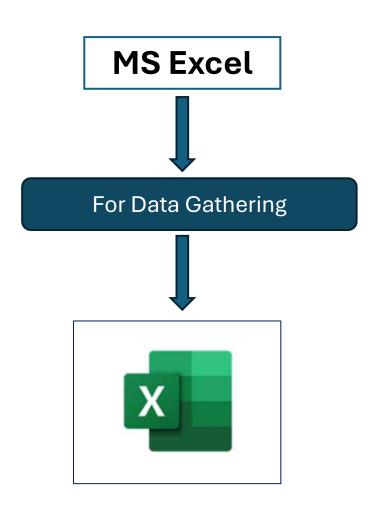
Target variable:

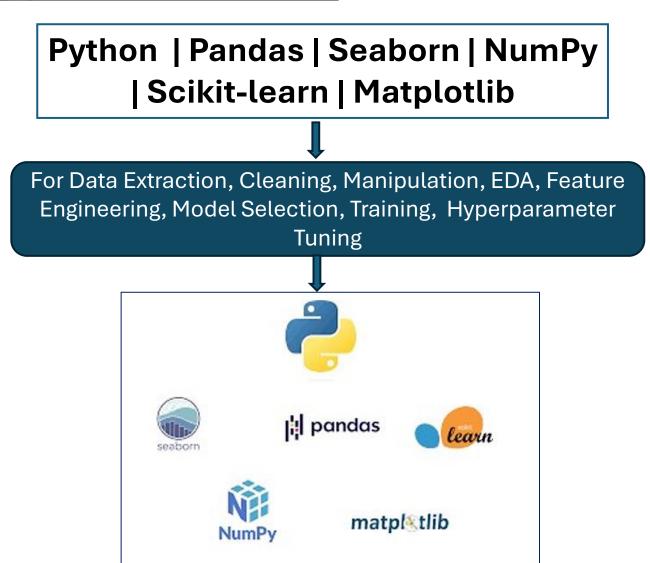
Life expectancy

Key Questions:

- What features most strongly affect life expectancy?
- How do economic indicators (like GDP, schooling, income composition) impact it?
- Can we build a predictive model to estimate life expectancy?

Technology Stack Used





Data Overview

Column	Description	
Country	Name of the country	
Year	Year of record	
Status	Developed / Developing	
Life expectancy	Average number of years a newborn is expected to live	
Adult Mortality	Probability of dying between 15 and 60 years per 1000 population	
Infant deaths	Number of infant deaths per 1000 population	
Alcohol	Alcohol consumption per capita (litres)	
ВМІ	Average body mass index of population	
HIV/AIDS	Deaths due to HIV/AIDS per 1000 population	
GDP	Gross Domestic Product per capita (in USD)	
Schooling	Average number of years of schooling	
Income composition of resources	Index (0–1) reflecting income equality and resources	

Dataset Overview

■ Time Period: 2000-2015

Countries Covered: 193

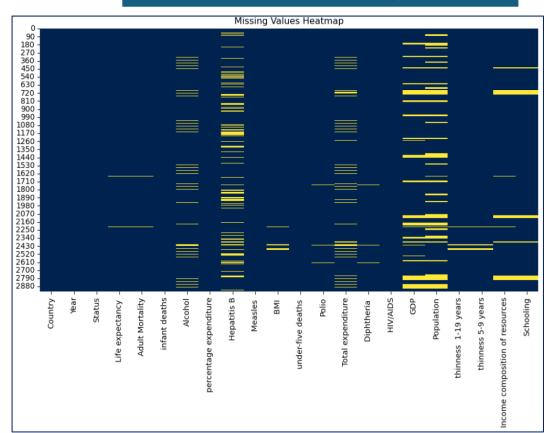
Total Rows: 2,938

Total Columns: 22

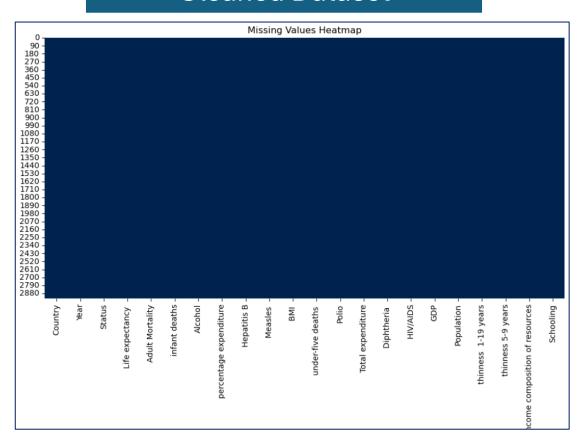
Category	Features			
Immunization Factors	Hepatitis B, Polio, Diphtheria Coverage (%)			
Mortality Factors	Infant Mortality, Adult Mortality Rates			
& Economic Factors	GDP, Healthcare Expenditure (%)			
Social Factors	Education, Alcohol Consumption, Smoking, Exercise			

Data Cleaning

Dataset with Missing Values

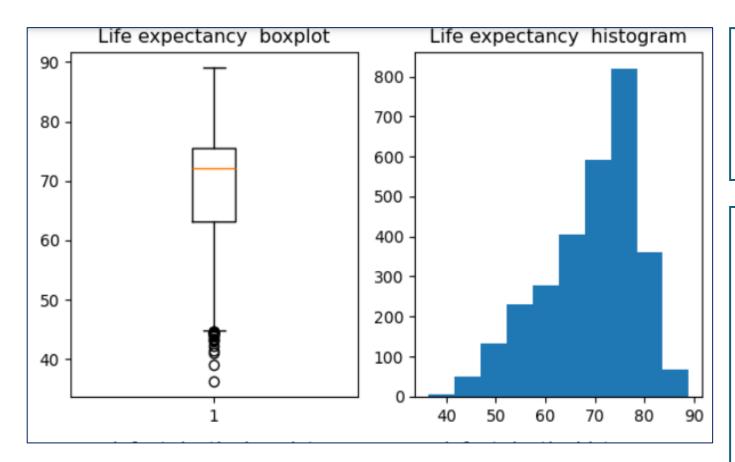


Cleaned Dataset



All numeric missing values were replaced with the median of that column (robust to outliers).

Outliers Detection



Visually, it can be seen that there are a number of outliers for all of the variables - including the target variable, life expectancy.

Insights:

- Median life expectancy ≈ 72 years
- Most countries have life expectancy between 65–80 years.
- Outliers exist below 50 years (lowhealth regions).
- Distribution is mostly normal but slightly right-skewed.

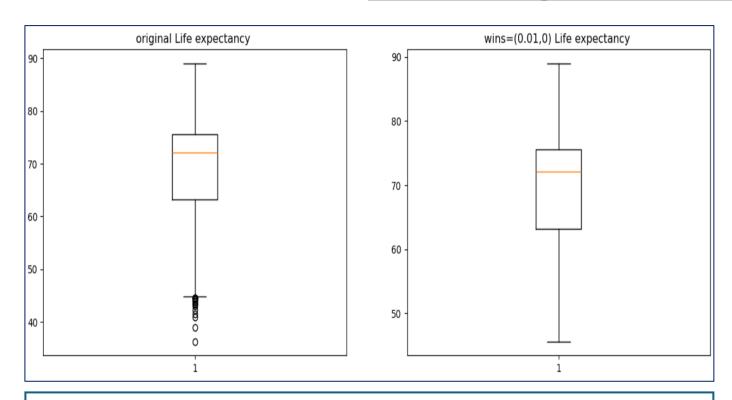
Outliers Detection

Life expectancy
Number of outliers: 17
Percent of data that is outlier: 0.58%
Adult Mortality
Number of outliers: 86
Percent of data that is outlier: 2.93%
infant deaths
Number of outliers: 315
Percent of data that is outlier: 10.72%
Alcohol
Number of outliers: 3
Percent of data that is outlier: 0.1%
percentage expenditure
Number of outliers: 389
Percent of data that is outlier: 13.24%
Hepatitis B
Number of outliers: 322
Percent of data that is outlier: 10.96%
Measles
Number of outliers: 542
Percent of data that is outlier: 18.45%
BMI
Number of outliers: 0
Percent of data that is outlier: 0.0%

```
----- deaths -----
Number of outliers: 394
Percent of data that is outlier: 13.41%
-----Polio-----
Number of outliers: 279
Percent of data that is outlier: 9.5%
-----Total expenditure-----
Number of outliers: 51
Percent of data that is outlier: 1.74%
-----Diphtheria -----
Number of outliers: 298
Percent of data that is outlier: 10.14%
----- HIV/AIDS-----
Number of outliers: 542
Percent of data that is outlier: 18.45%
-----GDP-----
Number of outliers: 445
Percent of data that is outlier: 15.15%
-----Population-----
Number of outliers: 452
Percent of data that is outlier: 15.38%
----- thinness 1-19 years-----
Number of outliers: 100
Percent of data that is outlier: 3.4%
```

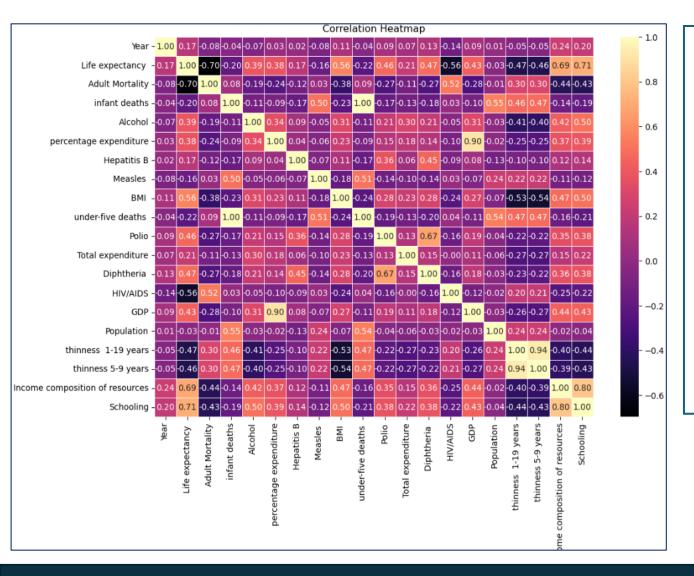
- Another method to detect outliers is done statistically using Tukey's method where
 outliers being considered anything outside of 1.5 times the IQR.
- Through this, it
 appears that there are
 a decent amount of
 outliers in this dataset.

Dealing with Outliers

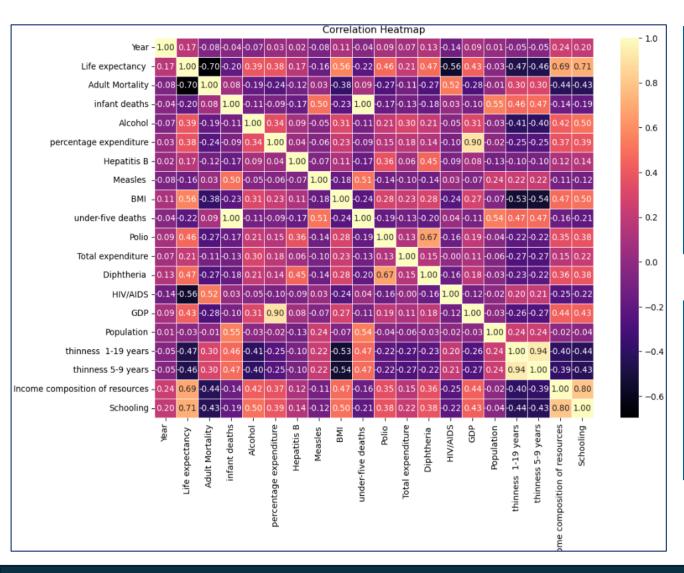


Since each variable has a unique amount of outliers and also has outliers on different sides of the data, the best route to take is probably winsorizing (limiting) the values for each variable on its own until no outliers remain.

- The function allows to do exactly that by going variable by variable with the ability to use a lower limit and/or upper limit for winsorization.
- By default the function shows two boxplots side by side for the variable (one boxplot of the original data, and one with the winsorized change).
- Once a satisfactory limit is found (by visual analysis), the winsorized data is be saved in the wins_dict dictionary.



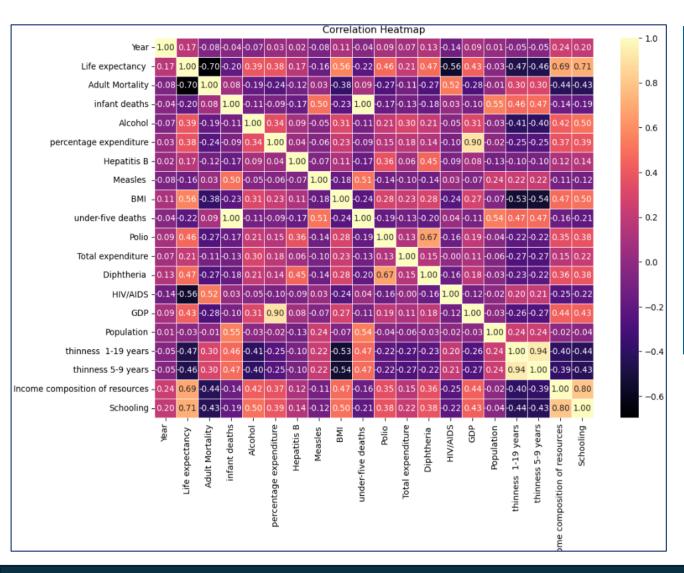
- 1. Life Expectancy Relationships
- Strong Positive Correlation with:
- (i) Schooling (0.71) → More education is linked with longer life expectancy.
- (ii) Income composition of resources (0.69) →
 Higher income and resource access increase life expectancy.
- (iii) Diphtheria (0.67) and GDP (0.43) → Better vaccination coverage and stronger economies promote longer life spans.



- Strong Negative Correlation with:
- Adult Mortality (-0.70) and Infant deaths (-0.44) → Higher mortality rates reduce life expectancy.
- Under-five deaths (-0.44) → More child deaths = lower life expectancy.

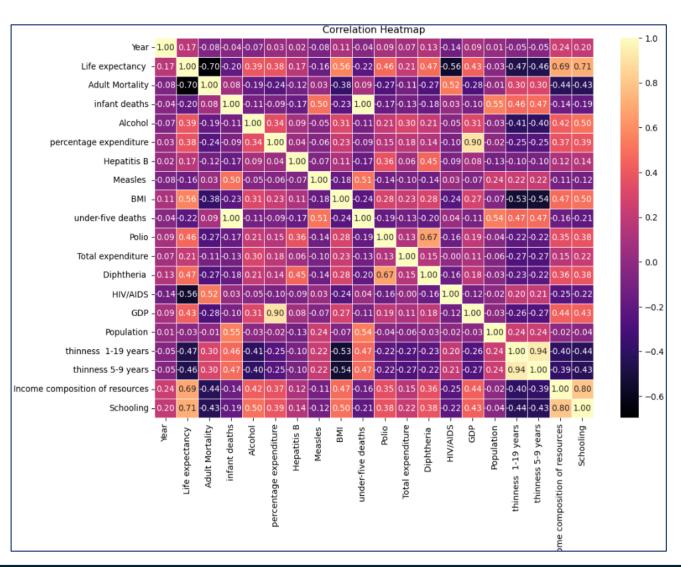
Interpretation:

Countries with higher education, income, and vaccination rates tend to have higher life expectancy, while those with high mortality and child death rates have lower life expectancy.



2. Mortality and Child Deaths

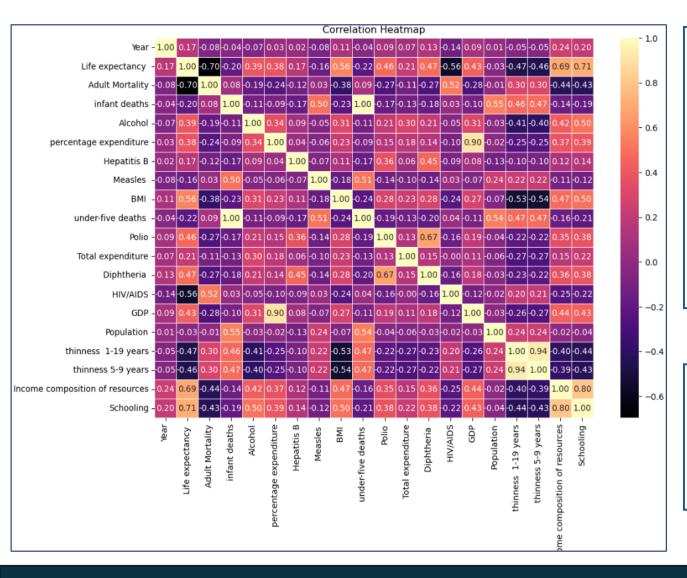
- Adult Mortality, Infant deaths, and Underfive deaths are highly positively correlated
 (~0.9) → Suggests that these indicators move together if one is high, others tend to be high too.
- Indicates overlapping information → these could be redundant features in a model (high multicollinearity).



3. Education and Income

- Schooling ↔ Income composition of resources (0.64)
 - → Countries with better education levels tend to have higher income equality and resource access.
- Schooling

 GDP (0.43)
 - → Education correlates moderately with national income, reflecting economic development.

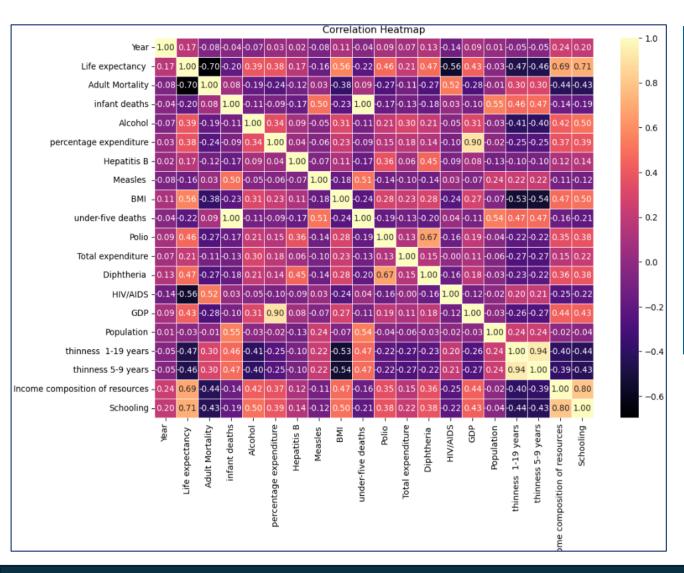


4. Vaccination (Diphtheria, Polio, Hepatitis B)

- Diphtheria ↔ Polio (0.87) → Very high correlation.
- Diphtheria ↔ Hepatitis B (0.67)
 - → Indicates that countries with strong immunization programs perform well across multiple vaccines.

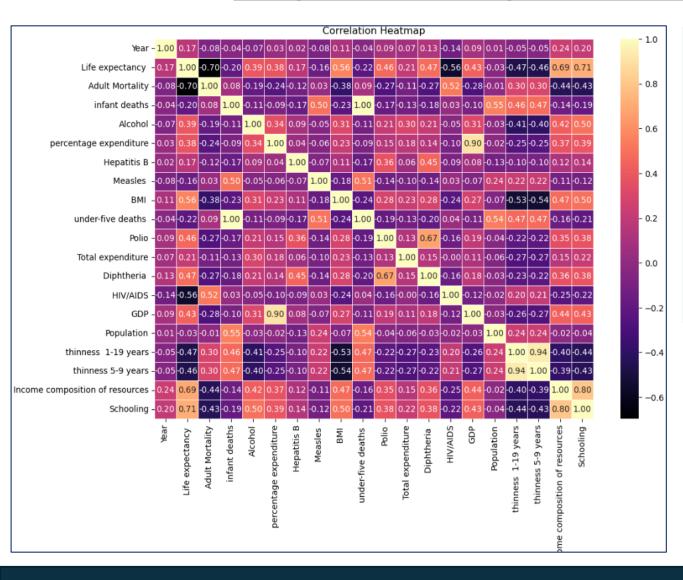
Interpretation:

These vaccine coverage indicators might represent a single latent factor: "immunization coverage."



5. Negative Health Indicators

- HIV/AIDS has a negative correlation with Life expectancy (-0.56).
 - → Regions with higher HIV rates have lower life expectancy.
- HIV/AIDS also correlates negatively with GDP (-0.43) and Schooling (-0.46).
 - → Reflects the socioeconomic burden of the disease.



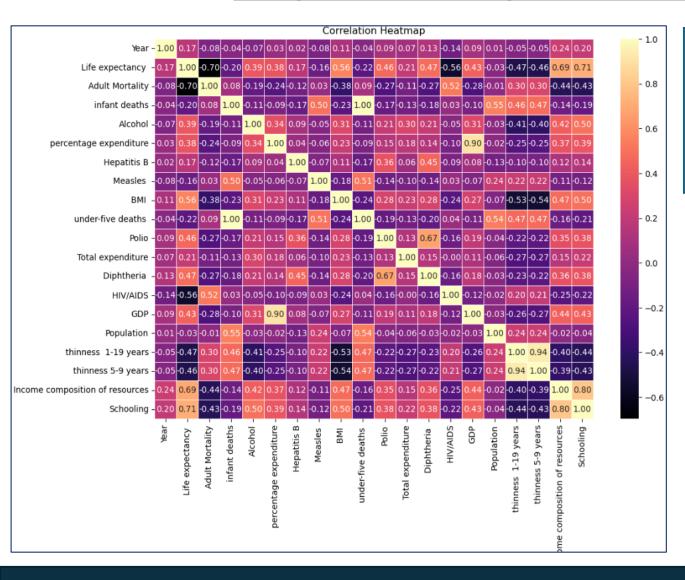
6. BMI and Alcohol

- BMI

 Life expectancy (0.56)

 Higher BMI

 (to a limit) may indicate better nutrition, hence higher life expectancy.

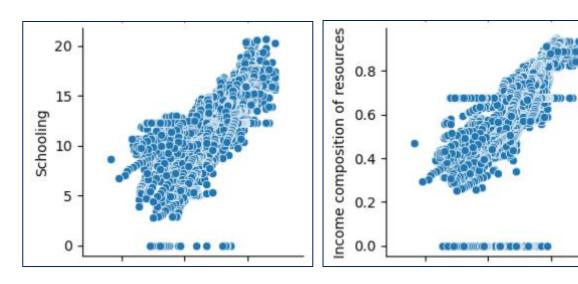


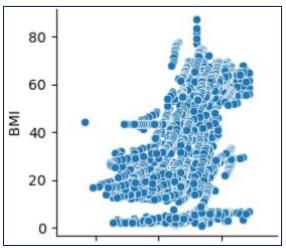
7. Year Variable

Year

Life expectancy (0.17)

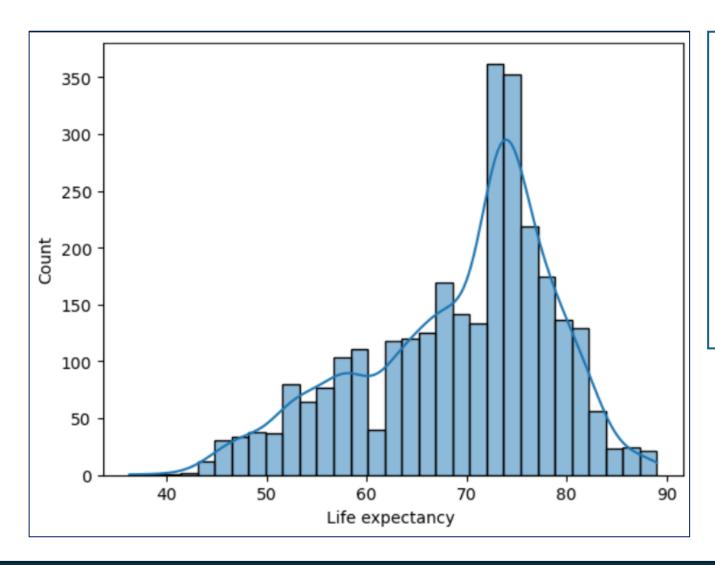
Slight positive correlation, suggesting general improvement over time.





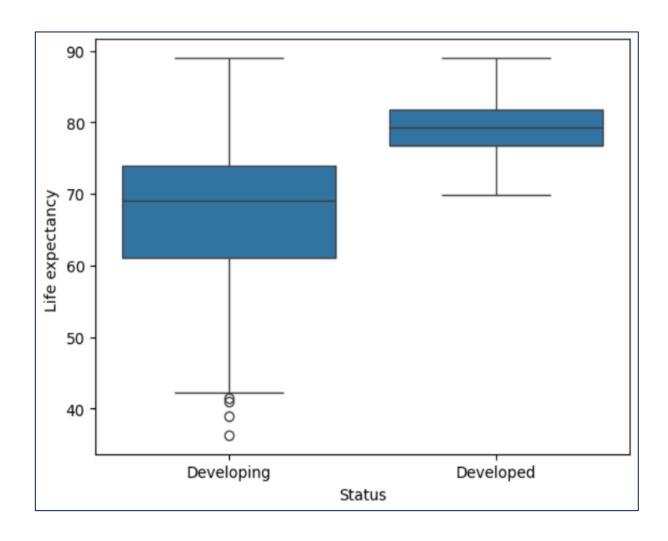
1. Life Expectancy Relationships

- Strong Positive Relationship with:
 - (i) Schooling → As average years of schooling increase, life expectancy rises almost linearly.
 - (ii) Income composition of resources → Countries with higher income equality and access to resources have higher life expectancy.
 - (iii) BMI (moderate positive trend) → Up to a healthy limit, better nutrition (reflected by BMI) is linked with higher life expectancy.



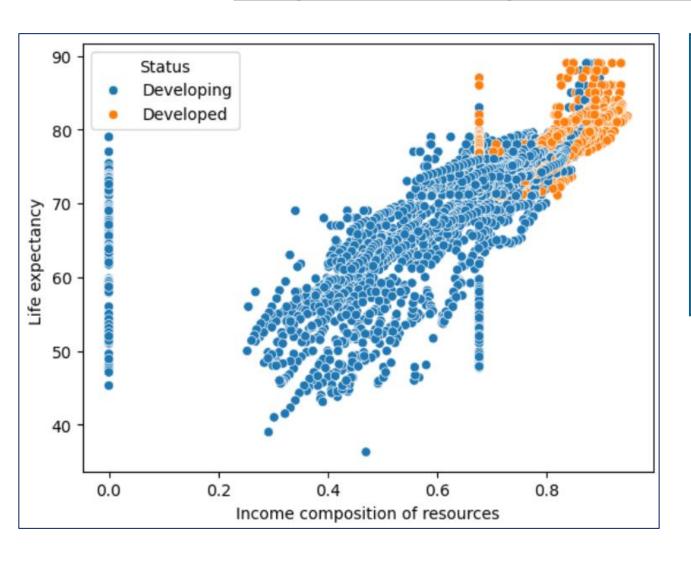
Distribution Plots

- Life expectancy is slightly left-skewed, centered around 65–75 years.
- Developed nations cluster around 75– 85 years.
- Developing nations show wider spread (40–70 years).



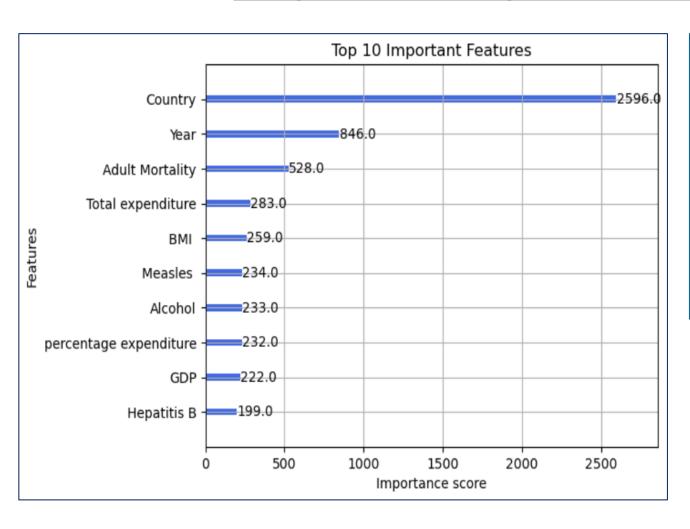
Categorical Analysis

- Developed countries have significantly higher life expectancy.
- The gap is about 10–15 years between categories.



Income & Education Effects

- Strong upward trend higher income equality leads to longer lives.
- Developed countries cluster in top-right corner (high income, high life expectancy).



Top Contributing Features

- Country is the Highest contributing
 Feature to Life Expectancy in terms of importance score.
- Disease Hepatitis B is the Lowest contributing Feature to Life Expectancy in terms of importance score.

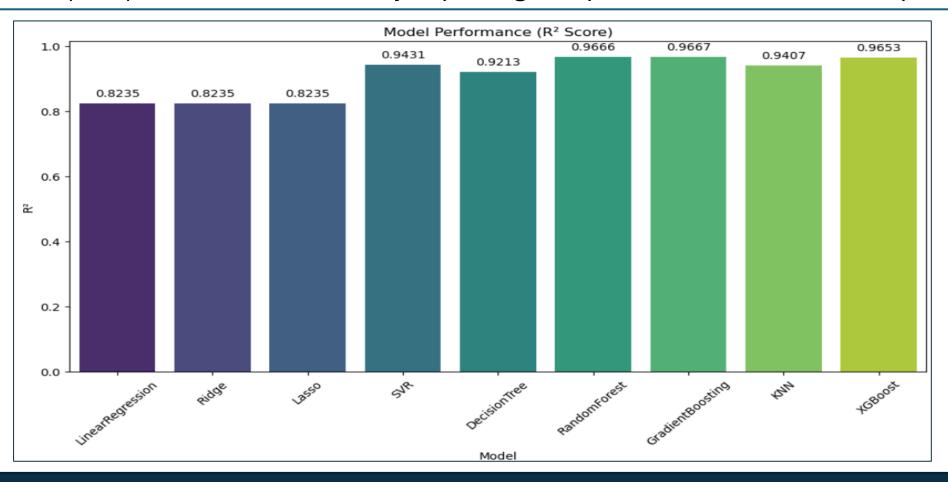
Model Selection & Training

I selected the **RandomForest Regressor model** due to its efficiency in handling regression problems. The model is trained using the training dataset, and its performance is evaluated on the test set.

	Model	Best Params	MAE	MSE	RMSE	R ²
0	LinearRegression	8	2.856	15.293	3.911	0.824
1	Ridge	{'model_alpha': 0.01}	2.856	15.293	3.911	0.824
2	Lasso	{'model_alpha': 0.001}	2.856	15.298	3.911	0.823
3	SVR	{'model_C': 100, 'model_epsilon': 0.2}	1.430	4.935	2.221	0.943
4	DecisionTree	{'model_max_depth': 10, 'model_min_samples_s	1.683	6.824	2.612	0.921
5	RandomForest	{'model_max_depth': None_'model_min_samples	1.112	2.899	1.703	0.967
6	GradientBoosting	{'model_learning_rate': 0.2, 'model_max_dept	1.144	2.885	1.698	0.967
7	KNN	{'model_n_neighbors': 3, 'model_p': 1}	1.435	5.143	2.268	0.941
8	XGBoost	{'model_learning_rate': 0.2, 'model_max_dept	1.183	3.008	1.734	0.965

Model Selection & Training

RandomForest Regressor Model is the best model and top the leaderboard with $R^2 \approx 0.967$ and lowest RMSE (~1.7). This models is clearly capturing complex non-linear relationships.



Final Recommendations

- **Invest in education:** Implement policies to increase school enrollment and literacy rates and promote health awareness programs in schools to encourage healthy behaviors from an early age.
- Enhance economic resources: Introduce social welfare programs, subsidies, and skill development initiatives to improve income levels and access to essential resources for low-income populations.
- Promote sustainable economic growth: Encourage government and private sector investment in economic development projects that generate employment and fund public healthcare and social programs.
- Reduce adult mortality: Expand access to preventive healthcare, regular health screenings, and vaccination programs to lower the risk of early deaths.
- Maintain healthy BMI ranges: Launch national nutrition and fitness campaigns and provide community-level programs to promote balanced diets and regular physical activity.
- Control HIV/AIDS prevalence: Strengthen awareness campaigns, provide free or affordable HIV testing, and ensure availability of antiretroviral treatment to reduce prevalence.
- Invest in healthcare expenditure: Allocate higher budgets for healthcare infrastructure, train medical professionals, and ensure equitable access to medicines and healthcare services across regions.

Thankyou!