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To assess the knowledge of primary school teachers in respect to mid-day meal scheme in Bikaner district of Rajasthan

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Abstract

Mid Day Meal Scheme is an Indian school meal program designed to enhance the nutritional status of school-age 6 to 10 years children across the country. Children in government primary and upper primary schools are given free meals on working days by the program. In the present study, one hundred primary school teachers consisting of 50 males and 50 females were randomly chosen from the Bikaner district of Rajasthan. Interview schedule was used to collect the data. The present study revealed that majority of the teachers were in the age group of 35-45 years (34.0%), most of the male teachers were graduates (48.0%) and female teachers were having diploma (54.0%), maximum were Hindu (56.0%), forty five percent belonged to the general category and 73 percent were residing in nuclear families. Specific information regarding MDM was collected and found that majority of (73.0%) teachers reported that program was launched by the central government, the scheme for classes 1st to 8th, food prepared by NGOs, 50 percent children were benefited under the MDM scheme, (75%) children were taking their meal on school days. Primary teachers (70.0%) informed that they checked the quality of food in MDM, (65%) teachers reported that cooking staff was sufficient and was adequate, teacher (73%) had positive attitude towards hygiene of children and MDM workers. Male teachers (32%) respondent reported that MDM program needs improvement, (80%) of female teachers reported for no change needed in MDM program.

Keywords: Mid-day meal, nutrition, education, primary teachers, nutritional status

Introduction

The science of food and nutrients and their action on our health is called Nutrition. Nutrition promotes growth, recovery and maintenance. Children's behavior, perception and brain functions are all impacted by inadequate nutrition. Lack of calories, protein and fat hinders the growth of brain neurons. Children who are hungry are less likely to attend school as it decreases the capacity for learning and can result in malnutrition. India faces a number of difficulties, including the eradication of poverty and other issues like hunger, sickness and malnutrition. In addition to improving children's nutrition, MDMs (mid-day meal schemes) sought to boost primary school enrolment, retention and involvement. In September 2004, the mid-day meal schemes was revised and made universal for students in grades first through fifth attending government, local body and government-aided schools received centralized assistance for turning food grains into hot prepared meals.

At various educational levels, teachers support students' social and intellectual growth in distinctive ways. A quiet, cozy learning atmosphere is produced by the relationship between the instructor and the students. The government circulated that the headmaster would take personal diligence to supervise the quality, quantity, health and hygiene with regard to midday meal and be responsible for lapses. The mid-day meal program increases social equality, enhances gender equality, regulates malnutrition, eliminates hunger in the classroom, boosts school attendance, and promotes healthy child development, however, the distribution system's corruption results in children receiving inadequate food. A short film on cleanliness, safety and nutria, as well as nutrition education modules was as well as nutrition education module, were supplied by the state government in order to retain an understanding of the benefits of mid-day meal programs for improving general health. The present study was planned and designed to assess the knowledge of primary school teachers in respect to midday meals.

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Material and Methods

1. Locale of the study

The study was conducted in Bikaner district of Rajasthan.

2. Selection of subjects

The Directorate of Education in the district of Bikaner provided a list of primary schools. The researcher selected ten primary schools from each zone. Hundred subjects both males (50) and females (50) were selected by purposive / convenient samples on the basis of their willingness to cooperate during the study.

3. Development of interview schedule for data collection

To collect data from individuals, a structured interview

schedule with sufficient number of items was developed that was brief, clear, scientifically organized, easy-to-use and appropriate for selected groups. The schedule approved by the experts before implementation on the subjects.

4. Statistical analysis of data

After the data were collected, they were coded, and then the data were assembled and tabulated so that they could be analyzed and interpreted. The appropriate statistical tools were applied to draw meaning full result.

Results and Discussion

Table 1: Knowledge about the specific information related to mid-day meal.

Parameters	Males	Females	Total
	n = 50	n = 50	N = 100
Initiation of MDM Programmed	20(5(0)	25(50.0)	50(50 O)
Central govt.	38(76.0)	35(70.0)	73(73.0)
State govt.	5(10.0)	7(14.0)	12(12.0)
Both center& state govt.	7(14.0)	8(16.0)	15(15.0)
Class for MDM scheme	20/40.0	15(20.0)	25(25.0)
Ist to 5 th	20(40.0)	15(30.0)	35(35.0)
5 th to 8 th	3(6.0)	5(10.0)	8(8.0)
1 to 8 th	27(54.0)	30(60.0)	57(57.0)
Agency for meal preparation	04/40.00	24450.00	
NGOs	31(62.0)	34(68.0)	65(65.0)
President of School Development Monitoring Committee	19(38.0)	16(32.0)	35(35.0)
Parents feedback towards MDM	20/40.00		
Scheme is good	30(60.0)	25(50.0)	55(55.0)
Good but needed improvement in food quality	10(20.0)	15(30.0)	25(25.0)
No appreciable food quality	10(20.0)	10(20.0)	20(20.0)
Number of children benefited		14(20.0)	20/20 0
100 percent	25(50.0)	14(28.0)	39(39.0)
75 percent	20(40.0)	26(52.0)	15(15.0)
50 percent	5(10.0)	10(20.0)	46(46.0)
Duration of MDM	10/20 0	17/20 0	27/27 0
Whole Year	10(20.0)	15(30.0)	25(25.0)
Working Days of School	40(80.0)	35(70.0)	75(75.0)
Good food quality	40/00 0)	20/50.0	50 (50 0)
Yes	40(80.0)	30(60.0)	70(70.0)
No	10(20.0)	20(40.0)	30(30.0)
Plate waste by children	20/50 0)	20(7(.0)	(0/(0,0)
Yes	30(60.0)	38(76.0)	68(68.0)
No	20(40.0)	12(24.0)	32(32.0)
Acceptability of food	25(50.0)	22/55 (2)	(0/(0,0)
Yes	35(70.0)	33(66.0)	68(68.0)
No	15(30.0)	17(34.0)	32(32.0)
Sufficient cooking staff		20(50.0)	
Yes	35(70.0)	30(60.0)	65(65.0)
No	15(30.0)	20(40.0)	35(35.0)
Maintain hygiene in cooking	10/00 0	22(20.0)	
Yes	40(80.0)	35(70.0)	75(75.0)
No No	10(20.0)	15(30.0)	25(25.0)
Personal hygiene (washing hands before and after		20(7.6.0)	72/72 (*)
Yes	35(70.0)	38(76.0)	73(73.0)
No	15(30.0)	12(24.0)	27(27.0)
Improvement requires under MDM	16(00.0)	10/20 0	06(06.0)
Yes	16(32.0)	10(20.0)	26(26.0)
No Note Figure in a south six is disconnected of subjects	34(68.0)	40(80.0)	74(74.0)

Note- Figures in parenthesis indicates percentage of subjects.

The result depicted in Table I shows that the majority of primary school teachers (73.9%) reported that the mid-day meal program was started by the central government. The

MDM scheme was launched for students in grades 1 to 8, according to (57%) of teachers. Sixty-five percent of the respondents informed that meals are prepared by NGOs.

Fifty-five percent of primary teachers responded that the midday meal program was good as reported by parents in respect to children's health, while 25 percent of teachers replied that it was good but still required improvement in the quality of food. Fifty percent of the male respondents think that 100 percent of children have benefited from the mid-day meal program, whereas 52 percent of female teachers perceived that this program benefited only 75 percent of children. The majority of the respondents (75%) reported that meals were served during the school day. Seventy percent of teachers were confident in the quality of food served in the midday meal program. Thirty percent of male and 38 percent of female teachers observed that children finishing their meals. Sixty-five per cent respondents informed that the cooking staff was sufficient for the mid-day meal program. Seventy-five percent of the teachers were satisfied with the hygiene conditions for food preparation in the mid-day meal program and seventy-four percent of teachers reported that there was no need to improve the mid-day meal program. A similar study done by Narula (2008) [5] stated that the mid-day meal was tasty, and the quality of the grains used was very good. Students were very satisfied with the daily food served. Bellary et al. (2011) [1] found that beneficiaries were satisfied with the functioning of the mid-day meal program and the quality of food. Bisht (2012) [2] noted a higher percentage among the (69.52%) of Rajasthan school children who were enrolled in and benefited from the mid-day meal program. Likewise, Kantawal et al. (2013) [3] reported that children liked the mid-day meal because the food was fresh, hygienic and nutritious. Teachers felt that the mid-day meal given to children fulfilled their needs in terms of both quantity (96.4%) and quality (88.7%).

Parameters	Males	Females	Total
	n = 50	n = 50	N = 100
Im	provement in Nut	ritional status	
Yes	42(84.0)	31(62.0)	73(73.0)
No	8(16.0)	19(38.0)	27(27.0)
	Value of proper	nutrition	
Yes	30(60.0)	28(56.0)	58(58.0)
No	20(40.0)	22(44.0)	42(42.0)
	Malnourish	ment	
Yes	36(72.0)	32(64.0)	68(68.0)
No	14(28.0)	18(36.0)	32(32.0)
	Health rec	ord	
Yes	30(60.0)	21(42.0)	51(51.0)
No	20(40.0)	29(58.0)	49(49.0)
	Nutritional De	ficiency	
Yes	33(66.0)	28(56.0)	61(61.0)
No	17(34.0)	22(44.0)	39(39.0)

Table2: Impact of mid-day meal on children's health

The results in Table (II) and Figure (a) revealed that the health and nutritional status of children improved after taking a midday meal, as reported by (73%) of teachers. Forty-two percent of teachers believed that children did not understand the value of nutrition in their health. The majority of the subjects (72%) observed that the ratio of malnourished children had decreased. Fifty-one percent of teachers maintained the health record, they also recorded the visits of doctors and compliances, such as whether the child had taken his medicine or supplements on time or not. The majority of respondents (61 percent) observed that nutritional deficiency

was reduced in children after the MDM scheme. Khera (2006) conducted similar research, reporting that some states have gone above and beyond the Supreme Court mandate, attempting to address micronutrient deficiencies (e.g., iron, iodine, and vitamins) and initiating health interventions such as deworming and regular health check-ups. Bisht (2012) [2] study informed us that the majority of the children (100%) were receiving calcium tablets, iron tablets (87.0%), and different vaccines (75.0%). However, supplement vitamins and deworming tablets were provided to only half of the interviewed children.

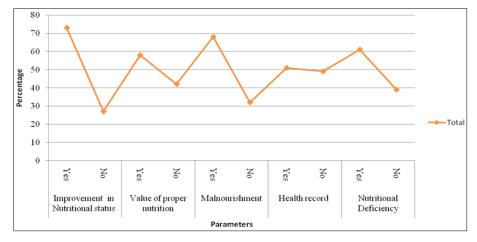


Fig 1: Impact of mid-day meal on children's health

Conclusion

It can be concluded from the present investigation that the teachers have knowledge regarding initiation, implementation, hygiene condition, number of children benefited, health and nutritional status of children, etc. It was found that irrespective of gender, teachers were not having proper knowledge on nutritional aspects because teachers are involving in planning, implementation and executions of MDM scheme.

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