

How to estimate a population proportion if data are
possibly subject to misclassification error?
The case of estimating contraceptive prevalence
based on self-reported usage.

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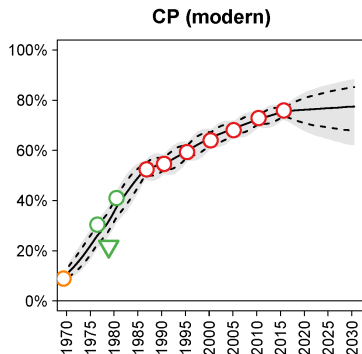
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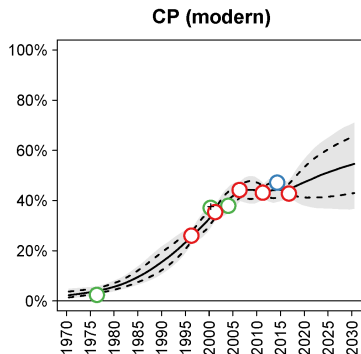
Introduction

- ▶ Motivating question:
How to estimate contraceptive prevalence using self-reported data collection, i.e. demographic health surveys (DHS)
- ▶ Approach: Family Planning Estimation Model (FPEM, Cahill et al., 2018)

Colombia (South America)



Nepal (Southern Asia)



How is the data used in FPEM?

► FPEM: **data model** + process model

- **data model**: describe how observed data relate to true modern contraceptive prevalence (mCPR)

$$\text{logit}(y) \sim N(\text{logit}(\theta), \text{logit.s}^2 + \tau^2)$$

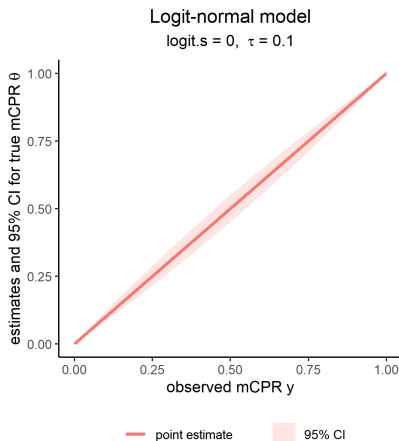
► Notation

- y observed mCPR,
- θ true mCPR,
- logit.s sampling error,
- τ non-sampling error

- Visualization: posterior median and 95% CIs based on the posterior:

$$p(\theta|y) \propto p(\theta)p(y|\theta)$$

- prior $\theta \sim U(0, 1)$
- $p(y|\theta)$ given by logit-normal data model



Data on non-sampling error in self-reported modern contraceptive use

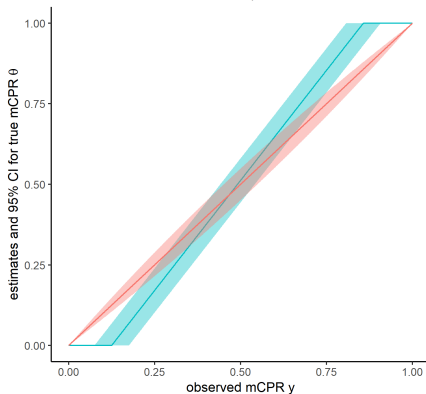
- ▶ Two post-survey studies of DHS provides data on non-sampling errors in the form of misclassification
 - ▶ sensitivity (se) = proportion of modern users who reported themselves as such
 - ▶ specificity (sp) = proportion of non-modern users who reported themselves as such
- ▶ Findings:
 - ▶ 2014 Ghana DHS (Staveteig, 2017) (sample size = 48)
 $se = 0.857 \pm 0.106$, $sp = 0.875 \pm 0.094$
 - ▶ 2016 Nepal DHS (Staveteig et al., 2018) (sample size = 194)
 $se = 0.925 \pm 0.037$, $sp = 0.968 \pm 0.025$

Visualization of the relation between true prevalence θ and self-reported use y in presence of misclassification

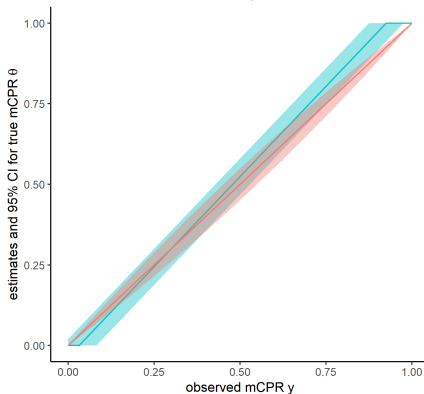
True data model when data are subject to misclassification (simplified, s refers to sampling error):

$$y \sim N(se \cdot \theta + (1 - sp)(1 - \theta), s^2) T[0, 1],$$

Ghana
 $se = 0.857$, $sp = 0.875$



Nepal
 $se = 0.925$, $sp = 0.968$



How to estimate a population proportion if data are possibly subject to misclassification error?

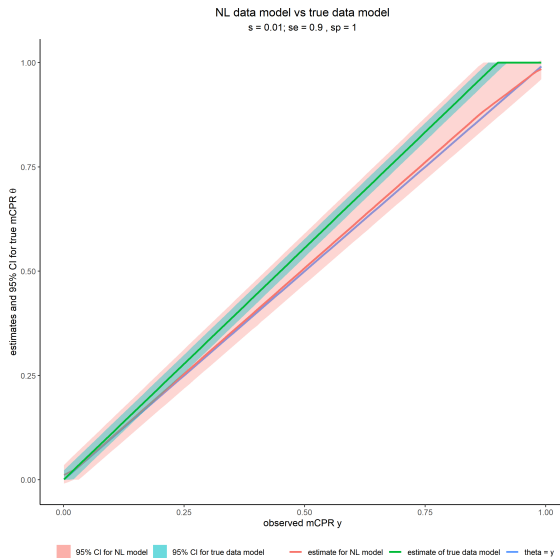
- ▶ Conclusion so far:
 - ▶ Two small post-DHS studies suggest that self-reported mCPR is subject to misclassification
 - ▶ The additional uncertainty related to non-sampling error in FPEM does not capture the relationship implied by the studies
- ▶ Generalizability problem: only two studies in specific settings
⇒ do not apply bias-adjustments to self-reported use for all DHS data points based on two studies only
- ▶ What we can do:
Update the data model to better reflect uncertainty associated with potential misclassification errors

Proposed new data model based on a Normal-Laplace distribution

- ▶ Goal: data model to better reflect uncertainty associated with potential misclassification errors
- ▶ Aims for the posterior associated with the new data model with assumed sensitivity se^a and specificity sp^a (and $U(0,1)$ prior):
 - ▶ $\hat{\theta} = y$
 - ▶ If no misclassification: 95% CI determined by sampling error s
 - ▶ If misclassification: 95% CI determined by s, se^a, sp^a
- ▶ Model specification:
 - ▶ based on Normal-Laplace (NL) distribution (Reed, 2006) for the normalized likelihood,
 - ▶ posterior under $U(0,1)$ prior given by
$$p(\theta|y) \sim NL(\mu, \sigma, \alpha, \beta) T(0, 1)$$
 - ▶ Parameters fixed to meet aims

Illustration of the new data model

- ▶ Visualization: true data model and NL data model
- ▶ True relation: $s = 0.01, se = 0.9, sp = 1$
- ▶ Settings NL: $s = 0.01, se^a = 0.9, sp^a = 1$, such that $\hat{\theta} = y$ and upper bound of 95% CI increases with y



Simulation study

- ▶ We fixed $\theta^{\text{true}} = 0.3, 0.5, 0.7$, use different combinations of true misclassification se, sp and assumed misclassification se^a, sp^a , and generate 100 data sets per setting.
- ▶ Compare posterior estimates from FPEM logit-normal data model vs proposed NL model
- ▶ Findings (as expected):
 1. (bias in) point estimates are comparable between the logit-normal and NL model;
 2. 95% CIs are conservative with coverage exceeding 95%, when assumed misclassification $>$ true misclassification;
 3. NL model improves upon logit-normal model in terms of coverage of 95% CIs when misclassification is present and accounted for.

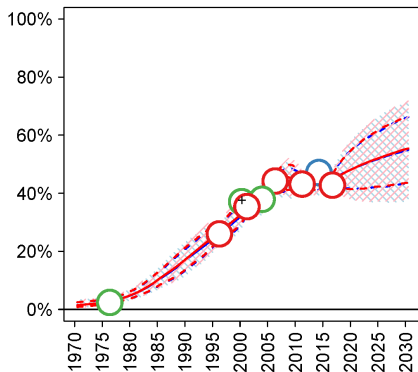
New data model in FPEM

Nepal (Southern Asia)

CP (modern)

- ▶ NL model used in FPEM, applied to DHS data only
- ▶ Two settings:
 - ▶ $se^a = 0.9, sp^a = 1$ (Nepal)
 - ▶ $se^a = sp^a = 0.9$ (Ghana)
- ▶ Findings:

(1) Differences in FPEM fit are more variable as compared to the simulations

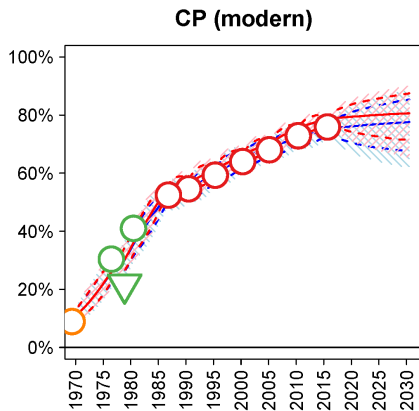


Blue = logit-normal,
Red = NL with $se^a = 0.9, sp^a = 1$

New data model in FPEM (ctd)

Colombia (South America)

- Findings (ctd):
 - (1) Differences in FPEM fits are more variable as compared to the simulations
 - (2) When there are differences,
 - (i) estimated bounds vary in expected direction based on se^a , sp^a ;
 - (ii) some updating of point estimates as well
- Example: Colombia with $se^a = 0.9$, $sp^a = 1$



Blue = logit-normal,
Red = NL with $se^a = 0.9$, $sp^a = 1$

Summary

- ▶ We investigated how to estimate a population proportion if data are possibly subject to misclassification error, motivated by reported evidence on misclassification in self-reported modern contraceptive use.
- ▶ We propose a new normal-laplace data model to account for increased asymmetric uncertainty associated with potential misclassification errors.
- ▶ Simulation study shows improvement in coverage of credible intervals when data are subject to misclassification.
- ▶ Ongoing: assessing the effect a change in data model from logit-normal to the normal-laplace in FPEM;
findings so far: differences are typically smaller but more variable as compared to what we expect, and include changes in point estimates.

Thanks!

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