STATISTICAL ANALYSIS ON FACTORS INFLUENCINGLIFE EXPECTANCY

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ABSTRACT: In this study we have analysed the various factors affecting life expectancy in order to suggest a country which area should be given importance to efficiently improve the life expectancy of its population. The main focus of our study is to determine the predicting factor which is contributing to higher value of life expectancy. The data have been collected from the WHO data repository website and its corresponding economic data was collected from United Nation website for the period 2000 - 2015 for 193 countries. The factors considered in the analysis are immunization, mortality, economic, social and other health related factors. A multiple linear regression model with twenty independent variables and life expectancy as the dependent

Further stepwise regression and cluster analysis algorithm is used in this study. The final result of the analysis would be the factors with significant influence on life expectancy indifferent countries.

KEYWORDS: Life expectancy, MLR, Stepwise regression, Cluster analysis, Significantfactors, Countries.

INTRODUCTION:

variable is used to find the relationship between the variables.

Life expectancy is the key metric for assessing population health and it refers to the number of years a person can expect to live[1]. The study of life expectancy of a population is important for the evaluation of the degree of economic and social development of a country[2]. The residents of a country with high life standards live longer, on average and have a small mortality ratio[2]. In the last decades, life expectancy has increased significantly, at global level. There have been lot of studies undertaken in the past on factors affecting life expectancy considering demographic variables, income composition and mortality rates. It was found that affect of immunization and human developmentindex was not taken into account in the past.

LITERATURE REVIEW:

Several studies have been undertaken on factors affecting life expectancy, considering demographic variables, income composition, and mortality rates. Not only by studying cross sectional data but also panel data for a period of a few decades. The research questions wanted to assess thesignificant factors contributing to the improvement of life expectancy in the years and also understand whether life expectancy is influenced by socio economic and demographic inequalities factors. Life expectancy at birth is the average number of years a newborn is expected to live if mortality patterns at the time of its birth remain constant in the future. It summarizes the overall mortality rates for a population and the model that prevails among age groups in a given year. High mortality for young age groupssignificantly lowers the life expectancy at birth. But if people survive their childhood in a country with high child mortality, they may live much longer. Therefore, in the model, a low life expectancy at birth may also be caused by high childhood mortality.

RESEARCH METHODOLOGY :

The data for the analysis was collected from the WHO[3] ,United Nations[4] and other authentic websites[5]. Data preprocessing was done using various methods. We started with the basic descriptive statistics and the count of null values in each column. The null values were filled with the mean values of their column. After computing null values ,a MLR model is built to find therelationship between the variables .We usedstepwise regression approach to fit data into a model to achieve the desired result and cluster analysis to identify the homogeneous group of countries.Finally, we found the variables which are statistically significant.

DATA ANALYSIS AND INTERPERTATIONS:

| 1 | A | В | C | D | E | F | G | н | 1 | 3 | К | Ł | M | N | 0 | р | Q | R | S |
|------|------------|------|--------------|--------------|-------------|-------------|---------|-----------|--------------|---------|------|---------------|------|-------------|------------|----------|----------|------------|--------------|
| 1 | Country | Year | Status | lifeexpecta) | Adult Morin | nfant dea A | Alcohol | percentag | Hepatitis IP | Measles | BMI | under-five Po | olio | Total expel | Diphtheria | HIV/AIDS | GDP | Population | thinness1 th |
| 2 | Afghanista | 201 | 5 Developin | 65 | 263 | 62 | 0.01 | 71.27962 | 65 | 1154 | 19.1 | 83 | 6 | 8.16 | 65 | 0.1 | 584.2592 | 33736494 | 17.2 |
| 3 | Afghanista | 201 | 4 Developin | 59.9 | 271 | 64 | 0.01 | 73.52358 | 62 | 492 | 18.6 | 86 | 58 | 8.18 | 62 | 0.1 | 612.6965 | 327582 | 17.5 |
| 4 | Afghanista | 201 | 3 Developin | 59.9 | 268 | 66 | 0.01 | 73.21924 | 64 | 430 | 18.1 | 89 | 62 | 8.13 | 64 | 0.1 | 631.745 | 31731688 | 17.7 |
| 5 | Afghanista | 201 | 2 Developin | 59.5 | 272 | 69 | 0.01 | 78.18422 | 67 | 2787 | 17.6 | 93 | 67 | 8.52 | 67 | 0.1 | 669.959 | 3696958 | 17.9 |
| 6 | Afghanista | 201 | 1 Developin | 59.2 | 275 | 71 | 0.01 | 7.097109 | 68 | 3013 | 17.2 | 97 | 68 | 7.87 | 68 | 0.1 | 63.53723 | 2978599 | 18.2 |
| 7 | Afghanista | 201 | 0 Developin | 58.8 | 279 | 74 | 0.01 | 79.67937 | 66 | 1989 | 16.7 | 102 | 66 | 9.2 | 66 | 0.1 | 553.3289 | 2883167 | 18.4 |
| 8 | Afghanista | 200 | 9 Developin | 58.6 | 281 | 77 | 0.01 | 56.76222 | 63 | 2861 | 16.2 | 106 | 63 | 9.42 | 63 | 0.1 | 445.8933 | 284331 | 18.6 |
| 9 | Afghanista | 200 | 8 Developin | 58.1 | 287 | 80 | 0.03 | 25.87393 | 64 | 1599 | 15.7 | 110 | 64 | 8.33 | 64 | 0.1 | 373.3611 | 2729431 | 18.8 |
| 10 | Afghanista | 200 | 7 Developin | 57.5 | 295 | 82 | 0.02 | 10.91016 | 63 | 1141 | 15.2 | 113 | 63 | 6.73 | 63 | 0.1 | 369.8358 | 26616792 | 19 |
| 11 | Afghanista | 200 | 6 Developin | 57.3 | 295 | 84 | 0.03 | 17.17152 | 64 | 1990 | 14.7 | 115 | 58 | 7.43 | 58 | 0.1 | 272.5638 | 2589345 | 19.2 |
| 12 | Afghanista | 200 | 15 Developin | 57.3 | 291 | 85 | 0.02 | 1.388648 | 66 | 1295 | 14.2 | 118 | 58 | 8.7 | 58 | 0.1 | 25.29413 | 257798 | 19.3 |
| 13 | Afghanista | 200 | 4 Developin | 57 | 293 | 87 | 0.02 | 15.29607 | 67 | 465 | 13.8 | 120 | 5 | 8.79 | 5 | 0.1 | 219.1414 | 24118979 | 19.5 |
| 14 | Afghanista | 200 | 13 Developin | 56.7 | 295 | 87 | 0.01 | 11.08905 | 65 | 798 | 13.4 | 122 | 41 | 8.82 | 41 | 0.1 | 198.7285 | 2364851 | 19.7 |
| 15 | Afghanista | 200 | 2 Developin | 56.2 | 3 | 88 | 0.01 | 16.88735 | 64 | 2486 | 13 | 122 | 36 | 7.76 | 36 | 0.1 | 187.846 | 21979923 | 19.9 |
| 16 | Afghanista | 200 | 1 Developin | 55.3 | 316 | 88 | 0.01 | 10.57473 | 63 | 8762 | 12.6 | 122 | 35 | 7.8 | 33 | 0.1 | 117.497 | 2966463 | 2.1 |
| 17 | Afghanista | 200 | 0 Developin | 54.8 | 321 | 88 | 0.01 | 10.42496 | 62 | 6532 | 12.2 | 122 | 24 | 8.2 | 24 | 0,1 | 114.56 | 293756 | 2.3 |
| 18 | Albania | 201 | 5 Developin | 77.8 | 74 | 0 | 4.6 | 364.9752 | 99 | 0 | 58 | 0 | 99 | 6 | 99 | 0.1 | 3954.228 | 28873 | 1.2 |
| 19 | Albania | 201 | 4 Developin | 77.5 | 8 | 0 | 4.51 | 428.7491 | 98 | 0 | 57.2 | 1 | 98 | 5.88 | 98 | 0.1 | 4575.764 | 288914 | 1.2 |
| 20 | Albania | 201 | 3 Developin | 77.2 | 84 | 0 | 4.76 | 430.877 | 99 | 0 | 56.5 | 1 | 99 | 5.66 | 99 | 0.1 | 4414.723 | 289592 | 1.3 |
| 21 | Albania | 201 | 2 Developin | 76.9 | 85 | 0 | 5.14 | 412.4434 | 99 | 9 | 55.8 | 1 | 99 | 5.59 | 99 | 0.1 | 4247.614 | 2941 | 1.3 |
| - 11 | Albanha | 101 | 1 Berelenia | 3.36 | 60 | 0 | 5 33 | 177.0571 | 00 | 30 | | | | 5.94 | 00 | 0.1 | 4437 430 | 305105 | |

Fig-1: Life expectancy dataset(WHO) [3] [4] [5]

The above table contains values of various factors which involves in life expectancy for different countries. It involves Mortality, infant death, Heaptitis, Total Expenditure, Schooling, etc.



Chart- 1: Scatter plot of life expectancy with total expenditure

The above plot shows that the total expenditure has a positive relationship withlife expectancy. Growth in expenditure shows an increase in life expectancy.



Scatter plot of LifeExpectancy with Hepatitis B









Chart-3 : Scatter plot of life expectancy with infant deaths ,Alcohol ,Hepatits B , Measles

The scatter diagram of the observations between infant death rate and life expectancy shows that the two variables are inversely related. The plot between alcohol consumption and life expectancy shows that the two variables are not tightly

associated. Also the plot between HepatitisB and life expectancy , Measles and life expectancy shows that they are inversely related.



This plot displays the correlation between life expectancy and gross domestic product (GDP) per capita. It shows that in general, countries with higher GDP tend to have a higher life expectancy.



Chart- 5 : Plot between years and lifeexpectancy

The above plot shows that over the year, life expectancy has been increased slightlybut it had a sudden downfall during the year 2012 and again it gradually increases in the year 2014.

[-2.99000851e-02 -3.38744739e-03 1.07570707e-02 6.55693667e-01 9.29716767e+00 5.78701250e-05 -4.77933546e-02 4.47764798e-02 2.28107566e-01]

 $Fig-\ 1: Estimation\ of\ regression\ coefficient\ -\ Multiple\ linear\ regression\$

From this Multiple Linear Regression Model we infer that the independent variables like adult mortality has the negative value of -2.99000081e-02. As this value of adult mortality decreases the life expectancy rate increases. Similarly all the independent variables which has negative values is inversely related to the life expectancy. And the independent variable like Schooling which has a positive value of 6.55693667e-01, the life expectancy rate increases, that is they are directly related.

| | Country | lifeexpectancy |
|-----|-------------|----------------|
| 84 | Japan | 82.53750 |
| 165 | Sweden | 82.51875 |
| 75 | Iceland | 82.44375 |
| 166 | Switzerland | 82.33125 |
| 60 | France | 82.21875 |
| 82 | Italy | 82.18750 |
| 160 | Spain | 82.06875 |
| 7 | Australia | 81.81250 |
| 125 | Norway | 81.79375 |
| 30 | Canada | 81.68750 |

TABLE-1: The above table represents thetop 10 country with the highest life

| | | OLS R | egress | ion Results | | | | | |
|-----------------------|-------------|-------|------------|-------------|---------------|-----------|-----------|---|--|
| | | | | | | | | | |
| Dep. Variable: | lifeexpect | ancy | R-sq | uared (unce | ntered): | 0.974 | | | |
| Model: | | OLS | Adj. | R-squared | (uncentered): | 0.973 | | | |
| Method: | Least Squ | ares | F-sta | atistic: | | 1.347e+04 | | | |
| Date: | Mon, 12 Apr | 2021 | Prob | (F-statist | ic): | 0.00 | | | |
| Time: | 08:4 | 1:44 | Log-I | Likelihood: | | -11305. | | | |
| No. Observations: | | 2938 | AIC: | | | 2.263e+04 | | | |
| Df Residuals: | | 2930 | BIC: | | | | 2.267e+04 | | |
| Df Model: | | 8 | | | | | | | |
| Covariance Type: | nonro | bust | | | | | | | |
| | | | | | | | | | |
| | | 1 | coef | std err | t | P> t | [0.025 | | |
| | | | | | | | | | |
| Adult Mortality | | 0.1 | 9217 | 0.002 | 14.168 | 0.000 | 0.019 | | |
| Alcohol | | -0.1 | 3241 | 0.062 | -5.221 | 0.000 | -0.446 | | |
| percentage expenditur | e | -0.1 | 8883 | 0.000 | -1.267 | 0.205 | -0.001 | | |
| Polio | | 0.: | 2192 | 0.009 | 24.444 | 0.000 | 0.202 | | |
| Total expenditure | | 1.: | 1089 | 0.080 | 13.828 | 0.000 | 0.952 | | |
| GDP | | 2.646 | e-05 | 3.83e-05 | -0.690 | 0.490 | -0.000 | 4 | |
| Income composition of | resources | 33.: | 1015 | 1.029 | 32.173 | 0.000 | 31.084 | | |
| Schooling | | 1. | 7613 | 0.057 | 31.015 | 0.000 | 1.650 | | |
| | | | | | | | | | |
| Omnibus: | 9.613 | Durb | in-Watson: | 0.812 | | | | | |
| Prob(Omnibus): | 6 | 9.000 | Jarqu | ue-Bera (JB |): | 6883.00 | 65 | | |
| Skew: | -6 | 9.038 | Prob | (JB): | | 0.00 | | | |
| Kurtosis: | 16 | 9.498 | Cond | . No. | | 7.34e+6 | 84 | | |

Fig-8 :Step down regression - OLSregression results

From the above statistical summary we infer that finally there are eight variables left namely Adult Mortality, Alocohol, Percentage expenditure, Polio, Total expenditure, GDP, Income composition of resources, Schooling and all of these variables are significant.





Evidence of negative correlation between Life expectancy and Diseases can be seen in the above heatmap. Whereas, Income and Schooling has a strong positive correlation with Life expectancy. Life expectancy has a positive correlation withvaccines of Hepatitis B, Polio, and Diphtheria which explains a higher life span for those who are vaccinated. Both infant and adult mortality have a negative correlation with Life expectancy which is also very intuitive.

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RMSE: 5.27
R_squared: 0.736
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Fig- 10 : Statistical data of the Regression model fitted with the selected features.

From the above statistical data we infer that the Root Mean Squared Error indicates the absolute fit of the model to the data and the R squared value,0.736 illustrates the regression model explain almost all the variances of the variable and therefore there is very close relation between life expectancy and all other dependent variables.





Chart-11 : Cluster analysis – plot

The elbow method is used to find the optimal number of clusters. The clusters give us the relationship between the life expectancy and adult mortality in each year.

CONCLUSION:

In conclusion we can say that the factors with significant influence on life expectancy in different countries are AdultMortality, Population, Percentage expenditure, Polio, Total expenditure, GDP, Income composition of resources and Schooling.So a country should give importance to these areas to efficiently improve the life expectancy of itspopulation.

INFERENCES:

- Over the year, life expectancy hasbeen increased slightly.
- Life expectancy decreases withincrease in infant's death.
- Countries having chronic diseaseshas lower life expectancies.
- GDP and Life expectancy has astrong linear relationship.
- Countries with high population hasslightly low life expectancy.
- As total income composition of a country increases, life expectancyalso increases.
- Schooling impacts the lifeexpectancy as expected.

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