# Perception of Teachers, Students & Parent About The Impact of Mid-day Meal Scheme on Improving Health Status of The Students In Punjab

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**Abstract**

*Mid Day Meal Scheme is a well-intentioned programme to address all fundamental problems of health, education and overall development of children in the country. MDM could serve as an important purpose in nurturing the buds and focusing on learning and filling the empty stomach contributing towards equality. Present study on MDM scheme was carried out to assess the impact of the scheme on health status of the students in three districts namely Sangrur, Barnala and Mansa of Punjab. Based on the analysis, suggestions have been recommended for ensuring proper implementation of mid-day meal scheme. The findings of the study will be of apparent interest to the administrators and educational policy makers. It also underscores the need for better and more extensive evaluations that can inform us of the specific appeal of this scheme.*

**Keywords:** *Mid-day Meal Scheme, health, nutrition, teachers, Punjab*

## Introduction

Health status has a significant impact on the development of children and on their education prospects. Malnourished children or children with poor health often have more limited capacity to pay attention in school and perform poorer as a result, have higher than-average absenteeism rates, often fall behind at school, and ultimately may be at greater risk of dropping out of school (World Education Forum, 2000).India, acknowledging that the problem of malnutrition is multi-dimensional, multi-sectoral and inter-generational in nature, so Government of India(GOI) has introduced a number of schemes to improve nutrition needs of the children. Mid-day Meal scheme is one of the programs under the Ministry of Human Resource Development, GOI (Sharma, 2011). India's Mid-day Meal Programme which was conceived to address of malnutrition problem, is the world's largest school feeding programme reaching out to about 12 crore children in over 12.65 lakhs schools/Education Guarantee Scheme(EGS) Centres across the country (Bharthi,2012).

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So, many students around the world wish for a chance for education. Tens of millions of students face substantial obstacles in attempting to realize their right to education. Economic, social and geographical barriers are in some extent readily identifiable. However another impediment to students' dreams of pursuing an education-health status; often goes unobserved. Health status has a significant impact on the development of the students and on their education prospects. Malnourished students or children with poor health often have more limited capacity to pay attention in schools and perform poorer, have higher-than-average absenteeism rate, and often fall behind in schools.

Mid-day meal scheme has provided the chief source of adequate nutrition to millions of students across India. This scheme is working as a very important vehicle for delivering food with nutritional value by inculcating the taste in food among school students. MDM is trying to maintain a high standard of hygiene and cleanliness and fulfilling the deficiencies in common child. This scheme is trying to provide Vitamin A, Iron, Folic Acid, Iodine, Vitamin D, Vitamin C and checking the child after every six months. There are various cleanliness tips which are taught to students like washing hands, cutting nails, etc.

## 2. REVIEW OF LITERATURE

Afridi, F.(2005) presented a paper that looked at the nutritional impact of the mid-day meal program in India. Using a 24-hour recall of food intake in a randomized evaluation in Madhya Pradesh, it was found that daily nutrient intake of program participants increases by 49% to 100% of the transfers. The program reduced daily protein deficiency of the participants by 100% and calorie deficiency by almost 30% at a very low cost of 3% per child.

Ramachandran (2008) highlighted in the study the need for introduction of mid-day meals and other food supplementation program for children..Today ICDS and MDMS are perhaps world's largest of food supplementation programs for children. All these interventions did result in some improvement in nutritional status of children but pace of improvement is slow. In last five decades, the mortality rate has come down by 50% and fertility rate by 40% but reduction in under nutrition in children is only 20%. So there is a growing concern that increase in outlays in nutrition sector have not brought about commensurate improvements in quality and coverage under nutrition programmes and outcomes such as improvement in nutritional status.

EFA Global Monitoring Report (2009) revealed that Childhood malnutrition and poor health are two of the greatest barriers to EFA. Progress in both areas has lagged far behind progress in getting into schools. The upshot is that millions of children entering school have had their brains, their cognitive development and their education potential permanently damaged by hunger and ill health.

Jakhar & Siwach (2010) explained in their article that the report on the Extent of Chronic Hunger and Malnutrition in India, presented before UN Human Rights Council in Geneva found that India has the largest number of undernourished people in the world, highest level of child malnutrition, over 47% underweight children and over 46% stunted in their growth, even higher than most countries on poverty stricken sub-Saharan Africa.

Manav (2010) discussed in the article about malnutrition and anemia among children and

women. It was shown that over 40% of children and 36% of adult women are classified as under nourished in the country. This article further revealed that "Annual Report" published by Ministry of Health and Family Welfare, Government of India (September, 2010) delivered into the factors of malnutrition. The main reasons include poverty, inequality and specific dietary patterns.

Rajeshwari (2011) discussed in the article about nutritional problem, especially among children of rural populations. Under nutrition of children directly affects many aspects of their physical and cognitive growth. NFHS data showed that 46%, 42% and 19% of the children were reported stunning under-weight and wasting respectively. It was further pointed out that every year 2.5 million children die in India, accounting for one in five deaths in the world. More than half of these deaths could be prevented if children were well nourished. India's progress in reducing child malnutrition is slow.. It was further discussed that although India has many nutrition and social safety net programs, some of which ICDS and PDS have success in several states in addressing the needs of poor households. All these programs have potential, but they don't form a comprehensive nutrition policy and they have not addressed the nutrition problem effectively so far according to Food Policy Research Institute.

## 3. METHODS

### 3.1. Objective of the Research

The objective of the study is to analyze the impact of mid-day meal scheme on improving health status of the students in terms of teachers, students & parents perception.

### 3.2. Participants

The sample consisted of 185 schools fromthreedistricts of Punjab i.e., Sangrur, Barnala and Mansawith low literacy rate. These three districts are further divided into nine blocks. The survey includes 185 school teachers i.e., one teacher from each school (Primary and Upper primary), 925 school children who are beneficiaries of mid-day meal scheme (5 students from each school) and 105 Parents of beneficiary students. The participants in the research were teachers who are associated with implementation mid-day meal scheme in the school.

### 3.3. Data Collection:

The collection of quantitative data has been done with the help of pre-designed and pre-tested questionnaires/schedule from the teachers involved in the implementation of the mid-day meal scheme.

## 4. ANALYSIS AND FINDINGS

This section analyses the impact of mid-day meal scheme on improving health status of the students in terms of teachers, students & parents perception.

Policy initiatives in developing countries often aspire to deal with the challenge posed by stumpy levels of health and educational realization among weak sections of the population, particularly students. The extent to which students benefit from welfare programs targeted at them in context to health perspective is to be discussed. So, this objective of the study is carried out with the perception of teachers, parents & students

regarding following parameters impacting health status of the students:

4.1 Impact of Availability of Sufficient Quantity on Health Status of the Students

4.2 Impact of Regular Visits by the doctors on Health Status of the Students

4.3 Impact of Proper Medical Checkups Record Maintenance on Health Status of the Students

4.4 Impact of Washing Hands on Health Status of the Students

For the fulfillment of the above objective all the parameters has been analyzed in detail. The first parameter of this objective is:

### 4.1. IMPACT OF AVAILABILITY OF SUFFICIENT QUANTITY ON HEALTH STATUS OF THE STUDENTS.

The association between availability of sufficient quantity and health problems is analyzed through Correlation Analysis with the following null hypothesis:

**H01:There was no significant correlation between availability of sufficient quantity and health problems among the students according to perception of teachers, students & parent.**

According to guidelines of MDMS, the government has to supply 100 grams of wheat/rice per student for at least 200 days in an academic year. Teachers has positive attitude about MDM. They feel it is useful for the students as most of them are from weak socio economic backgrounds.

As per the norms of the government, the students are provided fixed quantity of food grain (wheat & rice) under mid-day meal scheme. Table 1, indicates that 96.18% of the teachers confirmed that quantity provided to the students is sufficient for growth of the children whereas only 3.2% admitted that quantity of mid-day meal is insufficient. Further, a relationship is developed between the two variables i.e., sufficient quantity and health problems. It is found that the association is positive but not significant. So, the above said hypothesis is rejected. The value of Kendall's tau-b is 0.364 which meant that by providing the sufficient quantity there is a little possibility that students would face less health related problems. The reason for less impact of quantity is that there are other factors which impact health of the student like cleanliness & hygienic. Majority of teachers responded that even if there is sufficient quantity but still students are suffering from various health problems. By looking into health status, it is further explored further that what type of health problems students were facing.

Further, the Table indicates that maximum weightage is given to multiple problems like low HB, low weight, low eyesight, skin related problems, etc. followed by low weight, low HB & Malnutrition which are commonly found problems according to teachers. The scheme still suffer from structural problems, the biggest being lack of proper monitoring mechanism. As these problems discussed have serious and long term consequences, it impacts sensory, social and emotional development. As a result, the students are unlikely to perform well in schools and are more prone to diseases and early deaths.

Table 1: Correlation Analysis of Teachers' Perception Regarding Availability of Sufficient Quantity and Health Problems in Students

| Availability of Sufficient Quantity | Response | Health Problems in Students | | | Correlation Value (Kendalls Tau-b) |
|---|---|---|---|---|---|
| | | Yes | No | Total | |
| | Yes | 68(36.8%) | 111(60%) | 179(96.8%) | + **0.364** |
| | No | 3(1.6%) | 3(1.6%) | 6(3.2%) | |
| | Total | 71(38.4%) | 114(61.6%) | 185(100%) | |

| If Yes, Rank Analysis for Type of Problems faced by Students | | | |
|---|---|---|---|
| **Type of Health Problems** | **No. of Responses** | **Rank** | **RF** |
| **Low Weight** | 12 | 2 | 0.169 |
| **Low HB** | 10 | 3.5 | 0.14 |
| **Malnutrition** | 10 | 3.5 | 0.14 |
| **Multiple Problems** | 39 | 1 | 0.54 |
| **Total** | 71 | | |

Further, the students are inquired about the same parameter. As indicated in the table 2, it is revealed that 96.5 percent of the students are happy with quantity aspects of MDMS and responded that food is served in sufficient quantity. They are satisfied with quantity served under Mid-day Meal Scheme. And 97.8% has reported no health problem. Increase in sufficient quantity would not lead to lesser problems as negative association (r = -.053) is expressed by students.

Table 2: Correlation Analysis of Students' Perception regarding Availability of Sufficient Quantity and Health Problems.

| Availability of Sufficient Quantity | Response | Health Problems in Students | | | Correlation Value (Kendalls Tau-b) |
|---|---|---|---|---|---|
| | | Yes | No | Total | |
| | Yes | 18(1.9%) | 875(94.6%) | 893(96.5%) | **-.053** |
| | No | 2(0.2%) | 30(3.2%) | 32(3.5%) | |
| | Total | 20(2.2%) | 905(97.8%) | 925(100%) | |

Contrary to what one might expect, mid-day meal scheme did not enjoy overwhelming support from the parents and students enrolled. As presented in the table 3, majority

of parents (88.6 %) in our sample did not appreciate the quantity and quality of cooked meals served to their students. Food is even not sufficient for the growth of the students and does not make a difference to child's hunger. As the association is positive (0.531) between insufficient quantity and health problems, it means that there is insufficient

Table 3: Correlation Analysis of Parents' Perception Regarding Availability of Sufficient Quantity and Health Problems in Students.

| Availability of Sufficient Quantity | Response | Health Problems in Students | | | Correlation Value (Kendalls Tau-b) |
|---|---|---|---|---|---|
| | | Yes | No | Total | |
| | Yes | 0(0%) | 12(11.4%) | 12(11.4%) | +0.531 |
| | No | 4(3.8%) | 89(84.8%) | 93(88.6%) | |
| | Total | 4(3.8%) | 101(96.2%) | 105(100%) | |

quantity which leads to various health problems.

Further in the study, there is exploration about the regularity of visits of doctor for health checkup of the students. It is essential for this scheme that there should be regular visits of doctors for their routine checkup. The second important parameter impacting the health of the student is regularity in the visits by the doctors.

### 4.2. IMPACT OF REGULAR VISITS OF THE DOCTOR ON HEALTH STATUS OF THE STUDENTS

An attempt has been made to find out the correlation between regular visits by the doctors and positive change in the health status of the students with the following null hypothesis:

**H02:There is no significant correlation between regular visits of the doctor, medical checkups record maintenance and positive change in health status of the students according to perception of teachers, students & parents.**

It has been found that majority of teachers (88.6 %) confirmed regularity in visits and 11.4% of them expressed irregularity. The correlation between regular visits and positive changes is detected. The analysis revealed that a positive correlation exists between them as r = + .033 which was positive and significant but still it was low. Thus, above considered hypotheses was rejected which means that the timely and regular visits can improve the health status of the students. It indicates that the frequency of visit should be increased which would generate positive health changes.

Out of 164 responses of teachers who confirmed regular visits by the doctors were further investigated about the frequency of visits in a year. It has been found that frequency of visits is highest for once in 6 months followed by annual visits. Very few teachers responded towards frequent visits by the doctors. This can be one major reason why the positive impact relating to health problem

Table 4: Correlation Analysis of Teachers' Perception towards Regular Visits by the Doctor and Positive Changes in Health Status of the Students.

| Regular/ Timely Visits of Doctor | Response | Positive Changes in Health | | | Correlation Value (Kendalls Tau-b) |
|---|---|---|---|---|---|
| | | Yes | No | Total | |
| | Yes | 102(55.1%) | 62(33.5%) | 164(88.6%) | + .033 |
| | No | 12(6.5%) | 9(4.9%) | 21(11.4%) | |
| | Total | 114(61.6%) | 71(38.4%) | 185(100%) | |

| If Yes, Frequency of Visits | | |
|---|---|---|
| Time of Visit | Frequency | Percentage |
| Every Month | 8 | 4.8 |
| Once in 2 Months | 8 | 4.8 |
| Once in 3 Months | 14 | 8.9 |
| Once in 6 Months | 82 | 49.4 |
| Once in 9 Months | 3 | 1.8 |
| Annually | 50 | 30.4 |
| Total | 164 | 100 |

is still not detected. It is also not feasible for the doctors to check all the students in one lot. So, more visits for health checkups are required to improve the health status of the students.

As indicated in table 5, further investigating from teachers who have shown positive perception of Mid-day Meal, it is revealed that out of 114, 68 (59.64%) said that after the introduction of mid-day meal scheme there is an increase in weight followed by increase in learning ability then increase in HB Count. If this scheme is implemented properly, then it would lead to lower prevalence of anemia, intestinal parasites and Vitamin A deficiency which are majorly found in young students.

Table 5: Rank Analysis of the Teachers' Perception Regarding Types of Positive Change in the Health of the Students.

| Types of Positive change in the Health of the students | Frequency | Percent | Rank |
|---|---|---|---|
| Increase in Weight | 68 | 59.64% | 1 |
| Increase in HB | 20 | 17.54% | 3 |
| Increase in Learning | 26 | 22.82% | 2 |
| Total | 114 | 100% | |

Students gave a clear honest picture in table 6 that there are very less visits by doctors. Almost 94.7 percent have negative opinion of regular visits by doctors. The correlation is -

Table 6: Correlation Analysis of Students' Perception regarding Regular Visits by Doctor and Positive Changes in Health Status of the Students.

| Regular/ Timely Visits of Doctor | Response | Positive Changes in Health | | | Correlation Value (Kendalls Tau-b) |
|---|---|---|---|---|---|
| | | Yes | No | Total | |
| | Yes | 38(4.1%) | 11(1.2%) | 49(5.3%) | -.006 |
| | No | 689(74.5%) | 187(20.2%) | 876(94.7%) | |
| | Total | 727(78.6%) | 198(21.4%) | 925(100%) | |

.006 which means there is no significant change in students' health by visits by doctors as frequency of visits is very low.

To ensure effectiveness of the scheme, the authorities should develop a proper mechanism. For creating positive changes, the correlation is determined between three variables viz. regular visits of doctors along with regular record maintenance and a positive & significant effect on health status of the students. Increase in one would lead to increase in significant positive change in health of the students. So, the impact of regular record maintenance had been studied.

### 4.3. IMPACT OF PROPER MEDICAL CHECKUPS' RECORD MAINTENANCE ON HEALTH STATUS OF THE STUDENTS.

To improve the health status of the students under Mid-day meal scheme, doctors can also play a crucial role. As the regular visits are required for better results, similarly proper medical checkups record maintenance is also essential as there was significant association between regular visits by the doctors and record maintenance (r=.327). There is also significant association between record maintenance and positive health changes with r=.225. Thus, the hypothesis (H02) is rejected and it can be concluded that regular visits by the doctors and proper record maintenance

Table 7: Correlation Analysis of Teachers' Perception for Regular Visits by the Doctor, Record Maintenance with Positive Changes in Health Status of the Students.

| | | Regular Visits | Record Maintenance in the School | Positive Changes in Health of the Students |
|---|---|---|---|---|
| **Regular Visits** | **Correlation Coefficient**<br>**Significance Level** | 1.00<br>---- | .327<br>.000 | .033<br>.655 |
| **Record Maintenance in the School** | **Correlation Coefficient**<br>**Significance Level** | .327<br>.000 | 1.00 | .225<br>.002 |
| **Positive Change in Health of the Student** | **Correlation Coefficient**<br>**Significance Level** | .033<br>.655 | .225<br>.002 | 1.00<br>---- |

have positive association with improvement in the health status of the students.

Further, the same aspect has been checked according to students' perception. According to the students' response as shown in table 7, there is significant association between regular visits by the doctors and record maintenance ®= .048). There is no association between record maintenance and positive health changes with r=.000. Record maintenance and positive health status have shown no association because students did not respond well to the question. As this work is carried out by teachers and doctors, the students were not sure about record maintenance.

Table 7: Correlation Analysis of Students' Perception towards Regular Visits by the Doctor, Record Maintenance with Positive Changes in Health Status of the Students.

| | | Regular Visits | Record Maintenance in the School | Positive Changes in Health of the Students |
|---|---|---|---|---|
| **Regular Visits** | **Correlation Coefficient**<br>**Significance Level** | 1.000<br>--- | .048<br>.149 | -.006<br>.855 |
| **Record Maintenance in the School** | **Correlation Coefficient**<br>**Significance Level** | .048<br>.149 | 1.000<br>--- | .000<br>.993 |
| **Positive Change in Health of the Student** | **Correlation Coefficient**<br>**Significance Level** | -.006<br>.855 | .000<br>.993 | 1.000<br>--- |

Further, the issues of regular checking by doctors and record maintenance have been asked from the parents (table 8). They believed that increase in regular visit and regular maintenance of register would definitely increase the learning ability of younger students as correlation (r=0.204) is

Table 8: Correlation Analysis of Parents' Perception towards Regular Visits by the Doctor, Record Maintenance with Positive Changes in Health Status of the Students.

| | | Regular Visits | Record Maintenance in the School |
|---|---|---|---|
| **Regular Visits** | **Correlation Coefficient**<br>**Significance Level** | 1.000<br>--- | .204<br>.037 |
| **Record Maintenance in the School** | **Correlation Coefficient**<br>**Significance Level** | .20<br>.037 | 1.000<br>--- |

significant at 0.05 level but this still not prevalent.

UNICEF is closely working with Ministry of Human Resource Development for the scheme to improve drinking water facility, sanitation facility and washing hands with soap facility in schools. Students, mid-day meal supervisors, cooks and teachers should be specifically are advocated to wash their hands before food preparation and eating. This would significantly contribute to improve students' health, so another essential parameter of the study is to study the impact of washing hands on health status of the students.

### 4.4. IMPACT OF WASHING HANDS ON HEALTH STATUS OF THE STUDENTS.

In the study, the association between washing hands and positive change in the health status of the students has been analyzed with the following null hypothesis:

H03: There is no significant correlation between washing hands and positive change in health status of the students according to teachers' and students' perception.

The above mentioned hypothesis has been examined from teachers' responses in three districts of Punjab (table 9). It is found that 95.1 percent of the teachers said they ask students to wash their hands, only 4.9 percent negatively responded towards issuing instructions for washing hands before eating mid-day meal. It is found that washing hands has a positive significant association (r=0.527) with positive changes in health. Thus, the above said hypothesis is rejected and it can be said that washing hands before meal would

Table 9: Correlation Analysis of Teachers' Perception regarding Washing of Hands before having Mid-day Meal in School and Positive Changes in Health Status of the Students

| **Response( Instruction for Washing of Hands)** | | **Frequency** | | **Percent** |
|---|---|---|---|---|
| **Yes** | | 175 | | 95.1% |
| **No** | | 10 | | 4.9% |
| **Total** | | 185 | | 100% |
| **If Yes, Correlation between Washing Hands and Positive changes in Health** | | | | |
| **Positive Changes in Health of the students** | | **Washing of Hands before Having Mid-day Meal in School** | | **Correlation Value (Kendalls Tau-b)** |
| | | **Yes** | **No** | **Total** |
| | **Yes** | 110(59.45%) | 5(2.70%) | 115(62.15%) |
| | **No** | 65(35.13%) | 5(2.70%) | 70(37.83%) |
| | **Total** | 175(94.58%) | 10(5.4%) | 185(100%) |

lead to positive changes in the health conditions of the students.

Students' and teachers' opinion did not match each other as revealed in table 70. 78.6 percent of students are now involved in washing hands; still 21.4 percent of them do not practice the same. This time also, the hypothesis is rejected as there is positive significant association between washing hands and positive health status according to students' perception. It shows that definitely this has improved the health and hygiene

Table 10: Correlation Analysis of Students' Perception regarding Washing of Hands beforeHaving Mid-day Meal in School and Positive Changes in Health Status.

| Positive Changes in Health of the Students | | Washing of Hands before Having Mid-day Meal in School | | | Correlation Value (Kendalls Tau-b) |
|---|---|---|---|---|---|
| | | Yes | No | Total | |
| | Yes | 685(74.0%) | 42(4.5%) | 727(78.6%) | +0.027 |
| | No | 184(19.9%) | 14(1.5%) | 198(21.4%) | |
| | Total | 869(93.9%) | 56(6.0%) | 925(100%) | |

condition of the students. More they are away from the diseases better would be the learning abilities.

It has been established that the perception of teachers, students and parents has a lot of variation with the various parameters like sufficient quantity of food, regular visits by the doctors, record maintenance and health issues. So, the next purpose is to assess the effect of demographics on their perception with the above said parameters with the following null hypothesis:

H04: There is no significant difference in the perception of respondents (teachers', students' and parents') about various factors i.e., sufficient quantity of food, regular visit by the doctors, record maintenance and health issues.

After analyzing the table 10, it has been noted that all the three groups showed statistically different opinion on sufficient quantity, health problems, and regular/timely visits by doctors and record maintenance issues. By applying ANOVA between the three groups, F- value is calculated which shows the variability in opinion among these groups. It is found that there are more variation in variables like sufficient quantity and regular visits by doctors. Teachers are positive whereas students are modular & parents are completely negative towards these variables. F-value also supported significance in other

variables like health problems and record maintenance at 1 percent level. Higher the F-value, higher would be the significance. In the study, there are certain issues which have emerged out. Firstly, the students should be given sufficient quantity as per their age group and growth. The frequency of regular and timely visits should be increased to certain

Table11: Multiple Discriminant Output (ANOVA) to Examine Differences in Perception of Respondents (Teachers, Students & Parents) on Various Selected Parameters

| | | Sum of Squares | df | Mean Square | F |
|---|---|---|---|---|---|
| **Availability Of Sufficient Quantity of Food** | Between Group<br>Within Group<br>Total | 69.559<br>47.328<br>116.887 | 2<br>1213<br>1215 | 34.780<br>.039 | 891.39 |
| **Health Issues** | Between Group<br>Within Group<br>Total | 18.588<br>79.597<br>98.184 | 2<br>1213<br>1215 | 9.294<br>.066 | 141.515 |
| **Regular Visits by The Doctors** | Between Group<br>Within Group<br>Total | 106.671<br>74.215<br>180.886 | 2<br>1213<br>1215 | 53.336<br>.061 | 871.024 |
| **Record Maintenance** | Between Group<br>Within Group<br>Total | 56.469<br>184.737<br>241.206 | 2<br>1213<br>1215 | 28.235<br>.153 | 185.086 |

Eigen Value: 1st Function 1.834 2nd Function 1.414
% of Variance 56.5% % of Variance 43.5%

level along with maintenance of records. If this happens simultaneously, it would reduce health problems significantly.

After determining the difference, Discriminant Analysis has been run by taking groups as dependent variables (Teachers-1, Parents-2 and Students-3) and other variables like sufficient quantity, health problems, regular/timely visits by doctors and record maintenance as independent variables. As there are three groups, so two discriminate functions has been identified. The Eigen value associate with 1st function is 1.834 and it accounts for 56.5 percent of explained variance. This showed significance difference between the responses of teachers and parents. Eigen value of 2nd function is 1.414 and it accounts for 43.5 percent of explain variance. This shows a significant difference between the responses parents and students. Higher the F-value, higher is the contribution towards discrimination between groups. This

Table 12: Standardized Canonical Coefficient to Examine difference between Teachers' & Parents' and Parents' & Students' for Impact of Selected Parameters related to Health Aspect

| Parameters | Functions | |
|---|---|---|
| | 1st Function (Difference between Teachers' & Parents' responses) | 2nd Function (Difference between Parents' & Students' responses) |
| Availability Of Sufficient Quantity of Food | .775 | -.485 |
| Health Issues | .097 | .198 |
| Regular Visits by the doctors | .468 | .813 |
| Record Maintenance | .323 | -.205 |

would help the management committees to identify these variables in order to create a difference.

In table 12, from standardized Canonical Coefficient, it is examined that 77.5 percent of the teachers, 22.5 percent of the parents and 48.5 percent of the students agreed towards provision of sufficient quantity. There are lesser differences in opinion among three groups for issues relating to health problems. Almost all the three groups believed that decrease in HB and decrease in weight are leading to decline in learning abilities as well as various miscellaneous problems.

For the third variables i.e., regular and timely visits, it is investigated that 46.8 percent of teachers agreed to regular visits whereas 53.2 percent disagreed to regular visits by doctors.

Parents are most dissatisfied with the provision of sufficient quantity of food. Students are clear about their health problems still persisting after MDM. Role of doctors and their regular visits should increase as per parents' and students' responses. Parents want maximum record maintenance than students and teachers. 81.3percent of students disagreed towards regular visits by doctors.

## CONCLUSION & SUGGESTIONS

Increase in number of doctor's visits in a year for medical checkup of the students is required for detection of diseases in the students. Maintenance of medical checkup records and inspection of records should be followed up regularly to reduce health related issues. To generate more effective results of the scheme, rigorous feedback should be obtained after certain duration from children and parents regarding quality, quantity and all other essential parameters of the scheme.It have been found from the survey that still many students don't wash their hands before having Mid-day Meal. So, during the lunch hour the teachers should take care that every student is following the instructions or not. It should be the responsibility of the teachers to check it more strictly.

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