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I would also like to extend my special gratitude to all the people in slum areas who cooperated with us in collecting the necessary data.

STUDY OF
SOCIO-ECONOMIC
STATUS IN SLUM AREA
USING STATISTICAL
METHODS

INTRODUCTION

Socio-economic status is way of describing people based on their education, income, and type of job. Socio-economic status is usually described as low, medium, and high. People with a lower socio-economic status usually have less access to financial, educational, social, and health resources than those with a higher socio-economic status. As a result, they are more likely to be in poor health and have chronic health conditions and disabilities.

The slum population doubles every 5-10 years. In the past decade, over 22 million people have migrated from rural to urban areas in India. While official estimates indicate that the number of slum dwellers in India increased from 30 million in 1981 to over 61 million in 2014. A UN Habitat report estimates the number of slum dwellers in India to be over 100 million. In 2011, 200 million people in urban Indian households were considered to live in slums, of which over a third were in million-plus cities of India.

As per United Nations, the aim of Sustainable Development Goals (SDGs) is to transform our world. They are a call to action to end poverty and inequality, protect the planet, and ensure that all people enjoy health, justice and prosperity.

As per the recent survey, India is striving to combine the element of 'sustainability' to its economic development through well designed initiatives for inclusive development like electrification of rural households, augmenting usage of renewable sources, eliminating malnutrition, eradicating poverty, increasing access to primary education to all girls, providing sanitation and housing for all, equipping young people with skills to compete in the global labour market.

Here we studied the population of 5 different slum areas taking 40 samples from each area and interpreted the data using statistical tools.

In this project we mainly focused on the 5 main goals of sustainable development which are

- Goal 1: End poverty in all its forms.
- Goal 2: Zero Hunger.
- Goal 3: Health.
- Goal 4: Education.
- Goal 6: Water and Sanitation.

ABSTRACT

A socio-economic survey is regarded as one of the most important sources of statistical data on household expenditure and income as well as other data on the status of housing, individual and household characteristics and living conditions. Economical and Social Survey provides objective analysis of pressing long-term social and economic development issues, and discusses the positive and negative impact of corresponding policies.

Poverty is widespread across countries all over the world. India is one among them. India is estimated to have one third of the world's poor. According to the World Bank estimate, 41.6% of the total Indian population falls below the international poverty line of Rs. 21.6/- a day in urban areas and Rs. 14.3/- in rural areas and residing in the slum areas. This project makes an attempt to present the socio-economic status of slum areas with special reference to Nashik City.

OBJECTIVES

- ➤ Analyze the normality of distribution of students in government and private.
- ➤ To investigate the existence of area and source of portable water.
- A comprehensive analysis of ration card classification costs necessitates a structured appoarch.
- To achieve a comprehensive understanding of the financial disparities area.
- ➤ To facilitate a analysis of mean healthcare expenditure across disparate economic sectors.
- A comparative analysis of the stochastic distribution of residential architectural typologies across different areas.
- ➤ To inquiry about uniformity of garbage management.

METHODOLOGY

Nashik district of Maharashtra has total population of 1,486,053 as per the Census 2011. Slums are the informal settlements in the city. In Nashik city there are 168 slums. Amongst which 54 are declared and 112 are undeclared. These slums are located in municipal corporation land, private land as well as government land. About 56,235 populations live in 10,447 huts. People in the slums have lack of basic amenities like water availability, light, toilets, ration card, schools, etc.

For project work, Primary data was collected with the help of a well-designed questionnaire using which the data of 200 families across different slum areas of Nashik were taken and conclusions on different aspects like poverty, hunger, education, health, etc. were made. A total of 40 samples were collected from each of the 5 areas chosen at random from Nashik city.

Areas from which the samples are collected are –

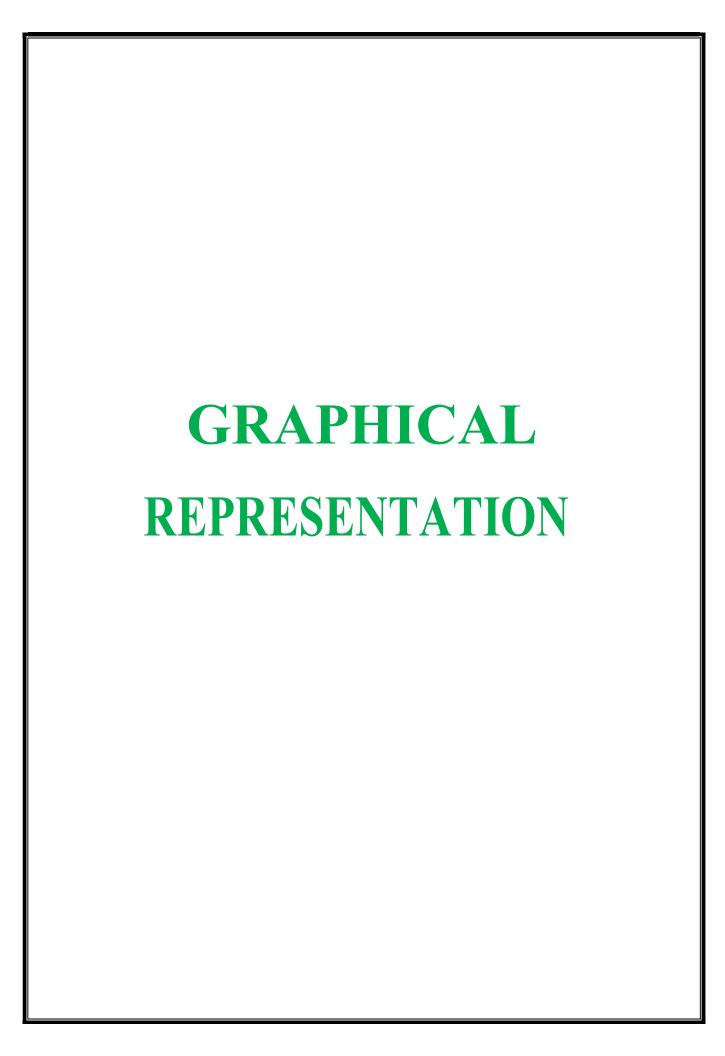
- 1] Bajrang Vadi
- 2]Phule Nagar
- 3] Malhar Khani
- 4] Vadarwadi
- 5] Rajiv Nagar

Statistical Tools used

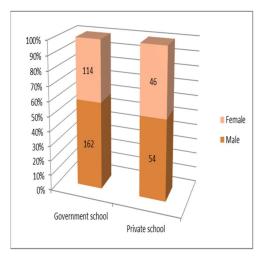
- ❖ Graphical Tools: Bar diagram, Multiple Bar diagram, Pie chart
- ❖ Parametric Test: Chi-Square Test, Z-Test for Proportion
- ❖ Non-Parametric Test: Kruskal Wallis Test, Mann Whitney U test
- *** Other Statistical Methods:** ANOVA

Software used

- MS-Excel
- R-Software
- MS-Word



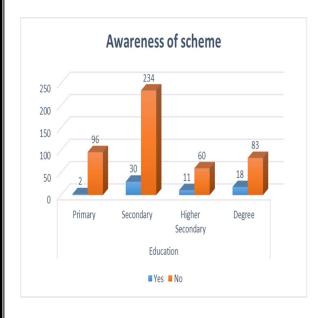
Gender wise distribution of type of school



	Government school	Private School
Male	162	54
Female	114	46

- a) About $3/4^{th}$ (73.40%) of the slum children are admitted in Government schools/colleges.
- b) Proportion of male and female children studying in Private and Government schools are almost equal.

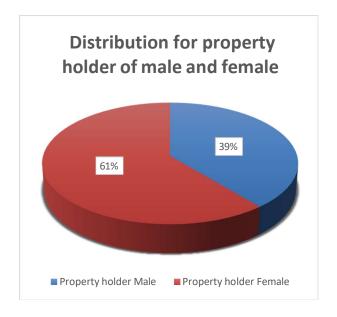
❖ Distribution of awareness of scheme and education



Education	Awareness of Scheme				
Education	Yes	No			
Primary	2	96			
Secondary	30	234			
Higher Secondary	11	60			
Degree	18	83			

a) There is negligible awareness among people living in slum areas about government schemes especially health schemes.

Gender wise distribution of property holder



Property hold	er
Male	Female
78	122

a) Majority of the property of families living in slum areas is named after the females.

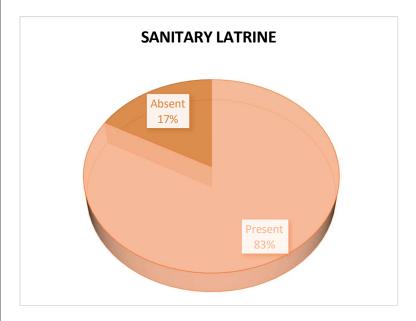
❖ Quality of water



Quality of water							
Partially Clean Contaminated Contaminated							
180							

a) Clean drinking water is available to majority of the families throughout the year.

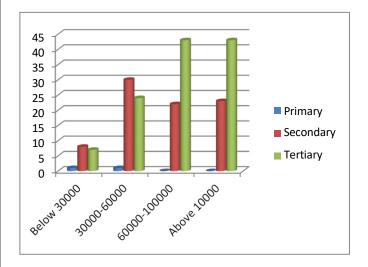
❖ Sanitary Latrine



Sanitary Latrine						
Present	Absent					
166		34				

a) Sanitary latrine is available to more than 3/4th households living in slum areas across Nashik.

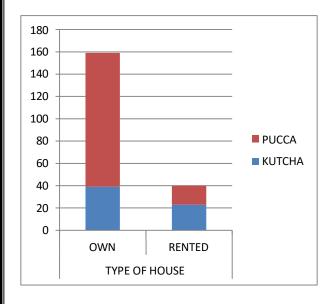
Annual income and sector of economy



Annual	Sector of economy						
income	Primary	Secondary	Tertiary				
Below 30000	1	8	7				
30000-							
60000	1	30	24				
60000- 100000	0	24	43				
Above 100000	0	52	43				

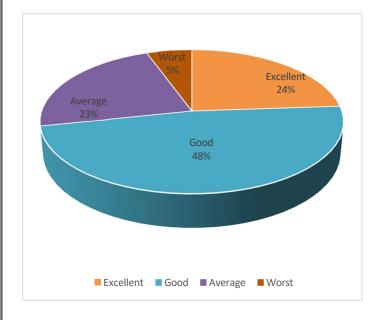
- a) Limited families are engaged in primary sector while most of the families are engaged in secondary sector and considerable no. of families engaged in tertiary sector.
- b) Secondary sector has the highest average annual income among all the three sectors of economy having highest proportion for income of above 1 lakh.

Distribution for type of house and accommodation type



Accomodation	Type of house			
type	Own Rented			
Kutcha	40	23		
Pucca	120	17		
Total	160	40		

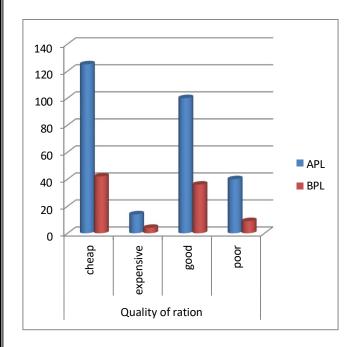
- a) Majority of the families who owns the house lives in pucca house.
- b) Majority of the families who lives in a rented house prefers kutcha house (low rent might be the reason).
- **Distribution for facilities in health center**



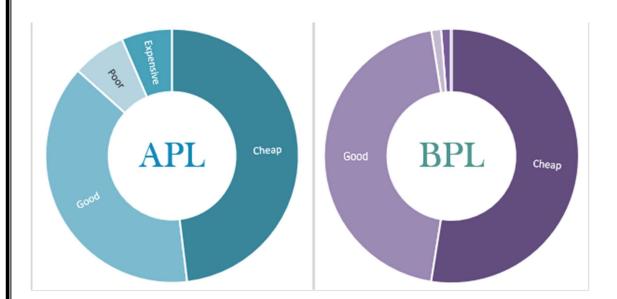
Facilities in Health Center								
Exc	ellent	Good	Average	Worst				
	43	86	41	10				

a) Majority of the families agreed to the statement that government health centers provides them with good health facilities.

Distribution for type of ration card and quality of ration



Type of Ration				
Card		Quality of ra	tion	
	cheap	expensive	good	poor
APL	125	14	100	40
BPL	42	4	36	9



- a) Almost 90% of the families said that government provides cheap ration.
- b) Majority of the families get cheap and good quality ration from government while few people claimed the ration to be of poor quality.

TESTING OF HYPOTHESIS

Test for Normality

Hypothesis:

 H_{01} : Given sample is taken from normal population. H_{02} : Given sample is taken from non-normal population.

```
R-codes:
```

```
INPUT:-
```

```
Treatment<-c("G","P"); Treatment
Block<-c("M","F"); Block
treat<-rep(c("G","P"),each=2); treat
block<-rep(c("M","F"),each=2); block
d1<-c(162,54,114,46); d1
shapiro.test(d1)
D1 < -sqrt(d1)
expt<-data.frame("Block"=block,"Treatment"=treat,"Yield"=D1)
anova rbd<-aov(D1~treat+block,data=expt)
summary(anova rbd)
OUTPUT:-
> Treatment<-c("G","P"); Treatment
[1] "G" "P"
> Block<-c("M","F"); Block
[1] "M" "F"
> treat<-rep(c("G","P"),each=2); treat
[1] "G" "G" "P" "P"
> block<-rep(c("M","F"),each=2); block
[1] "M" "M" "F" "F"
> d1 < -c(162,54,114,46); d1
[1] 162 54 114 46
> shapiro.test(d1)
 Shapiro-Wilk normality test
data: d1
W = 0.90128, p-value = 0.4374
```

Result: Since p-value > 0.05 (l.o.s), therefore by Wilk Shapiro test we conclude that the sample has been generated from normal distribution.

Chi square test for independence between type of house and accommodation

Hypothesis:

H₀: Type of house is independent of accommodation type

H₁: Type of house is not independent of accommodation type

Observation Table:

	Own	Rented	Total
Kuttcha	40	23	63
Pucca	120	17	137
Total	160	40	200

Notations:

N= Population size = 200

(a) = No. of families owning kuttcha house = 40

(b) = No. of families renting kuttcha house = 23

(c) = No. of families owning pucca house = 120

(d) = No. of families renting pucca house = 17

Test Statistics:

Under H₀ the test statistics,

$$\chi^2 = \frac{N(ad - bc)^2}{(a+b)(c+d)(b+d)(a+d)}$$

$$200(680 - 2760)^2$$

$$\chi^2 = \frac{200(680 - 2760)^2}{(40 + 23)(120 + 17)(23 + 17)(40 + 17)}$$

$$\chi^2 = 43.9704$$

Critical value:

$$\chi^2_{table} = \chi^2_{(r-1)(s-1),5\% lo.s}$$

$$\chi^2_{table} = \chi^2_{1,0.05}$$

$$\chi^2_{table} = 3.841$$

<u>Conclusion</u>: Since, $\chi^2_{cal} > \chi^2_{table}$

Therefore we reject H₀ at 5% level of significance and conclude that type of house (kuttcha/pucca) is dependent on accommodation type (own/rented).

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Chi square (χ^2) test for independence between area and source of drinking water.

Hypothesis:

H₀: Source of drinking water is independent of area.

H₁: Source of drinking water is not independent of area.

Observation Table:

		Source of drinking water							
Area	Municipal		Tube		Public		RO		
	pipe		Well		tap		water]	Γotal
Phule Nagar		26		3		1	10		40
Malhar		22		8		0	10		40
Khani									
Bajarang		26		0		0	14		40
Vadi									
Vadarwadi		14	1	6		0	10		40
Rajiv Nagar		27	1	1		1	1		40
Total	1	15	3	8		2	45		200

Table for expected frequency

	Below 30000	30000-60000	60000-100000	Above
				100000
Phule Nagar	40 * 115 = 23	$\frac{40*38}{} = 7.6$	$\frac{40*2}{=} = 0.4$	40 * 45 = 9
	${200} = 23$	200	200	200
Malhar Khani	40 * 115	$\frac{40*38}{} = 7.6$	$\frac{40*2}{=} = 0.4$	$\frac{40*45}{}=9$
	200	200	200	200
Bajarang Vadi	$\frac{40*115}{2} = 23$	$\frac{40*38}{2} = 7.6$	$\frac{40*2}{=} = 0.4$	$\frac{40*45}{}=9$
	200	200	200	200
Vadarwadi	$\frac{40*115}{2} = 23$	$\frac{40*38}{}=7.6$	$\frac{40*2}{=} = 0.4$	$\frac{40*45}{2} = 9$
	200	200	200	200
Rajiv Nagar	40 * 115 $= 23$	$\frac{40*38}{2} = 7.6$	$\frac{40*2}{=} = 0.4$	$\frac{40*45}{2} = 9$
	${200}$ = 23	200	200	200

Test Statistics:

Under H₀ the test statistic is,

$$\chi 2 = \mathbf{\Sigma} \frac{(Oi - Ei)^2}{Ei}$$

Observation Table:

0.	F .	(O. E. O.E.)?	$(O_i - E_i - 0.5)^2$
O_i	E_i	$(O_i - E_i - 0.5)^2$	$\overline{E_i}$
26	23	6.25	0.2717
22	23	2.25	0.0978
26	23	6.25	0.2717
14	23	90.25	3.9239
27	23	12.25	0.5326
3	7.6	26.01	3.4223
8	7.6	0.01	0.0013
0	7.6	65.61	8.6328
16	7.6	62.41	8.2118
11	7.6	8.41	1.1065
1	0.4	0.01	0.025
0	0.4	0.81	2.025
0	0.4	0.81	2.025
0	0.4	0.81	2.025
1	0.4	0.01	0.025
10	9	0.25	0.0277
10	9	0.25	0.0277
14	9	20.25	2.25
10	9	0.25	0.0277
1	9	72.25	8.0277
Total			42.9582

$$\chi_{cal}^2 = 42.9582$$

Critical value:

$$\chi^{2}_{table} = \chi^{2}_{(r-1)(s-1), at 5\% level of significance}$$

$$\chi^{2}_{table} = 21.026$$

Therefore, $\chi^2_{cal} > \chi^2_{table}$

Conclusion:

We reject H_0 at 5% level of significance and conclude that source of drinking water and area are dependent.

Chi square test for independence between type of ration card and cost of ration

Hypothesis:

H₀: Type of ration card is independent to cost of ration

H₁: Type of ration card is not independent to cost of ration

Observation Table:

	Cheap	Expensive	Total
APL	126	17	143
BPL	42	1	43
Total	168	18	186

Notations:

N= Population size = 186

(a) = No. of APL families getting cheap ration = 126

(b) = No. of APL families getting expensive ration = 17

(c) = No. of BPL families getting cheap ration = 42

(d) = No. of BPL families getting expensive ration = 1

Test Statistic:

$$\chi^{2} = \frac{N(ad - bc)^{2}}{(a+b)(c+d)(b+d)(a+d)}$$

$$\chi^{2} = \frac{186(126 - 714)^{2}}{(126+17)(42+1)(17+1)(126+1)}$$

$$\chi^{2} = 4.5749$$

Critical value:

$$\chi^2_{table} = \chi^2_{(r-1)(s-1), at 5\% level of significance}$$

$$\chi^2_{table} = 3.841$$

Conclusion: Since,
$$\chi^2_{cal} > \chi^2_{table}$$

Hence, We reject H_0 at 5% level of significance and conclude that the cost of ration is dependent on type of ration card

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Kruskal Wallis test for checking the difference between monthly expenses in different areas.

Hypothesis:

H₀: There is no significant difference in monthly expenses (per household) in different areas.

H₁: There is significant difference in monthly expenses (per household) in different areas.

Given: n=20

Observation table:

Area	Below 3000		3000-6000		6000-10000		Above 10000	
	Observation	Rank	Observation	Rank	Observation	Rank	Observation	Rank
Phule Nagar	2	1	7	7	17	18	14	15.5
Malhar Khani	5	5	6	6	18	20	11	12.5
Bajarang Vadi	3	3	13	14	10	10	14	15.5
Vadarwadi	3	3	10	10	10	10	17	18
Vichare mal	3	3	17	18	9	8	11	12.5
Total	16	15	53	55	64	66	67	74

Calculation table

Monthly expenses	Ti	ni	Ti ²	Ti²/ni
Below 3000	15	5	225	45
3000-6000	55	5	3025	605
6000-10000	66	5	4356	871.2
Above 10000	74	5	5476	1095.2
Total				$\Sigma \frac{Ti^2}{ni} = 2616.4$

<u>Test statistics:</u> Under H₀,

$$H = \frac{12}{n(n+1)} \sum_{i=1}^{n} \frac{T_i^2}{n_i} - 3(n+1)$$

Where,

n1 = No. of observation having monthly expenses below 3000

n2 = No. of observation having monthly expenses 3000-6000

n3 = No. of observation having monthly expenses 6000-10000

n4 = No. of observation having monthly expenses above 10000.

K= no. of classes.

&
$$n = n1 + n2 + n3 + n4$$

Calculation:

$$H = \frac{12}{n(n+1)} \sum_{i=1}^{n} \frac{T_i^2}{n_i} - 3(n+1)$$

$$H = \frac{12}{20(20+1)} * 2616.4 - 3(20+1)$$

$$H = 11.7542$$

$$\chi^{2}_{table} = \chi^{2}_{(k-1),5\% \ l.o.s}$$
$$= \chi^{2}_{2,0.05}$$
$$\chi^{2}_{table} = 7.8147$$

Result: Since, $H > \chi_{table}^2$

Therefore, we reject H_0 at 5% level of significance and conclude that, there is significant difference in monthly expenses in different areas.

Kruskal Wallis test to check the distribution of water supply in different areas

Hypothesis:

H₀: There is no significant difference in water supply in different areas.

H₁: There is significant difference in water supply in different areas.

Given: n=20

Observation table:

	Municipa	l pipe	Tube we	ell	Public tap	p	RO wate	er
Area	Observatio n	Rank	Observati on	Ran k	Observation	Rank	Observatio n	Ran k
Phule Nagar	26	18.5	3	8	1	6	10	11
Bhosalewad i	22	17	8	9	0	2.5	10	11
Bajarang Vadi	26	18.5	0	2.5	0	2.5	14	15
Vadarwadi	13	14	17	16	0	2.5	10	11
Rajiv Nagar	27	20	11	13	1	6	1	6
Total	114	88	39	48.5	2	19.5	45	54

Calculation Table:

Water supply	Ti	ni	Ti ²	Ti ² /ni
Municipal pipe	88	5	7744	1548.5
Tube well	48.5	5	2352.25	470.45
Public tap	19.5	5	380.25	76.05
RO water	54	5	2916	583.2
				$\Sigma \frac{Ti^2}{ni}$
Total	210			= 2678.65

Test statistics: Under H₀,

$$H = \frac{12}{n(n+1)} \sum_{i=1}^{n-2} T_i^2 - 3(n+1)$$

Where,

 $n_1 = No.$ of observation having Municipal pipe line

 n_2 = No. of observation having well

 n_3 = No. of observation having Public tap

 n_4 = No. of observation having RO water

&
$$n = n_1 + n_2 + n_3$$

K= no. of classes

Calculation:

$$H = \frac{12}{n(n+1)} \sum_{i=1}^{n-2} T_{i}^{2} - 3(n+1)$$

$$=\frac{12}{20(20+1)}*2678.65-3(20+1)$$

$$H = 13.5328$$

Now,

$$\chi^{2}_{table} = \chi^{2}_{(k-1),5\% \ l.o.s}$$
$$= \chi^{2}_{3,0.05}$$
$$\chi^{2}_{table} = 7.815$$

Result: Since, $H > \chi_{table}^2$

Therefore, we reject H_0 at 5% level of significance and conclude that there is no significant difference in water supply in different areas.

ANOVA:

Hypothesis:

H₀: The average health expenses by sector of economy (primary, secondary, tertiary) is equal.

 H_1 : The average health expenses by sector of economy (primary, secondary, tertiary) is not equal.

Calculation:

1) G =
$$\sum y_{ij}$$

= 302660

2) C.F. =
$$G^2 / n$$

= 458015378

3) TSS =
$$\sum Y_{ij}^2$$
-C.F.
= 1410160000-458015378
= 952144622

4)
$$SSTr = {}^{1}\sum_{i} T_{i}^{2} - C.F.$$

= 3339984.38

6)
$$S_{tr}^2 = \frac{SSTr}{2} = \frac{3339984.38}{2}$$

= 169992.19

7)
$$S_E^2 = \frac{SSE}{197} = \frac{948804637.62}{197}$$

= 4816267.19

ANOVA Table:

	Sum of Square	Degrees of freedom	Mean Sum of	F- ratio
		necdom	square	
Between Groups	3339984.38	2	1669992.19	0.3467
Within Groups	948804637.62	197	4816267.19	
Total	952144622	199		

<u>Test statistics</u>:

$$F = \frac{S_{tr}^2}{S_E^2}$$

$$F = \frac{1669992.19}{4816267.19}$$

$$F_{\text{cal}} = 0.3467$$

$$F_{tab} = F_{(2,197),0.05} = 3.0417$$

Conclusion:

Hence, we accept H_0 and conclude that there is no evidence at 5% level of significance to suggest a difference between three sectors of economy (primary, secondary, tertiary) as regards to average health expenses of family.

Run Test to check the randomness of type of house in Rajiv Nagar:

To test the sequence of type of house (Kutcha or Pucca) is random or not in Rajiv Nagar . Then by using Non parametric Run test.

Here we obtain the sequence of type of house is random or not.

Hypothesis:

 H_0 : The given sequence is random

 H_1 : The given sequence is not random

Let us consider the level of significance $\alpha = 5\%$

Calculation:

n = Total number of samples observed

 n_1 = Number of kutcha houses in the sample

 n_2 = Number of pucca houses in the sample

r = Number of runs

n = 40 > 20 (i.e n is large)

r = 16, $n_1 = 28$, $n_2 = 12$

$$E(r) = \frac{n+2}{2}$$

$$E(r) = \frac{40+2}{2} = 21$$

$$V(r) = \frac{n(n-2)}{4(n-1)}$$

$$V(r) = \frac{40(40 - 2)}{4(40 - 1)} = 9.7435$$

Test statistic is

$$|Z| = |\frac{r - E(r)}{\sqrt{V(r)}}|$$

$$|Z| = \left| \frac{16 - 21}{\sqrt{9.7435}} \right| = 1.6018$$

Critical value at 5% level of significance is

$$Z\alpha_{/2} = Z_{0.025} = 1.96$$

Result: since, $|Z| < Z\alpha_{/2}$

Hence we accept H_0 at 5% level of significance

Conclusion: The sequence of type of house in Rajiv Nagar is random.

<u>Mann Whitney U-Test to check the distribution of garbage management in</u> <u>Phule Nagar and Malhar Khani area.</u>

Hypothesis:

H_o: Distribution of garbage management in Phule Nagar and Malhar Khani are same. H₁: Distribution of garbage management in Phule Nagar and Malhar Khani are different.

Phule Nagar	20	17	3	0
Malhar Khani	12	23	5	0

Observation Table:

	Arrange data in ascending		Rank (Phule	Rank
S. No	order	Rank	Nagar)	(Malhar Khani)
1	0	1.5	1.5	-
2	0	1.5	-	1.5
3	3	3	3	-
4	5	4	-	4
5	12	5	-	5
6	17	6	6	-
7	20	7	7	-
8	23	8	-	8

Test Statistics

$$U_1 = n_1 n_2 + \frac{n_1(n_1 + 1)}{2} - R_1$$
$$U_2 = n_1 n_2 + \frac{n_2(n_2 + 1)}{2} - R_2$$

Here,

$$n_1 = 4$$
, $n_2 = 4$, $R_1 = 17.5$, $R_2 = 18.5$

$$U_1 = n_1 n_2 + \frac{n_1 (n_1 + 1)}{2} - R_1$$

$$U_1 = 4 * 4 + \frac{4(4+1)}{2} - 17.5$$

$$U_1 = 8.5$$

$$U_2 = n_1 n_2 + \frac{n_2 (n_2 + 1)}{2} - R_2$$

$$U_2 = 4 * 4 + \frac{4(4+1)}{2} - 18.5$$
$$U_2 = 7.5$$

Calculated value of test statistics is:

$$U = min\{U_1, U_2\}$$

 $U = min\{8.5, 7.5\}$
 $U = 7.5$

Critical value,

For $\alpha = 5\%$ level of significance

$$U_{n \, n} \alpha / = U_{4*4} \, 0.025 = 0$$

Since,

$$U > U_{n_1 n_2} \alpha_{/2}$$

Therefore, We reject null hypothesis.

Conclusion: Distribution of Garbage management in Phule Nagar and Malhar Khani is different.

<u>Mann Whitney U-Test to check the distribution of garbage management in Bajarang Vadi and Vadarwadi.</u>

Hypothesis:

H₀: Distribution of garbage management in Bajarang Vadi and Vadarwadi are same.

H₁: Distribution of garbage management in Bajarang Vadi and Vadarwadi are different.

Bajarang Vadi	11	24	4	0
Vadarwadi	16	17	5	2

Observation Table:

S. No	Arrange data in ascending order	Rank	Rank (Bajarang Vadi)	Rank (Vadarwadi)
1	0	1	1	-
2	2	2	-	2
3	4	3	3	-
4	5	4	-	4
5	11	5	5	-
6	16	6	_	6
7	17	7	-	7
8	24	8	8	-

Test Statistics

$$U_1 = n_1 n_2 + \frac{n_1(n_1 + 1)}{2} - R_1$$
$$U_2 = n_1 n_2 + \frac{n_2(n_2 + 1)}{2} - R_2$$

Here,

$$n_{1} = 4, n_{2} = 4, R_{1} = 17, R_{2} = 19$$

$$U_{1} = n_{1}n_{2} + \frac{n_{1}(n_{1} + 1)}{2} - R_{1}$$

$$U_{1} = 4 * 4 + \frac{4(4 + 1)}{2} - 17$$

$$U_{1} = 9$$

$$U_{2} = n_{1}n_{2} + \frac{n_{2}(n_{2} + 1)}{2} - R_{2}$$

$$U_2 = 4 * 4 + \frac{4(4+1)}{22} - 19$$

$$U_2 = 7$$

Calculated value of test statistics is:

$$U = min\{U_1, U_2\}$$
$$U = min\{9,7\}$$
$$U = 7$$

Critical value:

For $\alpha = 5\%$ level of significance

$$U_{n\,n} \alpha/2 = U_{4*4} 0.025 = 0$$

Since,

$$U > U_{n_1 n_2, \alpha_{/2}}$$

We reject null hypothesis,

Conclusion: Distribution of Garbage management in Bajarang Vadi and Vadarwadi is different.

MAIOR FINDINGS:

- Most of the families are engaged in secondary and tertiary sector of economy.
- About 3/4 th (73.40%) of the slum children are admitted in Government schools/colleges.
- According to survey, majority of the families are provided with cheap and good quality ration from the government, while few people claimed the ration to be of poor quality.
- There is negligible awareness among people living in slum areas about government schemes especially health schemes.
- Type of accommodation, monthly expenses, type of ration card, type of house and water supply are equally distributed in all areas.
- Majority of the families agreed that government health centers provide good health facilities.
- Negligible no. of families have annual income less than 30,000 i.e they possess lower socio-economic status.
- Garbage management is average in all given areas.
- Drainage system is not well developed in all areas.
- Majority of the families who lives in a rented house prefers kutcha house and who owns the house lives in pucca house
- According to survey, majority of the families are provided with cheap and good quality ration from the government, while few people claimed the ration to be of poor quality.
- Majority of the families lies above the poverty line.

QUESTIONNAIRE:

Project Questionnaire

1) Na	ame of resp	oondent: _							
2) G	ender:	Male 🔲		Fem	ale 🔲	Othe	er:		<u> </u>
3) Ag	ge:								
4) a)	Occupatio	n of head o	of fan	nily:					
b)) In which s	ector of ec	onom	ny you are	considered in	nto?			
	i) 🔲 Prim	nary Sector	ii	i) 🔲 Seco	ndary Sector	iii) 🔲 Te	rtiary Sector		
5) a)	Total Annu	ual income	of far	nily:					
	i) Below 30	0000 🔲 ii)	3000	0-60000	iii)60000-1	00000 🔲	iv)Above	100000	
b)) Monthly e	expenses of	f the f	amily:					
	i) Below 30	000 🔲 ii) 300	0-6000	iii) 3000-1	0000	iv) Above	10000	
6) A	ccommoda	ation type:	i) Ov	vn house	ii) F	Rented ho	use 🔲		
7) Ty	pe of hous	e: i) Kutch	а Ноц	ıse 🗌	ii) Pucca Ho	ouse 🔲	iii) Semi	-Pucca House	
<u>Fam</u>	ily Membe	rs:							
Sr	Name		Age	Gender	Relation	Marital	Education	Occupation	Income per
No.					with Head	Status			Month
No.					with Head	Status			Month
					with Head	Status			Month
1					with Head	Status			Month
1					with Head	Status			Month
1 2 3					with Head	Status			Month
1 2 3 4					with Head	Status			Month
1 2 3 4 5	o. of childre	en in your f	family	/:	with Head	Status			Month
1 2 3 4 5	o. of childre	en in your f	family	/:		Status emale:			Month
1 2 3 4 5 6 8) No		·		Male:				No	Month
1 2 3 4 5 6 8) No		d had pursi	ued p	Male: re-primar	ferry education?	emale:		No	Month
1 2 3 4 5 6 8) No	d your chil	d had pursi	ued p	Male: re-primar	ferry education?	emale:		No	Month
1 2 3 4 5 6 8) No	d your chil n which sch i) Gc	d had pursu	ued p	Male: re-primar	ferry education?	emale:	_	No	Month
1 2 3 4 5 6 8) No	d your chil n which sch i) Gc	d had pursunool is your	ued p	Male: re-primar	ferry education?	emale:	_	No	Month

11) Are your children beneficiary of free primary and secondary education? Yes
12) a) Educational assistance provided by Government to your children?
☐ Uniform ☐ Books ☐ Other Expenses ☐ No Expenses
b) Have you availed the additional nutrition for pre-primary students provided by govt? Yes No
13) Are your children availing any government scholarship?
*If yes then mention the scholarship
14) Type of Ration card: i) BPL (Yellow) ii) APL(Orange) iii) White
15) Do you avail the facilities of monthly ration provided by Government?
16) What difficulties you face while availing ration?
A) The ration is of poor quality \square b) The ration shop opens irregularly \square
c) The ration shop is too far \Box d) Quantity of ration is Improper \Box
17) Are you able to fulfill the basic food needs of your family? Yes
18) Can you easily feed your family 2 meals a day?
19) How's the price and quality of food grains available in Ration shop?
Expensive but of good quality Cheap and poor quality
Expensive and of poor quality Cheap and good quality
20) How do you utilise your ration?
i) To feed family \square ii) Sell to the shopkeeper \square iii) To feed animals \square
21) Service provided by municipal corporation:
☐Water supply ☐LPG ☐Garbage collection ☐ Indoor insect spray
22) Source of drinking water
Public Hand pump Municipal pipe in house Public tap
☐ Well within house ☐ Public well ☐ Pond
☐ Tube well within House ☐ RO Water bought from shops in cans ☐ Other:
23) What is the quality of drinking water? Clean Contaminated Partially contaminated
24) Do you have proper drainage system available in your area?
Proper Improper Good but needs improvement
25) Is sanitary latrine present at your house?
☐ Present and using ☐ Present but not using ☐ Absent
26) How is the garbage management in your area?
☐ Excellent ☐ Good ☐ Average ☐ Worst

<i>' ' '</i>				gement and cleanli	
area?	hat:				No
28) Do you face any dis	eases due to	unhygienic condi	itions?	Yes	No
29) Is there any govern	ment health	center located in	your area?	Yes	□ No
30) Are you satisfied w	ith the faciliti	es provided in th	e health cent	ter?	No
31) How will you rate t	he facilities av	vailable in health	center? Ra	iting (1-10) :	
☐ Excellent	Good	☐ Av	erage	Not satisfie	d
32) Have your children	taken all the	vaccines he is eli	gible for?	Yes	No
33) When someone in	your family fa	lls sick, where do	you go for t	reatment?	
(Write the most co	ommon optio	n)			
☐ Don't go anyw☐ Government h	•	nome remedy		l clinic/doctor ate qualified Docto	r
Reason for preferri	ng the option	(2,3,4):			
			v familv men	nher? Ves no	No.
34) Is there any health-	related issue	possessed by an	, - , -	1001 103, 110	110
34) Is there any health- 35) What are Approxin					
	nate average	annual health ex	penses of yo	ur family?	
35) What are Approxin	nate average	annual health ex	penses of yo	ur family?	
35) What are Approxin 36) Are you aware of th	nate average and governmen	annual health ex	penses of yo	ur family? ed for the welfare	
35) What are Approxin 36) Are you aware of th Yes 37) Have you ever been	nate average and governmen No	annual health ex nt healthcare sch	penses of yo emes launch healthcare so	ur family? ed for the welfare	of poor people?
35) What are Approxin 36) Are you aware of th Yes 37) Have you ever been	nate average and governmend No henefitted because the second succession of the second	annual health ex nt healthcare sch oy a government	penses of yo emes launch healthcare so	ur family? led for the welfare cheme?	of poor people?
 35) What are Approxing 36) Are you aware of the Yes 37) Have you ever been If yes, name the so 	nate average and governmend No hand benefitted beneme: member a vi	annual health ex nt healthcare sch by a government ctim of any serio	penses of yo emes launch healthcare so	ur family? led for the welfare cheme?	of poor people?
 35) What are Approxing 36) Are you aware of the Yes 37) Have you ever been If yes, name the so 38) Is any of the family 	nate average and governmend No hand benefitted beneme: member a vi	annual health ex nt healthcare sch by a government ctim of any serio	penses of yo emes launch healthcare so us disease in	ur family? led for the welfare cheme?	of poor people?
 35) What are Approxing 36) Are you aware of the Yes 37) Have you ever been If yes, name the so 38) Is any of the family If yes, where are you 	nate average and government No henefitted between the member a vicuutaking the	annual health ex nt healthcare sch by a government ctim of any serio treatment?	penses of yo emes launch healthcare so us disease in	ur family? led for the welfare cheme?	of poor people? No Yes No
 35) What are Approxing 36) Are you aware of the Yes 37) Have you ever been If yes, name the so 38) Is any of the family If yes, where are you 	nate average and government No henefitted between the member a vicuutaking the	annual health ex nt healthcare school of any serio treatment?	penses of yo emes launch healthcare so us disease in	ur family? led for the welfare cheme?	of poor people? No Yes No Didn't took
35) What are Approxim 36) Are you aware of th Yes 37) Have you ever been If yes, name the so 38) Is any of the family If yes, where are you	nate average and government No henefitted between the member a vicuutaking the	annual health ex nt healthcare school of any serio treatment?	penses of yo emes launch healthcare so us disease in	ur family? led for the welfare cheme?	of poor people? No Yes No Didn't took
35) What are Approxim 36) Are you aware of th Yes 37) Have you ever been If yes, name the so 38) Is any of the family If yes, where are you	nate average and government No henefitted between the member a vicuutaking the	annual health ex nt healthcare school of any serio treatment?	penses of yo emes launch healthcare so us disease in	ur family? led for the welfare cheme?	of poor people? No Yes No Didn't took
35) What are Approxim 36) Are you aware of th Yes 37) Have you ever been If yes, name the so 38) Is any of the family If yes, where are you Name of Disease 1.Cancer 2.Heart-disease	nate average and government No henefitted between the member a vicuutaking the	annual health ex nt healthcare school of any serio treatment?	penses of yo emes launch healthcare so us disease in	ur family? led for the welfare cheme?	of poor people? No Yes No Didn't took
35) What are Approxim 36) Are you aware of the Yes 37) Have you ever been If yes, name the so 38) Is any of the family If yes, where are you where of Disease 1.Cancer 2.Heart-disease 3.Respiratory-disease	nate average and government No henefitted between the member a vicuutaking the	annual health ex nt healthcare school of any serio treatment?	penses of yo emes launch healthcare so us disease in	ur family? led for the welfare cheme?	of poor people? No Yes No Didn't took

Data Entry Format

Gender	Male- M Female- F	
Occupation	Direct answer	
Sector of economy	Primary Secondary Tertiary	P S T
Monthly expenses	Below 3000 3000-6000 6000-10000 Above 10000	1 2 3 4
Annual Income	Below 30000 30000-60000 60000-100000 Above 100000	1 2 3 4
Monthly Income	Direct answer	
Accommodation type	Own Rented	1 0
Type of house	Kutcha Pucca	1 0
Number of family members	Male Female	Direct answer
Age	Children: Adult: Old age:	
Education	Primary Secondary Higher Secondary Degree	
Pre-primary education	No. of children	
Type of School	Government Private	Male Female
Free education	Yes No	1 2
Educational Assistance	Uniform Books No expenses	Yes- 1 No- 0
Scholarship	Yes No	1 0

Ration card	BPL	Yes- 1
	APL	No- 0
	WHITE	
Ration availability	Yes	1
,	No	0
Difficulties faced in ration	Poor quality	Yes-1
	Distance	No- 0
	Irregularity	
	Quantity	
Quality of ration	Cheap, expensive	Yes-1
	Good, poor	No- 0
Service provided by	Water supply	Yes- 1
Municipal corporation	LPG	No- 0
1 1	Garbage Collection	110 0
	Insect spray	
Source of drinking water	Municipal pipeline	Yes- 1
	Tube well	No- 0
	Public tap	
	Other	
Quality of drinking water	Clean	Yes-1
	Contaminated	No- 0
	Partially contaminated	110 0
Drainage system	Proper	Yes-1
	Improper	No- 0
	Needs improvement	
Sanitary Latrine	Absent	0
	Present	1
Garbage management	Excellent	Yes-1
	Good	No- 0
	Average	
	Worst	
Diseases due to unhygienic	Yes	1
condition	No	0
Government Health center	Absent	0
	Present	1
Facilities in PHC	Rating 1 to 10	Direct answer
(Satisfaction)		
Facilities in Health center	Excellent	Yes- 1
	Good	No- 0
	Average	
	Worst	
Hospitalization	Government	Yes-1
1	Private	No- 0
	I and the second	1
	Local clinic	

Annual health expenses	Direct answer		Dat
Awareness of health scheme	Yes	1	
	No	0	
Serious Diseases	Heart	Yes- 1	
	Diabetes	No- 0	
	COVID-19		
	Other		
Treatment	Government	Yes- 1	
	Private	No- 0	
Property holder	Male	Yes- 1	
	Female	No- 0	

REFERENCES

Environment Status Report (2008-09), Nashik Municipal Corporation, Nashik Census of India 2011: Primary Census Abstract for Slum, Office of the Registrar General and Census Commissioner, India. Statistics using R book. www.nmc.gov.in