DID Analysis: Zika and Birth Rates

Lee Kennedy-Shaffer, PhD

Setting and Data

The data and analysis for this section come from Taddeo et al. (2022). We are interested in understanding the impact of the 2015–2016 Zika virus epidemic on birth rates in Brazil. The epidemic was quite localized within Brazil, with over 65\% of cases arising in the northeastern state of Pernambuco, while the southern state of Rio Grande do Sul had no reported cases. The authors collected administrative data on live births from 185 municipalities in Pernambuco and 497 in Rio Grande do Sul from 2008 to 2016.

The goal of the analysis is to test the hypothesis that the Zika epidemic led to a reduced birth rate in the highly-affected state of Pernambuco and estimate the effect of this shock. Rio Grande do Sul will be used as the control (untreated) unit.

The data are available in the zika.Rda file. zika_full contains the full data set, by muncipality, while zika_summ summarizes this to the two states. The full data set is available, posted by the original authors.

First, load the data into R.

load(file="../data/zika.Rda")

Libraries

Throughout the workshop, we will use the tidyverse environment for data cleaning and plotting, but the operations for the methods we are learning can be conducted in base R as well. The knitr package is used for formatting table output into the document.

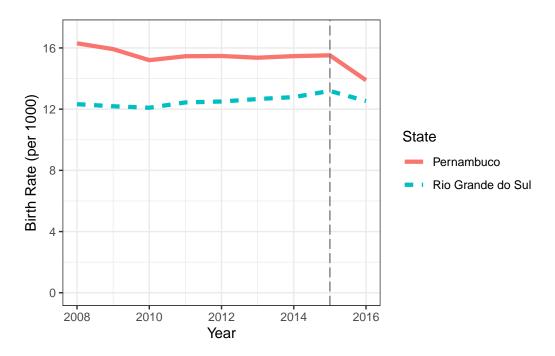
To get clustered standard errors for the regression-based DID analyses, we use linear mixed effects models fit using the lme4 package, although other options are available.

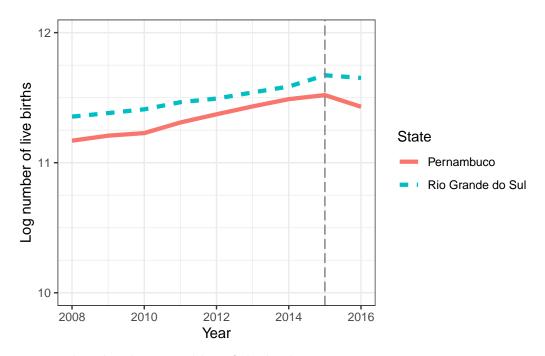
We now load the required libraries.

```
## If you have not installed these packages before,
## run the following line:
# install.packages(c("tidyverse","knitr","lme4"))
## Either way, the packages must be loaded:
require(tidyverse)
require(knitr)
require(lme4)
```

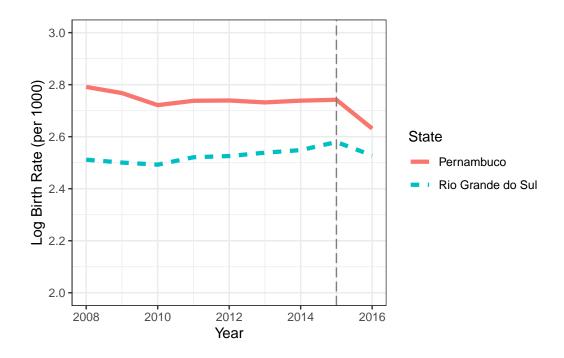
Graphical Exploration

As always, we begin with exploratory data analysis, plotting the time series for visual inspection. Here, we plot the results akin to Figures 2(a) and 2(b) in Taddeo et al. (2022).





We can also plot the natural log of the birth rate.



Discussion Question

From these plots, does it appear that parallel trends hold for any of these outcomes? Which seems the most reasonable?

Two-by-Two DID Summary

We can start by examining just two time periods: 2014, prior to the outbreak, and 2016, the first year where the outbreak could have affected live birth rates throughout the year. Note that we exclude 2015, which may have been partially affected. We continue to use the zika_summ data set here, looking at the two states as a whole.

Table 1: Table 1. Two-by-two DID analysis of birth rates in Pernambuco and Rio Grande do Sul, 2016 vs. 2014

| State | 2014 | 2016 | Diff, 2016–2014 |
|-------------------------|------|------|-----------------|
| Pernambuco | 15.5 | 13.9 | -1.6 |
| Rio Grande do Sul | 12.8 | 12.5 | -0.3 |
| Diff, Treated–Untreated | 2.7 | 1.4 | -1.3 |

Linear TWFE Model

dplyr::select(-c(State)) -

The two-by-two DID that summarizes to the exposed/unexposed level is the most straightforward, but ignores a lot of the information we have on variability of the outcome. We can incorporate all of the information on the municipalities using the TWFE regression analysis. We start with the linear form. Note that we are now using the zika_full data set, which has columns for our outcome (Rate), unit identifier (State, as a factor variable), time identifier (year, coded as 0 for 2014 and 1 for 2016), and whether the exposure was in effect for that observation (interaction, coded as 0 for unexposed and 1 for exposed).

```
(Intercept) year interaction 15.1236895 -0.1013549 -1.2069394
```

```
confint(zika_lm, parm="interaction", level=0.95)
```

```
2.5 % 97.5 % interaction -1.87173 -0.5421485
```

This gives an effect estimate of -1.21 births per 1,000 population, suggesting a negative effect of the outbreak on birth rates in Pernambuco. The standard errors and confidence intervals should be treated with suspicion, however, as they ignore the correlation between observations in the same municipality in different years.

To correct the standard errors, we can cluster by the municipality using a linear mixed effects model with a random effect for municipality.

```
(Intercept) year interaction 15.1236895 -0.1013549 -1.2069394
```

```
confint(zika_lmer, parm="interaction", level=0.95)
```

Computing profile confidence intervals ...

```
2.5 % 97.5 % interaction -1.558305 -0.8555737
```

This gives the same effect estimate of -1.21 births per 1,000 population, with a 95% confidence interval of [-1.558, -0.856], indicating a statistically significant negative effect.

Another approach to clustered inference is the block-bootstrap method.

```
## First, get a list of unique codes by state
codes <- zika_full %>% dplyr::select(Code,State) %>% distinct()
## Then, write a function that samples codes within each state:
boot_data <- function() slice_sample(codes, by=State, prop=1, replace=TRUE) %>%
    expand_grid(StudyYear=rep(c(2014,2016))) %>%
    left_join(zika_full, by = join_by(Code, State, StudyYear))
```

```
50% 2.5% 97.5% -1.2033250 -1.5202092 -0.8842974
```

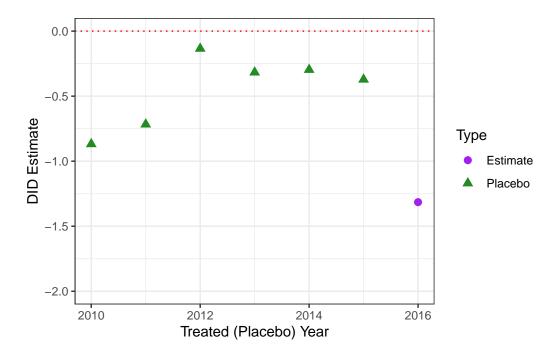
This method gives an effect estimate of -1.20 births per 1,000 population, with a 95% confidence interval of [-1.520, -0.884], very similar to the previous results.

Discussion Questions

- 1. How should this result be interpreted?
- 2. What do the three key assumptions mean for this setting?
- 3. Which of these assumptions are reasonable? Which are unlikely to be valid?

Placebo Test in Time

We can use the zika_summ data set to run the two-by-two DID analysis on all pairs of years that are two years apart, starting with 2010 vs. 2008. Since there were no Zika outbreaks in those prior years, if the parallel trends assumption holds true, the estimates should be distributed around 0.



Re-Scaling: Natural Log

One approach that might improve the parallel trends assumption in this case is to use a log transformation. We implement this using the linear mixed effects model to get a cluster-robust confidence interval.

```
## Fit TWFE model with clustering by municipality and log-scale:
zika log lmer <- lmer(LogRate~State+year+interaction+(1|Code), data=zika full)
summary(zika_log_lmer)
Linear mixed model fit by REML ['lmerMod']
Formula: LogRate ~ State + year + interaction + (1 | Code)
   Data: zika_full
REML criterion at convergence: -77.6
Scaled residuals:
    Min
             1Q Median
                                    Max
                             3Q
-4.7117 -0.3414 0.0739 0.4163 3.0462
Random effects:
 Groups
          Name
                      Variance Std.Dev.
 Code
          (Intercept) 0.04955 0.2226
                      0.02402 0.1550
 Residual
Number of obs: 1364, groups: Code, 682
Fixed effects:
                        Estimate Std. Error t value
(Intercept)
                        2.699193
                                   0.019942 135.355
StateRio Grande do Sul -0.386474
                                   0.023360 -16.544
                       -0.017260
                                   0.009832 - 1.756
year
interaction
                       -0.070706 0.018877 -3.746
Correlation of Fixed Effects:
            (Intr) StRGdS year
SttRGrnddSl -0.854
             0.000 - 0.210
interaction -0.345 0.404 -0.521
confint(zika_log_lmer, level=0.95)
```

Computing profile confidence intervals ...

```
2.5 % 97.5 %
.sig01 0.20779243 0.237716262
.sigma 0.14689761 0.163351936
(Intercept) 2.66012593 2.738260691
StateRio Grande do Sul -0.43223814 -0.340709224
year -0.03652934 0.002008589
interaction -0.10770239 -0.033708693
```

```
## Exponentiate estimates and CI to get RR estimates:
exp(summary(zika_log_lmer)$coefficients["interaction","Estimate"])
```

[1] 0.9317362

```
exp(confint(zika_log_lmer, level=0.95))
```

Computing profile confidence intervals ...

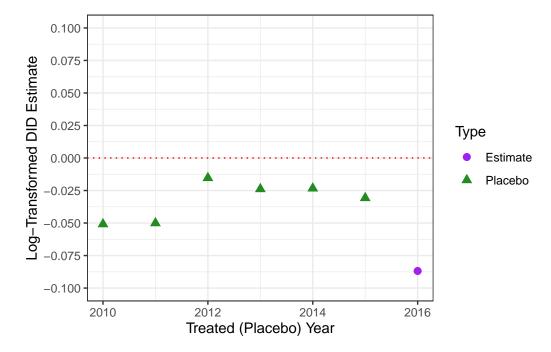
```
2.5 % 97.5 %
.sig01 1.2309576 1.2683493
.sigma 1.1582354 1.1774510
(Intercept) 14.2980895 15.4600719
StateRio Grande do Sul 0.6490548 0.7112657
year 0.9641298 1.0020106
interaction 0.8978948 0.9668531
```

This approach gives an effect estimate of -0.0707 births per 1,000 population, with a 95% confidence interval of [-0.108, -0.0337], indicating a statistically significant negative effect. On the multiplicative scale, by exponentiating, we get an estimate of 0.932 with a 95% CI of [0.898, 0.967].

We can check the placebo in-time plot for the log-transformed outcome.

```
## Add log-transformed DID estimate to placebo data set:
zika_plac <- zika_plac %>% mutate(LogEstimate=log(P1/P0)-log(R1/R0))
```

```
## Plot two-by-two log-transformed DID estimates for placebo years:
#| fig-cap: "Plot of two-by-two log-transformed DID estimates for placebo treatment years (2)
#| fig-alt: "A scatter plot with points ranging from around 0 to -0.05 in the 2010 through 2)
ggplot(data=zika_plac) +
   geom_point(mapping=aes(x=`Treated Year`, y=LogEstimate,
```



Discussion Questions

- 1. Do the placebo tests support the observed effect being a true causal effect?
- 2. Do they indicate potential bias in one direction or another?

Additional Options

Further modeling is possible. In this case, the authors also proposed Poisson and Negative Binomial models for the live birth counts in the DID framework. Further details on model fitting and interpretation can be found in the article.

The following code can be run to fit the Poisson GLM with bootstrap CI or GLMM, clustered by municipality:

```
# To execute this code into the document, change the previous line to true
## Fit Poisson GLM:
zika_glm <- glm(Births~State+year+interaction+offset(log(Pop)), data=zika_full,
                family=poisson(link="log"))
summary(zika_glm)
## Compute bootstrap 95% CI for Poisson GLM:
set.seed(4008335)
glm_boot <- replicate(n=1000,</pre>
                       expr=glm(Births~State+year+interaction+offset(log(Pop)),
                                data=boot data(),
                                family=poisson(link="log"))$
                         coefficients["interaction"])
glm_boot_res <- quantile(glm_boot, probs=c(0.5,0.025,0.975))</pre>
## Exponentiate results:
exp(c(Estimate=unname(coef(zika_glm)["interaction"]),
      CI.Lower=glm_boot_res["2.5%"],
      CI.Upper=glm_boot_res["97.5%"]))
## Fit Poisson GLMM, clustered by municipality:
zika glmer <- glmer(Births~State+year+interaction+offset(log(Pop))+(1 | Code),
                    data=zika_full,
                    family=poisson(link="log"))
zika_glmer_CI <- confint(zika_glmer, parm="interaction", level=0.95)</pre>
## Exponentiate results:
exp(c(Estimate=unname(summary(zika_glmer)$coefficients["interaction", "Estimate"]),
      CI.Lower=zika glmer CI["interaction","2.5 %"],
      CI.Upper=zika_glmer_CI["interaction","97.5 %"]))
```

Discussion Question

How do transformations of the outcome change the interpretation of the estimate and of the assumptions required?