

1 **OPTIMIZING BIOMEDICAL WASTE MANAGEMENT THROUGH A HYBRID**  
2 **GENETIC ALGORITHM-FUZZY INFERENCE SYSTEM FOR SMART CITIES**

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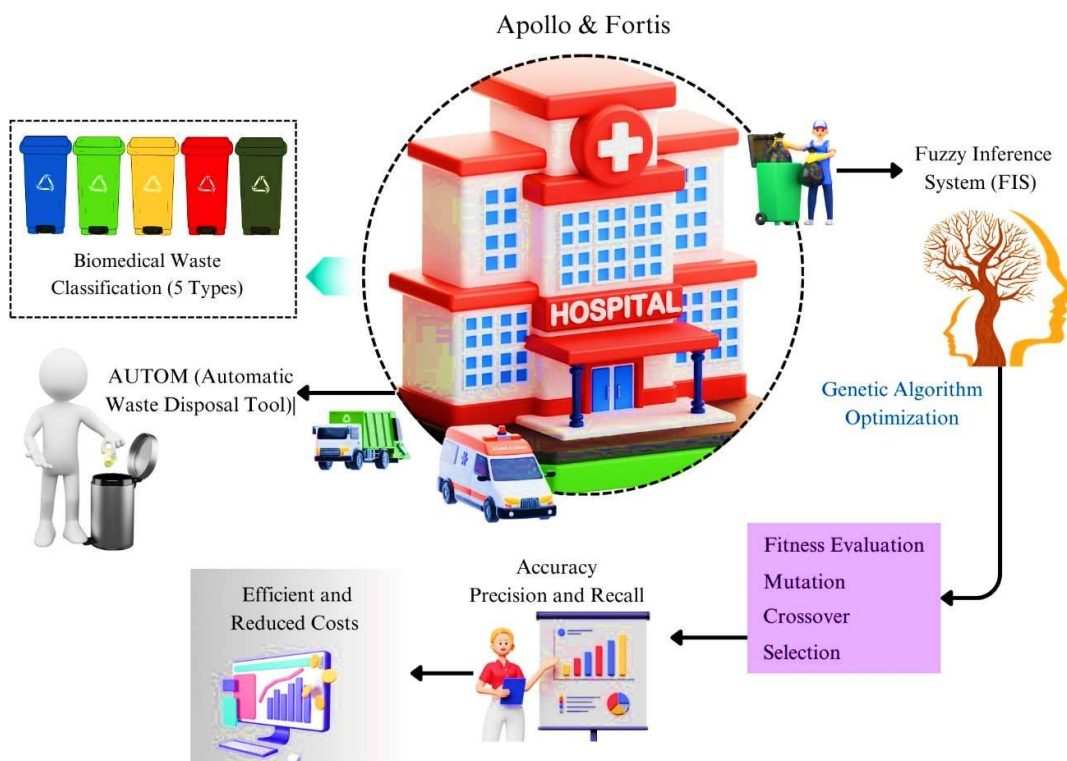
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11 **GRAPHICAL ABSTRACT**



12

## 13 ABSTRACT

14 Efficient biomedical waste management is essential for hospital hygiene and public health,  
15 particularly within the context of smart city infrastructures. This study proposes an innovative  
16 hybrid model combining a Genetic Algorithm (GA) with a Fuzzy Inference System (FIS) to  
17 enhance waste classification accuracy and improve segregation efficiency. Leveraging six  
18 months of empirical data from Apollo Hospitals and Fortis Malar Hospital in Chennai, the  
19 model is tailored to classify five distinct types of biomedical waste effectively. A central  
20 component, AUTOM, employs fuzzy logic for automated decision-making, optimizing waste  
21 disposal and addressing challenges like the preservation of critical genetic information  
22 typically compromised in traditional GA approaches. This integration not only improves  
23 system interpretability but also enables precise waste classification using compact, cost-  
24 effective sensors that ensure scalability. Validation in the Proteus simulator demonstrates  
25 robust performance, with the model achieving a classification accuracy of 96.4%, precision of  
26 96.8%, and recall of 94.8%. These results underscore the GA-FIS model's potential to elevate  
27 biomedical waste management practices, contributing to sustainable public health efforts and  
28 environmental protection within smart cities.

29 **Keywords:** biomedical waste, genetic algorithm (GA)–fuzzy inference system , environmental  
30 sustainability, Proteus simulator, AUTOM tool

## 31 1. Introduction

32 Biomedical Waste Management (BMW) is an important worldwide concern that needs to be  
33 addressed immediately. The production of biomedical waste has increased due to the quick  
34 expansion of the healthcare industry as well as the rise in hospital stays, doctor visits, and  
35 laboratory diagnostics. Manual sorting, handling, and disposal are examples of traditional

36 BMW procedures that are labor-intensive, prone to inaccuracy, and dangerous for one's health.  
37 At the forefront of resolving these issues is the incorporation of AI technologies. These  
38 technologies have the ability to completely transform the procedure, from the collecting of  
39 garbage to its disposal, with increased accuracy and efficiency. Biomedical waste may be  
40 precisely identified, sorted, and managed by automated systems, guaranteeing maximum safety  
41 and environmental compliance. In order to solve the issues and raise the general effectiveness  
42 of healthcare waste management, BMW must incorporate AI technologies. Because of its  
43 hazardous nature and various composition, biomedical waste management is a difficult issue  
44 that calls for sophisticated ways to assure environmental protection and public health safety.  
45 Biomedical waste is defined by the World Health Organization as materials produced during  
46 research operations or during the diagnosis, treatment, or immunization of humans or animals.  
47 Conventional waste management techniques are expensive, labor-intensive, and prone to  
48 mistakes. Effective waste treatment is further complicated by the dynamic nature of healthcare  
49 environments and the variety in waste composition. Fuzzy inference systems are one example  
50 of an advanced computational technology that has gained popularity recently for optimizing  
51 biomedical waste management procedures. Artificial intelligence systems known as fuzzy  
52 inference systems use fuzzy logic to simulate human decision-making processes while handling  
53 imprecise and uncertain input. This method can handle degrees of truth, which makes it ideal  
54 for difficult decision-making situations involving ambiguities and uncertainties.

55 Biomedical waste management is incorporating fuzzy inference algorithms to separate and  
56 classify trash according to factors including toxicity, infectiousness, and recyclable nature.  
57 Real-time decision-making on trash disposal techniques may be made by these systems, which  
58 also optimize resource allocation and lower operating costs. Additionally, they improve the  
59 precision and dependability of waste management procedures by constantly modifying the  
60 selection criteria in response to shifting operational and environmental circumstances. This

61 flexibility is especially useful in settings involving smart cities, where linked systems need for  
62 clever management strategies. Fuzzy logic and genetic algorithms (GA) have been effectively  
63 combined in hybrid models to maximize system efficiency, reduce transportation costs, and  
64 plan the best routes for collecting waste. In order to increase system performance, the fuzzy  
65 rule base is optimized via genetic algorithms, which identify the optimal set of rules. Fuzzy  
66 inference systems in real-world scenarios can be experimentally validated and their  
67 performance evaluated with the help of sophisticated simulation tools such as the Proteus  
68 simulator.

69 The interval-valued fuzzy DEMATEL (Decision-Making Trial and Evaluation Laboratory)  
70 method to investigate sustainable healthcare waste management. It lists and assesses the most  
71 important variables affecting sustainability in the handling of medical waste. The authors offer  
72 a thorough framework for decision-making in the context of waste management strategies by  
73 using a fuzzy method to capture ambiguity and interdependencies among these aspects. Their  
74 conclusions provide useful information for enhancing sustainability and effectiveness in the  
75 handling of medical waste (Li et al., 2021). A multilayer hybrid deep learning technique  
76 intended for recycling and garbage sorting. The method improves garbage sorting and recycling  
77 systems' accuracy by combining multiple deep learning models. In an effort to increase  
78 recycling rates and waste management techniques, this technique makes use of cutting-edge  
79 neural network designs for the effective processing and classification of waste items. The  
80 suggested approach outperforms conventional techniques in terms of automation and efficacy  
81 (Chu et al., 2018)

82 Moreover, applying machine learning and IoT for waste management and air quality  
83 forecasting, developing a system that combines these technologies for real-time monitoring,  
84 improved waste management efficiency, and predictive environmental insights (Husain et al.,  
85 2020). Additionally, a hybrid decision-making framework is proposed for sustainable

86 healthcare waste management, integrating operational and environmental considerations  
87 (Takur et al., 2021). Another study presents a fuzzy decision-making model for selecting eco-  
88 friendly healthcare waste treatment systems, focusing on emerging economies to aid in  
89 sustainable technology choices (Li et al., 2020).

90 An interval-valued fuzzy model combined with a genetic algorithm optimizes waste collection  
91 and disposal, enhancing flexibility and efficiency (Ikram et al., 2023). During the COVID-19  
92 pandemic, fuzzy logic has been used to manage the complexities of pandemic-related medical  
93 waste, ensuring efficient and safe treatment and disposal (Goodarzian et al., 2024).  
94 Additionally, an integrated Bayesian and type-2 fuzzy TISM approach assesses the risks of  
95 COVID-19 medical waste transportation, offering a robust framework to enhance safety (Tang  
96 et al., 2023).

97 The Pythagorean fuzzy-based decision framework for evaluating healthcare waste treatment  
98 choices is presented in this research. The framework takes into account uncertainty and  
99 different levels of membership in decision-making processes by utilizing Pythagorean fuzzy  
100 sets. The suggested model assesses many options for treatment, providing a strong instrument  
101 for choosing the most efficient and long-lasting waste management techniques. The framework  
102 facilitates a thorough evaluation of treatment methods in the healthcare industry by integrating  
103 qualitative and quantitative criteria (Rani et al., 2020). In order to improve waste management  
104 systems and guarantee the environment's and healthcare workers' safety and health, the  
105 research highlights shortcomings in present procedures, fills in those gaps, and makes  
106 recommendations for enhancements (Nosheen et al., 2022). However, to examine the obstacles  
107 and enablers that Malawian healthcare professionals face in attaining sufficient environmental  
108 health conditions and infection control. The writers highlight major obstacles like lack of  
109 training, infrastructural problems, and resource constraints through interviews and field

110 observations. In environments with limited resources, the study offers suggestions for  
111 enhancing environmental health and infection control procedures (Tu et al., 2022).

112 In order to evaluate and forecast operational factors for physicians, this article uses an Adaptive  
113 Neuro-Fuzzy Inference System (ANFIS) approach to investigate the application of Industry  
114 4.0 technologies in healthcare. The study shows how ANFIS may increase operational  
115 efficiency and adaptability in healthcare by combining data-driven insights with fuzzy logic to  
116 boost decision-making processes (Fatima et al., 2022). To reduce surgical site infections, the  
117 authors suggest using a fuzzy inference system to assess the indoor air quality in operating  
118 rooms. The technology helps to maintain a clean environment during surgeries by modeling  
119 and evaluating different air quality factors using fuzzy logic. Through improved air quality  
120 control in operating rooms, the study seeks to increase patient safety and reduce the incidence  
121 of infections (Colella et al., 2022).

122 Adaptive neuro-fuzzy algorithms are integrated into the MANFIS model to forecast e-waste  
123 levels while accounting for multiple affecting factors. Because the study increases forecast  
124 accuracy and facilitates better planning and resource allocation in waste management, it offers  
125 a useful tool for managing electronic trash (Khoshand et al., 2023). The integration of artificial  
126 intelligence (AI) into the modernization of biological waste management is the subject of this  
127 research. The authors offer cutting-edge methods for waste tracking, sorting, and disposal by  
128 utilizing AI technology. The paper demonstrates how artificial intelligence (AI) may improve  
129 biomedical waste management systems' efficacy and efficiency by tackling issues with  
130 operational efficiency, safety, and regulatory compliance (Sarkar et al., 2023). Better  
131 environmental and health results can be achieved by applying sustainable waste management  
132 solutions that can be tailored to the specifics of resource-constrained regions (Peter et al.,  
133 2023). It examines several bioremediation approaches, including enzyme-based procedures  
134 and microbial degradation, that are used to handle and recycle biomedical waste. The report

135 provides insights into creative and sustainable solutions to the mounting problems associated  
136 with biomedical waste management by highlighting developments in bioremediation  
137 technology (Khan and Mohd Sajjad Ahmad 2024).

## 138 **2. Proposed Methodology**

### 139 *2.1.Data collection*

140 Data for biomedical waste was meticulously collected from two prominent healthcare  
141 institutions in Chennai, namely Apollo Hospitals and Fortis Malar Hospital, over a period of  
142 six months. The primary goal was to capture a detailed picture of the biomedical waste  
143 management practices employed within these healthcare settings. This involved not only the  
144 identification and classification of waste but also the quantification and composition analysis  
145 of various waste categories generated within the hospitals.

146 The data collection process included a thorough categorization of biomedical waste into  
147 distinct types, such as sharps (e.g., needles, scalpel blades), infectious materials (e.g.,  
148 contaminated gauze, surgical waste), pharmaceuticals (e.g., expired or unused medications),  
149 and non-hazardous waste (e.g., general hospital waste). The quantities of each waste type were  
150 recorded, providing a quantitative assessment of the waste generated in both hospitals.  
151 Additionally, the study focused on understanding the variability in waste production over time,  
152 including factors such as seasonal trends, hospital activities, and patient volume, which could  
153 influence waste generation patterns. This data was crucial in identifying trends and patterns  
154 that could inform more effective waste management strategies tailored to the specific needs of  
155 healthcare facilities. The collected data also considered the waste segregation and disposal  
156 methods already in place, highlighting areas where improvements could be made to ensure  
157 compliance with environmental and health safety standards. The comprehensive nature of this  
158 dataset allowed for an in-depth evaluation of existing waste management practices and served

159 as the foundation for proposing more efficient, sustainable solutions for biomedical waste  
160 disposal. In summary, the data collected from Apollo Hospitals and Fortis Malar Hospital  
161 provides a comprehensive empirical basis for evaluating and improving biomedical waste  
162 management practices in healthcare settings. It offers critical insights into waste types,  
163 quantities, and disposal methods, with the goal of enhancing operational efficiency, ensuring  
164 regulatory compliance, and promoting sustainable environmental practices in the healthcare  
165 sector.

## 166 *2.2. Proposed method*

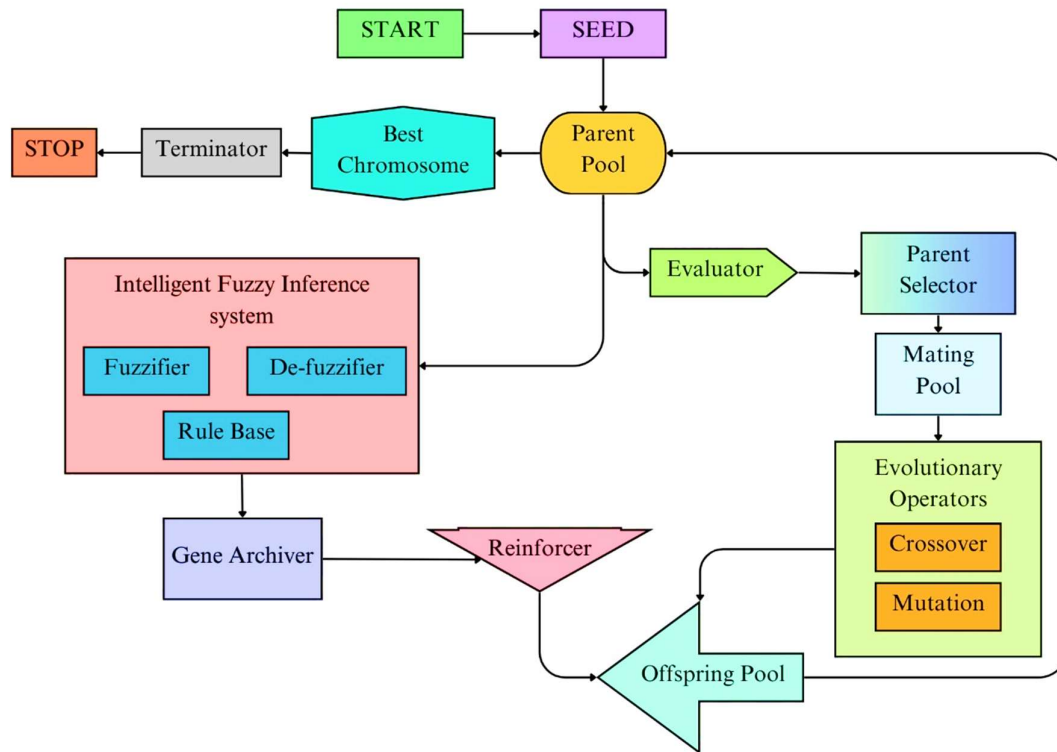
167 The proposed methodology includes the following process, figures 1 show the proposed  
168 model's high-level overview as well as its intricate operations. When an object is placed in the  
169 middle of the bin, it comes into contact with a load cell that detects the impact weight. After  
170 collecting the initial impact weight, the weight is measured again until it stabilizes. In this case,  
171 thirty consecutive weight readings are recorded in total. The measurements are divided into  
172 two groups:

- 173 1. The impact and rebound measurements, which show variations when the object  
174 bounces off the load cell, are included in the first group. The highest weight value is  
175 determined from this group.
- 176 2. Readings when the object's weight has stabilized make up the second group. The  
177 maximum value from the first group is divided by the average weight from this stable  
178 group.

179 The system causes the servo motor to rotate 90 degrees from its initial position if the ratio of  
180 these two numbers is greater than a predefined threshold. In contrast, the motor rotates 270  
181 degrees if the ratio is below the threshold. By precisely measuring and sorting waste items on



182 the smart garbage board used in healthcare settings, this adjustment aids in calibrating the waste  
 183 segregation system.



184

185 **Figure 1** Architecture of the proposed methodology

186 The smart bin system works by first measuring and determining the weight of the garbage that  
 187 is deposited into the bin using a load cell. The system then separates the waste. An ultrasonic  
 188 sensor keeps track of the bin's fill level. The information is sent to the cloud when the bin fills  
 189 up more than half the way, alerting the municipal authorities (referred to as customers) and  
 190 causing them to empty the bin. By utilizing cutting-edge technology, this system improves  
 191 waste management by increasing the effectiveness of waste collection, segregation, and  
 192 notification procedures. To further avoid any hygienic problems, managers can set the system  
 193 to sound an alert when the bin fills up to 60%, 70%, 80%, or 90% of its capacity. The smart  
 194 bin system limits access to authorized individuals exclusively, ensuring ongoing, effective

195 service. In addition to promoting operational dependability, cloud computing secures the  
196 infrastructure of the city, preventing illegal access and guaranteeing functional integrity.

### 197 *2.3. Proposed algorithm*

#### 198 *2.3.1. GA-fuzzy inference system*

199 The proposed GA-fuzzy inference system combines Genetic Algorithms (GA) with Fuzzy  
200 Inference Systems (FIS) to present a novel approach to biomedical waste management  
201 optimization in smart cities. With the help of this hybrid strategy, waste segregation decision-  
202 making will be more effective, resulting in lower operating costs, less environmental impact,  
203 and more efficiency. Genetic Algorithms (GA) are sophisticated optimization methods derived  
204 on the concepts of natural selection and evolution. They work well for traversing intricate  
205 search environments and finding the best answers according to predetermined standards. In  
206 order to determine the best rules for categorizing and handling different kinds of biomedical  
207 waste, GA is used in biomedical waste management to improve and optimize the fuzzy  
208 inference system's rule set.

209 Conversely, fuzzy logic is used by fuzzy inference systems (FIS) to handle ambiguous or  
210 uncertain data. Fuzzy logic is superior to binary logic in situations when decisions need to be  
211 made using human-like thinking or when data is ambiguous. Fuzzy logic permits more nuanced  
212 interpretations. FIS is crucial to this system because it helps understand sensor data, classify  
213 various waste types, and dynamically modify waste management plans in response to  
214 operational requirements and environmental changes. Data from sensors and waste  
215 management facilities, either real or simulated, is used to evaluate and apply the hybrid GA-  
216 FIS model. Metrics like accuracy, precision, and recall are used to evaluate the system's  
217 performance and determine how well it works for managing and classifying trash. Furthermore,

218 scenario testing and sensitivity analysis are carried out to make sure the system is resilient and  
 219 flexible in a variety of operational and environmental settings.

220 A single value  $y^*$  is the result of defuzzification, while the input is a fuzzy set<sup>2</sup> that represents  
 221 the aggregate output fuzzy set. To defuzzify, the centroid approach is applied. The output is  
 222 extracted using the defuzzification procedure described in Equation (1) as follows:

$$223 \quad y^* = \text{defuzz}(B_0) = \frac{\int_y y_n \cdot \sum_{r=1}^n \mu_{B_r}(y) dy}{\int_y \sum_{r=1}^n \mu_{B_r}(y) dy} \quad (1)$$

224 Acceptable value of GA parameters is the defuzzified rate, such as: The power to choose  
 225 tournaments is output#1, while the likelihood of bit-mutations is output#2.

226 ( $y_1^* = 2$ ) = The binary tournament selection is denoted

227 ( $y_2^* = 0.03$ ) = 3% mutation probability is indicated

228 To produce local minima, a test function is integrated with cosine modulation. The function is  
 229 multimodal and extremely continuous. Minimization is facilitated by reaching a global minimal  
 230 standardization to a zero value of the objective function. The following is the function in  
 231 equation (2):

$$232 \quad f_1(\vec{x}) = A \cdot n + \sum_{i=1}^n (x_i^2 - A \cdot \cos(2\pi \cdot x_i)), \vec{x} \in [-5.12, 5.12]; \min f_1(\vec{x}) =$$

$$233 \quad 0, n \dots \dots \text{dimensionality}, A = 10 \quad (2)$$

234 Accompanying defuzzification, the final biological waste segregation shown in Equation (3) is  
 235 determined using the coefficient of the following equation.

$$236 \quad \text{Totalwaste} = \sum_{i=1}^m a_i x_i + \sum_{j=1}^n b_{ij} y_{ij} \quad (3)$$

237 where  $a_i$  is a representation of the local population,  $i$ ; The defuzzification process yields the  
 238 entire area of activity  $j$  in the area  $i$ , which is represented by  $b_{ij}$ .  $x_i$  is the daily waste production  
 239 value per person in the region  $i$ . Furthermore,  $n$  denotes the activities in each zone, and  $m$   
 240 designates the various regions. The waste production is constructed using the estimates ( $x_i$  and  
 241  $y_{ij}$  coefficients), and forecasts are made for additional study. trash products can therefore be  
 242 estimated to improve trash planning and management. Two FIS inputs—FIS and fuzzy-rule-  
 243 based singleton values—are introduced by this method.

244 The first input, which is represented by Equation (4), gives the separation between an  
 245 individual and the world average.

$$246 \quad iS_i = \sqrt{\sum_{d=1}^N (x_i^d - GB^d)^2} \quad (4)$$

247 If  $GB^d$  indicates the  $d$ th dimension of  $GB$ , the dimension  $d$ th of the  $i$ th individual is described  
 248 as  $x_i^d$ , and the distance between the global best and  $i$ th individual is supplied by  $Dis_i$ . The  
 249 other input, an error of diversity ( $Err_{div}$ ), is provided below in equation (5),

$$250 \quad Err_{div} = D_g - D_{goal,g} \quad (5)$$

251 Since these inputs' magnitude order alters when the evolutionary methodology is being carried  
 252 out, the inputs are changed prior to applying the FIS in the suggested manner. The equations  
 253 below are shown in (6).

$$254 \quad Dis_{Std,j} = \begin{cases} 0, & Dis_{max} - Dis_{min} = 0, \\ \frac{Dis_i - Dis_{min}}{Dis_{max} - Dis_{min}}, & Others \end{cases} \quad (6)$$

255 The system classifies data with different degrees of membership using three fuzzy sets for the  
 256 first input and five for the second. This structure transforms hazy input data into explicit

257 actions, facilitating correct interpretation and decision-making in biomedical waste  
258 management.

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259 Algorithm 1. GA-fuzzy inference system.

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260 Algorithm GA-FuzzyInferenceSystem

261 Input:

- 262 - Population size (pop\_size)
- 263 - Number of generations (num\_generations)
- 264 - Crossover rate (crossover\_rate)
- 265 - Mutation rate (mutation\_rate)
- 266 - Fuzzy Inference System (FIS) model
- 267 - Evaluation function (fitness\_function)

268 Output:

- 269 - Best FIS parameters after optimization

270 1. Initialize the population

- 271 - For i from 1 to pop\_size:
  - 272 - Generate a random individual (solution) with fuzzy parameters
  - 273 - Evaluate the fitness of the individual using the fitness\_function

274 2. Repeat for each generation from 1 to num\_generations:

275 a. Selection

- 276 - Select individuals from the population based on their fitness (e.g., using roulette wheel  
277 or tournament selection)

278 b. Crossover

- 279 - For each pair of selected individuals:
  - 280 - With probability crossover\_rate:

- 281 - Perform crossover to create new offspring
  - 282 - Each offspring inherits traits from both parents
  - 283 c. Mutation
    - 284 - For each individual in the population:
    - 285 - With probability `mutation_rate`:
    - 286 - Mutate individual's parameters (e.g., modify membership functions or rule weights)
  - 287 d. Evaluate the new population
    - 288 - For each individual in the new population:
    - 289 - Evaluate its fitness using the `fitness_function`
  - 290 e. Replacement
    - 291 - Replace the old population with the new population based on fitness (e.g., generational
    - 292 replacement or elitism)
  - 293 3. Return the best individual from the final population
    - 294 - This individual represents the optimized FIS parameters
  - 295 End Algorithm
- 

#### 297 *2.4. Data analysis tool*

298 The Automatic Waste Disposal Master Tool, or AUTOM, is a state-of-the-art biomedical waste  
299 management system that integrates a fuzzy model based on genetic algorithms to maximize  
300 operational efficiency. The correct classification and disposal of various biomedical wastes are  
301 crucial in medical laboratories and clinical settings, which is why this system was created  
302 especially for them. The AUTOM's GA-based fuzzy model improves decision-making by  
303 dynamically modifying waste treatment plans in response to real-time data inputs. Genetic  
304 algorithms find the best possible combinations of rules to efficiently classify and handle various  
305 kinds of biomedical waste by optimizing the fuzzy rule base. This integration lowers operating

306 costs and lessens environmental effect while increasing trash segregation accuracy and  
307 guaranteeing adherence to strict regulatory criteria. Thus, AUTOM is a major step forward in  
308 the management of biomedical waste, utilizing AI-driven strategies to improve sustainability,  
309 efficiency, and safety in healthcare settings.

### 310 **3. Results And Discussion**

#### 311 *3.1. GA-FIS result analysis*

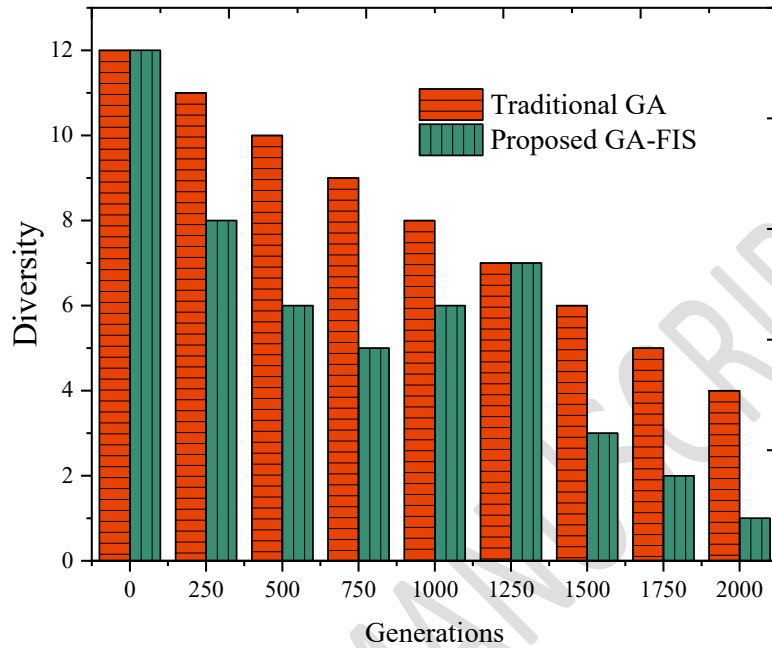
312 Table 1 summarizes the experimental settings used for the proposed GA-FIS. The crossover  
313 rate was set at 0.8, and the dimensions (N) were tested with values of 10 and 30. The algorithm  
314 ran for 55 independent iterations. The mutant factor (F) was set to 0.7, and a population size  
315 (PS) of 50 individuals was employed during the experiments. These parameters were chosen  
316 to evaluate the performance and effectiveness of the GA-FIS approach under controlled  
317 conditions.

318 **Table 1 Experimental configuration of the proposed GA-FIS model**

Parameter	Values
Crossover rate	0.8
Dimensions (N)	10/30
Independent iterations	55
Mutant factor (F)	0.7
Population size (PS)	50

319 Figure 2 presents the diversity curves for ten generations comparing the Traditional Genetic  
320 Algorithm (GA) and the Proposed GA-Fuzzy Inference System (GA-FIS). Initially, both  
321 algorithms start with a diversity of 12 individuals at generation 0. As the generations progress,  
322 the diversity decreases in both approaches. By generation 2000, the Traditional GA exhibits a  
323 diversity of 1, whereas the Proposed GA-FIS achieves a diversity of 1 earlier, by generation  
324 2000. This comparison highlights the evolution of diversity over time, showcasing how the  
325 Proposed GA-FIS method maintains higher diversity for most generations compared to the

326 Traditional GA, indicating potentially improved performance in preserving genetic diversity  
327 during the evolutionary process.



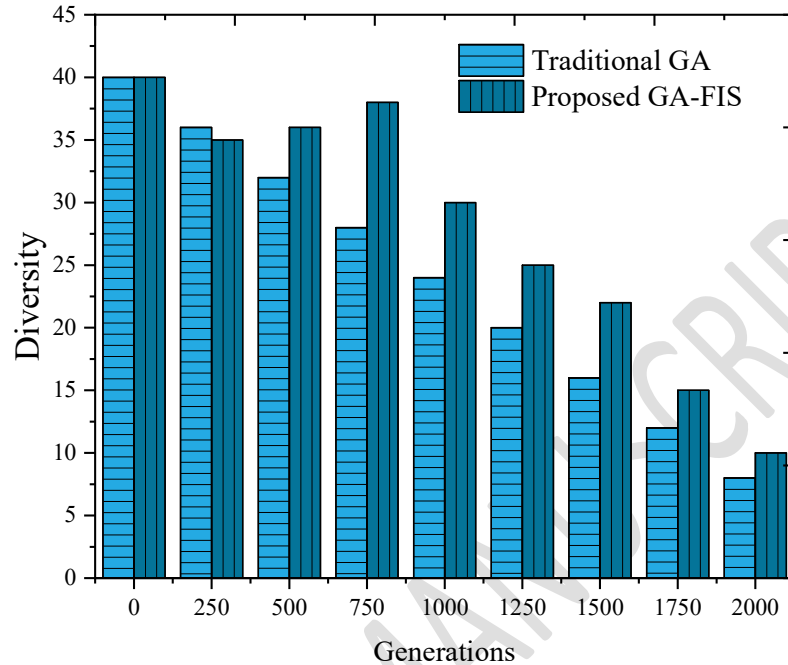
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329 **Figure 2** Diversity progression across 10 generations

330 Figure 3 illustrates the diversity curve over thirty generations for both the Traditional Genetic  
331 Algorithm (GA) and the Proposed GA-FIS. Initially, at generation 0, both approaches start with  
332 a diversity level of 40. As the generations progress, a gradual decline in diversity is observed  
333 in both methods, albeit with slight variations. By generation 250, the Traditional GA shows a  
334 diversity reduction to 36, while the Proposed GA-FIS maintains a slightly lower diversity at  
335 35. This trend continues until generation 1000, where the Traditional GA records a diversity  
336 of 24 compared to 30 in the Proposed GA-FIS. Notably, from generation 1250 onward, the  
337 Proposed GA-FIS demonstrates a consistent improvement in diversity compared to the  
338 Traditional GA. By generation 2000, the diversity levels are markedly lower in both methods,  
339 with the Traditional GA at 8 and the Proposed GA-FIS at 10. Overall, Figure 3 highlights the  
340 comparative diversity trends between the Traditional GA and the Proposed GA-FIS across the



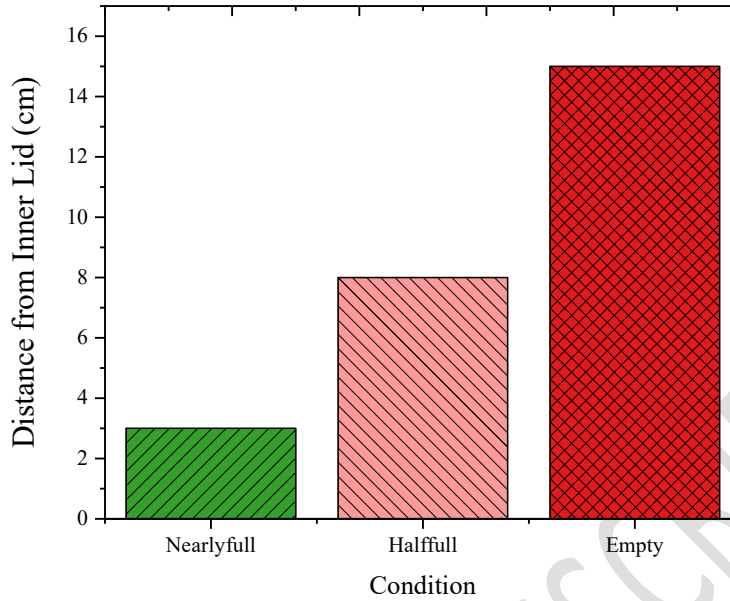
341 thirty generations, showcasing the latter's potential for maintaining diversity more effectively  
342 in later generations.



343

344 **Figure 3** Diversity progression across 30 generations

345 Figure 4 presents the experimental analysis of waste distribution within a smart bin based on  
346 the distance from the inner lid. Three conditions are examined: "Nearly full" when waste is  
347 closest to the lid at 3 cm, "Half full" at 8 cm, and "Empty" at 15 cm distance from the inner lid.  
348 This analysis aims to understand how waste accumulates relative to the lid's position, providing  
349 insights into optimal filling levels and distribution patterns within the smart bin



350

351

**Figure 4** An experimental study of the garbage in the smart bin.

352

Figure 5 presents the performance metrics of the proposed model across different states of the

353

smart bin: Empty, Partial, and Full, along with an Overall evaluation. The accuracy of the

354

model is highest for the Full state at 98.6%, followed closely by Empty at 96.2% and Partial at

355

93.5%. Precision values show similar trends, with the Full state achieving the highest precision

356

of 99.9%, Empty at 97.8%, and Partial at 93.6%. Recall rates indicate effective performance

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across all states, with Full achieving the highest at 99.5%, followed by Empty at 96.8% and

358

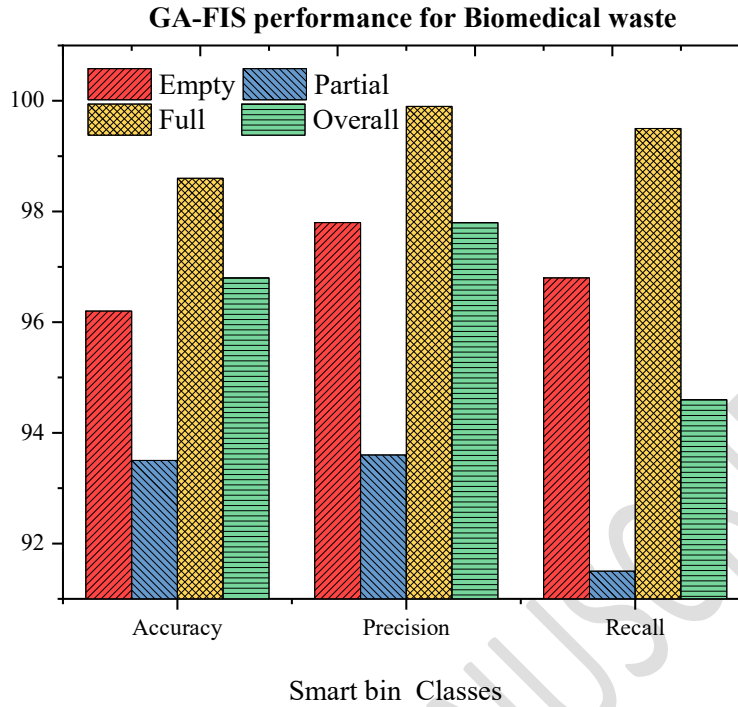
Partial at 91.5%. Overall, these metrics underscore the robustness of the proposed model in

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accurately classifying the operational states of smart bins, demonstrating strong performance

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across diverse conditions.

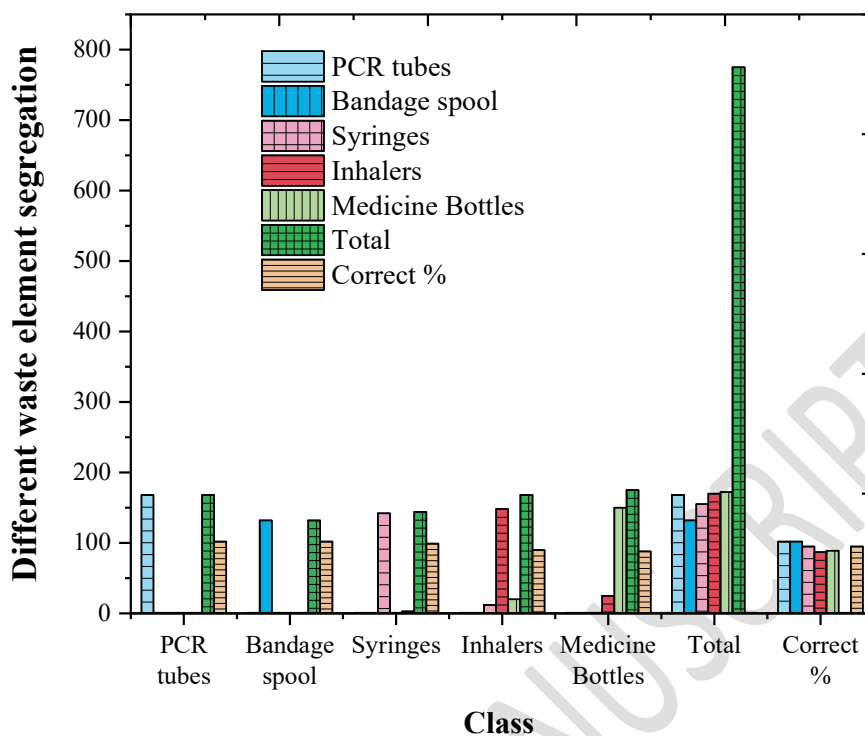


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362

**Figure 5** Performance metrics analysis

363 Figure 6 displays the confusion matrix detailing the waste element segregation performance  
 364 using the proposed model. The matrix categorizes waste into five classes: PCR tubes, Bandage  
 365 spool, Syringes, Inhalers, and Medicine Bottles. The below figure represents the number of  
 366 instances classified for a specific waste type against actual observations. For instance, PCR  
 367 tubes were classified accurately in 102 out of 168 cases, resulting in a correct percentage of  
 368 102%. Similarly, Bandage spool and Syringes were classified with 102% and 99% accuracy  
 369 respectively. Inhalers and Medicine Bottles, while accurately classified in 90% and 88% of  
 370 cases respectively, show slightly lower correct percentages. Overall, the model demonstrates  
 371 effective waste segregation capabilities, with an average correct percentage of 95% across all  
 372 waste categories, indicating robust performance in identifying and segregating different types  
 373 of waste elements.



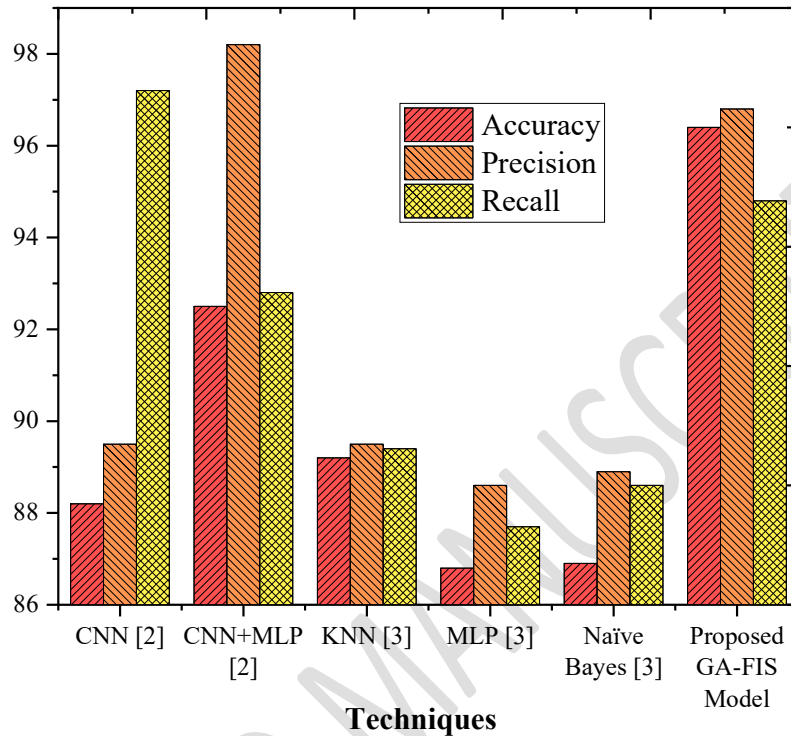
374

375 **Figure 6** Confusion matrix for various waste element divisions using the suggested  
 376 methodology.

377 *3.2. Comparative analysis of existing and proposed model*

378 Figure 7 provides a comparative analysis between the proposed GA-FIS model and existing  
 379 smart garbage systems using various techniques. The figure below evaluates these systems  
 380 based on Accuracy, Precision, and Recall metrics. CNN achieves an Accuracy of 88.2%, with  
 381 Precision and Recall values of 89.5% and 97.2% respectively. CNN combined with MLP  
 382 improves Accuracy to 92.5%, with Precision at 98.2% and Recall at 92.8%. KNN achieves an  
 383 Accuracy of 89.2%, with Precision and Recall values both at 89.5% and 89.4% respectively.  
 384 MLP and Naïve Bayes demonstrate similar performance, with MLP achieving 86.8%  
 385 Accuracy, 88.6% Precision, and 87.7% Recall, and Naïve Bayes at 86.9% Accuracy, 88.9%  
 386 Precision, and 88.6% Recall. In contrast, the proposed GA-FIS model outperforms all other  
 387 techniques with an impressive Accuracy of 96.4%, Precision of 96.8%, and Recall of 94.8%.

388 This comparison underscores the superior performance of the proposed GA-FIS model in smart  
389 garbage systems, highlighting its effectiveness in waste classification and management.



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**Figure 7** Comparative analysis

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#### 4. Conclusion

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This study presents an innovative hybrid approach combining a Genetic Algorithm (GA) with a Fuzzy Inference System (FIS) to advance waste management within smart city infrastructures, with a focus on healthcare waste segregation. The dynamic fuzzy inference engine integrated into the system boosts both the precision and efficiency of waste collection processes, reducing potential errors. GA optimization enhances the FIS, ensuring more accurate classification and segregation of biomedical waste, based on comprehensive data collected over six months from Apollo Hospitals and Fortis Malar Hospital in Chennai. The resulting GA-FIS model is capable of categorizing five distinct types of biomedical waste.

401 Additionally, the system includes AUTOM, an automated disposal tool that leverages fuzzy  
402 logic to guide decision-making in waste sorting, thus improving operational efficiency in  
403 healthcare settings. This approach represents a step forward in environmentally sustainable  
404 biomedical waste management within the framework of smart city initiatives.

405 1. The performance metrics of the proposed model demonstrate its effectiveness across  
406 different smart bin states—Empty, Partial, and Full—yielding highest accuracy for the  
407 Full state at 98.6%, followed by 96.2% for Empty and 93.5% for Partial. Precision  
408 values similarly highlight superior performance in the Full state at 99.9%, with 97.8%  
409 for Empty and 93.6% for Partial.

410 2. Recall rates confirm robust performance across all states, with the Full state achieving  
411 99.5%, followed by 96.8% for Empty and 91.5% for Partial. Overall, these metrics  
412 underscore the model's reliability in accurately classifying smart bin operational states  
413 and effectively managing waste diversity.

414 3. Furthermore, the confusion matrix illustrates the model's proficiency in segregating  
415 waste elements, achieving an average correct percentage of 95% across categories  
416 such as PCR tubes, Bandage spool, Syringes, Inhalers, and Medicine Bottles. This  
417 confirms the model's capability in identifying and managing various types of waste  
418 elements with high accuracy.

419 4. Comparative analysis against existing smart garbage systems using techniques like  
420 CNN, CNN+MLP, KNN, MLP, and Naïve Bayes further establishes the superiority of  
421 the proposed GA-FIS model. With an outstanding accuracy of 96.4%, precision of  
422 96.8%, and recall of 94.8%, the GA-FIS model outperforms all other techniques,  
423 highlighting its efficacy in waste classification and management within smart city  
424 infrastructures.

425 To sum up, the proposed GA-FIS model not only enhances waste management efficiency and  
426 accuracy but also contributes significantly to environmental sustainability and public health  
427 through improved waste segregation and recycling practices. Future research in Biomedical  
428 Waste Management can focus on developing AI and IoT-based systems for real-time waste  
429 monitoring and segregation, exploring advanced sustainable treatment technologies like  
430 plasma gasification, and utilizing blockchain for secure tracking and transparency in waste  
431 disposal processes.

#### 432 **Competing interests**

433 The authors declare no conflicts of interest.

#### 434 **Authors' Contribution**

435 Author A supports to development literature, and methodology part. And author B and C  
436 helped to find the outcomes part.

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#### 443 **Abbreviation**

444 GA-FIS - genetic algorithm (GA)-fuzzy inference system

445 BWM - Biomedical Waste Management

446 DEMATAL - Decision-Making Trial and Evaluation Laboratory

447 TISM - total interpretive structural modeling

448 ANFIS - Adaptive Neuro-Fuzzy Inference System

449 AUTOM - Automatic Waste Disposal Master Tool

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