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Abstract Title

Humanitarian recipients vs. Rights-holders: Reframing Oral health care for Humanitarian Migrant Children

Authors

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Background

Humanitarian migrant children (refugee and refugee seeking children) in Canada bear a substantially higher burden of oral diseases. Depending on the region studied, dental caries prevalence among humanitarian migrant children ranges from roughly 27% to as high as 78%. Study done in Manitoba find that about 45.5% of newcomer preschool children suffer from early childhood caries, with 31.8% classified as severe early childhood caries. In Montreal, Moreau et al reported that humanitarian migrant children had about 60% more decayed, missing and filled teeth than Canadian children. Dental coverage for humanitarian migrant children is governed by the Interim Federal Health Program (IFHP) policy and includes limited restorative treatment and urgent dental care.

Objective

This study critically investigated how Canadian (federal and provincial (Quebec)) policies address humanitarian migrant children's oral health needs, in the light of child-rights framework, particularly United Nations Convention of the Rights of the Child (CRC).

Methods

Guided by Childhood Ethics and using Bacchi's WPR approach, this qualitative study analyzed international, federal, and Quebec policy documents and conducted semi structured interviews with 11 stakeholders, including policymakers, health professionals, and refugee support workers. Analysis attended to how policy discourses construct childhood and migration in ways that shape oral health access.

Results

Findings reveal that, contrary to international conventions, federal and provincial policies emphasize humanitarian migrant children's vulnerability but minimize their status as rights-holders, as outlined in the CRC. These policies frame their oral health through a humanitarian lens that prioritizes emergency care instead of a right-based lens emphasizing holistic approach. IFHP's emphasis on limited and urgent dental coverage renders children's oral health needs invisible. Stakeholders highlighted gaps between international obligations and domestic policy implementation, particularly the absence of child-specific dental services.

Conclusion

IFHP policy design and implementation render the specific oral health needs of humanitarian migrant children invisible, reinforcing structural inequities.