# CSSS 563 - Term Paper

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#### Introduction

This review discuss three papers: (Vollset et al. (2020); Alkema (2020); Gietel-Basten and Sobotka (2020)) The first paper introduces a new method for population projections and claims widely different forecasts. The remaining two papers criticize the proposed approach. Henceforward, a debate among demographers is emerged and this review focused on fertility projections – arguably the center point on this debate. The paper is organized as follows: (I) summary of the debate on fertility projections, (II) replicating the fertility part of Vollset et.al (2020) article, (III) evaluation against other methods, (IV) discussion.

### **Article Summary**

Demographers are well aware of the problems emerged from using period fertility rates in population projections. Unlike life tables, fertility behavior shows a different age pattern between cohort and period measures. This is especially true for countries in Phase III which is defined by Alkema et al. (2011):

"The countries that have entered Phase III are defined as the countries in which two subsequent five-year increases below a TFR of 2 children have been observed."

In Phase III countries women delay childbearing to later ages, aka tempo effect. As a result, period Total Fertility Rate (TFR) shows an increase in recent years. This increase occurs because of how TFR calculated, not empirically observed. TFR is calculated from summing Age-Standardized Fertility Rates in a given period. Therefore, women who child-bear at later ages contribute to the that period's fertility rate. This creates an illusion of decreasing fertility declines in future future years.

In contrast, Completed Cohort Fertility Rates doesn't suffer from tempo effect, as they are derived based on observing a cohort of women through ages 15-49. In practice, cohort's total fertility estimated retrospectively from a survey of 50-year-old women. Complete Cohort Fertility at Age 50 (CCF50) calculated as the total number of births among women in the cohort divided by the number of women in the cohort. Briefly, a cohort's total fertility rate can be derived entirely from its set of parity progression ratios. Preston, Heuveline, and Guillot (2001)

Figure I shows the difference between TFR and CCF50 for 11 countries in Phase III. As seen in Figure 1, both TFR and CCF50 start with a decreasing trend. While CCF50 slowly

approaches to a stable level, TFR increases as a result of tempo effect. Note that estimates obtained from different data sources, therefore there is a difference in the magnitudes. However, what matters for the population projections is the change in the fertility rates comparing to previous years, as they are projected with auto-regressive time series models.

Vollset et al. (2020) paper's proposed population projection method mainly differs using CCF50 instead of TFR. The resulting model fits better to Western countries, as majority of them in Phase III. Consequently, they argue that population decline is becoming a serious threat in the future (2050). Using a cohort measure instead of a period measure is not a novel idea. What makes TFR prevalent in population projections is convenience. In most countries, obtaining age-specific birth counts in a period is a lot easier than complete cohort fertility. More importantly, using CCF50 requires adjustments for incomplete birth cohorts. For instance, CCF50 in 2015 is estimated from birth cohort of 1965. Women who born after 1965 are not completed cohort, so their cohort fertility rate needs to be completed until the age of 50. Such a challenge is not applicable when using period TFR.

Vollset et al. (2020) provides a novel solution to the this problem. Instead of projecting CCF50 for future years, they utilized two covariates that are highly correlated with CCF50, namely contraceptive met need and maternal educational attainment (years of education). In their models, they found that a model with those two covariates accounts for 80.5% of the variance in CCF50. The details on this model and CCF50 projections are discussed in the next chapter.

Several objections made to this model and resulting population estimates. Alkema (2020) shows that Vollset et al. models actually resulted in better estimates in Western countries but cautions the reader about potential over-fitting issues. As Vollset (2020) didn't present any out-of-sample predictions, it is possible that IHME tuned the model parameters to support their claim about CCF50. Gietel-Basten & Sobotka (2020) supports this suspicion by stating that IHME models used a one child per woman lower limit when predicting cohort fertility rates, in the absence of an upper limit. Since there is no justification for these decisions provided in Vollset et Al. (2020), there is a need for further scrutiny.

#### **Data Sources**

Vollset et al. uses the Institute for Health Metric's (IHME) Global Burden of Disease (GBD) 2017 data. IHME has a policy to comply with GATHER research rules. Consequently, GBD data should be easily obtained from IHME's website and Vollset et al. paper's results should be reproducible. However, after closer looking in the up to date GBD 2019 data



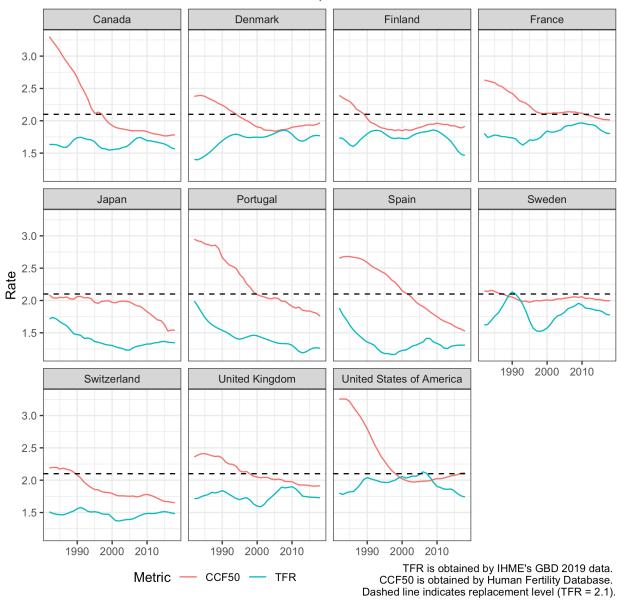


Figure 1: Period vs. Cohort

and IHME's public Github repo, I realized that this is far from being true. GBD 2019 data doesn't include any cohort fertility measures, but only period TFR projections. When it comes to covariates, IHME only published observed data. In the Github repo, there are R and Python scripts to generate the projections, however they rely on internal and non-public data in IHME's database. I also verified this by contacting the fertility projections team. In summary, exact replication of Vollset et al. study is unfortunately not possible.

As an alternative, I used three additional data sources:

- CCF50: Human Fertility Database (HFD) publishes cohort fertility measures for 11 number of countries for cohorts 1932 1968, respectively year 1992-2018 when completed.
- Met-need: United Nations (UN) publishes contraceptive prevalence and satisfied contraceptive demand estimates and projections for all countries in 1990-2030.
- Educational Attainment: Wittgenstein Center provides Human Capital data that includes age and sex specific mean years of education from 1950-2100 in five year periods.

Variable	Observed (1982-2018)	Projected (2019-2030)
Complete Cohort Fertility	Human Fertility Database	Human Fertility Database
Total Fertility Rate	Global Burden of Disease	Global Burden of Disease
Contraceptive Met-need	Global Burden of Disease	United Nations
Educational Attainment	Global Burden of Disease	Wittgenstein Center

Table1: Data sources used in this paper.

### **Data Processing**

Table I presents the variables, sources of estimates and projections in this paper. In order to combine multiple data sources, I performed the following processing steps:

- List of Phase III countries available in all data sets are Canada, Denmark, Finland, France, Japan, Portugal, Spain, Sweden, Switzerland, United Kingdom, United States of America.
- Time period available for those countries is 1982-2030.

- HFD published cumulative cohort fertility in one-year age groups. Note that cumulative cohort fertility at age 50, the assumed end of reproductive lifespan, equals CCF50 (Vollset et al. 2020)
- Wittgenstein Center's 5-year interval estimates extended to yearly estimates using linear interpolation method.
- GBD's educational attainment data is modeled as a function of Wittgenstein Center's mean years of education estimates ( $R^2 = 0.98$ ). Using this model, GBD's educational attainment is forecasted up to 2030. (see Figure 2)
- GBD's contraceptive met-need covariate modeled as a function of UN's satisfied contraceptive demand estimates ( $R^2 = 0.97$ ). Using this model, future IHME met-need is forecasted. (see Figure 3)

### Replication

Vollset et al. modeled cohort fertility CCF50 for each country (c) and year (t) as a regression:

$$CCF50_{c,t} = \beta_0 + \beta_{mn} * mn_{c,t} + ns(edu_{c,t}) + \eta_{c,t}$$

where  $\beta_0$  is an intercept,  $\beta_{\rm mn}$  is a slope on the proportion of contraceptive met need,  $ns({\rm edu}_{c,t})$  represents a natural cubic spline applied to average female educational attainment, and  $\eta_{c,t}$  is a residual term modeled by use of a random walk ARIMA<sub>0,1,0</sub> in logit space (bounded between 1 and 10). Figure 4 shows the CCF50 projections derived from this model. In most countries, the model does a reasonable job of forecasting. However, in US, Finland, and Sweden the model performs poorly, almost chaotic.

### Years of Education at 25, Females, 2018-2030

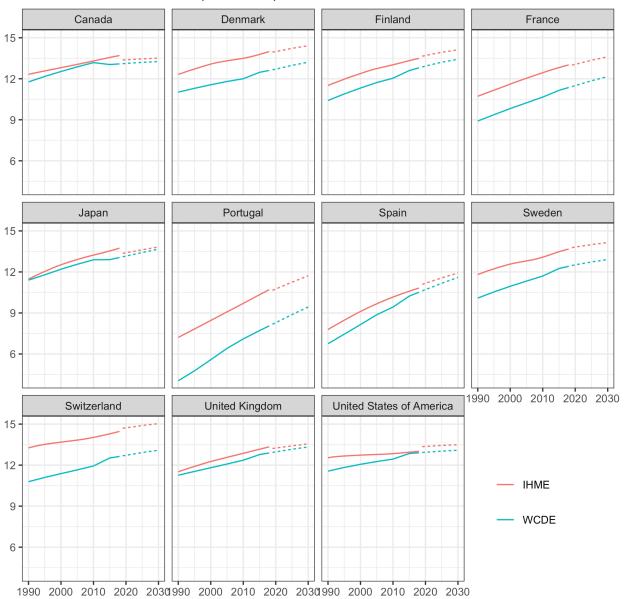


Figure 2: Wittgenstein Center's Data

### Contraceptive Met-need Projections 2018-2030 Canada Denmark Finland France 90% 80% -70% -60% Japan Portugal Spain Sweden 90% 80% -70% -60% 1990 2000 2010 2020 2030 Switzerland United Kingdom United States of America 90% 80% - IHME - UN 70%

Figure 3: United Nation's Data

1990 2000 2010 2020 2030990 2000 2010 2020 2030990 2000 2010 2020 2030

60%

Table 2: Table 2

	i.i.d	ARMA(1,0)	ARMA(0,1)	ARMA(1,1)
Mean	[2.67, 3.95]	[1.89, 2.29]	[4.35, 5.52]	[3.29, 5.32]
Met-need	[-1.18, 0.54]		[-1.35, 0.44]	[-2.96, -0.13]
Education	[-2.17, -1.66]			[-2.34, -1.23]
edu			[-0.24, -0.18]	
N	319	319	319	319
Sigma	0.12	0.35	0.09	0.45
AICc	-378	-1191	-720	-1439
BIC	-360	-1176	-698	-1413

#### Extension

In addition to the random walk model, CCF50 is also forecasted via two-level hierarchical model with  $ARMA_{1,1}$  errors. Using nlme R package, I fitted a model with a fixed global intercept and country-level random effects. Resulting equation is as follows:

$$\text{CCF50}_{c,t} = \beta_0 + \beta_{\text{mn}} * \text{mn}_{c,t} + ns(\text{edu}_{c,t}) + Z_c + \eta_{c,t}$$

where  $Z_c$  represents country-level random intercepts. Table 2 shows the various configurations for dealing with autocorrelation. Both AICc and BIC metrics indicate that best fitting model is the ARMA(1,1) model.

Using the best fitting model and projected covariates, I projected CCF50 up to 2030 for all countries. (see Figure 5). Unfortunately, the projections don't behave as expected. The model is predicting straight declining lines for all countries. I tried my best but couldn't figure out why is this the case. Based on the current results, Vollset et al. modeling approach of each country seperately does a better job in predictions.

### **Evaluation**

The object in this review to evaluate the the impact of tempo affect on covariate based CCF50 and period TFR projections. It is clear that observed CCF50 does a better job of representing the age pattern of fertility. However, that does not necessarily be the case for projected CCF50. Considering that Vollset et al. CCF50 projections require projection of two covariates into the future years which introduces additional uncertainty into the model.

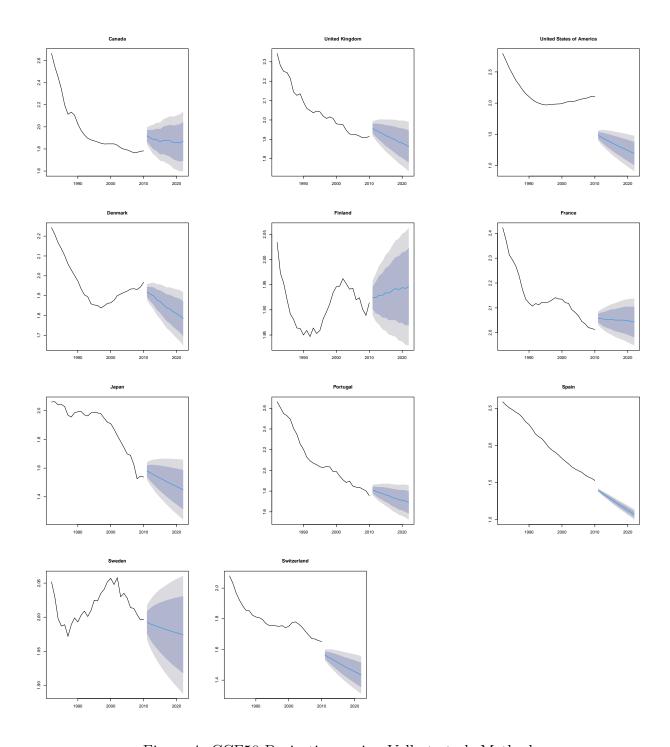


Figure 4: CCF50 Projections using Vollset et al. Method

## CCF50 Projections using Covariates, 2018–2030

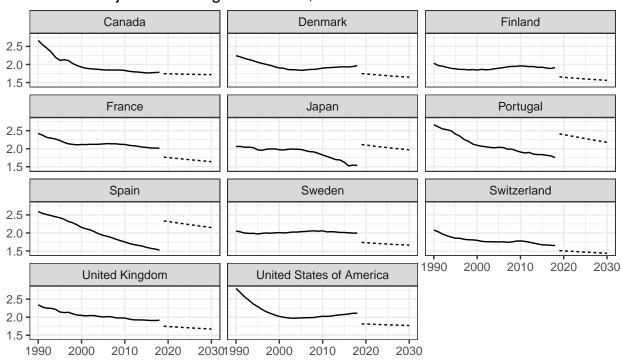


Figure 5: Linear Mixed-effects Model

Previous chapter explained the projection of CCF50 up to 2030. For forecasting TFR, following Alkema et al. (2011), Bayesian hierarchical AR(1) models are used without any covariates. R package bayesTFR is used to fit a model to the GBD 2019 TFR estimates between 1982-2018. As GBD publishes annual estimates, bayesTFR is set to annual too. A pseudocode example of the models and diagnostics can be found in the Appendix. Bayesian model provided more reasonable estimates without using any covariates. This indicates that information gained from covariates are embedded in the past trends, attempts to separately use them results in worse fitting models.

### Discussion

In this review, two different approaches (Vollset et al. 2020, Alkema et al. 2011) in modeling fertility behavior are compared using the same data. Both models are evaluated on their fragility against tempo effect. 11 countries in Phase III are selected as test cases, as tempo effect generally is observed in countries with lower levels of fertility rate. Comparing the future projections up to 2030, I observed that a non-covariate model of TFR results in more stable and probably more accurate projections comparing to covariate model of CCF50. The latter suffers from over-fitting. While contraceptive met-need and educational attainment fits well to the observed CCF50, they are resulting in unrealistic CCF50 projections. (See Figure 4-7)

I argue that the reason for the discrepancy between results in Vollset et al. paper and this review exists because former incorporated arbitrary decisions in their covariate projections to fit their model better into the existing data. This issue brought it up by Gietel-Basten & Sobotka study. Unfortunately, I couldn't provide a statistical test of claims around overfitting, as GBD 2019 projections are not reproducible. On the other hand, I argue that if covariate projections from two different but highly credible sources throws off the Vollset et al. models so far, there is an indication of lack of out-of-sample validity in their model; as pointed in Alkema (2020).

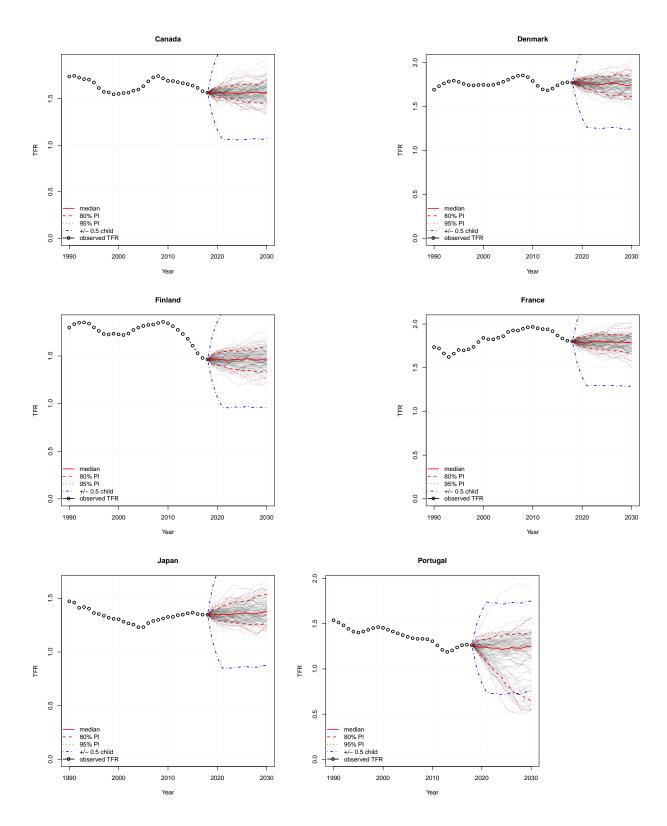


Figure 6: BayesTFR Projections

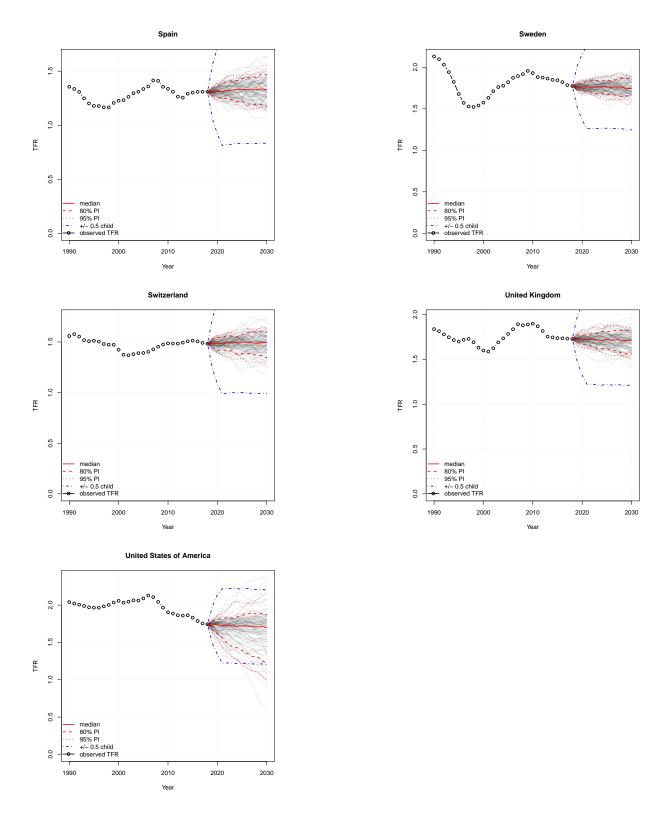


Figure 7: BayesTFR Projections

### **Bibliography**

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### Appendix

The Appendix includes the diagnostic plots for Bayesian Hiearchical AR(1) Model fitted via bayesTFR using the following pseudocode:

```
# Using Phase II models fitted on the same data

mcmc3 = run.tfr3.mcmc(
    sim.dir = "bayesTFR.output/",
    start.year = 1982, present.year = 2018,
    my.tfr.file = "data/my.tfr.file.txt",
    annual = TRUE, nr.chains = 3, iter = 10000,
    parellel = TRUE, thin = TRUE, replace.output = TRUE)

tfr_projections = tfr.predict(
    sim.dir = "bayesTFR.output/",
    end.year = 2030, nr.traj = 100,
    burnin = 1000, burnin3 = 1000,
    use.tfr3 = TRUE, replace.output = TRUE)
```

#### MCMC Diagnostics

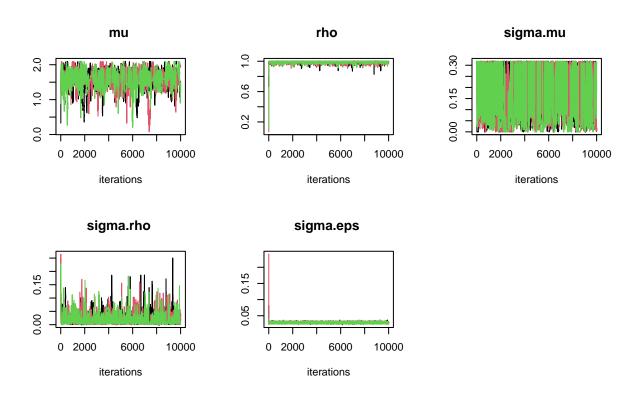


Figure 8: Phase III Model - Traceplots

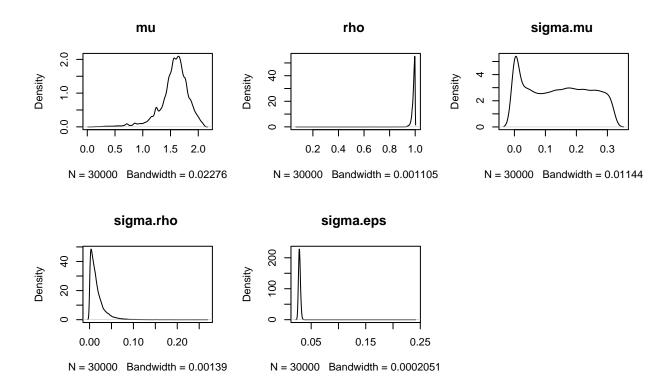


Figure 9: Phase III Model - Posterior Density Plots

#### Code

```
# Prep work -
# Load libraries
library(forecast)
library(nlme)
library(splines)
library(tidyverse)
library(bayesTFR)
library(modelsummary)
# Control randomness
set.seed(57)
options(scipen = 999)
# Data
data = readRDS("data/cov projections.RDS")
train = data %>% filter(pred == 0)
test = data %>% filter(pred == 1) %>% select(-tfr, -ccf50)
#mcmc = bayesTFR::get.tfr.mcmc("bayesTFR.output/")
mcmc3 = bayesTFR::get.tfr3.mcmc("bayesTFR.output/")
# Random Walk models for each country
many_arima = function(data, orders = c(0,1,0)){
 df_list = data %>% group_by(country) %>% group_split()
 preds = list()
 for(df in df list){
    df = df %>% select(country, year, ccf50, edu, mn, pred) %>% arrange(year)
   train = df %>% filter(pred == 0)
   test = df %>% filter(pred == 1) %>% select(!ccf50)
    # extract time series and covariates
    old_reg = train %>% select(mn, edu) %>% as.matrix()
   new_reg = test %>% select(mn, edu) %>% as.matrix()
   ts = ts(data = train$ccf50, start = 1982, frequency = 1)
    arima_fit = Arima(ts, order = orders, xreg = old_reg)
```

```
pred = forecast::forecast(arima fit, h = 12, xreg = new reg)
    preds[[as.character(df$country[[1]])]] = pred
  }
  return(preds)
}
# LME models
m1 <- nlme::lme(# A formula object including the response,
  # the fixed covariates, and any grouping variables
  data = train,
  fixed = ccf50 \sim mn + ns(edu),
  # The random effects component
  random = ~ 1 | country)
m2 <- nlme::lme(# A formula object including the response,
  # the fixed covariates, and any grouping variables
  data = train,
  fixed = ccf50 \sim 1,
  # The random effects component
  random = ~ 1 | country,
  # The TS dynamics: specify the time & group variables,
  # and the and the AR(1) errors.
  correlation = corARMA(form = ~ year | country, p = 1, q = 0))
m3 <- nlme::lme(# A formula object including the response,
  # the fixed covariates, and any grouping variables
  data = train,
  fixed = ccf50 \sim mn + edu,
  # The random effects component
  random = ~ 1 | country,
  # The TS dynamics: specify the time & group variables,
  # and the AR(1) errors.
  correlation = corARMA(form = ~ year | country, p = 0, q = 1))
m4 <- nlme::lme(# A formula object including the response,
# the fixed covariates, and any grouping variables
```

```
data = train,
 fixed = ccf50 \sim mn + ns(edu),
 # The random effects component
 random = ~ 1 | country,
 # The TS dynamics: specify the time & group variables,
 # and the AR(1) errors.
 correlation = corARMA(form = ~ year | country, p = 1, q = 1))
lme models = list(i.i.d = m1, ARMA(1,0) = m2, ARMA(0,1) = m3, ARMA(1,1) = m4)
lme\_coef = c(
  "(Intercept)" = "Mean", "mn" = "Met-need", "ns(edu)" = "Education")
lme gm <- tribble(</pre>
 ~raw,
         ~clean, ~fmt,
 "nobs", "N", 0,
 "sigma", "Sigma", 2,
 "aicc", "AICc", 0,
 "bic", "BIC", 0)
knitr::include graphics("plots/fertility all.png")
knitr::include graphics("plots/education projections.png")
knitr::include_graphics("plots/contraceptive_projections.png")
temp = fs::dir ls("projections/")
knitr::include_graphics(temp)
modelsummary(
 lme models, statistic = NULL, fmt = 2,
 estimate = "[{conf.low}, {conf.high}]",
 coef rename = lme coef,
 gof_map = lme_gm,
 title = "Table 2")
# BEST MODEL ccf50 \sim mn + ns(edu) + ARMA(1,1)
model = m4
test$ccf50 = predict(model, newdata = test)
final = bind rows(train, test)
```

```
final %>%
 ggplot(aes(x=year, y=ccf50, linetype = pred)) +
 geom_line(show.legend = FALSE) +
 facet wrap(\simcountry, ncol = 3) +
 theme_bw() +
 labs(x = NULL, y = NULL,
       title = "CCF50 Projections using Covariates, 2018-2030")
plots dir = fs::dir ls("TFRtrajectories/")
knitr::include_graphics(plots_dir[1:6])
knitr::include_graphics(plots_dir[7:11])
# Using Phase II models fitted on the same data
mcmc3 = run.tfr3.mcmc(
 sim.dir = "bayesTFR.output/",
 start.year = 1982, present.year = 2018,
 my.tfr.file = "data/my.tfr.file.txt",
 annual = TRUE, nr.chains = 3, iter = 10000,
 parellel = TRUE, thin = TRUE, replace.output = TRUE)
tfr_projections = tfr.predict(
 sim.dir = "bayesTFR.output/",
 end.year = 2030, nr.traj = 100,
 burnin = 1000, burnin3 = 1000,
 use.tfr3 = TRUE, replace.output = TRUE)
tfr3.partraces.plot(mcmc3)
tfr3.pardensity.plot(mcmc3)
```