STATISTICAL ANALYSIS ON FACTORS INFLUENCING LIFE EXPECTANCY

BY

Group P17

- 1. Ahmad Mustapha Wali (407), ahmadmwali@gmail.com
- 2. Lara Tomeh (407), lolyta_@live.com
- 3. Alexandru-Ștefan Ghiță (407), alexandru.stefan.ghita@gmail.com

Being our project for Exploratory Data Analysis

ABOUT THE DATASET

The World Health Organization's (WHO) Global Health Observatory (GHO) data collection monitors a wide range of health-related factors across all nations. The datasets are made accessible to the public with the intention of studying health data. There is a WHO data repository for life expectancy and health characteristics for 193 countries, and the United Nations website provides economic information for the same number. Among the various categories of health-related characteristics, only those that are most representative of the population were chosen. Over the last 15 years, there has been a dramatic improvement in human mortality rates in the health sector, particularly in developing nations, when compared to the previous 30 years. This is why, in this project's research, data from 2000 to 2015 for 193 countries was used. By integrating all of the original data files, a single dataset has been formed. When the data was originally examined, several values were discovered to be missing. The most often missing figures were discovered to be population, Hepatitis B, and GDP. Tonga, Togo, and Cape Verde were among the countries where data was absent. The final merged file (final dataset) has 22 columns and 2938 rows, yielding 20 predictor variables. Following that, all variables that may be utilized to create predictions were divided into four primary categories: vaccination, mortality, economy, and society.

This project aims to answer the following key questions:

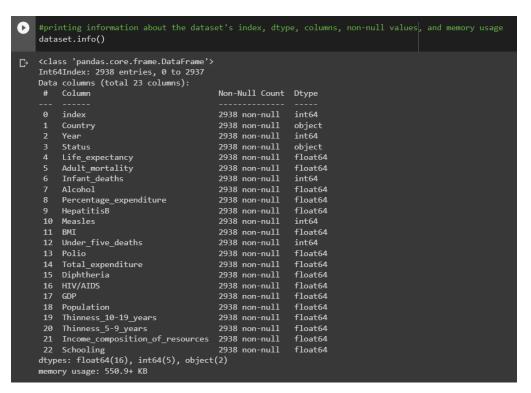
- 1. Do the numerous predictive factors that were previously considered have any effect on life expectancy?
- 2. What are the true determinants of life expectancy that can be predicted?

- 3. Should a country with a lower life expectancy (<65) spend more on healthcare in order to boost its average lifespan?
- 4. How do death rates for infants and adults impact life expectancy?
- 5. Do eating habits, lifestyle, exercise, drinking, have a favorable or negative impact on life expectancy, among individuals.
- 6. What effect does education have on human lifespan?
- 7. Does life expectancy in highly populated nations tend to be lower?
- 8. What effect does vaccination coverage have on life expectancy?

The dataset has the following 22 columns and 2938 rows:

- 1. Country the country from which the indicators originate.
- 2. Year the calendar year in which the indicators were created.
- 3. Status whether a country is classified as 'Developing' or 'Developed' by the World Health Organization.
- 4. Life_expectancy the life expectancy of a person in years for a specific country and year.
- 5. Adult_mortality the adult mortality rate as a percentage of the total population (i.e., number of people dying between 15 and 60 years per 1000 population).
- 6. Infant_deaths Infant mortality rate per 1000 population.
- 7. Alcohol- The rate of alcohol consumption in a nation is expressed in liters of pure alcohol consumed per capita.
- 8. Percentage_expenditure health expenditures as a proportion of GDP.
- 9. Hepatitis_b Number of one-year-olds immunized against Hepatitis B as a percentage of all one-year-olds in the population.
- 10. Measles Measles cases recorded per 1000 population.
- 11. BMI A country's whole population's average Body Mass Index (BMI).
- 12. Under-five_deaths number of people under the age of five deaths per 1000 population.
- 13. Polio The proportion of one-year-olds immunized against Polio compared to the total population of one-year-olds.
- 14. Total_expenditure Health expenditures as a proportion of overall government spending.
- 15. Diphtheria Immunization rate of one-year-olds against diphtheria, tetanus toxoid, and pertussis (DTP3).

- 16. HIV/AIDS HIV/AIDS-related deaths per 1000 live births among children under the age of five; number of children under the age of five that die as a result of HIV/AIDS per 1000 live births.
- 17. GDP Gross Domestic Product per capita.
- 18. Population population of a country.
- 19. Thinness_1-19_years rate of thinness among people aged 10-19.
- 20. Thinness_5-9_years rate of thinness among people aged 5-9.
- 21. Income_composition_of_resources Human Development Index in terms of income composition of resources (index ranging from 0 to 1).
- 22. Schooling average number of years of schooling of a population.



Dataset Information

There are 3 categorical variables and 19 discrete numeric columns in total. 21 of the columns are also features, and one to serve as the label (Life_expectancy).

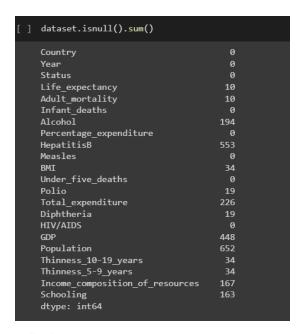
DATA PREPROCESSING

Initial Dataset Columns

It could be observed that the column names in the dataset are inconsistently spaced and contain several white spaces. They were renamed to have no spaces but underscores.

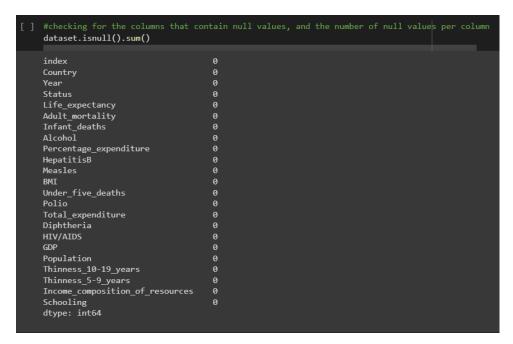
The column "thinness 1-19 years" was also renamed to "Thinness_10-19_years" as specified in the dataset description.

Columns After Renaming

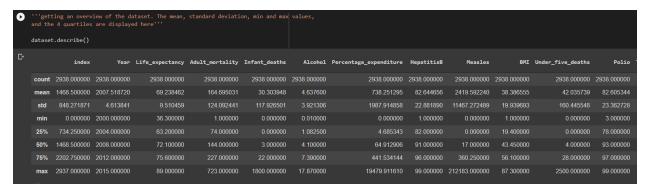


Null Values

The data contained at least 652 null values. We initially attempted to fill in those numbers using linear interpolation, which did not work, and then filled them in using the median of each column.

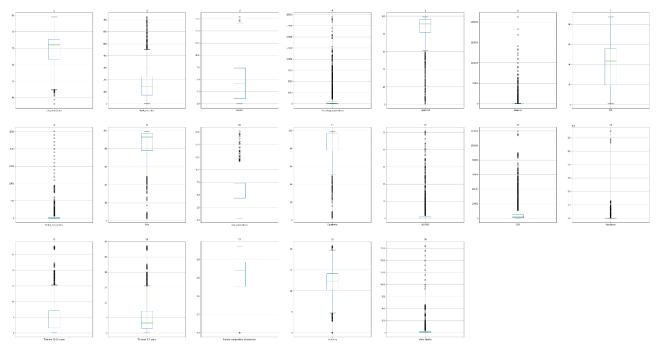


Sum of Null Values After Filling



Dataset Description

A brief inspection of the dataset description shows the presence of many outliers. Adult mortality of 0.1%, for example, seems unreasonable (min Adult_mortality = 1), and a country cannot spend 19479.911610% of its income on health, etc. Various methods of checking and correcting outliers exist. For this project, we used boxplots for easy visual detection of the outliers.



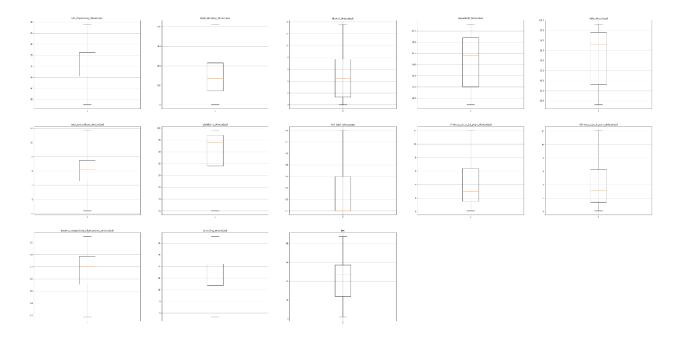
Checking for Outliers Using Boxplots

There seem to be many outliers and irregularities with the dataset.

i) Infant_deaths, Measles, and Under_five_deaths, which are per 1000 population (thus shouldn't be above 1000) all have values above 1000. To deal with this, we dropped all values not less than 1000 since they are probably a mistake, and there is no way we can know their actual values.

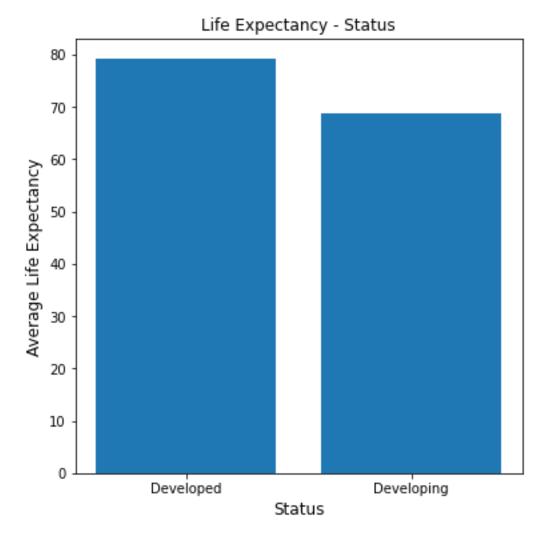
- ii) Percentage_expenditure is unreasonably high. Also, Population and GDP have been affected by the few countries having a very high population of more than 1 billion (China and India) and GDP per capita (Qatar, Norway, etc.) respectively to create too many outliers. To deal with this category, we took the log of these columns.
- iii) For the rest of the columns with outliers, we winsorized them by changing their quartile limits.

A second boxplot of the winsorized data shows that the outliers have been removed.



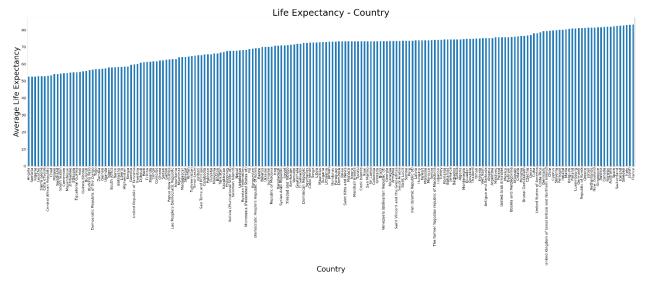
Boxplot After Winsorization

DATA ANALYSIS

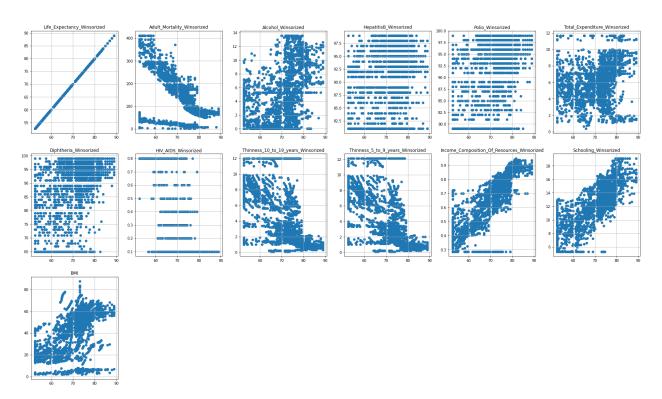


Mean Life Expectancy Grouped by Country Status

Residents in developed countries have, on average, 10 years higher life expectancy than those in developing countries on average (70 years). As can also be observed in the figure below, the country with the lowest life expectancy is *Angola*, a developing country; while the one with the one with the highest is *France*, a developed country. On closer observation, most of the countries below the 75th percentile are developing countries, while most of those above it are developed nations.



Countries' Life Expectancy Sorted in Ascending Order



Plot of Life Expectancy Against the other Variables



Correlation Heatmap

The 2 figures above indicate the correlations between a predictor and the other predictors. In the case of life expectancy, we can see that it has strong positive correlation with $Income_Composition_Of_resources$ and Schooling. To a lesser extent, it is also affected positively by Polio, and Diphtheria. This is because polio and diphtheria immunization greatly reduce the chances of children dying from those ailments. It turns out that public healthcare expenditure is not the most important predictor determining life expectancy (weakly positively correlated by 0.22).

Life expectancy is also observed to be strongly negatively correlated with *Adult_mortality*, *HIV/AIDS*, *Thinness_10-19_Years*, and *Thinness_5-9_Years*.

APPLYING REGRESSION MODELS

0	#first 5 rows of the scaled dataset dataset_scale.head()										
₽		Year	Life_Expectancy_Winsorized	Adult_Mortality_Winsorized	Infant_deaths	Alcohol_Winsorized	ВМІ	log_Percentage_expenditure			
	0	1.590836	0.836149	-0.724771	-0.423738	-0.077106	0.864344	0.630313			
	1	1.590836	0.576506	-1.242473	0.437074	0.098160	0.941124	-1.467383			
	2	1.590836	-2.137945	1.731960	2.281671	0.098160	-0.911837	-1.467383			
	3	1.590836	0.670922	-1.298950	-0.423738	0.098160	0.337120	-1.467383			
	4	1.590836	0.659120	-0.329435	-0.095810	0.098160	1.110040	-1.467383			

A Part of the Dataset After Scaling

Being a regression task, we scaled the dataset using *StandardScaler* then fit it into 4 regression models using 4 evaluation metrics of mean absolute error, mean squared error, root mean squared error, and explained variance score. The models used are the linear, support vector, random forest, and LightGBM regressors. The figure below shows a summary of the models' performance.

MODEL		LinearRegression()	SVR(C = 10, epsilon = 0.00001)	RandomForestRegressor(n_estim ators = 500, random_state = 0, n_jobs = -1)	lgb()
TRIC	Mean Absolute Error	2.5116	1.4744	1.1088	1.1240
PERFORMANCE METI	Mean Squared Error	11.6888	5.8072	3.3494	2.9979
	Root Mean Squared Error	3.4189	2.4098	1.8301	1.7314
	Explained Variance Score	0.8347	0.9546	0.9934	0.9848

Model Performance Summary

From the above figure, the best models for this task are the LightGBM and the random forest regressor, and the support vector regressor performed fairly good as well. The linear regressor, however, performed relatively bad compared to the others.

CONCLUSION

As indicated by the correlation matrix, some of the predictive factors initially considered had little effect on life expectancy. Government expenditure on healthcare, population, and infant measles rates all have a negligible influence on a country's life expectancy. Life expectancy is, however, significantly influenced by a country's HDI and the average number of years spent in school by its citizens. It is also favorably influenced, albeit to a lesser extent, by a country's GDP, polio and diphtheria vaccination rates, and the average BMI of its residents.

Adult mortality has a large negative effect on life expectancy (-0.7), but infant mortality has a comparatively little negative effect (-0.4). Countries' life expectancy is also heavily influenced negatively by the number of children dying of HIV under the age of five. Other significant, although less substantial, negative correlations include the prevalence of thinness among children aged 5-9 and adolescents aged 10-19.

As previously stated, a country's public health expenditure is weakly correlated to its citizens' life expectancy (0.22). Life expectancy is positively correlated with lifestyle choices such as eating habits and exercise (which eventually impact the BMI) (0.53). Additionally, alcohol use is favorably connected with life expectancy (0.53). A plausible explanation for this might be because persons who consume more alcohol typically have more money.

As seen in the matrix, education is the second most significant predictor in the dataset (0.76), while population has a negligible effect on life expectancy (0.046). Countries that invest more in education will almost certainly see an increase in life expectancy.