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Double burden of malnutrition: The role of framing in development of political priority and policy agendas for the rise in nutrition-related non-communicable diseases in Tamil Nadu, India

Introduction: In many low- and middle-income countries, non-communicable disease (NCD) prevalence is increasing rapidly while undernutrition persists. How policy actors frame malnutrition, particularly the rise in nutrition-related NCDs, may shape development of nutrition and health policies that direct programming and investments in countries. In India, much food and health policy is decentralized, which means that state-based nutrition policy is critical for addressing the emerging double burden of malnutrition. There is little evidence, however, about how these issues are understood at the state level in India and elsewhere. In Tamil Nadu, used as a case study, undernutrition persists and nutrition-related NCDs are more prevalent than in the rest of the country. We aimed to identify frames used by policy actors who influence the nutrition agenda-setting process regarding the double burden of malnutrition, priorities reflected by those frames, and potential implications for nutrition policy development.

Methods: We conducted 29 in-depth, semi-structured interviews with actors in the nutrition policy and program space in Tamil Nadu and at the national level. We identified initial key informants from a desk review of policy documents and used purposive and snowball sampling of international policy advocates, government officials, and state-level implementers of policies and programs to include perspectives from the health, nutrition, and agriculture sectors. All interviews were audio-recorded, transcribed and coded using Nvivo 11. Major themes were identified from the frames using the policy analysis strategy developed by Bacchi (2009), to include these elements: main issues represented, priorities emphasized, recurrent or key themes or subjects, underlying assumptions, potential effects of the frame (or likely policy result), and omissions that logically could have been included in the frame

Results: NCDs were mostly either not mentioned without interviewer prompting or were seen as non-urgent, in contrast to the almost universal concern about persistent stunting and anemia in women of reproductive age in Tamil Nadu. With respect to addressing malnutrition, respondents perceived Tamil Nadu to be relatively successful compared to other states but were concerned about lack of convergence of efforts. They saw sanitation as a particular failure impacting persistent undernutrition. Respondents from agriculture and medicine perceived NCDs as more important than respondents from health and nutrition. Suggested policy solutions ranged from highly-specific interventions for undernutrition to addressing nutrition-related NCDs through promotion of millet-based products to systems-based multidisciplinary schemes addressing both undernutrition and NCDs.

Conclusion: The frames used by policy actors suggested different priorities, only some of which explicitly address NCDs. The different priorities and suggested policy solutions emanating from actors working in the same policy space has troubling implications for development of policy convergence and resources. Convergence can be enhanced through gaining in-depth understanding of the populations affected by undernutrition, nutrition-related NCDs, or both. This work extends previous work on the impact of framing of nutrition framing on policy to the double burden, and on frames evident among policy actors across multiple sectors with influence on the nutrition agenda-setting process.

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