Pregnancy is never an unmarked category; in every society, it is the occasion for special attention and specialized treatment in forms that vary widely (Ivry 2010a; Ivry et al. 2015; Han 2018). Yet over the past two decades, even though anthropologists and sociologists of reproduction have shown great interest in the (mainly techno-medical) events encountered during pregnancy, there have been surprisingly few studies that have taken pregnancy as a meaningful unit of ethnographic analysis (Ivry 2010a, 2015; Ivry and Teman 2018; Han 2014). This chapter develops Ivry’s call in her comparative ethnography of pregnancy in Japan and Israel (2010a) and her “pregnancy manifesto” (2015) to move pregnancy to the center of the anthropology of reproduction. We suggest that anthropologists pay ethnographic attention to the lived experience of pregnancy, including the long-term embodied and emotional procreative labor that pregnancy involves, and the meanings it takes in local political ecologies of reproduction (Ivry 2015:285).

Up through the early 1980s, anthropologists documented a diversity of ideas and practices surrounding pregnancy mainly outside Euro-American contexts. They described communities that concealed pregnancy (Chapman 2010) and others that celebrated it, such as traditional Polynesian societies (Ivry et al. 2015). Anthropologists explored societies that expected women to adhere to various food taboos (Laderman 1983: 75–76) and others that prescribed immediate provision of pregnant women’s food cravings (Georges 2008). These studies often used a cosmological perspective to look at the connections between beliefs and practices surrounding gestation and ethno-theories of conception, kinship, and sexuality.

When feminist and anthropological studies of reproduction have discussed pregnancy over the past four decades, it has most often been with a focus on the effects of the transformative technologies that are involved in pregnancy. For instance, scholars working in Europe and the United States have claimed that obstetrical ultrasound imaging has replaced the realization of pregnancy through quickening (Duden 1993; Georges 2008). It has also been argued that the routinized use of sonograms is increasingly transforming fetuses into fully fledged patients, whose rights might conflict with the pregnant woman’s rights and which render women’s bodies increasingly permeable and transparent (Casper 1998; Mitchell 2001; Taylor 2008).

Scholars documenting the routinization of prenatal diagnosis have shown how women’s experiences of normative pregnancy are increasingly complicated by technological screening for fetal anomalies. Barbara Katz-Rothman has argued that amniocentesis has made pregnancy
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“tentative” (1993) and Rayna Rapp (1999) showed how amniocentesis pushes women who face post-diagnostic decisions about terminating their pregnancy to become “moral pioneers.” Following Rothman’s and Rapp’s lead, scholars have illuminated the processes by which prenatal diagnosis transforms pregnancy into an ethical ordeal in a range of local political ecologies of reproduction (see Gammeltoft and Schwennesen’s chapter in this volume; Gammeltoft 2014; Ivry and Teman 2019). These scholars have illuminated important shifts (as we show below) in the social meanings of pregnancy in techno-medical cosmologies. However, as Ivry (2010a) argues, by taking the technologies as their vantage point, anthropologists are emphasizing experiences of reproduction gone awry, while participating in the fragmentation of the process of reproduction.

This chapter integrates a cosmological perspective focused on lived experiences of pregnancy as they are negotiated within a particular belief system and vis-à-vis the presence of technologies of pregnancy. We underscore how much is left out when anthropologists refrain from concentrating on pregnancy as a unit of analysis.

“Ordinary” pregnancy as an unusual experience

The few studies of what Han (2014) calls “ordinary pregnancy” in industrial societies emphasize women’s experiences of somatic transformation into an unfamiliar body (Bailey 1999; Han 2014) in which they adopt non-normative emotional postures and partake in pregnancy-specific bodily practices (Ivry 2010a). The most prominent theme in qualitative studies of women’s pregnancy experiences is that in these settings, pregnancy is perceived as a disruption or deviation from the normative body in which women perceive a loss of bodily control, some experiencing the body becoming a stranger to them (Hodgkinson et al. 2014). Scholars also discuss the liminality of women’s pregnant bodies in the public sphere. As an in-between or liminal state (Longhurst 2001), pregnancy is theorized as a time when women are subjected to heightened surveillance, their body boundaries and movement in public spaces policed. Some scholars have looked at how this policing of pregnant bodies has become mediated by digital technologies that enable a new form of surveillance under the public gaze (Tropp 2013).

Alternately, pregnant liminality also enables women to temporarily transgress some “rules” of the culture, such as to legitimately enjoy being overweight and temporarily become excused from socially constructed ideals of thinness, at least until the postpartum period when these rules resume (Bailey 2001; Earle 2003). Han (2014) discusses how the liminality of pregnancy is managed through rituals of consumer culture, and Bailey (1999) looks at the way this liminal period may be accompanied by changes in women’s perceptions of self-identity.

Beyond liminality, Ivry’s (2010a) study of “cultures of pregnancy” in Japan and Israel uses cultural comparison to highlight the ethnographic and theoretical productivity of pregnancy as a unit of analysis. Based on her comparative ethnography of pregnancy experiences and prenatal care in Japan and Israel, she suggested that regular pregnancy among Jewish-Israeli mothers was marked by tentativeness, hesitancy to bond with the baby in utero, and a worst-case scenario mentality. Jewish-Israeli women worried about possible failed pregnancies and resisted purchasing baby goods until after a live birth. They also refrained from sharing the baby’s name or visibly preparing the baby’s room for fear of tempting fate, and were active consumers of prenatal diagnostic tests that identify fetal anomalies, viewing screening and testing as a necessity in face of preeminent reproductive catastrophe.

Ivry (2010) compared this particular cultural script for normative pregnancy with that of Japanese mothers, who already prepared the baby clothes for their unborn babies from the fifth month of pregnancy. She suggests that Japanese prenatal care is structured around helping
women bond with their unborn babies. They are encouraged through the media to engage in “fetal education” (taikyou) by reading picture books to their babies during pregnancy, talking to them, and naming them prior to birth. Japanese women are expected by their medical care providers, and some actively viewed it as their responsibility, to ensure a healthy baby through a diligent medically prescribed registry of food intake patterns and weight gain and by maintaining their own mental well-being.

At the time of Ivry’s fieldwork visits between 2000–2007, Japanese women were given incentives by their workplace and were explicitly encouraged by some doctors to even leave their paid jobs during pregnancy to take care of their unborn baby at home. Emphasizing the crucial effects of maternal stress and insufficient nutritional attention, due to job obligations, on the health of the unborn baby, such doctors claimed that it is worth the while of pregnant mothers to leave their jobs, the rationale being that a woman will only be pregnant once or twice in her lifetime (Ivry 2010a: 98–99).

Common to all of these studies on pregnancy from a sociological and anthropological perspective is that they look at research populations in which it is normative for women to birth up to two children. Most qualitative studies in these settings look specifically at women’s experiences of first pregnancy as a new and different embodied event, with few studies focusing on women who have birthed more than three or four children. Unless a woman has undergone multiple miscarriages, pregnancy is considered a limited body project that a woman might undertake temporarily in her lifetime rather than being her continuous way of being in the world.

**Pregnancy as a frequent experience**

In the following, we examine the way that pregnancy is shaped by culture in a community where pregnancy is formulated both as a way of life—not a one- to two-time “out of ordinary” event—as well as an act or route of practicing religious devotion. Looking at the pregnancy experiences of Haredi women in Israel and the US from a cosmological perspective that pays attention to the lived experience of pregnancy provides a powerful example of what can be gained when pregnancy is taken as a unit of social analysis.

Scholars have explored how religious women negotiate contraception (Taragin-Zeller 2017), menstrual purity (Avishai 2008), infertility (Inhorn 2003; Ivry 2010b; Kahn 2006), prenatal diagnostic testing (Ivry et al. 2011; Teman et al. 2011, 2016), and hospital birth (Klassen 2001) and how they make meaning of these experiences in the context of their faith. Our study is the first to look specifically at pregnancy as a locus of religious practice. We propose to look at how repeat pregnancy throughout ultra-Orthodox Jewish women’s adult years is articulated as a route of religious devotion and an embodied route of doing religion, reproducing both Haredi children and religious faith. We ask: Does the commonness of pregnancy make it easier to endure? Does its sanctification influence the way women cope with its physical challenges?

**Ultra-Orthodox Jewish women**

The study explores a particular religious group that has primarily been referred to as “ultra-Orthodox” Jews and is also customarily referred to with the term Haredi (meaning God-fearing) Jews. This population follows a deeply religious lifestyle in accordance with the five books of Moses (the Torah) as well as a broad spectrum of rabbinic literature, commentary, and rulings. Distinguished from the larger and more liberally oriented Reform and Conservative branches of Judaism by their stricter interpretation of Jewish law, ultra-Orthodox Jews also distinguish
themselves from the modern Orthodox, who are typically more open to secular knowledge and modern society (Friedman 1991).

Ultra-Orthodox society actually refers to a plurality of communities each with its own religious leaders or rabbis and style of religious observance (Comenetz 2006). Ultra-Orthodox communities may be visually distinguished by their dress code of black hats and dark suits for men and long skirts and covered hair for women. What unifies these communities for our purposes is their high birthrate and cultural attitudes toward reproduction. This population has a higher birth rate than other sectors of the Jewish population in both Israel and the US. In Israel, for example, ultra-Orthodox women gave birth to an average of 7.1 children in 2015–2017, over twice the national TFR of 3.1 (Cahaner et al. 2018). The estimated birth rate for communities within this population in the US in 2005 was between 6.6 and 7.8 (Wertheimer 2005).

This chapter draws upon qualitative interviews with ultra-Orthodox women in Israel and the United States about their experiences with pregnancy. It is based on 20 interviews in Israel in 2007–2009 with ultra-Orthodox women ages 21 to 45 in Jerusalem and the surrounding ultra-Orthodox enclaves and an additional 25 interviews in the northeastern United States with ultra-Orthodox women ages 21 to 48 in 2009 to 2010. Four additional interviews were undertaken in Israel in the spring of 2013 with women ages 30 to 60 from an additional ultra-Orthodox enclave in Israel in the Netanya area. The women in all three samples were raising notably large families; the women in our study all spent, or intended to spend, most of their married lives pregnant and caring for children.

The women interviewed in the Israeli sample were mothers of 2 to 11 children, including one mother raising a child with Down syndrome; the women in the US sample were mothers of 2 to 12 children, including four mothers of children with special needs. All interviews were open-ended, lasting one and a half to three hours, audio-taped, and transcribed. The interviews in Israel were conducted in Hebrew and the US interviews in English, but all interviews were peppered with Yiddish terms. In both segments of the study, women were asked to describe their experiences of pregnancy, prenatal care, and prenatal diagnosis beginning with their first pregnancy. Specific prenatal tests, communication of religious beliefs to their obstetrician, and the role of their faith in decision-making about prenatal care were probed.

**Pregnancy as a way of life**

Whereas the biblical imperative to “be fruitful and multiply” applies, according to rabbinic law, only to men, the women in our study felt deeply committed to childbearing. They had been socialized to adopt a particular disposition toward childbearing; they were married as early as 17 years old in arranged marriages with the implicit understanding that childbearing would begin soon after. As Chaya, 29, mother of three, relayed: “So, in our community, when you get married, it’s kind of like it goes hand-in-hand with starting a family and that’s the decision that you’re making when you say you’re ready, you’re saying you’re ready for the whole picture.” Eti, 38, mother of 11, added that childbearing was the explicit purpose of marriage: “You don’t just get married for the fun of it. It’s with the purpose of establishing a home.”

The women described their socialization from childhood to continuous reproduction and raising large families. Liba, mother of seven and the eldest sister with 11 younger siblings, noted how pregnancy had always surrounded her: “In a religious community … it’s all about babies and pregnancy and there’s always somebody pregnant. There’s always somebody having a baby.” When asked during the interview if she wanted to have a large family, she answered: “It depends what you mean by a large family. For you, a large family may be three children. I am from a family of twelve. Ten children do not seem like a lot to me. I have aunts with
sixteen children.” Liba gave birth to her oldest son two years before her youngest sibling was born, and this was not uncommon; many of our interviewees reported having been pregnant with their first and second children simultaneously with their own mother’s tenth or eleventh pregnancy.

When the interviewees relayed that to them it seemed “normal” to aspire to families with ten children, they were acutely aware of the bewilderment (and criticism) that their extra-large families raised outside of the Haredi community. As Nomi, 38, mother of seven, explained:

A reporter for a television program [on an Israeli television channel] did a documentary about a family here with fourteen children. The idea was to look at “different” families, unusual families. I said to that reporter, “A family with fourteen children is not unusual in our community. You should interview a woman who is my age with only two children. That is unusual, that is interesting.”

Having grown up as the eldest daughter of ten or more younger siblings, many of the interviewees spoke of having a central role during their own childhood in raising their younger siblings and being socialized into a maternal role from an early age. At age three, they were already carrying their six-month-old sibling on their hip; at four, they were helping to fold the laundry, and at eight, they were helping their mothers cook dinner. Many of them spoke of themselves as being “like a little mother” from as early as they could remember. Toby, 27, mother of three, noted:

I was raised with pregnancies and childbirth. It’s just the way of life that you know. I’m the seventh and my older brothers have nine kids, eight kids and seven kids. I always said that by the time I become pregnant, that if you need an opinion on a stroller, I could tell you anything. The constant talk was pregnancy and childbirth.

As Toby’s words relay, pregnancy was the routine rather than a disruption to one’s routine. Yet, this did not necessarily promote more conversations among women about the embodied sensations of pregnancy; rather, as we relate below, the commonness of pregnancy promoted pragmatic communal initiatives to help women who are facing challenging pregnancies with housework and childcare.

This routinization of a set pattern of reproductive practices into daily life carried the women through pregnancy after pregnancy over the course of many years despite great physical and emotional challenges. As Devorah, 26, mother of five children born within a period of six years, explained: “I am breastfeeding my infant, but I am already preparing mentally and psychologically for the next one.” Women asked rabbis for halachic (rabbinic legal) permission to use contraception in order to take a bit of “rest” between successive births before returning to childbearing when they regained their strength, but they rejected the concept of family planning, which is so central to the notion of individual reproductive choice. The statement by Yochi, 34, mother of five, pushed the reluctance to “plan” families even further when she explained: “Family planning is less acceptable in our circles. It’s like you don’t ask, ‘when will I feel like sneezing?’ It’s whatever comes.” Significantly, sneezing—an involuntary or uncontrollable spasmodic action—was chosen here as a metaphor for reproduction, exemplifying how being open to pregnancy was supposed to be accepted as second nature. One was reluctant to close off the option for good and wary of trying to alter God’s plan. Reaching a moment when one stops having children was supposed to be God’s decision. Nechamie, 42, mother of seven, said: “We’re talking about not really being on birth control. So as long as God sends children, you have children.”
Pregnancy as a divine gendered mission

For most of the women, this pregnant way of being in the world is a distinctly gendered route of religious piety; a way to worship God. Women in almost all of the interviews answered our initial question, “What is pregnancy for you?” with idealized descriptions. They depicted pregnancy as the divine “essence,” “nature,” participation in “creation,” and a “higher purpose.” Raising a family was viewed as their “mission” (shlichut) from God and their way of worshipping God and expressing piousness. Shimona, 26, mother of four, explained:

It is a wonderful experience. I am fulfilling my role, the reason I came into this world tafkid. It is a very idealistic feeling. Because for us, each pregnancy and birth are not some kind of accident of nature, not something I planned exactly so that it accords with my conditions. When I am pregnant, I am doing the role for which I was brought here. When I am pregnant, I am doing what I am supposed to [be doing]. It is a feeling of fulfilling a divine mission [shlichut] because it is my purpose [tafkid], not because nature did it to me. There is an expression in Judaism: “There are three partners in [the creation of] man: the Lord, blessed be He, his father and his mother.” The Lord, the mother and the father create the child together. It is as if I am now His partner. He chose me to bring another person into the world.

Like Shimona, most of the women spoke about pregnancy as being a partner of God in the work of creation and as making a woman into God’s assistant in carrying out His divine plan for the people of Israel. Being God’s partner in this act of creation was also formulated not just as a role, but also in terms of a job. It was divine work. Baila, 56, mother of eight, looked back on the years when she and her friends were young mothers having babies:

It was really our job, in the deepest sense. It was a calling, it was our calling. It was a mission. It was just a feeling of always being chosen, being special. It was a way of life … I was a vessel [kli] and I had the strength and power to actually do this act of creation. Our life was having babies.

Later she reflects on her use of the word “job,” saying: “I don’t want to say job, but this is what we did, and we were good at it and we loved doing it.”

Baila conceptualizes pregnancy in the quote above as having multiple meanings: It signifies being “chosen” for a mission from God, heeding a divine call, being a vessel for His creation, his partner, and actively performing a “strong and powerful” job. Nechamie expanded the notion of pregnancy as a “job” to include the hard work involved in the reproductive continuum of pregnancy birth and the raising pious children: “Our goal and our ‘job’ sounds so restrictive, but it’s our opportunity for self-expression and development to raise people who are godly people.”

Ruth, 31, mother of five, acknowledged the difficulties that women face while aspiring to raise big families: “I would like to have a big family. I think ten kids is a wonderful number. And maybe that sounds crazy and I know it’s probably really hard to manage […] but I would love to have a lot of kids.”

This discourse arises as deeply gendered, as it seems to preclude the women’s husbands, who were brought up in the interviews as less eager to have large families, despite the popular assumption that the pressure is coming from them. It is important to note that while openness to having large families may be inspired by the biblical imperative to “be fruitful and multiply,” this divine commandment applies only to men and it is fulfilled upon the birth of two children, a boy and a girl. Having a large family thus seems to be just as much influenced by social...
convention in deeply Orthodox circles. From our interviews, it seems clear that it is often the women, rather than their husbands, interested in upholding this norm. Goldie, 38, mother of nine, revealed what may be at stake for women engaged in divine reproduction in terms of their status in the hierarchy of piety:

I think that we live in a community where people are constantly having children. And so I think there is a certain amount of pressure, not said pressure, but there is a certain like social status. If you have a larger family you have made it. It's like, “Wow, she has thirteen kids. What a mother, you know?” You're in awe of a person that just keeps on having children and seems to have it all together. That's amazing to me. I think the big “if” is if she has it all together. I think being a person that has one baby after the next and she's not managing, you like want to tell her, “Go to a rabbi tomorrow, you know, today [to ask for contraception].”

As Goldie's words imply, women view repeat pregnancies as a way of reaffirming their devotion to God. As we shall see, when the women's reproductive route is disrupted by unexpected events, pregnancy becomes a proclamation of faith. However, the question remains: Does the notion of partnering with God ease the embodied, emotional, and ethical challenges that pregnancy presents them with? The answer is quite complicated.

**Pregnancy as a proclamation of faith**

In our interviews, women would thank God for each pregnancy, but later would make remarks like: “It is the grace of the Lord that it [the pregnancy] does not last too long”; or after declaring, “Women's bodies are made for it [pregnancy]” and “A child is an amazing creation,” soon would admit that “pregnancy is suffering” and they were waiting to be over and done with it, knowing that they and their children were healthy.

The physical intensity of gestation had a definite role in what emerged as a Janus-faced experience of pregnancy. Some women had relatively mild experiences of fatigue or being “not at my best” while others spoke of long periods of being sick to the point of feeling “almost dead.” Devorah, 28, mother of three and in her fourth pregnancy, had morning sickness well into her last trimester: “You feel disgusted with yourself. You can't enjoy anything, you don't feel like doing anything. This nausea is no way to live.” Devorah relied on the daily help of young girls from the community who volunteered to take care of her small children during her pregnancies. She recalled: “I only felt like I was coming back to life again six months after giving birth. It is not that we aren’t happy. The joy [just] doesn’t find its place.”

The dissonance between Devorah’s expectation of maternal happiness in her divine mission and her slow recovery from a mortifying experience of continuous sickness is a recurrent challenge she must bear with each of her pregnancies. Racheli, 26, mother of five, said of her back-to-back pregnancies: “The body undergoes one shock and then another shock and then another one.”

Pregnancy as a “way of life” for these women is a situation that is rife with possible uncertainties; the women often referred in the interviews to the many stories of miscarriages, stillbirths, and health-impaired babies being born, and most mentioned the high prevalence of Down syndrome in their communities. In all of these stories, whether speaking about themselves or a sister, cousin, or friend, they always ended the story with the affirmation that these are events that are beyond human control and by valorizing women who had steadfastly maintained their faith in God and certainty in his choices when facing these challenging events.
Shterna, age 23, mother of three, told of how she had been sure during her first pregnancy that she would miscarry because her sisters and sisters-in-law had miscarried their first pregnancies. As an ultra-Orthodox woman, she was in awe of how some of the clients at the ultrasound clinic, where she worked as a technician, coped with repeat miscarriages, and she was both surprised and grateful to have had three healthy pregnancies. She recounted stories of women she had met in the clinic who had “remembered God” while experiencing moments of crisis related to pregnancy:

I remember one particular woman, she had just had her fourth miscarriage in a row and she was obviously devastated and she said like, “Okay, God’s giving me another blow—I’ll deal with it and we’ll go on. He’ll give me a healthy child.” She remembered God in the moment of such despair. She saw that the heart was not beating and she said, “Okay.” She was so strong in her faith [emunah]. She made such an impression on me because I was expecting also at that time and I remember thinking, “Wow, how does one lose this again and again and still say, ‘Oh, okay.’”

As an ultrasound technician, Shterna had also participated in situations in which women had been told their baby had a fetal anomaly. These situations, in which the women had chosen to continue to carry the pregnancy to term and had accepted this as a God-sent ordeal made a particularly strong impression on her:

I saw also one lady whose baby had a heart defect and she also, she was just so positive. “Okay, so we’ll do whatever we need to do. We’ll find the best care that we could.” And so she went, she spent a couple months of her pregnancy in [a hospital far from home]. She had to leave behind her four other children at home and her husband was back and forth, back and forth, taking care of the kids and running to her. It was not an easy situation […], they did not say, “I wish we could just abort this baby.” No, they were just so good, like they were just, I don’t know, very accepting. “Okay, this is what God gave us and we are just gonna go on. This is what He knows we can handle.”

Shterna’s words convey that mothers of disabled children in these communities are more likely to be valorized, at least at the level of communal discourse, for caring for any child sent by God than to be criticized for not having used all the technologies available to “select” a “perfect baby” (Landsman 2008). Women who knew during pregnancy that they were carrying a baby with an anomaly, but continued the pregnancy achieved almost a mythological status among the other women who told us about them as examples of unwavering faith and certainty. These stories about the “ideal woman of faith” were relayed in nearly every interview conducted, relating to someone the interviewee knew or had heard about in the community who exemplified this type of ultimate faith and certainty in the midst of a pregnancy-related crisis. Such women represented the gold standard that women tried to live up to particularly because mothers were wary of the difficulty of caring for a disabled child and were aware that a disabled child in the family could potentially endanger the potential of its siblings to find a good arranged marital “match” (shidduch), an issue we return to explore below. Thus, in telling these stories women expressed admiration for displays of unwavering righteousness.

Prenatal tests of faith

Pregnant or caring for a small infant continuously throughout their childbearing years, these women faced continuous uncertainties with regard to the outcome of pregnancy and the health
of their children. The women were highly aware of the chance that with one of their pregnancies, they might give birth to a baby with physical and developmental disabilities. A pre-marital genetic screening program called Dor Yeshorim (Raz and Vizner 2008) had made them aware of the increased risk of being a carrier of genetic diseases. Since women in Haredi communities often continue childbearing until menopause, they have a higher risk of birthing a baby with Down syndrome. The women were aware of Down syndrome babies being born to younger women in the community as well.

The women were also regular consumers of prenatal care, so they were aware of the existence of prenatal tests that could screen for fetal anomalies. These potential reasons for uncertainty were offset by the women’s understanding that pregnancy termination was prohibited unless rabbinical permission was given in extreme cases. In this sense, to pursue secular certainty to ease their qualms about fetal health signified a problem of faith. The ideal woman of faith was expected to overcome the temptation to do prenatal tests, accept the challenge of raising a disabled child if God willed it, and continue to bear more children. Alternately, accepting the offer of prenatal tests was understood as allowing uncertainty to direct one’s actions and thus represented spiritual weakness. Seeking out an abortion when a fetal anomaly was diagnosed because one “could not handle it” was understood as a failure to live up to the gendered ideal of righteousness. Facing the unknown head-on by repeatedly becoming pregnant and overcoming the temptation of prenatal tests was thus a proclamation of faith.

For the women in this study, the offer of prenatal tests represented a double-edged sword: Taking the tests might provide reassurance that their fetus did not have obvious problems, but turning to tests for this reassurance rather than trusting God in this matter was a weakness in faith and certainty. For this reason, some women felt their faith provided enough comfort and security to overcome any uncertainty related to pregnancy. Prenatal tests were conceptualized as the antithesis to full faith and certainty, for they are based on probabilities, on risk medicine and uncertainty, and on attempts of humanity, using technology, to control their fate. This does not mean that women were not concerned that their faith might be “tested” in this regard, but that they tried to overcome their concerns by drawing on their faith and resisting the temptation to latch onto the false promises of probability-based technologies. As Zeesy noted in relation to her refusal of the testing she was offered:

It's like we are becoming so trying to control everything that we are like taking God out of it a little bit […]. And I know it's coming from a good place. [The doctors] are trying to save people from horror in their lives, but there is only so much that we as [humans] can do.

Stories of misdiagnosis also circulated among the women, with the stories ending in one of two ways. Either the prayers of the woman and her pleas to God for a healthy child, which are her obligatory effort (hishtadlus) (see Teman et al. 2016), are seen as turning the situation around and leading to the miraculous overturning of events—or the woman’s worries are construed as having been unnecessary had she trusted God with full certainty (bitachon) rather than the technology. Either way, the stories relay the message that prenatal testing is seductive but uncertain, tempting but antithetical to having full certainty in God’s plan. As a result, to give in to one’s fears and to accept the offer of prenatal tests was understood as a weakness in faith and certainty, and one that women struggled with.

Raizy, age 31, mother of six, explained that she is tempted to have ultrasounds during her pregnancies because she is curious and believes that the sonogram will ease her uncertainty. Still, she tries to keep from giving in to this temptation as an act of faith.
Raizy: Everybody wants to know that the heart is beating properly and that the arms and legs are okay and that the head is good. I’m curious and for me it is more of a curiosity thing than anything else. I mean, curiosity that I think is gonna bring me peace of mind [menuhah], but it’s probably not going to […] I mean it does, but it doesn’t mean it’s not false peace of mind. Anything could happen, so …

Elly: But you still choose not to do the sonogram?

Raizy: [The doctor] can do the sonogram, nobody said you shouldn’t do it, but why should I do it? […] Curiosity is not a good enough reason.

Goldie, age 38, mother of nine, discussed how she aimed to go through her pregnancies without needing an ultrasound because to truly trust God means one does not need a “picture” of the fetus. While she is attracted to the idea of prenatal tests, particularly ultrasound, to ameliorate her uncertainty, she strives to express her faith and certainty in God by refusing routine ultrasound examinations unless the doctor has given specific medical reasons and her rabbi has given his permission. Although concerned about the impact that a disabled child would have on her life, this does not lead her to take the tests. Instead, she feels scared and worried throughout her pregnancy while struggling to “keep the faith.” Goldie describes how she was riddled with fear during her last pregnancy, even as she struggled to overcome her uncertainty and to live up to the ideal of faith:

My last pregnancy I taught a child with Down syndrome in my class. And I would some days come home shaking just from worry. Like on the one hand I loved her. On the other hand … I would think to myself, “I can’t imagine what that mother felt like when she delivered that baby.” Like that pain just ripped through me the whole pregnancy. It was just so scary.

Goldie’s words reveal that her struggle to live up to the ideal of faith leaves her in a double bind: She continues to expand her family through advancing maternal age and is aware of the increasing risk of having a Down syndrome baby. She refuses prenatal tests because she wants to show her belief that if God sends her a special needs baby, it is for the best. However, she remains scared throughout her pregnancies that she will be chosen for this test of faith.

The gap between the ideal of faith and the women’s personal assessments of what they think they might be able to handle in their own lives led many of the women to experience pregnancy as a period of fear and anxiety. For some women, the discourse of faith and the belief that other women in their community have exemplified such strong faith when they were tested leaves them with a very low self-assessment of themselves in terms of their devotion over the fear and uncertainty that they continue to experience during pregnancy. This gap between the ideal of certainty and the reality of fear and uncertainty led the women to position themselves within a hierarchy of faith in relation to other women whose faith and certainty they believe to be stronger because they had resisted the temptation to take such measures to control their fate. While all of the women had faith, they would compare the degree of their certainty with those around them, such as their cousin who was raising a special needs child or the woman they knew in their community who embraced the challenge of raising her fifteenth child born with Down syndrome and who continued to have a sixteenth child and to refuse prenatal tests. They compared themselves to women they believed to be more righteous in this regard and felt that they could not rise to the caliber of these supposedly more righteous women because they had accepted the offer of prenatal tests. One interviewee suggested that although all of her friends tried to stay away from any form of prenatal diagnosis, almost everyone she knew had
eventually done an ultrasound at some point in pregnancy. When an interviewee was told about a woman in this study who had never done even one ultrasound during her five pregnancies, she responded with surprise and deep admiration in her voice, “Wow, she is a real righteous woman [tsadika].”

**Conclusion**

The complex terrain of pregnancy experiences in Haredi communities that we discussed above illuminates the power of studying pregnancy as a unit of social analysis. First, pregnancy emerges as a powerful lens from which to understand the breadth and diversity of women’s lived reproductive experiences as these unfold with their various uncertainties and unexpected occurrences. Feminist anthropologists of reproduction have often lamented the technological fragmentation of reproduction. However, as Ivry (2010a) points out in her comparative ethnography, anthropologists of reproduction are participating in the fragmentation of reproduction when they organize their studies around technological categories, and around specific moments when reproductive technologies are used. When pregnancy becomes a unit of analysis, it provides a much closer and broader account of the diversity and complexity of women’s reproductive lives as continuums that often include miscarriages and various reproductive disruptions and challenges, as well as births.

Second, beyond women’s lived reproductive experiences, pregnancy emerges as a powerful perspective on gendered cosmology; in the case of Haredi women particularly, on the gender of faith. Haredi women’s accounts of their pregnancies reveal a particular gendered system of piety that sanctifies procreative labor and sheds light on the embodied and emotional intensities required from women who aspire to rise to its ideals. Much is at stake in a procreative project when a woman’s reproductive career becomes the epitome of her religious devotion: Reproductive perseverance (in the face of physical difficulty and various forms of uncertainty) may position women high up the social hierarchy of piety, but women may also lose their standing (in the eyes of their community and in their own eyes) when they experience difficulties complying with God’s choices. Thus, experiences of pregnancy in Haredi communities seem to oscillate between elation at worshiping God through the fulfillment of his procreative wishes through one’s body and enduring the fear of being chosen for His tests of faith.

Third, the Haredi case of pregnancy emphasizes how much is lost when our studies are structured a priori according to techno-medical categories. In the Haredi case, we could have hypothesized that since procreation is sanctified in their cosmology, and so routinized in their daily lives, that they would be prepared for its challenges and become “used” to them. Nevertheless, although women are surrounded by other pregnant women, this does not seem to prepare them for the physical and emotional challenges nor make them more accustomed, in subsequent pregnancies, to the intensity of ongoing procreative labor. They might acquire familiarity with child-raising practices, and even become experts on baby strollers; yet, although these women may appeal for God’s help and support, they do not claim to become more adapted to the embodied and emotional challenges of pregnancy. They admit, sometimes reluctantly, that pregnancy is hard work.

Thus, beyond the insights that Haredi women’s pregnancy experiences raise about gendered styles of religious devotion, they also remind anthropologists of reproduction that pregnancy is a productive unit of analysis, with a potential to reveal the procreative ecologies with which people negotiate their reproductive aspirations and challenges. If pregnancy is still experienced as so demanding and challenging in a social network of large families in which procreation is a divine mission and a way to worship God, then much still lies ahead to discover about the lived
experiences and challenges of pregnancy in (perhaps) less idealized, differently oriented procreative political ecologies.

References


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