DSC424 - Final Project Milestone 3

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Data Cleaning and Handling Missing Data

R Code:

#retreive data from file location
setwd("C:/Users/apfit/OneDrive/Documents/Depaul/Spring 2022/Advanced Data Analysis/R
datasources")
WHO = read.csv('who_life_exp.csv')

#display summary of data
summary(WHO)
WHO_Summary= WHO%>%
 group_by(country)%>%
 summarise(Mean_Life_Expectancy = mean(life_expect))%>%
 arrange(desc(Mean_Life_Expectancy))

#determine which columns have 'NA' values colSums(is.na(WHO))

Description:

The first step in my data cleaning process was to pull the dataset that we are going to be using for our project into R. This was completed using the read.csv function. Once the dataset was in R, I looked at a summary of the data set, broken down by predictors.

> summary(WHO) country Length:3111 Class :character Mode :character	country_code Length:3111 Class :characte Mode :characte		•	04 1st Qu.:63. 08 Median :71. 08 Mean :69. 12 3rd Qu.:75.	23 Min. :10.73 20 1st Qu.:16.62 60 Median :18.51 15 Mean :18.91 54 3rd Qu.:21.10	Min. : 49.2 1st Qu.:108.3 Median :164.8 Mean :193.5 3rd Qu.:250.8	ty infant_mort Min. :0.001470 1st Qu.:0.008255 Median :0.019995 Mean :0.032496 3rd Qu.:0.051720 Max. :0.164515
Min. :19.00 M 1st Qu.:82.00 1 Median:93.00 M Mean :86.42 M 3rd Qu.:97.00 3 Max. :99.00 M NA's :19 N une_infant Min. : 1.60 1st Qu.: 8.00 Median: 19.50	st Qu.: 71.66 1 edian: 91.99 M ean: 83.33 M rd Qu.: 98.55 3 ax.: 100.00 M A's: 32 N une_life Min.: 39.44 M 1st Qu.: 62.84 1 Median: 71.41 M	Min. :19.80 1st Qu.:23.30 Median :25.50 Mean :25.05 3rd Qu.:26.50 Max. :32.20 NA's :34 doctors in. : 0.128 Mi st Qu.: 6.391 1s edian :20.523 Me ean :19.866 Me rd Qu.:30.982 3r ax. :79.541 Ma A's :1331 NA une_hiv in. : 0.100 Mi st Qu.: 0.100 Is edian : 0.400 Me	n's :2981 une_gni n. : 420 M st Qu.: 2970 : edian : 8340 M	Min.: 0.100 1st Qu.: 2.000 Median: 5.200 Mean: 5.972 3rd Qu.: 8.900 Max.: 26.700 NA's: 34 gni_capita Min.: 250 1st Qu.: 2540 Median: 7460 Mean: 13397 3rd Qu.: 18250 Max.: 123860 NA's: 682 une_poverty Win.: 0.10 Ist Qu.: 0.60 Median: 3.10	Min. : 2.00 1st Qu.:81.00 Median :92.00 Mean :85.44 3rd Qu.:97.00 Max. :99.00 NA's :569 gghe.d Min. : 0.06236 1st Qu.: 1.53344 Median : 2.60130 Mean : 3.12293 3rd Qu.: 4.27811 Max. :12.06273 NA's :100 une_edu_spend Min. : 0.7874 1st Qu.: 3.2628 Median : 4.4254	1st Qu.: 4.23 Median : 5.75 Mean : 6.11	9 1st Qu.: 2195 8 Median: 8544 0 Mean: 37076 0 3rd Qu.: 25096
3rd Qu.: 48.05	3rd Qu.:75.57 3 Max. :83.98 M	rd Qu.: 1.500 3r ax. :28.200 Ma	d Qu.: 20483	3rd Qu.:12.40 Max. :94.10	3rd Qu.: 5.4950 : Max. :14.0591 :	3rd Qu.: 95.79 Max. :100.00 NA's :2540	3rd Qu.:12.0706 Max. :14.3788 NA's :2306

Based on the above summary, it looks like the dataset contains some categorical variables in the way of country and country_code, an ordinal variable in year, and the remaining variables appear to be continuous and numeric. I noticed that some of the variables have an incredibly large gap between the 3rd quartile and Max value (gni_capita, une_pop, uni_gni for example), this indicates that these variables may be good candidates for log or exponential scaling, I made a note to take a look at the distributions of these variables later in the process when I begin to scale and transform my data for use in a regression model. I also noticed that I have quite a few predictors that are very sparsely populated. Une_school, une_literacy, une_poverty, and hospitals all have over 2000 NA entries out of a total of 3111 rows of data. I will likely need to either determine how to merge outside data with these variables, or remove them from the dataset, since the combination of those 5 variables are unlikely to yield many complete entries.

I then generated a data frame called WHO_Summary. This data frame groups the data by the categorical variable 'country', and generates a mean value for the life expectancy target variable by country. The resulting table is then sorted by descending order on mean life expectancy. This table gives me some good initial insight into the dataset. I now have a feel for the range of life expectancy values that we'll be working with (from 82 years to 46 years). I am also able to see that the top countries in terms of life expectancy, tend to be more developed countries, while the bottom countries on the list tend to be less developed countries. This makes sense, as more developed countries may have a higher GDP per capita, more access to clean water, better healthcare, and more access to vaccines/immunizations. These are all predictors that exist within the data set, so we should hopefully be able to determine whether there are strong correlations between these predictors (among others) and our target variable of life expectancy.

*	country	Mean_Life_Expectancy
1	Japan	82.75357
2	Switzerland	81.84819
3	Australia	81.54399
4	Iceland	81.50785
5	Italy	81.49052
6	Spain	81.39119

...

*	country	Mean_Life_Expectancy
179	Chad	50.83169
180	Eswatini	50.26028
181	Lesotho	49.92741
182	Central African Republic	48.21520
183	Sierra Leone	46.79126

Dealing with NA values in Alcohol predictor

R Code:

#determine which columns have 'NA' values colSums(is.na(WHO))

#review alcohol NAs
WHO%>%
filter(is.na(alcohol))%>%
group_by(country)%>%
summarise()

WHO%>% filter(country=='Canada')%>% select(country, alcohol)

WHO%>% filter(country=='Afghanistan')%>% select(country, alcohol)

WHO%>% filter(country=='Montenegro')%>% select(country, alcohol)

```
WHO%>%
 filter(country=='Serbia')%>%
 select(country, alcohol)
WHO%>%
 filter(country=='Sudan')%>%
 select(country, alcohol)
WHO%>%
 filter(country=='South Sudan')%>%
 select(country, alcohol)
#replace alcohol NAs with avg of 'good' values by country (remove south sudan from data set
due to no data on many predictors)
x='Canada'
WHO$alcohol = ifelse(WHO$country== x \& is.na(WHO$alcohol),mean(WHO[WHO$country ==
x ,]$alcohol,na.rm=TRUE),WHO$alcohol)
x='Afghanistan'
WHO$alcohol = ifelse(WHO$country== x & is.na(WHO$alcohol),mean(WHO[WHO$country ==
x ,]$alcohol,na.rm=TRUE),WHO$alcohol)
x='Montenegro'
WHO$alcohol = ifelse(WHO$country== x & is.na(WHO$alcohol),mean(WHO[WHO$country ==
x ,]$alcohol,na.rm=TRUE),WHO$alcohol)
x='Serbia'
WHO$alcohol = ifelse(WHO$country== x \& is.na(WHO$alcohol),mean(WHO[WHO$country ==
x ,]$alcohol,na.rm=TRUE),WHO$alcohol)
x='Sudan'
WHO$alcohol = ifelse(WHO$country== x & is.na(WHO$alcohol),mean(WHO[WHO$country ==
x ,]$alcohol,na.rm=TRUE),WHO$alcohol)
#remove south sudan
WHO = WHO%>%
 filter(country!='South Sudan')
#REVIEW BMI NAs
WHO%>%
filter(is.na(bmi))%>%
 group by(country)%>%
 summarise()
```

```
WHO%>%
filter(country=='Sudan')%>%
select(country, bmi)

#remove Sudan due to no data present in bmi

WHO = WHO%>%
filter(country!='Sudan')
```

Description:

Now that I've identified the need to deal with the NA values in the dataset. I'll first take a look at the countries that have missing values in the alcohol predictor.

With a list of the 6 countries that I need to look into to handle the NA values in the alcohol predictor, I'll now start to look a step deeper and investigate the distribution of values within each country.

```
> WHO%>%
+ filter(country=='Canada')%>%
  select(country, alcohol)
  country alcohol
1
  Canada
2
   Canada
              NΑ
3
  Canada
             NA
4
   Canada
              NA
5
   Canada
              NA
  Canada
             8.0
6
            8.2
   Canada
8 Canada
            8.3
            8.4
9
   Canada
10 Canada
            8.4
11 Canada
            8.3
             8.2
12 Canada
             8.3
13 Canada
14 Canada
             8.2
15 Canada
             8.0
16 Canada
             8.0
17 Canada
             8.1
```

Above is an example of the alcohol values when filtering the dataset by country == 'Canada'. It appears that there is a fairly normal distribution of values between 8 and 8.4. This leads me to believe that in general, alcohol use in Canada has been fairly consistent over this time span. In order to handle the NA values here, I think it is appropriate to average the values that I do have for canada, and apply the average value to the NA columns. This is done by executing the below code to find NA values where country == 'Canada', and apply the mean value to those cells. The resulting table shows the NAs are now filled in with a value of 8.2. I repeated this exercise for the other 5 countries that I identified as needing cleaning for the alcohol variable, and determined that 4 could be handled the same way, but 'South Sudan' did not have any alcohol values present for any entry. I chose to remove 'South Sudan' from the dataset as a result. It had many other columns of predictors with a significant number of missing values as well.

```
> x='Canada'
> WHO$alcohol = ifelse(WHO$country== x & is.na(WHO$alcohol),
                      mean(WHO[WHO$country == x ,]$alcohol,na.rm=TRUE),WHO$alcohol)
> WHO%>%
  filter(country=='Canada')%>%
  select(country, alcohol)
  country alcohol
1 Canada 8.2
2 Canada
3 Canada 8.2
4 Canada 8.2
5 Canada 8.2
6 Canada 8.0
   Canada 8.2
8 Canada 8.3
9
   Canada
              8.4
10 Canada
              8.4
11 Canada
              8.3
12 Canada
13 Canada
14 Canada
              8.3
              8.2
14 Canada 8.2
15 Canada 8.0
16 Canada 8.0
17 Canada
              8.1
```

Dealing with sparsely populated predictors

R Code:

#reduce data set to remove variables with significant missing values across all entries colSums(is.na(WHO))

```
WHO_Reduced = WHO%>% select(-une_school, -une_literacy, -une_edu_spend, -une_poverty, -hospitals,-doctors)
```

#reduce selection further by only reviewing complete entries in the reduced data set WHO_Reduced_CompleteCases = WHO_Reduced[complete.cases(WHO_Reduced),] nrow(WHO_Reduced_CompleteCases)

```
WHO_Summary_Reduced= WHO_Reduced_CompleteCases%>% group_by(country)%>% summarise(Mean_Life_Expectancy = mean(life_expect))%>% arrange(desc(Mean_Life_Expectancy))
```

Description:

After reviewing the predictors with significant counts of NA values (over 1000), I decided it would be best to delete them from my dataset, since trying to maintain complete cases, with those predictors in, left with with just 2 rows of data out of my now 3077 rows (after removing sudan and south sudan data). With the sparsely populated predictors removed from my data

set, I am now able to search for entries that represent complete cases only. This filtering leaves me with a dataset that contains 1349 rows of complete entries. This is still a large data set, and since it only contains complete entries, I can now run a correlation plot on all predictors to see what additional inferences I can make about the data. I also rerun my summary table of average life expectancy by country, and notice that while I did lose ~60 countries from my dataset, I still have 121 countries represented, and my range in target variable is 81.4 - 48.7. I think this range is still representative of my original dataset, so I am happy with the result of the reduced, complete case set.

```
> WHO_Reduced = WHO%>%
+ select(-une_school, -une_literacy, -une_edu_spend, -une_poverty, -hospitals,-doctors)
> #reduce selection further by only reviewing complete entries in the reduced data set
> WHO_Reduced_CompleteCases = WHO_Reduced[complete.cases(WHO_Reduced),]
> nrow(WHO_Reduced_CompleteCases)
[1] 1349
```

Generating and Reviewing Correlation Plot

R Code:

```
#correlation plot on reduced, complete case data set library(corrplot)
```

```
pairs(WHO_Reduced_CompleteCases%>%
    select(-country,-country_code,-region))
```

Description:

Now that I have a complete dataset, I can run a correlation plot on the numerical variables. I order the variables on the plot by 'hclust', which tries to group correlated predictors together when generating the plot. From the resulting plot, we can see that there are quite a few predictors with strong positive and negative correlation to life expectancy. Measles, polio, and diphtheria all represent % of 1 year old children that have received the vaccines. These all show a strong positive correlation with life expectancy. Basic_water also shows strong positive correlation to life expectancy as it represents a population with access to clean drinking water. BMI is also a strong positive correlation since it is a measure of malnourishment amongst the population. As less of the population is malnourished, the overall life expectancy increases. Une_hiv shows a strong negative correlation with life expectancy since it represents the % prevalence of HIV in the population between age 15 and 49.

