



**MID-DAY MEAL SCHEME: A STUDY OF DIFFERENT SCHOOLS OF DISTRICT
JAMMU**

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Abstract

Four important areas are identified for achieving the goal of Education for all. These are Access to Education, Enrolment of children, and Retention of the enrolled children As well as in academic achievement. The Mid Day Meal scheme is an effort to achieve and facilitate these objectives. Various schemes were implemented in the primary education sector by the Government to reach the disadvantaged population. Access to primary education was universalized through flagship programmes of Govt., like Sarva Shiksha Abhiyan, however, despite this; a few children are still deprived of Primary Education due to inability of their parents to send them to schools because of their poor economical status. For, these parents, sending their children to school means not only incurring extra financial burden but also depriving them of some money which their children would have earned otherwise by doing labour. That being the attitude of these economically backward parents, one may, perhaps, to motivate the parents and children was to bring their children to school by providing food and nutritional needs.

Apart from enhancing school attendance and child nutrition, mid-day meal has an important social value and foster equality. Children learn to sit together and share a common meal; one can expect some erosion of caste prejudices, class inequality and reduce gender gap.

On November 28, 2001, the Supreme Court of India gave direction making it mandatory to implement mid-day meal scheme in all states by providing every child in all Government and Government assisted schools with a prepared meal containing at least 300 Kcal of energy and eight to 12 g of protein each day, for a minimum of 200 days (Anon., 2006a and Anon., 2009). But as per the proceedings of budget 2008-09, the nutritional norms prescribed under the scheme for primary school children (I-V standard) is 450Kcal of energy and 12 g of protein and upper primary children (VI-VIII standard) is 700 Kcal of energy and 20 g of protein per day (Anon., 2009).

The Government of Karnataka has initiated many programmes and policies towards achieving Universalisation of Elementary Education. The concept being free supply of text books and uniforms, awarding scholarships and supply of mid-day meal through Akshara Dasoha programme for enhancing enrolment, retention and ensuring eight years of quality education to each child (Anon., 2008).

Akshara Dasoha programme was first implemented during the year 2002-03 in Raichur, Koppal, Gulbarga, Bidar, Bellary, Bijapur and Bagalkot which were the pioneering seven north-eastern districts of Karnataka. All children studying in the Government primary schools from class I to V standard were the beneficiaries. From July 1st 2003 the programme was extended to all other Government primary schools in the state. Later in 2007-08 the scheme was further extended to high schools.

INTRODUCTION

In mid 1995, the government of India introduced a “centrally sponsored scheme” the national programme of nutritional support to primary education. Under this programme, cooked mid-day meals were to be introduced in all government and government aided primary schools within two years. The idea behind implementation of MDMs can be understood by three crucial perspectives: educational advancement, child nutrition, and social equity. Each of these objectives in turn has different aspects. Some are more ambitious than others. To illustrate, one basic contribution of mid-day meals to educational advancement is to boost school enrolment. Going beyond that, mid-day meals may be expected to enhance pupil attendance on a daily basis (and not just annual enrolment). School meals may also enhance learning achievements, in so far as ‘classroom hunger’ undermines the ability of pupils to

concentrate and perhaps even affects their learning skills. Finally, a well-organized school meal can have intrinsic educational value, in addition to what it contributes to the routine learning process. For instance, school meals can be used as an opportunity to impart various good habits to children (such as washing one's hands before and after eating), and to educate them about the importance of clean water, good hygiene, a balanced diet, and related matters. Similarly, the nutritional objective of mid-day meals has several layers, ranging from the elimination of classroom hunger to the healthy growth of school children. In many respects, a mid-day meal programme is (potentially at least) a nutritionist's dream: the children come every day, on their own, and they eat whatever is given to them. This makes it possible not only to raise their intake of calories and proteins, but also to provide nutritional supplements such as iron and iodine, which need to be ingested in small doses over a period of time. Mid-day meals also provide an excellent opportunity to implement nutrition programmes that require mass intervention, such as de-worming. Available experience indicated that these interventions are highly effective: for instance, a combination of mass de-worming with vitamin A and iron supplementation can significantly enhance children's nutrition for as little as Rs 15 per child per year (Tara 2003). The contribution of mid-day meals to social equity also has a variety of aspects. For instance, mid-day meals help to under-mine caste prejudices, by teaching children to sit together and share a common meal. They also foster gender equity, by reducing the gender gap in school participation, providing an important source of female employment in rural areas, and liberating working women from the burden of feeding children at home during the day. To some extent, mid-day meals also reduce class inequalities. Indeed, in contemporary India, children enrolled in government schools come mainly from disadvantaged families. Thus, mid-day meals can be seen as a form of economic support to the poorer sections of society. More importantly perhaps, mid-day meals facilitate school participation among underprivileged children. This is likely to reduce future class inequalities, since lack of education is a major source of economic disadvantage and social marginalization. In short, despite their innocent garb, mid-day meals are a significant challenge to the prevailing inequalities of caste, class and gender.

Mid-day meals scheme was started in Jammu and Kashmir on 1st September 2004. Under the scheme cooked food is supplied to students at primary schools from standard I to V. As per the guidelines of the scheme, 100 grams of rice and 10 grams of dal per student per day are

supplied to schools. The Government of India provides rice and Government of Jammu and Kashmir provides fund towards purchase of dal, vegetables, oil, condiments and transportation charges etc. @ Rs0.64 per beneficiary per day. The government of India provides cooking cost @ Rs 1.00 per day per beneficiary and accordingly Rs 1.64 (Rs 0.64 from state government fund) is being provided per beneficiary per day.

MID DAY MEAL SCHEME: The challenge for us in the country has been to ensure fewer and fewer children go to bed hungry. The Supreme Court of India in one of its landmark decisions linked a feeding programme to the government's quality education programme. This was to encourage poor families to enroll their children in government schools and thereby enable them to guarantee at least one square meal a day. Called as MDMS, all State Governments in the country have to ensure that every child coming to a government school gets one wholesome meal for lunch on school days.

Logistically, the problem was tackled through government schools in India that educate 60% of the country's children, most of them being from below poverty-line background (the family earns less than Rs 700 a month). With parents (often single) going off for wage labour early in the morning, the children usually come to school hungry because kitchen fires at home are only lit in the evenings after the father or the mother brings home the daily wage.

To address, the Government of India, in its wisdom, launched the MDMS. It was designed to provide every child enrolled in a government school, nutritiously cooked afternoon meal every day. The meal not only fights hunger, it brings a hungry child's attention back to the lessons, and it also encourages out-of-school children to get enrolled so that they can at least be assured of one wholesome meal every day. The MDMS is a well-intentioned programme. Government of India has attempted to address the fundamental problems of health, education, and overall development of children in the country by implementing programme all over the country. It provides children with at least one nutritionally adequate meal a day. This program is known to lead to higher attention spans, better concentration, and improved class performance. School meal program also provides parents with a strong incentive to send children to school, thereby encouraging enrollment and reducing absenteeism and dropout rates. It supports

health, nutrition, and education goals and consequently will have a multi-pronged impact on a nation's overall social and economic development.

Supreme Court of India has even passed an order in 2001 instructing all the states in the country to provide the midday meal to all government school children. But the implementation of the programme has run into rough weather.

Government of India, on Oct 2nd 1995, launched the scheme of National Programme of nutritional support to primary education also known as Mid-Day-Meal Programme. Under this scheme, students of primary classes were to be provided wheat @ 3 kg per student per month (for 10 months in a year) subject to 80% attendance. Meanwhile, the apex court also intervened and vide its orders dated 28th November, 2001 the Supreme Court directed:

1. We direct the State Government/Union Territories to implement the Mid-Day-Meal Scheme by providing every child in every Government and Government Assisted primary schools with a prepared Mid-Day-Meal with minimum contents of 300 calories of energy and 8-12 grams of protein each day of school for a minimum of 200 days.
2. Those Governments providing dry rations instead of cooked meals must within 3 months start providing cooked meals in all Government Aided primary schools in all half the districts of the state (in order of poverty) and must within a further period of 3 months extend the provisions of cooked meals to the remaining parts of the state.
3. We direct the Union of India and the FCI to ensure provision of fair average quality grain for the scheme on time. The State/Union Territories and the FCI are directed to do joint inspection of foodgrains. If the foodgrains is found, on joint inspection, not to be of fair average quality, it will be replaced by the FCI prior to lifting.

OBJECTIVES OF THE STUDY

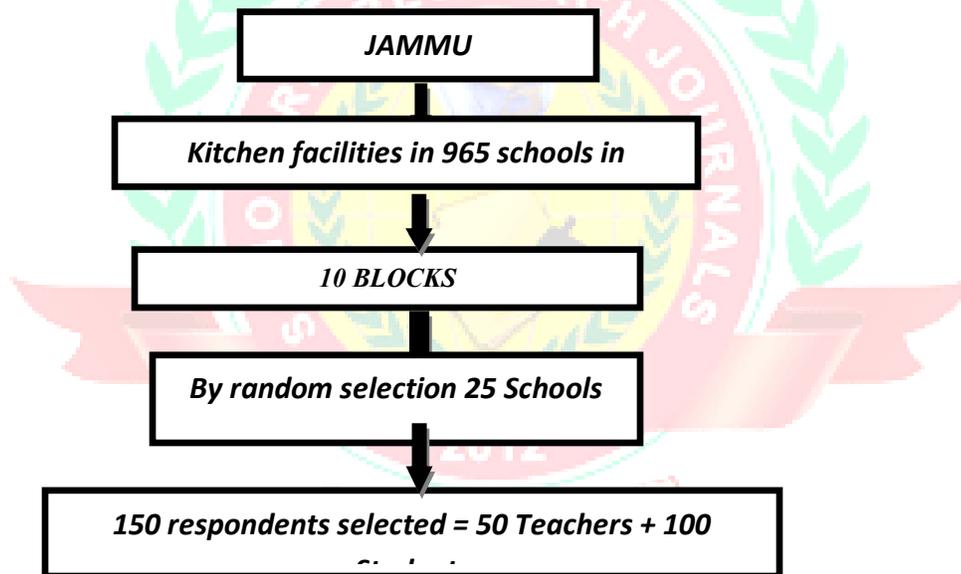
1. To study the impact of Mid-day Meals scheme on education in terms of enrolment and drop-out rates.
2. To study the operational and structural deficiencies of Mid-day Meals scheme.
3. To study the problems of Scheme faced by teachers during MDM provision.

RESEARCH METHODOLOGY

Sampling: A sample is a finite part of a statistical population whose properties are studied to gain information about the whole (Webster, 1985). When dealing with

people, it can be defined as a set of respondents (people) selected from a larger population for the purpose of a survey. A population is a group of individual's persons, objects, or items from which samples are taken for measurement for example a population of presidents or professors, books or students

Selection of schools: The investigator used random simple sampling technique for selection of schools. As district JAMMU consists of 10 blocks (Akhnoor, Bhalwal, Bishnah, Dansal, Khore, Marh, Purmandal, R.S.Pora, Satwari, Vijaypur) out of which by randomly schools were selected. Only schools having Mid Day Meal provisions were taken into consideration for sampling purpose. In the selected areas there are 165 schools, out of which 25 schools were selected randomly. From these schools 50 teachers and 100 students were taken for response incidental sampling.



TOOLS USED: For any research, tools that are used must be valid, reliable, objective and standard. It is the type of the research and nature of the data which determine tool to be used. So far as this study is concerned, the investigator used structured questionnaire and observation of school records, registers and other documents.

The questionnaire was prepared with the consultation of respected guide and all aspects of usability, availability of resources and objectives were taken care of. The said questionnaire consisted of 25 questions in a logical order for gathering the data.

ADMINISTRATION OF TOOL FOR DATA COLLECTION: The structured questionnaire was prepared by investigator which was administrated for collection of

data. The investigator visited 25 schools which were selected randomly. In each school, 2 teachers and 4 students were selected and questionnaire was distributed. Each respondent was verbally provided information about the research. The response sheet was then collected. The respondent was given sufficient time to fill questionnaire. The investigator viewed the school registers keenly and noted the impact of attendance, dropouts, and others aspects personally. The investigator visited the school in working days and interacted with the respondents in their free periods. **The test was administered on the following Schools;**

<i>Aaa</i>	NAME OF SCHOOL	QUESTIONNAIRE ADMINISTERED ON	STUDENTS	TEACHER
<i>S No:</i>				
01	GOVT. GIRLS MIDDLE SCHOOL RAIPUR ,JAMMU		4	2
02	GOVT HIGH SCHOOL KANGRAIL ,JAMMU		4	2
03	GOVT MIDDLE SCHOOL CHACKCHANGERWAN, JAMMU		4	2
04	GOVT HIGH SCHOOL BANSULTAN ,JAMMU		4	2
05	GOVT BOYS MIDDLE SCHOOL BHALWAL ,JAMMU		4	2
06	GOVT GIRLS HIGH SCHOOL DOMANA, JAMMU		4	2
07	GOVT PRIMARY SCHOOL GUMAT JAMMU		4	2
08	GOVT GIRLS PRIMARY SCHOOL GUMAT JAMMU		4	2
09	GOVT BOYS HIGH SCHOOL GHASSMANDI, JAMMU		4	2
10	GOVT GIRLS HIGH SCHOOL KACHI CHAWANI JAMMU		4	2
11	GOVT PRIMARY SCHOOL SERIPANDITAN, JAMMU		4	2
12	GOVT PRIMARY SCHOOL NARWAL PAIN, JAMMU		4	2
13	GOVT BOYS PRIMARY SCHOOL GADHIGARH, JAMMU		4	2
14	GOVT HIGH SECONDARY SCHOOL GHAROTA ,JAMMU		4	2
15	GOVT HIGH SCHOOL SERIPANDITAN, JAMMU		4	2
16	GOVT PRIMARY SCHOOL GORKH NAGAR, JAMMU		4	2
17	GOVT PRIMARY SCHOOL DHOUNTHLY, JAMMU		4	2

18	GOVT MIDDLE SCHOOL GUJJAR NAGAR ,JAMMU	4	2
19	GOVT PRIMARY SCHOOL PIRMITHA, JAMMU	4	2
20	GOVT MIDDLE SCHOOL BISHNA, JAMMU	4	2
21	GOVT PRIMARY SCHOOL BARIBRAHMINA, JAMMU	4	2
22	GOVT MIDDLE SCHOOL TRIQUTA NAGER,JAMMU	4	2
23	GOVT MIDDLE SCHOOL KALUCHAK, JAMMU	4	2
24	GOVT PRIMARY SCHOOL GANDHI NAGER, JAMMU	4	2
25	GOVT MIDDLE SCHOOL SATWARI, JAMMU	4	2

S.NO	AREA	ITEM NO.	TOTAL
1	Attendance	1,2,3,4	4
2	Teacher related Problems	6,7,25	3
3	Incentives	8,12,19,20,21,22,	6
4	Problems	5,9,10,11,13,14,15,16,1 7,18,23,24	12

COLLECTION AND TABULATION OF DATA

The respondents were explained the questionnaire before seeking responses and were requested to encircle the option they believe true. They were requested to response all the 25 items and no time limit was fixed. All the sheets were collected in a sequence after completion. After the collection of the data, the scoring was done in accordance with the prescribed procedure.

STATISTICAL TECHNIQUE

Statistical technique is essential for any study to reach on conclusion and to draw inferences about the population by manipulating the samples. There are various statistical techniques used to the tabulate the date. The investigator after tabulation of the 25 items and their responses followed the following procedure according to the structured questionnaire:

ANALYSIS AND INTERPRETATION OF DATA: Analysis of data is a process of inspecting, cleaning, transforming, and modeling data with the goal of highlighting

useful information, suggesting conclusions, and supporting decision making. The investigator inspected the data and corrected if any error besides quality check on the collected data. Whole data was thoroughly studied keeping the objectives of research in memory. The investigator analysed the extreme observations if they were disturbing the distribution. The investigator was interested to find out the percentages between different groups and for that purpose average percentage is calculated on the basis of collected response sheet information by using the percentage formula with a particular item.

INTERPRETATION OF THE DATA:

Purely based on the data collection from the respondents and after applying statistical technique following result was found on the attendance due to Mid Day Meal Scheme.

$$\text{YES\% for particular item} \\ = \text{Sum of YES response/Total response of a particular item} \times 100$$

$$\text{NO\% for particular item} \\ = \text{Sum of NO response/Total response of a particular item} \times 100$$

Interpretation from table: It is clear and vivid from the table that Mid Day Meal has

RESULT OF MID DAY MEAL SCHEME

TEACHERS		STUDENT	
YES	NO	YES	NO
85%	15%	60%	40%

improved the attendance in the schools. 85% teachers believed that MDMS had improved attendance while 15% believed that no improvement had taken in attendance by the said scheme. In the same way 60% students believed that MDMS had improved the attendance and 40% did not believe on that.

MID DAY MEAL SCHEME AND TEACHER RELATED
PROBLEMS

TEACHERS		STUDENT	
YES	NO	YES	NO
60%	40%	50%	50%

Interpretation from table: From the above table, it is clear that 60% teachers believed that MDMs had increased the problems of teachers and 40% did not believe on that. In the same 50% students believed that MDMS put extra burden on teachers and 50% did not believe.

MID DAY MEAL SCHEME AND PROBLEMS ASSOCIATED

TEACHERS		STUDENT	
YES	NO	YES	NO
73%	27%	75%	25%

Interpretation from table: As per the table, MDMS has problems associated to it. From the above table, it is clear that 73% teachers believed that MDMs had given them extra problems and 27% did not believe on that. In the same 75% students believed that MDMS put extra burden on teachers and 25% did not believe.

CONCLUSION: Over the last six decades India has undergone a slow but sustained demographic, social, economic, agricultural, nutrition and health transition. Over the last five decades there has been a steady but slow economic growth, which is accompanied by reduction in poverty. During the last decade the GDP growth rate has accelerated.

The Green Revolution ensured that the increase in food production stayed ahead of the increase in population. The country has moved from chronic shortages to self-

sufficiency and later surplus and export in most food items. Along with the steps to achieve adequate production, initiatives were taken to build up buffer stock of food grains. Public Distribution System (PDS) has ensured that foodstuffs of the right quality and quantity reach the right places and persons at the right time and at an affordable cost. The food for work programme addressed the needs of the vulnerable out-of-work persons.

The ICDS programme aimed at providing food supplementation for vulnerable groups such as pre-school children, pregnant and lactating women, nearly covers all blocks in the country. The Mid-day-meal programme aimed at improving the dietary intake of primary school children and reduction in the school dropout rates has been operationalised throughout the country. Over decades health infrastructure and manpower has been built up and there is universal access to essential primary health care. National programmes for tackling anemia, iodine deficiency disorders and Vitamin-A deficiency are being implemented.

As a result of all these interventions, there has been a substantial reduction in severe grades of under-nutrition in children and some improvement in the nutritional status of all the segments of population. Kwashiorkor, miasmas, pellagra, beriberi and blindness due to severe Vitamin-A deficiency have become rare. However there are still many problems to be tackled and there is a need to accelerate the pace of improvement in nutrition and health status of the population.

Data reviewed so far suggest that in India there has not been much change in the predominantly cereal based dietary intakes over the last three decades except among affluent segments of population. In spite of increasing per capita income and reduction in poverty, dietary diversity is seen mainly among affluent. Though there has been reduction in poverty and improved access to food at subsidized cost under-nutrition rates continue to be high. The high under-nutrition rate begins it, gets aggravated in infancy due to poor infant feeding practices and is perpetuated in childhood due to poor intra-family distribution of food and poor access to health care. The substantial reduction in severe under-nutrition in preschool children over the last three decades has occurred without any increase in dietary intake and appeared to be mainly due to improved access to health care. As poverty and poor access to food are no longer the

major barriers to improvement in dietary intake, the country can achieve substantial improvement in dietary intake through health and nutritional education; when coupled with improved access to health and nutrition services there will be acceleration in the pace of improvement in nutritional status of the population.

Prevention of intrauterine growth retardation through antenatal care, early detection and correction of under-nutrition in infancy and early childhood so that children attain appropriate weight for their height are essential to promote normal growth; this can be achieved through effective implementation of ongoing intervention programmes through convergence between health and ICDS programmes utilizing the available infrastructure and manpower .

Low intake of vegetables and fruits, poor bioavailability of iron, and lack of universal use of iodised salt are responsible for micronutrient deficiencies being major public health problems even today. Dietary diversification, better coverage under the national anemia control programme, massive dose vitamin A administration, universal access to iodised and later iron and iodine fortified salt are some of the interventions that could help the country to achieve rapid reduction in micronutrient deficiencies.

Over the last decade there has been a progressive increase in over-nutrition. Available data indicate that the dietary intake has remained essentially unaltered except among urban affluent segments of the population Reduction of physical activity is the major factor behind the progressive increase in over-nutrition. Currently over nutrition rates are low in rural population and among poorer segments of population in urban areas. In the urban affluent segments and increase in energy intake of fats, refined cereals and sugar and simultaneous reduction in physical activity have contributed to the rapid increase in over-nutrition in all age groups. Nutrition education that children, adolescents and adults should eat balanced diet with just adequate energy intake and lots of vegetables and health education that exercise has to become a part of daily routine to promote muscle and bone health as well as prevent development of adiposity in all age groups have to be beamed regularly through all channels of communication. As the urban affluent segments access information and services readily, they can be persuaded to change their life styles so that they regain their normal nutrition and health status. The fact that they have changed their lifestyle could stimulate the other segments

to follow suit thereby combat the trend towards increasing over nutrition in the large low and middle income group population.

Indians appear to have a predisposition for adiposity especially abdominal, insulin resistance and diabetes, hyper-triglyceridaemia and cardiovascular diseases. This predisposition could be genetic or environmental; it can manifest itself at birth, in childhood, during adolescence and in adult life. The tendency for adiposity and altered metabolism has to be combated through efforts to ensure healthy dietary habits and lifestyle right from childhood in all segments of population. This is essential to prevent sharp escalation in the non communicable disease risk in the population and improve longevity. With the current economic growth, demographic opportunity window, increasing literacy and social transition, the country has an unparalleled opportunity to rapidly improve health and nutritional status of the population. The dual nutrition burden can be combated through efficient implementation of time tested; effective and inexpensive interventions and the country can achieve significant reduction in both over and under nutrition and their adverse health consequences within the next two decades. During the last decade rate of economic growth has accelerated. The Eleventh Plan has inclusive growth as one of the major objectives and equitable access to essential services including access to education, nutrition and health care based on need and not the ability to pay. India has entered the most favorable phase of demographic transition when most of the increase in the population will be due to increase in 15-50 age groups. The rapid economic growth coupled with the low dependency ratio and growing numbers of the relatively better educated better nourished and healthy 20-50 age group population provides the country with an opportunity to rapidly improve the health and nutritional status of the citizens. If there is accelerating convergence among all these favorable inputs, it will be possible to sustain the economic growth through optimal utilization of the abundant human resources and improve the quality of life of the citizens.

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