‘Your husbands are bringing it to you’: South African rural women and HIV in Darrell Roodt’s *Yesterday* (2004)

Norita Mdege

Centre for Film and Media Studies, University of Cape Town, Cape Town, South Africa

**ABSTRACT**

The ways in which rural women living with and/or affected by HIV are portrayed in films can potentially influence how social transformation is imagined, including the extent to which the women can be involved in problem-solving processes. This is because, in addition to conceptualising the problem, such representations often place women in a certain position in relation to, or within, the problematic situation, which in turn influences how solutions are framed. This paper uses a discursive approach to explore the portrayal of South African rural women living with and/or affected by HIV in Darrell Roodt’s film, *Yesterday* (2004), which is set in rural KwaZulu-Natal. It considers how the film deals with the tension between structural violence and rural women’s agency in grappling with HIV. Structural violence has a significant impact on the experiences of rural women and, hence, their health outcomes. However, when representing rural women, too heavy an emphasis on structural violence runs the risk of portraying them as passive or helpless victims, thus severely limiting their agency.

**Introduction**

Darrell Roodt’s film, *Yesterday* (2004), uses the poor, uneducated and compliant rural woman stereotype to highlight the difficulties faced by South African rural women living with and/or affected by HIV. These difficulties include poverty, stigma, limited access to health care services and reduced productivity due to illness. The film explores the impact of structural factors, including government policy, and economic and socio-cultural conditions, on health outcomes and the lived experiences of rural women. This paper argues that heavy emphasis on structural determinism, in which health outcomes are largely determined by factors outside the control of women, runs the risk of portraying these women with little to no agency, and thus confining them...
to the status of helpless victims. In such cases, HIV and HIV-related problems, such as stigma, become issues that rural women, individually or as communities, cannot avoid or minimise through their own initiatives or actions, and this has implications on how social transformation is framed.

In this case, ‘framing’ implies selecting ‘certain aspects of a perceived reality and making them salient’ (Beaudoin 2007, 199). In order to explore how transformation is framed in Yesterday, this paper considers the way the film deals with the tension between structural violence and rural women’s agency in grappling with HIV. Structural violence can be defined as ‘violence exerted systematically – that is indirectly – by everyone who belongs to a certain social order’ (Farmer cited in Home 2005, 188). This violence ‘is built into social structures, and […] is silent, largely invisible and seen to be as natural as the air around us’ (Home 2005, 188). The main question to be asked here is: Where is transformation expected to come from? Greater agency for rural women would point to the possibility of transformation from within, that is, the possibility of women working to reduce barriers and create a health-enabling environment within their communities. On the other hand, very limited agency in the face of structural violence would imply that transformation might have to come from external sources such as donor-funded programmes or top-down government policies, with women playing a largely passive role.

Yesterday was released at a time when the South African government was under heavy criticism for its AIDS-related policy. Starting in 1994, the government put into place ‘an AIDS education and information campaign (EIC) and a sexually transmitted disease management intervention’, which reached 95% coverage by 2003 (Nattrass 2008, 173). However, this campaign was not supported by adequate HIV treatment and care services, leading to a knowledge, attitude and practice gap, which Muturi (2005) defines as the discrepancy between awareness and behaviour change. The government resisted the implementation of treatment programmes using antiretroviral drugs (ARVs), and, instead, supported alternative untested therapies (Butler 2005; Nattrass 2008; Simelela and Venter 2014). Analysts do not agree on the reasons for this stance, and their suggestions include lack of political will and the powerful influence of ‘AIDS denialists’ (Nattrass 2008) as well as a shortage of financial, human and other resources in the public health sector (Butler 2005). What cannot be denied is the impact this had on women, especially rural women, considering that, in place of treatment programmes, the government promoted positive living, as well as home-based care (Swanepoel 2005), which placed an additional burden on women as caregivers.

Within this context, structural factors played a significant role in determining the sexual health statuses of communities. However, as South African documentaries such as A Ribbon Around My House (Portia Rankoane 2001) and Masindy’s Story (Lee Otten and Sharon Farr 2005) have shown, this does not necessarily mean women were stripped of all agency. A Ribbon Around My House focuses on Pinki Tiro, an AIDS activist, who is very open about her HIV-positive status and tells anyone who would care to listen. At one point, Pinki speaks to men about sex and the use of condoms, and the men open up to her, asking questions that, within many South African communities, may be considered ‘inappropriate’ for men to ask a woman.

Many African womanists have faulted filmmakers for casting women in roles that portray them as victims (Orlando 2006) and called for the need to create images that
confront and transform African women’s realities. Within the South African context, transformative representations of women living with and/or affected by HIV are often reserved for documentary films such as A Ribbon Around My House and Masindy’s Story mentioned above. However, some fictional films have also risen to the challenge. For example, in Confessions of a Gambler (Rayda Jacobs 2007), both male and female characters share the ‘burden’ of looking after Reza, the main character’s son who is dying from an AIDS-related illness. The film embraces the role of women as nurturers and caregivers, but also suggests that the burden of this role does not necessarily have to fall only on women; men can help too.

Yesterday is set in KwaZulu-Natal, a province with the highest HIV prevalence rate in South Africa. In 2002, just two years before the film was released, the HIV prevalence rate in the province was estimated at 18.4%, compared to the national average of 14.2% (Dorrington, Bradshaw and Budlender 2002). In an antenatal care survey conducted in 2004, the year the film was released, HIV prevalence in women aged between 15 and 49 was estimated at 40.7% in KwaZulu-Natal, compared to the national average of 29.5% (KwaZulu-Natal Department of Health 2014). Hospital deaths from AIDS-related illnesses between 1998 and 2002 are estimated at 39.4% of total deaths in KwaZulu-Natal, making them the highest-ranking cause of death in the province during that time (KwaZulu-Natal Department of Health 2004). These deaths are made more tragic by the fact that, in 2002, the then Minister of Health refused to disburse US$72 million from The Global Fund to finance the provision of antiretroviral therapy (ART) in the KwaZulu-Natal Province (Hoad 2005). Additionally, in 1998 an AIDS activist, Gugu Dlamini, was stabbed, beaten and stoned to death by a group of men in her hometown of KwaMashu in KwaZulu-Natal after she disclosed her HIV-positive status to the public. Considering these facts, KwaZulu-Natal is a significant locus in responding to the HIV epidemic as well as promoting women’s health in South Africa.

Due to Yesterday’s social relevance, the film has been used by organisations such as the Nelson Mandela Foundation, as well as the government, in HIV public awareness campaigns. For example, on World AIDS Day 2005 the film was screened free of charge in selected cinemas throughout the country. While commercial imperatives should be acknowledged, it is of significance that the Nelson Mandela Foundation, a non-profit organisation committed to the promotion of a just society, contributed some funds towards the making of the film. The involvement of the foundation suggests that the film, far from being ‘a series of detached fantasies that offer pure entertainment’ (Higgins 2012, 6), reflects material and ideological investments.

Films can be very powerful ideological tools and can influence the way people conceptualise their problems and/or solutions. For instance, the imagery of the film Blood Diamond (Edward Zwick 2006) was referred to by the indigenous population in Botswana in their protest against diamond-mining projects by the De Beers Group, although their immediate concerns had ‘nothing to do with diamonds bloodied by war’ (Leander 2008, 7). The indigenous group was protesting against what they saw as measures to drive them off their traditional land (Leander 2008, 7). The use of Yesterday in HIV awareness campaigns indicates a recognition of the potential which film has to contribute towards reducing HIV infections and HIV-related problems through, for example, providing information on prevention, visualising ways of dealing
with infection and promoting attitudes and behaviours that help in creating a health-enabling community.

Representations of identities in films such as Yesterday can potentially influence people’s self-evaluation, empowerment and attitudes towards those living with and/or affected by HIV. Therefore, there is a need to pay attention not only to what the films say about the infection, but also to what they say about the communities and people they represent. In that regard, the paper adopts a discursive approach, which

examines not only how language and representation produce meaning, but how the knowledge which a particular discourse produces connects with power, regulates conduct, makes up or constructs identities and subjectivities, and defines the way certain things are represented, thought about, practiced and studied. (Hall 1997, 6)

Considering the portrayal of poor rural women in Yesterday is significant because these women are vulnerable to negative stereotypes, a consequence of the fact that they have to rely on people from more privileged communities to represent them. That is, such representations are often from the perspectives of privileged outsiders looking in. For example, Yesterday is directed by a white man, and all the main characters in the film are professional actors from urban centres.

HIV and rural women

Yesterday is the story of a rural KwaZulu-Natal woman, Yesterday, who finds out she is HIV-positive. Upon discovering her HIV status, she goes to Johannesburg to inform her husband who works at a mine. Her husband does not take the news well; he beats her, and she returns to her rural home with bruises. Her husband eventually gets sick and comes home, and Yesterday looks after him until he dies. Once the other villagers become suspicious that Yesterday and her husband are HIV-positive, they stigmatise them in very open and obvious ways.

Epidemiological evidence in South Africa indicates that women are disproportionately infected compared to men. In 2004, HIV prevalence among women aged between 15 and 49 was estimated at 20%, compared to that of men which was estimated at 15% (Statistics South Africa 2017). As Muturi (2005) notes, socio-cultural and economic factors impede many African women’s decisions when it comes to sexual and reproductive health issues, a situation which increases their risk of contracting HIV. In his film, Roodt makes this point very clear. Yesterday demonstrates awareness, perhaps even resigned acceptance, of the fact that she does not have much control over her own body. When the doctor at the clinic asks her if she ‘enjoys’ a ‘normal, healthy sex life’, she does not respond. The doctor then rephrases the question to ‘Do you have sex?’, at which point she replies ‘yes’ and goes on to say: ‘you know what men are like after they have been away for a long time’. From her response, it seems sex is something Yesterday endures simply because it is what is expected of her.

In the South African context, men are ‘characterised as having an inherent need for regular sexual intercourse as part of their nature, and this form of sexual release [is considered] a requirement for their bodily and mental wellbeing’ (Lambert and Wood 2005, 536). In Yesterday, this patriarchal order that puts women at risk of contracting HIV is acknowledged but seems to go unchallenged. In one scene, a group of women
gossip about a recently married village man who has erected a red flag at his home, indicating that he is already looking for an additional wife. One of the women comments that the man is being very disrespectful, perhaps because it is too early in the marriage to be thinking of getting a new wife. But this statement is undermined by the fact that immediately afterwards another woman suggests that it must be an indication of the man’s sexual prowess: ‘He must have a spear between his legs’, thus turning the man’s escapades into something praiseworthy. In addition, after the death of her husband, Yesterday says this about him: ‘he was a very good man. He did his best for us. I could ask for no more really’. In this instance, the fact that he had an extramarital affair and infected her with HIV becomes irrelevant. This suggests that the idea of a man having multiple sexual partners is culturally acceptable within this community.

The film also highlights the idea that married women are most at risk of contracting HIV. When Yesterday is informed of her HIV test results, the doctor asks her if she uses condoms. Her response is that she is a married woman and therefore does not need to. Green et al. (2018) suggest that established commitment and trust account for the decline in concerns about sexual risk among people in intimate relationships. However, Yesterday’s response, and her expression of surprise at being asked the question, could suggest that within her socio-cultural context, married women are not supposed to or not expected to use condoms. It is later revealed in the film that the rural women are aware of the sexual risks that come with having a husband who is a migrant worker. In one scene, when a group of women are discussing HIV, one of them says: ‘Your husbands are bringing it to you’, and the other women present agree with her. This scene also serves to imply that women are simply victims of their husbands. Davis and Kostick (2018) indicate that, within marital relationships, women are exposed to sexual health risks mostly due to their husbands’ sexually risky behaviours. However, studies in several African communities show that many women are almost as likely as men to bring HIV into the partnership (Ramjee and Daniels 2013). The filmmakers therefore overlooked the possibility of women bringing HIV into the partnership in favour of portraying women as victims.

The film’s emphasis on women as victims who are unable to protect themselves, even when they are aware of the risks, suggests that the filmmakers employed a humanist approach. This approach ‘hinges on the assumption that images of suffering can invoke compassion in viewers, and that this compassion can become a catalyst for positive change’ (Bleiker and Kay 2007, 139). The use of this approach in Yesterday further calls into significance the involvement of the Nelson Mandela Foundation in funding the production of the film. This is because the film could potentially be used to convince donors to fund HIV awareness campaigns. Roodt indicates that those who contributed to the funding of the film, which also includes M-Net, the National Film and Video Foundation (NFVF) and Videovision Entertainment, had some control over the narrative. For instance, he explains that he had envisioned Yesterday as being able to see her daughter through high school and beyond, but the producers preferred a ‘more indefinite end to the story’ (Treffry-Goatley 2010, 201). The last image we see in the film is that of Yesterday walking away into the distance after witnessing her daughter start school. Considering her declaration that she will only let AIDS kill her after she has seen her child go to school, some viewers may take this final image as a
metaphorical representation of her death. In this instance, the director’s vision was discarded in preference for a gloomier ending.

Despite having noble intentions, the humanist approach takes away rural women’s agency and results in a representation that presents them as objects of pity. Bleiker and Kay describe pity as ‘a more abstract and generalised form of politics’ (Bleiker and Kay 2007, 150), and suggest that the humanist approach contains ‘residues of colonial values’ (2007, 141). Thus, the film can be seen as struggling to break away from the racial and gender stereotypes of South Africa’s apartheid era by presenting rural women in a paternalistic manner that sees them as helpless and in desperate need of external intervention.

Rural women and their environment

The rural landscape

Yesterday’s rural village is dominated by women who take care of their family homes while their men are away at work in the city. The film opens with a shot of a dry landscape, which emphasises the harsh conditions in which the women live. By using a harsh landscape, the film naturalises the harsh reality it constructs. In addition, the film is divided into two seasons: summer, which is characterised by farm labour as we see Yesterday working in her field although she is ill and clearly struggling, and winter, which is characterised by sickness and death. Thus, the film links the cyclical pattern of nature to Yesterday’s life experiences, emphasising the dominance of forces that are beyond her control. Additionally, the seasons also work as markers of time, and help to show how quickly the health of Yesterday’s husband deteriorates. The husband becomes seriously ill and dies within a year, a consequence of lack of access to antiretroviral therapy.

The film also emphasises the village’s isolation. The village women are marginalised politically, socially, economically and geographically. The village is far from the clinic and the shopping centre. This isolation seems to contribute to the women’s lack of knowledge. Information is mostly generated from within the village, with minimal input from outside sources that could potentially offer opportunities for knowledge growth. There is no indication that any of the women listen to the radio, a medium which has been used to reach a significant number of the rural population in South Africa. The women never mention the radio, and no radio is visible in any of the scenes.

The film therefore constructs an environment that supports certain stereotypical assumptions about rural women, such as the idea that they are ignorant. This creates a situation where rural women are engaged with at a superficial level.

The city

Yesterday briefly visits Johannesburg, one of South Africa’s largest cities. The city makes very clear the unequal distribution of wealth. The tall shiny buildings are in distinct contrast with the grass-thatched huts in Yesterday’s village. Mining activities also point to the creation of wealth, which, however, does not seem to significantly benefit the mine-workers or their families who live in poverty in the rural areas. By implying
this unmistakable gap between the rich and poor, the film seems to suggest that the
deplorable condition of health care provision in rural areas is not because the country
is poor, but because wealth is concentrated in the hands of the few.

The city does not offer a viable alternative for Yesterday. When she visits
Johannesburg, she does not feel like she belongs. The city’s tall buildings, a symbol of
wealth and development, make her feel alienated and even afraid. The buildings are
shown at low and oblique camera angles, making them look scary and intimidating.
Yesterday’s discomfort in the city can be contrasted to the male mine-workers who
see at ease within the urban environment, as indicated by their relaxed gait as
Yesterday walks past them. The men’s catcalling, directed at Yesterday, suggests that
men also contribute towards creating an unhealthy urban environment for women.
This representation creates the urban environment as a male space, while the rural is
constructed as a female space. However, men can move freely between the two
spaces, whereas women are largely confined to their rural space. This confinement, as
discussed in the section above, has implications for women’s access to new know-
ledge, including that relating to sexual health. The gendered representation of the
two spaces therefore perpetuates the marginality of rural women.

The city is also the place where Yesterday’s husband brutally assaults her. Perhaps it
is the shock from Yesterday’s news that turns him violent because, on her way back to
the village, Yesterday remembers, in the form of a flashback that ends with her husband
pulling her closer in a display of intimacy, how loving he was when they were together
in the village. This flashback suggests that the husband’s violent outburst may have
been out of character. In a paper looking at intimate partner disclosures and responsive-
ness among people living with HIV, Green et al. point out that health-promoting mes-
saging should also be ‘more relevant to intimate couple communication and mutual
support’ (Green et al. 2018, 1117), which suggests that such disclosures can be difficult
for both partners. However, the husband’s brutal attack on Yesterday cements the pos-
tion of men as the source of women’s suffering within the film’s world. The attack also
highlights that violence against women is another factor which negatively affects health
outcomes of women living with HIV. Additionally, the way the idea is presented, with
Yesterday being beaten in front of a witness who does nothing to stop the attack, has
significant implications on the way transformation is framed.

When Yesterday is attacked, the reaction of one of the mine’s employees, a man
working at the mine’s reception, indicates that violence against women is a common
occurrence at the mine; he turns around to look when the disturbance begins, but
instead of doing something to stop the attack, he simply shakes his head and turns
back to the newspaper he is reading. It is important to note that, during this scene, the
camera is not within the same space as Yesterday and her husband. The camera is
located in the mine official’s office, so that, just like the man, viewers watch the unfold-
ing events through a window. It can be argued that this strategy ideologically positions
viewers alongside the mine official. However, it is a position that viewers are encour-
aged to reject since the mine official is represented as rude and clearly lacking a con-
science. The implication here is that if people within this community will not do
anything to protect helpless women like Yesterday, then that leaves people from else-
where to step in, thus hinting at the need for intervention from the larger exter-
nal world.
Yesterday constructs a physical, economic and socio-cultural environment in ways that allow the film to explore many factors that impact on rural women’s health, including poverty, inequality and domestic violence. However, the main focus of the film seems to be directed towards issues to do with access to health care services, since the first time we see Yesterday, she and her daughter are on their way to the clinic. It is therefore important to look at the film’s representation of Yesterday’s medical encounters.

Medical encounter

Sociological, philosophical, historical, feminist and anthropological theorists have explored ideas about ‘the medical encounter as a struggle for power, and medicine as an institution of social control’ (Lupton 1994, 58). For instance, some critical theorists argue that in contemporary society the role of the doctor ‘carries great symbolic and political power and control over knowledge’, while the patient’s role ‘is that of supplicant, seeking the help of the knowledgeable and powerful doctor’ (Lupton 1994, 59). It is therefore important to explore the experiences of rural women’s medical encounters, especially within the context of HIV, because these encounters may hamper or enhance self-efficacy, which is necessary for positive health outcomes.

During the early 2000s, South Africa’s Minister of Health courted controversy by denigrating ARVs while promoting untested alternative medicines, whose usage were framed within African traditions. This created confusion among people over the role of traditional medicine, which in turn undermined ‘the scientific approach to AIDS treatment’ (Nattrass 2008, 176). In his film, Roodt attempts to clear such confusion by emphasising the effectiveness and superiority of biomedicine over untested medicines and treatments peddled by African traditional healers. In doing so, Roodt focuses on the doctor–patient relationship and diagnostic processes in both the African traditional healer encounter and biomedicine encounter.

Sangoma (African traditional healer)

The visit to the sangoma is framed as a desperate measure. Yesterday only decides to visit the sangoma after her daughter finds her unconscious on the floor at home. The visit also occurs after Yesterday had failed twice to see the medical doctor at the clinic due to long queues. The first shot of the scene is of the sangoma, a woman, centred in the frame, asking Yesterday how long she has had the ‘falling sickness’. This question indicates that the sangoma’s focus is on dealing with the symptoms of Yesterday’s disease rather than the root cause. When Yesterday tries to give a full history of her illness, the piece of information the sangoma focuses on is the fact that she had tried to see a medical doctor first, before visiting her. The sangoma is not pleased with this. The sangoma then goes on to tell Yesterday that it is anger that is making her sick, even though Yesterday insists she is not angry.

Through a questionable diagnostic process, the sangoma is presented as an incompetent charlatan who does not understand ‘the most basic principles of emotional support’ (Wozniak cited in Treffry-Goatley 2010, 191). When asked by her friend, the
teacher, if the *sangoma* was able to help, Yesterday’s answer is ‘I don’t know’. Tellingly, Yesterday never goes back to the *sangoma* for further treatment, even when she does not seem to be getting better. Roodt admits to having the agenda of pushing the idea that traditional healers lack the knowledge necessary to effectively consult on HIV (Treffry-Goatley 2010, 192). Roodt’s approach may have been necessitated by the need to aggressively push for the provision of ARVs in government clinics and hospitals. However, considering the influence of *sangomas* in South African communities, women *sangomas* could be a potential avenue for dispersing information about HIV to rural women. In a move that acknowledges the role which *sangomas* could potentially play in responding to HIV, the Zambian government has invested resources towards improving *sangomas’* ability to tackle HIV by putting in place a programme to help traditional healers become lay counsellors (Ford, Odallo and Chorlton 2003). In *Yesterday*, however, rural women are stripped of this easily accessible potential tool.

**Biomedicine**

Yesterday’s attempts to seek help at the clinic yields positive results on the third try when she is finally able to see the doctor, a white woman, who impresses Yesterday with her ability to speak IsiZulu ‘like a proper Zulu’. When explaining his decision to use a white character in the role of the doctor, Roodt indicates that he thought it would be more realistic since at the time South Africa had more white doctors than Black (Treffry-Goatley 2010, 185). However, while the use of a white doctor may have been true to reality, it mirrors the idea of a ‘white saviour’ as seen in neo-colonial representations of African people in films such as *The Constant Gardener* (Fernando Meirelles 2005) and *Blood Diamond*, in which white people are represented as being in a better position to help Africans.

The first shot we see in the doctor’s examination room is of Yesterday, in centre frame, downcast and fidgeting with her fingers. But, unlike her experience with the *sangoma*, the moment the doctor walks in it becomes clear that the service here is more patient-centred. Where the *sangoma* demanded trust by telling Yesterday that if she does not trust her then she should not have sought her services, the doctor tries to build trust. The doctor is very empathetic to Yesterday’s situation and attempts to gain an insight into Yesterday’s life in order to offer meaningful advice. However, this experience comes with its own forms of power dynamics.

When the doctor tells Yesterday that she needs to do a blood test, she does not present it as an HIV test, she explains that the test is meant ‘just to check that everything is fine’. When the doctor finds out that Yesterday cannot read the consent form, instead of explaining what the form says, the doctor dismisses the need for informed consent and simply takes over ‘ownership’ of Yesterday’s body. The doctor asks if Yesterday wants the test, and Yesterday does not say yes; instead, she asks if it will hurt. The doctor does not seem to notice the lack of a clear affirmative answer; she just goes ahead and draws blood from Yesterday. Yesterday is clearly at a disadvantage in this scenario. Yesterday’s illiteracy and lack of knowledge effectively turns her into a minor who cannot make her own decisions.
However, the film manages to drive home a very significant point. When the doctor tells Yesterday that she is HIV-positive, Yesterday asks if she is ‘going to stop living’. The doctor does not answer, and there is a long pause in which doctor and patient just sit in silence facing each other. With no access to ARVs, testing HIV-positive was almost like a death sentence. The doctor could do nothing other than treat Yesterday’s cough. In this regard, the film demonstrates the lived experiences of the effects of government policy.

Yesterday’s interactions with the doctor also highlight the necessity to provide health education to rural women because Yesterday seems clueless on how to deal with her condition. It is therefore important to look at the representation of health education in the film.

**Health education**

*Yesterday* presents health education within the context of trying to reduce stigma among women within the rural community. Stigma is represented as life-threatening at its extreme as indicated by Yesterday’s story about the ‘woman in Bergville’ who was stoned to death by her fellow villagers after they discovered she was HIV-positive. What seems to drive stigma in Yesterday’s village is fear of contamination among the village women. In response to this, Yesterday’s friend, the teacher, gathers the village women in an attempt to allay their fears.

As someone who only comes to live in the village because of her job, the teacher is represented as an outsider. This places her in a precarious position, since the village women are consistently characterised as ‘very suspicious of outsiders’. Yesterday mentions that, after she got married and moved to the village, it took the villagers a year before they accepted her. Just like the doctor, the teacher is more knowledgeable and has been empowered as a result of having received formal education. But, despite being a professional teacher, the village women resist her attempt to impart knowledge, which suggests that their resistance to outsiders may have contributed to their lack of access to new knowledge.

However, the way the situation unfolds also points to the teacher’s lack of skill and experience in communicating health information to uneducated women. When explaining how HIV may be acquired, she seems to be doing it in a way that many of the women find difficult to understand. One of the women even says ‘You are confusing me now’, which seems to suggest that the teacher may not have properly considered her target audience when planning the message and designing her delivery.

There are many other approaches which she could have used that have proven effective in such situations. For example, she could have acknowledged that her status as an outsider might mean that the village women would not recognise her as an opinion leader on matters affecting them. In that case, she could have used the diffusion of innovation approach, which would have involved approaching opinion leaders among the women and then using them ‘to influence attitudes and behaviours’ (Airhihenbuwa and Obregon 2000, 7–8). The women’s interactions throughout the film indicate that the opinions of some of the more vocal women seem to carry a lot of weight within the group. For example, the two women who lead the discussion about
the newly married man who is already looking for another wife are the same women who lead the resistance during the meeting with the teacher, with one of them passionately declaring that Yesterday’s husband ‘must go’. These two women could potentially have been targeted as they seem to be able to sway the opinions of the other village women.

Since discussions about HIV infection can be fear-arousing for some people, the teacher could also have employed the Extended Parallel Process Model (EPPM) that allows for the channelling of ‘fear in a positive protective direction instead of a negative maladaptive direction’ (Witte 1998, 347). According to this model, health messages containing a threat component should also have an efficacy component. The role of the efficacy portion is to try ‘to convince individuals they are able to perform the recommended response (i.e., self-efficacy), and that the recommended response effectively averts the threat (i.e., response efficacy)’ (emphasis in original) (Witte 1998, 347). The women’s fears stem partly from the fact that they feel HIV ‘contamination’ can easily occur, as evidenced by questions like ‘What if he bleeds all over us?’ The women also fear for their children who often play unsupervised. An efficacy component could therefore have helped.

The teacher could also have employed the self-affirmation theory, which ‘predicts that if message recipients are allowed to affirm their self concepts before being exposed to threatening information …, such information will be processed less defensively’ (Arpan, Lee and Wang 2017, 189). Consequently, messages which suggest that members of the target group lack wisdom could arouse defensiveness, since such messages pose a threat to their self-concept. What the teacher does is the exact opposite of self-affirmation. Before she completely loses control of the situation, she even tells the women to ‘be reasonable’, which further elicits defensive behaviour from the women.

It should be acknowledged that films which provide easy solutions to complex societal problems often seem contrived, which can be a bad thing if the filmmaker’s wish is to make viewers suspend their disbelief for the duration of the film. For example, at the end of Life Above All (Schmitz 2010), another South African film about HIV, community members gather outside the home of a woman dying of an AIDS-related illness in a show of support, after they had, earlier in the film, stigmatised people living with, and/or affected by HIV. They erupt into a religious song at the moment of the woman’s passing with such perfect timing that the moment seems surreal. The song consists of the words ‘We come from suffering; and we confess our sins; and they repented. The gates of Heaven are open’, pointing to spiritual deliverance, hope and comfort. This ending seems contrived and runs the risk of portraying stigma as a simple problem that can be solved easily.

A more recent study indicates that HIV stigma continues to negatively impact health outcomes (Spangler et al. 2018). However, the fact that the women in Yesterday successfully resist any form of change throughout the film paints rural women in a negative picture as far as acquiring transformative behaviour is concerned. The last time we see them gathered, it is not to offer help but to look at the spectacle that is Yesterday’s husband. The women’s narrow-mindedness gives the impression that they would demand extraordinary patience and effort from anyone who tries to impart
knowledge, making positive health outcomes seem extremely difficult to achieve among rural women.

Conclusion

Fictional films are useful tools in understanding societies and the issues they face. As products of the societies from within which they are made, they can provide useful insights and generate discussion around relevant issues. *Yesterday* provides this function in relation to the experiences of rural women living with and/or affected by HIV in South Africa.

*Yesterday* contributes vital knowledge regarding the difficulties faced by South African rural women who are HIV-positive. These include stigma and lack of proper health care. The film shows the effect that lack of access to antiretroviral therapy has on the morbidity and mortality of women living with HIV. *Yesterday* is constantly ill because treatment is only directed towards HIV-related illnesses such as her cough, rather than HIV itself. Being constantly ill affects her livelihood, since it limits her ability to provide farm labour for her piece of land. Additionally, lack of access to antiretroviral therapy ensures the rapid decline of the health of *Yesterday*’s husband, which means *Yesterday* has to look after him, despite being ill herself. The film therefore contributes towards creating awareness of the need for the government to implement ARV programmes within the public health sector as this could have a positive impact on rural women’s health as well as reduce their burden as caregivers.

However, the film’s heavy emphasis on structural violence makes some forms of transformation from within the women’s communities unimaginable. This results in the portrayal of rural women as victims who cannot do much to change their circumstances, thus limiting their imagined agency. *Yesterday* creates binaries such as institutions/women, men/women, perpetrator/victim, with the result that rural women are portrayed as objects of charity (recipients of government policy and men’s benevolence) rather than rights-holders with their own agency.

External intervention may be necessary in some circumstances, but when representing marginalised identities and communities such as rural women living with and/or affected by HIV, focus need not just be on the necessity of external help. This is because the participation of members of the target group is necessary when creating a health-enabling environment, since they are the ones who have to perform any necessary behavioural change.

When utilising fictional characters in films about HIV, careful attention needs to be directed towards avoiding reinforcing social inequalities. A critical examination of the values, beliefs and concepts that are espoused and those that are neglected could help in this regard. This is because such examination enables the filmmakers to be more aware of the ideological implications of their creative choices. This is more important when representing rural women because they are extremely vulnerable to negative stereotypes, since they are often not in positions of control during film production processes.

Films focusing on rural women’s experiences of HIV could benefit from meaningful collaborations with the women throughout the films’ production processes. This is
because such collaborations could lead to the construction of messages and meanings of experiences that are based on the women’s self-understanding rather than established stereotypes. Collaborations could also enable the films to function as conduits for the expression of marginalised voices rather than become some form of top-down or paternalistic exercise. The value of collaboration is demonstrated in documentaries such as A Red Ribbon Around My House and Masindy’s Story, in which women living with HIV are able to offer alternative perspectives, as well as express and act out the identities and roles they envision for themselves.

It is important to represent rural women living with and/or affected by HIV as active agents within societies rather than passive victims. This is because such representations create a more nuanced portrayal that fosters better understanding of their experiences, and better understanding is essential for the creation of a health-enabling environment.

Disclosure statement
No potential conflict of interest was reported by the author(s).

ORCID
Norita Mdege http://orcid.org/0000-0001-6737-3782

References
Airhihenbuwa, C. O., and R. Obregon. 2000. “A Critical Assessment of Theories/Models Used in Health Communication for HIV/AIDS.” Journal of Health Communication 5 (1): 5–15. doi:10.1080/10810730050019528
Arpan, L. M., Y. S. Lee, and Z. Wang. 2017. “Integrating Self-Affirmation with Health Risk Messages: Effects on Message Evaluation and Response.” Health Communication 32 (2): 189–199. doi:10.1080/10410236.2015.1113483
Beaudoin, C. E. 2007. “HIV Prevention in Sub-Saharan Africa: A Multilevel Analysis of Message Frames and Their Social Determinants.” Health Promotion International 22 (3): 198–206. doi:10.1093/heapro/dam019
Bleiker, R., and A. Kay. 2007. “Representing HIV/AIDS in Africa: Pluralist Photography and Local Empowerment.” International Studies Quarterly 51 (1): 139–163. doi:10.1111/j.1468-2478.2007.00443.x
Butler, A. 2005. “South Africa’s HIV/AIDS Policy, 1994–2004: How Can It Be Explained?” African Affairs 104 (417): 591–614. doi:10.1093/afraf/adi036
Davis, L. M., and K. M. Kostick. 2018. “Balancing Risk, Interpersonal Intimacy and Agency: Perspectives from Marginalised Women in Zambia.” Culture, Health & Sexuality 20 (10): 1102–1118. doi:10.1080/13691058.2018.1462889
Dorrington, R., D. Bradshaw, and D. Budlender. 2002. HIV/AIDS Profile in the Provinces of South Africa: Indicators for 2002. Centre for Actuarial Research, University of Cape Town.
Ford, N., D. Odallo, and R. Chorlton. 2003. “Communication from a Human Rights Perspective: Responding to the HIV/AIDS Pandemic in Eastern and Southern Africa a Working Paper for Use in HIV and AIDS Programmes.” Journal of Health Communication 8 (6): 599–612. doi:10.1080/713852167
Green, D. H., M. R. Weeks, M. Berman, H. I. Mosher, M. Abbott, and N. Garcia. 2018. “Managing the Risk of Intimacy: Accounts of Disclosure and Responsiveness among People with HIV and Intimate Partners of People with HIV.” Culture, Health & Sexuality 20 (10): 1117–1129. doi:10.1080/13691058.2018.1479535
Hall, S. ed. 1997. Representation: Cultural Representations and Signifying Practices. London: SAGE and the Open University.

Higgins, M. E. 2012. “Introduction: African Blood, Hollywood’s Diamonds?” In Hollywood’s Africa after 1994, edited by M. Higgins, 1–14. Athens, OH: Ohio University Press.

Hoad, N. 2005. “Thabo Mbeki’s AIDS Blues: The Intellectual, the Archive, and the Pandemic.” Public Culture 17 (1): 101–127. doi:10.1215/08992363-17-1-101

Home, F. J. 2005. “Yesterday, AIDS and Structural Violence in South Africa.” Communication 31 (2): 172–197. doi:10.8090/02500160508538001

KwaZulu-Natal Department of Health. 2004. “Annual Report 2003/2004.” http://www.kznhealth.gov.za/2003-2004-Annual-Report.pdf

KwaZulu-Natal Department of Health. 2014. “HIV Prevalence in Women 15-49 Years Old–Antenatal Care Survey 2004.” http://www.kznhealth.gov.za/healthstatistics.htm

Lambert, H., and K. Wood. 2005. “A Comparative Analysis of Communication about Sex, Health and Sexual Health in India and South Africa: Implications for HIV Prevention.” Culture, Health & Sexuality 7 (6): 527–541. doi:10.1080/1369105050245818

Leander, A. (2008). Sign Wars: Hollywood Documentaries Branding Politics. Frederiksborg: Department of Intercultural Communication and Management, Copenhagen Business School. http://hdl.handle.net/10398/7031

Lupton, D. 1994. “Toward the Development of Critical Health Communication Praxis.” Health Communication 6 (1): 55–67. doi:10.1207/s15327027hc0601_4

Muturi, N. W. 2005. “Communication for HIV/AIDS Prevention in Kenya: Social–Cultural Considerations.” Journal of Health Communication 10 (1): 77–98. doi:10.1080/10810730590904607

Nattrass, N. 2008. “Aids and the Scientific Governance of Medicine in Post-Apartheid South Africa.” African Affairs 107 (427): 157–176. doi:10.1093/afraf/adm087

Orlando, V. 2006. “The Afrocentric Paradigm and Womanist Agendas in Ousmane Sembène’s Faat Kiné (2001).” Comparative Studies of South Asia, Africa and the Middle East 26 (2): 213–224. doi:10.1215/1089201x-2006-005

Ramjee, G., and B. Daniels. 2013. “Women and HIV in Sub-Saharan Africa.” AIDS Research and Therapy 10 (1): 30–39. doi:10.1186/1742-6405-10-30

Simelela, N. P., and W. D. F. Venter. 2014. “A Brief History of South Africa’s Response to AIDS.” South African Medical Journal 104 (3): 249–251. doi:10.7196/SAMJ.7700

Spangler, S. A., L. L. Abuogi, E. Akama, E. A. Bukusi, A. Helova, P. Musoke, W. Z. Nalwa, T. A. Odeny, M. Onono, I. Wangia, and J. M. Turan. 2018. “From ‘Half-Dead’ to Being ‘Free’: Resistance to HIV Stigma, Self-Disclosure and Support for PMTCT/HIV Care among Couples Living with HIV in Kenya.” Culture, Health & Sexuality 20 (5): 489–503. doi:10.1080/13691058.2017.1359338

Statistics South Africa. 2017. “Statistical Release P0302: Mid-year Population Estimates 2017.” https://www.statssa.gov.za/publications/P0302/P03022004.pdf

Swanepoel, P. 2005. “Stemming the HIV/AIDS Epidemic in South Africa: Are Our HIV/AIDS Campaigns Failing Us?” Communication 31 (1): 61–93. doi:10.8090/02500160508538012

Treffry-Goatley, A. 2010. “The Representation and Mediation of National Identity in the Production of Post-Apartheid, South African Cinema.” PhD diss., University of Cape Town.

Witte, K. 1998. “A Theoretically Based Evaluation of HIV/AIDS Prevention Campaigns along the Trans-Africa Highway in Kenya.” Journal of Health Communication 3 (4): 345–363. doi:10.1080/108107398127157

**Films**

A Ribbon Around My House. 2001. Directed by Rankoane, P. South Africa: Hoya Productions.

Blood Diamond. 2006. Directed by Zwick, Edward. United States of America/Germany: Warner Bros. Pictures/Virtual Studios/Spring Creek Productions/Bedford Falls Productions/Initial Entertainment Group (IEG)/Lonely Film Productions GmbH & Co. KG.

Confessions of a Gambler. 2007. Directed by Jacobs, Rayda. South Africa: Light and Dark Films/Riempie Productions/Rogue Star Films.
Life Above All. 2010. Directed by Schmitz, Oliver. South Africa/Germany: Dreamer Joint Venture Filmproduction/Enigma Pictures/Niama Film/Senator Film Produktion.

Masindy’s Story. 2005. Directed by Otten, L. and Farr, S. South Africa: Shoot the Breeze Productions for SABC.

The Constant Gardener. 2005. Directed by Meirelles, Fernando. UK/Germany/USA/China: Focus Features/UK Film Council/Potboiler Productions/Scion Films/Blue Sky Films/Epsilon Motion Pictures/Studio Babelsberg.

Yesterday. 2004. Directed by Roodt, Darrell. South Africa: Distant Horizon/Dv8/Exciting Films/HBO Films/M-Net/Nelson Mandela Foundation/Videovision Entertainment.