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Civil society perspectives on commercial determinants of stunting: A case study of the 'Not Today Nestlé' campaign

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ABSTRACT

Twenty-nine per cent of children in South Africa are stunted, influenced by inadequate dietary diversity and low breastfeeding rates. Despite existing regulations, commercial milk formula companies continue to influence infant feeding practices. This study applies a Commercial Determinants of Health (CDoH) model to a case analysis of the Nestlé Stokvel webinar and the Not Today Nestlé campaign. Document review and expert reflections revealed that the Stokvel webinar – a single marketing event – engaged all levels of the CDoH model, demonstrating how commercial activities may contribute to stunting. The Not Today Nestlé campaign illustrated civil society's capacity to hold corporations accountable, emphasising the need for relatable messaging, strategic collaboration, and long-term advocacy. The findings underscore how marketing practices distort recommended feeding norms, reinforcing structural contributors to child stunting in South Africa.

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Stunting; marketing; commercial determinants of health; infant and young child; advocacy; civil society

1. Introduction

South Africa suffers from a triple burden of malnutrition (Sanders et al., 2019) where 29% of the country's children are stunted (Hall et al., 2024). One of the factor's impacting stunting is the lack of dietary diversity, with less than a quarter of children of complementary feeding age being provided with a minimum acceptable diet (NDoH et al., 2018). Instead, ultra-processed products (UPPs) such as commercial infant cereals are often a first food for infants (Sayed & Schönfeldt, 2020). The expense of commercial formula and the risks associated with its use to infants in areas with poor sanitation have been shown to be important contributors to stunting (Hadi et al., 2021). Given this, it is unsurprising that breastfeeding is well known to be a protective mechanism against under and over-nutrition (including stunting). However, only 32% of South African infants are exclusively breastfed until six months of age (NDoH et al., 2018).

Efforts have been made to protect breastfeeding practices, such as the adoption of the Regulation Relating to Foodstuffs for Infants & Young Children (R991) in 2012, which restricts the marketing of commercial milk formula (CMF) and complementary food products. The CMF industry has a long history of using opportunistic marketing

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practices to influence mothers and caretakers to use CMF. These practices, which are often targeted at vulnerable and communities with lower literacy levels, undermine the importance of breastfeeding with the purpose of increasing profit margins (Rollins et al., 2023).

Nestlé has a longstanding history of participating in questionable marketing practices. Most notably, the Baby Killer report by Muller (1977) exposed Nestlé's unethical marketing practices (for example, misrepresenting their sales staff as health practitioners and offering complimentary gifts with products) and the subsequent increased mortality. This case study primarily aims to analyse Nestlé's 2021 'Free Stokvel Mom and Child Forum' using the Commercial Determinants of Health model as proposed by Gilmore et al. (2023). It will explore the CMF industry's multi-level and cross-sectoral power and its use of corporate practices that commercialise infant feeding and undermine recommended feeding guidelines (Baker et al., 2023). Secondarily, it will examine the 'Not Today Nestlé' campaign to assess the role of civil society and other stakeholders in countering industry commercial practices that weaken protective policies and may contribute to complex drivers of stunting.

2. Materials and methods

2.1. Theoretical framework

Our case study employed the model for commercial determinants of health ('CDoH model') proposed by Gilmore et al. (2023) as a conceptual framework, and incorporated the definitions proposed to support the model. The model presents a systemic breakdown of how key corporate practices influence political and economic systems, regulatory approaches, sectoral public policies, and environments which lead to an inequitable distribution of poor health outcomes. We focused the model to consider elements relating to stunting in the study context: South Africa. The model was chosen for its value in situating health outcomes within larger contexts, with a representation of private actor power as a major driver in determining health. This is aligned with an emerging understanding of the power of corporation's influence within infant and young child feeding (Baker et al., 2023). The model provides six levels of factors that contribute to ill health or health inequities, on a spectrum of different levels of influence (individual, local, national, and global). The model also sets out different commercial sector practices that impact on these levels, namely: political, scientific, marketing, supply chain and waste, labour and employment practices and financial practices. These overlap with each other in different ways, but all intersect with reputation management practices to some extent. Finally, the model is underpinned by three drivers: norms (how interests are shaped), power (growth of commercial power with erosion of state power) and externalising various costs to the state and society.

The model has been used to analyse corporate involvement in public health policies such as the case of the health promotion levy implementation in South Africa (Gilmore et al., 2023).

This case study primarily aims to analyse Nestlé's 2021 'Free Stokvel Mom and Child Forum' using the CDoH model. Secondarily, it draws on the 'Not Today Nestlé' campaign to identify strategic approaches civil society can implement in countering industry power that undermines infant and young child feeding policies.

2.2. Study design

We used an exploratory single case study design which is appropriate for exploring links and gaining insights into complex systems (Yin, 2014). We employed a desk review of publicly available documents including news reports, interviews, public statements, and advocacy materials. These materials were identified using historic records accessed through the advocacy organisation that ran the campaign, as well as supplemented using a popular search engine. We searched using Google and Google Scholar using the terms 'Not Today Nestlé' AND 'Nestlé' AND 'Campaign'; 'Nestlé' AND 'Campaign' AND 'South Africa'; and 'Nestlé' AND 'HEALA' or 'HEALTHY LIVING ALLIANCE' until we reached data saturation.

We validated our data and preliminary findings with group expert reflections. The seven experts consulted were identified using the criteria of substantive knowledge of the case study, knowledge of corporate power and infant and young child feeding, and civil society or advocacy experience. The expert reflections were conducted in two stages: an initial group expert reflection was held, where additional documents, thoughts, themes, and other experts for further consultation were identified after an overview of the study aim and theoretical framework. The second stage consisted of two supplementary reflections. These were facilitated by an external moderator who explored the motivation behind the Not Today Nestlé campaign, its successes and weaknesses, and the broader influence of industry power on infant and young child feeding. All participants gave verbal consent to participate in the expert reflections before they began and an ethics waiver was not required due to the nature of the group expert reflections. The expert reflections were transcribed, and themes related to campaign motivations, strengths and limitations and industry dynamics within infant and young child feeding were identified.

We identified 35 documents and filtered them for direct relevance to the case study ($n = 9$). These documents were used to analyse elements of the Stokvel event, which referred to the CDoH model. All nine documents have been added in a table (Supplementary material A) for reference. The expert reflections validated this information and provided details on the lessons learnt from the Not Today Nestlé campaign for future civil society and advocacy work. It also provided relevant literature on the topic.

2.3. Data analysis

We conducted a qualitative content analysis by developing a codebook using the different levels of influence, the different commercial practices, and the underlying drivers as identified by the CDoH Model. AG and PK inductively coded a 100% of the documents using the expert reflections, their own experience, and content to identify additional relevant codes. The authors met to refine the codebook and recoded a 100% of the documents using the newly developed codebook.

As mitigation to possible bias due to the authors' organisational affiliation, numerous data sources and expert reflections were used, and an external independent moderator led the reflections component of the study.

3. Results

3.1. Background to the Nestlé Free Stokvel Mom and Child Forum and the Not Today Nestlé Campaign

On 10 August 2021, Nestlé's 'Free Stokvel Mom and Child Forum' was advertised digitally in local magazines and shared on a news platform. This free online one-hour webinar was planned for 14 August 2021. It featured three products (Cerelac, Nestum and Nido3+) with various panellists (health professionals and Nestlé brand ambassadors) incentivising caregivers to attend to 'learn everything you need to know about feeding your little one' and offered shopping vouchers as prizes for those who took part. It targeted 'All moms, grandmas, aunties and guardians of little ones.' This advertisement was noticed by local child health and nutrition experts, who collaborated with public health lawyers to draft a letter demanding Nestlé to cancel the event, initiating the Not Today Nestlé Campaign. The letter described how the Stokvel event violated the R991 regulation, used unethical marketing techniques, and promoted the consumption of unnecessary UPPs. These details of the concerns raised in the letter are summarised in Table 1. The letter was circulated to local and international academic and civil society networks and shared with the National Department of Health, responsible for R991. On 11 August 2021, a local food justice civil society organisation, the Healthy Living Alliance (HEALA) mobilised to create advocacy and digital communication resources for dissemination. This included advocacy campaign material and a public petition led by another civil society organisation, Amandla Mobi. An article was published by a reputable local media house, the Daily Maverick, on 12 August 2021 that described the nutrition and legal issues the activists had against the Stokvel event. The Daily Maverick updated its article on 13 August 2021, stating that Nestlé provided it with a statement on 12 August 2021 indicating that

> Having considered the allegations and following our correspondence with the National Department of Health, we have decided to cancel the event. It is important to emphasise that we still maintain that the event is fully compliant with the R991 regulations.

A summarised timeline of the events that led to the cancellation of the Nestlé Stokvel event can be found in Panel 1.

The rapid response, civil society and academia collaboration and the public cancellation of the Stokvel event proved the Not Today Nestlé campaign a success against the CMF industry and marketing strategies. Beyond cancellation, the campaign harnessed international attention and played a role in securing funding for an infant and young child feeding advocacy project still ongoing in South Africa.

Panel 1: Sequence of events leading to the cancellation of the Nestlé Stokvel webinar

10 August:
- The Nestlé 'Free Stokvel Mom & Child Forum' advertised online in local magazines and a news platform
- Local child health and nutrition experts noticed the event and drafted a letter requesting its cancellation
- The letter was circulated across local and international networks

11 August:
- Local civil society organisations developed and disseminated Not Today Nestlé advocacy & digital communication materials

12 August:
- Daily Maverick published an article on the Not Today Nestlé campaign
- Nestlé issued a statement to the Daily Maverick announcing the events cancellation

13 August:
- Daily Maverick updated their article

14 August:
- Original date scheduled for the Nestlé online event

Table 1. Illegal and unethical marketing techniques used in the advertisement of the Nestlé Stokvel event.

Illegal practices	R991 restriction/ regulation	Example from the Stokvel advertisement
	Regulation 2(14): No incentives, enticements, or invitations of any nature, which might encourage consumers to make contact with the manufacturer or distributor of a designated product which might result in the sale or promotion of a designated product for infants or young children shall be used on the label or in the marketing of a designated product(s) for infants and young children	Nestlé incentivised consumers to contact the company through the free event and by providing the attendees the opportunity to win a R500 Shoprite (grocery store) voucher.
	Regulation 7(5): No manufacturer, distributor, retailer, importer or person on behalf of the aforementioned shall produce, distribute and present education information relating to infant and young child nutrition'.	The invite states 'Feeding your littles one can be challenging, but it doesn't need to be. We've got you covered! Join the FREE Stokvel Mom and Child Forum event on 14 August 2021 – brought to you by NESTLÉ CERELAC, NESTLÉ NESTUM and NESTLÉ NIDO +3 – to learn everything you need to know about feeding your little one'. This indicates that Nestlé (a CMF manufacturer) would be providing infant & young child feeding advice. They do not state that they will be speaking about the nutrition of children above the age of three. Three of the speakers were described as Nestlé brand ambassadors well trained in infant (children under 12 months old) nutrition.
Unethical practices	**Unethical marketing technique**	**Example from the Stokvel advertisement**
	Emotive, persuasive language used that could mislead the public	'Get ready to be empowered'; 'you'll learn valuable information'; 'It's all about learning together and building a community of like-minded caregivers who want to grow with their little ones' used to create trust in the products
	Cultural insensitivity	Use of the word 'Stokvel' refers to a community-based saving scheme that is traditionally used for essential items, creating the sense that these products are essentials for feeding young children.
	Use of respectable figures	Use of a nurse with a PhD on the panel intended to convince mothers or caregivers that these products are endorsed by health professionals.
	Advertising unhealthy and unnecessary ultra-processed products	Nestlé is using the opportunity to advertise their products. These baby cereals and fortified milks for children over 3 years old being advertised are ultra-processed, contain sugars and are costly. In a country like South Africa they are unaffordable for most households but are being advertised as necessary.

3.2. Commercial determinants of health model

The authors identified elements in the Stokvel event which referred to each level of the CDoH model. Details have been described below and illustrated in Panel 2.

Panel 2: The commercial determinants of health model illustrated through the Nestlé Stokvel event and Not Today Nestlé campaign.

Levels 1 & 2:
- The Nestlé Stokvel event used marketing techniques that violated some restrictions in the South Africa's R991, designed to protect infant and young child nutrition.
- Following the events cancellation, the company denied breaching the R991 and simultaneously suggested a formal public-private relationship with the National Department of Health.

Level 3:
- Limited government capacity to monitor and enforce the R991, combined with unclear sanction mechanisms enabled Nestlé to exploit regulatory loopholes and circumvent the law.
- Implementing criminal penalties further constraints regulatory effectiveness.
- The Not Today Nestlé campaign demonstrated the role civil society advocacy plays in exposing corporate misconduct and reinforcing policy accountability.

Levels 4 & 5:
- The Stokvel event demonstrated how multinational companies can manipulate information environments by presenting marketing as education, using health professionals and emotive community messaging to legitimise UPPs and undermine public health guidance on breastfeeding and complementary feeding.
- Such misinformation fosters the reliance on CMF & UPPs and contributes to low exclusive breastfeeding rates in South Africa (32%) and can exacerbate child undermatron.
- The impact of this type of marketing has a disproportionate effect on vulnerable households who may dilute the expensive products or rely on unsafe drinking water to mix them.

Level 6:
- Corporate marketing strategies, especially within a broader system of commercial and structural factors, may contribute to stunting by influencing infant and young child feeding practices.
- Reducing stunting in South Africa, with currently 29% of children affected, must be prioritised and requires evidence-based education on breastfeeding and appropriate complementary feeding.
- Despite prohibitions in the R991, CMF companies continue to provide nutritional education, highlighting the need for civil society to promote public health and mobilise communities against misleading marketing.

3.2.1. Levels 1 and 2: Political and economic system; regulatory approaches and upstream policies

The Stokvel event was situated within a broader pattern of marketing campaigns which were either deemed illegal or unethical and outside of the spirit of the regulation. In the years preceding the Not Today Nestlé campaign, many infant and young child or nutrition experts had been publishing work to expose and warn against the CMF industry activities as conflicts of interest that harm breastfeeding practices or child health. These included examples of R991 marketing violations, specifically regarding the restrictions on the industry to make any 'health, medical or nutritional claims' or sponsorships of academic events. Pregnant women and mothers are also often targeted through personalised social media content that is often not recognised as advertising (A7). The Stokvel event was one of many similar webinar events that the company hosted that year (A2).

The Stokvel event was an example of a harmful marketing practice. Based on the restrictions in the R991, Nestlé illegally incentivised and enticed potential customers to 'make contact' through the free webinar and offered cash-strapped mothers an opportunity to win a R500 Shoprite (Grocery store) voucher. They intended to provide a platform for caregivers to learn 'everything they to know about infant

and child nutrition' a violation of a CMF company presenting educational information. By including 'well trained' ambassadors, one being a health professional with a PhD, mothers could potentially be convinced that these products are endorsed by health care professionals (A2; A3; A6). This corporate misconduct, both unethical and illegal, can exacerbate health harms with the unnecessary consumption of UPPs replacing nutritious foods and breastmilk. Although Nestlé did cancel the event due to the pressure placed on them from the Not Today Nestlé campaign and their claimed correspondence with the National Department of Health, they explicitly denied that the Stokvel Event violated the R991 (A3). This publicly implied a close relationship with the Department, though no formal partnership exists. CMF companies often leverage their broader market power and their numerous strategies to create partnerships that are clear conflicts of interest to public health experts; however, they often go unnoticed, having major implications for child health policy-making or regulatory approaches.

3.2.2. Level 3: Sectoral public policies

The R991 in South Africa has been successful in limiting the marketing of CMF products; however, often many advertising strategies go unnoticed, are not monitored, or reported for investigations to be conducted by the National Department of Health. The lack of capacity at the National Department of Health to both monitor the industry and implement the penalties proposed creates loopholes that are often abused by the CMF industry, allowing them to undermine and circumvent the law to their advantage, as seen in the Stokvel event.

External industry monitoring by civil society and public exposure that undermines the reputation of the companies with wrongdoing, as done in the Not Today Nestlé campaign, are ways to ensure public policies are protected from corporate misconduct. This however does require active monitoring and resources which civil society is not always capable of. Reflections from the experts involved in the Not Today Nestlé campaign highlighted the numerous commercial actors that were involved in this event, making it difficult to determine who to challenge for sharing this information and advertisement. Nestlé was an obvious violator of the R991 in this case, however, the various magazines and, the media house that advertised it should also have been held accountable. Going after all these actors would have been time-consuming and would require further resources which were not available. There is also limited clarity on whether these other actors can be held accountable and punished for their involvement based on the provisions for sanctions within the R991 and Foodstuffs, Cosmetics and Disinfectants Act. In addition, by criminalising offences under R991, it allows implicated companies or persons to benefit from extra constitutional protections built in as fair criminal justice processes. These include fair trial protections such as the right to lead evidence in a court, the right to not incriminate oneself and the right to access the court. While these protections are key for criminal processes, they do require significant state resources and time which can dissuade enforcement steps, especially where penalties are small. Such barriers could be removed if administrative penalties as commonly used with these types of regulations were implemented.

3.2.3. Levels 4 and 5: Environments that are equally damaging to health and final routes to health and equity impacts

The Stokvel webinar illustrated how a multinational company can potentially reshape information environments for caregivers by creating false education through presenting marketing content as health education. Public health messages of exclusive and continued breastfeeding and the introduction of appropriate complementary foods are undermined with the products being promoted during the webinar (manipulation of the information environment). The marketing tactics employed position UPPs, often high in nutrients of concern such as sugar (A1), as necessary or suitable for young children to consume compared to essential, nutritious foods or breastmilk; thereby creating false education. The inclusion of a highly qualified nurse on the panel appears intended to convince caregivers that the products advertised are endorsed by health professionals and provide clinical legitimacy. Furthermore, the community-building and emotive language with emphasis on caregiver's 'empowerment' added to the idea of trusted information being shared (A1, A3, A6).

Such information environments, saturated with misleading or unverified health information, can contribute to public health harms that are often overlooked especially in settings that experience widespread food insecurity and poverty. In South Africa, only 32% of babies are exclusively breastfed at six months, partly due to the early introduction of complementary foods such as formula (A2). Undernutrition and stunting disproportionately affect children in low-income households, many of which, rely on community-based social safety nets including stokvels to build resilience against hunger. Within this context, the impact of the Nestlé Stokvel event places a disproportionate burden on lower socio-economic groups. Branding the event as a 'Stokvel' is ethically problematic. A stokvel traditionally functions as a community-based savings scheme for essential household needs, whereas the products being advertised are neither essential nor affordable. Their high cost increases the risk of caregivers diluting them which can threaten child health. This risk is amplified by structural and environmental conditions where one quarter of households in South Africa lack access to safe drinking water**,** and 37% of households have limited to no sanitation (UNICEF, 2024) placing children at further risk of infections and stunting if unhygienic mixing occurs or unsafe water is used (A3, A6).

3.2.4. Level 6: Ill health and health inequalities

Ultimately, corporate marketing strategies can potentially contribute to the several complex drivers of stunting, especially within a broader system of structural and commercial determinants of child nutrition. The Nestlé Stokvel event is one example of a marketing activity used. The nutritional status of children in South Africa has been a cause for concern, with 29% of children stunted (Hall et al., 2024; UNICEF, 2024). There are many factors that can lead to stunting, which include inadequate dietary intake and repeated infections amongst others. For there to be a reduction in stunting, nutrition education that focuses on appropriate complementary feeding practices is essential, coupled with ensuring that food systems can provide nutritious, safe, and affordable complementary foods (UNICEF, 2024). CMF producers are prohibited from providing nutritional and health education according to the R991, however, as seen in the Stokvel event, these restrictions are not followed. Civil society organisations are

needed to act as health promotors and help mobilise communities that are affected by these marketing tactics.

3.3. Lessons learnt from the Not Today Nestlé campaign

Drawing from the expert reflections, key aspects of success and limitations of the Not Today Nestlé campaign are explored as well as the lessons learnt that can be used for future advocacy campaigns against commercial power and influence on the food system. Generally, the Not Today Nestlé campaign effectively held Nestlé accountable for its marketing practices in South Africa, demonstrating the value of collaboration between academic research and civil society advocacy in addressing CMF industry misconduct. The campaign advanced the debate on multinational corporate influence over policy and its broader implications for individual health within the context of commercial determinants of health.

As noted from the expert reflections, there were several key aspects of the campaign that led to its success and important elements to consider for future food system advocacy work against corporate power, namely:

(a) **Campaign framing and messaging**

Framing the campaign around children's consumption of UPPs appears to have generated stronger public and civil society engagement than a focus limited to R991 regulatory violations. This suggests that legal non-compliance, while important, may not resonate with the public compared with concerns related to children's nutrition and food quality. The experts revealed bureaucratic and procedural constraints to action the complaint within the National Department of Health which reduced the likelihood of immediate institutional responses, even with the multiple documented R991 violations. The involvement of legal experts in drafting the letter assisted in identifying and expressing the violations of the regulations accurately.

The campaign benefited from favourable issue attention dynamics. Infant and young child feeding was on the public's agenda due to ongoing initiatives and Nestlé's scheduling of the Stokvel event immediately after World Breastfeeding Week created an opportune moment for public awareness. The campaigns clear messaging, concise petition, and appealing name, effectively captured public and media attention, contributing to its overall impact.

(b) Collaboration and partnerships

Effective collaboration between academics, civil society, government, and media – grounded in mutual respect and clear role boundaries – proved successful. Academics and policy experts provided technical analysis and leveraged government and international networks, while the alignment between child health and food environment experts generated strategic coherence. This facilitated broad academic endorsement of the letter and positioned HEALA to assume leadership of the advocacy and communication components.

Civil society groups mobilised the public, organised public relation advocacy actions and responded rapidly with communication resources. The cumulative pressure generated through the formal letter, petition and media coverage appears to have created reputational incentive for Nestlé to cancel the event.

(c) Strategic planning and industry monitoring

The Not Today Nestlé campaign highlighted the need for developing both proactive and reactive industry monitoring strategies, particularly in contexts where government oversight is limited.

The campaign illustrated structural constraints in civil society-led advocacy. The campaigns contributors worked without compensation and were driven largely by individual commitment rather than institutional resourcing. The campaign required civil society organisations to align activities with their mandates to mobilise resources. This was doable in this case, however countering the influence of CMF industry actors requires advocacy strategies that are systematically planned, have adequate resources, and sustained beyond reactive mobilisation. Continued engagement did not materialise following the Not Today Nestlé campaign, highlighting a gap between short-term action and longer-term accountability efforts.

The experts highlighted that resource constraints are often a challenge for civil society organisations or academics, especially when compared to the amount of human, technical, legal and communication resources these multinational companies have. Considerations of these resources' allocation disparities are critical when designing long-term advocacy strategies.

4. Discussion

South Africa faces a persistent triple burden of malnutrition (Sanders et al., 2021), with 29% of children experiencing stunting (Hall et al., 2024). Limited dietary diversity contributes significantly to this challenge, as fewer than one-quarter of children of complementary feeding age receive a minimum acceptable diet (SADHS, 2016). The food environment has shifted considerably in South Africa in the past few decades from consumption of whole foods to an increase in UPPs (Slater et al., 2024) playing a role in the adequacy and nutrition of complementary feeding practices. The 2024 UNICEF Child Food Poverty Report provides an analysis of the major drivers for severe food poverty, namely poor food environments, poor feeding practices and household income poverty. The current food system fails to provide children with diets needed for healthy growth and development. Instead, parents and caregivers with limited resources are exposed to widely available unhealthy UPPs that are aggressively marketed leading to overconsumption of unhealthy products (UNICEF, 2024). UPPs, such as commercial infant cereals, are frequently introduced as first foods (Sayed & Schönfeldt, 2020), while the high cost and health risks of CMF in areas with poor sanitation further exacerbate stunting (Hadi et al., 2021). Although breastfeeding is a proven protective factor against under- and overnutrition, only 32% of South African infants are exclusively breastfed for the first six months (DoH, 2017). This can be largely attributed to the aggressive marketing of breastmilk substitutes that often distorts information and

undermines caregivers' confidence to successfully feed their infants, placing children's health at risk (WHO & UNICEF, 2022). To address this, Regulation R991 (2012) was introduced to limit the marketing of CMF and complementary foods. Nevertheless, the CMF industry continues to employ opportunistic marketing strategies, particularly targeting vulnerable communities, which undermines breastfeeding practices and prioritises profit over public health (Rollins et al., 2023).

Using the CDoH model, this case study illustrated how the CMF industry, and companies such as Nestlé, employ marketing practices that advance corporate interests while potentially undermining child health. The Nestlé Stokvel event, although a single promotional activity reflected a convergence of marketing, reputational, political, and scientific practices aimed at enforcing corporate influence and power. Analysis of this event revealed how Nestlé's activities engaged all levels of the CDoH model. At Levels 1 and 2, the company engaged in unlawful marketing activities and seemed to imply a conflicting formal public-private relationship with the National Department of Health. At level 3, Nestlé exploited the gaps in monitoring, implementation, and enforcement mechanisms of the R991. At levels 4 and 5, the use of emotive, cultural, and persuasive messaging and delivery of information from respectable figures undermined evidence-based feeding recommendations and disregarded the socioeconomic and physical environmental realities of targeted communities increasing the risk of inappropriate UPPs use. Ultimately, these types of marketing practices, especially within a broader system of commercial drivers, may contribute to adverse nutrition outcomes including stunting (Level 6). Collectively, the findings illustrate how corporate marketing strategies, when integrated across multiple domains of influence, can intensify health harms by promoting the consumption of harmful commercial products (Gilmore et al., 2023) and build reputation used to create regulatory chill with other health promotion efforts (Kruger et al., 2021).

CMF producers have a history of using loopholes in local regulations to undermine breastfeeding in communities (Jones et al., 2022). In South Africa, Nestlé and other CMF companies have used both unethical and illegal marketing practices, often in violation of the R991 (Lake et al., 2019; Becker et al., 2022; Pereira-Kotze et al., 2022a). Through this ban, marketing and promotion of these products has shifted and evolved. Marketing tactics have become more subtle, relying on associations with young children and health than directly marketing the formulas (Jewett et al., 2022). In addition, CMF producers sometimes use growing-up formulas (for children over thirty-six months) which fall outside R991's scope to cross-promote infant products, as a means to avoid the strict regulation of R991 as seen in the Stokvel event (Pereira-Kotze et al., 2022b). There is also a history of using marketing activities disguised as educational engagements to undermine public health messages at the population level and to use situate industries as credible and legitimate experts (Jones et al., 2022). These include the sponsorship of educational events and partnerships with academic institutions (Abdool Karim et al., 2025) and strategies targeting health care professionals (Doherty et al., 2022; Pereira-Kotze et al., 2022a). Conflicts of interest, whether they be through funding or individual relationships, affect the objectivity of academics and, despite their best intentions can lead researchers to favour corporations consciously or unconsciously (Lake et al., 2019). This conflict of interest can extend to influence on national policy and has the potential to undermine the integrity of evidence that guides policies or regulations. Although the National Department of Health acknowledges that conflict of

interest must be addressed and that there should be no misunderstandings of the restrictions in the R991 with enforcement needed (Ntsie, 2020), CMF producers continue to push the boundaries of local regulations, as seen in the Stokvel event. The lack of capacity of government to actively monitor the industry and the limited clarity on provision of sanctions for violators within the R991 and Foodstuffs, Cosmetics and Disinfectants Act provides challenges for regulation implementation (Lake et al., 2019).

The market-driven world, often compounded by corporate marketing practices, undermine key infant and young child public health measures protective of childhood malnutrition (Baker et al., 2023; Rollins et al., 2023). Multinational companies aim for profit maximisation with marketing being a key strategy that uses consumers' values, aspirations and cultural preferences intentionally, generating demand and normalising consumption of UPPs (Baker et al., 2025). The importance of curbing marketing practices aimed at influencing consumers to introduce UPPs into diets has been seen as a key intervention to ensure better lifetime health (Becker et al., 2022). Especially given the links between stunting and later-life obesity (Rito et al., 2019), and the inverse correlation between breastfeeding and stunting (Hadi et al., 2021). The marketing of Nestlé's products in the Stokvel event namely Nido milk powder and baby cereals (Nestum and Cerelac) that are ultra-processed, high in sugar and are often positioned as solutions for threatening issues such as hidden hunger creates an unnecessary and misunderstood demand for the products. This feeds into the existing societal norms of the consumption of CMF products and baby cereals, which are widely accepted and undermine recommended breastfeeding and complementary feeding practices, both protective for stunting (UNICEF SA, 2024).

Nestlé, both a major CMF and UPP manufacturer, has been repeatedly scrutinised for unethical marketing practices that drive the consumption of UPPs and affect children's nutritional status and health. In 1977, Michael Muller's Baby Killer report exposed how the company represented their sales staff as health practitioners and targeted lower income communities. More recently, evidence from 2024 revealed disparities in product formulation with higher sugar content in infant cereals marketed in lower income countries compared to versions sold in higher income contexts (Gaberell et al., 2024). Further analysis found that 90% of Nestlé's Cerelac products sold in Africa contained high amounts of added sugar (Gaberell, 2025). Corporations can alter aspects of the physical and informational environments that caregivers and children live in to maximise sales of their products with healthier options harder to access, resulting in obesogenic environments being formed (Gilmore et al., 2023). The industry's power within food systems must be controlled to ensure that breastfeeding is protected; nutritious foods are accessible and affordable for young children, and UPP consumption can be reduced (Baker et al., 2025).

To achieve a food system reform, CMF and broader food and beverage industry actors must be held accountable and monitored for their corporate practices. Key insights from the case study and reflections of the Not Today Nestlé campaign revealed three important aspects for civil society to consider. Firstly, campaigns must resonate with the targeted public through effective framing and messaging. UPPs should be prioritised as a health issue that results from the corporate-driven displacement of nutritious foods (Baker et al., 2025). Secondly, effective collaborations and partnerships should be developed or harnessed. Civil society requires additional support from actors like academia

and government (Rollins et al., 2023). Commitment, action, and accountability can be galvanised through multiple partners including government, civil society and academia. Governments have the primary duty to protect children's rights to food and nutrition by ensuring mandatory marketing regulations are implemented and enforced. Civil society and the media play a crucial role in keeping corporations accountable for unethical and illegal marketing tactics and are mechanisms to ensure public participation and power in health policy processes. And finally, academia should work closely with advocacy partners to ensure evidence is generated to enhance programmes, campaigns and policies (UNICEF, 2024; Baker et al., 2025). Advocacy campaigns need to be coupled with strong political will to receive necessary resources needed to act against regulation violators (Vitalis et al., 2022). The recognition of civil society within government processes must be improved, while simultaneously reducing the role of industry actors (Kruger et al., 2021). Finally, advocacy campaigns that provide both reactive and proactive strategies to combat the industries misconduct are required. Well-planned and well-implemented advocacy can be very successful, even in short periods. However, investments are needed for strategic and operational capacities to create shared ownership and synergies within campaigns that provide shared responsibility and credit and for resources to be allocated accordingly (Pelletier et al., 2013).

5. Conclusion

The case highlights how marketing from the CMF industry can potentially distort recommended infant and young child feeding practices. These marketing practices, especially within the system of broader determinants, may contribute to stunting. To protect public health, collaboration between civil society, academia, and government is crucial in enforcing regulations and combating the influence of harmful corporate practices.

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Disclosure statement

The authors are employed by HEALA, a public health civil society organisation that led the advocacy campaign described in this case study. Our direct involvement in the campaign's implementation was limited. This analysis is written from a reflective, research-oriented perspective. We recognise that our organisational affiliation may influence interpretation and have mitigated this by drawing on multiple data sources, including public records, media reports, and independent commentary. Our aim is to provide an evidence-based account that contributes to understanding public health advocacy and policy processes.

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