



**Exploring the barriers and strategies for increasing
access to oral health services among irregular migrants in Norway**

"Human rights know no borders, they belong to every person seeking safety and dignity."

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Abstract

This master's thesis aims to closely examine the challenges that people without legal status who are living on the margins of society face when accessing dental health services. Irregular migrants go almost unnoticed, without any entitlements to rights and protection in a well established society like Norway. This paper places the focus on critical issues by voicing the barriers and challenges this group faces in situations when they desperately need dental help. Due to ethical considerations and limitations, their insights are collected through the experiences of dentists working with this vulnerable group, many of whom do so on a voluntary basis.

In order to gather valuable information addressing the research question, "Exploring the barriers and strategies for increasing access to oral health services among irregular migrants in Norway", qualitative research is being used with a semi-structured interview guide. This method allows for in depth clarification and discussion of the insights and experiences of the healthcare professionals. Furthermore, thematic analysis has been implemented in order to analyze the findings, which eventually were categorized into three different thematic fields as a result of the analysis. The findings are discussed in the context of Nancy Fraser's theory of social justice and the concept of citizenship. This provides a more comprehensive understanding of the situation and challenges irregular migrants are facing and contributes to raising awareness about changes that should occur in already established norms, political policies, rules and recommendations. Nevertheless, both Norwegian and international laws and regulations are being looked at closely and contrasted in order to get a better understanding of their disparities and ways of implementation.

In the end, the paper provides discussion and clear recommendations for further steps and considerations that need to be taken seriously in order to make progress towards achieving social justice and dignifying life for all the members of the society, regardless of their status.

Keywords: "irregular" "migrants" "oral health" or "dental health", "barriers" or "challenges", "access", "health system", "citizenship", "social justice", "Norway".

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I am so appreciative for the opportunity to combine my background and dedication in the field of medicine with my passion to stand up for others and speak out for human rights. During this study phase of my life I have gained new perspectives that enriched how I perceive justice, belonging and identity.

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I am excited and eager to continue to socially engage, stand up for others and make changes for the better in the times ahead.

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1. Introduction

The phenomenon of migration has been known to happen worldwide for a very long time and across nearly all societies. The current global estimate provided by the United Nations shows that there were around 281 million international migrants in the world in 2020, which equals 3,6 percent of the global population (WMR 2022, p. 12). In 2015-2016, the world faced a significant wave of migration towards the Western world, which impacted Norway. The situation led to a reevaluation of social policies, including healthcare. This placed pressure on existing healthcare systems while emphasizing their importance at the same time. The number of asylum seekers tripled compared to the years before, leading to the incorporation of new, more restrictive legislation that affected settlement, protection, and family reunification (European Commission, 2016).

According to the World Health Organisation (2022), migration often occurs due to various factors such as the impact of war on communities, conflict, natural disasters, economic crisis, and environmental degradation (World Health Organisation, 2022). These factors influence the decision of many people who find themselves in these unfortunate situations to migrate to safer places in search of a better life, health, prosperity, and dignity. However the act of migration is far from safe and often consists of long and exhausting journeys that often affect the overall health of the people migrating. WHO (2022) further notes that these individuals often endure exhausting journeys where they have limited access to food and water, sanitation, and other basic services, which increases the risk of diseases among this vulnerable population. Furthermore, refugees and migrants find themselves among society's most vulnerable members, often experiencing discrimination, xenophobia, substandard living, and inadequate or restricted access to healthcare services (World Health Organisation, 2022). Migrants with irregular situations are frequently excluded from national programs for health promotion, disease prevention, treatment and care, and financial protection in health (World Health Organisation, 2022). Norway has taken steps to integrate migrants through legislation, but there are still challenges to be faced in ensuring access to all types of healthcare equally for everyone. One area that often gets overlooked in policy discussions but is highly important for overall health and quality of life is oral health.

Regrettably, not everyone enjoys the same rights when it comes to access to healthcare services, and Norway is not an exception in the way migrants, especially those with irregular status, are being treated. Every year, hundreds of people in Norway don't receive the health services they need. Many patients don't get the treatments they need, people with different medical conditions don't receive crucial medicine and oral health care needs are least prioritized. Oral diseases are among the most prevalent diseases globally and have serious health and economic burdens, greatly reducing the quality of life for those affected (Peres MA, 2019). There is also an inevitable difference in the rights to access health services between the citizen and non-citizen populations, even though Universal health coverage (UHC), which is part of one of the Sustainable Development Goals for 2030, requires that all people should be able to receive the healthcare services they are in need for, whenever and

wherever they require them and without facing a financial burden (World Health Organisation, 2023).

This research paper aims to bridge the gap by exploring the barriers that hinder irregular migrants in Norway from accessing oral health services. It further builds on the objective of investigating the existing barriers that irregular migrants face when accessing dental health services. This contributes to better understanding of the healthcare needs of irregular migrants and provides possible solutions for policy changes that would lead to improved health outcomes for this vulnerable group.

Although the initial intention of this paper was to offer personal insights of the experiences and challenges of irregular migrants when seeking dental health services, ethical considerations led to a shift of the approach and instead the perspective of dentists working with this vulnerable population is being used for the research purpose.

1.1 Background and significance of the chosen topic

The significance of the chosen topic is strongly connected with my previous educational background as a dentist and my interest in being actively engaged in various NGOs throughout the years. Six years ago, I finished my dental studies and worked as a dentist for a year before I reached to a point where I was ready for a change. This resulted in me deciding to explore opportunities beyond the borders of my country in order to gain international experience and achieve personal growth. That's when I signed up for a voluntary exchange program that took me to Norway. Back then, I had little knowledge about how things worked in Norway, especially in terms of social and health systems, and little did I know of the challenges that awaited me.

The process of registering for a legal stay in Norway turned out to be overwhelming and extremely complicated. Even simple tasks, like scheduling an appointment with the police, were done online, which was quite different from what I was used to in my home country, Macedonia. As I settled into this unfamiliar country, I found comfort in volunteering at the YMCA-YWCA. This organization focuses on the importance of nurturing the overall well-being of individuals with a main focus on engaging and empowering children and youth and securing the prevention of exclusion among this group.

During this period, I had the opportunity to connect with people of all ages with minority backgrounds and a short time of living in Norway. In this regard, some of my tasks were to voluntarily help these people with their everyday administrative tasks and challenges. Whether it was helping them with making appointments with doctors, police, The Norwegian Directorate of Immigration (UDI), The Norwegian Labour and Welfare Administration (NAV), schools, or banks, I became aware of the various barriers they face every day. It was inevitable that language was a great barrier, the lack of digital skills and the ability to understand the system of the different institutions and their online tools were among the things they found extremely challenging. However, on the very edge of society were the people with irregular status who were barely recognized and helped by any authorities. It

saddened me to learn that, according to Norwegian health law, these individuals were only entitled to access to healthcare when their lives were brought to an immediate danger.

From my previous professional background as a dentist, I know how dental health can impact a person's social, emotional, physical, and mental well-being. I am also very aware of diverse dental situations that can be acute or even appear chronic over an extended period but eventually result in an acute state that requires immediate assistance. This knowledge and these perspectives have led me to question how people with irregular status get the help they need and what rights apply to them. This realization has brought a strong urge in me to work and learn more to make a positive impact. That's why I decided to pursue a master's degree in citizenship and cooperation, combining my dental expertise with my passion for assisting vulnerable groups. However, I am strongly aware of my perceptions, previous experience, and knowledge and aware of the negative impact it can have on the research paper. Therefore, I have been cautious to position myself strictly in the role of a researcher and not as a dentist when taking on this role. I have completely distanced my opinions and previous dental knowledge that could have impacted the research process in any particular way.

The primary objective was to identify the obstacles that prevent irregular migrants from receiving oral health services in Norway and discover ways to increase their access to health services that would positively impact their overall well-being. Ultimately, the aim is to contribute to a more inclusive society where everyone, regardless of their legal status, receives equal treatment and has the opportunity to live a dignified life in good health.

1.2 Access to healthcare services in Norway:

Norway's healthcare system is primarily funded by taxes and provides universal healthcare coverage to all legal residents. Healthcare is mainly state-funded in Norway. Public sources account for over 85% of total health expenditure, mostly comprising financing from the central and local governments and the National Insurance Scheme (NIS) (Debesay 2019, p.64).

The dental healthcare service in Norway consists of a public sector that provides dental health services to parts of the population according to the Dental Health Services Act and a private sector that offers dental health services to the rest of the population (Government of Norway, 2023). The public dental health service is organized under the county municipality. The county municipality is responsible for organizing preventive measures for the entire population and providing regular and outreach dental health services to specific groups outlined in § 1-3 of the law (Government of Norway, 2023).

Dental healthcare in Norway is generally expensive for the population because the Norwegian welfare system does not provide public financing or coverage for dental care treatments. However, people are categorized into groups, and certain groups have free coverage, while others have partial or no coverage. For instance, *children (0-18 years) and people with intellectual disabilities* receive free dental treatment from the public dental health service. At

the same time, adults generally have to pay for themselves, but there are many exceptions (Helfo, 2023). The rest of the groups are categorized as:

Elderly, long-term sick, and disabled individuals in institutions and home care, for which the county municipality covers the expenses for necessary dental treatment in the public dental health service or with privately practicing dentists who have an agreement with the county municipality according to the regulations in the fee for dental services ordinance § 2 (Norwegian Directorate of Health, 2015).

Youth 19-20 years old in the year of treatment, which in 2023 was expanded to include the age group 21-24 years old. For this group, the county municipality covers 75% of the expenses for dental treatment based on rates set by the Ministry of Health and Care Services, and the remaining 25% of the treatment costs must be covered by the individual (Norwegian Directorate of Health, 2015).

Adults, where most individuals have to cover the expenses for dental treatment themselves, but there are some exceptions. For example, if an individual is in financial need, they can apply to the Norwegian Labour and Welfare Administration (NAV) for support for dental treatment (according to the Social Services Act) (Helfo, 2023).

Other groups may be, in some instances, entitled to have all or part of the expenses for dental treatment covered (Helfo, 2023). *Refugees and asylum seekers* who are registered and state at a reception center and require necessary dental treatment may be granted applications for additional benefits for dental care from the Norwegian Directorate of Immigration (Norwegian Directorate of Health, 2015). However, it further states that the condition for receiving these benefits is that the dental treatment must be necessary for these individuals' life and health (Norwegian Directorate of Health, 2015).

Other individuals such as *refugees, irregular migrants, asylum seekers, and family reunification members* who are not covered by the groups listed in the Dental Health Services Act § 1-3 or granted dental health rights by the Parliament through budget decisions, etc., do not have the right to dental health assistance in the public dental health service (Norwegian Directorate of Health, 2015). The document further emphasizes that these patients must seek out a dentist and cover the expenses for dental treatment on their own.

Irregular migrants are not considered legal residents and are, therefore not among the prioritized groups and excluded from the public healthcare system. According to the Norwegian Directorate of Health, irregular migrants are only entitled to emergency medical treatment and care for conditions that cannot wait, as stated in the Patient Rights Act (Lovdata 2011, § 5-a). This limited access to healthcare has significant implications for the health and well-being of migrants, as it can result in them seeking medical treatment at a late stage or avoiding it altogether due to fear of deportation or inability to pay for private healthcare services.

Several studies have investigated the health needs and experiences of irregular migrants in Norway. For example, a study by Norredam et al. (2012) found that irregular migrants had

higher rates of mental health problems, infectious diseases, and unmet healthcare needs compared to the general population. Regarding policy initiatives, the Norwegian Red Cross and the Church's City Mission have been running health centers for irregular migrants in Oslo and Bergen for over ten years now, providing diverse healthcare services for free, including oral healthcare (Røde Kors, 2021).

However, there is a lack of research specifically focused on access to oral health services for irregular migrants in Norway. This research gap is significant regarding the importance and the connection between oral health and overall health and quality of life. Therefore, this research paper aims to address this gap by exploring the barriers and strategies for increasing access to oral health services among irregular migrants in Norway.

1.3 Research formulation and research questions

The research paper focuses on a group of people who are kept outside the safety net of the Norwegian welfare state. “Irregular” migrants or people without legal residence who cannot access health care services. They are only entitled to health care in cases where it is urgent and for conditions that cannot wait, such as life-threatening situations, severely impaired function, serious injury, or severe pain (Lovdata 2011, 5-a). What makes the situation very delicate is that it is tough to determine how serious a health condition is if it is not investigated. This group's right to health care is limited, and the current regulations raise many medical ethical dilemmas. However, the underlying reason for this group's limited access to health care is discriminatory legislation. In Fact Sheet 31: The Right to Health (United Nations High Commissioner for Human Rights, 2008), it is stated that everyone has the right to health as a fundamental part of our human rights and with that should have ensured access to health services. This research contributes with new insights into the connection of healthcare provision and migration policy, and additionally provides new knowledge and theoretical understanding.

The research paper aims to outline the following question:

“What are the specific barriers that prevent irregular migrants in Norway accessing oral health services, and how can policy changes address these barriers to improve their healthcare outcomes?”

Furthermore, it brings forward the status of irregular migrants and the importance of access to oral health care services as one of the integral health care needs. This is viewed through the perspectives of dental healthcare providers who have experience providing dental services to this vulnerable group. Additionally, It aims to raise awareness of how oral health can be a major contributor to general health conditions and its effects on the overall quality of life, affecting the most vulnerable groups in society.

As of today, it is nonprofit organizations that provide healthcare to irregular migrants. This has led to a situation where non-profit organizations such as the Red Cross and the Church's City Mission have been bearing the responsibility in providing health services in their health

centers for irregular migrants in Oslo and Bergen (Red Cross 2021). In these centers, the health providers work voluntarily in assisting irregular migrants which is fundamentally wrong that humanitarian organizations have to undertake such a task. The state must take responsibility and fulfill its human rights obligations (Red Cross, 2021).

The current situation reveals that an individual's immigration status can impact their ability to access Norway's healthcare system. This research paper investigates the connection between an individual's legal status and their access to healthcare, specifically regarding oral health services.

To address the research question, several key questions are being explored.

- 1) Identifying and analyzing the challenges and barriers irregular migrants face when accessing oral health services. These insights are provided from the perspective of dentists working with this vulnerable group.
- 2) How the existing policies and regulations impact the irregular migrants' access to oral health services. How are these implemented in everyday dental practice?
- 3) Investigate current solutions and programs to improve access to oral health services for irregular migrants and evaluate their effectiveness.
- 4) Collect information about significant policy and practice changes and recommendations that could improve the situation for irregular migrants. For instance, the dentists taking part in the study can propose new policies or funding mechanisms that meet the needs of this vulnerable group.

Exploring and answering these questions will not only contribute to a better understanding of healthcare access for marginalized populations but also offer a theoretical framework that can be adapted for similar studies.

1.4 Limitations and responders

The initial idea for the research paper was to conduct face-to-face interviews with irregular migrants. However, there have been several significant limitations that contributed to changing the approach. One major obstacle was the language barrier. Many irregular migrants come from different countries, which would eventually require the involvement of certified translators during the interviews. This would have made the interview process very complicated. Nevertheless, the interviews in these cases would have to be conducted through a third person which would have made it difficult to include additional follow-up questions. Additionally, the vulnerability of this group requires building strong trust and securing a safe environment that might be compromised if an external person comes into the picture. Besides this, the transcription of the interviews and the involvement of a translator would have added a significant economic burden on the work.

Irregular migrants represent a vulnerable group of people some of them might be living in constant fear of deportation, making sure that they avoid facing authorities. They may also lack knowledge about the interview protocols, including ensuring security, and anonymity, and signing a consent form. In this case, the research becomes highly sensitive since it can induce great risk to individuals associated with it, especially when the interviewers might perceive it as undesirable (Cohen, 2018, p.228). There is also a concern that they might feel obligated to participate in the interviews or expect financial compensation that could eventually compromise the integrity of the collected data. Moreover, in their efforts to protect themselves, irregular migrants may provide false information out of fear of offending or making negative statements about the Norwegian healthcare system.

Based on these numerous challenges, it was decided to shift the focus from interviewing people representing this vulnerable group to interviewing health workers, particularly dentists, who voluntarily provide services to irregular migrants. Dentists as health professionals, can provide various perspectives, which are critical for understanding the complex realities faced by irregular migrants when accessing oral health services. Dentists working directly with this population offer a comprehensive view and can genuinely share the experiences irregular migrants encounter.

Additionally, the health providers have knowledge and experience with how the existing policies are bringing obstacles in providing services to irregular migrants. Their experiences and insights can contribute to creating recommendations for policy changes that could eventually improve access to oral health services for irregular migrants.

1.5 Concept clarification

Words and wording can carry different meanings depending on the framework for characterizing various groups of people. However, there are many different words and concepts used to describe this group in academia, politics, and public discourse (Lillevik 2021, p.33).

In the political and public discourse, the terms “illegal immigrants” or “undocumented immigrants” are often used instead of the more academic term “irregular.” The terms “illegal” and “undocumented” also have a legal reference frame but are perceived to carry a stronger normative meaning (Lillevik 2021, p.34). The term “illegal” is particularly controversial because it gives the impression that the person has committed a crime, may be seen as denying their human dignity, and could have negative consequences for those seeking regularization through the asylum process (Lillevik 2021, p.34).

To avoid any confusion, the research paper does not use the term “undocumented” or “paperless” and refers to individuals lacking a valid residence permit referred to as “irregular migrants.” The only instances where some of the other terms are being used are only when referring to literature that uses the terms “undocumented” or “paperless” in their references.

1.5.1 Migrants

There is no universally accepted definition of the term migrant. One definition provided by the United Nations Department of Economic and Social Affairs (2023) defines an international migrant as “any person who changes his or her country of usual residence, irrespective of the reason for migration or legal status” (United Nations, 2023).

UNHCR (2018) provides another definition in their rapport on migration and refugees as follows: “The International Organization for Migration (IOM) defines a migrant as any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of the person’s legal status; whether the movement is voluntary or involuntary, what the causes for the movement are or what the length of the stay is” (UNHCR 2018, p.2).

1.5.2 Irregular migration - irregular migrants

IOM gives the following definition of irregular migration: “Movement of persons that takes place outside the laws, regulations, or international agreements governing the entry into or exit from the State of origin, transit or destination” (IOM, n.d).

In academia the terms “irregular migration” and “irregular migrants” are often used to distinguish this type of migration from migrants who have the right to be in a country other than their country of origin, and by this migrate under different or so-called “regular”-conditions (Lillevik 2021, p.33). The term “irregular migrants” refers to people who do not have a legal stay in the country because they do not fulfill the legal requirements and regulations set by Norway (Lillevik 2021, p.33).

1.5.3 Health - fundamental human right

The World Health Organisation (WHO) argues that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition” (WHO, 2017). The right to health has been strongly emphasized in the work and mandate of the (WHO) to assure equal and universal access to health services for all individuals (WHO, 2017).

The healthcare system in Norway is called the National Insurance Scheme (NIS) or Folketrygd. Having a membership in the National Insurance Scheme is mandatory, and it is the key to eligibility for rights to various welfare services (Karlsen 2021, p.29). However, this membership does not apply to irregular migrants even though it is primarily based on residence rather than citizenship.

For someone to be considered a resident in Norway, their stay must last or be intended to last for at least 12 months, but the stay must be “legal” (Karlsen 2021, p.29). This only indicates the complexity of administrative practices and regulations at the national level,

raising humanitarian concerns about the discrepancies in the ways and extending the health needs of irregular migrants are being addressed by the state (Karlsen 2021, p.29).

These inequalities highlight the difference between the World Health Organisation's goal for health coverage and the difficulties irregular migrants face in Norway.

1.5.4 Oral health

Good oral health includes the ability to talk, socialize and smile, smell, taste, touch, chew, swallow, and express emotions through facial expressions comfortably and with confidence, without any pain, discomfort, or disease in the face, head and neck area (Glick, 2016).

Access to health care, including oral healthcare, is widely acknowledged and considered part of the right to health. The Universal Declaration of Human Rights (Article 25), which Norway follows, emphasizes that everyone should have a decent standard of living that ensures their own and their family's health and overall well-being through secured access to services (United Nations, n.d).

An additional aspect of preserving good oral health includes its importance as a basic component of overall health, both physically and mentally (Glick, 2016). Oral health varies based on the values and attitudes of individuals and communities. It is directly connected to how our bodies work, and it is associated with the quality of life, which is influenced by social and psychological factors. It also goes through constant changes throughout life affected by a person's evolving experiences, perceptions, expectations, and ability to adapt to circumstances (Glick, 2016).

2. The topic's context and research field

2.1 Literature review

A literature review should establish a theoretical framework for the research, indicating the nature and state of the field and how it has been researched to date. The literature review offers a summary of topics that need in-depth examination and identifies knowledge gaps in the discipline (Cohen 2018, p.181). The study combines theories from a healthcare perspective, migration studies, and social policy to provide a multidimensional approach to analyzing the challenges and barriers to healthcare access of irregular migrants. During this literature review, various research tools and sources were used to identify and review relevant literature. These resources include library databases, such as Oria and Idunn, academic databases like Google Scholar, and specific academic journals like “Review of Education Research”, and “Review of Research in Educations,”. These tools provided access to a wide range of academic literature, adding great value to this review.

Within the research topic, several recent studies are being conducted, primarily focusing on “Irregular migrants” and their access to general health services. A lot of focus is also placed

on sexual and reproductive health and rights targeting women during their pregnancies or social studies that examine the meaning of social networks and experiences of irregular migrants living in Norwegian society. Even though various studies have examined healthcare provision for migrants, there is limited research on the specific challenges faced by irregular migrant's access to dental services in Norway. This study aims to fill this gap.

For instance, a report from NAKMI (Norwegian Center for Minority Health Research) provides a comprehensive review of immigrant health studies in Norway, presenting numerous health issues faced by the immigrant population (Abebe, 2010). Although the review displays a wide range of health topics, there is a gap in the study regarding the lack of focus on oral health challenges among this vulnerable group. As oral health is a crucial component of overall health and well-being, there is a great need for information and valuable insights into the oral health status and needs of irregular migrants in Norway. By all these means, the study research overlooks an important aspect of oral health as part of the healthcare challenges faced by this population.

A scoping review of the literature on health access and barriers (Debesay 2019, p.65) explores how and to what extent the migrant population in Norway uses healthcare services. Health data from Statistics Norway's living conditions survey show that migrants evaluate their health more negatively with increasing age than other populations and generally report poorer health (Debesay 2019, p.66). A registry-based study of migrants' use of primary healthcare (PHC) shows that migrants, in general, have been found to use PHC less than Norwegians. The results point out that the key factors affecting migrants' access to health services are the socioeconomic barriers, the pre-migration aspects and the condition in the current host country (Debesay 2019, p.66). Of crucial importance when it comes to primary healthcare (PHC) is the use of dental care services.

Even though Norway provides universal coverage and public financing, dental care is not included in the coverage and has a significantly high cost of private participation (Debesay 2019, p.68). As a consequence, many migrants choose not to seek dental treatment because the patients themselves have to pay for the dental care services. This occurrence aligns with a study that confirmed linkage to disparities and inequity in dental care usage among men and women regardless of age in the Norwegian population (Debesay 2019, p.72). Further, it indicates the need for research focusing on financial barriers to health care faced by migrants, often with high unemployment rates, low income, and financial responsibilities in a universal healthcare system such as Norway (Debesay 2019, p.72).

Another relevant study points out the challenges in accessing the healthcare systems for irregular migrant women in Norway. Some of the numerous barriers to accessing healthcare are high financial costs of care, lack of awareness and information about entitlement to healthcare, fear of authorities and deportation to the country of origin, language barriers, and lack of knowledge about the local healthcare systems (Kvamme 2015, p.2). A comparative study done among the member states of the European Union (EU) revealed that in twelve of these states, undocumented migrants are only entitled to access to emergency care. On the contrary, in ten of the member states, even access to emergency care remains restricted. Only

twelve member states provide irregular migrants the right to access care that covers only emergencies (Kvamme 2015, p.2). In the Scandinavian countries it has been a dominating tendency to portray irregular migration as an individual choice. By doing so, migrants are seen as accountable for their fate and consequences, a perspective that legitimizes restrictive policies and actions, leading to the disempowerment of migrants (Kvamme 2015, p.13).

An additional cross-sectional study explores factors that affect dental and oral health among migrants and refugees across ten European countries (Karnaki 2022, p.2). It aims to reveal how mental health, legal status, discrimination, and access to dental services impact dental health. The study's results indicate that roughly half of the people being examined suffered from poor dental conditions and 22% had never visited a dentist. Notably, migrants with advanced education had higher odds of having good dental and mental health and an increased likelihood of maintaining daily teeth brushing habits. Another crucial factor affecting oral health positively among this group is the possession of legal immigration status and not having children, to the contrary of age and experiencing discrimination associated with decreased odds for good dental conditions (Karnaki 2022, p.1).

Irregular immigrants not only lack dental healthcare but often face barriers to accessing health services, including mental health services. A study in France found that only 51% of irregular immigrants eligible for a public health insurance program were covered, and this proportion was higher among women than among men (Dourgnon, 2022).

2.2 Norwegian laws and regulations for access to healthcare

The right to access oral health services as part of healthcare is a fundamental human right that should be granted to every person, regardless of their legal status. This section will provide a better insight into the existing Norwegian laws and regulations on health that apply to irregular migrants and their access to services.

The Patient and User Rights Act establishes the rights of patients and users needing healthcare. The first article, § 1-1, states that the purpose of the law is to contribute to ensuring equal access to high-quality services for the population by granting rights for access to health care services (Patient and User Rights Act, 1999). In Sections second sections 1-2 it is stated that the law applies to everyone within the country. However, the second paragraph gives adjustments to the term "everyone," which specifies that the King, through regulation, can make exceptions to the second paragraph of the law for individuals who are not Norwegian citizens or don't possess permanent residence in the country. The existing regulation that applies today is the "Right to Health and Care Services for Persons without Permanent Residence in the Realm" (2011). This regulation provides guidelines about the healthcare services that apply to individuals without permanent legal residence in Norway (Regulation on the Right to Health and Care Services for Persons without Permanent Residence in the Realm, 2011).

According to Sections 1, 3, and 5 of the regulation, "all individuals residing in the realm" have the right to assessment by specialized healthcare services, immediate assistance, healthcare that cannot wait, necessary healthcare before and after childbirth, pregnancy termination, infection control assistance, and healthcare that should not be postponed until the cessation of deprivation of liberty as mentioned in Section 2-17 of the National Insurance Act (Government of Norway, 2017). This also includes individuals without legal residence.

The determination of what qualifies as immediate healthcare, necessary healthcare, or healthcare that cannot wait is being made by the healthcare professionals on an individual medical basis, which is further explained in the following. The possibility for different understandings and rankings of these terms could lead to important discussions about legal, ethical, and medical concerns.

2.2.1 The right to immediate healthcare

According to the Patient and User Rights Act §2-1a subsections one and §2-1b, all individuals residing in the realm have the right to immediate health assistance (Patient and User Rights Act, 1999). The obligation to provide immediate health care is legislatively mandated for both municipal health and specialized healthcare services.

Given that "all individuals" is such a broad term, it suggests that this regulation applies universally to anyone present within the borders of Norway, regardless of their immigration status. That said, it can be concluded that this affirms equal rights of irregular migrants to immediate healthcare comparable to those of Norwegian citizens. However, the key requirement for this regulation to apply is that it must be considered "urgently necessary" as outlined in the Specialist Health Services Act §3-1. This phrasing suggests that healthcare must be provided within 24 hours from their initial contact with the healthcare service to address the patient's urgent medical condition (NOU 1998, p.20). However, the type of healthcare assistance that each healthcare professional must provide will depend on their qualifications, as described by the phrase "the assistance they are capable of" (The Norwegian Directorate of Health, 2018).

In the first place, the healthcare professional needs to make a judgment on how "urgently necessary" someone's condition is based on their knowledge and experience. As if this is not controversial enough, the law is being put into practice in such that the "duty to admit" refers to the responsibility to do an essential check or provide the needed basic treatment, but not necessarily completing the patients' treatment (NOU 1998, p.21). According to this, if an irregular migrant seeks medical help and has an urgent need, they are entitled to receive it. Still, they will not have the right to other services such as follow-up treatment or rehabilitation since their acute situation will no longer be present.

2.2.2 The right to necessary healthcare

The right to necessary healthcare is established in the Patient and User Rights Act within the following components: §2-1 a. Right to necessary assistance from the municipality's health and care services and §2-1 b. Right to necessary healthcare from the specialist health services (Patient and User Rights Act, 1999). However, the term itself "necessary health care" lacks a clear definition in the law, which makes it vague in the interpretation and implementation in practice.

The Health and Care Services Act §3-1 (LOV-2011-06-24-30) imposes the responsibility of the municipalities to ensure that all the people in the municipality get the healthcare and care services they need regardless of their health condition or situation. In this term, the law should also unconditionally imply to people with irregular status. Furthermore, the paragraph states that the healthcare services provided by the municipality are separate from the national or country governments and can also be done by making agreements with other groups. Still, these agreements can not be given to someone else (Health and Care Services Act, 2011). In this regard, implementing the law locally on a municipality level can vary from one location to another, resulting in inconsistencies in the approach and treatments received by people with irregular status based on their location.

The right to receive necessary healthcare from specialist services, defined in the Patient and User Rights Act, 1999 (§2-1b), is characterized by deadlines. If the specialist services are not meeting these deadlines, the patient is entitled to seek medical service abroad, and in such situations, the institution covers the costs. However, this is not the case for irregular migrants who face different regulations. The difference is evident as §5 of the Regulation On The Right To Health And Care Services For Persons Without Permanent Residence In The Realm only refers to §2-1 b second paragraph of the document (Patient and User Rights Act, 1999). This means that irregular migrants are not entitled to set deadlines for treatments, nor can they seek private healthcare in Norway or abroad due to missed deadlines or lack of services. Moreover, they must cover their healthcare costs themselves. In regards to rehabilitation and preventive treatments, they are not perceived or categorized as treatments that fall under the right to essential health care and, accordingly, do not apply to irregular migrants.

2.3 EU policies on human rights

2.3.1 UN Declaration on Human Rights

"The Universal Declaration of Human Rights, adopted by the UN General Assembly on 10 December 1948, articulates fundamental human rights intended to be universally protected for all peoples and all nations (United Nations, n.d.)."

The right to health is a fundamental part of human rights, providing the comprehension of what it means to lead a dignified life. Right to Health in Article 25 of the UN Declaration on Human Rights states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care" (United Nations, n.d.). This article sets health as a fundamental human right, highlighting the importance of ensuring access to medical care, including oral health services, for all individuals regardless of their status.

The preamble of the Constitution (WHO, n.d) further defines the right of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This definition of the right to health has further inspired the establishment of other international agreements that have contributed to obliging states to ensure access to acceptable healthcare for all individuals. Although the Declaration does not provide a specific article that addresses non-discrimination in the healthcare systems, the principle of non-discrimination is a fundamental aspect of the entire Declaration. In those terms, Article 2 states that it forbids discrimination on various grounds such as race, color, sex, language, and religion, meaning that all individuals, regardless of their status or background, should receive equal treatment and should have equal access to healthcare services (United Nations, n.d.).

2.3.2 UN Convention on Economic, Social and Cultural Rights (articles 12 & 2)

The International Covenant on Economic, Social and Cultural Rights provides the following definition: "the ideal of free human beings enjoying civil and political freedom and freedom from fear and want can be achieved only if conditions are created whereby everyone may enjoy his civil and political rights, as well as his economic, social and cultural rights" (Council of Europe, 2023). This international agreement came into effect in 1976 and by 2012 it had been ratified by 160 states (Council of Europe, 2023).

2.3.2.1 Right to Health (Article 12):

Article 12 of the UN Convention on Economic, Social, and Cultural Rights explicitly recognizes the right to health by stating that "the enjoyment of the highest attainable standard of physical and mental health is a fundamental right of every human being" (Committee on Economic, Social, and Cultural Rights, 2000). It highlights that health as a fundamental human right is essential for practicing other human rights. This article also emphasizes that the right to health incorporates more than just healthcare services but also includes factors that contribute to people's overall health, such as safe working conditions, access to clean water, and nutrition. In that sense, access to oral health services is essential to the right to health.

2.3.2.2 Right to Non-Discrimination (Article 2):

Article 2 of the Convention aims at securing the principle of non-discrimination in terms of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status (United Nations, 1967). It obliges states to ensure that all individuals can enjoy these rights without discrimination. In the context of the thesis, irregular migrants in Norway should have access to oral health services without discrimination, excluding discrimination based on migration status or any other factors.

Obligation on States: The UN Convention on Economic, Social, and Cultural Rights places an obligation on states to take steps to progressively realize the rights given in the Convention, including the right to health. It further states that regardless of the resource availability, the States have an immediate obligation to take necessary measures to ensure continuous and sustained improvement in the enjoyment of these rights over time (United Nations Human Rights Office of the High Commissioner, n.d.). This indicates that the obligation also applies to taking concrete measures to improve access to healthcare services, including oral health, especially for marginalized and vulnerable populations. It implies that Norway has an international obligation to address barriers to oral health services for irregular migrants and take measures to ensure their access to these services.

3. Theoretical framework

The theoretical foundation in this research includes several interlinked perspectives such as healthcare access, the ethical and moral perspectives and views on public policies. Scoping the challenges that irregular migrants face when accessing healthcare services requires a multidimensional approach incorporating theories that address social justice, universal rights and the concept of citizenship.

3.1 The concept of citizenship

This research paper showcases how citizenship status plays a crucial role in understanding and analyzing the inequalities in access to health services among irregular migrants. Comprehending the concept of citizenship is important in addressing the discrepancies in health services and crucial for developing new recommendations and policy changes that can promote health equity among irregular migrants.

In our modern era, citizenship is primarily tied to territorial boundaries, encompassing both vertical and horizontal dimensions. Vertically, citizenship entails possessing a specific legal and political status about a nation-state that is defined by its territorial limits. Horizontally, citizenship involves being a member of a bounded 'society,' 'people,' or 'nation' within that specific territorial context. However, the traditional understanding of citizenship as territorially bound has faced scrutiny due to the increasing interdependence brought about by

globalization. As a result, there have been calls to expand the concept of citizenship beyond territorial boundaries, embracing a transnational or cosmopolitan dimension (Donaldson & Kymlicka 2017, p. 839). Adopting a broader perspective allows for a comprehensive exploration of the challenges faced by irregular migrants. It provides a foundation for developing effective strategies to improve their oral health outcomes within the context of changing citizenship paradigms. Citizenship is based on the principle that all individuals are full-fledged members of society. Each person has a set of civil, political, and social rights that ensure equal status and opportunities to participate in all aspects of community life (NOU 2016:17, s.167).

Citizenship also serves as a bridge that shapes the connections between individuals who hold citizenship, those without citizenship, and the political entities to which they have ties, assert rights, or reside. Although this statement may seem straightforward, it fails to capture the complexity of a citizen's affiliation, as they often belong to a single political entity and multiple nested layers of polities. These layers can overlap and even clash, ranging from the local level of the city and region to the larger framework of the state and the international arena (Isin 2019, p.51). By recognizing the multifaceted nature of citizenship and its relationships with different levels of polities, we can gain insights into how the rights and access to healthcare of irregular migrants are affected. Examining the interplay between citizenship and the various layers of political entities provides a foundation for identifying strategies to overcome barriers and promote inclusive oral health services for this marginalized group.

Today, we can see that rights and responsibilities are shaped by ongoing social struggles within the political and legal systems of different societies. The relationship between citizens and the state is defined by three main types of rights: civil, political, and social, and three corresponding responsibilities: conscription, taxation, and participation. Civil rights encompass freedoms like speech, conscience, and dignity. Political rights involve the right to vote and run for office. Social rights include unemployment insurance, universal healthcare, and welfare (Isin 2019, p.48). Understanding these dynamics is crucial for addressing the research question of enhancing oral healthcare accessibility among irregular migrants in Norway.

The core meaning of citizenship is to allow all individuals in society to have the chance to live a dignified life, understand their own subjective good, and have the ability to have full control over their lives as well as the chance to take part in shaping the society that they are part of (Donaldson & Kymlicka 2017, p.841). He further states that to ensure inclusive citizenship, one needs to rethink and reflect upon not just who is recognized as a citizen but also what it means to claim, enact, or 'perform' citizenship (Donaldson & Kymlicka 2017, p.842).

3.1.1 Performative citizenship

Isin (2019) outlines the perspective of performative citizenship, which explains that when people claim their rights across different social groups and political contexts, it brings up creative and transformative opportunities for citizenship (Isin 2017, p.501). Claiming their

rights for irregular migrants could be more complicated, as citizenship controls who may or may not have the right to work, study, vote, receive healthcare, or unemployment benefits, among other things. What citizens may or may not do involves political struggle because there will always be a disagreement about who is a subject of these rights (citizens) and who does not enjoy them (non-citizens) (Isin 2017, p.501).

Irregular migrants, while struggling and fighting for their rights, interact with various social groups, including both citizens (insiders) and non-citizens, that can also be categorized as outsiders or aliens (Isin 2017, p.503). Isin further suggests that there is a huge variety of social groups that move through or across the subject position of aliens, outsiders, strangers, and citizens and that these positions are neither static nor impermeable (Isin 2017, p.503). In this sense, one can draw a parallel between irregular migrants who may have, at one time, held a legal stay with a temporary or permanent residence permit but had it withdrawn for some reason. In that regard, they shifted across these subject positions, from being insiders with legal rights to becoming outsiders (non-citizens) without legal rights and privileges. Here is where it becomes obvious what the politically constructed rules and government power can impose and how the migrant's struggle can transform their movement through different subject positions. Performative citizenship signifies both a struggle (making rights claims) and what that struggle performatively brings into being (the right to claim rights), pointing to the difference between claiming to be a subject of rights and making particular rights claims (Isin 2017, p.506).

Hacker discusses how people's views on who deserves healthcare shape the healthcare services available for irregular migrants. In many contexts, healthcare systems are designed around the idea that certain benefits and services should only be accessible to those with legal status or who can prove their "worthiness" through economic contributions or fitting in (Hacker 2015, p.179).

3.1.1.1 Performative citizenship in democratic polities

A civic movement that has marked an important shift in citizenship politics is the "No One is Illegal" movement that showcased the struggles of irregular migrants over the last three decades (Fortier 2012, p.227). What began as undocumented migrants destroying their identity documents to enable them to make rights claims as refugees, the sans-papiers (without documents) movements in countries such as Canada, France, and Spain mobilized a solidarity movement between citizens and non-citizens and raised fundamental questions about the boundaries and borders that separate it from citizens (Isin 2017, p.510). Within this, instead of using a top-down approach in which "citizens" own duties to the state because it protects them, a bottom-up approach should be used in which the performance of citizen-like duties triggers the state's protections (Isin 2017, p.511). In that sense, irregular migrants become the subject of rights and can be allowed to fulfill duties in the same way as citizens, which allows them to work, travel, and receive health protection, among other rights.

3.1.2 Acts of citizenship

According to Isin, the practice of one's citizenship “acts of citizenship” has multiple expressions, each defining the individual’s position in society and their level of inclusion in the social community (Boje 2019, p.203). She further asserts that only through the “acts of citizenship” can a person or different groups achieve the status of a fellow citizen. In this chapter, four central citizenship forms will be elaborated, ranging from ordinary to activist-reformist citizenship. A Line will also be drawn to understand the situation of irregular migrants and their way and possibilities when it comes to practicing citizenship.

3.1.2.1 Ordinary citizenship

This form of citizenship is described as a basic and most common form of citizenship with a long series of everyday actions practiced in very discreet ways through daily routines and life in general (Boje 2019, p.204). Some of the daily activities can be connected to people taking care of their families and neighbors or participating in the small political life that regularly occurs in the local community. What is evident for this form of citizenship is that the individual citizen can be seen as “active” in a wide range of activities and contexts. However, these people in the traditional sense, lack the characteristics of conventional political engagement (Boje 2019, p.204). Perhaps this is the form of citizenship that people can practice without a legal stay, as these actions show their connection with the local community and society as a whole. Ordinary everyday citizenship is the most fundamental form of exercising citizenship that ensures that people without legal status and other citizens are included in society through their family and neighbor relationships. All these relations contribute to the cohesion of the society (Boje 2019, p.204).

3.1.2.2 Active citizenship

The other more engaging form of citizenship is active citizenship. This form of citizenship is characterized by the active participation of individuals in a variety of activities in the public sphere within the frameworks of the democratic system’s established structures and rules (Boje 2019, p.204). In this form of citizenship, the individuals, through their actions actively contribute to shaping their own and others' daily living conditions but their acts are typically based on already established and predefined regulations in the society. These activities and the individuals involved contribute to a more cohesive and solidarity-driven society (Boje 2019, p.204). However, the definition of an active citizen can not be applied to the description of irregular citizens as it contains someone with the right to vote in elections, actively participate in public life, and be involved in volunteering activities. Furthermore, a central aspect of active citizenship is involvement in social movements and other civil organizations (Boje 2019, p.204). When it comes to dentists working voluntarily in health centers, it can be considered one of the most common forms of active citizenship - volunteer work. In this case, dentists work voluntarily within a wide range of associations and social networks associated with both public and private institutions (Boje 2019, p.204).

3.1.2.3 Inclusive citizenship

The third form of citizenship is inclusive citizenship which takes into account that ethnically, socially, and gender-marginalized groups are incorporated into society as regular citizens with the social, political, and cultural rights and responsibilities that apply to the society (Boje 2019, p.205). This form of citizenship can be used in the light of irregular migrants in the way in which inclusive citizenship as a central concept has been used in the discussion of the inclusion of ethnic migrant groups in Western societies about the majority of the population (Boje 2019, p.205). Through this type of citizenship, citizens among which irregular migrants can break free from traditional bonds or restrictions and empower themselves about others (Boje 2019, p.205).

3.1.2.4 Activist citizenship

The last form of citizenship is the so-called activist citizenship, where citizens, unlike ordinary and active citizens, are directly involved in shaping and reshaping the economic, social, and political conditions that frame social life. Within this form, the activist citizen is someone who fights for equality, solidarity, and justice regarding all citizens' living conditions (Boje 2019, p.205). People belonging to this category act to break with the traditional hierarchical rules of democratic participation in ways that can change already defined rules, practices, and hierarchies in society concerning the inclusion of citizens and solidarity with vulnerable social groups. In this way, the existing policies and rules regarding access to health services for irregular migrants can be affected and changed through activist citizenship and shaped so that they contribute to inclusion and equal treatment for all members of society. Activist citizenship can best be characterized by citizens engaging in civil disobedience by breaking predetermined rules and legislation. At the same time, it is important to emphasize that activist citizenship is built on tolerance, inclusion, and non-violent forms of action (Boje 2019, p.205). All citizens, including those with irregular status, must be ensured involvement in the decision-making processes of economic, political, and social institutions so that they gain control over their own lives and, as a result, become empowered and active citizens (Boje 2019, p.206).

3.2 Recognition, redistribution, and participatory parity

Demands for social justice have become increasingly more present in daily discourse and politics, with Nancy Fraser playing a significant role in shedding light on this matter. In her theory for social justice, she highlights three essential aspects that must be met to achieve social justice: recognition, redistribution, and participatory parity (Fraser 2009, p.213). In this chapter I am giving a closer look and interpretation of Nancy Fraser's theory for social justice that helps to understand how to attain the status of a full citizen with all the benefits a citizenship brings.

3.1.1 Redistribution and fair distribution

Redistribution or fair distribution of resources and prosperity, sets a clear demand for fairer distribution from north to south, from the rich to the poor, and from the owners to the workers (Fraser 2009, p.213). This unfairness from an uneven allocation of resources is evident in the struggles migrants face when the financial aspect hinders their access to health care services. This also extends beyond dental care to how society treats those of us with fewer opportunities and resources, exposing both their vulnerability and unjust treatment. She further explores class injustice, highlighting its roots in the economic structure of capitalist society (Fraser 2009, p.217). According to her perspective, the outcomes of this inequality are a result of a combination of both insufficient recognition and uneven distribution. To promote economic transformations, it is vital to challenge negative cultural attitudes toward poor and working individuals and establish recognition policies to support their pursuit of economic justice (Fraser 2009, p.217). This would result in forming communities and cultures that address hidden class injustices and get self-confidence for standing up for themselves. This perspective helps in looking closer at how acknowledging and respecting the rights and needs of irregular migrants and recognizing their vulnerable situation can help in creating a fairer system that provides proper oral health care.

3.1.2 Recognition politics

The redistribution aspect is accompanied by another type of demand for seeking social justice, known as “recognition politics.” This perspective is particularly relevant when analyzing the differences in providing health services that go beyond just material inequality. Instead, it points out that being treated equally should not mean following and conforming to the cultural norms of the majority but rather acknowledging and respecting the diversity and identities of marginalized groups, including ethnic, racial, and gender minorities (Fraser 2009, p.214). In this sense, this perspective encourages insight not only into the availability of resources but also places the focus on societal attitudes, prejudices, and systematic barriers to providing oral health services. In this way, it is easier to understand why the aspect of recognition is not enough on its own, and combined with the aspect of redistribution, helps to reveal the challenges of achieving fairness in oral health services for everyone. On the other hand, Honneth's theory of recognition emphasizes that all social conflicts can be reconstructed as a struggle for recognition that also applies to economic injustice (Fjørtoft 2016, p.26). He further states that demands for economic redistribution can be analyzed as demands for social valuation because they are basically about people or groups, experiencing that their work is not valued about the social benefit it has. However, this perspective might lead to exclusion from the standpoint of individuals with irregular status who lack the authorization to work and contribute within a society. Further, it raises the question of whether an individual's worth and recognition should be determined based on their social contribution. Contrary, Fraser's theory of justice emphasizes the interpretation of the universal deontological principle that all people have equal moral value in a radical democratic context, meaning that everyone should have equal opportunities to participate at all levels in social life regardless of their status (Fjørtoft

2016, p.23).

3.1.3 Parity of participation

The third aspect that Nancy Fraser explores is the notion of participation on equal terms - parity of participation. This aspect requires that all members of the society are able to actively participate and be part of it as equal parities interacting with each other (Fraser 2009, p.227). She further argues that for this to be accomplished, two conditions must be met. Firstly, the distribution of material resources should ensure the independence and “voice” of the participants, which is relevant because irregular migrants might face a financial barrier or unequal opportunities to get the dental treatment they need. In this sense unequal distribution of resources can make it hard for them to access dental services. Secondly, it requires that institutionalized cultural values express equal respect for all participants ensuring equal opportunities for achieving social appreciation (Fraser 2009, p.228). In the case of irregular migrants, they might face unfair treatment and discrimination, which shapes the realization that unequal treatment and lack of recognition can be a big obstacle for this vulnerable group. These conditions indicate that achieving fairness in society, especially in healthcare, is complex. It also contributes to a better understanding of the importance of how unequal distribution of resources and lack of recognition can make it challenging for irregular migrants to get the dental care and treatment they need.

4. Research methodology

This section of the research paper provides a distinct justification for selected methods for the research approach, along with the data collection and analysis methods. Additionally, it addresses the ethical dilemmas and the researchers' standpoint and pre-understanding. It also provides a reflection on how the researcher would ensure their prior knowledge and understanding would not interfere with the interview process or data analysis.

To gather comprehensive data that explores the difficulties irregular migrants encounter when seeking dental healthcare in Norway a two-step approach is being used. The first step consists of gathering information through interviews with experienced dental healthcare providers who have experience with providing dental services to irregular migrants. Later these interviews are discussed within the context of the theoretical framework of social justice and from the perspective of citizenship.

Data analysis for the qualitative interviews employs thematic analysis following Braun and Clarke's (2006) six-phase mode. Ethical considerations, including informed consent and data confidentiality, are observed and implemented throughout the study. This integrated approach addresses two key research questions: 1) What are the barriers to dental care faced by irregular migrants in Norway, as perceived by the healthcare providers? 2) What policy interventions are considered most effective in improving this population's dental care access? This research methodology offers a systematic and ethically sound framework for understanding the multifaceted challenges and opportunities related to dental care access for

irregular migrants in Norway. It also provides an overview and clear elaboration for the chosen study methodology.

4.1 Qualitative research method

The Qualitative research method is chosen because it focuses on understanding how people perceive situations and make sense of their experiences shaped by political, cultural, and social contexts. It also acknowledges that different perspectives on the situation can be based on the individual's personal histories that influence their choices (Cohen 2018, p.288).

The qualitative research proves to be a great fit for the research objectives where a focus on engaging in conversations with dentists is placed to gain their expert perspectives on the challenges irregular migrants face when attempting to access oral health services. Given their direct interactions with these patients, this approach enables a comprehensive understanding of dentists' observations, opinions, and experiences. Using qualitative research methods, the paper aims to capture authentic insights, stories, and perspectives that quantitative approaches might overlook (Cohen 2018, p.288).

While other approaches, such as mixed methods or quantitative methods, might offer broader perspectives, qualitative research allows one to understand and explore the details of this matter deeply. It also allows one to uncover aspects and stories that quantitative methods might not capture. Therefore, for this specific research goal of understanding the challenges irregular migrants face when accessing oral health services, the qualitative research method is chosen as the most appropriate and relevant.

Qualitative methods are divided into four categories: observation, interview, analysis of existing texts and visual forms of expression, and analysis of audio and video recordings (Thagaard 2009, p.13).

Conducting interviews as part of a qualitative research approach allows for an in-depth collection of insights from the perspective of healthcare workers and enlightens the challenges irregular migrants face when accessing oral health services. The data is used to recognize the hindering factors and understand the context in which these challenges are taking place. There is very little research on dental and oral needs among irregular migrants and their encounters with the healthcare systems. Therefore, relevant knowledge is crucial for impacting policy papers and altering the current social situation. This relevant information can be produced when bringing out the meaning of people's experiences and uncovering their experience of the world (Brinkmann 2015, p.21).

Moreover, using an interview as part of a qualitative research method enables creating a safe space in acknowledging the work of the healthcare providers and through them, learning about the experiences of irregular migrants when assessing oral health services. As of today, it is the humanitarian organizations such as the Red Cross and Church's City Mission (a non-profit organization) that are running health centers for irregular migrants in Oslo. Choosing a qualitative research method is directly linked to the accessibility of the

interviewees, which can be achieved by establishing good communication with the organizations (Thagaard 2009, p.12).

4.1.1 Interview

The research will be conducted through a face-to-face interview with previously formulated wording and relevant questions. This type of data collection is chosen because it gives an excellent basis for gaining insight into informants' expertise and experiences, thoughts and feelings (Thagaard 2009, p.87). An interview can be formed in different ways. It can be done in an informal way as an open conversation; it can be relatively structured with determined questions designed in advance or a third way characterized by a partially or semi-structured approach (Thagaard 2009, p.89).

A semi-structured interview (attached in the appendixes) is the most suitable form for addressing the research question. In that regard the topic and the questions elaborated for the research are being decided in advance, with additional supportive questions to encourage further discussion if necessary. Interviews will last approximately one hour, and participants will be provided with all the essential information about i in a previously distributed participant information sheet. In this manner, the researcher can stay connected to the interviewees' stories while ensuring the collection of relevant information about the chosen topic is gathered effectively (Thagaard 2009, p.89). Furthermore, by maintaining flexibility one can create an environment where people feel comfortable expressing their views and opinions openly. A crucial aspect of the interview process is possessing a genuine sense of empathy for the circumstances irregular migrants find themselves in. Therefore, a successful interview begins with the researcher getting familiarized with the situation of this vulnerable group in advance (Thagaard 2009, p.89). Formulation of the questions is crucial for getting comprehensive information.

Open-ended questions are used to ensure that the participants provide more than simple yes or no answers. As a researcher, one has to be aware that the following questions should be taken into account to elaborate the answers. One type of follow-up question that encourages more information is questions such as "Can you say more about..." or "Tell me about..." which invites the informant to continue the conversation on the same topic and contribute more complementary information (Thagaard 2009, p.92). The researcher mustn't interpret the answers based on his understanding but instead present his understanding and encourage the informant to provide comments on it. Another essential aspect is being aware and not interpreting the answers based on one's own understanding. Instead, one can present their understanding and encourage the informant to come with their comments on it. One such question is "Do I understand you correctly when I perceive.." (Thagaard 2009, p.92). This way, the informant can clarify his or her opinion if he or she feels that the interviewer has misunderstood (Thagaard 2009, p.92).

In summary, in-depth interviews have been chosen for their capacity to capture nuanced perspectives, which are critical for understanding the complex realities faced by healthcare

providers. An interview is an effective method for collecting information in a form that is convenient for categorizing and comparing data afterward. Conducting face-to-face interviews allows explaining the questions to ensure that the person answering them has fully understood the questions. Additionally, this approach provides sufficient time for both the researcher to explain the purpose of the interview clearly and for the interviewee to take the time needed to respond thoughtfully.

4.1.2 Sample

Specialization and Practice Area: For this study, the chosen sample of participants will be healthcare providers - dentists who have experience with providing dental services to irregular migrants. Moreover, prioritization is made for those who have actively engaged with issues related to migrant health care, such as relevant workshops, conferences, and seminars. This is believed to enrich the data collection with relevant information. It is also important to state that five of the recruited dentists are general practitioners, and one has a specialization, which adds value to the study. Her experience takes both insight into regular work and the challenges faced when patients need referrals to get help from specialists.

Variety: Dentists from diverse healthcare settings are included in the study, such as public clinics, private practices, and community health centers. For this purpose a dentist-professor from the Faculty of Dentistry in Oslo is being included in the research, as well as dentists working in private dental offices and dentists working voluntarily at the Health Center for undocumented people in Oslo. The aim of securing this diversity is the opportunity to offer a comprehensive understanding of the various contexts in which oral health services are provided and the barriers faced by irregular migrants.

Ethical consideration: All the selected dentists are committed to maintaining the confidentiality of patient information and follow the ethical guidelines in sharing their experiences and insights. Additionally, ethical consideration is taken in securing the anonymity of their identity. In this regard, prevalent names were used as code names for the dentists who took part in the interviews, such as Dentist Per, Martina, Rita, Anna, Martha, and Linda. None of the saved documents with the interview texts contain personal information that could reveal their identity. The dentists were aware of this action; each of them individually went through the information and consent form and signed it before the interviews.

Diversity: Focus is also placed on diversity among the selected dentists in terms of age, gender, and professional background to gain a good representation of experiences and perspectives. In terms of age, three of the interviewees were in their early to mid-thirties, two were between forty and fifty years old, and one was over fifty years old. This variety of ages of the dentists provided valuable and different insights as a result of their years of experience working with this group of people. It also contributed to gathering different opinions and ideas for improving irregular migrants' access to dental services.

4.1.3 Recruitment

Based on the recruitment criteria for this study, 6 participants have been recruited using a multi-step approach. In the recruitment process, the importance of gathering insights from a diverse group of dentists was considered. The recruited dentists live and work in different parts of the country and have varying levels of experience with offering dental healthcare to irregular migrants, ranging from more than three years to up to twenty years. Some work on a regular basis with this group, and other dentists have just a certain number of these patients yearly. Initially, a communication was established first with the Faculty of Dentistry in Oslo, which has experienced dentists working with irregular migrants and good knowledge of the policies and challenges they might face. The Faculty of Dentistry also partners with the Health Center for undocumented migrants, where they donate dental materials and tools. In the Health Center for undocumented migrants, they have a pool of dentists who work voluntarily at least once a month. These dentists work in private or public dental offices and have a strong connection with other dentists providing dental healthcare for irregular migrants in their private offices. As a result, the snowball effect has been used to make further connections and referrals with private dental offices that serve irregular migrants. Additionally, the Health Center for undocumented migrants has expressed willingness to contribute their insights and experiences related to the challenges irregular migrants face regarding oral health.

4.1.4 Procedure

The participants have been recruited using the above-stated methods upon receiving ethical approval from SIKT (The knowledge sector's service provider). Participants who met the relevant criteria have been identified, and interviews have been scheduled. The interviews were conducted in person with the participants submitted to ethics where the supervisor is informed of any changes in dates or means of communication beforehand. The participants received an information sheet and a consent form before the interview, allowing them to read and ask questions beforehand. The interviews have not been voice-recorded, instead, notes have been taken. Personal information revealing participants' identities is not recorded or stored. To secure privacy, dentists' names have been replaced with common Norwegian names.

After the interviews were finished, the researcher thanked the participants for their time and proceeded to mark essential points that might seem significant for interpretation and analysis later. As previously mentioned, all data is being anonymized and all notes taken in Norwegian are being translated to English, labeled, and safely stored, with limited access to only the researcher and the supervisor. Participants are being told that they can withdraw from the project with no reason required by contacting the researcher via email or phone, which was provided to them, for up to 15 working days after participating. The identity of the participants is only known to the researcher, and no contact details or identification numbers are being stored. The researcher will keep all consent forms in a locked filing cabinet. Once

all the forms have been collected, they will be given to the project supervisor for safekeeping before they are archived for 5 years at the university.

4.2 Methods of analyzing data

4.2.1 Thematic analysis

Braun and Clarke (2006) argue that thematic analysis may be used independently of other qualitative research methods and can be considered a fundamental approach for other qualitative research techniques. As a result, the concepts of thematic analysis, including how to code data, search for and refine themes, and present results, may be used for various qualitative methodologies, including grounded theory and discourse analysis (Watling and Lingard, 2012). The flexibility of thematic analysis has led Braun and Clarke (2006) to refer to it as a technique rather than a more strictly regulated methodology. Thematic analysis is not restricted to a single paradigmatic viewpoint; rather, it may be utilized in conjunction with post-positivist, constructivist, or critical realist research methodologies (Braun and Clarke, 2006). To use theme analysis in this research paradigm, it is necessary to adapt this technique to achieve the aims and outcomes of this research.

The data collected through the interviews has been analyzed using thematic analysis, which involves identifying patterns and themes in the data. Thematic analysis was chosen for its flexibility and ability to identify intricate patterns and themes, making it suitable for exploring the multi-dimensional research questions posed by this study.

To examine the data, the six phases of thematic analysis will be used (Braun and Clarke, 2006):

- 1) Familiarization with the data
- 2) Genesis of initial codes:
- 3) Organization of codes and search for themes
- 4) Review of themes, create thematic ‘map’ of analysis
- 5) Definition of themes
- 6) Composition and completion of report

Guided by these six phases of thematic analysis, I knew that working shortly after conducting the interviews would give the best results. I was engaged and got to know the dentists I interviewed, their backgrounds, motivations, and ethical and moral perspectives, and became deeply involved in the research, gaining good familiarity with the data. I began by reviewing the questions, comparing the similarities and differences in their thinking and practice, and paying attention to wording and phrases. Shortly after, I became more aware of the codes and the importance of emphasizing key points within different themes. I created thematic fields and sorted the answers under these different thematic fields. Throughout the process, I also

reflected and documented my thoughts in a separate document, interpreting the findings. This documentation was later incorporated into the subsequent discussion. In the categorization phase, I began to write the main thematic fields. Through the analysis, I identified three primary thematic fields: "Access to dental health services, experiences, and barriers," "Policy perspectives and implementation in practice," and "Strategies, solutions, and recommendations." Some of these thematic fields also included sub-themes.

4.3 Research ethics

In research, there are national laws and regulations and international conventions and agreements that researchers must follow. In Norway, the Norwegian Agency for Shared Services in Education and Research (SIKT in Norwegian) provides guidelines on processing personal data during research projects. These guidelines aim to protect the privacy and confidentiality of research participants, especially those who are vulnerable, such as irregular migrants.

Taking part in the research project involves understanding the aims and objectives of the project, receiving informed consent prior to the interviews and having the right to withdraw at any time (Cohen 2018, p.199). Even though this research is conducted subjectively, collecting information from dentists working with irregular migrants, it is important to remember that due to possible possession of information revealing the situation and illegal status of the irregular migrants, anonymization is especially important. To secure anonymity, personal information will not be collected, written, or stored in any form. In other words, none of the information that the research provides can in any way identify individuals, either directly, indirectly, or via email/IP address or connection key (NSD 2022). A possible way to register the interviewees is by giving a number or a code that cannot be traced back to the individual. Regarding the consent form, the interviewees can sign by crossing a box instead of using their name. However, research ethics implies more than just the process of protecting personal data in a research project. It is about carrying out ethically sound research with good scientific practice, social responsibility, and preserving human dignity/protection of individuals and groups (Etikkom 2019).

With my professional background as a doctor of dental medicine and researcher at the moment, I need to ensure that non-maleficence, which is enshrined in the Hippocratic oath, in which the principle of "primum non nocere" (first of all, do no harm) will be held as a guiding precept (Cohen 2018, p.123). In that sense, I will ensure that the research will not damage the participants physically, emotionally, professionally, personally, or in any other way.

Furthermore, one can confront other ethical dilemmas, some of which cannot easily be resolved with existing ethical guidelines. The position of a dentist has imprinted a certain way of approaching patients and medical journals where one can first hear their subjective explanation of a dental problem followed by examination and determining differential diagnoses. The concern here is that the professional flaw of the researcher having also a

background as a dentist, is assuming dental problems and barriers and having the urge to set a diagnosis and treatments. As a researcher, one has to secure a distinction between the professional roles to make sure that all the information given by the dentists involved in the research will be perceived as individuals rather than patients. Nevertheless, this can contribute to ensuring that the interviewees will be able to express experiences in their only true way. It is ethically incorrect as a dentist to base the questions that would only confirm existing assumptions in regard to dental needs and barriers within this group. As a person, and then as a dentist or a researcher, one has the ethical duty to create a space where both the dignity and safety of the people getting interviewed are secured and the validity of their experiences and meanings acknowledged.

5. Findings - thematic fields

The findings section of the thesis presents the research outcomes and it outlines the significance of the interviews and the insights gained from interviewing experienced dentists. The findings are categorized into three main areas: Challenges and experiences faced by irregular migrants when seeking dental health services, the governmental policies and their understanding and implementation in practice, and finally, potential strategies, solutions or recommendations for enhancing access to dental health services for irregular migrants in Norway are presented.

5.1 Interviewees

All of the six individuals that took part in the interviews for the research represent a group of dentists with a diverse range of experiences working with irregular migrants from three to up to twenty years. These professionals reside and practice dentistry in Norway across the southern, eastern, and western regions of the country. Some among them work primarily as clinical practitioners, offering dental treatments to irregular migrants in their own dental offices. In contrast, some others choose to volunteer and work beyond their regular working hours, providing dental health services in one of the Centers for Undocumented migrants. All of the interviewees emphasize the profound importance of their roles and services with a huge sense of moral and ethical responsibility to assist this vulnerable group with dental care when it is most urgently required.

To ensure the confidentiality of the identities of the dentists, pseudonyms such as Dentist Per, Martina, Rita, Anna, Martha, and Linda were used for each of the interviewees. After conducting the interviews and carefully doing a thematic analysis of their responses, three main thematic fields emerged, shedding light on essential aspects related to the research question:

1. Access to dental health services, experiences, and barriers
2. Policy perspectives and implementation in practice

3. Strategies, solutions, and recommendations

5.2 Access to dental health services, experiences, and barriers

This section covers the experiences, challenges, and insights of the dentists when providing dental healthcare for irregular migrants in Norway.

5.2.1 Access to dental health services

According to some dentists, most individuals without legal status in Norway manage to find information and access private dental clinics or healthcare centers offering free dental services. Some individuals find information about dental clinics and health centers online, and others use their networks and connections. However, the dentists say this is typically the case for patients who have a good understanding of English or know enough Norwegian to read and explore independently. In this regard, dentist Rita says that she believes that people with big social networks and connections to people who have previously received dental treatment in some clinic and have had positive experiences with it have great chances of getting relevant information and receiving the dental treatment they need. However, she is also aware that most of these people are very insecure when it comes to making connections, and they are not very socially active. She then adds:

I've also heard that some people rarely leave their homes unless necessary. Some of them are in a situation where they constantly move from one place to another, so they avoid being found by authorities. These factors affect their ability to access information about where and how to receive dental healthcare services. Additionally, the information provided on the internet about the healthcare center is available only in Norwegian and English. I think it should be written in different languages as well.”

On the other hand, in smaller towns, the benefit is that everything is conveniently available, and information about available services and dentists offering treatments to this group is more widely shared. However, a potential challenge arises from the fact that many municipalities throughout the country have their own rules and regulations regarding the treatments they offer and the institution responsible for covering the costs, which affects the level of access for irregular migrants. According to dentist Martine there are some counties in Norway that provide free dental treatment for all refugees and immigrants. But she thinks that's up to each county to decide and for instance, where she works, the refugees or immigrants don't have that right but that just in a neighboring county, they have free dental help.

“There are a lot of differences in what rights and services you're entitled to that differ from county to county in our country. But then I think we as healthcare providers, if we get the patient with a severe infection, we don't prioritize getting paid, but we prioritize getting the patient free from infection and pain.”

Most of the dentists mention that typically, the situations when irregular migrants seek dental care is mostly because they are in a desperate situation where they experience severe pain and know that visiting a dentist is their only solution. In these cases, most patients have bad oral conditions and are in absolute need of treatment. Most dentists hold a similar view on this matter when asked about the main reason for poor oral health and the urgent situations during their initial dental visits. They all agree that dental health isn't a top priority for these individuals, resulting in extended periods, sometimes even years, without any check-ups or treatments, eventually leading to severe dental problems. Dentist Anna says that most of the patients with irregular status she receives come in with complex problems. For these patients who come to the healthcare clinic, their only concern is not dental issues. She then brings forward their psychological problems as a result of their experiencing war or torture upon coming to Norway. She also mentions the tough situation when most of them fled from their countries, and they had negative experiences coming to Norway. She then adds that she has heard from some of her patients that some of them have also had their citizenship withdrawn. Some of them have been Norwegian citizens in the past, and for different reasons, they have lost their citizenship. Some people have come as asylum seekers, and they have gotten their asylum applications rejected.

“They all have complex problems. Their oral hygiene and dental health often aren't their priority because they are preoccupied with other things happening in their life that they want to overcome. That causes their dental health, oral hygiene, health, and everything else to deteriorate. So when they come they talk about numerous problems - not everyone but many of them of course. I'd say that the majority, or around 70%, have a significant need for help and different types of treatments.”

Certain oral conditions require further treatment by a dental specialist, and in these particular cases, dentist Martha is saying that the access might be compromised due to the need for a formal referral from a dentist to a specialist. This complicates the situation for a patient who does not have legal status and the necessary resources to undergo the treatment. Dentist Martha, who works both as a general dentist and specialist, mentions that the government does not cover the treatments that they provide. In some situations, it can be partly covered, or the patients themselves have to pay it fully. But most importantly, they have to be referred by a general dentist to get treatment. This whole situation makes access to a dental specialist very difficult for them.

“And then, even if these people have a referral, if they cannot pay their own deductible, which actually nobody can, then they will not receive treatment. In practice, from my experience with this group of patients, we had to work around the law in order to provide services, for which at some other places they might get denied prior to accessing the institution.”

Even though some irregular migrants do receive the necessary dental treatment when they are genuinely in need, many do not know where to turn or who to contact for assistance in accessing dental offices. This is a concern that Dentist Linda strongly expresses regarding the right to access dental health services for everyone, regardless of their status. She means that

not everyone knows about the health centers, how things are handled, or if some people try to get help from a private clinic. However, one thing she is certain of is that dental health is a significant challenge for this group. She also emphasizes the double difficult situation these people find themselves in, from one side with their dental problems and, in addition, the limited access to dental care. Dentist Linda means that irregular migrants have no entitlement to dental healthcare. She then said that dentists, as medical professionals, need to argue that undocumented individuals should get free access to dental healthcare because all other groups in Norway have a safety net for accessing dental care. She says, “If you live in a refugee center, regardless of your immigration status, you can visit a dentist, have an assessment of your urgent needs, and have it approved by the Norwegian Directorate of Immigration (UDI). And if you're an ordinary Norwegian citizen with very little money, you can also visit a dentist to get a cost estimate, and the Norwegian Labour and Welfare Administration (NAV) may agree to cover the cost.”

With this being said, Dentist Linda strongly means that solutions are available for everyone except for undocumented individuals. She then highlights that today, there is only the Health Center in Oslo and the Health Center in Bergen that provide free dental services, but that undocumented individuals exist also elsewhere. All around Norway, there are no real solutions for them, which is negatively affecting them.

5.2.2 Experiences at the dental clinics

The experiences that both irregular migrants have when visiting dental clinics and the dentists themselves are typically quite positive. The patients are generally pleased to have the opportunity to receive dental healthcare and find relief in most cases from their dental pain. For example, dentist Per says he is always super pleased with how polite and thankful these patients are. He adds, “... they all generally seem to be very happy to receive dental help.”

Dentist Rita is discussing the differences in her experiences with women and men visiting her dental office. She mentions that it is very apparent that these individuals have many other challenges besides their dental issues. The men generally are reticent; they seek dental help but typically do not share much about their personal lives or struggles. On the other hand, the female patients are always very talkative, attempting to describe their life situations. Most often, they cry while being there but, at the same time, are extremely grateful for having medical personnel who help them when they are in need. She also shares a great experience with one of her patients:

“One time, I provided dental treatment to a woman with irregular status. Instead of performing a tooth extraction, I treated her tooth and filled the root canals, free of charge. Some days later, the woman returned with a sweater that she had knitted herself as a gift for me. She was thankful, and this was her way of expressing her gratitude.”

Every one of the interviewees says that they have never themselves or ever heard about a dentist rejecting a person with irregular status for treatment. Most of them say that they

believe the dentist, like any other doctor, feels a moral and ethical obligation to help people in need, and the financial aspect comes last when this vulnerable group is in question. Dentist Anna says that she has had many of these patients come to the health clinic after visiting other private dentists who have helped them with their dental problems, and she finds it amazing. So, she remarks that she knows that dentists are healthcare providers, and their primary job is to help and treat people regardless of their status. In this regard, she has seen patients who have come through the healthcare clinic after seeking acute help from other dentists, and then they go to her for further treatment. She adds, “Sometimes, if our healthcare clinic is closed and there are no dentists available that day, only doctors or whatever, then we can't assist them on that day, and they have to go to another dentist. Some dentists might send an invoice or send the bill to us. That also happens. So, from my experience, private dentists can and do help, and I have seen examples.

5.2.3 Existing barriers when accessing dental healthcare services

Among some of the same barriers that most dentists say people with irregular status are encountering are the financial aspect of dental procedures and language as a barrier. There are other aspects that different dentists bring up, but these vary depending on their experiences and perspectives. In this chapter, I will focus on the barriers evident to all interviewees and shed light on others that they find equally relevant.

5.2.3.1 Financial limitations as a barrier to irregular migrants

The findings from the interviews point out the financial barrier as the primary cause of preventing irregular migrants from seeking dental healthcare services at an earlier stage before their dental problems become acute. According to Dentist Per, even when they have an acute situation, the financial aspect hinders them from receiving the most optimal treatment. Instead, they usually request a treatment that will help them relieve the problem and pain, such as complete tooth removal. As per the statement from the dentists, in most cases, the situation has deteriorated to the point where they don't consider any other type of treatment due to the required follow-ups that other treatments entail, which irregular migrants often disregard, primarily due to financial obstacles. To this, Dentist Per enlightens that:

“Their financial situation is so challenging that once they come to a consultation with us, we have to make a treatment plan and a cost estimate for the treatments that we advise. I mean, the most optimal treatment is often neglected due to cost. So that's the problem there because I know what the best procedure would be for the particular patient, but they're not able to financially support that themselves. And they might not be willing to go for the optimal solution, but the compromised one. Often the optimal solution is not the one being carried out due to financial restrictions.”

Dentist Rita highlights another crucial aspect regarding the financial barrier. It is not only the inability to pay for treatment but also the shame and the sense of dignity that these individuals

wish to preserve. None of them wants to be in a situation where they would have to beg for free treatment, but when the situation becomes as acute as it is in most cases, that is the only option they are left with. She brings this up by stating: “If the state or organizations could provide these economic resources, then almost 90% of the problems could be resolved because people could come, pay, and relax. Then they would know that they are not begging any dentist for help. Then they could actually schedule their appointments and receive the needed treatment.”

Like the other dentists, Dentist Martina mentions that it's a high cost to receive dental treatment in Norway. However, she understands that it takes work to prioritize dental treatments for refugees with no income, as they likely need that money for other essential expenses.

Dentist Anna agrees that the lack of financial resources significantly affects irregular migrants. She then adds with the following words: “To be honest, thank God for the existence of the healthcare clinics, because otherwise, they would have to go to private clinics, and they would not be able to pay, and maybe they would be turned away.” She adds that, unfortunately, their financial situation affects them as they cannot access dental care like any other citizens.

Dentist Linda also strongly emphasizes the financial barrier for irregular migrants, stating that they have no money for anything, especially not for treatments that are so expensive. One thing she believes often happens is that tooth extraction becomes the only option when dental health deteriorates to a certain point. Dentist Martha also highlights the unfairness that the financial aspect brings. She states that as a healthcare provider, one wants to provide the best treatment, but financial restrictions affect the type of treatment the patient receives, which is always unfair. She considers financial limitations to be the leading and primary limitation.

5.2.3.2 Language as a barrier for irregular migrants

One of the other crucial barriers all the interviewees point out is the language barrier. This can be a challenge when searching for information on dental treatments in their local areas and even more so when they are at the dentist's office. Most dentists state that, in most cases, they quickly understand that the patients are experiencing severe tooth pain. During the dental examination, they typically identify the cause of the pain quickly.

What becomes complicated in these situations is the inability to explain the type of treatment the patients would receive. Dentist Anna adds, “It's very important that the patient understands the situation, and comprehends why the treatment is necessary. For example, it can be treatment A, B, or C that needs to be explained so the patient fully grasps the situation. So, effective communication and ensuring that the patient comprehends and consents to the treatment being provided is crucial, and that requires explaining everything to the patient clearly and in a language they understand.”

Effective communication is essential in ensuring patients understand their situations and consent to the necessary treatments. Dentist Per further emphasizes,

“I saw that language was a significant barrier. In some instances, when we didn't have a translator, the situation became quite challenging. Even common terms within the field seemed somewhat difficult for them to grasp. Yes, in general, I would say that language posed a significant barrier to effective communication with these patients.”

To my surprise, it is very favorable to hear that some dentists find alternative solutions to overcome the language barrier. Dentist Martine mentions using digital tools, saying,

“If I get contacted through the refugee services, we plan to use a professional translator over the phone. However, we are only allocated one hour with the professional translator, and if we proceed with treatment, we won't have a translator with us. So, most of the time when we perform treatment, or if there isn't enough time with the professional translator, we just have to use Google Translate.”

Regarding the language barrier, Dentist Rita mentions that as a medical professional, one must meet the patient at their level and not simply explain everything, assuming they understand. She also adds that this is not due to a lack of education. On the contrary, many of these people have a higher level of education. However, their extremely challenging life situations make it difficult for many to express their concerns using many words.

5.2.3.3 Other relevant barriers faced by irregular migrants

Regarding other relevant barriers that irregular migrants might face in their access to dental services, the opinions vary greatly among the dentists participating in the interviews. Some believe that the fear of authorities is a barrier that also plays a crucial role in their access to dental health services and health services in general. Others think that the fear of being reported to authorities is a rather irrational fear, considering that dentists, just like any other medical professionals, have a duty of confidentiality that prevents them from sharing any personal information of their patients with others. However, this might be the case for some patients, even though Dentist Anna has never encountered a situation where she has heard or experienced that some of her patients are afraid of it.

She notes further:

“I've never heard about a doctor calling the police if he or she has a person who's an irregular migrant, because they have confidentiality, they cannot disclose patient information to the police. But many people don't know this, so they are afraid because they hear about stories, maybe in America where things like this happen sometimes. So that fear of being found out that you are in this country without legal papers stops them from many things”.

On the other hand, Dentist Rita is more certain that the fear of being found and deported plays a crucial role when accessing dental health services. She says that she has encountered

individuals who visit her dental office and are afraid to disclose any information for fear that their identity will be revealed. She adds, “They don't even want to tell you their birthday because they fear being searched and reported to the police. But I think it has improved somewhat recently; there used to be many challenges before.” One example Dentist Rita came up with is that they had a patient some years ago who was searched by the police, and this person came to the dental office accusing them of having given the person's details to the police.

However, no other dentists see fear as a barrier to irregular migrants' access to dental health services. Dentist Linda mentions that they have not encountered people who are afraid when visiting the clinic. However, they find that many individuals come there and must be referred to specialized healthcare services. She adds, “We are aware that many are hesitant to visit the public healthcare system.”

5.3 Policy perspectives and implementation in practice

This theme explores the opinions on existing policies among dentists, their understanding of these policies, and the implementation in practice in the context of their dental practices.

The majority of the interviewed dentists were very unsure about the existing policies. Still, one thing they had in common is that they all believed that everyone had the right to receive health assistance in acute situations.

Dentist Per mentioned the following:

“I am not very familiar with the policies and regulations, but I am pretty sure that people with irregular status are at least able to get help in acute situations, which is good. However, I'm not sure about the details. I think maybe I should study the laws even more because, as far as I know, assistance is available only in acute situations, and that's about it.”

Dentist Martha mentions that she does not feel competent enough to speak about laws and regulations regarding dental healthcare. She believes that everyone is entitled to help only in acute situations, and in these particular cases, irregular migrants, unfortunately, receive only basic assistance without any follow-ups.

Dentist Martine shares the same opinion regarding acute health situations and the right to receive medical assistance. She also highlights a significant difference in the social treatment of people based on whether they have a D-number, which is a temporary identification number. She says:

“If you were to apply for financial support for dental treatment in Norway, you have to be documented or have a D-number. So, if you don't have a D-number or a Social Security number, you are not able to receive any financial support. This places people

without legal status in a very vulnerable situation. Without a D-number or legal papers, you sadly do not have rights, as far as I know, to receive financial support.”

It can be confusing when no clear policy provides a definite understanding of the rights people have based on the documents they possess. In this regard, Dentist Rita criticizes the politics and the frequent changes, depending on whether the ruling parties are in favor of or against granting equal rights to vulnerable groups. She adds, “The policies and regulations in these situations are quite unclear. They change every time there's a shift in the political power. Some parties support certain things, while others may oppose them. As a result, the rules change approximately every four years when a new government takes office, and we have to adapt to the new policies.”

In addition, Dentist Rita discusses the universality of human rights and how they should apply to everyone regardless of people's ethnic background, religion, economic status, or political views. Unfortunately, this doesn't seem to be the case for irregular migrants. She notes:

“Some rules and rights are universal, in a way that it doesn't matter what kind of government you have. However, when it comes to immigrants and regulations, they vary significantly, and even from year to year, they change.”

Dentist Anna mentions two relevant laws in Norway: The Patient and User Rights Act and The Health Personnel Act. She isn't entirely sure about these laws' specifics, interpretation, or implementation. As she understands, these laws primarily apply to Norwegian citizens or citizens in the EU/EEA Schengen zone. She believes that these laws don't protect people outside of this category. Furthermore, she highlights the international human rights laws which Norway has signed and, by doing so, is obligated to follow. She goes on to say,

“On one hand, there is no regional law applying to this category of people, but on the other hand, international human rights come into play. So there is often a conflict, I suppose, between these two. In Norway, irregular migrants essentially have no rights and they have no legal protections. They are required to cover all expenses themselves.”

The right to help in acute health situations is also something that Dentist Linda also brings up as a crucial aspect when providing treatments to patients. She means that irregular migrants are entitled to dental help in acute situations, but the issue she sees is how and what is actually considered acute or how long these patients can wait. She also draws a parallel with an example of a person collapsing on the street, in which every healthcare professional must help that person. On the other hand, she mentions that if someone has inflammation in their mouth, different healthcare providers might disagree on the acute nature of the situation and that the person can wait for another week. So, the definition in the law is so vague that in practice, different situations can be considered or not considered as acute. Additionally, there is the financial aspect and practice when some patients get treatment. Certain dentists might offer the services for free, and others might choose to charge. She then quotes the paragraph from the Health Directorate, which it says,

“The patient should, in principle, pay for healthcare, but prepayment cannot be required. The relevant healthcare institution or service provider should cover the expenses if the patient cannot afford it.”

Then she adds: “This is what is stated under adult access to healthcare services, so these patients essentially have the right to receive healthcare without paying. However, this responsibility has now been placed on private dentists”.

5.4 Strategies, solutions, and recommendations

Within this thematic area, some concrete solutions and recommendations for improving dental care access for irregular migrants in Norway are explored and further examined.

The dentists who participated in the interview reflected on their challenges and what they believed would make access to healthcare easier for irregular migrants. Dentist Per brought up situations where he assisted these people pro bono because of the urgent need for dental assistance. He views all these situations as the right thing to do. However, he mentions that financial contributions or an institution taking responsibility for covering the costs would benefit him and other private practitioners in these situations. He also strongly believes that this could also be a preference for the patients to know that they are protected in a way that they can receive help without feeling the burden of the financial costs it might carry. Dentist Martine shares that all the counties and municipalities in Norway should have the same rules and offer free dental assistance. She is also aware that it could be easier said than done, especially when it comes to the social and economic aspects, because it is the taxpayers' money that will eventually pay for the refugees and irregular migrants. So, many people might view it as unfair since this category of people does not contribute to the national economy, but at the same time, they are not given the opportunity and right to do so.

She then notes:

“I don't think it's any different than if a person with substance dependence or someone who doesn't work in Norway gets help to pay their dental bill. I think it should be the same, and these people should receive free dental healthcare.”

She further says that every immigrant or refugee in Norway should get a full examination for free, which the county could pay for. In that regard, many acute health situations can be avoided and prevented.

For example, a good solution has been implemented in the health centers for undocumented migrants in both Oslo and Bergen. She has voluntarily helped on several occasions, and she mentions the gratitude these people show for having an opportunity to receive help for free. These centers are run by health personnel voluntarily where the medical ethics and morals drive the work, which has shown great results. However, she means that that responsibility should not solely rest on the generosity and ethical commitment of the health personnel, rather, the government should step in with a strategic solution.

Dentist Rita also mentions a very commendable initiative organized by a dentist once a year in Oslo. In this initiative, a private practitioner dentist arranges an open day inviting other dentists to work pro bono for people in need among irregular migrants. She then states that the information is disseminated well in advance to relevant organizations working with vulnerable individuals, which helps mobilize those in great need of dental treatment but who, for various reasons, cannot afford it. Dentist Rita believes that these initiatives and programs make significant changes and contributions. However, the biggest challenge she sees is that these programs are not being consistent, relying on voluntary work, and having limitations on when and who receives the treatment. She emphasizes in several instances that the government should create a specific strategy and provide financing for these programs or explore other accessible and available solutions similar to those in other health institutions.

Another weakness she points out, resulting from political and stakeholder ignorance, is that these programs also depend on donations due to a lack of financial support. She notes, “Sometimes I donate extraction tools, and I am aware of other dentists who contribute and supply additional equipment to these centers. Everything is sourced from donations, typically coming from private dental offices.”

She also provides a concrete recommendation that the government could assist with. She emphasizes the importance of preventive dental care and how it could prevent many dental problems among the most vulnerable individuals and establish healthy routines. She suggests that if the government funds free toothpaste and toothbrushes while organizing educational workshops once a year, it could prevent numerous dental issues. She also believes that many dentists, healthcare providers, organizations, and individuals would willingly participate in this initiative without requiring payment.

Another noteworthy recommendation she raises is the role of the dental faculty and the possibility of dental students providing free dental treatments as part of their mandatory dental practice. They already have an established opportunity that provides more affordable treatment when conducted by students. Still, she suggests that, concerning irregular migrants, this should be government-funded and offered for free. She adds, “As students, we have support from our professors and specialists, and we have all the necessary materials. I believe you can receive some of the best treatments because everything you need is available at the faculty. So this could be a starting point, and it's something the government should seriously consider.”

Dentist Anna and Dentist Martha share some of the same opinions as Dentist Rita regarding the health centers, the lack of financial support from the government, and the opportunities to offer free dental healthcare to the dental faculty for this category of people. Dentist Anna is extremely positive about the contribution the health center makes to the most vulnerable in society and the fact that it functions as a clinic with various healthcare professionals and even specialists, all working voluntarily. But the challenge she sees here is that the centers cannot provide healthcare to everyone and that they struggle with a very long waiting list due to the discrepancy between the number of people in need and the number of health providers. She says,

“If there was some way that the government could also subsidize or provide funding to, let's say, public clinics since they cannot impose on private clinics, but public clinics that already receive funding, so that we are able to help these people. Some types of funding, not only for the healthcare clinic and NGOs in general, but also for the public healthcare sector, providing them with the money they need to help.”

Additionally, she highlights the differences in rights, needs, and approaches between citizens and irregular migrants and the unfairness accompanying these sides. She notes, “There is a need for some additions to the law. It should specifically address healthcare rights and access for this category of people who are in an unpredictable situation in Norway.”

Dentist Martha means that a potential solution could involve the establishment of agreements with dental clinics that are capable of receiving and providing services to irregular migrants. In this instance, the health centers could possibly refer some of the patients, offering better and more prompt assistance in acute situations. Like the other dentists being interviewed, she also emphasizes the importance of having clear legislation that includes the rights of irregular migrants, making it easier to distinguish what the healthcare centers offer and what the public health should provide. She further expresses that the ideal scenario would involve having financial resources to operate health centers staffed by dentists who are paid for their work and are working regular hours, providing dental services for this vulnerable group.

6. Discussion of the findings

This chapter discusses the research findings in the context of the theoretical framework, the concept of citizenship and in line with the main research question. The division of the findings is structured in the form of titles and subtitles to organize better the different aspects of the findings and their relevance to the research question.

To begin, the first part provides an overview and better understanding of the situation of irregular migrants, examining closely their social inclusion and exclusion. The citizenship perspective, ethical consideration, and the aspects of belonging are explored further. It then focuses on their experiences when accessing dental services and the barriers they encounter during this process. Furthermore, it sheds light on the policy perspective considering its universality, implementation practice, and discriminatory aspects.

Lastly, this section addresses the aspect of responsibility within the power dynamics and among stakeholders, providing clear suggestions for potential solutions that could be considered.

6.1 Position of irregular migrants in society

History has never before marked a higher number of people fleeing than in the last few years. In 2001, 42 million people were displaced; by 2021, this number had surpassed 82 million (Reine-Nilsen, 2022). Just under a year later, the number of displaced people has now exceeded 100 million, approximately one percent of the world's population (Reine-Nilsen,

2022). What often gets ignored or not emphasized enough is the root causes that put these people in a situation to flee from their countries. Many of the patients tell the dentists about the traumas they had and still have from leaving their home countries because of political instability or armed conflicts in which they were left with no other choice than to leave everything behind in search of safety and better opportunities for them and their families. These situations do require a complex approach that can secure both safety and protection for a dignified life. Many of these people fall into the category of individuals who get granted protection and a legal stay, along with social inclusion through various integration programs. However, the disadvantaged group of irregular migrants often find themselves on the margins of society, lacking the same rights and opportunities as the rest of the population.

Historically, most societies have traditionally “solved” the issue of strangers by segregating them, leaving them on the periphery, in the countryside, in institutions, preferably invisible. However, the ethical challenge of our time is primarily linked to the fact that strangers can no longer be relegated solely to the outskirts, as political struggles for human rights have altered the traditional landscape (Lid 2017, p.12). This is not just a matter of their legal status but is a deeper and complex societal challenge and requires both comprehensive and emphatic responses from nations and communities both locally and globally.

Social segregation is often linked with low social networks and limited local community engagements. Dentist Rita emphasizes the importance of having a social network and connection to get relevant information and understand societal dynamics. She mentions that most patients without legal papers reached out to her after hearing from their friends or mutual connections about her helping other patients in the same situation. This form of interaction while being active about your friends, neighbors, and social connections beyond their immediate circle can be interpreted as a form of citizenship that portrays irregular migrants as ordinary citizens. What could be a little bit debatable is the fact that irregular migrants through this form could be seen and portrayed as active in their daily activities and contexts. Still, they do lack the characteristics for active involvement and social or political engagement (Boje 2019, p.204).

Irregular migrants do not have any form of regular legal entitlement. As a result, they often experience varying levels of access to different types of healthcare within the same municipalities or cities, as Dentist Martine explains. According to her, some counties do not seem to prioritize this category of people, leading to situations where they are not entitled to healthcare, including dental care, and are completely disregarded when establishing rules and regulations. This is just another affirmation of the neglect and societal disregard of this vulnerable group. In reality, many members of society are still relegated, both de facto and de jure, to passive subjects, not active citizens. These members of society are disenfranchised, precluded from enacting substantive citizenship, and denied the right to participate in democratic shared rule, which defines modern ideals of citizenship (Donaldson & Kymlicka 2017, p.839).

Another crucial point from the interviews points out the complexity and urgency when irregular migrants visit a dentist. The dental conditions they describe in these patients are

almost always accompanied by severe pain. This results from a long period of not getting any treatment that could have prevented these situations. This group of people goes almost unnoticed both from institutional systems or political debates. A group of people who endure systematic neglect and are entirely unacknowledged for the suffering and conditions they face. Furthermore, they are even questioned about whether they “deserve” healthcare, as a society sometimes expects them to contribute to being considered worthy of receiving health and fully enjoying their rights (Hacker 2015, p.179). Not being recognized in the society you live in, experiencing stigmatization, exclusion from the rights and privileges, and having limitations on the right to express and organize with degrading stereotypes and derogatory treatments in everyday life are all results of the denial to acknowledge this vulnerable group (Fraser 2009, p.218). But how can one become a worthy citizen and get closer to the possibility of practicing one's rights? The concept of citizenship is historically constructed and should evolve to be more inclusive of everyone. One can say that citizenship consists of two aspects: legal status and social status. The first one provides the person with an identity, and the second one determines how economic and cultural capital are distributed and recognized in society (Boje 2017, p.158). This applies to citizenship as defined in Western countries, which can be significantly different in other societies. One should not become entangled in the idea that citizenship cannot be reshaped and deconstructed to be more appealing and inclusive for vulnerable groups like irregular migrants. Their status as an “irregular” often happens due to the established rules and regulations that label them as such. Citizenship is thus designed in very different ways depending on the structure of the welfare system (Boje 2017, p.159).

6.2 Barriers impacting access to dental services

Achieving overall well-being and good quality of life requires inclusive access to dental health services as one of the fundamental aspects of health. This crucial component is not universally accessible and brings a lot of questions about social justice, inequality, and citizenship. This is particularly evident in the case of irregular migrants living in Norway without legal documentation or status, where access to dental services can be a combination of challenges and barriers that need to be addressed.

This chapter explores the diverse barriers that irregular migrants encounter when seeking dental health services. More specifically, it addresses two primary aspects: the language and the financial barriers. These dimensions, to a high degree, influence the opportunities of irregular migrants to receive dental healthcare. As a result of it, it impacts their overall health and quality of life.

6.2.1 How language affects irregular migrants' access to dental health services

Language and the ability to communicate with others are not just tools that help people to understand others and engage in everyday activities, but the lack of proficiency or even lack of basic knowledge of the host country's language can restrict the access to many different opportunities including essential dental services. I will, therefore, examine this particular

challenge more closely and how it hinders irregular migrants from navigating both in the system and the services that are available to them.

One of the crucial obstacles these people experience in terms of language barriers is the inability to search for information and access relevant information. Dentist Ana mentions the challenges that come with the inability to clearly explain the type of treatment the patient will receive due to the language barrier. As she mentions, irregular migrants, like all others, have the right to know and consent to the certain treatment that is provided and even more to understand their rights in case the treatment is not successful or brings negative outcomes and costs.

The objectives in the Government's Report No. 23 (2007–2008), with the title “Language Builds Bridges: Language Stimulation and Language Education for Children, Youth, and Adults,” are to discuss the challenges and propose measures that aimed at providing better language stimulation and language education for children, youth, and adults. However, this rapport does not indicate the exclusion of any groups in the society. It emphasizes that Norwegian is the national common language that everyone must master to function as full-fledged members of society, and it plays a central role as an identity and culture-bearing force in Norwegian society (St.meld. nr. 23, 2007–2008, p.7).

Nevertheless, the Directorate of Integration and Diversity (IMDi, 2022) provides information on qualification regulations and target groups for Norwegian and civic knowledge education. It first describes the “right” by which individuals are entitled to free education according to the curriculum established by the Directorate for Higher Education and Competence (IMDi, 2022). Furthermore, it states that the “obligation” means that individuals must have completed their education and passed exams at a certain level to be eligible for permanent residency and citizenship later. However, the document also specifies who is entitled to these rights and obligations, indicating that many newly arrived immigrants are entitled to free education in Norwegian, which as it further states, is for individuals participating in the introduction program and education in Norwegian is a part of the program.

However, age and type of residence permit determine whether an individual is categorized within the target group for education in Norwegian or not (IMDi, 2022). In this sense, one can see the value of owning a citizenship or having a status with all the rights it brings. It also includes the value of its practice that secures inclusion through the possibility of having access to education, among other things. To understand citizenship as a status is tied to the rights a person has about the nation-state, and the central contentious issues here are typically the conditions for residence permits, immigration rules, rights to work, and social benefits, among others (Boje 2017, p.164). In all cases, what is central is that the construction of citizenship is a result of a social and political struggle, where the shaping of citizenship is determined by the power dynamics expressed in the relationship between social groups/classes and where the strength of various social groups' civil organizations and political movements plays a crucial role (Boje 2017, p.164).

6.2.2. How the financial aspect affects irregular migrants' access to dental health services

It has already been emphasized in several sections of the paper the importance of access to healthcare and how health constitutes one of the fundamental rights for all individuals. Yet, for irregular migrants, this right often appears to be unattainable as a result of the socially constructed rules and obstacles that are, to a high degree, dehumanizing. In this section, I aim to explore further the financial aspect of healthcare and how it functions as a barrier. Considering the earlier findings from the interviews about the challenges experienced by irregular migrants, I will further use the perspectives of Nancy Fraser's social justice theory in the context of the financial aspects and citizenship perspective. The goal of examining the financial barrier is to shed even more light on the structural inequalities that hinder irregular migrants' access to healthcare services.

The dentists participating in the interview all individually pointed out the financial barrier as the primary cause preventing irregular migrants from seeking dental healthcare. For instance, Dentist Per highlights the inability to receive optimal dental care due to the financial barrier, often resulting in choosing short-term and low-cost solutions. However, I believe the complexity of this situation goes beyond just the financial barrier and is rather a result of the political regulations that placed irregular migrants in this situation in the first place. The challenges that the healthcare providers meet on the practice field occur due to the discrepancies between the political and legal aspects on one side and medical and ethical considerations on the other. These discrepancies create circumstances in which dentists are only obliged to provide services in acute health situations with immediate suffering but they cannot address and work preventively on the underlying causes of the medical situation (Karlsen 2021, p.135) As a consequence, the root of the problem becomes never solved, and only short term solutions with inadequate long-term healthcare provided (Karlsen 2021, p.135).

Dentist Rita, on the other hand, raises another crucial point. She discusses how the stigma and shame that irregular migrants experience, connected to their difficulties in paying for dental treatments, is also significant. Due to the lack of financial resources, these factors take away their dignity in terms of self-care and their family's health. In this sense, Martha Nussbaum employs a list of fundamental capabilities that every individual needs to function as a human being. This list encompasses everything from basic needs for food, health, and protection to the opportunity to use reason, have meaningful social relationships and engage in political participation (Fjørtoft 2016, p. 37). Her capability approach attempts to define a minimum standard derived from a concept of human dignity. It is about what is required for a person to become capable of full participation, which is relevant for understanding and addressing the barriers that cause irregular migrants to feel less capable or to experience a loss of their dignity due to financial difficulties (Fjørtoft 2016, p. 37).

There is, however no doubt that the fundamental cause of this social injustice lies in the economic structure of capitalist society, and the harms resulting from it are both related to "underrecognition" as well as the unjust distribution of goods (Fraser 2009, p.220). Irregular

migrants are neglected and often brought up in discussions due to their low status in society, which questions their contribution and, consequently, their deservingness of goods and services. Ensuring comprehensive support for economic transformations today requires challenging cultural attitudes that demean vulnerable groups as poor, working people, and migrants, such as “poverty ideologies” claiming that they simply get what they deserve (Fraser 2009, p.220). To change this narrative and make changes for the better, these vulnerable individuals, among which irregular migrants, may need a politics of recognition to support their struggles for economic justice (Fraser 2009, p.220). In other words, irregular migrants might have to create groups and place themselves in the communities based on their shared experiences to overcome the hidden inequalities and to gain the self-assurance to advocate and claim their rights (Fraser 2009, p.220).

The inability of these individuals to afford dental care due to financial constraints directly affects their overall health and well-being. This situation is a direct result of social injustice and unequal distribution of resources and opportunities in society, including limited access to healthcare services. Dentist Martine emphasizes her complete understanding that these individuals often have severe dental issues because their lives are filled with struggles, and dental healthcare is not always their top priority. Understanding the struggles of undocumented migrants requires an understanding of the tensions between citizenship in law and citizenship in practice. This involves recognizing citizenship as something based on actions and responsibilities, not just a legal status, to acknowledge our obligations to those living in our communities (Isin 2019, p.52).

It is hard to comprehend the injustice one group of people experiences due to their status and how the perspective on the value of a human life shifts in correlation with their citizenship status. However, according to Fraser, not only the status hierarchies lead to injustice. She strongly advocates that a comprehensive theory of justice must include an independent economic dimension (Fjørtoft 2016, p.27). Further she argues that many forms of injustice, such as poverty and exploitation, are caused by how the economy in society is organized. This type of injustice can be addressed by restructuring the economic conditions in the society through tax policy reforms, changes in the welfare policies, or the reorganization of property relations (Fjørtoft 2016, p.27). Nonetheless, these reforms cannot occur overnight. They require recognition from most of the population, including stakeholders, to acknowledge the situation and injustices experienced by some social groups, primarily irregular migrants.

6.3 Norwegian policy impact and perspectives in the context of international legal framework

While conducting the interviews with the dentists, it became very evident that no one possessed clear information about which policy regulations apply to irregular migrants when accessing dental health services. One thing that was brought forward as a common understanding was that these individuals have the right to get help in acute dental situations. Although I had studied these policies for the research and prepared myself before the interviews, I found myself not far from their experiences being uncertain if I understood the

rights these individuals were entitled to or how these policies work in practice. The more I delved into reading, interpreting, and trying to understand the legislation, the more complex and vague everything appeared.

In the interview, Dentist Rita emphasized the universality of human rights, including the right to health. Regrettably, in practice, she states that this is not the case, as it does not apply equally to everyone. This can also be seen in connection with many international debates on human rights and can further be aligned with the statement given by His Royal Highness, The Crown Prince of Norway, on the 60th anniversary of the European Court of Human Rights in 2019. In his speech he emphasized the importance of the establishment of the supranational court for the protection of human rights in 1950 as a revolutionary step in securing human rights for all individuals. Among the states who ratified the European Convention on Human Rights, Norway did that early in 1952, but it took twelve years before Norway fully recognized the Court's mandatory jurisdiction (His Royal Highness The Crown Prince, 2019). All the states are obliged to implement the Court's decisions, which requires political will, meaning that all of the states have to commit and apply these global obligations (His Royal Highness The Crown Prince, 2019). In that regard, Norway as a signatory to the European Convention on Human Rights, is bound by its obligations to ensure that irregular migrants, as all other residents in the Realm, have access to oral health services without discrimination. However, despite stating that the law applies to everyone within the country, The Patient and User Rights Act incorporates a discriminatory adjustment to the term "everyone" by excluding non-Norwegian citizens without legal residence (Patient and User Rights Act, 1999). In this way, the Norwegian health policy regulation does not align with international human rights standards. It requires improvements in the policies and practices that do not exclude vulnerable groups. Fraser argues that this form of injustice must be considered within the "principle of all affected," a well-known democratic principle stating that everyone affected by a state or political structure should have a voice (Fjørtoft 2016, p.27). Thus, being the object of considerations of justice should not depend on citizenship or national affiliation. Still, the crucial factor is that they are affected or subject to a political structure or governance that somehow influences the lives they lead and the forms of interaction they are part of (Fjørtoft 2016, p.30).

In March 2020, the Committee on Economic, Social, and Cultural Rights released its sixth periodic report on Norway's implementation of the rights outlined in the International Covenant on Economic, Social, and Cultural Rights (ICESCR, 2020). The observations revealed several negative instances where Norway failed to apply the Covenant's norms, accompanied by recommendations on how these shortcomings can be addressed to ensure that all people can fully enjoy these rights (UN Committee on Economic, Social and Cultural Rights, 2020).

One of the fields that received strong negative criticism was irregular migrants' access to health care services. The report clearly states that Norway violates human rights for not ensuring access to health services to irregular migrants or people who do not have a European health insurance card (UN Committee on Economic, Social and Cultural Rights, 2020). It

further notes that in recent years, with a significant decrease in the number of persons seeking asylum in Norway and considering the strong economic base the country has, the Committee expresses its deep concern that Norway maintains the regressive measures taken in 2011 to restrict the right of irregular migrants to primary health-care services without taking into consideration the impact on the affected individuals (UN Committee on Economic, Social and Cultural Rights 2020, p.7).

Another crucial point related to the experiences the dentists expressed is the challenge of interpreting or fully understanding the specific rights that irregular migrants enjoy or their entitlements. Dentist Linda also highlights this in the interview, where she strongly emphasizes that irregular migrants are entitled to dental help only in acute situations and that this brings some challenges. The issue she points out is determining what qualifies as acute and how long these patients can and should wait in these situations. She further pointed out that different healthcare providers may have varying views on the distinctions between acute and chronic situations due to the vague definition and clarification in the law policy. This uncertainty among health providers leads to confusion and discrepancies in practice that negatively impact the health of irregular migrants. Some of these concerns are also enlightened in the report done by the Committee declaring that there is a limited and discriminatory framework that applies to irregular migrants and the conditions

under which they receive healthcare services (UN Committee on Economic, Social and Cultural Rights 2020, p.7). Further it notes that the absence of clear regulations and guidelines for determining their health condition has led to serious implication over the health of irregular migrants, even resulting in deaths as a result of inconsistent and insufficient health services provided to this vulnerable group (UN Committee on Economic, Social and Cultural Rights 2020, p.7).

Karlsen (2021, p.34) argues that after the negotiations between the state and the municipalities and the shift of responsibility following the withdrawal scheme implemented in 2004, clear regulations or laws regarding the implications of this situation were never provided. Instead, there were only letters from various governmental departments. These letters specified that while individuals without legal residence were not entitled to financial support under the Social Services Act, ‘no one should starve or freeze to death in Norway’ (Karlsen 2021, p.34). Instead, it was suggested that they could be entitled to emergency aid based on a so-called ‘unwritten Act of Necessity’, or, as the Ministry of Labour and Social Affairs clarified in a letter to all municipalities 19 December 2003:

“Society as such has a general responsibility to provide urgent, vital assistance in an emergency. This follows from general considerations of necessity. This means that a person may be entitled to assistance in social services in particular emergencies regardless of whether the stay is legal” (Ministry of Labour and Social Affairs, 2004 i Karlsen 2021, p.34-35).

Consequently, the ministry eventually issued a new letter on 4 October 2004 that made clear the following: “The Ministry would like to emphasize that it means that no one shall starve or freeze to death and that social services need to provide vital assistance in an acute crisis, also

to people without legal residence.” This is not regulated by law or regulations but follows from unwritten considerations of the duty to help people in need (Ministry of Labour and Social Affairs, 2004 in Karlsen 2021, p.34-35). Without clear and concrete laws or regulations, we can conclude that the work done by the dentists is grounded on purely humanitarian and moral principles such as the dentists themselves state. The interviews mention that they lack formal knowledge about which rights apply to irregular migrants. Still, like any other doctor, they have moral and ethical obligations to help people in need, with the financial aspect coming last. But how democratic is this situation when the rights and freedoms of irregular migrants are not safeguarded within the system, requiring these individuals to rely on ethical and moral values to receive the services they need? Prioritizing the rights and needs of irregular migrants implies a commitment to justice within the framework of democracy (Fjørtoft 2016, p.38).

Democracy, by its essence, assumes that people, including individuals living on the margins of exclusion in society, possess secure basic rights and goods, aiming to generate more justice (Fjørtoft 2016, p.38). Furthermore, there is a belief that certain justice norms should be more difficult to change than others; for example, norms that protect conditions for equal participation should be constitutionally protected and only be changed under very special circumstances. Other justice norms not as crucial to ensuring equal participation should be decided in regular democratic discussions (Fjørtoft 2016, p.38).

6.4 Strategic approaches to enhance oral health access for irregular migrants

In this section of the discussion, I will outline three approaches for recommendations for changes and strategies that can improve access to oral health services among irregular migrants. The initial perspective stems from the dentists who participated in the interviews, offering insights and suggestions based on their day-to-day experience with irregular migrants and identifying areas where necessary changes are needed. The second perspective is drawn from the direct observations and recommendations for change by the Committee on Economic, Social, and Cultural Rights. The final perspective comes from the civil society organizations working with irregular migrants, outlining their demands for essential changes to increase access to healthcare services.

6.4.1 Dentists’ insights and recommendations

The financial aspect of providing free dental services in acute situations for irregular migrants was emphasized by all dentists. In each encounter with irregular migrants, they have provided their dental services pro bono, driven by their medical and ethical convictions. They all agree that it is undeniable that irregular migrants should secure free access to healthcare in acute situations. However, Dentist Per highlights another aspect of this situation. Currently, irregular migrants depend on the goodwill of dentists to get free treatments. Still, in all cases, dentists are left without financial support or coverage from the state or any institution. His clear recommendation is that irregular migrants should be granted free dental services in acute

situations, but dentists should also be provided with financial coverage. This should be the minimum standard for anyone facing a health-endangering situation. This minimum standard is an element of the principle of justice, which ensures fair distribution of the primary goods and services such as fundamental liberties, the freedom to choose from various opportunities, income, and welfare, and having the social basis for securing a dignified life (Fjørtoft 2016, p.37). These standards are not negotiable; they are crucial elements that enable irregular migrants to participate fully in society and realize their full potential (Fjørtoft 2016, p.37).

Among the other recommendations, all of which are highly relevant and realistic, Dentist Martine suggests a strong need for clear regulations on a national level that apply to all municipalities in the county. This can hinder having local regulations that differ from one municipality to another and apply only to the people residing there. She also points out the necessity for full health examination of irregular migrants free of charge, which could help prevent acute health situations and associated financial aspects.

The health centers for undocumented migrants are being recognized for their significant contributions in addressing the health needs of this vulnerable group. These centers are operated in collaboration between the Church City Mission and the Red Cross, both nongovernmental organizations that offer interdisciplinary primary health services for individuals without residence permits in Norway (Kirkens Bymisjon, n.d.). The healthcare professionals in these centers work voluntarily, and the dentists are well aware of the capacity and financial limitations and challenges they meet as a result. Their recommendation includes direct governmental financial support for these programs that eventually can secure well-running day-to-day centers capable of meeting the health needs of irregular migrants.

A specific recommendation involved the potential of the Dental faculty to provide dental services to dental students under the supervision of their professors. This could be part of their clinical practice, which is obligatory for all dental students. The faculty currently has an existing program where the students offer dental services at a lower price than the regular rates. If irregular migrants are included in their program and get dental care for free, this could address a significant number of people on the waiting list in the health centers or those who cannot afford to wait that long. Therefore, the recommendation involves including irregular migrants in the clinical programs for dental students, allowing them to be treated as patients and to receive free dental services. This can also contribute to the sense of living a dignified life for irregular migrants, fostering the feeling of independence everyone deserves. This sense and ability to control one's own life is a prerequisite for the individual's freedom and development, as well as for the community to be free and accessible (Boje 2017, p.179)

6.4.2 International observations and recommendations

Earlier in the thesis, I highlighted the strong and negative criticism that Norway has received for failing to apply the Covenant's norms, which are designed to ensure fundamental rights for all. However, the report also provides recommendations that can be addressed to ensure that all people, including irregular migrants, can fully enjoy these rights (UN Committee on Economic, Social and Cultural Rights, 2020).

One recommendation from the Committee is that Norway should ensure that all individuals within its borders have access to basic health care, regardless of their residency status (UN Committee on Economic, Social and Cultural Rights, 2020, p.7). Further, the Committee recommends reversing the changes made in 2011 that restrict access to primary health care for irregular migrants and refers to its statement dated 13 March 2017 regarding the responsibilities of States toward refugees and migrants under the International Covenant on Economic, Social, and Cultural Rights (UN Committee on Economic, Social and Cultural Rights, 2020, p.7).

The recommendations from the Committee point out the importance of the State engaging and collaborating with non-governmental organizations and civil society. Notably, this points out the significance of the health centers established by the Red Cross and the Church City Mission as crucial actors for securing fundamental rights and access to health services for irregular migrants. The Committee also requires the State (Norway) to share both the observations and the conclusions from the report widely at all levels of society and report on the actions that are taken to implement these recommendations in the next periodic report (UN Committee on Economic, Social and Cultural Rights, 2020, p.9). Further, it suggests that the State should consider establishing a national mechanism involving organizations and civil society to coordinate further and monitor the ongoing implementation efforts made by the State (UN Committee on Economic, Social and Cultural Rights, 2020, p.9). These recommendations and suggestions should be implemented and reported in Norway's seventh periodic report by 31 March 2025.

Despite this, it appears that Norway has not yet taken any of the necessary steps towards seriously addressing the recommendations from the Committee and their implementation. However, there is still an expectation that Norway will prioritize actions to protect fundamental rights for irregular migrants, particularly concerning access to healthcare services.

6.4.3 Civil Society demands

The impact of the existing health centers for irregular migrants, and particularly the work that the civic society and organizations are doing, undoubtedly brings about significant changes in the lives of many individuals. Nevertheless, because the health professionals in these centers work voluntarily, says a lot about their dedication to helping people in vulnerable situations and the core ethical and moral values they have. The Church City Mission has a vision that

“all individuals in the society should experience respect, justice, and care – including those without residence permits. Consequently, promoting and advocating for the rights of these individuals became an important cause for the Church City Mission, especially for those who, for various reasons, do not have regular residence in Norway and therefore fall outside rights and assistance programs that require citizenship or residence permits. Regardless of their legal status, and by virtue of being human, everyone with an illness requires qualified assistance” (Kirkens Bymisjon, n.d.).

In 2021, the Red Cross published a report titled “Outside the safety net of the welfare state,” focusing on the health rights of irregular migrants (Røde Kors, 2021). The purpose of the report is to highlight the humanitarian consequences when access to healthcare is limited due to legal, socio-economic, and practical reasons. The report also provides some of the most significant changes that need to be done to make access to healthcare effective, as demanded by human rights (Røde Kors, 2021). In the context of the thesis, the recommendations from the report deemed most relevant to the research field are being enlightened. The first point the rapport highlights is that the current healthcare regulations require severe attention and modifications because they lead to inconsistent practices of healthcare professionals.

The report first emphasizes that the current healthcare regulations demand severe attention and modifications. This is due to the inconsistency in practices among healthcare professionals (Røde Kors 2021, p.53). It further clarifies that individuals without legal residence only have the right to immediate healthcare assistance that cannot wait. However, this does not align with a clear medical standard, making it challenging for healthcare professionals to determine when a patient has the right to assistance and what it includes. This confirms the experience the dentists have because of not having a clear regulation framework. As a result, each dentist interprets and understands the regulations in their way, leading to discrepancies in the dental treatments received by irregular migrants. The demand here is to have established a clear set of rules that would be easier for the dentists to follow, as it is not practical for them to spend time deciding if legal conditions are met before giving the necessary healthcare to this vulnerable population (Røde Kors 2021, p.53).

Another crucial point emphasized in the rapport is in regard to the financial aspect, where it states that effective healthcare requires a proper funding system (Røde Kors 2021, p.54). As of today, irregular migrants must cover all healthcare costs themselves, with a few exceptions, or the healthcare providers must bear the costs if the patient can not pay (Røde Kors 2021, p.54). There is no denying that the access to dental healthcare services for irregular migrants is compromised because of financial barriers. Therefore, they demand measures to be taken to overcome the financial barriers, and considering Norway’s resource strength, implementing a funding system for irregular migrants should be an expected and realistic measure (Røde Kors 2021, p.55).

7. Conclusion and Final Remarks

This research aimed to shed light on the experiences and challenges irregular migrants encounter when accessing dental health services. Additionally, it aimed to propose solutions and recommendations that ought to be implemented by the state to ensure equal access to healthcare services for all individuals, irrespective of their residence status. Exploring the research field unveiled a lot of complexity, containing many different aspects and elements, from legal and political dimensions to moral and ethical considerations. These elements contributed to enhancing the humanistic perspective of the research.

To address the research question “Exploring the barriers and strategies for increasing access to oral health services among irregular migrants in Norway”, a qualitative research method was applied in the form of semi-structured interviews. While the initial intention of this research was to gather personal insights into the experiences of irregular migrants, due to ethical considerations, the approach was shifted. Instead, dentists providing health services to these individuals were interviewed. A total of six experienced dentists working with irregular migrants took part in the interviews. All the gathered information from the interviews was analyzed using thematic analysis and categorized into three main thematic fields. The findings were then interpreted through the perspectives provided by the citizenship and social justice theories.

The dentists raised some serious concerns regarding the challenges faced by irregular migrants when accessing dental health services. The findings reveal a great complexity of barriers due to the marginalized position these people have in society. Segregation and limited social networks significantly contributed to lacking information about health services and entitlements. Additionally, most of the patients have experienced a significant amount of trauma before and upon moving to Norway, making them even more vulnerable and hesitant about seeking help and assistance. One of the primary causes of preventing irregular migrants from seeking dental healthcare services at an earlier age was the financial barrier. The findings show that it is not only the inability to pay for treatments but also the shame and the sense of dignity that these individuals wish to preserve. Dentists have also highlighted language barriers. The patients lack vast knowledge about dental services and entitlements due to the language barrier. Most of the information is in English or Norwegian, making it extremely difficult for many individuals to find or understand it. Additionally, the dentists cannot clearly explain the type of treatment the patient will receive. As a result, they struggle to obtain consent from the patient, ensuring they are fully aware of the situation and agreeing to the type of treatment.

The findings also highlight the significance of civic society and nongovernmental organizations, which are crucial in providing healthcare services to irregular migrants and genuinely addressing their needs. These nonprofit organizations bear the responsibility that the State should have undertaken. The Red Cross and Church City Mission provide free healthcare services in their centers for irregular migrants, where the healthcare workers are engaged voluntarily. This raises the question about the role of the government in fulfilling its human rights obligations and securing equal rights for all. Their obligations have also been

strongly criticized by the Committee on Economic, Social, and Cultural Rights (2020) for failing to address and ensure that all people can fully enjoy their human rights in Norway. However, there is a strong need for the implementation of new strategies that can secure access to healthcare for irregular migrants and address the barriers that they are experiencing.

The research provides recommendations and strategies coming from three different perspectives. The first perspective comes from the insights and experiences of dentists working with this vulnerable population, demanding financial support or coverage from the state to ensure free-of-charge access to dental services in acute situations. Additionally, they emphasize the need for clear rules and regulations when working with irregular migrants. Another suggestion includes using existing programs, such as receiving patients at the faculty of dentistry, where supervised students can provide dental services for free. Lastly, they strongly suggest better acknowledgment and financial support of the health centers operated by the Red Cross and the Church City Mission.

The Committee on Economic, Social, and Cultural Rights' recommendation focuses on improving the existing regulation with a clearer and more inclusive framework in collaboration with nonprofit organizations. The Red Cross also highlights some of the same recommendations in their report titled “Outside the safety net of the welfare state,” focusing on the health rights of irregular migrants (Røde Kors, 2021). They also demand a clear set of rules that would make it easier for dentists to follow and a proper funding system that provides free access to dental services in acute situations.

The barriers faced by irregular migrants and the experiences shared by the dentists raise significant concerns about the lack of humanity and fairness in the system and how it affects the overall well-being of these individuals. It is certainly dehumanizing to have restricted access to basic needs and necessities, which are fundamental human rights. And when human lives and health are at stake, should it even be a discussion if political or legal aspects should carry the greatest importance?

“Human rights know no borders, they belong to every person seeking safety and dignity.”

References:

1. Abebe, D. S. (M.Sc, M.Phil). (2010). Public Health Challenges of Immigrants in Norway: A Research Review. NAKMI report 2/2010.
<https://www.fhi.no/globalassets/dokumenterfiler/rapporter/2010/public-health-challenges-of-immigrants-in-norway-nakmireport-2-2010.pdf>
2. Boje, T. P. (2017). *Civilsamfund, medborgerskab og deltagelse*. Gyldendal.
3. Brinkmann, S., Kvale, S. (2015). *Det kvalitative forskningsintervju* (T. M. Anderssen & J. Rygge, Overs.). Gyldendal akademisk.
4. Braun, V., Clarke, V., (2006). *Using Thematic Analysis in Psychology*. Qualitative research in Psychology.
5. Cohen, L., Manion, L., & Morrison, K. (2018). *Research Methods in Education* (8th ed.). New York, NY: Routledge.
6. Committee on Economic, Social, and Cultural Rights. (2000). General Comment No. 14 (2000): The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights). E/C.12/2000/4, 11 August 2000.
<https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4slQ6QSmlBEDzFEovLCuW1AVC1NkPsgUedPIF1vfPMJ2c7ey6PAz2qaojTzDJmC0y%2B9t%2BsAtGDNzdEqA6SuP2r0w%2F6sVBGTpvTSCbiOr4XVFTqhQY65auTFbQRPWNDxL>
7. Council of Europe. (2023). *International Covenant on Economic, Social and Cultural Rights*. Retrieved from:
<https://www.coe.int/en/web/compass/international-covenant-on-economic-social-and-cultural-rights>
8. Debesay, J., Arora, S., & Bergland, A. (2019). Migrants' Consumption of Healthcare Services in Norway: Inclusionary and Exclusionary Structures and Practices. *Inclusive Consumption*. <https://www.idunn.no/doi/epdf/10.18261/9788215031699-2019-04>
9. Dourgnon, P., Jusot, F., Marsaudon, A., Sarhiri, J., & Wittwer, J. (2022). Just a question of time? Explaining non-take-up of a public health insurance program designed for irregular immigrants living in France. *Health Economics, Policy, and Law*, 18(1), 32–48. <https://doi.org/10.1017/S1744133122000159>
10. Donaldson, R., & Kymlicka, W. (2017). Inclusive Citizenship beyond the Capacities Approach: Thinking about Membership in a Globalizing World. In K. Banting, T. Courchene, & L. Seidle (Eds.), *Inequality and the Fading of Redistributive Politics* Queen's University.

11. Etikkom / De nasjonale forskningsetiske komiteene. (2019). Generelle forskningsetiske retningslinjer www.etikkom.no.
<https://www.forskningsetikk.no/retningslinjer/generelle/>
12. Fjørtoft, K. (2016). Rettferdighet som deltakelse på like vilkår. *Agora*, 33(2-3), 22-39.
<https://doi.org/10.18261/ISSN1500-1571-2015-02-03-03>
13. Fortier, C. (2012). 14 No One Is Illegal Movements in Canada and the Negotiation of Counter-national and Anti-colonial Struggles from within the Nation-State. In *Producing and Negotiating Non-Citizenship: Precarious Legal Status in Canada* (pp. 274-290). Toronto: University of Toronto Press.
<https://doi.org/10.3138/9781442663862-018>
14. Fraser, N. (2009). Sosial rettferdighet i identitetspolitikkenes tidsalder. *Agora*, 27(4), 213–235. <https://doi.org/10.18261/ISSN1500-1571-2009-04-14>
15. Glick, M., Williams, D. M., Kleinman, D. V., Vujicic, M., Watt, R. G., & Weyant, R. J. (2016). *International Dental Journal*, 66(6), 322-324. Published online 2020 Oct 31.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9376665/#bib1>
16. Government of Norway. (2023, May 26). Tannhelsetjenesten. Retrieved November 11, 2023, from
<https://www.regjeringen.no/no/tema/helse-og-omsorg/helse--og-omsorgstjenester-i-kommunene/innsikt/tannhelse/id115300/>
17. Government of Norway. (2017, August 10). § 2-1 b - Rett til helsehjelp for personer uten fast opphold i riket - forholdet til internasjonale forpliktelser. Retrieved August 9, 2023, from
<https://www.regjeringen.no/no/dokumenter/-2-1-b---rett-til-helsehjelp-for-personer-uten-fast-opphold-i-riket---forholdet-til-internasjonale-forpliktelser/id2565645/>
18. Hacker, K., Anies, M., Folb, B. L., & Zallman, L. (2015). Barriers to health care for undocumented immigrants: a literature review. *Risk management and healthcare policy*. Retrieved November 4, 2023 from:
<https://pubmed.ncbi.nlm.nih.gov/26586971/>
19. Health and Care Services Act, 2011. (Lov om kommunale helse- og omsorgstjenester m.m., LOV-2011-06-24-30). Retrieved 16.09.2023, from
<https://lovdata.no/dokument/NL/lov/2011-06-24-30>
20. Helfø. (2023, March 29). Hvem betaler tannlegeregningen din? [Who pays for your dental bill?]. Direktoratet for e-helse. Retrieved November 11, 2023, from
<https://www.helsenorge.no/betaling-for-helsetjenester/hvem-betaler-tannlegeregningen-din/>
21. His Royal Highness The Crown Prince. (2019, March 18). The European Court of Human Rights: Speech given on the 60th anniversary of the European Court of Human

- Rights, Strasbourg. Retrieved from:
<https://www.royalcourt.no/tale.html?tid=168207&sek=28409&scope=27248>
22. International Organization for Migration. (n.d.). Key migration terms. Retrieved August 1, 2023, from <https://www.iom.int/key-migration-terms>
 23. Isin, E. (2019). Doing Rights with Things: The Art of Becoming Citizens. In P. Hildebrandt, K. Evert, S. Peters, M. Schaub, K. Wildner, & G. Ziemer (Eds.), *Performing Citizenship* (pp. 45-56). Performance Philosophy. Palgrave Macmillan. https://doi.org/10.1007/978-3-319-97502-3_4
 24. Isin, Engin. (2017) 'Performative Citizenship', in Ayelet Shachar, and others (eds), *The Oxford Handbook of Citizenship* (2017; online edn, Oxford Academic, 6 Sept. 2017), <https://doi.org/10.1093/oxfordhb/9780198805854.013.22>, accessed 28 Oct. 2023.
 25. Karlsen, M.-A. (2021). *Migration control and access to welfare: The precarious inclusion of irregular migrants in Norway* (1st ed.). Routledge. <https://doi.org/10.4324/9781003156598>
 26. Karnaki, P., Katsas, K. (2022). Dental Health, Caries Perception and Sense of Discrimination among Migrants and Refugees in Europe: Results from the Mig-HealthCare Project. *Applied Sciences*, 12(18), 9294. <https://doi.org/10.3390/app12189294>
 27. Kirkens Bymisjon. (n.d.). Om oss [About us]. Helsesenteret. Retrieved from <https://kirkensbymisjon.no/helsesenteret/om-oss/>
 28. Kvamme, E., & Ytrehus, S. (2015) Barriers to health care access among undocumented migrant women in Norway, *Society, Health & Vulnerability*, 6:1, DOI: [10.3402/shv.v6.28668](https://doi.org/10.3402/shv.v6.28668)
 29. Lahlum, J. (2021). Ragna Lillevik og Guri Tyldum-Irregulær bistand-En kartlegging av norske storbyers møter med irregulære migranter. Retrieved from: <https://www.faf.no/zoo-publikasjoner/faf-rapporter/irregulaer-bistand>
 30. Lid, I. M., & Wyller, T. (Eds.). (2017). *Rom og etikk: Fortellinger om ambivalens* [Space and Ethics: Stories of Ambivalence]. Cappelen Damm.
 31. Lillevik, R., & Tyldum, G. (2021). Irregulær bistand: En kartlegging av norske storbyers møter med irregulære migranter. *Faf-rapport 2021:15*. <https://www.faf.no/images/pub/2021/20782.pdf>
 32. Marshall, T. H. (1963). *Citizenship and social class*. Pluto Press.
 33. Norredam, M., Olsbjerg, M., Petersen, J.H. et al. Inequalities in mortality among refugees and immigrants compared to native Danes – a historical prospective cohort study. *BMC Public Health* 12, 757 (2012). <https://doi.org/10.1186/1471-2458-12-757>

34. Norges Offentlige Utredninger. (1998). NOU 1998: 9 Hvis det haster... Faglige krav til akuttmedisinsk beredskap. Retrieved from <https://www.regjeringen.no/contentassets/8087d548c0a04059aa88f416fe19f3cc/no/pdf/nou199819980009000dddpdfa.pdf>
35. Norwegian Directorate of Integration and Diversity (IMDi). (2022). Target Group for Norwegian and Civic Knowledge Education. Retrieved from: <https://www.imdi.no/kvalifisering/regelverk/norsk-og-samfunnskunnskap/malgruppe-for-opplaring-i-norsk-og-samfunnskunnskap/>
36. Norwegian Directorate of Health. (2011). Patient Rights Act (Lov om pasient- og brukerrettigheter). Retrieved from <https://lovdata.no/dokument/NL/lov/1999-07-02-63>
37. Norwegian Directorate of Health. (2015). Dental health services [Online document]. Oslo: Norwegian Directorate of Health. (Last updated professionally: March 28, 2023; Accessed: November 11, 2023). Retrieved from <https://www.helsedirektoratet.no/veiledere/helsetjenester-til-asylsokere-flyktninger-og-familiegjenforente/finansiering/tannhelsetjenester>
38. Norwegian Directorate of Health (2018). § 7. Immediate Assistance [Online document]. Oslo: Norwegian Directorate of Health (last updated on June 8, 2022, accessed on August 10, 2023). Retrieved from: <https://www.helsedirektoratet.no/rundskriv/helsepersonelloven-med-kommentarer/krav-til-helsepersonells-yrkesutovelse/-7.oyeblikkelig-hjelp>
39. Norwegian Government. (2008). St.meld. nr. 23 (2007–2008): Språk bygger broer. Språkstimulering og språkopplæring for barn, unge og voksne. Retrieved from: <https://www.regjeringen.no/contentassets/e78e5e702d464f89bbc2f1a0d5f507d7/no/pdfs/stm200720080023000dddpdfs.pdf>
40. Norsk Senter for forskningsdata, NSD (2022). <https://www.nsd.no/personverntjenester/fylle-ut-meldeskjema-for-personopplysninger>
41. Norges offentlige utredninger. (2016). NOU På lik linje: Åtte løft for å realisere grunnleggende rettigheter for personer med utviklingshemming (Report No. 2016:17). Retrieved from <https://www.regjeringen.no/contentassets/b0baf226586543ada7c530b4482678b8/no/pdfs/nou201620160017000dddpdfs.pdf>
42. Nussbaum, M. C. (2011). Creating capabilities: The human development approach. Harvard University Press.
43. Patient and User Rights Act. (1999). (LOV-1999-07-02-63). Retrieved from <https://lovdata.no/dokument/NL/lov/1999-07-02-63>
44. Peres, M.A. (2019). Oral diseases: A global public health challenge. The Lancet, 394(10194), 249-260.

45. Regulation on the Right to Health and Care Services for Persons without Permanent Residence in the Realm. (2011, December 16). Authority: LOV-1999-07-02-63-§1-2. Retrieved from <https://lovdata.no/dokument/SF/forskrift/2011-12-16-1255>
46. Reine-Nilsen, M. (2022). Verdensdagen for flyktninger: Over 100 millioner mennesker på flukt i 2022. Lovdata. https://lovdata.no/artikkel/verdensdagen_for_flyktninger_over_100_millioner_mennesker_pa_flukt_i_2022/4023
47. Røde Kors. (2021). Helsehjelp til papirløse migranter. Retrieved from <https://www.rodekors.no/hjelp-i-norge/vart-arbeid-i-norge/helsehjelp-til-papirlose-migranter/>
48. Røde Kors. (2021). Røde Kors helsesenter. Retrieved from <https://www.rodekors.no/vart-arbeid/helse-og-omsorg/helsesenter-for-papirlose/>
49. Røde Kors (2021) Helserettigheter for «papirløse». Utenfor velferdsstatens sikkerhetsnett. Oslo: Røde Kors. Retrieved from https://www.rodekors.no/contentassets/803e39b6886f4c76a949be374af06499/rapport_helserettigheter-for-papirlose_sept2021.pdf
50. Sen, A. (1999). Development as freedom. Oxford University Press.
51. Thagaard, T. (2018). Systematikk og innlevelse: En innføring i kvalitative metoder. Fagbokforl.
52. Watling, C. J., & Lingard, L. (2012). Toward meaningful evaluation of medical trainees: the influence of participants' perceptions of the process. *Advances in health sciences education*, 17, 183-194.
53. World Health Organization. (2017). "Health is a fundamental human right." (Human Rights Day, 2017) <https://www.who.int/news-room/commentaries/detail/health-is-a-fundamental-human-right>
54. World Health Organisation (n.d). WHO Constitution. <https://www.who.int/about/accountability/governance/constitution>
55. World Health Organization. (2022). Refugee and Migrant Health. WHO. <https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health>
56. World Health Organization. (2023). Universal health coverage (UHC). [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))
57. WMR. (2022). International migration 2022. United Nations, Department of Economic and Social Affairs, Population Division.

58. International Organization for Migration. (2022). WMR 2022.
<https://publications.iom.int/system/files/pdf/WMR-2022.pdf>
59. UN Committee on Economic, Social and Cultural Rights. (2020). Concluding observations on the sixth periodic report of Norway. Retrieved from:
<https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/079/78/PDF/G2007978.pdf?OpenElement>
60. UNHCR. (2018). Reporting on Migration and Refugees: Guidelines for Journalists.
https://www.unhcr.org/see/wp-content/uploads/sites/57/2019/02/Reporting-on-Migration-and-Refugees_ENG-print.pdf
61. United Nations. (n.d.). Universal declaration of human rights, (accessed 10 October 2023) <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
62. United Nations Human Rights Office of the High Commissioner. (n.d.). Economic, social and cultural rights.
<https://www.ohchr.org/en/human-rights/economic-social-cultural-rights>
63. United Nations Department of Economic and Social Affairs. (2023). More on key migration terms. Retrieved November 15, 2023, from
<https://refugeesmigrants.un.org/definitions#:~:text=key%20refugee%20definitions-,Migrant,for%20migration%20or%20legal%20status>
64. United Nations High Commissioner for Human Rights. (2008). Fact Sheet 31: The Right to Health. Office of the United Nations High Commissioner for Human Rights.
<https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet31.pdf>
65. United Nations. (1967). International Covenant on Economic, Social and Cultural Rights.
https://treaties.un.org/doc/treaties/1976/01/19760103%2009-57%20pm/ch_iv_03.pdf

Appendices

1. **Consent form**
2. **Information letter**
3. **Interview Guide**
4. **SIKT - Approval for assessment of processing of personal data**

1. **Consent form**

Are you interested in taking part in a “ Qualitative research that explores the barriers and strategies for enhancing access to oral health services among irregular migrants in Norway”?

Purpose of the project

You are invited to participate in a research project where the main purpose is to address the barriers for limited access to oral health services for irregular migrants in Norway. This is a group excluded from the public healthcare system due to their legal status. This master thesis aims to identify the barriers faced by irregular migrants in accessing oral health services and propose strategies for improvement. There is an existing research gap given the essential role of oral health in overall well-being. The study will get a closer look into various challenges such as language barriers, financial aspects, lack of insurance, fear of deportation etc. Additionally, policies and regulations that are impacting their access will be examined, together with existing solutions and their effectiveness. Recommendations for policy changes will be proposed.

The project aims at highlighting the connection between legal status and healthcare access. While initially the plan was interviewing irregular migrants, challenges like language barriers, trust, and economic burden led to a shift in approach. Instead, health workers, particularly dentists, providing services to irregular migrants will be interviewed. This will provide great understanding of migrants' barriers and contribute to policy recommendations.

Which institution is responsible for the research project?

VID Specialized University is responsible for the project (data controller).

Why are you being asked to participate?

The decision to include the selected individuals in the study was made with the aim to gather better insights into the challenges faced by irregular migrants when accessing oral health services in Norway. Due to the initial obstacles in directly interviewing irregular migrants, the focus shifted to interviewing dentists who offer dental services to this vulnerable population. This approach ensures access to relevant information while considering sensitive concerns.

The selection of involved participants involves dentists with experience in providing dental care to irregular migrants, and those engaged in migrant healthcare-related activities. The aim is to include diverse healthcare settings, from public clinics, private practices, and community health centers who are offering a comprehensive understanding and experiences of working with this vulnerable group. Ethical considerations are being applied to ensure confidentiality and align with ethical guidelines.

The recruitment involves establishing connections with the Faculty of Dentistry in Oslo, the Health Center for undocumented migrants, and private dental offices. Snowballing is used for getting referrals. Around 6-8 participants are expected to be recruited, and data will be collected through face-to-face interviews. The collected personal data will remain confidential and anonymized, with limited access to only the researcher and supervisor, in line with ethical standards.

What does participation involve for you?

Through qualitative research and using face-to-face interviews with experienced dentists, the project aims to gather insights and perspectives with the goal of understanding the challenges faced by migrants in oral healthcare. The project includes only dentists who work with migrants, ensuring confidentiality and diversity among participants in terms of age, gender, and professional background.

Interviews are crucial to this approach but they won't be voice-recorded and instead notes will be taken. Personal information that can reveal participants identities will not be recorded or stored. For securing privacy, dentists names will be replaced with common Norwegian names.

The interviews are expected to take approximately 40-45 minutes and there will be no recording of the answers. Additionally, the notes that will be taken will not consist of any personal information that might reveal someone's identity.

Participation is voluntary

All the responders are being asked to take part in the research on a voluntary basis. If at any time you choose to withdraw the consent given at an earlier time, you can do that without stating a reason for the decision without any negative consequences.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified here and we will process your personal data in accordance with data protection legislation (the GDPR).

Access to the collected data will be limited to only me (research student) conducting the interviews and the supervisor. Personal information revealing your identity will not be stored. Additionally, your name will be replaced with another common Norwegian name. Collected data in the form of notes will be securely stored on a server with limited access to only researcher and supervisor, ensuring that no other unauthorized individuals can gain access.

What will happen to your personal data at the end of the research project?

During the whole research time, all the information gathered from the interviews will be anonymised and remain anonymous when the project ends (25.11.2023).

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with VID Specialized University, The Data Protection Services of Sikt – Norwegian Agency for Shared Services in Education and Research has assessed that the processing of personal data in this project meets requirements in data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

VID Specialized University via Project Manager: Girum Zeleke, e-mail: girum.zelele@vid.no
; tlf.nr: 45056294

Our Data Protection Officer: Nancy Yue Liu, e-mail: nancy.yue.liu@diakonhjemmet.no at VID Specialized University

If you have questions about how data protection has been assessed in this project by Sikt, contact:

- email: (personverntjenester@sikt.no) or by telephone: +47 73 98 40 40.

Yours sincerely,

Project Leader
Girum Zeleke

Student
Despina Dimitrova

Consent form

I have received and understood information about the project “Qualitative research that explores the barriers and strategies for enhancing access to oral health services among irregular migrants in Norway” and have been given the opportunity to ask questions. I give consent:

- to participate in an interview*
- for my personal data to be stored until the end of the project*

I give consent for my personal data to be processed until the end of the project.

(Signed by participant, date)

2. Information Letter

Information about the research project that is “exploring the barriers and strategies for enhancing access to oral health services among irregular migrants in Norway”

In this letter, we provide you with information about the objectives of this research project and what the project entails for you.

Purpose

This research project aims at addressing the limited access to oral health services for irregular migrants in Norway. This is a vulnerable group of individuals excluded from the public healthcare system due to lack of legal status. The project aims to identify the barriers that irregular migrants are facing when accessing oral health services and to further propose strategies for improvement. There is a significant research gap when it comes to the crucial role of oral health for the overall health and well-being. This research will enlighten challenges such as language barriers, financial aspects, lack of insurance, and fear of deportation. Additionally, the impact of current policies will be discussed, along with possible solutions and recommendations for policy changes.

While the initial intention was to interview irregular migrants, due to ethical considerations and challenges like language, trust and economical aspect, it led to a shift in the approach. Therefore, it was decided that experienced dentists who work with providing dental services to irregular migrants will be interviewed. Through their insights and experience we can better understand the barriers that these individuals meet and gather information about possible solutions and policy recommendations.

Who is responsible for the research project?

VID Specialized University

Why have you been included in the study?

The decision to include experienced dentists in the study was driven by the aim to gain insights into the challenges faced by irregular migrants when accessing oral health services in Norway.

The sample selection criteria involve prioritizing dentists with experience in providing dental care to irregular migrants, and those engaged in migrant healthcare-related activities. Diverse healthcare settings are represented, including public clinics, private practices, and community health centers, offering a comprehensive understanding of contextual variations. Ethical considerations ensure confidentiality and adherence to ethical guidelines.

Recruitment involves connecting with the Faculty of Dentistry in Oslo, the Health Center for undocumented migrants, and private dental offices. Snowballing is used for referrals. Around 8-10 participants are expected to be recruited, and data will be collected through face-to-face interviews. The collected personal data in the form of notes will remain confidential and anonymized, with limited access to the researcher and supervisor, in line with ethical standards.

The interviews are expected to take approximately 40-45 minutes and there will be no recording of the answers. Additionally, the notes that will be taken will not consist of any personal information that might reveal someone's identity.

What does the project mean for you?

This project holds personal importance to me as it aims to uncover the barriers irregular migrants face when accessing dental care in Norway. Through qualitative research, in the form of face-to-face interviews with experienced dentists, the project aims to reveal insights

and perspectives with the goal of understanding the challenges faced by irregular migrants in oral healthcare. The project focuses on dentists who work with migrants, ensuring confidentiality and diversity among participants in terms of age, gender, and professional background.

Interviews are crucial to this approach but they won't be voice-recorded, instead, notes will be taken. Personal information revealing participants identities will not be recorded or stored. For securing privacy, dentists names will be replaced with common Norwegian names.

You can object

You can object to being included in this research project at any time, and you do not have to give a reason. All your personal data will then be deleted. There will be no negative consequences for you if you choose to object.

Your privacy - how we store and use your information

We will only use the information about you for the purposes we have described in this letter. We treat the information confidentially and in accordance with the privacy regulations.

Access to the collected data will be limited to only me (research student) conducting the interviews and the supervisor.

Personal information revealing your identity will not be stored. Additionally, your name will be replaced with another common Norwegian name. Collected data in form of notes will be securely stored on a server with limited access to only researcher and supervisor, ensuring no unauthorized individuals can gain access.

What happens to your personal data at the end of the research project?

The information will be anonymised when the project ends/the thesis is approved, which according to the schedule is 25.11.2023. The anonymous data remains stored indefinitely.

What gives us the right to process personal data about you?

We are processing information about you because the research project is considered to be in the public interest, but you have the right to object if you do not wish to be included in the project.

On behalf of VID Specialized University, Sikt – Norwegian Agency for Shared Services in Education and Research, has assessed that the processing of personal data in this project is in accordance with the privacy regulations.

Your rights

As long as you can be identified in the collected data, you have the right to:

- object
- access the personal data registered about you
- have personal data about you corrected/rectified,
- have personal data about you deleted, and
- file a complaint with the Norwegian Data Protection Authority regarding the processing of your personal data.

If you have questions about the study, or would like to know more or exercise your rights, please contact:

Project Manager:
Name: Girum Zeleke
E-mail: girum.zelele@vid.no
tlf.nr: 45056294

Our data protection officer: Nancy Yue Liu, e-mail: nancy.yue.liu@diakonhjemmet.no at VID Specialized University

If you have questions related to the assessment of this project by Sikt's data protection services, contact:

- Data protection services at e-mail (personvernjenester@sikt.no) or by phone at: +47 73 98 40 40.

Sincerely

Girum Zeleke
(Researcher/Supervisor)

Despina Dimitrova
(Student)

3. Interview Guide

Introduction:

Hello, thank you for taking the time to participate in this interview. My name is Despina Dimitrova, and I'm conducting this interview to gain insights into the experiences and perspectives of oral health service providers who work with irregular or undocumented migrants. Your input will greatly contribute to our understanding of the challenges faced by this vulnerable population in accessing oral health services.

Before we begin, I want to assure you that your participation in this interview is completely confidential. All the information you will provide will be anonymized and used only for the research purposes. Your identity will be protected, and your responses will be reported in a way that ensures your privacy.

I'd like to start by obtaining your informed consent to participate in this interview. By continuing with the interview, you are indicating your willingness to share your experiences and insights. If you have any questions prior or during the interview, please do feel free to let me know.

1. Background and experience:

- Could you briefly describe your professional and educational background as a dentist?
- How long is your experience providing oral healthcare services to irregular migrants? Could you share some details about your experiences?
- How did you become involved in assisting irregular migrants with their dental health needs? Can you recount any memorable incidents or interactions that have shaped your perspective?

2. Understanding the barriers faced by irregular migrants:

- From your experience, what are some specific challenges that irregular migrants encounter when seeking oral health services?
- Have you observed any barriers that irregular migrants might face? How do these obstacles impact their overall experience?
- How does the lack of insurance or financial resources affect irregular migrants when they seek dental healthcare services?
- Are you aware of any policies or regulations that might create difficulties for irregular migrants in accessing oral health services?
- Have you noticed any particular fears or concerns among irregular migrants that could hinder their access to dental healthcare services?

3. Importance of dental health for overall health:

- Can you elaborate on the connection between dental health and general well-being?
- How essential do you believe dental health is for a person's overall well-being? How might poor dental health impact a person's overall health and quality of life?

4. Acute dental conditions and right to help:

- According to Norwegian law, there is a right to help in acute situations for irregular migrants. How do you see this right relating to acute dental conditions?
- Should irregular migrants receive free dental health services in emergency situations, such as severe pain or infections, under the right to help in acute situations?
- What challenges one dentist can encounter in providing prompt and free dental treatment for acute conditions to irregular migrants?

5. Policies and regulations: understanding the impact:

- How do current laws and regulations affect irregular migrants' access to dental healthcare?
- Can you provide examples of specific regulations or criteria that irregular migrants must meet to obtain oral health services?

- Have you observed any gaps in policies that hinder irregular migrants' access to dental health services?

6. Evaluation of existing solutions or programs:

- Are you familiar with any initiatives or programs designed to improve access to oral health services for irregular migrants?
- If yes, have these programs effectively addressed the needs of irregular migrants? Could you provide some examples?
- What strengths and limitations do these programs have? Can you discuss factors that contribute to their success or challenges?

7. Recommendations for policy and practice:

- Based on your experience, what changes or recommendations would you suggest to increase access to oral health services for irregular migrants?
- What support mechanisms could be implemented to ensure that dentists can be more accessible and provide better service?
- In your opinion, is there a need for any kind of training or extra resources that would be beneficial for dentists to better serve the needs of this vulnerable group?

8. Personal reflections and conclusion:

- Is there anything else you would like to add or share regarding the challenges faced by irregular migrants in accessing dental health services?
- Based on your experience, are there any areas you would recommend for further research to better understand and address the challenges irregular migrants encounter?

Thank you again for your willingness to participate in this interview and share your valuable insights. Your input will contribute to a better understanding of the complex issues surrounding oral health services for irregular migrants in Norway. If you have any questions or concerns, please feel free to ask.

4. SIKT - Approval for assessment of processing of personal data



[Notification form](#) / [A qualitative research that explores the barriers and strategies fo...](#) / Assessment

Assessment of processing of personal data

Reference number	Assessment type	Date
945779	Standard	14.09.2023

Title

A qualitative research that explores the barriers and strategies for enhancing access to oral health services among irregular migrants in Norway

Institution responsible for the project

VID vitenskapelige høgskole / Fakultet for helsefag / Fakultet for helsefag Sandnes

Project leader

Girum Zeleke

Student

Despina Dimitrova

Project period

01.08.2023 - 01.12.2023

Categories of personal data

General

Legal basis

Consent (General Data Protection Regulation art. 6 nr. 1 a)

The processing of personal data is lawful, so long as it is carried out as stated in the notification form. The legal basis is valid until 01.12.2023.

[Notification Form](#)

Comment

ABOUT OUR ASSESSMENT

Data Protection Services has an agreement with the institution where you are a student or a researcher. As part of this agreement, we provide guidance so that the processing of personal data in your project is lawful and complies with data protection legislation.

COMMENTS ON THE INFORMATION LETTER

Your information letter is missing some key points required by law. You will have to add these points to your information letter before handing it over to the participants. You do not need to upload the updated version to the Notification Form:

- Under the section "Why are you being asked to participate?" please briefly state why participants are being asked to take part. In other words, explain why you need to interview this specific group. For instance, you could mention that they are being invited to participate based on their personal/professional experiences with asylum seekers' dental health, or something similar.
- Under the section "What does participation involve for you?" you should say something more about what participation entails. How long will the interviews take, and will you take sound recordings of these interviews? Could you briefly explain what types of questions you might ask or which types of personal data you will collect. e.g. "Participation in the project involves taking part in a 30-40 minute interview, which will focus on the barriers undocumented migrants encounter when accessing dental healthcare services. Audio recordings of the interviews will be made."
- You will also have to remove the blue help text from the "Consent form" section of the information letter.

FOLLOW YOUR INSTITUTION'S GUIDELINES

We have assessed that you have legal grounds to process the personal data, but remember that you must store, send and secure the collected data in accordance with your institution's guidelines. This means that you must use data processors (and the like) that your institution has an agreement with (i.e. cloud storage, online survey, and video conferencing providers).

Our assessment presupposes that the project will meet the requirements of accuracy (art. 5.1 d), integrity and confidentiality (art. 5.1 f) and security (art. 32) when processing personal data.

NOTIFY CHANGES

If you intend to make changes to the processing of personal data in this project, it may be necessary to notify us. This is done by

11.10.2023, 15:03

Meldeskjema for behandling av persopplysninger

updating the information registered in the Notification Form. On our website we explain which changes must be notified. Wait until you receive an answer from us before you carry out the changes. <https://sikt.no/en/notify-changes-notification-form>

FOLLOW-UP OF THE PROJECT

We will follow up the progress of the project at the planned end date in order to determine whether the processing of personal data has been concluded.

Good luck with the project!