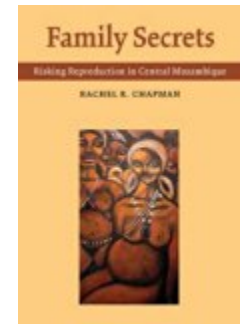


Rachel Rebekah Chapman. *Family Secrets: Risking Reproduction in Central Mozambique*. Nashville: Vanderbilt University Press, 2010. 280 pp. \$79.95 (library), ISBN 978-0-8265-1717-3; \$34.95 (paper), ISBN 978-0-8265-1718-0; ISBN 978-0-8265-1719-7.

Reviewed by Claire Wendland (University of Wisconsin)

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## Telling Reproductive Secrets in Urban Mozambique

*Family Secrets* begins with a conundrum: why don't high-risk women in high-risk urban Mozambican communities seek out early antenatal care, even when it is free and located nearby? Is this some sort of culturally determined noncompliance? Or are they simply "neither educated nor motivated," as a UNICEF spokesperson has claimed (p. 11)?

This apparently simple question becomes the starting point for a complex examination of women's reproductive choices and constraints, based on long-term ethnographic research in an urban zone in central Mozambique. As anthropologist Rachel Chapman reveals, even the most apparently "accessible" care can have insurmountable social costs, and the notions of risk used to frame safe maternity interventions are not those that Mozambican women bring to their pregnancies. Once readers understand how increasing social tensions and economic pressures actually endanger pregnancies, we have a better chance at understanding women's late initiation of formal antenatal care and the high rates of home birth even among women who live close to health facilities. We also come to understand why women keep their pregnancies secret for as long as possible.

One of Chapman's central concepts is the commodification of women's reproduction. In the *nova vida*—a postwar "new life" transformed by structural adjustment, market fundamentalism, and urbanization—consumer goods flood Mozambique even as fewer and

fewer people can afford them. A woman's virginity, like her fertility, has cash value in the era of the *nova vida*. Midwifery care has cash value, too. The rending of an already tattered social safety net and the increasing importance of cash mean that *lobolo* (bridewealth) and *ma-sunggiro* (virgin seduction fees) are at the same time crucial sources of income for parents—especially mothers—and increasingly out of reach for many men. The *nova vida*, as Chapman tells us, features "the constant merging of desperation with splendor, abundance intermingling with abjection" (p. 69); it brings new potentials and new dangers that alter reproduction profoundly.

Chapman takes pains to consider commodified reproduction in context, discussing not only pregnancy and birth but important ritual transitions (including initiation, menarche, marriage, and—albeit briefly—menopause) and the broader questions of what it means to become a woman and to shoulder a woman's responsibilities. This careful contextualization allows her to give readers a clear sense of the gendered implications of Mozambique's political economy. During pregnancy itself, jealousies over fertility, over fees for birth assistance, even over successful treatment for infertility can have toxic consequences: intimates have the power to work sorcery that can make a pregnancy end badly. Because such jealousy is especially likely to arise in close relationships—with co-wives, with in-laws—a woman's key social supports may also be the most serious threats to her pregnancy.

But if risks are primarily social, protection is social too. Women *are* seeking early prenatal care, Chapman argues: care to help a pregnancy begin, and once begun, to “stay” long enough for a healthy birth. They are just not seeking it from doctors and nurses. To understand their choices, outsiders must broaden their perspectives on what constitutes care, and must understand how women approach their layered (social, bodily, and economic) vulnerabilities with layered therapies from various sources. Prayers in the churches, invented-on-the-spot rituals of cleansing that draw simultaneously on old ideas and new ones, self-treatment for discomforts of pregnancy—all of these can and should be understood as prenatal care, and those interested in optimizing women’s reproductive health should attend carefully to why women might choose them over a visit to the clinic.

A haunting and unfinished story involving a perilous childbirth opens the book’s first chapter and immediately introduces readers both to the questions the research poses and to the serious, potentially life-threatening consequences they entail. The next two chapters provide a brief (and occasionally choppy) historical and ethnographic background that prepares readers to understand reproduction in central Mozambique. They also sketch out the author’s research methods, and explain why Chapman’s own pregnancy and delivery during her years of fieldwork gained her access to some of the *segredos da casa*—family secrets—about which women were otherwise reluctant to speak. Four subsequent chapters are the ethnographic core of the book and present the findings described above. The chapter on “seeking safe passage” provides striking documentation of just how much time, energy, and money women spend on various treatments for pregnancy-related illness. It demonstrates too that choices to avoid biomedical clinics can be overdetermined. It is not only that the time spent walking there, the time spent waiting to be seen, and the informal charges expected when one does get seen eat precious resources of time and cash. In addition, clinics give contradictory messages about prenatal care, scolding women for attending “too early” and yet turning them away in labor if they did not attend early enough. (Attention to the experiences of the nurses and medical assistants working inside the clinics—many of them also reproductive-aged women—would have likely added interesting perspectives to this section, but that is beyond the scope of

this book.)

A final chapter discusses the ravages of HIV/AIDS in the area of Chapman’s fieldwork. In this last chapter the author makes provocative claims about stigma; if she is correct, anti-stigma campaigns may be badly off track. Attempts to treat AIDS-related stigma as “bad behavior,” Chapman claims, individualize and decontextualize it. We can understand the problem with this move when we understand that in Mozambique and elsewhere dropout rates from regular antenatal care are as high as or higher than dropout rates from special antenatal clinics for HIV positive women. It is not negative attitudes about HIV that marginalize these women, she argues here: poor pregnant women are already in positions so economically and socially precarious that they cannot afford public knowledge of HIV *or* of pregnancy. She also suggests that since churches are already providing the social support networks, at least ostensibly free healing practices, and prenatal protection women seek, they should be brought more systematically into the health sector’s responses to (or at least conversations about) reproductive risks and HIV. What these kinds of collaborations might actually look like is not clear, but the question provoked lively discussions in my undergraduate medical anthropology seminar this semester.

The book is appropriate for upper-division undergraduates or graduate students in several fields, and for the public health and policy practitioners Chapman clearly hopes to reach. It will also be of interest to several specialist audiences, including researchers in the anthropology of reproduction and women’s studies scholars interested in the politics of health. Readers without background in African studies may find it somewhat challenging to be plunged into discussions of naturalistic and personalistic disease causation, although Chapman does eventually explain these concepts. In general, however, the book is both accessible and engaging. The writing is indeed sometimes lyrical, especially in descriptive passages like the one that vividly evokes a bustling district marketplace and the sex workers in bright plastic shoes one can find there. Ultimately, *Family Secrets* provides a rich and sympathetic picture of urban Mozambican women, the reproductive choices they actually make, and the creativity with which they face extremely difficult conditions.

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