

Perceptions of Parents and Children on Implementation of Mid-Day Meal Scheme (Case Study of UT of Chandigarh)

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Abstract

This paper attempts to capture the perceptions of the duo stakeholders (parents and children) on the status of implementation of Mid-Day Meal Scheme (MDMS). Findings of the study are based on randomly selected 500 sample respondents (250 households and 250 school-going children) residing in slums and shanties in Chandigarh. Healthy children are better able than sick or malnourished to go to school and learn, keeping this view under consideration, mid-day meal scheme was introduced in India to increase enrolment, attendance, retention and nutritional status of school children. Parents and children expressed mixed response regarding implementation and impact of MDMS. Children revealed that not taking/discontinuing/wasting/taking less quantity of meal is due to food not being tasty/undercooked/overcooked, fear of insects in the food, monotony due to repetition of one or other type of pulses in weekly menu, etc. Food menu should be maintained by consulting the parents and children, without compromising nutritional values. The proportion of children availing MDMS will be more if food is prepared in the school-based kitchens instead of distribution from the centralised kitchens.

INTRODUCTION

Primary education is thought to be associated with especially high returns (Psacharopoulos and Patrinos, 2002). Investment in elementary education enhances the

productivity in all the sectors of the economy much more than other levels of education (Christopher, 1980). Healthy children are better able than sick or malnourished to go to school and learn (World Bank,

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2014). School feeding policies and programmes are critical components of an effective education system, and can also increase school attendance (Ahmed, 2004).

Most of the children from lower socio-economic background suffer from undernutrition, more often they drop out from schools at an early age, which directly affects their personality development and human capital formation of the nation. Poor enrolment and high school dropout rates are attributed to malnutrition among the children, socio-economic backwardness, child labour and lack of motivation. Duly recognising the importance of healthy human resources for faster economic growth, advanced nations introduced school meal programmes much earlier than the developing nations.

With a view to enhancing enrolment, retention, attendance and improving nutritional levels among children, the National Program of Nutritional Support to Primary Education (NP-NSPE) was launched as a centrally sponsored scheme on 15

August 1995. In 2007, the scheme was further revised to cover children in upper primary stage (Classes VI to VIII). Mid-Day Meal Scheme (MDMS) helps to increase enrolment through two main channels. First, it lowers the cost of schooling, thereby providing an implicit subsidy to parents. Second, it improves child nutrition which increases learning abilities, eventually enhancing the returns on education.

THE PRESENT STATUS OF THE SCHEME

As shown in Table 1, the nutritional content in the mid-day meal made available daily, is to supplement 450 calories worth of food for primary class students and 700 calories worth of food for upper primary class students, while in case of daily protein supplementation it is 12 grams and 20 grams for primary and upper primary classes respectively. Table 1 shows the quantities of rice, wheat, vegetables, pulses, oil, fat, salt and condiments in a cooked mid-day meal (MDM).

Table 1
Food Norms for Mid-day Meal, with effect from 1 December 2009

S. No.	Items	Quantity per child per school day	
		Primary	Upper Primary
1	Food Grains	100gms	150gms
2	Pulses	20gms	30gms
3	Vegetables (including green leafy)	50gms	75gms
4	Oil & fat	5gms	7.5gms
5	Salt & condiments	As per need	As per need

Source: Government of India (2015)

In addition to foodgrains, MDM involves two other major inputs, *viz.*, the cost of cooking and provision of essential infrastructure. Cooking cost per child is revised by the government in accordance with a price index. Table 2 shows that the cooking cost is borne by Central and State governments/North Eastern region (NER) States/UTs in different proportions (Centre and the NER States on 90:10 basis and with other States/UTs on 75:25 basis). The cooking cost for upper primary classes is kept more than primary classes due to the requirement of larger quantities per child.

THE PROBLEM, OBJECTIVES AND METHODOLOGY

The Problem

School dropout rate, wastage and stagnation are still higher among children from lower income groups. They suffer from anemia and malnutrition due to non-availability

of adequate quantity of nutritious food, which is a major hurdle to enhance learning abilities. In this context, making available tasty and nutritious food to the school children is a matter of great concern.

Objectives

1. To know the perceptions of parents of the school-going children, about the status of implementation of MDMS in Chandigarh.
2. To know the perceptions of the school-going children about the status of implementation of MDMS in Chandigarh.
3. To know the consumption pattern of MDM by the school-going children.
4. To suggest policy measures for better implementation of MDMS.

Methodology

The study is based on both primary and secondary data sources. Primary data was collected in the year 2015, by conducting personal

Table 2
Revised Cooking Cost per Child per School Day w.e.f. 1 July 2015

Stage	Total Cost	Centre-State Sharing			
		Non-North Eastern Region States (75:25)		North Eastern Region States (90:10)	
		Central	State	Central	State
Primary (Classes I to V)	Rs. 3.76	Rs. 2.82	Rs. 0.94	Rs. 3.38	Rs. 0.38
Upper Primary (Classes VI to VIII)	Rs. 5.64	Rs. 4.23	Rs. 1.41	Rs. 5.08	Rs. 0.56

Source: Government of India (2015)

interviews with the help of structured questionnaire at the place of residence, by following Clustered Systematic Random Sampling method. Field survey was conducted in all the three administrative regions of the city from 500 sample respondents, i.e., 250 households and 250 school-going children from these respective households. Chandigarh city has been selected for the study, because it holds third rank in per capita income among the Indian cities, hence it attracts large number of migrant poor people from different parts of India. Children of these poor migrants generally study in government schools, and consume mid-day meal, hence it is felt important to know the perceptions of the parents and children on the status of the implementation of the scheme, for further improvement.

DISCUSSION AND ANALYSIS

Perceptions of the Parents

(a) Work Status of the Respondents

The working and living conditions of informal workers are very poor, and have an impact on educating their children. The majority (46 per cent) of the respondents are casual labour, while 28.4 per cent respondents are self-employed, about 20 per cent are regular workers and the remaining 5.6 per cent are unemployed.

(b) Health Consequences of Consuming MDM

Parents' permission determines the decision to consume mid-day meal.

The predominant majority (82.8 per cent) of the respondents stated that there are no ill health consequences of taking MDM by their children, however, 12.8 per cent respondents felt that MDM causes stomach pain, indigestion and vomiting. The negligible proportion (4.4 per cent) revealed that they are not sure whether ill health is due to consuming mid-day meal only.

(c) Preference of MDM vs. Cash Transfer

More than half (62.4 per cent) of the sample respondents preferred cooked MDM over cash transfer of ₹ 300 per month per child, however 37.6 per cent of the respondents preferred cash transfer over cooked MDM. Lack of another option compels parents to permit their children to take MDM. The reasons stated for preferring cash transfers are inadequate quantity, poor quality, children don't take regularly, fear of ill health, repetition of the same type of menu, lack of knowledge about impact of MDM on socialisation, attention, attendance and retention.

Perceptions of Beneficiary Children

(a) Gender of the Respondent Children

More than half (52 per cent) of the sample respondent children are boys, the remaining (48 per cent) are girls. From each family relatively more number of boys have the habit of taking MDM than girls, because girls are more hygiene sensitive than boys.

In addition to that, consumption of energy is more in the case of boys than girls due to differences in time spent for play activities.

(b) Children's Level of Schooling

Higher the class the children are studying in, more will be the experience with MDM, hence children studying from Class 2 were considered for this study. Purposively the larger proportions of children studying in higher classes were considered for the study to get appropriate feedback. Table 3 shows that the predominant majority (28 per cent) of the respondent children study in Class 7, 26 per cent in Class 8, 18 per cent in Class 6, 12.4 per cent in

Class 5, while the remaining study in Classes 4, 3 and 2.

(c) Food Menu before Going to School

More than half (70.4 per cent) of the respondent children have the habit of taking tiffin (in case of day school)/ Lunch (in case of evening school) at home before going to the school. About one quarter (27.2 per cent) of the children have the habit of taking only tea/ milk. Precariously only 2.4 per cent of the children don't take anything, due to parents' inability/ have no time to provide food/ negligence of children. It reveals that a certain percentage of the children completely depends on MDM.

Table 3
MDM Beneficiary Children's Level of Schooling

Class Studying in	Number of Respondents	Percentage
2	8	3.2
3	13	5.2
4	18	7.2
5	31	12.4
6	45	18.0
7	70	28.0
8	65	26.0
Total	250	100.0

Source: Field Survey Data

(d) Number of Days Consumption of MDM

Number of days children consume MDM in a week indicates the extent of attachment with MDM. Table 4

shows that the majority (70 per cent) of the respondent children consume MDM during all the six working days, relatively a lesser proportion of children consume MDM on lesser number of

days per week, while 13.6 per cent of the children do not take MDM on any day is the matter of discourse.

(e) Reasons for Non-consumption of MDM during all the Working Days

About 3/4th majority (70 per cent) of the children felt that they like MDM, while the remaining children have not taken MDM during all the days of the week. They stated number of reasons, *viz.*, food not tasty; parents don't allow; insects may be there as per the newspapers and TV reports; not well cooked; more salt/no salt; not hygienic, etc. Some of them stated no reason and others stated more than one reason for not taking meal daily.

greater majority (62.4 per cent) of the children feel that the quantity being served is adequate, while 24 per cent of the children feel that the quantity is inadequate. About 13.6 per cent of the children do not take MDM.

(g) Status of Consumption of the Quantity Served

Status of consumption of the given quantity indicates children's interest in taking MDM. As shown in Table 5, the larger majority (67.6 per cent) of the children consumed the given quantity. About 18.8 per cent of the children throw it out/ take home, while the remaining 13.6 per cent do not take MDM at all. Some of the

Table 4
Weekly Number of Days Intake of MDM

Number of Days	Number of Respondents	Percentage
1	6	2.4
2	11	4.4
3	10	4.0
4	11	4.4
5	3	1.2
6	175	70
Not taking at all	34	13.6
Total	250	100.0

Source: Field Survey Data

(f) Adequacy of Quantity of MDM

Availability of adequate quantity will habituate a large number of children to depend on MDM. The

children revealed that they consume food in spite of no taste, due to hunger and also pressure from teachers to maintain discipline at meal.

(h) Habit of Asking More Quantity of MDM

The majority (73.6 per cent) of children do not ask for food second time either due to lack of quality or they feel insulted if not given. However, 11.6 per cent of the children stated that, if they ask for more food it is given, while 1.2 per cent of the children said that they ask for food but it is not available. The remaining 13.6 per cent do not take MDM.

(i) Habit of Bringing Lunch to the School

Children know the menu in advance, so they can decide whether to bring

adequate lunch/certain quantity of lunch/not to bring it at all. During the days of favourite food menu, they do not bring lunch, otherwise they bring lunch. As mentioned in Table 6, about 48.4 per cent of the children do not bring lunch at all on any day, while about 35.6 per cent of the children bring lunch during all the days, and the remaining 16 per cent bring lunch during few days when their favourite food is not served.

(j) Habit of Eating at Home after Coming Back from School

Non-availability of adequate quantity of MDM/not interested in taking MDM or limited lunch carried to

Table 5
Status of Consumption of the Entitled Quantity of Meal Served

Experience	Number of Respondents	Percentage
Eat the whole share	169	67.6
Half quantity throw out/take home from share	47	18.8
Not taking at all	34	13.6
Total	250	100.0

Source: Field Survey Data

Table 6
Habit of Bringing Lunch to the School

Bringing Lunch to the School	Number of Respondents	Percentage
All the days	89	35.6
Not at all	121	48.4
One day	3	1.2
2 days	18	7.2
3 days	14	5.6

4 days	5	2.0
Total	250	100.0

Source: Field Survey Data

school, forces almost all the children to eat after coming back from school. About 99.2 per cent of the respondent children eat at home after coming back from school, while the remaining 0.8 per cent do not eat after coming back from school.

(k) Habit of Bringing MDM to Home

Table 7 shows that the majority (66.8 per cent) of the children do not bring MDM from school to home, while 18.8 per cent of the children bring from their share, only negligible proportion (0.8 per cent) bring other than their share and the remaining 13.6 per cent do not take MDM at all. Teachers not

allowing children to waste food is also the reason for them to take food to their home, even though they have no intention to eat at home by themselves or by their family members.

(l) Consumption Pattern of MDM at Home

Table 8 shows that the majority (66.8 per cent) of the children do not take MDM to their home, about 8.8 per cent of the children throw food in dustbin at home, 3.2 per cent children said that they themselves/parents eat, whereas 3.6 per cent stated that their brother/sister eat, and 13.6 per cent do not take MDM at all.

Table 7
Bringing MDM to Home

Experience	Number of Respondents	Percentage
Don't take at all	34	13.6
Bring from share	47	18.8
Bring other than share	2	0.8
Don't bring	167	66.8
Total	250	100.0

Source: Field Survey Data

Table 8
Status of Consumption of MDM at Home by Self/Family Members

Consumption Status	Number of Respondents	Percentage
Don't take at all	34	13.6
Don't bring	167	66.8
Self consumption	8	3.2
Brother/Sister	9	3.6

Brother/Sister/Parents	2	0.8
Consumption by Parents	8	3.2
Throw it in the dustbin	22	8.8
Total	250	100.0

Source: Field Survey Data

CONCLUSION

Food menu should be maintained in accordance with the interests of the children, without compromising nutritional values. If the quality of food is enhanced, more children will be attracted towards MDM and they would consume the entitled quantity, thereby wastages can be averted. Girls are more health sensitive than boys, the larger proportion of girls bring lunch from their home than boys, hence their proportion of taking MDM can be enhanced by increasing quality and hygiene. There should not be more time lags between preparation of food and food served, to save nutritional values. The proportion of children availing MDM will be more if food is prepared in the school-based kitchens instead of distribution from centralised kitchens. Food prepared in school-based kitchens will be in hot/

hygienic/nutritious condition with flexible menu. Moreover, food will be available timely and supervision will be possible. Food menu composition should be changed at least once per year. Parents' and children's views should be taken into account while fixing menu, timings of serving food, etc. Enough confidence should be built among the parents by maintaining taste, hygiene and quality, then only the proportion of children's intake of MDM can be increased. Per head expenditure allocation should be increased keeping growing prices into consideration. Education department should take timely feedback from the children, in-charge teachers and head teachers about the implementation of Mid-Day Meal Scheme, to take effective measures for further improvement.

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