

**School of Mathematics and Statistics**

**MSc Data-Intensive Analysis**

**MSc Applied Statistics and Datamining**

**MT5762 INTRODUCTORY DATA ANALYSIS**

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**What relationships are there between the measured variables and the birth weight of babies?**

*Producing a model that describes potential drivers of low birth-weight babies.*

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**Executive Summary**

The present report is a data analysis project, which focusses mainly on fitting linear models. It intends to determine what relationships are there between the measured variables (Ethnicity, Age, Smoking habits (…)) and the birth weight of babies[[1]](#footnote-1).

In order to do so it is required to produce a model that describes potential drivers of low birth-weight babies.

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# INTRODUCTION

As anyone ever said “life is a gamble” to you? Such a statement reflects the feeling that our lives are surrounded by unpredictable, or “random”, events (Wild & Seber, 2000, p.1).

The aim of the present report is to produce an analysis and discuss some results that can answer the question “what relationships are there between the measured variables and the birth weight of babies?”

The data used in this report is part of a larger group of studies from the Child Health and Development Studies (CHDS), which *“are prospective longitudinal studies on medical and social aspects of pregnancies and on the health and development of children”[[2]](#footnote-2)*.

It is known that there are many potential drivers of Low-Birth Weight (LBW) babies. According to Kramer (Kramer, M, 1987, p.663), “*factors with well-established direct causal impacts on intrauterine growth*” and consequently LBW, “*include infant sex, racial/ethnic origin, maternal height, pre-pregnancy weight, paternal weight and height, maternal birth weight, parity, history of prior low-birth-weight infants, gestational weight gain and caloric intake, general morbidity and episodic illness, malaria, cigarette smoking, alcohol consumption, and tobacco chewing*”[[3]](#footnote-3).

The data set we are analysing in this report contains most of the variables referred above.

“*Of the 127 million infants born in the world in 1982, 20 million (16%) were estimated to weigh less than 2500g., and over 90% of these infants were born in developing countries, a function not only of the higher birth rate in these countries but also of their LBW[[4]](#footnote-4)*” (Kramer, M, 1987, p.664).

This report was produced using Microsoft Office (Word and Excel)[[5]](#footnote-5) and the Data Frames and its respective manipulation, statistical analysis and plotting were produced in R programming language using the software R-Studio version 3.5.1 available on Apps Anywhere[[6]](#footnote-6).

## Variables in Data File Babies

The variables that were subject to analysis in this report are listed and described in Figure 1: Variables in Data File Babies.

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| Figure 1: Variables in Data File Babies  Source: Adopted from:  <https://github.com/ziqsu/MT5762-Project2/blob/master/description%20of%20babies%20data.txt> |

# METHODS

“All models are wrong, but some models are better than others.” (Crawley, 2015, p.4)

## Data Cleaning

Data cleaning deals with data problems once they have occurred. Error-prevention strategies can reduce many problems but cannot eliminate them. We present data cleaning as a three-stage process, involving repeated cycles of screening, diagnosing, and editing of suspected data abnormalities (Van den Broeck, Argeseanu Cunningham, Eeckles, & Herbst, 2005).

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| Figure 2: Data-Cleaning Framework  (Illustration: Giovanni Maki)  <https://doi.org/10.1371/journal.pmed.0020267.g001> |

In order to start working and exploring the given data (babies23.data) and to prevent possible errors, the data was checked and cleaned. The data-cleaning framework followed is illustrated in **Figure 2**.

During this process unknown, not clear or not needed, or irrelevant data aspects were cleaned and some existing factor variables were transformed into numeric (Appendix 1 – R code).

## Data Exploration

This part of the report will be dedicated to exploring and determining potential relationships within the data set. The data exploration was produced using R Software.

### Baby Birth Date Weight

A quick exploratory analysis of the histogram (Figure 3) shows that the data is approximately normally distributed and the baby weight values are cantered about 120 ounces. The estimate of the mean is 119.8 ounces.

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| Figure 3: Density Histogram of Birthday Weight |

### Gestation Period vs. Birth Weight

Exploring the data related with gestation period and birth weight one can observe (Figure 4) that there is an increase in birth weight as gestation period increases. From the correlation point of view this are the variables that present the strongest relationship with Birth Weight.

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| Figure 4: Scatterplot Mother´s Weight against Baby Weight |

### Scatterplot of Mother’s Weight vs. Baby´s Weight

The following scatterplot (Figure 5) does not indicate a strong effect between the variables.

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| Figure 5: Mother´s Weight vs. Baby´s Birth Weight |

### Analysis of wt.1 (mother's weight)

Looking at the scatterplot of mother's weight against baby's weight (Figure 6) it can be seen that it does not indicate a strong effect between the variables.

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| Figure 6: Mother´s Weight and Baby´s Weight |

### Scatterplot of father's weight against baby's weight

The following scatterplot, father´s weight against baby´s weight, also does not indicate a strong relationship between the variables.

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| Figure 7: Father´s Weight vs. Baby´s Weight |

### Mother´s Smoking Habits

Although 'smoke' had no correlation with birth weight, common sense says that there would be an effect here between factors of smoking. The boxplots show smaller mean for 'smokes now' but it is still within the interquartile range of the other levels of smoking. Therefore, the effect may not be significant.

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| Figure 8: Birth Weight per level of Mother´s Smoking |

## Model Fitting

### Data Model

In this phase we have selected data that does not contain **id** and **date of birth** (due to irrelevance). We will consider that these two factor do not have, in real life, effect on baby birth weight.

We have performed Anova teste, over the data model, resulting in high F-values and extremely small P-Values for **gestation**, **ht** and **number**. Looking at these results we may infer that these variables are significant when it comes to baby weight at birth.

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| Figure 9: Histogram of Residuals |

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| Figure 10: Normal Q-Q |

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| Figure 11: Residuals vs Fitted |

### Fitting a First Order Interaction Model

In this phase we will fit out final model – First Order Interaction Model. This process will undergo the following steps:

1. To create a first order interaction for every variable, looking at a high number of variables - circa 200 -300 variables;
2. Then we will proceed, using step function backward selection using AIC score- variable selection with stepwise and best subset approaches. At this stage we have eliminated a high number of variables, being now reduced to some 50 – 60 variables.
3. Here we examine the collinearity of the first order Model. It is observed that there are a considerable number of variable which GVIF number is larger than 10, which prompt us to the following step.
   1. we find the maximum number of GVIF; if it is larger than 10 then we remove it;
   2. Repeat the vif function in order to check the collinearity and get the maximum - repeat the step 1;
4. At this stage we will again proceed using the step function backward selection using AIC. We are now reduced to some 12 variables.
5. We do the above two steps until all the variable's collinearity GVIF value is less than 10 and reach a point where we no longer have collinearity problems.

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| Figure 12: Histogram of Residuals |

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| Figure 13: Normal Q-Q |

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| Figure 14: Residuals vs Fitted |

## Check Assumptions

To test for non-constant error variance we use the Breusche-Pagan test (H0: constant error variance) with respect to fitted model. If we have constant error variance then the variation in the residuals should be unrelated to any covariant." null hypothesis is rejected since the p value is less than 0.05.

With the Durbin Watson Test we check upon the correlation of the residuals. If the statistical value is 2 there is no autocorrelation. If the value is between 1.5 and 2.0 we should not concern about it. As our results are 1.84 for the data model and 1.83 for the final model we can assume that both of our models have no or little autocorrelation.

## Other Tested Models

Apart from data model, we tried fitting other models based on other criteria too. Using logic, we tried to fit certain interaction-effect models to observe the effect variables had on baby weight.

Interaction parity **mother weight** - **baby weight** and **mother income – baby weight** were fitted within the model and AIC showed each were really high. Despite the values they all passed the model diagnostic tests: Q-Q, Durbin-Watson and ncv.

# FIVE-FOLD CROSS VALIDATION (Final Model)

### Five-Fold Cross-Validation

We have, so far, looked upon various models in order to find a better performing one. However, it can be difficult to determine if these improvements in scores result from the captures of better relationships within our model or if we are just overfitting the model. In order to clarify this aspect we use validation techniques such as Five-Fold Cross Validation.

This procedure has a single parameter k which refers to a numbers of groups that the given data will be divided into –usually called k-fold cross-validation. When k has a specific values, such as 5, the reference to the model with be 5-Fold Cross-Validation[[7]](#footnote-7).

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| R:\WorkingDirectory\MT5762\MT5762-Project2\Predictedobserveddata.png  Figure 15: Cross-Validation predicted values |

From the plots, we cannot say which, **dataModel** or **finalModel,** is the better because the five regression lines all seems parallel in both plots. However from the output, the overall **ms** of dataModel is 255, whilst the value of finalModel is 268. From these values we can understand that the finalModel is little bit better than dataModel.

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| R:\WorkingDirectory\MT5762\MT5762-Project2\Predictedresidualfinal.png  Figure 16: Cross Validation Predicted Values |

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| R:\WorkingDirectory\MT5762\MT5762-Project2\Preditedcrossvalidation-final.png  Figure 17: Cross-Validation predicted values |

### Mean Square Error (MSE)

Mean Square Error (MSE) is used to evaluate the quality of an [estimator](https://en.wikipedia.org/wiki/Estimator) (parameter) or a predictor (some [random variable](https://en.wikipedia.org/wiki/Random_variable)). **MSE —** is the average of the square of the errors. The larger the number the larger the error[[8]](#footnote-8). The MSE value of **finalModel** is **258** and the value of **dataModel** is **248**.Therefore, **dataModel** seems a better model than **finalModel.**

## Predictions

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# DISCUSSION

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## Discussion 1

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### Discussion 11

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# CONCLUSIONS AND RECOMMENDATIONS/DISCUSSION SUMMARY

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**APPENDIX**

Appendix 1 – Abbreviations

**Abbreviations**

**A**

AIC = Akaike´s Information Criterion

**D**

drace = father’s race, coding same as mother´s race

dage = father´s age, coding same as mothers age

ded = father´s education, coding same as mother´s education

dht = father´s height, coding same as mothers height

dwt = father´s weight, coding same as mothers weight

**E**

ed = mother´s education

**G**

GVIF – Variance Inflation Factor

**H**

ht = mother´s height in inches to the last completed inch

**I**

id = identification number

inc = family yearly income in $2500 increments

**L**

LBW = Low Birth Weigh

**M**

**N**

number = number of cigarettes smoked per day for past and current smokers

**O**

**P**

**Q**

**R**

**S**

**T**

**U**

**W**

wt = birth weight in ounces

**X**

1. <https://moody.st-andrews.ac.uk/moodle/course/view.php?id=8191> [↑](#footnote-ref-1)
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3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2491072/?page=1> [↑](#footnote-ref-3)
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6. <https://appstore.st-andrews.ac.uk/> [↑](#footnote-ref-6)
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