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Fragmented reproduction: women's reproductive experiences and the carcerality of Swiss federal asylum camps

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Abstract. This article examines the experiences of pregnant asylum seekers and mothers with newborn babies living in federal asylum camps in Switzerland. We argue that the carceral nature of these camps affects women's reproductive lives through logics of fragmentation: a fragmented institutional system, insufficient spatial infrastructures within the camps, and a spatio-temporal fragmentation through constant transfers. However, some asylum-seeking women and their "allies" actively navigate and resist this fragmentation by seeking spaces of relief, thereby challenging the carceral nature of the asylum system. By combining carceral geographies with interdisciplinary studies of refugees' reproductive health, we provide a more nuanced understanding of the impact of the carceral system on reproductive lives.

1 Introduction

"I want to tell you a story", one therapist told me during a focus group with professionals working with asylum seekers in Switzerland. She recounted the case of an Afghan woman who arrived pregnant at a federal asylum camp in Switzerland. She had fled from her home country and had had traumatic experiences as one of her children had died in a bomb attack back in Afghanistan. The woman was supposedly suffering from PTSD and, according to the psychiatrist's framing of her condition, had developed psychosis during her pregnancy. Initially, to arrive in the federal centre provided her with a degree of safety consisting of basic medical care and a community of Afghan women who supported her on an emotional level and with regard to everyday challenges. But, some weeks after giving birth, due to the logics of the Swiss asylum procedure, which stipulates that people can stay in federal centres for a maximum of 140 d, the family was transferred from the federal asylum centre to a cantonal centre in a remote alpine village, far from their support network and with only minimal medical infrastructure. Despite interventions from midwives, maternity counsellors, and the psychiatric hospital, the transfer went ahead. Her mental condition deteriorated rapidly. Eventually, she was hospitalized and slowly regained some stability. Today, she and her family live in a small town in the valley closer to a city, but she still says, "When we visit the city, we can breathe again" (research diary, 15 July 2023).

The above example illustrates the multitude of actors and institutions, as well as the shifting places, that influence the reproductive journeys of women seeking asylum in Switzerland. As we will demonstrate in this article, their reproductive health is severely affected by three intertwined carceral logics. Firstly, institutional fragmentation pertains to the interplay of divergent institutional logics, resulting in a diffusion of responsibility. Secondly, inadequate spatial infrastructures within the camps exacerbate the carcerality within Swiss asylum. Lastly, spatio-temporal fragmentation is pro-

duced through the spatial confinement within the camps, the rapid transfers between them, and the constant threat of deportation which contributes to a sense of alienation, reflecting forms of carceral governance and further harming the women's reproductive health.

People waiting for the asylum decision are going through a special moment in their lives, inhabiting what Fontanari and others have called a "threshold condition", characterized by "continuous waiting, uncertainty, precariousness, fear, inactivity and a temporal dimension reduced to the present" (Fontanari, 2015:721; Mountz, 2011). Pregnancy, birth, and the postpartum period are also special moments: relationships and the social life are re-arranged, and future parents project themselves to a life with a newborn. Therefore, pregnant asylum-seeking women experience what we call a "double threshold" as they are both caught in the temporal interstices of applying for asylum and are on the verge of becoming mothers. This double threshold creates a tension between agency and constraint as women strive to assert control over their reproductive lives while navigating restrictive conditions and a situation of constant insecurity within carceral structures.

Studies on the entanglement of reproduction and migration in the Swiss context have shown that children of migrant parents are at a higher risk of neonatal and infant mortality (Bollini et al., 2007; Jaeger et al., 2012; Wanner and Bollini, 2017). Further, immigrant women have a higher risk of maternal mortality (Bollini et al., 2011) and an abortion rate up to 3 times higher than that of Swiss women (Kurth et al., 2010), and first-generation migrants have a higher incidence of prenatal and postnatal depression than Swiss women (Sharapova and Ratcliff, 2018). Also, a study carried out in Geneva has demonstrated difficulty for migrant women in accessing reproductive health (due to financial and language barriers, discrimination, lack of information, and embarrassment) (Schmidt et al., 2018). The study of Perrenoud et al. (2024) illustrated several intersectional dimensions of epistemic and reproductive (in)justice faced by immigrant mothers during the postpartum period, including an unequal access to quality care. It explores how immigrant mothers in Switzerland navigate the postpartum period by "reconstructing a niche sociality" (Manning et al., 2023) to combat isolation during the postpartum period. Publications specifically on asylum-seeking women and reproductive health are scarce. However, reports have illustrated that interruptions in care are common in their reproductive lives and that collective accommodation is a source of reproductive injustice (Cignacco et al., 2017; Wegelin et al., 2024).

Isolation is also a key feature of the "federal asylum centres" which were established under the new asylum system introduced in 2019[1]. The "federal asylum centres" and the new system have been heavily criticized by activists and NGOs ever since. They argue that the changes have led to the system becoming generally harsher and that the establishment of the collective-accommodation federal camps[2] has led to people being further isolated (antidotincl Redaktionsgruppe Basel, 2021; humanrights.ch, 2025). Despite this existing knowledge, the intersection of carcerality and reproductive experiences, especially pregnancy and birth, in Swiss asylum settings remains critically underexplored. In this article, we seek to bridge this gap by foregrounding pregnancy and birth as key analytical lenses for understanding carceral asylum regimes in Switzerland. Following Mulinari (2024:3), we illustrate "how immigration and reproduction politics are embedded in a carceral logic". We are also drawing on the intersectional activist framework of "reproductive justice", developed by Black feminist collectives. This framework expands reproductive rights beyond the white, liberal, pro-choice focus on individual autonomy and abortion, moving towards a broader understanding of reproduction as a matter of social justice. The framework encompasses three core rights: the right to choose not to have children; the right to have children; and the right to raise children in safe, supportive economic, social, and environmental conditions, free from institutional violence (Ross and Solinger, 2017; Abji and Larios, 2021; Schurr et al., 2025; Luna and Luker, 2013; Cavanagh et al., 2022).

The structure of the article unfolds as follows: after a literature review on carceral spaces and asylum camps, we briefly present the research design and methods. We then examine the fragmenting carceral logics in asylum and its effects on reproductive lives. This includes institutional fragmentation, as seen in the general organization of the asylum procedure in Switzerland and in the specific organization of healthcare which is shaped by these logics; lacking or insufficient spatial infrastructures within the camps and the effects on reproductive lives; and, finally, spatial confinement, frequent transfers, and the threat of deportation, which lead to a spatio-temporal fragmentation of reproductive lives. Next, we discuss the role of spaces of resistance, focussing particularly on spaces of relief and networks of solidarity. In the conclusion, we argue that the living conditions of pregnant women and mothers in collective accommodation should not merely be considered to be precarious but rather as being actively shaped by these carceral logics.

[1] The biggest changes between the old and the new asylum system in Switzerland (since 2019) are the introduction of accelerated procedures in federal centres (maximum 140 d) and the focus on more efficiency in the asylum procedures. For this, federal centres under the responsibility of the federal government were established. Under the new system, asylum seekers receive free legal representation directly within the federal centres (Bundesrat, 2018). Critics argue that the state funding creates potential tensions between state financing and the independence of legal representations.

[2] In this article, we refer to them as *federal asylum camps* rather than *federal asylum centres* to highlight their carceral nature and to situate them within the broader process of "campization" (Kreichauf, 2018).

2 Asylum camps as carceral spaces

In this article, we bring into the dialogue work from the field of carceral geographies (Aiken and Silverman, 2021; Bloch, 2024; Conlon et al., 2017; Fontanari, 2015; Kreichauf, 2018; Moran et al., 2018a; Mountz, 2020) with interdisciplinary research on the reproductive lives of asylum-seeking women living in collective accommodation (Amacker et al., 2019; Grotti et al., 2019; Janssens et al., 2006; Kurth et al., 2010; Tazzioli, 2024). Carcerality broadly refers to the systems, practices, spatialities, and ideologies that underpin confinement, punishment, and surveillance. Geographers understand carcerality as social, *spatial*, and political mechanisms of governance and state power, as modes of inclusion–exclusion and control, particularly with regard to "the most vulnerable members of society" (Bloch, 2024:4; Massaro and Boyce, 2021; Richter and Schliehe, 2022). Although constituting a broader structural phenomenon, carcerality as "a spatiality of restriction and constriction, of borders and boundaries, of 'spatial unfreedom'" (Schliehe and Philo, 2024:221) is experienced, (re)produced, and contested in nuanced, context-specific, embodied, and subjective ways (Moran, 2015; Schliehe, 2017). However, there is an ongoing debate about how to precisely demarcate "(the) carceral" and thus the contours of carceral geographies as a discipline (see, for example, Bloch, 2024; Hamlin and Speer, 2018; Moran et al., 2018a, b). Notwithstanding the increasing pervasiveness of carcerality in spaces of everyday lives (e.g. the home, Krishnan and Antona, 2023), we follow Bloch (2024:13), who argues that geographers should centre "those spaces along the carceral continuum in which the law actively circumvents people's constitutional rights and protections and where non-criminal legal punishment, cordoning, and expulsion it meted out". A notable example of such spaces are accommodation centres in migration detention regimes, such as the federal asylum camps in Switzerland.

Carceral geographers have examined collective asylum accommodation as carceral spaces (Aiken and Silverman, 2021; Asoni, 2022; Turner and Whyte, 2022; Balaguera, 2018; Fontanari, 2015; Martin, 2021; Martin and Mitchelson, 2009; Mountz, 2020). As demonstrated with regard to detention centres in the US, such spaces often "operate just like prisons, according to logics of security, surveillance, command, and control" (Conlon and Hiemstra, 2016:105). Some scholars use the term detention as a distinction from imprisonment, referring instead to "the use of incarceration by states to contain people who are not necessarily charged with crimes" (Asoni, 2022; Martin and Mitchelson, 2009:465). This distinction is important as it relates to similar logics within different contexts. Yet, the migration and criminal justice systems also increasingly converge, a phenomenon referred to as "crimmigration" (Gnaedinger, 2024; Hartry, 2012; Stumpf, 2006). The growing phenomenon of "campization" in Europe reflects this convergence. "Campization" involves the long-term detention of migrants in spatially isolated, collective structures characterized by their carceral features, which are legally legitimized through increasingly restrictive asylum laws (Asoni, 2022; Kreichauf, 2018:4). The federal asylum camps we study in this article are to be differentiated from camps as part of the so-called "emergency aid" (for a discussion on the emergency aid asylum regime in Switzerland, see Marti, 2023) or deportation prisons. While those can be compared more closely to asylum camps in the US, where surveillance is a key feature, the federal asylum camps in Switzerland are theoretically open structures, where inhabiting people can move in and out. Nevertheless, they may be considered camps in accordance with the conceptual framework developed by Kreichauf (2018), as their specific socio-spatial features are leading to segregation and have carceral aspects, such as isolation- and detention-like structures, forced mobility between camps, and hyper-vigilance within camps (Kreichauf, 2018:13). Federal asylum camps are also emblematic of a broader carceralization of the migration process as they are shaped "by a technology of [spatial] confinement: (intentionally) keeping-in, (detrimentally) containing, those 'within'" (Moran et al., 2018a:14). Hosted in those collective shelters, "asylum seekers experience a phase of transition and a lack of belonging that, if extended in time, produce a sense of insecurity, uncertainty and indeterminacy" (Fontanari, 2015:721). From a spatio-temporal perspective, asylum camps can be understood as forming a "threshold": a phase characterized by waiting, liminality, and the disruption of life before and after migration (Fontanari, 2015; Mountz, 2011:381). Furthermore, similarly to prisons, detention and asylum camps are often portrayed as static and immobile, particularly because they are hidden from the public, but this is "only an illusion of immobility" (Turner and Peters, 2016:2). Scholars have effectively demonstrated that "contemporary practices of imprisonment are characterized by the tensions between apparent fixity and forced mobility" (Martin and Mitchelson, 2009:461). Camps are both confining and moving, detaining and enabling certain kinds of mobilities of its residents, which is the reason they have been labelled as "carceral junctions" (Turner and Whyte, 2022).

Against this background, the reproductive experiences of women in asylum become a site through which carceral governance is enacted and carceral restrictions felt. Interdisciplinary studies have shown that poor mental health, including depression, anxiety, and PTSD, is overrepresented in refugee women in the peripartum and postpartum period (Heslehurst et al., 2018). In the case of Germany, research demonstrated that, despite the apparent need, adequate healthcare in asylum camps is rare (Bozorgmehr et al., 2018; Kaufmann et al., 2022). Moreover, asylum-seeking pregnant women were found to experience harsh living conditions, and participants reported poor hygiene conditions, fear of diseases, inadequate food provision, and disturbed sleep due to threats of violence (Gewalt et al., 2019). Regarding Switzerland, research has shown that access to reproductive health is restricted

in asylum camps because of, among other reasons, a lack of awareness about reproductive issues among professionals within the centres (Amacker et al., 2019), a general lack of time and resources within the structures, and/or a lack of referral to specialized professionals (Wegelin et al., 2024:9, 2021:155). Also, gender-sensitive concepts in infrastructure, psychosocial, and medical support are missing (Brava NGO, 2022). Further, cramped conditions and a lack of food and hygiene products have been reported (3 Rosen gegen Grenzen, 2021; Gregoris, 2023; Kaufmann et al., 2022). Moreover, language problems due to insufficient or inexistent medical interpreters are aggravating the situation (Cignacco et al., 2017; Origlia Ikhilor et al., 2018; Wegelin et al., 2024). Finally, there is a discursive delegitimization of sexuality and motherhood in camps, which influences the decision-making regarding family planning (Wegelin et al., 2026).

Those elements of unabling certain people from accessing reproductive health can be conceptualized as a form of reproductive governance, relating to the way in which the state, economics, and particular moral frameworks "produce, monitor and control reproductive behaviours and practices" (Morgan and Roberts, 2012:243). The fact that the reproduction of some people is valued while the reproduction of others is despised has also been labelled as "stratified reproduction" (Colen, 1995), pointing to the power relations inherent in reproductive lives and the governance of reproduction. As we have showed elsewhere, reproductive politics cannot be understood without considering the historical and geopolitical contexts in which those are taking place (Perler et al., 2024). In the case of Switzerland, the asylum camps and processes we describe hereafter are also influenced by broader logics within Switzerland as a "fractured nation", meaning that "in Switzerland, the different identities constitutive of a nation (judicial, territorial, historical, 'ethnic', etc.) were never stabilized at a 'national' level" (Chollet, 2011: 749). Subsequently, many institutions, including healthcare and the asylum system, are highly fragmented, leading to a multitude of different cantonal or federal regulations and actors.

While others have studied the administrative process of asylum in Switzerland (Affolter, 2021; Pörtner, 2021), in this article we focus on the carceral accommodation modes within Swiss asylum. Research on (cantonal) asylum camps in Switzerland has described these sites as precarious "non-places" of violence and isolation, especially with regard to children and youth (Bombach, 2023). Federal asylum camps, while similarly organized around collective accommodation, function more as temporary, transitory spaces, where people are "passing through". Even if they are theoretically open, they have a "closed character, which aggravates the mobility between the inside and the outside of a camp" (Kreichauf, 2018:14). By centring the experiences of pregnant and postpartum asylum-seeking women in Swiss federal asylum camps, we build on this interdisciplinary work about reproduction in asylum while simultaneously following the call of Moran et al. (2018a:676) that geographers "should uncover the *subjectivity* and *relativity* inherent in the experience of carcerality, since in its lived experience the carceral is *relative* rather than absolute". In this article, we thus propose conceptualizing fragmentation as a mode of carceral governance. Mengesha et al. (2023) described the healthcare experiences of asylum seekers in Australia as being characterized by a system of "fragmented care". While the authors explain how this fragmentation results in health disparities, they do not define the concept of fragmentation itself. We address this gap by focusing analytically on the entanglements of *carcerality and reproduction*. Our contribution further builds on and extends current geographical scholarship on reproductive politics in carceral spaces and on the carceral governance of migrant reproduction (Cavanagh et al., 2022; Etter, 2022; Gómez Cervantes et al., 2017; Mulinari, 2024; Sufrin, 2018). The reproductive lives of imprisoned mothers have been analysed as sites of "reproductive disruption" (Inhorn, 2007), given that incarceration "precludes procreation and, by separating mothers from their children, precludes physically present parenting" (Pallot et al., 2012; Sufrin, 2018:58). In contrast, the situation of mothers or pregnant women living in federal asylum camps is slightly different. These women are not necessarily separated from their children, but, as we argue, the conditions in which they become mothers and parent their children are still characterized by highly restrictive carceral governance. We therefore aim to offer new insights into how asylum seekers' reproductive lives are fragmented through carceral logics and how those carceral logics operate precisely through fragmentation.

3 Methods

This article is based on a multi-sited ethnography (Marcus, 1995) in Switzerland between 2021 and 2024. The data collection consisted of 8 months of observational fieldwork, during which authors 1 and 2 accompanied midwives to asylum-seeking women living in federal asylum camps; had a number of more informal talks with midwives, activists, and asylum-seeking women; and did more formal interviews, ranging from 1 to 2 h, with different actors involved in the asylum system. Although we initially planned to conduct more observations within the federal camps, we quickly realized that gaining access is very difficult. Our formal request to conduct fieldwork in the federal camps was declined by the Swiss Federal Office for Migration, but they allowed us to conduct interviews with nurses and doctors who worked in the federal asylum camps. We therefore adapted our research design, deciding to focus on other actors, such as religious counsellors and midwives, who have close relationships with the women and often act as "allies", by which we refer to the "the participation of people from advantaged groups in efforts to improve treatment of disadvantaged groups" (Manekin et al., 2024:1). At the same time, those "allies" are not state employees and are thus external to the asylum pro-

cedure. Through these contacts and a snowballing principle, we also contacted several women who were or had been living in a federal asylum camp. We accompanied one pregnant woman for several months while she was living in a federal camp. In the end, the data collection included a total of 18 interviews with asylum-seeking women, four religious counsellors, three nurses, a doctor, and a gynaecologist working in asylum camps. Moreover, author 1 conducted a focus group interview with body therapists working with asylum-seeking women. The semi-structured interviews were conducted in French or German or, in one case, with the help of an interpreter, in Kirundi translated into German and, in the cases of 14 asylum-seeking women, in Arabic as author 2 is fluent in this language and was accompanied by a native speaker who guaranteed the cultural-interpretation process. The data were recorded, transcribed, and then analysed inductively using MaxQDA and following grounded theory (Strauss and Glaser, 1967). The main themes were analysed and triangulated in joint analysis sessions between author 1 and 2. The research does not fall under the remit of the Swiss Human Research Act (SR 810.30) and therefore did not have to be approved by an ethics committee. Nevertheless, as this is a highly sensitive research area, ethical considerations were at the core of the project. The project team established measures to foster trusting relationships with the research participants through several meetings before the interview. Participants were told that they could terminate their interview at any time, that they were not obliged to answer any questions, and that their participation was not connected in any way to service providers or governmental authorities. We used verbal consent in some cases so that participants were not required to sign any documents. Also, where it was deemed to be necessary, we changed some parameters such as age, gender, or country of origin to protect the anonymity of the participants (Béliard and Eideliman, 2008).

3.1 Institutional fragmentation through multiscalar diffusion of responsibility

In March 2019, an accelerated asylum procedure was introduced in Switzerland (Bundesrat, 2018). A central aim of the reforms was to reduce the duration of the asylum procedure to a maximum of 140 d. During this time, asylum seekers are accommodated in the newly established so-called "federal asylum centres" (camps). Each of the six asylum regions has one *procedural* camp for people awaiting their decision and up to three *departure* camps where people who have been refused asylum or who are "Dublin cases" (meaning that their asylum application must be processed by another state of the European Union[3]) are waiting to be deported. Furthermore, there are two *special* camps in which an asylum seeker who "significantly endangers public safety and order" is accommodated (State Secretariat for Migration SEM, 2025). If the initial decision on their asylum application is positive (or if an extended procedure with further investigative measures is required due to the complexity of the case), individuals leave the federal camps and are transferred to cantonal accommodations. The whole asylum process is under the formal control of the Federal State Secretariat for Migration (SEM). The executive responsibility for the different process stages is assigned to different state actors scattered across federal and cantonal levels of government (Sexuelle Gesundheit Schweiz and Sexual Rights Initiative, 2017:13; Sieber, 2017).

Federal camps are managed by two organizations, one for-profit and one non-profit, which are mandated by the Federal State Secretariat for Migration. These camps are designed as temporary spaces where people wait for a decision to be made about their case (procedural camps) or where they wait to leave the country (departure camps). They are therefore emblematic of the "temporal, spatial and psychological limbo associated with interstitial times and places" (Conlon et al., 2017:3) and thus the "double threshold" which asylum-seeking pregnant women inhabit. We acknowledge that the particular rules and regulations vary in accordance with the management, the composition of its staff, and the organizations involved at each federal camp. Nonetheless, the fragmented structure of the Swiss asylum system and the ensuing organization of healthcare are common features of all federal asylum camps.

Firstly, responsibility and accountability are diffused and shifted between different scales, sectors, and actors. This was evident in the following quote from a religious counsellor who criticized the punitive and restrictive system at a federal camp, where people are not allowed to go out after 17:30 LT (local time). The reason for this restriction remained unclear, as the counsellor explained:

> The SEM claims that it is the city that defines it that way, and the city claims that it is the SEM that defines it that way. So it's really a bit like a game of hot potato, with the blame being passed back and forth[4] (interview, religious counsellor, 24 April 2023).

Moreover, the activists we talked to agreed that a major problem within the camps is the scattered responsibility (focus group, therapists, 15 July 2023). The case of healthcare provision in the camps exemplifies how the actors in-

[3] The so-called Dublin system determines which state is responsible for examining an asylum application submitted within the Dublin area. The Dublin area currently consists of 31 states: the 27 EU member states, as well as the 4 associated states Switzerland, Iceland, Liechtenstein, and Norway. As part of the asylum procedure, Switzerland examines whether a person has already applied for protection in another Dublin state or entered the Dublin area through that country. If this is the case, that Dublin state is responsible for proceeding with the asylum application of the person seeking protection, and Switzerland assesses whether the person can be transferred there.

[4] All interview quotes have been translated by the authors from French, German, Arabic, and Spanish into English.

volved within the federal camps are multiple and located on different scales and in different sectors. Based on the revised law about epidemiology in 2016, the State Secretariat for Health, together with the SEM, developed a concept informing the health provision within federal asylum camps (Bundesamt für Gesundheit, 2017). The guiding system here is called "Medic Help" (https://www.medic-help.ch/en?languageChooser=true, last access: 26 March 2026) and structures health related issues along a so-called "gatekeeping system" (Bundesamt für Gesundheit, 2017). People who arrive in the camp first get basic information in their language on a computer. Next, nurses inform them about health, illnesses, vaccines, risks, prevention, etc. Lastly, they get a medical check by a doctor, where data about health related issues are systematically collected (Bundesamt für Gesundheit, 2017:17). It is only after passing those "gate-keepers" that people are transferred to specialized healthcare units. The healthcare system is implemented by a multitude of actors. For instance, institutionally, the in-house doctor is mandated by the SEM, whereas nurses working in camps are part of the mandated organization's staff (Kägi et al., 2023). Midwives are not part of the in-house concept and work independently by financing themselves directly through the coverage of the health insurance. Overall, the different institutional affiliations of these actors contribute to the fragmented nature of the situation, as well as to the possibility of scattered responsibility.

Secondly, since federal asylum camps are intended for temporary stays (no longer than 140 d), the healthcare system prioritizes basic care. This is visible in the following quote of a doctor working in a federal camp. When we asked her which gynaecological services they offer, the doctor said,

> We do not offer preventive care per se for asymptomatic women because it is 140 d. If these women are then in the cantons where we think regular preventive care can also be provided, we simply refer them there if they have symptoms (interview, doctor, 17 June 2023).

Thus, while basic care is provided, reproductive healthcare and gynaecological issues are not given priority. From the perspective of refugee women, women's health needs in this context are often seen as their own responsibility, something they must actively seek out and gain access to on their own. As they are navigating a highly hierarchical system, they often face difficulties when interacting with healthcare professionals. This becomes visible in the following story of a refugee woman:

> And then I went directly to the management – the camp management, of course. And I told them I wanted to see a doctor, a gynaecologist. At the time, they told me the situation had to be urgent in order for them to send me. I said, 'Yes, it is urgent!' And of course, since I'm a lawyer by profession, I presented them with the arguments – the logical reasons (interview, asylum-seeking woman, 30 August 2022).

The woman, trained as a lawyer, was able to effectively articulate her needs and assert her rights, which also shows that such access often requires specific skills, confidence, and familiarity with bureaucratic systems. Without these, many women may struggle to receive the care they need. Moreover, further specialized treatments such as psychiatric care are generally difficult to obtain in federal camps due to the 140 d time frame: "That's a short time, and sometimes by the time you want to refer someone to a psychiatrist, they already have a 3-month waiting period, so then we're the ones who provide the basic care" (interview, doctor, 17 June 2023). People whose asylum request is approved or needs further enquiries (extended procedure) are then transferred to the cantons, where they might receive further treatment. This is not the case for those whose request is declined. They will be transferred again to a federal "departure camp", where access to further treatments is once again restricted[5].

To sum up, the institutional logics and organization of the Swiss asylum system severely impede the access of women to (reproductive) healthcare. The sectorial, scalar, and temporal fragmentation within these institutions can be seen as entailing what Moran et al. (2018a) have termed "carceral intention", relating to the agentic element of governing actors in enforcing and managing systems of carcerality. This logic results in restricted access to reproductive health for asylum-seeking women in Switzerland as an expression of "carceral detriment", meaning the lived experiences of suffering and perceived harm, while maintaining people in carceral spaces of contention (Moran et al., 2018a). Consequently, "men, women, and children who seek asylum are stuck in a protracted dependency and, at the same time, are pushed to sort out their needs" (Tazzioli, 2024:1484). In the next section we will delve into the spatial carceral infrastructures within the camps and their role in fragmenting reproductive lives.

3.2 Enhanced carcerality through insufficient infrastructures

> For example, I am accompanying a [pregnant] woman from Kenya. And she has now been transferred for the second or third time. And once she

[5]However, prior to carrying out a return, Switzerland assesses the availability and adequacy of medical care in the responsible Dublin state or third country. If the authorities conclude that a return would be inadmissible, the person concerned may undergo the asylum procedure in Switzerland. A transfer may be considered to be inadmissible where the individual suffers from what is considered a "serious illness", where appropriate medical treatment is not available in the destination country, or where the transfer would expose the person to a real risk of a serious deterioration in their health or a threat to their life.

> was transferred from the federal camp to another, federal, but provisional camp. And there, I don't know if you know this, but it's like a gym, separated only by curtains, and she was in a bunk bed, on the bottom, and there was a man on the top. I find things like that are just incredible! (Focus group, therapists, 15 July 2023)

The quote above about temporary asylum camps set up during high-influx periods, where infrastructure is often worse than in regular federal camps, highlights the lack of privacy identified as a major issue for mothers and pregnant women in our research. This account underscores how collective accommodation fragments boundaries of privacy and intimacy, producing conditions of enforced cohabitation in which personal autonomy becomes precarious. For pregnant women, this cohabitation translates to situations such as the following:

> Imagine, … I have to sit under a bed to get dressed, even if I'm not comfortable getting dressed or undressed. We have no privacy …. Or, for example, when I want to take a break to rest and I really need that break, I can't give it to myself in the sense that I lie down in bed and at that moment someone comes in, someone else comes out, it's a constant coming and going. But that's how it is in asylum, we have to go through this because we have no choice. (Interview, asylum-seeking woman, 29 April 2023)

The end of the quote highlights the sentiment to be delivered to a system which she has to accept, where no choice is possible. This mode of subjectification is typical within a carceral regime, which "is in fact not limited to functions of detention, custody, and control, but it is eminently – and, perhaps, first of all – a discursive formation that guides the behaviours and produces the very horizon of possibilities of the subjects through which these same subjects are defined and often end up defining themselves" (Altın and Minca, 2016:42). When it comes to reproduction, these discourses can make women reconsider getting pregnant at all while living in a camp:

> And I told my friend who was pregnant, 'You're in a camp – why did you let yourself get pregnant? It's difficult here for you'. And she regrets it, and she is very thin and very tired, and she keeps fainting. … It is very difficult when a woman becomes pregnant in the camp, very difficult. (Interview, asylum-seeking woman, 6 July 2023)

Another woman's account of her feelings regarding the arrival of a new family in her room, where she lives with her newborn baby and husband, highlights an additional issue pertaining to infrastructure. As a Muslim, she was concerned about her breastfeeding the baby in the presence of another man. When asked if she would solicit the man to leave the room while she was breastfeeding, she told us:

> I don't know. What they say. Because they also live in that room. It's not our room. In the night, [makes a sign that baby cries] we will also try, but we don't know how the new family will take it. (Interview, asylum-seeking woman, 4 September 2023)

Asylum seekers are frequently compelled to cohabit, which is further exacerbated by the recurrent problem of overcrowding in federal camps, compounding the aforementioned challenges. A gynaecologist who has worked with migrants for decades told us the following:

> So, little privacy, practically no privacy, shared rooms, children, lots of children there, […] . The checks, signing in, signing out. It's clear that this is a burden, of course. And I feel that this has increased over the last year. Because, from what I've seen, the camps are simply really overcrowded. (Interview, gynaecologist, 19 December 2023)

While overcrowding and shared rooms are one part of the problem, inadequate infrastructure within the camps is another. As an example, a religious counsellor told us the following about another federal camp:

> The electricity is off, so you can do whatever you want, there's no light. … I imagine a woman with a small baby who needs to be fed every 3–4 h, breastfeeding and everything … And then you're there with your mobile phone, tinkering with things to go to the toilet for … It's not suitable at all. (Interview, religious counsellor, 13 June 2023)

In our research, we found many issues related to such inadequate infrastructure within highly bureaucratic systems. For example, in some camps, only small portions of powdered milk, diapers, and hygiene products are provided, forcing asylum seekers to rely on the limited opening hours of the camp's internal "shop" for such essential items.

A further significant challenge concerning infrastructure is that it is impossible to cook in the camps or to bring your own food; there are no kitchen facilities accessible. Consequently, they are reliant on the food provided by the camp, which is of poor quality, as various media outlets have recently discussed (3 Rosen gegen Grenzen, 2021; Emery, 2023; Gregoris, 2023). As an activist highlighted during a national conference on federal camps, inadequate food supply in camps is a particularly sensitive issue for pregnant women. By way of example, the activist reported meeting a pregnant woman who could not bear any food from the camp. The food her sister wanted to bring to the camp as a substitute for her was refused by security. As a result, the woman had eaten almost nothing in the final days of her pregnancy. In the end, she was hospitalized and gave birth to her child under dramatic

circumstances. Both the mother and the child were severely weakened (research diary, 19 March 2022). Food emerged as a consistent and significant problem at the intersection of carcerality and reproduction in asylum camps during our research, as is visible in the following quote:

> I couldn't eat anything anymore, and all I wanted was food from home. For example, bananas, cooking bananas, which they don't prepare here. … And the worst thing was when I had symptoms of nausea and vomiting because I shared a room with others, and, if it happened at that moment, it was difficult to run and go to the toilet to vomit. Yes, it was a very difficult time for me. I couldn't do it discreetly, even when I went to the toilet to do that, to vomit, there were […] the others could see that I was vomiting. It was really […] that period of vomiting, that phase, was very difficult for me. (Interview, asylum-seeking woman, 29 April 2023)

What is evident here is that reproductive health does not depend solely on access to medical services but is also intimately related to the spatial organization and infrastructure within camps, where bedrooms and toilets are shared, while appropriate facilities for breastfeeding in private or kitchens to prepare one's own food are inexistent.

In conclusion, these spatial infrastructural arrangements are not only inadequate but are actively affecting the everyday lives of residents by denying them autonomy, dignity, and stability. The physical organization and infrastructural neglect within the federal camps disproportionately impacts pregnant women and people with newborns. Their specific needs, such as privacy, rest, access to appropriate nutrition, and reduced exposure to stress, are systematically disregarded. In this context, the infrastructure within federal asylum camps becomes a key mechanism through which carcerality is produced, having a detrimental effect by a denial of space, comfort, and care (Moran et al., 2018a). In the next section, we will demonstrate how this detrimental effect is exacerbated by spatial confinement, constant transfers, and the threat of deportation.

3.3 Confinement, transfers, and the threat of deportation

As previously mentioned, collective asylum accommodation as a carceral space is both confining and enabling, restricting and facilitating certain types of mobility for its residents (Turner and Whyte, 2022). In this part, we first focus on the confining aspects, namely the forced immobility resulting from the organization of the camps themselves. We will then turn to the mobile aspects, such as recurrent transfers and deportations, and demonstrate how both processes are related to temporality, thus leading to spatio-temporal fragmentation.

Federal camps are, in principle, open structures where people can enter and exit. Nonetheless, in practice, they are highly regulated and significantly restrict residents' mobility. A therapist told us the story of a woman with a 1-month-old baby who applied for asylum in Switzerland to eventually live with her husband, who already had Swiss residency status. However, it was complicated for her to leave the federal camp, either to attend therapy at certain hours or to visit her husband overnight, as she needed "permission for everything […] to leave this accommodation" (focus group, therapists, 15 July 2023). Even if permission to leave the camp is granted, residents' mobility remains constrained. For example, some federal camps are located in rural areas with very poor access to public transport. This isolates residents and marginalizes the issue of asylum, something which has already been conceptualized as a strategic "invisibilization" of migration issues (Danze et al., 2021; Mountz, 2011; Mountz et al., 2013). The strict regulation of residents' mobility is a key feature of the carceral nature of federal asylum camps, having a crucial impact on access to reproductive health. An independently working body therapist told us about a pregnant woman for whom she had been asked to provide treatment at the federal camp in a big city. Suddenly, the patient was transferred to another camp, located in a rural area outside the city:

> But by the time she was granted permission to see me, she had already been transferred again. There was a discussion about how she could get from the new place to my office. I had to talk to the people at this camp so that they would give permission for her to travel on the bus that was going to the city anyway and drop her off at my practice. But it was a huge deal, and they said we'll do it once, but it won't work otherwise. (Focus group, therapists, 15 July 2023)

In addition to the geographical isolation of the camp, this quote highlights the issue of recurrent transfers within the Swiss asylum system. This is characteristic of the high mobility in carceral structures, wherein "the frequent and often unannounced movement of individuals within and around detention sites is commonplace" (Conlon et al., 2017:2). Asylum-seeking women's access to reproductive healthcare and the quality of that care are significantly impacted by these fragmenting transfers. A doctor, for example, explained that medical files are given directly to patients when they move between camps and that information can be lost due to the lack of electronic patient files (interview, doctor, 17 June 2023). Another gynaecologist emphasized that the recurrent transfers are one of her biggest issues: "That's exactly it. We may schedule follow-up appointments, and then we see that these women don't come, or it's been cancelled; they've been transferred, and that's it" (interview, gynaecologist, 19 December 2023). A therapist pointed to the destabilizing effects of frequent transfers, telling us a story of a

young woman she accompanied: "She had many questions because she had been in 10 different camps within the first year. She was also simply moved around to different cantons" (focus group, therapists, 15 July 2023). Transfers can be particularly problematic in cases of postpartum depression, as illustrated by the following case:

> The mother was in very poor health after the birth. Based on the postpartum depression screening, we diagnosed her with postpartum depression or posttraumatic stress disorder – it's difficult to tell the difference – and told her through Medic Help that she needed to make an appointment with her doctor, who could then refer her to a psychiatrist. That's what they did. She had the appointment on Friday and was also recommended to see the psychiatrist [...] but on the following Monday she was transferred to another canton. The only thing we could do was inform the management of this (new) camp and organize a midwife. But everything that had already been set in motion ... Especially when it comes to continuity of treatment and mental health, and all this, 2 weeks after the birth, and then the immediate transfer to another camp, while we know that a lot of stability is needed. And for someone who still suffers from depression, that would be even more important (sighs). (Research diary, 9 September 2024)

In summary, quick transfers between camps can delay or, in the worst case, prevent patients from receiving therapy and reproductive healthcare, which is particularly problematic given that most women in the asylum system suffer from PTSD or are of poor mental health and require stabilizing conditions (Kaufmann et al., 2022; Janssens et al., 2006; Schick et al., 2018). Also, these transfers entail a temporal dimension as asylum seekers never know how long they can stay or when they will be transferred; moreover, announcements of a transfer are given on short notice. This adds another layer of insecurity to an already vulnerable situation. Research shows how disruptions in care are likely to result in a range of follow-on problems and increased costs, e.g. from repeated medical histories, duplicate diagnoses, and overlapping efforts (Kägi et al., 2023). They further expose asylum-seeking women to otherwise preventable illnesses and obstetric risks, as well as to the danger of somatic and psychological conditions becoming chronic if they are identified too late (Cignacco et al., 2017).

Furthermore, the threat of deportation as a form of forced mobility creates an atmosphere of constant fear and insecurity. In Switzerland, deportations are legal until the 32nd week of pregnancy. Mothers and newborns are protected from deportation only until 7 d after birth, which means that, theoretically, on the 8th day after birth, a deportation can happen (Mazzone, 2022). During our fieldwork, for example, a pregnant woman from Burundi with two children was deported to Croatia. The news of the deportation spread quickly throughout the Burundi community, giving rise to widespread fear of further possible deportations (research diary, 1 July 2023). Such threat of deportation is omnipresent in federal camps, and it can create situations such as the following:

> I just received a message from a father. He said that his wife had a miscarriage. It was an 8-week-old foetus, and the miscarriage happened after she was transferred to another camp, and they were very afraid of being deported. On [the day x], she was taken to the Hospital in pain, and during the ultrasound they said 'There is no baby', whereupon she received a letter from the hospital stating that she was under medical treatment and needed a follow-up check-up in 4 d. The miscarriage occurred during the night of [day x]. On the next day, at 05:30 a.m., the whole family was forcibly deported to Croatia. Allegedly, the doctor had prescribed a flight ban after the treatment. (Message from a midwife, 9 September 2024)

Although this case may appear to be exceptional, it is symptomatic of broader patterns within federal asylum camps in Switzerland and reveals violent instances of spatio-temporal fragmentation. The miscarriage occurred amid a series of displacements: transferred between camps, taken briefly to a hospital, and forcibly deported the following morning despite medical advice to postpone travel. These displacements fractured the continuity of care, isolating the woman from follow-up treatment and emotional support. Spatio-temporal fragmentation in this context is not incidental but structural. It emerges from the logics of asylum governance that constantly relocate individuals. The tension between the medical timeline, the woman's need for a 4 d follow-up, and the bureaucratic timeline of deportation exemplifies how state temporalities override and disrupt bodily ones. The letter prescribing a flight ban got lost in a fragmented system which further prioritizes deportability over medical need. This highlights the extent in which state violence operates through the withdrawal or fragmentation of care. We conceptualize this form of governance as carceral, arising from enforced mobility and a denial of autonomy. The woman's body becomes a site of carceral discipline, shaped by policies that render her reproductive health secondary to the imperatives of border enforcement. Fear, uncertainty, and lack of medical continuity are not unfortunate byproducts but predictable outcomes of a carceral logic that manages asylum through the targeted disruption of life-sustaining structures.

To conclude, we argue that spatial confinement, recurrent transfers, and the constant threat of deportation are part of a broader carceral logic that governs mothers and pregnant women seeking asylum through spatio-temporal fragmentation. These practices disrupt the continuity of medical care; undermine therapeutic relationships; and can put in peril ac-

cess to vital networks of support, including midwives and therapists. Spatio-temporal fragmentation functions here as both a method and an effect of carceral intention by breaking apart the temporal rhythms of pregnancy, recovery, and care. This mode of governance thus does not rely on campization alone; rather, it produces confinement and detriment through temporality, mobility, enclosure, uncertainty, and isolation. Recognizing this carceral logic is essential when considering the experiences of pregnant women in the Swiss asylum system. In the following section, we turn to explore how asylum-seeking women, their "allies", and broader networks of solidarity navigate and resist these carceral mechanisms – crafting counter-narratives and building alternative infrastructures of care and spaces of relief.

4 Resistance of asylum-seeking women and their "allies"

> The definition of asylum seekers is that they do not yet have migrant status. They are still in the process of being granted status or, if they are not, being deported. It's a zombie-like state. A state where you are actually nothing in this world, in which you are only someone through your identity documents, your identity card, and so on, and it is only with these documents that you are recognized and perceived. In this respect, for me, it is like working in a huge waiting room. In this huge waiting room, I want to offer people something like a home for a moment. (Interview, religious counsellor, 20 March 2023)

The above quote illustrates the religious counsellor's role and her intention to foster a sense of home amidst constant insecurity. This highlights the importance not only of "allies" but also of creating counter-spaces of relief, meaning spaces that are safe(r) and provide an atmosphere in which you can relax and not be constantly on alert, to provide stability within a situation that is akin to a huge "waiting room". Indeed, while the asylum system affects (reproductive) lives through fragmented institutions, carceral spatial infrastructures, as well as spatio-temporal fragmentation, asylum-seeking women and their "allies" resist and navigate this carceral logic. As the carceral spatiality of the camp in itself is not providing a safer space of relief, women find ways to create those spaces. For instance, they find relief in peer support:

> (Sighs) Everything is difficult. I had a friend whose room was next to mine. She is Kurdish and speaks Kurdish, but she came from another country. She was pregnant, kept fainting and falling on the floor. She had a little girl who came to me. In situations like that, you wish you weren't pregnant. It's very difficult. But we used to sit together as friends and talk about these things and how difficult it is. (Interview, asylum-seeking woman, 6 July 2022)

Another pregnant asylum seeker told us that the conditions in the camp, particularly having to share a room, prevented her from getting enough rest: "When I need a rest or a break, I can't find anywhere to rest in the camp. [. . .] So I go to a public park or sit on a bench in a garden, for example. And then there's the wind, the fresh air, which does me good" (interview, asylum-seeking woman, 29 April 2023). In this sense, the public space is becoming an intimate space: compared to the lack of personal space in the camp, spaces like public parks might offer a greater sense of privacy, enabling pregnant women to rest. In this sense, even if, as demonstrated in this article, the infrastructure and spatiality within the camps are inadequate, women inhabiting these spaces seek relief in other spaces.

Visiting friends outside the camp can foster such spaces of relief. A religious counsellor recalled the following about a young pregnant woman in a federal camp: "So from time to time, she would go to stay in the city for the weekend, where she had someone close to her, and then she would eat, rest, do everything she had to do, and then come back here" (interview, religious counsellor, 13 June 2023). But even if leaving the camp is not possible, people are creating their spaces of relief within the carceral spatiality:

> So what some people do is they stick them together, for example, if they have bunk beds, they stick them together. [. . .] And then they attach curtains around the bed to make a sort of little curtain and have a bit of privacy (interview, religious counsellor, 4 May 2023).

"Allies" such as midwives, activists, and religious counsellors, who are positioned outside the institutional and fragmenting logics of the asylum system but who often inhabit a more privileged position, can help asylum seekers to reframe their lives as a whole and can provide spaces of relief. They play a crucial role in supporting women's resistance, challenging the dominant logics of the asylum machinery. One therapist told us that, more than the therapy itself, what she thinks matters in her work is actively listening to people and offering them a space of relief:

> But I really believe that this offer of building a relationship is important. So there is someone who is interested in me and it's all about me. And I don't have to do anything, and I don't have to deliver anything. And there's no brooding about it. It's simple; it's also a safe space. [. . .] During this hour when the door to the practice is closed, the police are certainly not going to come, and nothing is going to happen for the time being because I am there to ensure safety. I do believe that it is also a place of relaxation [. . .] . (Focus group, therapists, 15 July 2023)

Furthermore, "allies" are addressing inadequate food regimes within the camp by purchasing food for the women (see also: Gregoris, 2023). One midwife, for example, told us that she always buys food with her own money to bring it to the women in the camps: "Yes, it's kind of crazy that you just do that because you know they won't eat anything else in there, so I just buy 20 francs worth of snacks every time" (research diary, 18 August 2023).

While "allies" try to support women in the asylum system, these efforts operate within the carceral asylum system. In particular, the constant disruption of space and time through frequent transfers which force asylum-seeking women to repeatedly adapt, re-establish trust, and reconstruct safe environments affects and cuts back the possibilities of allies. At the same time, this fragmentation is not total. It is actively resisted and, at times, partially mitigated by the work of "allies" and by the creation of temporary spaces of relief (such as going to a park or hanging up sheets to make intimate spaces within shared rooms). However, these counter-practices remain constrained by the very system they seek to oppose. The carceral organization defines the terrain on which resistance and solidarity must operate, limiting their durability, reach, and transformative potential.

5 Conclusion

The Swiss federal asylum camps can be conceptualized as carceral spaces operating through institutional fragmentation, carceral spatial infrastructures, and spatio-temporal fragmentation. These processes result in manifold challenges for pregnant asylum-seeking women and women with newborn babies. The challenges discussed in this article include institutional logics of restricted (health)care, inadequate and harmful infrastructural conditions, and disrupted access to reproductive healthcare through frequent transfers and (the threat of) deportations. By examining the intersection of carceral dynamics with reproductive experiences, we thus have demonstrated how versatile fragmentations within asylum settings shape the lives of women of reproductive age. Ultimately, inspired by debates on abolitionism (Aiken and Silverman, 2021; Bradley and de Noronha, 2022; Gilmore, 2023; Loick and Thompson, 2023) and reproductive justice (Abji and Larios, 2021; Luna and Luker, 2013; Schurr et al., 2025), we argue that reproductive health cannot be appropriately addressed within carceral systems designed to control and detain refugees. As reproductive justice is not only about the right to decide for and against having children but also about the right to live and parent in sustainable conditions, what we demonstrated is that the conditions within Swiss asylum camps completely jeopardize this right. Based on our insights, we therefore call for a fundamental structural transformation of the Swiss asylum system, including the abolition of camps and the related systems of control and fragmentation. As long as camps persist, however, we demand not only granting access to reproductive healthcare but applying a pro-active engagement with reproductive lives within asylum as these "double-threshold" moments entail a particular vulnerability for the women who inhabit them. Investment in other types of housing and alternative-care models which put women and their newborn centre stage is undeniable. Reproductive justice for asylum-seeking women requires dismantling the carceral structural conditions that produce reproductive vulnerability. Reproductive justice is not possible without the abolition of carceral structures.

Data availability. The data underlying this study were collected as part of a qualitative research project employing interviews and ethnographic methods. Due to the nature of ethnographic inquiry, the dataset contains highly sensitive information, including contextual details and potentially identifiable participant narratives that cannot be fully anonymized without compromising the integrity and interpretive value of the data.

For this reason, the data are not publicly available in a repository. Open sharing would risk breaching the ethical agreements under which the data were collected. While the full dataset cannot be shared, relevant excerpts and illustrative materials necessary to support the study's findings are included within the article. Further information about the data or methodological procedures may be made available by the corresponding author upon request.

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