## H-Net Reviews in the Humanities & Social Sciences

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.

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## Engendering Neoliberalism: Rethinking Pregnancy in Mozambique

Family Secrets: Risking Reproduction in Central Mozambique begins with an apparent puzzle. Mozambican women are dying when maternity clinics and "lifesaving care" are available "just minutes away" (p. 9). The answers that Rachel Chapman provides to this question include, but go beyond, current public health approaches to the problem of underutilized maternity, prenatal, and reproductive health services. Indeed, Chapman's starting point is the failure of public health approaches to account for the circumstances in which women experience and make decisions about their reproductive vulnerabilities. "To understand why women living within 3 kilometers of free services at the maternity clinic delayed prenatal consultations," she writes, "I needed to discover what motivated women to seek prenatal care at all. What were women's experiences of reproductive loss and vulnerability, and what problems did women experience and perceive as threats to their well-being, to their pregnancy, and to maternal and fetal health during pregnancy?" (p. 188).

Chapman explores this through ethnographic research in the Mucessua neighborhood of Vila Gondola, a town in Mozambique's central Manica Province. Her sensitivity to the contrast between public health objectives (and explanations) and the experiences of women in Mucessua is heightened by her own experience working as assistant to the District Health Services in Gondola. Drawing from interviews with eighty-three women, and from in-depth discussions with a smaller number, Chap-

man explores how gender inequalities constrain women, who often have fewer years of education, fewer possibilities for mobility, and greater household responsibilities than their partners, in an economy in which access to cash and wage labor possibilities are increasingly important. At the same time, she is attentive to the limited forms of agency through which women navigate the constraints they face—from family expectations to the costs of traditional healing practices—during pregnancy, a time of particular vulnerability.

The core of Chapman's argument is that women's decisions of when, where, and how to take up (or abandon) hospital-based, informal, and traditional forms of prenatal and reproductive care are shaped not only, and not primarily, by their perception of biomedical hazards as understood by the World Health Organization and other public health bodies. Rather, residents of Mucessua and Gondola town understand pregnancy and childbirth as times in which women are uniquely vulnerable to the social threats posed by envy, jealousy, and ill will. Common prenatal strategies, then, include hiding or obscuring pregnancies from public view for as long as possible, managing possible threats through the intercession of traditional and prophetic healers, and invoking public health services (which are also publicly visible) only once the pregnancy is already obvious.

Chapman situates these ethnographic explorations within "the broader political, economic, and social forces

at work" in Central Mozambique today (p. 12). Chapters 2 and 3 describe Mozambique's history of anticolonial and post-independence conflict and detail the brutal structural adjustment processes that eroded already fragile public health services. While much recent literature on Mozambique has addressed these broader historical forces, Chapman's emphasis on the ways in which neoliberal politics have contributed to the commodification of everyday life and of social processes—including, and especially, reproduction—is an important contribution to this discussion. In the context of harsh gendered economic restructuring, Chapman shows, women's reproductive success is both intimately bound up with economic strategies and also central to women's survival.

In later chapters, Chapman shows how social and political economic forces constrain and shape women's reproductive health-seeking practices through the specific relationships of support and exchange between women, their families and partners, their neighbors, midwives, healers, and religious and medical authorities. For instance, Chapman shows that, as assistance to women in childbirth has become remunerated through cash payments (to midwives and other female caregivers), tensions over opportunities to care for women and pregnant women's strategies for avoiding assistance and interference have become heightened. In detailing how economies of reproduction intersect with women's prenatal experiences, strategies, and vulnerabilities, Chapman argues for (and demonstrates) the importance of placing reproduction at the center of social theory. To this end. Chapman is at her most compelling when she provides rich ethnographic examples as she does in the final chapters of the book.

Chapter 5 focuses on the social and economic processes, from housekeeping to bridewealth payments, that structure women's experience of pregnancy, childbirth, and childrearing. Through the experiences of differently situated women-from pregnant women to the elderly women who traditionally served as birth attendants-Chapman shows how the expansion of the cash economy and financialization of these social and economic exchanges has increased women's vulnerability to social forces, including acts of witchcraft and envy that may harm both mother and child. Chapter 6 follows her informants as they "seek safe passage" through their reproductive lives. "For women in Mucessua," Chapman argues, "prenatal care is a process of layering protection against the various reproductive threats they perceive around them. The combined tactics of layering prenatal care from different sources and of adhering to a local relational and behavioural code for pregnant women involving secrecy and late disclosure of pregnancy are elements of what I came to call safe passage-a survival strategy from preconception through childbirth, and from menstruation to menopause" (p. 205). In contrast to earlier assumptions of medical anthropology, Chapman demonstrates that a parallel and robust system of prenatal care exists alongside the underutilized public prenatal system. She shows how women distinguish social threats (originating from the social relationships) from those identified as natural risks to which biomedicine is able to respond. Thus while women do, as the WHO urges, identify themselves as "at risk," seek curative and preventative prenatal care, and consult experts to ensure their well-being (p. 207), they often privilege social dangers and the forms of expertise, such as traditional healing and religious or prophetic medicine, that are best able to respond to these concerns and to minimize additional social risks. Chapter 7 elaborates on these risks, exploring "how the threats directed at women's reproductive bodies and responses to those threats are negotiated through horizontal and vertical female envy, as well as through socially constructed female identities of witches (ngozi), spinster ghosts (zinyaumba), and wives of spirits (mkadzi wa mfukwa)" (p. 211). As a result, women's prenatal strategies are designed to traverse a gendered landscape of risk in which the relations on which women depend-such as with mothers-in-law, midwives, and neighbors-are also those that put them at risk. Chapter 8 extends Chapman's analysis to address AIDS, a pressing issue in Central Mozambique, long considered the "epicenter" of the country's epidemic. She argues that strategies for preventing the transmission of AIDS from mother to child are bedeviled by many of the difficulties that have complicated the provision of prenatal care in the public health system. However, she also shows that as women confront new and urgent prenatal and reproductive dangers, they have sought new strategies in response; in this case, women have increasingly turned to forms of religious healing. Many women in Mucessua, Chapman shows, find in Pentecostal and evangelical churches forms of prophetic healing and new relations of community that offer possibilities of care for both the bodily and social well-being of church members.

Throughout the book, by highlighting women's understandings of pregnancy and prenatal care, Chapman highlights women's agency without overlooking the real and in many ways increasing constraints on women's well-being in Bairro Mucessua today. Her ethnography is an important contribution to the literature on gender

and reproduction in Mozambique and offers insight into the ways in which the "risk societies" [1] of neoliberalism are lived out in contemporary Mozambique. Given analyses of the connections between witchcraft, the occult, or social risks and the unfolding of neoliberal economic politics, [2] Chapman's ethnography points to the (often overlooked) ways in which these processes are deeply gendered and suggests broader questions about the gendered nature of neoliberal experience in Mozambique and elsewhere. If these problematics are not the primary focus of her analysis, the ethnographic detail in *Family Secrets* and Chapman's forceful discussion of the impor-

tance of gender to social theory nevertheless speak to these additional analytic possibilities in intriguing ways.

## Notes

- [1]. Ulrich Beck, *Risk Society: Towards a New Modernity* (Thousand Oaks, CA: Sage Publications, 1992).
- [2]. For example, Jean Comaroff and John L. Comaroff, eds., *Millenial Capitalism and the Culture of Neoliberalism* (Durham: Duke University Press, 2001); and Peter Geschiere, *The Modernity of Witchcraft: Politics and the Occult in Postcolonial Africa* (Richmond: University Press of Virginia, 1997).

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