# Migration, care and health

**Family Reunification Policies, Reproductive Justice & the Healthy Migrant Parent Paradox**
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Migration regimes have been analysed by Reproductive Justice scholars as constraining the right to have children and to parent in safe and healthy environments. Family reunification policies, in particular, constrain the reunification of spouses, of children with migrant parents, or of migrants with grandparents, and make the continuation of existing reunifications more costly and uncertain. These policies therefore severely affect people's right to family life, family formation, and access to informal childcare from relatives. While there is abundant qualitative evidence on the negative effects that migration and family reunification policies have on parents' lives and wellbeing, the literature on migration policies and health hasn't yet investigated whether and how such policies affect migrant parents. In this paper, I advance the literature on migration & health by asking whether family reunification policies: (1) affect the selection of migrants by parenthood status; (2) are differently associated with migrants' health, depending on parenthood status. Using within-between random effect models, the European Social Survey and the IMPIC migration policy index (2002-2018), I find that the migrant population in more selective family reunification regimes is composed of a greater proportion of migrants who became parents after migration (relative to migrants who were never parents or migrants who had their first child before migration). I also find that the population of migrants who become parents after migration is more selected with respect to health status in more restrictive family reunification regimes.

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**Does self-esteem mediate the relationship between migration background and mental health trajectories? A longitudinal analysis using latent growth curve mediation models**
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Background

Immigrants often experience faster health decline than non-immigrants. However, the mechanisms driving these health disparities remain underexplored. This study examines the direct impact of migration-related factors on mental health trajectories and explores whether self-esteem mediates these relationships.

Methods

Using the 2014–2020 German Socio-Economic Panel (N = 11,000), we applied latent growth curve mediation models to examine the long-term impact of migration background, age at migration, and duration of stay on mental health trajectories, as well as to explore the mediating role of self-esteem in these relationships. The analysis was stratified by gender.

Results

Immigrants have poorer mental health and experience faster mental health deterioration, particularly those who have been in Germany for over ten years. Counterintuitively, immigrants have higher self-esteem than non-immigrants. This gap decreases with longer duration of stay and earlier age at migration. Self-esteem mediates the relationship between migration background and mental health trajectories. Specifically, immigrants tend to have higher self-esteem than non-immigrants, which protects their mental health. This pattern is more pronounced among those who migrated to Germany at older ages and among women.

Discussion

Immigrants tend to have higher self-esteem than non-immigrants, with this gap narrowing as the duration of stay increases and the age at migration decreases. The mediating role of self-esteem between migration and mental health highlights that maintaining immigrants' self-esteem could protect against declines in immigrants' mental health. Future studies are needed to investigate the mechanisms behind the self-esteem decline for immigrants.

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**A qualitative study of caseworkers' perceptions of oral health needs experienced by people seeking sanctuary**

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Background

Dental issues present the second highest reported unmet need for people seeking sanctuary. Multifactorial barriers include limited language skills, scarcity of dentists, lack of awareness on oral health and access, culture and diet. Little is known about the oral health needs of people seeking sanctuary in Wales and we wanted to understand what the oral health needs and priorities are of people seeking sanctuary.

Method

Caseworkers (n=10) supporting people seeking sanctuary in Wales were approached.  On-line semi-structured interviews were conducted to explore perceptions of oral health problems experienced by people seeking sanctuary.  Data analysis involved investigator triangulation in which all researchers were involved in the agreement on key themes based on Braun and Clarke's (2006) thematic analysis framework.

Results

Key themes highlighted that there is a prevalence of dental decay and gum disease among people seeking sanctuary. Caseworkers' experiences have predominantly dealt with cases of abscesses and gum disease in which emergency dental appointments have been arranged. Culture and diet, previous trauma, levels of oral health literacy and language were found to be other barriers in accessing oral health care.

Conclusions

The inequity of access to oral healthcare poses a challenge for people seeking sanctuary. There is a need for tailored oral health interventions with a focus on prevention in addressing oral healthcare behaviours. More research is needed in Wales in exploring the perceptions of people seeking sanctuary about their beliefs, attitudes and dietary behaviours of their usual experience of oral health care in their host and home countries.

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