

Understanding secondary factors contributing to child mortality

CSE 545 - Big Data Analytics (Spring `20)

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What are we doing?

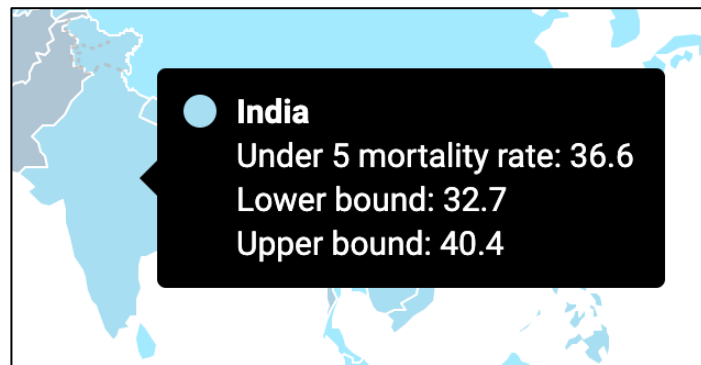
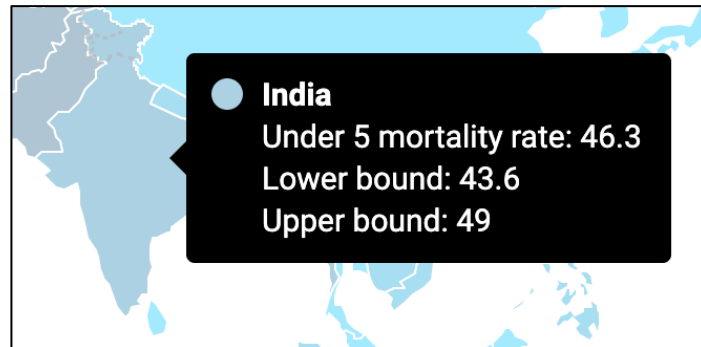
We look to **study the impact of secondary factors** that can help decrease child mortality rate: Environment, Amenities, Lifestyle, Health. And, we try to **suggest priority actions** for Government bodies to action.

Why should one care?

- “...**52 million children under 5 years of age, will die between 2019 and 2030.**” (Source: [UNICEF](#))
- Even though we are seeing progress it is NOT enough to control the disturbing projections we see for the decade.

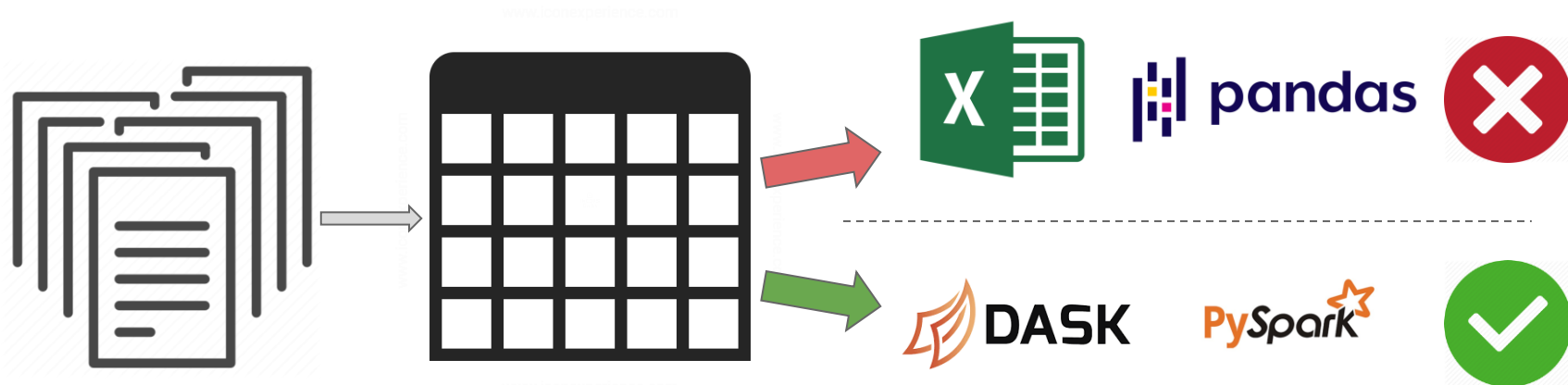
How does it relate to SDG?

- SDG 3 -- “**Ensure healthy lives and promoting well-being for all at all ages.**”
- Containing infant mortality helps mental and physical well-being of mother and child helping them live healthy lives.



Under 5 mortality rates for India
in 2014 (top) vs 2018 (bottom) from UNICEF data.

Why Big Data?



RAW DATASET:
16.81 GB

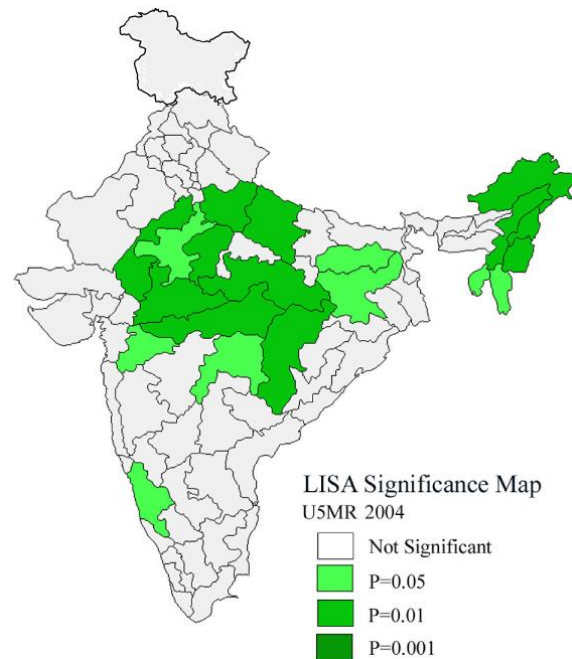
> 3M Records
> 200 Columns/Record

Traditional Programs suffer when entire data is
not in memory.

Traditional Programs do NOT support distributed
and parallel processing out of the box.

Background

- A Geospatial Analysis [study](#) (2011) has shown intra-state and inter-regional disparities in infant mortality in India with help of [geospatial techniques](#) like,
 - Moran's-I
 - univariate LISA
 - bivariate LISA
 - Spatial error regression
 - spatiotemporal regression



LISA (Cluster and Significance) map depicting spatial clustering and spatial outliers of under-five mortality by incidence of poverty across 74 geographic regions

Background

What is exactly a Infant Mortality Rate?

Number of deaths of infants (age under one year) in 1,000 live births in a year.

Live births? How is it different than just.... “births”?

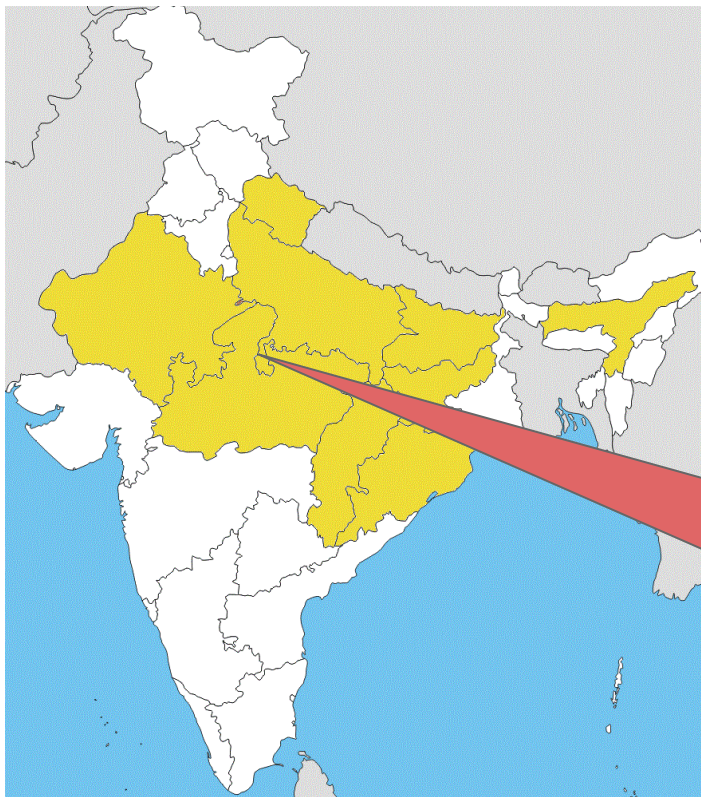
Stillbirth - death or loss of a baby
before or during delivery



Live birth - baby's birth, showing any
sign of life after exiting maternal body



Data



children_lost
(label)
=
born_alive_total - surviving_total
(features)

- 9 states of India
- ~16.81 GB size
- 200+ features (environment, amenities, lifestyle, health,..)
- 3M records (each record for a woman, district wise)

A Digital India Initiative



data.gov.in

Open Government Data (OGD) Platform India

🏠 / Annual Health Survey : Woman Schedule

Catalog Info

Get data on Annual Health Survey : Woman Schedule. Woman Schedule comprised two sections. Section-I contains information relating to the outcome of pregnancy(s) (live birth/still birth/abortion); birth history; type of ... [\[+\]](#)

🕒 **Released Under:** National Data Sharing and Accessibility Policy (NDSAP)

🏢 **Contributor:**

Ministry of Health and Family Welfare

Department of Health and Family Welfare

🔑 **Keywords:** AHS woman Pregnancy

Abortion Delivery Natal

Immunization Children Supplement

child Pneumonia Diarrhoea

< Show more >

📁 **Group:** Annual Health Survey

🏢 **Sectors:** Family Welfare Health

Health and Family welfare

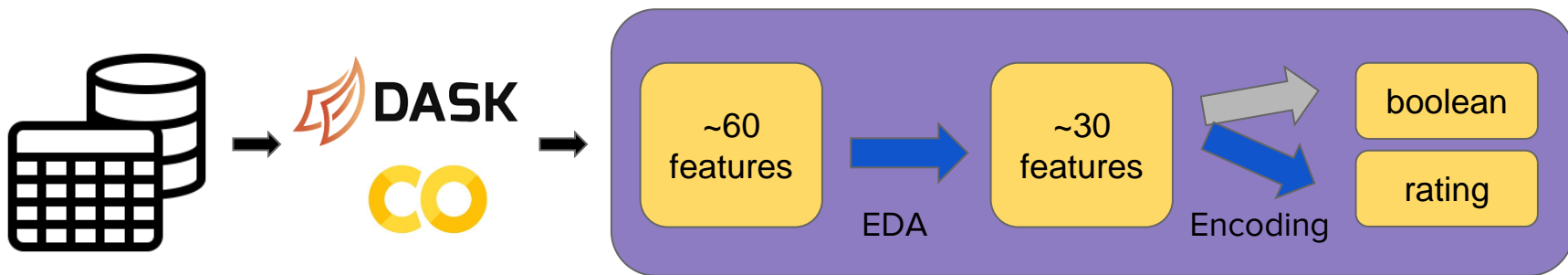
📅 **Published on Data Portal:** 20/08/2019

📄 **Source:** Open Government Data (OGD) Platform India

Method

1) Preprocessing, EDA

- Based on EDA on 1 state data using Google Colaboratory,

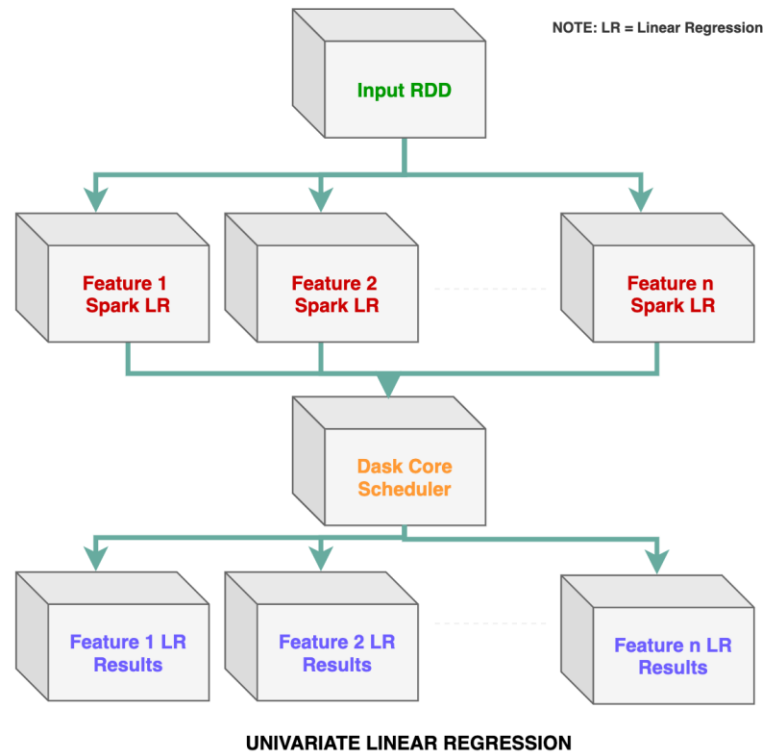


- Pipeline created to generate full data on GCP cluster from all 9 states raw data



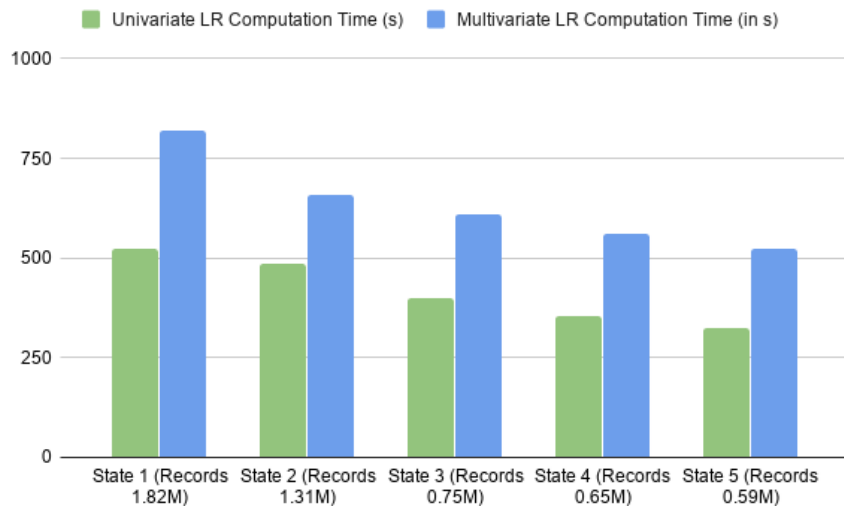
Linear Regression

- We had close to 30 features for independent linear regressions.
 - Dask for parallel processing of multiple independent univariate linear regressions.
 - Individual linear regressions were computed using Spark.
- We used only Spark for Multivariate Linear Regression.
 - Since there was only one linear regression computation, Dask was not needed.



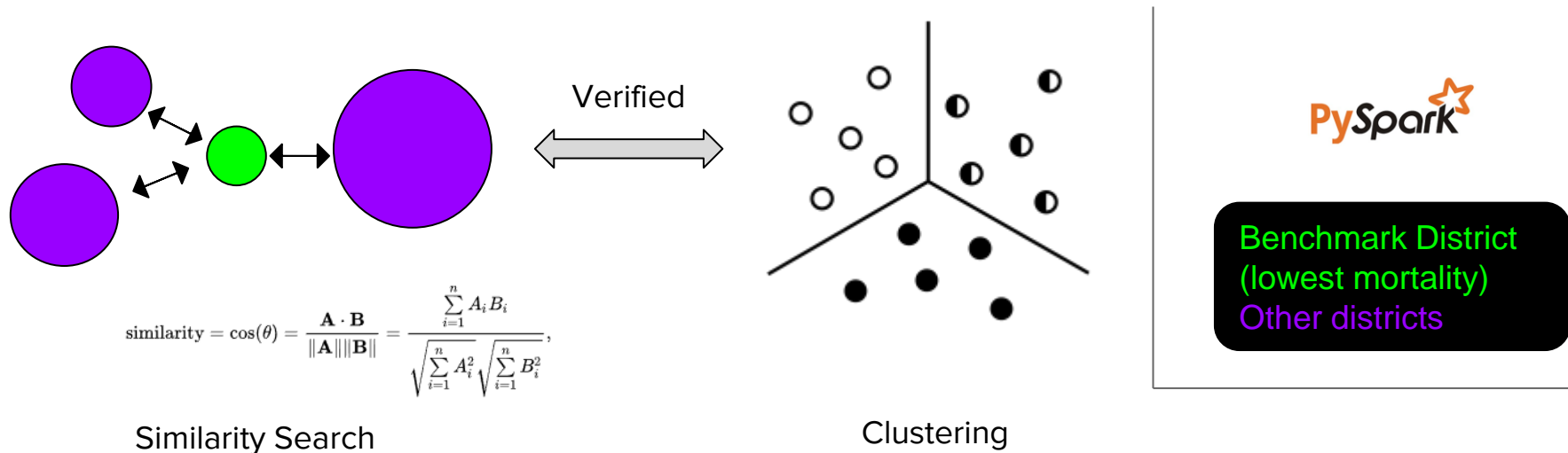
Hypothesis Testing & Computation Time

- We select the top 5 positively correlated features to then calculate p-values.
- We correct for multiple features in Multivariate Linear Regression using Bonferroni Correction.
- Due to the number of records (more than 1M for a state), we use Stochastic Gradient Descent with a learning rate of 0.1 to learn the beta coefficients.



Computation Time for 5 states

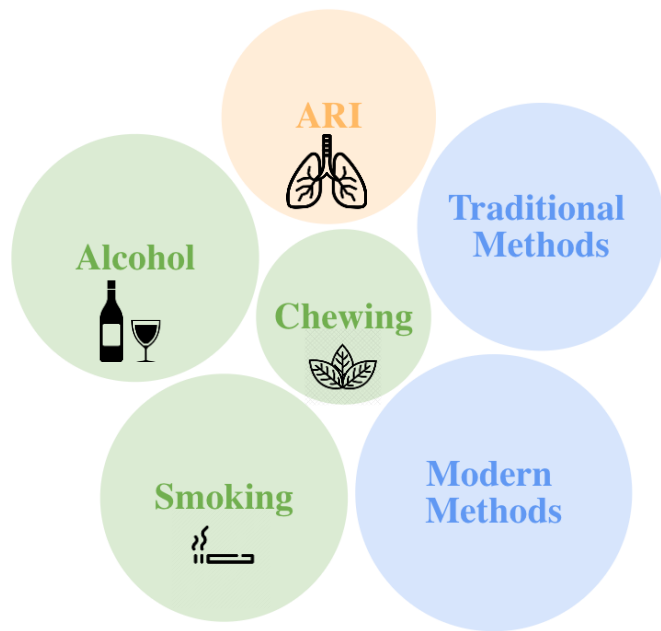
Similarity Search & Clustering



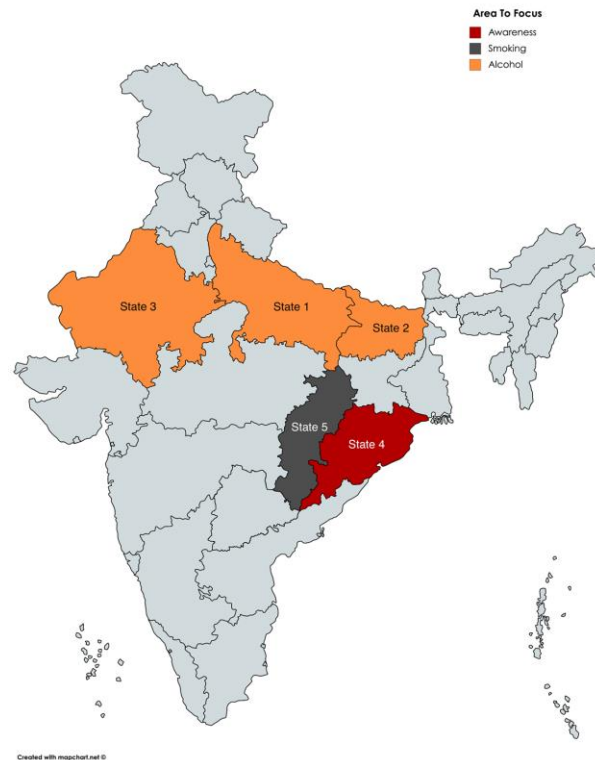
- Similarity of each district was calculated with benchmark district.
- It was identified that districts with low literacy, no amenities indeed have high mortality.

Clustering based on chosen features verified that the clusters included similar districts; we chose number of clusters to be 4.

Linear Regression Results

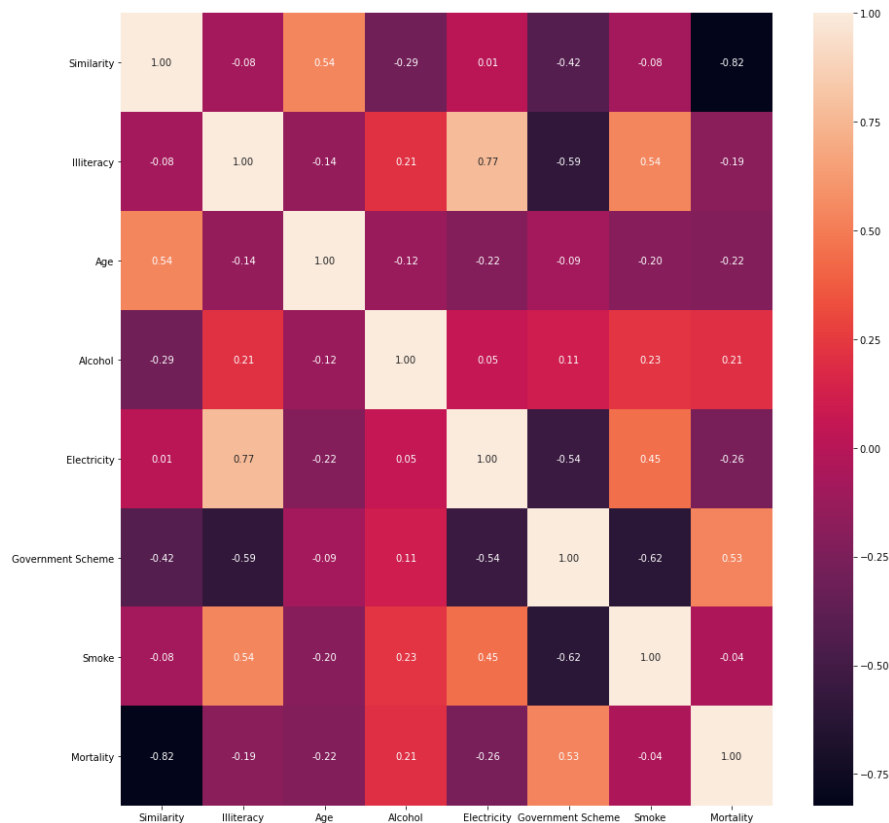


Top Features That Correlated Most With Mortality



*Top Feature To Work On For State
(Ignoring Modern & Traditional Methods)*

Similarity Search Results



Correlation between Non-biological factors and Mortality...

- Similarity (of districts with benchmark)
- illiteracy
- Age
- Alcohol
- Electricity
- Government Scheme
- Smoke

Similarity Search Results (2)

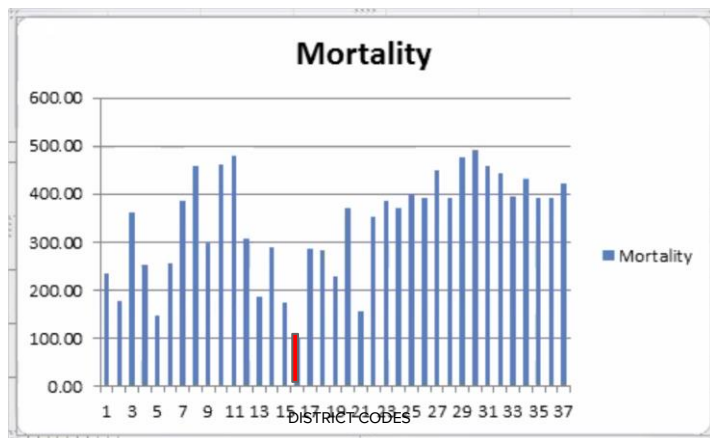


Fig2. Mortality Rate for every district in bihar

*Mortality Rate For State 2 Bihar
For Every District*

Highlighted District is our Benchmark District - Siwan

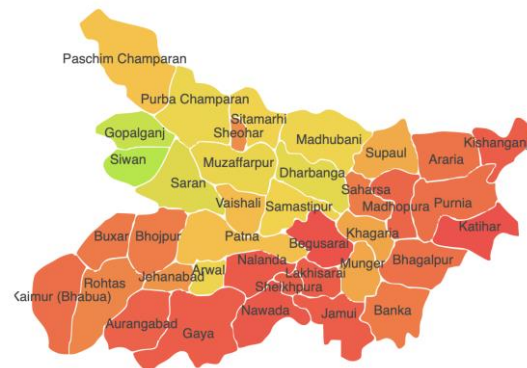


Fig1. Similarity for every district in bihar

*Similarity For Every District with Benchmark District
Siwan For State 2 (Bihar)*

Conclusion

- Considering SDG 3 -- “Ensure healthy lives and promoting well-being for all at all ages.”, our results conclude that non biological factors also impacts IMR at some extent.
- The analysis reveals actions and awareness measures towards non biological factors such as Education, Alcohol consumption, Smoking habits etc. should be taken to reduce IMR.

End of Presentation



**le Bonferroni's
Cat*

ANY QUESTIONS?