



Stuck in Limbo:

**Navigating the Shadows of Undocumented Migrants from the Horn of Africa
An Examination of the Margins of Societal and Healthcare Seclusion in Norway**

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Abstract

This thesis looks to humanize the harsh perspective that is currently employed on the undocumented migrant populations in Norway. The thesis started with a background of who the target population is, their current realities and the governing policies outside and within Norway.

Then the thesis employs two main theories as lenses to dissecting the target population's experiences: Structural vulnerability and Nancy Fraser's Framework. The participants (N=9) were conveniently sampled and a qualitative approach was deemed the most fit approach for this research to gather their experiences. Their experiences were later analyzed within the lens of the two theories and the Norwegian context. The aim of this thesis is to call for improvements to the Norwegian policies to better accommodate this marginalized population that resides within its borders.

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Stuck in Limbo: Navigating the Shadows of Undocumented Migrants from the Horn of Africa

An Examination of the Margins of Societal and Healthcare Seclusion in Norway

Introduction

A Perceived Paradise

Despite Norway being a signatory to the Universal Declaration of Human Rights, and its constitutional guarantees of life, freedom, and security for inhabitants (Grunnloven § 2), there remains a significant gap between the legal provisions and their practical applications. Nowhere is this disparity more evident than in the inadequacies and inequalities in access of different resources for undocumented migrants (Russell, 2012). The disconnect between ratified human rights agreements and the actual provision of those rights further highlights the challenges faced by these individuals in accessing fundamental resources and services.

This thesis will explore this disconnect; the disconnect that lies in the happiest place on earth for arguably one of the most marginalized groups on earth, the undocumented migrants (Weisvoter, 2023). The exploration will be done vis-a-vis theoretical framework that rigorously analyzes in person interviews.

The Healthcare Dilemma

The undocumented migrants' previous encounters with the healthcare system significantly influence their decisions about seeking future medical assistance, revealing the profound impact of institutional and structural barriers on their healthcare-seeking behavior (Olukotun et al., 2019).

In order to understand their experiences in depth, this thesis borrows from the concept of "healthcare deservingness". This assumes paramount importance in comprehending the exclusion of migrants from the Norwegian healthcare system (Gagnon et al., 2021). The determination of entitlement based on citizenship, immigration status, or financial capability erects systemic barriers that obstruct migrants' access to essential healthcare services.

As the 2030 United Nations Sustainable Development Goals champion universal healthcare as a fundamental human right, the existing structural hurdles faced by undocumented migrants in accessing adequate healthcare services remain a significant challenge (Quesada, 2011). The persisting stigma and discrimination against these migrants within society exacerbate their structural vulnerability, further limiting their access to essential healthcare services (Sargent, 2011).

A Well-Rounded Approach

This thesis gives shape to the stories of undocumented migrants from the Horn of Africa by interrogating the legal, social, and economic facets impacting their quality of life whilst working in Norway. The migrants face legal and practical obstacles including lack of identification or proof of residence, which can prevent them from effectively enjoying their rights (OHCHR, n.d.). Moreover, the right to health care is a notable concern for irregular migrants in Norway, and their legal status can significantly affect their living conditions and psychological well-being (Haddeland, 2019). On the economic front, the constraints faced by undocumented migrants in terms of job opportunities also contribute to their overall social and

economic challenges (Friedberg et al., 1995). Having a multifaceted understanding of these structures surrounding their experiences adds more depth as to how policies could be shaped in the future.

As such, the research methodology for this study is grounded in in-depth interviews with nine undocumented migrants from the Horn of Africa, currently residing in Norway. These narratives add a deeper level of understanding of the systemic barriers within the socio-economic landscape of the country. But despite these barriers, the choice to stay highlights the stark need for migration owing to the living conditions of their home countries. These two factors, in tandem, emphasize the importance of using interviews as the primary method of investigation. In-depth interviews as a methodological approach, as informed by past studies, have found this method indispensable in migration studies, especially when exploring the lives of vulnerable groups such as undocumented migrants (Cornelius, 1982).

In parallel with the methodology, the theoretical framework used creates a holistic and rigorous system to dissect the experiences in the context of the undocumented migrants in Norway.

Interrogating Inequalities

Nancy Fraser's Theoretical Framework of Inequality and Social Injustice forms the cornerstone of this analysis (2009). Fraser's framework, developed as a response to the limitations of conventional theories in the era of globalization, provides a sophisticated lens through which to interpret the structural inequalities experienced by marginalized groups within

various societal systems (2009). This framework is of particular interest to the study in light of the highly globalized world we live in today, which is to say that traditional state boundaries are increasingly being blurred due to migration and state policies. The framework focuses on economic disparities, political disempowerment, and societal prejudices, elucidating the intersectional injustices faced by undocumented migrants residing in a foreign land (Fraser, 2009).

These challenges are entrenched within gaps left open in between the existence of the rights and their execution. Bourgois et al (2017). summarize this idea as the concept of structural vulnerability. This vulnerability, emanating from economic, political, and cultural disadvantages, amplifies the challenges and constraints experienced by the participants in their daily lives.

Semantic Sensitivity

It is paramount to clarify the terminology utilized in this thesis. The term "undocumented migrants" is deliberately chosen to align with the principles embedded within the Universal Declaration of Human Rights, which rejects the dehumanizing label of "illegal" to describe individuals (1948). To add more context, Michael Blake's conceptualization characterizes "undocumented" individuals as those present within a society without legal authorization (2012). Additionally, Joseph Carens' perspective on "irregular migrants" as noncitizens residing without official authorization further prompts discussions on the fundamental rights and entitlements of these individuals (Carens, 2013).

Listening to Disenfranchised Voices

While various policies aim to bridge the gaps, disparities persist in pregnancy outcomes for migrant women, with factors such as immigration stress, socio-economic disparities, and systemic discrimination playing critical roles (Bourgois et al., 2017).

The narratives provided by the interviewed undocumented migrants underscore the socio-economic disparities and the often unwelcoming social and cultural environments they navigate. These environments, underscored by the disparities, significantly impact their mental and physical well-being (Bollini et al., 2009).

Aim & Rationale

Humanizing the Disenfranchised Voices

In this thesis, I venture beyond the cold hard facts of statistics and the often detached tone of academic discourse, aspiring to humanize the numbers and theories. By meticulously documenting the nuanced challenges, aspirations, and survival strategies harbored and enacted by undocumented migrants in Norway, I aim to enrich the existing narrative with a deeper understanding of their complex and multifaceted lived experiences.

The profiles curated in this study are not merely a compilation of data but are envisioned to serve as a poignant tool—each narrative is a call to action, a potential catalyst for re-evaluating and reshaping policies and practices that bear direct implications on the lives of undocumented migrants.

The narratives explored in this study are meant to aid in transcending the boundaries of statistical analysis to unveil a world teeming with struggles and little hope. They are a testament to the intricate fabric of experiences that shape the lives of undocumented migrants, acting as a bridge that melds the realms of academic research with the raw, unfiltered realities of human existence.

Infusing Policy Discourse with Lived Experiences

This interplay of academia and lived experiences beckons a more empathetic and targeted approach in policy-making and support systems, a piece currently missing. I seek to bring forth a perception that acknowledges the human element inherent in every data point and theoretical construct.

The narratives of the interviewees are a mirror reflecting the spectrum of challenges that loom large in the lives of undocumented migrants—restricted access to healthcare, the shackles of social isolation, the ramifications of discrimination, and the cloud of uncertainty that is cast on their future. Through the lens of the participants, I hope to bring to focus the everyday realities of undocumented migrants as they navigate through the socio-political landscape of Norway.

Furthermore, my profiles illuminate the diverse strategies and coping mechanisms employed by undocumented migrants in the face of adversity. They are a tribute to the resilience and resourcefulness that define the spirit of these individuals, offering a profound insight into the myriad ways they confront and transcend their challenging circumstances.

The journey to understanding the challenges faced by these individuals was charted outside of the quantitative realm; a qualitative approach was employed to aid in grasping and humanizing the lives of the undocumented migrants. I believe that these profiles are a window into the human core of the undocumented migrant experience, casting light on the ingrained struggles, the unyielding resilience, and the complex tapestry of life that defines the undocumented migrant existence in Norway. Through this endeavor, I strive to honor their journey, to amplify their voices, and to contribute to a discourse that is as humane as it is scholarly.

Research Questions

My two main research questions are:

1. What are the experiences of marginalization and exclusion faced by undocumented migrants from social, economic, and political institutions in Norway?
2. How do systemic barriers contribute to a state of limbo, affecting the daily lives of undocumented migrants in Norway?

My secondary research questions based on health are:

1. What are the mental and physical health challenges faced by undocumented migrants in Norway, and how do these challenges affect their daily lives and psychosocial health?
2. How does the process of seeking asylum, and its eventual outcome, influence the physical, mental, and social well-being of undocumented migrants?

Significance of Study

Unveiling the Unseen

The significance of this study stems from its endeavor to illuminate the often overlooked and underrepresented experiences of undocumented migrants in Norway . By navigating the margins where research and public discourse seldom tread, the shared narratives of the participants unveil the multifaceted challenges faced by this marginalized group. These challenges stretch across the spectrum of restricted access to healthcare and employment, enduring social isolation, and the perpetual dread of deportation (Kvamme & Ytrehus, 2015).

By placing a spotlight on the lived experiences of individual migrants, the study offers a profound understanding of the intricate web of adversities faced within the Norwegian context. Specifically, the research delves into the intricate interplay of structural vulnerability, the concept of health-related deservingness, and the lens provided by Nancy Fraser's theory of inequality and social injustice. These frameworks aid in comprehending and contextualizing the manifold struggles and injustices experienced by undocumented migrants.

The narratives shared by the participants hold an inherent value, offering a personalized insight into the realities faced by undocumented migrants in Norway. While these personal accounts cannot be broadly generalized to represent the entirety of the undocumented population, they play a vital role in humanizing statistics and scholarly discussions. These narratives give a human face and depth of emotion to the otherwise abstract figures and concepts found in reports and studies.

Catalysing Change

Moreover, the depth of understanding gained from these personal stories can serve as a catalyst for informed policy-making and advocacy efforts. They can help shape interventions aimed at enhancing the well-being and safeguarding the human rights of undocumented migrants not only in Norway but potentially in similar contexts globally.

The primary significance lies in the ability of these narratives to evoke empathy, understanding, and an intimate comprehension of the daily realities faced by undocumented migrants. By bridging the gap between statistics and lived experiences, this study contributes to a more empathetic and nuanced conversation, fostering avenues for policy improvements and advocacy efforts.

Limitation of Study

Qualitative Approach

My thesis embraces a qualitative approach that delves deeply into the personal experiences of a select group of undocumented migrants. While the in-depth interviews provide rich narratives, it is essential to acknowledge the limitation in generalizing these findings to the broader population of undocumented migrants as these are their own personal stories.

Sample Size Limitations

A notable limitation is the small sample size of nine individuals. While this sample size provides nuanced insights, it may not encapsulate the diverse experiences within the broader

undocumented migrant population. Caution should be exercised when attempting to extrapolate these findings to represent the broader spectrum of experiences of undocumented migrants in Norway.

Focus on Individuality

I made the deliberate choice to focus on individual stories and context to present a qualitative, contextual understanding that transcends mere numerical representation. As a result, the findings primarily offer insights into the lived experiences of a small group and may not be universally applicable to the entire undocumented migrant community in Norway.

The research intends to supplement existing knowledge and potentially serve as anecdotal evidence in support of specific cases, such as those presented in legal contexts or asylum applications, where resonances with the narratives of the individuals interviewed may strengthen the cases for asylum or provide supporting evidence.

While the depth of understanding garnered from these personal narratives is crucial, it is fundamental to recognize the limitations in applying these findings universally or statistically to the entire undocumented migrant population in Norway.

Structure of the Paper

The thesis is structured into distinct chapters to provide a comprehensive exploration of the experiences and contextual frameworks surrounding undocumented migrants from the Horn of Africa residing in Norway. Chapter Two offers a contextual background essential to understanding these individuals. It delves into the outmigration process and the journey to Norway, shedding light on the motivations and circumstances driving migration. Furthermore, it analyzes the legal and administrative aspects within Norway, focusing on the Norwegian Directorate of Immigration and discussing reception centers, or "mottak," along with the Health Center of Undocumented Migrants, aiming to provide insight into the systems and facilities available for migrants.

Moving to Chapter Three, the thesis establishes a Theoretical Framework, primarily based on Nancy Fraser's Theory of Social Injustice. This section explores how the concept of structural vulnerability intertwines with the main theory, examining scholarly literature aligned with these theoretical foundations.

Chapter Four emphasizes the topic of health and health-care deservingness, particularly focusing on the entitlement to healthcare for undocumented migrants. It reviews relevant literature to deeply understand the challenges and limitations regarding healthcare.

Chapter Five shifts the focus to Research Design, detailing the methodology used for data collection and sampling, emphasizing ethical considerations when engaging with participants, such as regular attendance at support group meetings. The subsequent chapter, Chapter Six,

presents raw data from each interview, providing readers with the opportunity to immerse themselves in the personal narratives and better comprehend the analysis.

Chapters Seven and Eight handle the in-depth Analysis sections. Chapter Seven applies Nancy Fraser's theoretical framework and vulnerability concept in analyzing participant interviews, employing thematic analysis supported by participant quotes. Additionally, Chapter Eight further analyzes the health aspects, delineating three sections focusing on mental health, physical health, and psychosocial well-being discussed by the undocumented migrants in the study.

Finally, Chapter Nine, the Conclusion, highlights the main findings and acknowledges any potential weaknesses within the research. It also discusses the implications of these findings, considering their potential applications to support and advocate for undocumented migrants in the future.

Background

In this chapter, I will give the reader a solid foundation of information to understand the unique experiences of my participants, exploring their motivations for seeking asylum or remaining undocumented in Norway. It is crucial to study the reasons prompting individuals to flee the Horn of Africa and why they prefer staying in a 'state of limbo' in Norway over returning to their countries of origin. My background will include a comprehensive examination of Norway's immigration and health policies, along with its social and welfare services, which are important to the context of this study. This section aims to equip the reader with a thorough understanding of the necessary contextual information. This is critical to understand legislation as well as social support and welfare programs before advancing into the more complex layers of my thesis, including the theoretical framework, literature review, and subsequent discussions. By the end of this chapter, the reader will be well-versed in the foundational aspects that shape the experiences and choices of my participants within the Norwegian context.

Horn of Africa Outmigration

The outmigration from the Horn of Africa marks a serious demographic movement, predominantly stemming from a great number of multifaceted reasons that have resulted in a significant emigration from the region since the 1980s (Fransen & Kuschminder, 2009). Chronic food insecurity, in particular the catastrophic famine in Ethiopia from 1983 to 1984, which claimed over a million lives, was a pivotal push factor, leading many to flee their homes in search of survival (Fransen & Kuschminder, 2009). However, this crisis was just one among one of the many factors, both political and environmental, that caused the peak outmigration between 1978 and 1995 (Fransen & Kuschminder, 2009).

Recent research highlights the diversity of motivations that compel individuals to migrate from the Horn of Africa, often without legal documentation (Keleta, 2019). The reasons encompass a complex interplay of push factors, including unemployment, poverty, political turmoil, and ethno-national conflicts, urging these migrants to seek more promising conditions in Europe. Simultaneously, there are pull factors drawing them towards Europe, such as the prospect of better living standards, employment opportunities, improved healthcare, and the allure of political stability (Keleta, 2019).

The largest demographic of these migrants comprises young adults between the ages of 15 and 35 (Keleta, 2019). However, the journey to Europe is extremely dangerous and demanding, especially for vulnerable groups like women and children. Keleta (2019) found that women and children with lower levels of education and skills were those who become easy targets for exploitation by traffickers and smugglers. This exploitation can come in the form of human trafficking for ransom and other horrible fates (Palacios-Arapiles, 2023). However, many rely on traffickers to help them make their migration journey to apply for asylum due to the lack of legal documentation. The consequence of this is that those migrating are left extremely vulnerable and dependent on hazardous routes (Keleta, 2019).

In hope for a better life, the asylum seekers find themselves in countries that may provide improved living conditions but present a whole array of other challenges. Access to essential services such as education, healthcare, and social welfare in host countries is often denied, resulting in the constant fear of deportation, detention, or living in hiding. The dream of a better

life is compromised by strict migration laws in destination countries, leaving these migrants in a constant state of vulnerability and uncertainty (Keleta, 2019). The challenges associated with obtaining passports or documentation to leave the country create an arduous journey that demands not only physical strength and resources but also a network of connections to navigate heavily patrolled borders.

Despite the difficulties and dangers encountered during migration, these individuals display resilience and determination in their journey of improving their lives. For example, Eritreans view outmigration as the best strategy to escape structural violence that they face by their own government (Belloni, 2019). This is specifically in the form of their mandatory national service. Military service in Eritrea is seen as enslavement as they are conscripted indefinitely and are often made to perform services that are outside of normal military duties (Palacios-Arapiles, 2023).

This long and dangerous journey to Europe, often across the sea in unsafe conditions, is viewed as a necessary step toward combating socio-economic immobility and pursuing their hopes and dreams of a better life. It is important to note that research has found that Norway is the preferred destination due to its reputation for offering refuge to those seeking a more stable and secure future (Belloni, 2019).

The Process of becoming an undocumented migrant in Norway, who are they?

Asylum claimants occupy a transitory space, as those who have asserted their need of protection but have not yet—and may never—be recognized as in need of it (Coutin 2003; Cabot

2014). The asylum system is simultaneously exclusionary and inclusionary. Caught in a system that will produce them as either deserving/legitimate or undeserving/illegitimate, asylum seekers inhabit a dual positionality while their claims are being adjudicated: they are at once “citizens-in-waiting” and “deportees-inwaiting” (Haas 2017). This paradoxical lived positionality is codified in legal language, as asylum claimants are both “persons living under the color of the law” and “deportable aliens.” (Haas, 2023)

As the reasons why outmigration from the Horn of Africa is important To start off, it is pertinent that the reader understands who my participants are and how they became to be known as undocumented migrants. Undocumented migrants are persons who live in a nation without the proper documentation. They have left their birth countries and have applied for asylum but their applications have been rejected. Norwegian law allows individuals to apply for asylum three times before they have to leave.

Demographic of Undocumented Migrants in Norway

The exact count of undocumented migrants in Norway remains elusive due to their deliberate efforts to evade detection and potential deportation. In 2008, Yang's study estimated that approximately 18,000 undocumented migrants were living in Norway (Whist, 2013). According to Whist (2013), the Norwegian police approximated the number at under 2,400 individuals, highlighting the challenges in determining the number of undocumented migrants due to their covert existence.

Norway lacks a specific mechanism for accurately measuring the undocumented migrant population. Yet, public and voluntary support systems regularly come into contact with this

marginalized group. Organizations like Kirkens Bymisjon and various public and municipal authorities interface with undocumented migrants. However, their encounters are riddled with challenges, not only for the staff and volunteers involved but more significantly for the undocumented migrants themselves, who contend with limited services, offerings, and rights.

Recognizing these gaps, Kirkens Bymisjon Oslo identified an imperative to scrutinize the living conditions of undocumented migrants in Norway, drawing comparisons with similar scenarios in other European countries. This exploration aims to spark discussions about how voluntary humanitarian organizations can effectively engage with and advocate for this marginalized cohort (Ottesen, 2008).

Norwegian policies and social welfare systems

The Norwegian immigration system grapples with limitations on the number of asylum seekers and refugees it accommodates each year, contributing to the growing challenge for vulnerable individuals to secure residency (Immigration Act, § 28, 2008). Consequently, many facing declined residency visas find themselves in undocumented status within Norway, driven by reasons such as family reunification, fear of violence in their home countries, and pursuit of economic opportunities (Koser & Pinkerton, 2002).

In certain cases, wives seek to reunite with their husbands in Norway after the husbands obtain their residency permits. However, it is noteworthy that a husband's permit does not automatically extend to his wife, leaving her without legal status, similar to her children (Immigration Act, § 44, 2010). In Finland, the discretion and interpretation of eligibility for

permanent residency fall on case officers, leading to discrepancies and varied outcomes in decision-making (Jauhiainen, 2017).

The rejection of asylum seekers in Norway is often based on the assessment that they might have a safe area to relocate within their home countries, negating their asylum claims (Immigration Act, § 28, 2008).

Healthcare has extended rights for pregnant women and children but the absence of a primary care physician impedes pregnant women and children from accessing necessary healthcare in Norway, causing significant barriers for their well-being (Norwegian Directorate of Health, 2017). This lack of access becomes an insurmountable obstacle, depriving vulnerable populations of the healthcare they are entitled to (Norwegian Directorate of Health, 2017).

Undocumented women and children face heightened vulnerability within Norway, where government support is lacking, leaving the responsibility primarily on non-profit organizations and volunteers (Kirkens bymisjon & Røde kors. 2012). Living in an undocumented state leads to an array of issues, including fear of detection, hindering access to essential services such as healthcare (Kirkens bymisjon & Røde kors. 2012).

The constant state of fear significantly impacts the mental health of undocumented migrants, leading to social isolation and limited social contact (Nesset, 2018). As they start to lose hope that there will be a change in their circumstances, many face grave psychological challenges and social isolation (Kirkens bymisjon & Røde kors. 2012).

Norwegian Directorate of Immigration

The Norwegian Directorate of Immigration (UDI), also known as Utlendingsdirektoratet, plays a pivotal role in overseeing immigration processes within Norway (Utlendingsdirektoratet, 2023). UDI, as stated on its official website, manages a spectrum of responsibilities, encompassing processing applications from foreign nationals seeking entry or residence in Norway, operating asylum reception centers, and handling expulsion cases (Utlendingsdirektoratet, 2023).

The UDI employs asylum procedures that result in the rejection of applicants originating from countries where they can safely relocate to other regions within their borders and be considered internal refugees (Utlendingsdirektoratet, 2023). Additionally, individuals arriving in Norway from another European country fall under the Dublin procedure, directing their return to the initial entry point without a UDI interview (Utlendingsdirektoratet, 2023). Moreover, UDI expedites the processing and rejection of asylum applicants who have committed crimes and do not require protection (Utlendingsdirektoratet, 2023).

However, the UDI website offers vague information concerning healthcare rights for undocumented migrants. While all undocumented migrants are entitled to emergency care, treatment, and vaccinations for infectious diseases, pregnant women and children seemingly receive more extensive healthcare access. The lack of a comprehensive policy framework leads to inconsistencies in healthcare provision among different counties, as the website advises undocumented migrants to approach their county's doctor's office (Utlendingsdirektoratet, 2023).

UDI manages workload distribution among case workers without a fixed quota for the number of applications a case worker can accept annually (Utlendingsdirektoratet, 2023).

Furthermore, UDI provides lawyers for asylum seekers if their applications are rejected, without implementing a vetting process for immigration lawyers or offering guidelines for selecting appropriate legal representation (Utlendingsdirektoratet, 2023).

Regarding language interpretation, UDI prioritizes state-authorized interpreters with formal training. When such interpreters are unavailable, UDI resorts to translators with formal competence or extensive experience (Utlendingsdirektoratet, 2023).

The UDI's asylum assessment process begins with an initial interview to determine an applicant's eligibility for protection in Norway. Subsequently, asylum seekers are assigned a caseworker who investigates the case and makes recommendations to UDI regarding asylum grants (Utlendingsdirektoratet, 2023). The agency strives for a fair and transparent decision-making process, providing written explanations for rejections and offering avenues for appeal through the Immigration Appeals Board (UNE), an independent body reviewing UDI's decisions (Utlendingsdirektoratet, 2023).

In addition to its support for asylum seekers, UDI offers financial aid covering basic needs such as housing, food, and healthcare during the application waiting period. Asylum seekers can also participate in integration programs, including Norwegian language classes, while awaiting decisions on their applications (Utlendingsdirektoratet, 2023).

Furthermore, the UDI acknowledges the distinction between job authorization and residency/asylum applications, offering detailed information about various types of residency on its website. The agency emphasizes that mental health issues, while not constituting a standalone ground for a residence permit in Norway, might result in exceptions for individuals suffering from severe mental illnesses (Utlendingsdirektoratet, 2023).

UDI's comprehensive assessment of asylum applications is pivotal, starting with an initial interview to gather information about an applicant's background and reasons for seeking asylum. Assigned case workers thoroughly investigate cases and make recommendations to UDI regarding asylum grants, ensuring a comprehensive review (Utlendingsdirektoratet, 2023).

The UDI's proactive support for asylum seekers and its approach to ensuring a fair decision-making process underscore the agency's commitment to addressing the complexities and challenges of immigration within Norway (Utlendingsdirektoratet, 2023).

Asylmottak: Asylum Reception Centers

Norway has a free housing system for asylum seekers called Mottak. Individuals living in Mottak have applied for asylum. The Norwegian government has the largest contract with Hero Group, which operates asylum housing in Norway, Sweden, and Germany. They are a private company that supplies services to refugees and asylum seekers. This company was founded in 2016 in Oslo, Norway is owned by Norlandia Health and Care Group AS (NHC Group).

Mottak is the place where undocumented migrants feel the control in Norway. In his research at Mottak, Andreassen Kjære (2011) noted different situations that occurred of migrant resistance. There were riots in some reception centers because undocumented migrants wanted recognition. They were mainly incited by the individuals living at the center for a long time and those who were not allowed to return home (due to unpaid fines in Norway).

Presently, Norway accommodates asylum seekers across 126 reception centers with a total capacity of 17,711 places, including a diverse range of facilities. These encompass 1,000 cot spaces in the Østfold arrival center, 1,116 in transit centers, 13,430 in standard reception

centers, 210 in transit centers specifically catering to unaccompanied minors, and 1,955 places in regular accommodation for unaccompanied minors. Regular reception centers typically comprise approximately 150 bed spaces, without full-time staff during evenings or weekends. In contrast, transit centers offer more bed spaces and operate round the clock. Unaccompanied minor reception centers house 60-70 bed spaces and provide 24-hour staffing (The Norwegian Directorate of Immigration, n.d.).

The financing of these centers is sourced through item 21, chapter 490 of the national budget. Funding is calculated based on a per-place rate, set at NOK 95,000 per resident annually, irrespective of the center type. Notably, there are notable cost disparities across various center types, with places in centers for unaccompanied minors costing around NOK 500,000 per year, transit centers averaging NOK 190,000 annually, and the cost per place in regular reception centers ranging from NOK 60,000-70,000 (The Norwegian Directorate of Immigration, n.d.).

UDI is legally bound to provide accommodation for newly arrived asylum seekers from the time their application is registered by the police until the final decision is reached. Post-decision, those granted asylum receive continued housing until they are integrated into municipalities. For rejected applicants, UDI extends an offer of continued accommodation as per instructions from the Ministry of Justice and Public Security until they depart Norway.

The reception system is tailored to cater to the needs of immigration authorities for an efficient asylum procedure. This includes the facilitation of registration and asylum interviews by the police and UDI's asylum department, respectively. Applicants are initially registered at the

arrival center and then transferred to transit centers in the East Region for asylum interviews. Following this, they are often moved to various reception centers across the country (The Norwegian Directorate of Immigration, n.d.).

These centers ensure the provision of basic housing, safety, and assistance for all residents, particularly for vulnerable groups. Information dissemination at these centers plays a vital role in educating residents about Norwegian society, their rights, and the obligations they must adhere to during their stay. Moreover, they provide essential information for rejected asylum seekers regarding the return process and, for successful applicants, guidance on integrating into Norwegian society (The Norwegian Directorate of Immigration, n.d.).

In regular reception centers, residents receive financial allowances for their livelihood, enabling them to prepare their meals. For transit centers, where stays are relatively brief, a cafeteria facility is typically available (The Norwegian Directorate of Immigration, n.d.).

Helse Center for Papirløse Migranter: Health Center for Undocumented Migrants

The Health Center for Undocumented Migrants, initiated by Kirkens Bymisjon Oslo, was conceived out of a vision to encourage greater compassion and respect from Norwegian authorities towards individuals without legal residency. This is currently the only place where undocumented migrants can receive free access to healthcare in Norway. The Health Center for Undocumented Migrants is committed to offering healthcare to individuals without legal residency in Norway, regardless of factors such as nationality, religion, ethnicity, or other discriminatory considerations. As outlined in its policy:

(My translation from Norwegian to English) “The Health Center for Undocumented Migrants provides healthcare to individuals without legal residency in Norway.

- This encompasses asylum seekers with final rejection, individuals not registered in the Norwegian system, those who have exceeded temporary permits or had their permits revoked, individuals deported/expelled from the country, and impoverished travelers without alternatives.
- Particularly vulnerable are those without a network, those refraining from seeking healthcare elsewhere, and women and children” (Kirkens bymisjon & Røde kors. 2012, pg. 5).

The Health Center for Undocumented Migrants operates in Oslo and Bergen, Norway’s two major cities. However, those residing in more rural areas, including regions with extensive reception centers, may face challenges accessing healthcare. Undocumented migrants in remote areas, such as those living at the reception centers, may be unaware of the free healthcare services available. The only care provided by the Norwegian government is limited to emergency healthcare or classified as prenatal care, considered within the realm of emergency healthcare. Accessing broader healthcare in Norway is complex without a primary care physician within the multi-tiered public healthcare system. The health centers in Oslo and Bergen operate through volunteer assistance. Healthcare professionals including doctors, nurses, midwives, and psychiatrists dedicate their free time to provide diverse health services and ensure patients understand their health rights in Norway (Kirkens bymisjon & Røde kors. 2012).

The Health Center for Undocumented Migrants is underpinned by five primary goals:

1. Provision of healthcare to undocumented migrants.
2. Dissemination of health information to undocumented migrants.
3. Advocacy to ensure undocumented migrants receive healthcare within the regular system.
4. Documentation and highlighting of the healthcare scenario for undocumented migrants.
5. Eventual redundancy, with the aim of closing the center as undocumented migrants gain access to public healthcare (I have translated from Norwegian to English).

Chapter Summary

The chapter presents a comprehensive exploration of the intricate lives, adversities, and nuanced circumstances experienced by undocumented migrants from the Horn of Africa who have sought refuge in Norway. It commences by acknowledging the inherent challenges in accurately quantifying their population due to their clandestine existence within the society. Despite the absence of specific measures, the chapter emphasizes the crucial role of public and voluntary support systems, such as Kirkens Bymisjon and related organizations, underscoring the limitations and struggles encountered by this vulnerable group (Kirkens bymisjon & Røde kors. 2012; Ottesen, 2008).

Delving deeper into the historical, sociopolitical, and economic factors driving migration from the Horn of Africa, the chapter unravels a multifaceted web of complex push factors, including chronic food insecurity, political instability, and regional conflicts. It meticulously

examines the vulnerabilities faced by these migrants, particularly the youth, who often fall prey to exploitation by human traffickers. Furthermore, it elucidates the multifaceted push and pull elements influencing their decisions, portraying the perils and hardships experienced during their treacherous journeys (Kirkens bymisjon & Røde kors. 2012; Stokes-Dupass, 2017; Macheno, 2016).

In addition to portraying the challenges encountered during migration, the chapter navigates Norway's government asylum and statelessness policies, elucidating the functioning of asylum reception centers. It highlights the significant role played by the Health Center for Undocumented Migrants in delivering essential healthcare to this marginalized community. The facility not only offers critical health services but also strives to render its services redundant as undocumented migrants gradually gain access to the regular healthcare system (Kirkens bymisjon & Røde kors. 2012; Utlendingsdirektoratet, 2023).

Moreover, the chapter underscores the information deficit concerning the reasons behind this migration. It also emphasizes that while undocumented migrants primarily reside in Oslo and Bergen, those in rural areas, away from established reception centers, often encounter challenges in accessing free healthcare, relying primarily on emergency services. The tireless efforts of the Health Center for Undocumented Migrants, facilitated by volunteers, illustrate an unparalleled commitment to addressing the healthcare needs of these underserved individuals (Kirkens bymisjon & Røde kors. 2012).

In summary, this chapter meticulously examines the lives, challenges, and aspirations of undocumented migrants from the Horn of Africa seeking asylum in Norway. It recognizes the complexities in estimating their numbers, underlines the limited support systems available to them, and explores the myriad challenges embedded within their journeys. Moreover, it illuminates the critical historical and contemporary factors compelling migration, showcasing the dangers and uncertainties these individuals encounter on their passage. It spotlights Norway's asylum and statelessness policies and the pivotal role played by the Health Center for Undocumented Migrants in addressing the healthcare needs of this marginalized population. The chapter culminates by unraveling a profound tapestry of challenges and aspirations that define the intricate lives of undocumented migrants from the Horn of Africa in Norway.

The Lenses Employed

Introducing the Theories

I will be using Nancy Fraser's framework as the foundation for the analysis of my research. I will be strengthening my analysis with the theory of Structural Vulnerability as well, which provides a humanized lens to the lived experiences of undocumented migrants by explaining how particular societal factors amplify their lived vulnerabilities.

The First Lens - Nancy Fraser's Theoretical Framework

Nancy Fraser's Theoretical Framework provides a holistic approach to analyzing injustice and inequality in the economic, cultural, and political realms. Within this framework, Fraser centers her theory around three key concepts: economic distribution, cultural recognition, and political representation (Fraser, 2005).

Economic distribution, or redistribution, as it pertains to Fraser's framework, discusses economic injustice and inequality that lead to maldistribution of resources and wealth across different social groups. In her theory, Fraser suggests that addressing the redistribution of economic injustice would remedy class divisions and economic disparities leading to a more equitable distribution of resources (Fraser, 2005). As for the concept of cultural recognition, Fraser (2005) defines this as social patterns of representation, interpretation, and communication of cultural group values leading to division in hierarchical institutions. In other words, some groups are perceived as normal, privileged, superior, while others are perceived as abnormal,

inferior, or marginalized within the same society. To address this injustice, Fraser calls for an embrace of the diverse identities of all social groups, as opposed to marginalizing them, as they add positive value to the society overall. Lastly, Fraser's concept of political representation explores the participation of political parity within hierarchical groups. She advocates for an equal political voice and representation across all individuals and societal groups to ensure adequate representation and decision making. In doing so, it combats the current low status of power that marginalized groups hold. This aspect is important as without proper representation in political power of a society, marginalized groups may not be able to fight for their economic and cultural interests (Fraser, 2005).

The Second Lens - The Concept of Structural Vulnerability

Structural vulnerability was formed by combining two concepts, the first is structural violence and the second concept is vulnerability. It is important to note that structural violence is different from physical violence. Structural violence is the notion that there exists invisible and indirect forms of violence that are inherent to society's structure that perpetuate repressive and/or inequitable social orders (Carruth et al., 2021). The concept of vulnerability is quite important to dissect as a part of this theory. The term on its own connotes a state of powerlessness and victimhood; however, when observed under the larger umbrella of society's lens, it comprises of stigmatizing interventions within society that amplify individual levels of vulnerability. A good example of such stigmatizing interventions is the social structure of immigration and immigration laws (Carruth et al., 2021).

Combining structural violence and vulnerability to form structural vulnerability emphasizes that negative outcomes and marginalization in a society are not due to an individual

or cultural failure, but rather due to social, economic, and political hierarchies. The result is that it affects people's health and well-being as they are more susceptible to harm and disadvantage.

The Difference between the Two Theories

While both concepts recognize the ways in which social structures can create and perpetuate inequality, they differ in their focus and scope. Structural vulnerability focuses on the vulnerability of individuals and groups, while Fraser's theory of social injustice focuses on the broader societal institutions that contribute to inequality and proposes ways to combat them. In other words, the two theories offer a dual transitional lens, a macro to micro understanding of the lived experiences of the undocumented migrant populations.

This dual transitional lens offers insight into how the tightening of the immigration policies inherently breeds an exclusionary societal setup that is detrimental to the target population. The policies not only ostracize the population long term, but also form barriers to access of resources essential to their survival, that has shown in some studies to leave generational impact. (Brannen & O'Connell, 2022).

Fraser's Theoretical Framework and Undocumented Migrants

Living as an undocumented migrant in any country, means living without the government protections that are afforded to citizens and residents of the nation. With our increasingly globalized world, social processes are moving beyond the traditional territorial borders (Blum, n.d.). That is to say that decisions that are made in one country affect other countries. Nancy Fraser builds on the traditional Keynesian Westphalian framework that took for granted who the

national citizens within a territory border were when focusing on injustice with a nation. With people's international movements becoming more frequent, whether it is transnational corporations or social justice movements such as the feminist or fair-trade movements, the application of Nancy Fraser's framework is more relevant than ever when assessing inequality and injustice through the lens of undocumented migrants. Travel has become easier; people are migrating to different continents for different reasons, such as escaping war or pursuing better economic opportunities (Fraser 2010).

Even though traveling has become easier, there are some challenges that are particular to the undocumented migrant population. Most migrants who are seeking asylum in new countries tend to do so alone. Applying for residency, asylum or even family unification thereafter can be a challenging, lengthy, and an expensive process. It can result in those seeking asylum waiting years for their applications to be granted (Kotsioni, 2016). As a result of the initial migration request rejection, many undocumented migrants have to live without legal papers. Living without legal papers within a nation leads to living a life of inequality and social injustice. This is where Fraser's theory comes into play, to help us analyze and understand how they are marginalized in the different realms of a society.

Fraser (2009) states that the "political sphere develops social belonging and who counts as a member" within society. It is essentially the people within a territory's borders who are entitled to justice in the social and economic spheres (fair distribution and recognition). The individuals who are considered the privileged and superior group are the individuals who are entitled to make claims of injustice against the abnormal and marginalized groups.

Fraser (2009) argues that disputes about justice in society have shifted from solely focusing on what is owed to community members, to debates about who should be considered members of the community and which community is relevant. In order to achieve justice, social arrangements must permit all individuals to participate as peers in social life. This means dismantling institutionalized obstacles that prevent some people from interacting with others as equals.

Amplifying on the above, undocumented migrants experience economic injustice that can prevent them from participating fully in society by denying them the resources they need to interact as equals with others. Fraser asserts that the problem lies in the class structure of society, which corresponds to the economic dimension of justice. In addition, institutionalized hierarchies of cultural recognition can also prevent individuals from interacting on equal terms. The problem here is the status order, which corresponds to the cultural dimension of justice.

The third dimension of justice, according to Fraser, is political. This means that individuals must have equal access to political institutions and decision-making processes. This dimension is crucial for ensuring that all individuals have a say in shaping the society they live in.

Overall, Fraser's theory of inequality and social injustice is a multidimensional approach that encompasses cultural recognition, economic distribution, and political participation. By addressing all three dimensions, Fraser argues that we can work towards a more just and

equitable society.

Political Disparity in the Undocumented Migrant Population

The lack of equality in the political sphere is quite apparent in terms of undocumented migrants. They are not citizens in the country that they live in. Some undocumented migrants may even be stateless and do not belong anywhere, truly living in a state of limbo. Without legal papers, undocumented migrants are not entitled to citizenship rights and have a lack of political participation. Public policies greatly restrict their access to resources and opportunities by imposing limitations on entitlements (Brannen & O'connell, 2022). This greatly limits individual freedoms as they cannot live as the equals of residents and citizens, marginalizing them and making them a vulnerable group in the hierarchy of society.

Undocumented migrants live in the shadows, away from any public attention. The compounded effect of their fear of the police and unfavorable policies forces away any awareness that could be brought to their situation; this is a direct result of their fear of potential deportation (Figenschou & Thorbjørnsrod, 2015). This stops them from being willing to speak out about injustices in the media and get coverage about their situation. If no one speaks about it, individuals that could make changes to their situation are unaware of their realities and how to be of true assistance. It also means that if they are victims of any crime, they do not report this to the police; thereby, increasing their vulnerability.

Economic Inequality within the Undocumented Migrant Population

Undocumented migrants struggle with financial hardships. A major reason for this is that they mainly work low wage jobs that are considered illegal employment as they are unreported to the government. The low wage jobs are hourly pay without any rights. Local employers can take advantage of people in this situation, paying them below the government minimum wage. Even worse, most times they have no access to work or means of financially supporting themselves (Duvell, 2006).

Undocumented migrants are also denied social welfare resources that the citizens of their host country are entitled to (Brannen & Connell, 2022). Without a job or government assistance, undocumented migrants lack access to basic needs such as food and shelter. Homelessness is seen in a variety of ways which include but not limited to, living in tents in the forest, sleeping on the streets, sleeping in homeless shelters, moving from couch to couch based on the generosity of friends, family, or strangers.

Undocumented migrants face economic injustices that can have significant impacts on their children's welfare and social inclusion. One such consequence is exclusion from social events such as birthday parties, where it is customary to bring a present for the birthday child. For families who cannot afford a gift, their children may not be invited to the party, or they may feel ashamed to attend. Additionally, these families may struggle to host their own birthday parties due to a lack of funds to provide food and other necessary items (Duvell, 2006).

Cultural Injustice experienced by the Undocumented Migrant Population

Undocumented migrants face a range of challenges in their daily lives that stem from their lack of legal status. One of the most significant issues they face is being stigmatized by others in society. This stigmatization can manifest in various forms, including discrimination, harassment, and exclusion (De Vito et al., 2016).

Undocumented migrants may also find themselves unable to perform certain tasks that others take for granted, such as picking up important medicine for their child. This is because they often lack identification documents that would allow them to prove their identity and parental status. As a result, they are frequently denied access to essential services and benefits (Carrera & Merlinio, 2009; De Vito et al., 2016).

Another significant challenge that undocumented migrants face is the inability to drive legally. If they are caught driving without a license, they risk being deported, which can have devastating consequences for them and their families. This lack of mobility also means that undocumented migrants cannot travel outside the country, even if they have family members who are citizens or legal residents (Birkvad, 2019). This can be particularly difficult for parents who are unable to take their children on vacations or visit family members in other countries. Children may also struggle to understand why their parents cannot do things that other parents can, leading to feelings of confusion and shame (Carrera & Merlinio, 2009; De Vito et al., 2016).

Undocumented migrants are also subject to racial harassment and discrimination, particularly in Nordic countries. Many people view them as a threat to society and associate them

with criminal activity. Media coverage often reinforces these negative stereotypes, portraying undocumented migrants as anonymous objects of danger and criminality. This further stigmatizes them and can lead to increased hostility from members of the public (Guðjónsdóttir & Loftsdóttir, 2017).

Structural Vulnerability and Undocumented Migrants

Structural vulnerability is a result of the inequalities created by political and institutional powers. Particularly used when focusing on the care access available to marginalized groups within a society such as undocumented migrants (Bourgois et al., 2017). Contrary to Fraser's more holistic and all encompassing framework, this concept focuses on specific systemic issues that can help pinpoint the systemic barriers that impact undocumented migrants negatively and improve their access to resources. Often, this concept is used in relation to health and social well-being. Therefore, I will use this concept in relation to undocumented migrant health and social welfare.

Studies conducted on undocumented migrants with a society show that structural vulnerabilities reflect a lack of empathy, intolerance, and discrimination against undocumented migrant groups. This comes from associating undocumented migrants with the term "illegal", enhancing the idea that they are undeserving of political rights and protections because of their legal status within the country and therefore not being able to obtain access to essential services, including healthcare. Vulnerability is an outcome produced by the internalized feeling of undeservingness that exists within society and is further cemented into societal structure vis-a-vis government laws.

Many forms of vulnerabilities exist with the topic of health that develop long lasting effects for unauthorized migrants in particular (Wilson, 2012). Most countries have signed and ratified the 1948 UN Declaration of Human Rights that states everyone is allowed access to healthcare, yet the most vulnerable are increasingly marginalized by their lack of rights that stem from a mass anti-immigration social movement (Quesada, 2011).

Unfortunately, there are no exceptions to who experience these vulnerabilities. For instance, pregnant undocumented women are legally allowed access to prenatal care in the public healthcare system. But due to the existing notions around the population, there have been cases where reception staff have turned undocumented women away trying to seek care.

The issues run deep to the point where even knowledge transfer is hampered. There are many women that do not know that they have rights to prenatal care and do not seek help until they are due to give birth (Kvamme & Ytrehus, 2015). This depicts how the social construct of illegality forms internalized structural vulnerability with the undocumented migrant, that is reinforced by employees within the healthcare system. Even when doctors try to help undocumented migrants, they must go through extra loopholes to try to refer them to specialists or surgeries that may not be approved by the government (Quesada, 2011).

Structural vulnerability is not only seen within the healthcare system itself but also surrounding how mobile an individual may be. Without legal residence, there is an issue finding stable work and illegal work is not monitored with government regulations. Therefore,

undocumented migrants are often underpaid and overworked. These conditions make it hard to find time to attend doctor's appointments during general work hours. Lower wage jobs make it expensive to pay for transportation to an appointment. Another factor for women who are at home with their children is finding childcare to go to these appointments. The underlying cause for these issues is predominantly financial, as limited finances mean they may live far from major cities for cheaper rent, unable to afford childcare without immediate family surrounding them and unable to purchase a car or pay for other modes of transportation. The fear of copays for minor office visits can be a dilemma, as basic needs such as housing and food are a priority (Bains et al., 2021).

Undocumented Migrants in Norway

My research focuses on the undocumented migrants from the Horn of Africa that now reside in Norway. As shown in my research design, my focus group was purely coincidental on who I was able to get in contact with. Statistics Norway (Statisk Sentralbyrå), also known as SSB, reports that Norway's population of undocumented migrants is relatively small, comprising only 0.3% or approximately 15,000 individuals. The largest population of undocumented migrants in Europe comprises individuals from Africa.

Therefore, I will now discuss previous research done on Norwegian specific instances based on the cultural practices of Norwegian people and government rules and regulations that relate to immigration and integration for asylum seekers. Most studies conducted that have been focused on the wellbeing of citizens and residents within a country have failed to include undocumented and irregular migrants as they are not seen as belonging to a country. "They are

largely invisible in international and national surveys and are excluded from social research contributions to social exclusion” (Brannen & O’Connell, 2022, p. 2)

Status of Research on Norway’s Undocumented Migrants

According to Ottesen (2008), Norway was the only country that they studied that did not have opportunities for undocumented migrants. The kingdom has tried to create a system that is encompassing for its citizens but harsh for anyone seeking to come to Norway. It is clear that the political climate surrounding undocumented migrants has not changed in the past 13 years. Ottensen observed that the government was unwilling to change its policies and would rather send migrants back to their homeland or punish those who offered them a place to work (2008). Norway has frequently been criticized for their frequently observed anti-immigration practices that go against the multiple UN conventions that they have signed and ratified in support of human rights (Stokes-Dupass, 2017).

The existing body of research on undocumented migrants in Norway has predominantly concentrated on pivotal aspects such as barriers to healthcare access, issues of identity, and living conditions. These themes from the foundational framework through which this literature review will delve into the lens of Nancy Fraser’s theory of social injustice, particularly emphasizing deservingness within the context of injustices, structural vulnerabilities, and healthcare.

However, the bulk of studies in this domain have been conducted primarily within specific settings, notably the Health Center for Undocumented Migrants and the reception centers (Mottak) (Brekke & Vevstad, 2007). The prevalence of these locations as research sites

can be attributed to the concentrated presence of the target population. Undocumented migrants, navigating the complex landscape of fear regarding deportation and authorities, often inhabit the fringes of society, making access to them a challenging endeavor (Brekke & Vevstad, 2007). Consequently, researchers have often gravitated toward these designated centers due to the perceived ease of encountering their subjects. Establishing trust and rapport with individuals living in the shadows can be a formidable task, further underscoring the preference for institutional settings.

Yet, the reliance on these centers for research yields limitations. It tends to offer a restricted viewpoint, potentially overshadowing the diverse experiences and challenges faced by undocumented migrants beyond these established facilities (Eick et al., 2022). This review seeks to explore and transcend these limitations, aiming to unearth a more comprehensive understanding of the multifaceted issues faced by undocumented migrants in Norway.

In doing so, this literature review will not only consider the prevailing research but also strive to incorporate a wider array of perspectives, attempting to capture a more nuanced and comprehensive portrayal of the realities faced by this marginalized population.

Lack of Cultural Recognition: Social Inequality and Exclusion

Previous research has found that there is a high degree of racism suffered by those seeking asylum in Europe from Africa, particularly first-generation migrants and their descendants. These individuals face numerous challenges, including limited access to citizenship entitlements, employment opportunities, and essential services such as healthcare. Additionally, they frequently encounter racial harassment and discrimination, with Nordic countries reporting

the highest rates of such incidents (Brannen & O'Connell, 2016). This study was conducted in 2016; however, when comparing SSB statistics on Norwegian thoughts and attitudes towards different aspects of migrant behavior from 2014-2023, there has been a steady increase in approval and positive opinion about migrants living in Norway. It is important to note that SSB research is focused on individuals with approved asylum living in Norway and not undocumented migrants specifically. That is to say that the conclusion of that study cannot be extrapolated to the undocumented migrants population. There is still work that is to be done.

Looking at the impacts of social exclusion on the undocumented migrants through the lenses of the theories that I have employed in this thesis, Nancy Fraser's framework and theory is immediately evident. The large societal construct of cultural recognition, or lack thereof, is forming barriers to access of necessary resources and services that would be vital to sustenance of a decent life.

Additionally, employing the lens of structural vulnerability within the context of social inequality unveils the systemic restrictions imposed on individual autonomy, whereby certain groups, such as undocumented migrants, are placed in a perpetually vulnerable position (OHCHR, n.d.; Rucker et al., 2019). These restrictions are perpetuated in society through the inherent labeling of undocumented migrants as "illegal" individuals as well as what comes with it, depriving them of the rights and protections typically afforded to citizens or legal residents (Rucker et al., 2019).

As noted by Andreassen Kjære (2011) in his research, Agamben (1998, 2005) observes the plight of rejected asylum seekers residing in countries like Norway encapsulates their existence within a state of 'everyday exception. This notion refers to the liminal space in which these individuals find themselves, both existentially and symbolically marginalized from the mainstream society they reside in.

Undocumented migrants navigate their lives in a perpetual state of 'illegalization,' an ongoing condition that fundamentally shapes their daily experiences and interactions within the socio-political framework. This condition of 'illegalization' is not merely a legal status but a pervasive socio-cultural reality that subjects individuals to exclusion, discrimination, and limited access to fundamental rights (Rucker et al., 2019).

According to structural vulnerability theory, the systemic barriers imposed by societal structures contribute significantly to this marginalized status. The inequality is deeply embedded within the fabric of hierarchical institutions, creating a cycle of systemic barriers that exacerbates the vulnerability of undocumented migrants((Bourgois et al., 2017).

Understanding the structural nature of this inequality is crucial for addressing the multifaceted challenges faced by undocumented migrants (OHCHR, n.d.). By recognizing and acknowledging these systemic injustices, societies can take more targeted and effective measures to mitigate the disparities and promote inclusivity and equality for all members, irrespective of their immigration status (Rucker et al., 2019).

In conclusion, the concept of structural vulnerability and the 'everyday exception' faced by undocumented migrants underscores the need for a comprehensive reevaluation of policies and societal attitudes to foster a more equitable and inclusive environment.

The Governing Agencies: Control and Fear

The formation of the Schengen area meant freedom of crossing country borders without the hassle of border control at each country's border. As such, Norway does not have the same heavily guarded borders that are found in other European nations where a larger influx of migrants from third world countries exists. In other words, Norway does not budget funding for border security (Vasudeva, 2013).

The repercussion of this is a lack of monitoring who is coming in and out of the country. With a lack of a heavily secured external country border, the Norwegian police use the reception centers as places of surveillance. Therefore, Øien (2012) notably remarks that these reception centers (Mottak) symbolize internal borders and a lack of agency. Individuals can choose whether or not they want to stay in Mottak. There are many reasons why an individual would choose to stay. But there is a plethora to argue against staying there.

Studies show that the general consensus of individuals' feelings towards Mottak have not changed regardless of the year the study was conducted (Andreassen Kjære, 2011; Ottesen, 2008). This is a negative feeling predominantly due to lack of an absence of personal autonomy. The Mottak acts as a political sphere where 'big brother' is always watching.

Living in a place where you're under surveillance and always looking over one's shoulder, means that individuals are not able to feel relaxed or at home. The centers are viewed as "places of insecurity" (Oien, 2012,). Rutledal (2012) complements this study when they found that undocumented migrants in Norway lacked recreational spaces, and spaces to be able to take a break from their lives. This kept the participants mentally exhausted from feeling the marginalization of their lives (this does not make sense).

Furthermore, staying at the Mottak comes with its own bag of economic issues. These reception centers tend to lie in very rural areas in Norway that make it hard to be mobile in a cost efficient manner. It is true that the residents of the Mottak tend to receive stipends throughout their residence in those areas; however, the stipend is only enough to cover some, not all, of the costs of food (Andreassen Kjære, 2011).

On the other hand, staying at a Mottak can serve as a shelter. Unless they have employment opportunities or the option of a safe place to stay outside of Mottak, which is a rarity, it can be difficult to navigate the outside world when you do not know anyone. Staying at the reception center can offer the safety of a roof over one's head but the fear of deportation because the authorities are aware of your whereabouts remains according to Andreassen Kjære (2011).

The perception of Mottak within the undocumented migrant population is that of a 'temporary shelter'. In his study, Andreassen Kjære (2011) found that all those residing in the Mottak had strong hopes of leaving, but were hampered by individual level reasons. Those

reasons can be physical illness, lack of financial capabilities, and more. This observation was also found in Øien (2012) where individuals that were able to leave Mottak were those that broke free from these structural restrictions and control measures imposed within that living environment.

Living Conditions and Social Well-being

Outside of the Mottak, the situation was grim as well. The absence of stable housing options pushes many towards the unfavorable option of residing in the Mottak. However, some may choose to avoid the highly negative environments that Mottak breeds and end up living on the streets (Kvamme & Ytrehus, 2015). The struggle to secure safe and affordable housing outside of the Mottak stems from their economic and legal statuses, leaving many vulnerable to unstable living situations, with minimal personal space and lacking consistent shelter. Those arriving without a pre-existing social network in the host country find themselves heavily reliant on newly formed and unvetted relationships, often leading to suboptimal and unhealthy living conditions (Ottesen, 2008; Kvamme & Ytrehus, 2015).

The absence of legal documentation renders it impossible for these individuals to secure legal employment, compelling them to work in unregulated jobs. This often results in their exploitation within industries like restaurants, stores, and cleaning services, characterized by low wages, absence of worker rights, and job insecurity, consequently jeopardizing their well-being (Ottesen, 2008). Notably, Kvamme and Ytrehus (2015) found cases of pregnant women working in hazardous conditions, threatening their health and the well-being of their unborn children.

Structural Vulnerability Lens: Current Governance and Individual Well-being

Undocumented migrants face multifaceted challenges accessing social and welfare services, perpetuating a cycle of exclusion and structural vulnerability. Øien & Sønsterudbråten (2011) qualitative investigation reveals an intricate perspective on this issue, describing the situation as "a space of everyday exception" within the Norwegian context (Oien & Sønsterudbraten, 2011, p. 87). They argue that this context is characterized by a form of 'magnetic force' in its structures, capturing individuals within what can be perceived as an "asylum-trap," reinforcing the depth of their entrapment within the system. This observation aligns with the theory of structural inequality, elucidating the systemic biases in immigration processes and their implications for undocumented migrants (Fraser, 2008).

Rutledal (2012) study underscores the disillusionment among participants regarding the perceived arbitrariness in UDI decisions, fueling frustration at the asylum process. The 'politics of signals' function as a governmental mechanism, symbolizing the illegalized status of migrants and their suffering, emphasizing their exclusion from formalized support systems (Andreassen Kjære, 2011). Andreassen Kjære's (2011) research highlights the human cost, emphasizing the breakdown of familial and social connections, further deepening their isolation in the host country.

Moreover, Ellingsen underscores the psychological toll inflicted by the lack of legal recognition, leading to a sense of 'mental torture' and an inability to integrate into the desired society (Oien, 2012). This reflects the structural inequalities that limit access to vital social services, contributing to an experience of profound deprivation and poverty among

undocumented migrants (Oien, 2012). Nancy Fraser's concept of exclusion from social research and surveys magnifies the issue, further rendering undocumented migrants invisible in both national and international policy frameworks, exacerbating their social exclusion (Fraser, 2008).

These pieces of literature collectively reinforce the idea that the barriers to social and welfare services for undocumented migrants are deeply entrenched within the structures of the immigration system, perpetuating a cycle of marginalization and deprivation, underscoring the urgent need for structural reform to address these systemic inequalities (Fraser, 2005). To have access to these services or any opportunities in Norway, one must have legal residency (Brannen & Connell, 2022).

The economic situation of undocumented migrants can also have generational impact, affecting their children's social status at school (Ottesen, 2008). Children from families with limited financial resources may be excluded from social circles, which can lead to feelings of isolation and inadequacy. To address this issue, the Red Cross has implemented a program called "Vacation for All," which aims to give children from low-income backgrounds the opportunity to have the same vacations as their peers. The study conducted by Bachke, Hallandvik & Hødnebo (2009) found that these vacation experiences can increase the social status of children among their peers and contribute to their overall well-being.

Resistance and Agency

Albeit a smaller portion of research talks about this, it is important to mention this as undocumented migrants have an interesting way of showing resistance. Their way of resistance

is getting jobs and trying to live like normal citizens in Norway (Haugen, 2012; Andreassen Kjære, 2011). This is their way of establishing a “moral” citizenship in Norway although they cannot yet be characterized as legal residents in the country. Some even choose to grow their families, an otherwise perfectly normal human want to have, but not one that is generally looked upon positively. The Norwegian government views the act of having a child within its borders as undocumented migrants as ‘arm twist’ and means to stay within its borders (Haugen, 2012; Andreassen Kjære, 2011). From the resistance lens though, choosing to grow a family is a form of agency over personal life, a human norm.

Still though, without the proper documentation, living a normal life such as working a job, having a family, paying taxes, accessing healthcare is seen as resistance as it is not legal (Haugen, 2012).

The above serves as a great cinematic script of a noble fight for a better life in Western society. However, resistance comes in many forms, and some are not as theatrically attractive. Some of the acts of resistance witnessed in the Mottak take form in extreme acts of hunger strikes and suicide attempts. In a place where they face the most control and fear, this is the only way that undocumented migrants feel that they have personal agency and control. This is the unfortunate reality of social marginalization, it can lead humans to a breaking point beyond return. Fighting against injustice by ending their own lives and refusing to show their internal suffering is a pure form of resistance, even though many might not initially see it as such (Andreassen Kjære, 2011).

Policy and Legal Changes

Government policies and legal frameworks significantly contribute to the vulnerability experienced by undocumented migrants, reflecting the disparity in access to essential services. A study by Rutledal (2012) highlights the distinctions between the D number and the social security number in Norway, underscoring the wide-ranging social benefits linked to the latter. In practice, not having a Norwegian identification number (D-number) often subjects undocumented migrants to police scrutiny, hampering their overall safety and well-being. Moreover, Andreassen Kjære's findings (2011) emphasize how legal fines imposed on undocumented migrants who overstay in Norway post-rejection prevent them from returning home voluntarily due to their inability to pay the penalties, thus exposing them to vulnerable and precarious situations.

The absence of adequate support and resources forms a barrier to the well-being and integration of undocumented migrants. Andreassen Kjære (2011) refers to the "politics of signals" as a means of governing these individuals, emphasizing the symbolism of their illegalized status. Despite their efforts to contribute positively to society, many encounter exploitation in their attempts to work without official authorization (Andreassen Kjære, 2011). Additionally, the study by Brannen & O'Connell (2022) highlights the significant dependency of an undocumented migrant family on the father's legal status, with the denial of residency rights looming as a threat to their future and well-being.

The interaction between undocumented migrants and immigration authorities, particularly the Norwegian Directorate of Immigration (UDI), significantly influences their experiences and perceptions of fairness. Norway's asylum management practices have been

critiqued for their perceived unfairness by participants in the study (Rutledal, 2012). The UDI's inconsistent asylum-granting decisions, favoring some individuals over others without clear justifications, further exacerbate the feeling of powerlessness and injustice among undocumented migrants (Rutledal, 2012). Issues surrounding the incorrect portrayal of the safety in migrants' home countries by the Norwegian government, and the pressure on migrants to justify their asylum-seeking, further compound their already challenging circumstances (Loxton, 2018).

Immigration policies lay the groundwork for inclusive or exclusive healthcare. Kvamme and Ytrehus' (2015) study showcases the hurdles faced by undocumented migrants in accessing healthcare in Norway, particularly with regard to prenatal care. While Norway upholds the right to prenatal healthcare for women, a lack of information among healthcare professionals has led to some women being turned away from receiving their entitled care (Kvamme & Ytrehus, 2015). The restrictive national laws and stringent asylum policies, aimed at making Norway less attractive to migrants, further hinder access to healthcare (Kvamme & Ytrehus, 2015). This approach, although intended to deter migration, has minimal impact on migrants' decisions and instead leads to adverse health effects, as highlighted by Gewalt et al. (2018), suggesting the necessity for immigration policies that consider the psychosocial determinants of health for vulnerable migrants, especially pregnant women and new mothers.

Chapter Summary

Undocumented migrants living in Norway and similar contexts face a multifaceted web of challenges that encompass political exclusion, economic inequality, and cultural injustice. These individuals live in the shadows, existing on the fringes of society, without legal papers or

government protections. Their lives are defined by structural vulnerability, stemming from the systemic inequalities created by political and institutional powers. These injustices result in a lack of access to crucial resources and services, relegating them to lives of uncertainty and instability.

Political disparity looms large in the lives of undocumented migrants, as they lack citizenship and political participation. They live in a state of limbo, fearing deportation and often avoiding interactions with authorities, even in cases of victimization. Healthcare access, a fundamental human right, is restricted for these individuals, leading to severe health disparities and unaddressed mental health issues.

Economic injustice compounds their vulnerability, as they are often forced into low-wage, exploitative jobs with no access to social welfare services. Limited access to housing, education, and social events isolates them further, perpetuating a cycle of poverty that affects not only them but also their children's social inclusion and well-being.

Cultural injustice takes the form of stigma, discrimination, and exclusion from essential services. Undocumented migrants find themselves unable to perform everyday tasks that others take for granted, such as obtaining medicine for their children or driving legally. Media stereotypes and negative public perceptions further marginalize them, reinforcing their status as outsiders.

Resistance and agency emerge as ways for undocumented migrants to assert their humanity and strive for normalcy in a society that denies them legal recognition. Yet, their efforts often lead to precarious lives, with resistance taking the form of working without authorization, having families, or seeking basic human connections.

Government policies and legal frameworks play a pivotal role in shaping their experiences. Immigration authorities like UDI (the Norwegian Directorate of Immigration) hold immense power in determining the fates of undocumented migrants, contributing to feelings of powerlessness and injustice.

Inadequate support and resources create insurmountable barriers to their well-being and integration. These individuals often live in subpar conditions, lacking personal space and suffering from poor sleep quality, which adversely affect their mental health. The struggle for stable housing and employment heightens their vulnerability, perpetuating a cycle of disadvantage.

In conclusion, the experiences of undocumented migrants in Norway mirror a broader global issue. Their lives are marked by social injustice on multiple fronts—political, economic, and cultural. To address these injustices, it is imperative to recognize their humanity, promote inclusive policies, and dismantle the structural barriers that keep them in the shadows. By doing so, society can take significant steps toward a more just and equitable future for all.

The Relevance of Healthcare

Health-Related Deservingness

Access to healthcare is a fundamental aspect of human life, yet there are certain groups that are excluded from it (Gruskin, 2004). However, structural restrictions on access to healthcare make it harder for migrants to acquire. In the previous chapter, I discussed the concept of structural vulnerability which touches on both health and social well-being in the face of systemic barriers that marginalize undocumented migrants. In this next section, I will be focusing primarily on the concept of health-care deservingness as well as structural vulnerabilities as it pertains to undocumented migrant health and access to healthcare with a main focus on previous research done in Norway.

Illegal immigration is viewed as a social and financial plague on society with undocumented migrants facing daily discrimination that adds to the effects of structural vulnerability (Quesada, 2011). Most native populations perceive undocumented migrants as exploiters and abusers of their health and their social welfare systems (Sargent, 2011). Therefore, access to healthcare is seen as a "deservingness" rather than a basic human right (Marshall, 2020). This phenomenon is best observed when examining health care access for undocumented individuals. While they may be engaged in other informal modes of participation in society, they are often denied access to basic healthcare services (Marshall, 2020).

Health-related deservingness is a concept that has risen from political discussions surrounding unauthorized migrants' exclusion from the healthcare system (Quesada, 2011). This exclusion extends beyond the political realm whereby undocumented immigrants are rejected by

the moral community as their lives and bodies are not considered worthy of further concern or attention. The notion of “illegality” has left undocumented migrants vulnerable to increased health risks and hardships (Willen, 2012).

Research has found that government policies determine the “deservingness” of the migrants, as popular opinion shapes the policies and legal entitlements that an undocumented migrant will have within a nation (Quesada, 2011). When looking into discrimination within care in Denmark, Glahder Lindberg et al. (2021) state that migrants faced “exclusion that are grounded in racial-ethnic background, socioeconomic status, mental health status, lack of permanent residence, dependence on addictive substances, or history of incarceration, among other factors” (p. 632).

In 2021, the Norwegian parliament introduced a bill to create a healthcare system for all; however, the bill was rejected with the majority choosing to veto the bill and any changes to the current Norwegian healthcare policies. As they stand, the current policies deny undocumented immigrants access to universal healthcare (Helse og- Omsorgskomiteen, 2021). This is unfortunate because according to Ottesen (2008), Norway was the only country that they studied that did not have opportunities for undocumented migrants. The kingdom has tried to create a system that is encompassing for its citizens but harsh for anyone pursuing to start a life in Norway.

In addition to the government, healthcare workers act as the gatekeepers to health and play a very important role in the healthcare offered to undocumented individuals. Healthcare

workers can define who has access to care and also shape the views surrounding those who are “deserving” of care. The idea of worth with the concept of “deservingness” can result in a healthcare worker treating a citizen differently than a non-citizen (Marshall, 2020).

Unfortunately, this view extends to pregnant women and children. They receive care based on the discretion of the healthcare worker they interact with and the healthcare worker’s levels of compassion (Marshall, 2020). This is because the multi-tiered system makes it hard for undocumented individuals to receive appropriate care.

A multi-tiered healthcare system is one where different levels of healthcare services are provided based on residency status (Marshall, 2020). It creates a system in which it is even more difficult for undocumented individuals to access healthcare. The unequal distribution of power and structural inequalities between the citizens and non-citizen are the root causes of health inequalities.

To add fuel to the fire, there is a growing perception that being undocumented is equated with being illegal, which is often seen as criminal (Quesada, 2011). This perception has led to arguments centered around deservingness and decreased social services for undocumented individuals. These arguments ignore the fact that access to healthcare is a fundamental right that should not be denied based on immigration status (Marshall, 2020).

The idea of universal human rights includes access to healthcare. Sadly, this is often framed as a right reserved for citizens, and only citizens. This notion is problematic, as it suggests that access to basic human rights is not truly universal. This approach is both morally

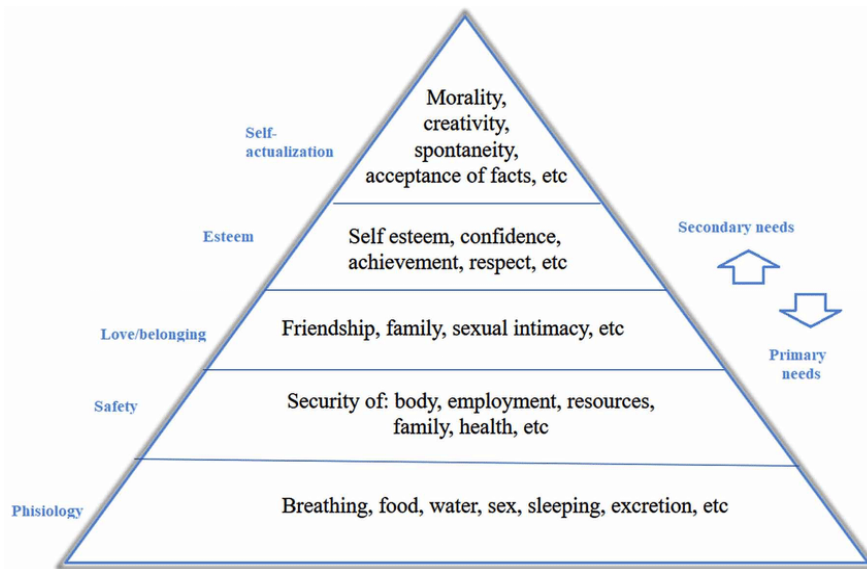
and ethically wrong, as it denies individuals access to basic services that are essential for their survival. Overall, the issue of health-related deservingness highlights the inequalities that exist within the healthcare system. It also raises important questions about the notion of universal human rights and the need to ensure that all individuals, regardless of their immigration status, have access to basic healthcare services (Marshall, 2020).

Employed Lens for Observing Healthcare Exclusion

Migrants in new countries are more vulnerable than a country's birth population (Quesada et al., 2011). Immigrants are disadvantaged, often living in poor socio-economic situations in a hostile social atmosphere in a host country. Such poor living conditions are expected to negatively affect their mental and physical health (Whist, 2013). As mentioned previously, the situation is dire in Norway as undocumented migrants only have access to emergency care under the Norwegian government. However, what is defined as emergency care under Norwegian law is at the discretion of the physician according to the UDI and the Norwegian legislation surrounding healthcare.

When looking to assess a person's well-being, it is imperative to define the hierarchy of their needs to have an order of priority of what should be tackled to attain a higher health status. This is where Maslow Hierarchy of Needs (1943) comes into play (McLeod, 2007). Maslow introduces a human need pyramid structure to visualize the basic necessities that individuals need in order to achieve self fulfillment and as a consequence one's full potential. One is not able to meet psychological needs if one's basic needs are not met first. The order he presented starts with the physical needs, which he states are essential for survival. Those would be items such as:

food, clothes, and water. The next level in that hierarchy is the need for safety and security; that is whereas health falls.



Source 1: Maslow's Hierarchy of Needs (Dieguez, 2018)

Another lens by which a person's health status is impacted and should be observed is via the external factors that play directly and indirectly into someone's health status, otherwise known as the Social Determinants of Health (SDOH). The Social Determinants of Health (SDOH) is a framework that can be broken into five key domain health disparities and inequalities are understood and addressed in an efficient manner in order to improve community's health statuses (Garcini et al., 2022). The five domains are defined as: economic

stability, academic educational levels, healthcare, the social and community context, as well as the living circumstances and surrounding built environment.

Physical & Mental Health

According to Olukutun et al. (2019), undocumented migrants are exposed to different extremely stressful situations. Many migrants flee their country of birth due to stressful situations such as war and unlawful persecution. The journey to their host country can bear many risks. Therefore, most migrants have dealt with some type of significant trauma before arriving in the country where they apply for asylum.

It is evident here that the basic needs within Maslow's hierarchy are not being met for this target population. On their journey to a better tomorrow, the population is lacking shelter, a physical need, and safety and security (McLeod, 2007). Unfortunately, there are no exclusions to who experiences this loss.

A common theme throughout the limited research on migrant mental health is sadness and depression (Gewalt et al., 2018). Predominantly for women, many women leave their birth countries in hopes of better economic opportunities or a safer place to raise their children, they end up leaving their communities, their parents and siblings. We all know the saying that goes 'it takes a village to raise a kid'. Well when the women migrate, they tend to do so with their husband and/or child(ren) and leave their community behind. This style of travel, especially with young children, makes these women more susceptible to feeling lonely and/or isolated (Gewalt et al, 2018) (Olukutun et al., 2019). Bains et al. reported that 24% of the pregnant undocumented

women in Norway that they interviewed had felt afraid or anxious and 15% had felt hopeless for the future (2021).

When looking at migrant women seeking asylum in Germany, Gewalt et al. (2018) reported that the main occurring themes that caused most psychosocial stress was stressful living situations and uncertainty about their futures in Germany. Although these women were in the process of seeking asylum, they still faced issues such as fear of deportation that is common with undocumented women (2018). Fear of deportation was the main reason that women did not access healthcare in Norway according to Kvamme and Ytrehus (2015).

Both studies outlined above underscore a lack of two main domains of the SDOH: decent and stable living circumstances as well as a strong sense of community. The lack of the two domains introduces a myriad set of factors that indirectly introduce vulnerability to the individual level, worsening their health status and erecting barriers against the ability to raise that status level (Gewalt et al., 2018; Kvamme & Ytrehus, 2015) .

Olukutun et al. (2019) found that most of the undocumented migrant women had suffered from depression during their stay in the US. The depression was caused by their feeling of uncertainty of the future, isolation, and the financial hardship of being undocumented. The women were forced to work low income jobs (below the minimum wage) and little to no holiday time/time off.

Again, Maslow's hierarchy of needs are not being met and at almost every level of the pyramid. The women are struggling to secure a permanent shelter, a physical need. Their sense of safety and security is consistently risked, the second level of the hierarchy. Lastly, their sense of belonging is hampered and persistently challenged (McLeod, 2007).

The same set of observations and conclusions can be derived from the lens of SDOH, whereby the domains that contribute to the individual and community health status levels are compromised (Garcini et al., 2022).

Lack of Means to Accessing Healthcare - Norwegian Experience

Despite migrants generally having poorer life quality, they face significant challenges in accessing healthcare, often encountering limited coverage and insufficient support. Their low health status is compounded by the traumatic experiences they endure during their migration journey (Fakhoury et al., 2021). This introduces a huge toll, to not only their physical, but also their mental health (Fakhoury et al., 2021). To make matters worse, undocumented migrants tend to use the healthcare system less than the general Norwegian population (Haddeland, 2019). The low levels of engagement have created challenges when providing these individuals with the specific help that they need, but it would be unfair to blame them for the low score on the engagement levels (Kour et al., 2020).

In her 2013 work, Whist delved into the psychological aspects of working with undocumented migrants in Norway. Referring to Zang's 2008 study, she noted that out of an estimated 18,000 undocumented migrants in Norway, two-thirds had attempted to seek asylum. Since 2009, these migrants have gained more media visibility. Whist highlighted that, unlike many other European countries, Norway was slower in establishing health care services for undocumented migrants. The Norwegian Directorate of Immigration (UDI) employs methods to ascertain the number of undocumented migrants. Whist's research centered on their life, health,

rights, and mental health, revealing that these individuals often face intense psychological issues, including fear of the future, sadness, anxiety, depression, psychosis, suicide, and PTSD.

Hampering of Knowledge Transfer

Immigrants without legal residency in Norway are discriminated against within healthcare policies; although Norway is a strong welfare state, it excludes outsiders. Reasons that immigrants do not use the healthcare system as frequently include lack of information accessibility such as thinking an ID is needed, fear of deportation, and difficulty in attaining appropriate access due to the lack of a dedicated primary care physician (fastlege) (Haddeland, 2019).

In Norway, all health concerns go through your primary care physician before being referred to a specialist. A subset of the undocumented migrant population tends to be subject to this unjust process more frequently than others, pregnant women. Although pregnant women have the basic right to prenatal care, such rights are hard to access when women do not have a primary care doctor (Haddeland, 2019). Therefore, their access to prenatal care is extremely limited compared to women with legal rights in Norway (Kvamme & Ytrehus, 2015). This does not just pose the difficulty of where to go but also to get an appointment for a simple checkup. There are very few private clinics and the out of pocket payment is frequently too high for an undocumented migrant. If an emergency caesarean is needed, women are expected to pay for the surgery out of pocket. This creates a gender-based issue as men will never experience this financial burden of childbirth (Melberg et al., 2017).

Social Support

There is a good amount of support missing from the migrant population that negatively impacts their health. The study by Myhrvold & Småstuen (2019) aimed to delve into the lives of undocumented migrants in Norway, focusing on their quality of life. They found that these individuals faced multiple hardships, including economic difficulties, acculturative stress, and limited psychological and social support, compounded by a lack of healthcare and social welfare access. Utilizing a mixed methods approach, they surveyed 90 migrants and conducted interviews, revealing a generally poor quality of life among participants. Many experienced abuse, homelessness, and human rights violations. This poor quality of life was attributed to a combination of pre-migration traumas, challenges faced during migration, and post-migration struggles in Norway, including economic and social hardships as well as the constant fear of deportation.

Looking at the migrant women's health in specific, studies conducted continually show psychological and social issues. Living away from their birth country and most of their family means individuals are more likely to suffer effects from isolation. Social support is one of the most important attributes to help individuals overcome psychosocial stressors and that is also a main domain in the SDOH framework; individuals must feel a sense of community and belonging to ensure a higher health status (Lu, 2012; Garcini et al., 2022). Although migrants are able to build communities of friends and family abroad, Oluktun et al. (2019) found that most of the undocumented African migrant women that they interviewed felt isolated in their experiences of being undocumented. They felt unable to fit into the American lifestyle. The feeling of

isolation was worse for women that did not have a strong network of people from their birth country to rely on.

A study conducted by Bains et al. in undocumented migrant women in Norway showed that although 96% of the women had someone that they could talk to, 30% had suffered feelings of loneliness (2021). This showcases that at first glance, the population might be performing well. But in fact, the feeling of community and belonging is not as established as it may seem.

The need for strong connections is important to one's health status as Gewalt et al. (2018) found that a lack of strong relationship increased the likelihood of psychosocial issues experienced. In their discussion, they state that single or unmarried women and women in bad relationships had a higher risk of perinatal mental issues. They discuss a previous study on Pakistani immigrant women in Norway that found that unmarried women and women with poor partnerships had a higher risk of postpartum depression (Gewalt et al., 2018).

Social support can come from one's personal community but it can also come from the professional community. Social support within healthcare for undocumented migrants comes from doctors, psychiatrists, and social care workers. It is extremely important to have solid professional standards when working with the most vulnerable population. The level of professional support is a crucial factor to how resilient someone is to psychosocial stress as this can counterbalance negative effects (Gewalt et al., 2018). Therefore, the system must allow for the ability to identify the undocumented migrants with low personal social support and offer them more social services (Bains et al., 2021).

Language Barrier

The language barrier that migrants face when moving to a new country was discussed throughout all studies. Not knowing a language does not only make it difficult to communicate with individuals you meet during one's day to day life, but it also makes it hard to know and to access opportunities that an individual is entitled to (Hällgren, 2005). The language barrier makes it difficult to navigate the healthcare system, to know one's rights, to obtain peer support from others that may be from a different birth country and different mother tongue. A foreign language will thereby increase isolation. This makes it difficult for undocumented migrants to access the help that they need (Gewalt et al., 2018).

Studies conducted on migrant women mental health continuously state the grievances surrounding not knowing the language. Without an interpreter, it is difficult to understand the practices and rules of the host country. This also results in a lack of information or misinformation (Gewalt et al., 2018). For example, Kvamme & Ytrehus (2015) found that there is a lower rate of migrant women attending birth classes in Norway, the classes are typically held in Norwegian.

The use of an interpreter increases a migrant's overall understanding of services they are offered. However, when using a professional interpreter service, there can be issues of dialect or understanding based on gender so misinformation can be spread. It is important that healthcare workers are aware of this (Kvamme & Ytrehus, 2015).

SDOH Lens - Psychosocial Health

All individuals face some sort of stress throughout their lives; however, not all are as vulnerable to its effects. Many factors determine how someone responds to the stress that they are facing. Individuals with more social support are more resilient to stressful situations in their lives. This support is mostly emotional support from loved ones (friends and family). Along with social support, it is important that informational and physical resources are available and easy to access (Lu, 2012).

In their 2016 study, Trine Myhrvold & Småstuen focused on healthcare as a manifestation of social and political inequality, specifically targeting the mental healthcare needs of undocumented migrants in Norway. Their research revealed high levels of psychological distress among these individuals, largely due to experiences of war, persecution, poverty, and abuse in their home countries. Contrary to their hypothesis, factors like having family in Norway or employment did not significantly alleviate this distress; instead, family responsibilities and workplace exploitation exacerbated it. The study also noted that traumatic experiences during migration, prolonged stays in reception centers, detention, and the constant uncertainty of living situations, including the threat of deportation, contributed to mental health issues. Furthermore, despite being employed, undocumented migrants did not experience reduced psychological distress, highlighting that participation in the workforce does not necessarily equate to improved mental wellbeing. The study underscored the critical nature of social inequality in health and the lack of attention to the mental health of undocumented migrants in Nordic countries.

Studies show that women suffer less from psychosocial implications as they are better at asking for help than men (Addis & Mahalik, 2003). Asking for help increases social support from an individual's close community. However, those who migrate to other countries lack social

support as they are further away from those who can offer it to them. This increases the impacts of stress that individuals face. It is also significant that outside organizations, either host governments or nonprofit organizations increase informational and physical resources that are available for this vulnerable group (Lu, 2012).

In a study done by Bains et al. (2021), psychosocial factors were one of the main barriers to accessing healthcare for pregnant undocumented women. The women stated that having a limited social network made it hard to physically get to appointments as navigating public transportation without knowledge of the language was near impossible. Most women specified that they had someone trusted to speak to, but still struggled with loneliness in Norway.

Asylum seeking women are the most vulnerable with a population. Even more vulnerable are pregnant women and mothers of young children seeking asylum. These women suffer from a high degree of psychosocial stress such as depression, domestic violence, and substance abuse among others. Psychosocial stress can have a negative effect on the unborn child or young infants who are dependent on their mothers (Gewalt et al. 2018).

Gewalt et al. (2018) studied the social determinants of health as defined by the World Health Organization (WHO) asylum seeking women in Germany and found that psychosocial effects are greater for migrants. There is a higher rate of postpartum depression for migrant women. They state that conclusions based on previous systematic reviews state that more research has to be done on women's mental health, particularly migrants who are pregnant or new mothers. In their year of research, 2018, there was not enough funds allocated to studying this issue, which is why research on this topic is still very limited. Kvamme and Ytrehus (2015) specifically state that, "research on undocumented migrants in Norway is scarce" (p.3).

Studies done by Gewalt et al. (2018) in Germany and Kvamme and Ytrehus (2015) in Norway show that most women are happy about their pregnancy. The psychosocial stressors are caused by outside factors such as future uncertainties, lack of stable finances, and isolation. This chapter will focus on studies that discuss the implications surrounding the uncertain future of undocumented migrants, social support both on a professional and personal level, the impact of the language barrier, and economic opportunity. These factors are tied to the use and understanding of the maternity care system and the mental and social state of the undocumented migrant women using the system.

Chapter Summary

In conclusion, the concept of health-related deservingness highlights the complex and often inequitable dynamics surrounding the healthcare access of undocumented migrants, particularly women and children. This chapter has explored the multifaceted challenges that these vulnerable populations face in accessing healthcare services, shedding light on the various factors contributing to their exclusion from essential care through the lens of Maslow's hierarchy and the SDOH.

Undocumented migrants endure significant barriers when seeking healthcare, including limited coverage, inadequate support, and a general lack of awareness about their rights. Traumatic experiences during migration, uncertainty in living conditions, and the fear of deportation contribute to high levels of psychological distress among this group, particularly pregnant women and mothers of young children.

The language barrier compounds these challenges, making it difficult for undocumented individuals to navigate the healthcare system and understand their entitlements. This linguistic barrier further isolates them from society and hinders their access to crucial support networks.

Despite the evident need for comprehensive healthcare for undocumented migrants, the current system often fails to provide adequate care, perpetuating health inequalities. The issue of health-related deservingness underscores the fundamental need to recognize access to healthcare as a universal human right, regardless of immigration status.

In light of the research presented in this chapter, it is imperative to address the systemic barriers that undocumented migrants, especially women and children, face in accessing healthcare. Policymakers and healthcare providers must work towards creating more inclusive healthcare systems, breaking down linguistic and bureaucratic obstacles, and promoting mental health support to alleviate the psychosocial stressors faced by this vulnerable population. By doing so, we can move closer to a society that values the health and well-being of all its members, irrespective of their immigration status.

Research Design

Overview

My research is focused on a case study of undocumented men and women living in a city in Norway. I used convenience sampling to choose the participants in my case. It is difficult to find undocumented individuals as they are almost always living under the radar. I thought the best way to find participants to interview would be to go through an organization that supports undocumented migrants. This way, it would be easier to find groups of undocumented migrants to individually interview. I was invited to join a support group for undocumented migrants in Oslo and attended the meetings weekly for 2 months. At my first meeting, I introduced myself and the project that I was working on. I explained to the entire group that I had broad questions, but I wanted to have flexible interviews to get to know the participants and their lives. I did not have a specific research question outlined as I wanted to determine my research question based on the information given by the participants.

Narrative Study

My study is based on the narratives of undocumented migrants from East Africa living in Norway, predominantly in Oslo and surrounding areas. The narratives come from specific interviews where the participants tell their story while answering the researcher's questions.

The issue of undocumented migrant life in Norway is a complex and multifaceted one, which requires an in-depth analysis to fully comprehend. In this regard, using a narrative case study approach provides much-needed depth into the lives of these people who often live on the fringes of society. Through examining nine individual cases, we gain a deeper understanding of their everyday challenges and experiences.

While some critics may argue against generalizing findings from narrative studies, it is important to note that such studies are not aimed at providing generalized conclusions. Instead, they seek to paint a vivid picture of individual experiences that can shape our collective perception of broader issues. Moreover, by studying multiple cases and looking for common themes or similarities among them, we identify patterns beyond what can be gleaned from just focusing on one person's account.

Narrative case studies have proven useful when attempting to understand human nature as well as illustrating various problems related to diagnosis and intervention. They allow for the intensive examination of individual units while recognizing that such units extend beyond persons alone.

In conclusion, narrative case studies provide an opportunity for researchers or readers to immerse ourselves in the world lived by individuals experiencing trauma or hardship. This method allows us to see beyond statistical probability, to better appreciate what makes particular narratives unique but also spots those (Ali & Lalani, 2020) underlying themes that connect them to broader societal issues. By delving deeper into the individual experiences of undocumented migrants in Norway, we may gain a more nuanced understanding of their struggles and develop more holistic approaches to addressing their needs. Additionally, narrative case studies can serve as powerful tools for advocacy and policy change by highlighting the lived realities of marginalized communities. Therefore, it is vital that researchers continue to harness this approach as part of an ongoing effort towards developing a more empathetic and inclusive society. Overall, narrative case studies are a valuable tool in gaining insights into the experiences of individuals facing various challenges.

Oral History

Oral history focuses on individuals' and ethnic groups; it is a focus on human experience for everyday ordinary people. It is extremely useful for gathering firsthand accounts of events and getting a deeper understanding of the certain social conditions that a group of people have undergone. Then merging them together with all the different individuals who have experienced a similar phenomena. This method is used with people who cannot write their own accounts of a situation (Brandell & Varkas, 2001). As undocumented migrants live under the radar and there is an absence of individual accounts within current research, I used the oral experiences of my participants. I have transcribed their individual profiles, so that those reading this thesis can get a better understanding of each individual story and their correlation.

Finding an Organization

The organization that I went through was chosen at random. I searched for organizations in the Oslo area and tried to go through professors at my university to find individuals willing to be participants. I reached out to several organizations via Facebook and email. I joined Facebook groups and posted in the Facebook groups in hope of finding participants. I had one support group for undocumented migrants reach out to me on Facebook. The individual from the support group put me in contact with a woman who works with many undocumented migrants in Oslo. She was excited about my project and invited me to join the weekly meetings she held in Oslo city center. Therefore, I did not pick a specific organization to work with but was rather open to working with whoever was willing to work with me.

Interview location

Choosing the location and organization was based on convenience. The location where the support group is held has multiple small rooms which were used as interview rooms. The rest of the support group participants were in the larger main room but could not hear what was being spoken about during the interviews. The rest of the individuals in the support group did know who was participating in the interviews.

Use of interview guides

To help guide my interviews, I wrote an interview guide that was sent and approved by the support group leader and NSD before conducting my interviews. I used simple and open questions initially to spark conversation. The interview guide was essentially conversation pointers and to keep the interview on track in lieu of conversation. The biggest reason to use this line of questioning is that it assists in uncovering an individual's subjective experience in an event. Brandel & Varkas (2001) state that it is essential to start with vague interview guides. A researcher's primary interview is important to the research process because it can help tailor the interview guide to have more relevant questions for the next interviews. I found that it did not feel appropriate to ask about why the women do not have children and about seeking healthcare for prenatal and antenatal care. I asked general questions about healthcare instead. Thereby modifying the interview guide after my initial interview. My questions were quite simple but this allowed for follow up questions based on participant responses. Additional questions are allowed to be asked during the interview that are not in the interview guide that can help the participant expand on their responses (Brandell & Varkas, 2001).

Purposive Sampling Method: Convenience Sampling

In some circumstances, such as dealing with individuals living below the radar, it is impossible to get into contact with a diverse group within your target group to conduct probability sampling. A non-probability sampling method was utilized as I interviewed individuals within the same support group. I used convenience sampling, as the participants were chosen due to simply coming to the support group meetings and wanting to be interviewed. Convenience sampling is when the researcher announces the study to a group and research participants self-select if they want to join the study and be interviewed by the researcher (Stratton, 2021).

According to his research on different qualitative researchers, Flick (2018) writes this sampling method is “not the most valuable strategy of finding research participants but sometimes the only one that works”.

Flick (2018) states that there are three main things that are important for a good research participant. The participants must have “necessary knowledge or experience of the issue for answering questions” that are being asked. Secondly, the participant must have “the capability to reflect and articulate” on matters pertaining to the research topic during the interviews. Lastly, the participant “must have the time to participate in the study when asked”(p.).

Individual Interviews with Participants

I chose to conduct semi-structured individual interviews in the hope that it would allow the interview to flow on a topic rather than questions. This allowed for an easier flow when

asking participants questions about their experiences. Although I had single interviews with each participant, I met most of the participants multiple times and was able to get to know them and talk to them in a group setting on multiple occasions.

I found that the best way to conduct my interviews was to establish rapport with my participants. I did this by showing up weekly to their support group meetings, engaging in group discussions, and sharing information about myself so they could get to know me. I did not simply go to the meetings and interview and leave. I would go early and stay throughout. Brandell & Varkas (2001) state that rapport is important for participants because they want to determine if you as a researcher are worthy of hearing their stories and capable of understanding them. It is possible that researchers may need to answer personal questions about themselves to establish rapport.

Voice Recordings

To maintain participant anonymity, I hand wrote all my notes during the interviews. Since this does not capture the participants tone of voice and pauses when speaking, I recorded myself speaking about the interview and the participants tone, body language, and any other non verbal remarks I picked up during the interviews. To be a capable researcher, one must be able to interpret non-verbal communication to enhance interviews and analysis. This can help with thematic analysis and find themes behind what the participant is saying (Brandell & Varkas, 2001).

Observation

The participant observation in this case was observing and joining support group discussions. According to DeWalt and DeWalt (2011), participant observation gives the researcher the understanding needed to explain the results of the structured interviews with interview guides.

Translator

Seven of the nine interviews were conducted in Norwegian or English, which I hold native fluency in both. One interview was a face-to-face interview with Annika while a colleague of mine, who speaks the same native language, translated for Annika over the phone. My colleague signed a privacy form to ensure that the information she translated was true and that it was kept confidential. She also did not see Annika's face and she was not given the true name of my participant to not identify. After getting to know Annika, I realized that she does understand Norwegian but felt shy at the time of our interview and was nervous to speak about such a sensitive topic in a language that she might not be quite familiar with. Therefore, she understood what I was asking and would have corrected me if I was confirming information that was incorrect.

The last interview was a phone interview with a woman, Maya, who was an acquaintance of Ole as he is helping her through his organization. This woman did not speak English or Norwegian, so Ole translated our conversation. Maya was very comfortable talking about her personal life. Ole did not sign a privacy translator form as he is a research participant and

therefore, this would compromise his anonymity. He gave oral confirmation that his translation was an accurate account of what Maya was saying in her native language.

Data Limitations

Convenience sampling is not an objective sampling method and does not allow for the data to be applied to the general population. Therefore, a limitation in my data is that my participants were not varied in background, as they were all part of the same support group.

Data Analysis

After transcribing the notes taken during the interview, I emailed my participant profiles to the support group leader to give the participants the opportunity to discuss their personal profiles. This was to ensure that I had not written anything that was not true or maybe misunderstood. It also gave the participants the opportunity to clarify any ambiguous information as I hand wrote notes. I did this to help incorporate any new feedback or insights into my results and also double check my results (Brandell & Varkas, 2001).

Ethics in Research

Ethical Consideration

This project is dealing with one of the most vulnerable groups in Norway so I will be taking multiple precautions to ensure the anonymity of the men and women that I am interviewing.

Anonymity & Confidentiality

For anonymity purposes, pseudonyms, an age range, and regions/continents instead of their country of origin will be used when discussing participants in this study. The location of the weekly meetings and the support group where participants that were interviewed attend will also remain undisclosed.

Instead of recording audio, handwritten notes will be taken during the interviews so there is no trace of an individual's voice or personal information leaked due to lost audio or breach of data during storage.

Informed Consent

"The term informed consent implies that subjects know and understand the risks and benefits of participation in research." (Flick, 2018, p). Verbal consent was used instead of a written consent form to decrease the risk of breach in anonymity and privacy. The participants were read the intention behind the study and their rights when participating in the study. It was made clear that they could choose to revoke their participation in the study at any time. By continuing to go to the support group meetings, participants have had the opportunity on several occasions to withdraw from the study. They were also given the option to withdraw from the study by informing the support group leader, Trude. All participants have Trude's phone number and can easily contact her without going to her in person.

Reflexivity

To limit bias in this personal research, it is important to be reflective of myself. Self-awareness is extremely important and understanding how my cultural upbringing and political views can impact my subjectivity. According to Brandel & Varkas (2001), researchers need to examine how they can influence themselves, the research process, and their participants. It is also important for researchers to be aware of their own assumptions and bias'. Growing up in Dubai, an extremely multicultural place, I have many friends and classmates from East Africa. I believe that this can impact my bias as I feel a closeness to these individuals I interviewed and can compare them to individuals that I have a personal relationship with, making it more personal. Therefore, I am constantly asking myself questions when analyzing the data and making sure that I try to keep a relevant distance. To ensure that you are being reflective, one must analyze oneself, the situation at hand and others (Glesne & Corinne, 2006). To maintain a reflective stance in research, Brandell and Varkas (2001) emphasize the importance of researchers actively exploring their own biases, feelings, thoughts, and theories. They advocate for engaging in internal dialogue and being deliberate in efforts to maintain awareness and understanding of their impact on the research process. This approach is crucial for ensuring that researchers remain introspective and mindful about how their personal perspectives and theoretical frameworks influence their work. Furthermore to ensure an accurate interpretation, the insider and outsider positions need to be navigated in full and in depth (Butcher, 2022)

Subjectivity

Befriending participants can make it hard to be subjective to their answers. Glesne & Corinne (2006) state that researchers should be neutral. Befriending participants can lead to

biases in research because it decreases the researcher's ability to be partial and objective in their research. I felt like this was hard for me because I was listening to my participants share their life stories and break down into tears over their current situation. I believe that the emotional aspect of these interviews evokes feelings that would make it hard for anyone to be impartial. However, in research when working with small groups, friendships may develop naturally (Glesne & Corinne, 2006).

In order to gain a more subjective view of this project, I contacted UDI with questions to gain an understanding of how their offices work and how they make their decisions. You must increase your understanding of a topic to be aware of what you may distort (Glesne & Corinne, 2006).

Ethical Issues: Bias & Befriending

I joined a support group for undocumented migrants living in Oslo. This support group is a subset of a larger organization that has multiple different services for undocumented migrants. They meet every week, and the location and time remain the same. The amount of people who show up every time changes, but many of the individuals I interviewed such as Ole, Johnathan, Anika, Ada, and Mariam come weekly, and we have met multiple times.

By showing up every week to the support group meetings and joining in discussions, I was able to build rapport with the participants by showing my commitment to the support group. Acts of commitment foster rapport with participants according to Glesne & Corinne (2006). Building rapport is extremely important because it is a trust building mechanism. This trust building mechanism serves the interest of the researcher because the participants are more

willing to be open and discuss sensitive issues. Participants are more willing to discuss pressing matters when they know that you are invested in them and are willing to listen to their stories and situations (Glesne & Corinne, 2006).

Befriending research participants can be seen as unethical, mostly if it impacts who you are choosing as your research participants (Butcher, 2022). I would go to meetings and welcome anyone who wanted to speak to me to do so privately in a room next to the support group meeting. I never choose anyone to speak to me and I befriended individuals who did not feel like participating in the study. I became closer to people after we spoke because knowing their stories allowed me to understand them.

Butcher (2022) says, “Dempsey created a space for participants to interview her” (p. 910) as this created deeper connections of more meaningful conversations. I believe that allowing the participants the space to ask me questions about who I am, allowed us to build trust where they felt comfortable speaking to me about issues sensitive to them.

Nala spoke to me about her gastrointestinal issues, and I was able to bring some medicines that make it easier to process dairy, gluten and general digestive enzymes to help her as she cannot always choose what she wants to eat. This exchange did not occur as payment for the interview or before the interview but simply because I am aware of these over-the-counter medications and wanted to see if it could help her. When interviewing Anika, she spoke about being homeless and sleeping on the street. Someone had stolen her sleeping bag and she did not have anything. At the end of the interview, we exchanged phone numbers, and I went and

bought her a sleeping bag and pillow. This exchange did not occur until the end of the interview and therefore, I do not believe that this had any effect on the interview.

It can be difficult to communicate pain in a subjective experience (Butcher, 2022)

Thematic Analysis

To get the best results, I decided to have broad questions that could help lead the interview if the conversation stopped flowing. The notes and conversations that I had were quite broad. Therefore, the best analysis to use for the conversations was thematic analysis to find the common themes between participant interviews. Braun and Clark's (2006) definition of thematic analysis is as follows: "Thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data. It minimally organizes and describes the data set in detail. It goes further than this and interprets various aspects of the research topic" (p.79). This definition highlights that thematic analysis involves identifying patterns or themes within a data set and interpreting these patterns in relation to the research topic. The method also involves organizing and describing the data set in detail, which provides a rich understanding of the data.

When analyzing my results I focused on the experiential orientation. This is focusing on what the participants think, feel, and say rather than trying to interpret what they are saying into themes (Braun et al., 2019). I am not trying to read into their stories to find meaning, rather use their concrete words and what they have actually verbalized.

Thematic analysis is a widely-used qualitative research method that allows researchers to identify, analyze, and report patterns or themes that emerge from a data set. It is a flexible approach that can be used to analyze various forms of data, including interviews, focus groups, and written texts (Flick, 2018).

Braun and Clark's approach to thematic analysis emphasizes the importance of both semantic and latent codes. Semantic codes refer to the explicit, surface-level meanings that participants have expressed in the data, while latent codes refer to the underlying, implicit meanings that are not immediately evident. By searching for repeated patterns of meaning across the data set, researchers can identify themes that capture both the explicit and implicit meanings of the data (Flick, 2018).

Although it shares similarities with the grounded theory methodology, it is important to note that thematic analysis is not meant to develop new theories. It is a method for organizing and describing the data set in detail, while also interpreting various aspects of the research topic. This makes thematic analysis a useful tool for exploring and understanding complex phenomena (Flick, 2018).

Despite its usefulness, there are some limitations to thematic analysis. For example, it may not be suitable for analyzing large and complex data sets. Additionally, the method of thematic analysis can be quite vague, as it involves a general model of steps rather than a clear outline of how to use the methodology (Flick, 2018).

Thematic analysis is a widely-used qualitative research method that allows researchers to identify and analyze patterns or themes in a data set. It is a flexible approach that can be used to analyze various forms of data, but it is important to recognize its limitations and to carefully consider how to apply it to a particular research question or data set (Flick, 2018).

Chapter Summary

In this chapter, I have delved into the methodology employed in my research on undocumented migrants in Norway, providing a comprehensive overview of my approach to understanding the lives of this vulnerable population.

My choice of a narrative case study approach has been underpinned by the recognition of the complexity and multifaceted nature of the issue at hand. Rather than seeking generalized conclusions, my aim has been to paint vivid pictures of individual experiences, allowing me to better appreciate what makes each narrative unique while also identifying underlying themes that connect them to broader societal issues.

Oral history, as a method, has been instrumental in gathering firsthand accounts of events and understanding the social conditions experienced by undocumented migrants, who often live beneath the radar. Through individual profiles, I have strived to provide a deeper understanding of each participant's story and its correlation with the larger context.

The process of selecting an organization for participant recruitment was a pragmatic one, driven by the need to locate and engage with this elusive population. Convenience sampling,

while not the most objective method, was deemed necessary given the circumstances. My participants possessed the necessary knowledge, capability, and time to contribute meaningfully to my study.

Semi-structured individual interviews have enabled me to establish rapport with my participants, fostering trust and open communication. The importance of engagement within the support group meetings cannot be overstated, as it solidified my commitment to understanding their experiences.

To maintain participant anonymity, I opted for handwritten notes during interviews, supplemented by my own personal voice recordings to capture non-verbal cues. Participant observation, particularly within support group discussions, has provided valuable context to my findings.

Language barriers were addressed through the use of translators, ensuring that language did not hinder participation or compromise anonymity. The ethical considerations in my research have been paramount, encompassing anonymity, informed consent, and reflexivity, acknowledging the challenges of befriending participants and the potential for bias.

Thematic analysis, a flexible qualitative research method, has been the cornerstone of my data analysis, allowing me to identify and interpret patterns and themes within my participants' narratives. Through this method, I aim to provide a rich understanding of the experiences and challenges faced by undocumented migrants in Norway.

In conclusion, this chapter lays the foundation for my study, showcasing my dedication to understanding the lives of undocumented migrants in Norway through a comprehensive and ethical research methodology. The subsequent chapters will present my findings and their implications, shedding light on the experiences of this marginalized community and contributing to a more empathetic and inclusive society.

Part II: Research and Findings

The next section of my thesis will present my research and my findings. Unlike most research papers, I have decided to humanize my data. Therefore, chapter 6 will provide individual profiles and names to make each individual more than just a number which is important for my analysis. This is because it emphasizes the importance of their stories and not just the outcome of their experiences. This humanizes them within the situation where individuals are often given labels and dehumanized. I have divided my analysis into two sections, the first analysis chapter (chapter 7) will use the themes relevant to Nancy Fraser's Framework and the concept of Structural Vulnerability. The second analysis chapter (chapter 8) will solely focus on the concept of Healthcare Deservingness. Throughout my analyses, I will refer back to my interviewees by names that I have given them in chapter 6. You will now understand how my participants' narratives showcase their lives in Limbo and the effect of this on each individual.

Individual Profiles

Introduction

Qualitative interviews were presented as personal participants' stories. They are not verified and are original accounts of how they have experienced immigrating to Norway and applying for asylum. All names are fictitious and based on names that I found when googling African names that reminded me of Norwegian names in order to give more humanity to each story. Based upon psychology that I studied when I was in highschool, the notion of ingroups and outgroups or an “us vs. them” can be so strong that individuals may not relate themselves to others if they find them too different. Therefore, I wanted to use names that my readers, that I have assumed are from Norway, may connect with and therefore imagine that this could be their neighbor or a relative, essentially the story of someone that they know. I chose not to use uncommon names that stemmed from my participants' country of origin. I chose African names that are common around the world. those reading my paper could connect to. I wanted to minimize the us vs. them and try to make the reader understand that these individuals are human similar to me and you.

Please note that over half of the interviews that were done were done in Norwegian. Therefore, I have directly translated quotes from Norway to English. The individual stories are written based on written notes that I have taken and voice notes that I recorded of myself analyzing the interview after the interviews were conducted. My notes vary in English and Norwegian even during the same interview.

Personal accounts of Participant Interviews

Participant #1: Amina

Amina, aged between 50-60, initially hesitated but later shared her poignant story, reflecting the weight of the hardships she has faced. Her emotional distress and physical pain were evident as she recounted her life. Despite her age, her experiences have made her seem much older. After 22 years in Norway, she remains in a state of uncertainty with temporary residency, which does not grant her access to necessary support.

She resides in Norway with temporary residency, living a transient life without access to essential services despite two decades in the country. A single woman who has never married or had children, she lives wherever she can find shelter, constantly shifting from place to place, uncertain of the duration she can stay in each location. Medical care, welfare support from NAV, and housing assistance remain inaccessible to her.

In her own words, "I am living the life of others, I do not have my own life." She adapts her routine to the homeowners' schedules, making food when they are awake, being quiet when they sleep, and frequently having to vacate when they leave. With no family in Norway, she relies on the goodwill of friends or anyone willing to offer her a place to stay, causing her to change her living arrangements weekly. Her days are spent making calls and knocking on doors in search of a place to sleep each night.

Despite her deteriorating health, she lacks a Norwegian ID number due to her temporary residency, preventing her from accessing a primary care physician. Initially arriving in Norway with work authorization, she worked as a cleaner in various settings until 2011, marking a turning point in her life. With work authorization, she maintained good health and was financially stable. However, life drastically changed after its expiration. She has been unwell for the last decade, both physically and mentally. The loss of her work authorization took a severe toll on her mental well-being, evident as she broke down while discussing it.

Reflecting on her desires for a family, tears filled her eyes as she acknowledged that this dream from her younger years is now unattainable. She is exhausted from her circumstances, having left her home country on a difficult journey in pursuit of a better life. She did not choose Norway; rather, smugglers brought her here. With most of her life spent in Norway, she has no other place to call home. Feeling unjustly treated, she questions, "What have I done to the Norwegian government to deserve this life? I am not a criminal, I paid taxes, I worked." Her repeated plea echoes: "Why is the Norwegian government doing this?"

Participant #2: Ole (& Edna)

Ole, a man aged between 40-50, is known for his exceptional generosity and passionate advocacy for undocumented migrants in Norway. He invests time in supporting others facing similar situations, often providing homemade food for those less fortunate. Despite his open and trusting nature, he carries evident frustration due to his circumstances. He willingly shares personal experiences to shed light on the challenges faced by a devoted father.

Residing in Norway with his wife and children, Ole is the sole member of his family without Norwegian residency. His wife works two jobs to cover expenses while he takes care of their children. His undocumented status has led to profoundly uncomfortable situations, particularly in caring for his children. Recalling an incident when he attempted to collect asthma medication for his child, he encountered distress when the pharmacy called the police as he could not provide identification as the child's father. Helplessly, he had to summon his wife, disrupting her work, as the child urgently needed the medication. This experience left him shattered, unable to even obtain necessary medications for his own children.

Expressing deep disappointment, he remarks, "Norway does not have humanity." His children have confronted him, questioning his undocumented status, fearing his potential deportation. This distressing situation significantly impacts his children, leaving them fearful and anxious.

The arduous asylum application process takes a toll, both financially and mentally. Ole highlights the financial strain of continuously applying for asylum, having paid over 20,000 NOK. In 2012, the expense forced him to temporarily halt the application process.

Despite struggling with poor health, he faces barriers in accessing necessary care, notably an MRI, due to a lack of financial approval. While the Health Center for Undocumented Migrants serves as a resource for minor health issues, his critical health needs, including insomnia caused by stress, remain unmet. He received sleeping medication, but the underlying stress persists.

Participant #3: Ada

She shared the anguish of being separated from her children, recounting the heart-wrenching decision to leave them in the care of her sister due to circumstances beyond her control. Ada vaguely referenced her husband's troubling actions and subsequent incarceration, leaving her as the sole caregiver for their three children. Her determination to seek a better life led her to embark on a challenging journey, leaving her homeland with hopes of providing a brighter future for her family.

Throughout the arduous 19-year wait for residency, Ada chose to maintain a positive outlook, recognizing the profound impact of stress on mental well-being. Despite enduring a prolonged period of uncertainty and displacement, she remained resilient, emphasizing the importance of resilience and optimism in the face of adversity.

Having secured a permanent place to live, Ada currently resides within a community setting, where she has found support and a sense of belonging. Despite not having immediate family in Norway, she has connected with individuals who have become an essential support network in her life.

Ada's journey embodies the challenges faced by many seeking refuge and stability in a new country. Her resilience, coupled with her unwavering determination, serves as an inspiring testament to the human spirit's capacity to endure and adapt in the face of adversity.

Participant #4: Johnathan (& Sara)

Johnathan, a man in his 30s to 40s, exudes a warm and outgoing personality, always wearing a smile. Despite sharing frustrations, he maintains a composed demeanor and speaks fluently in impeccable English, enabling a deep connection in our conversations.

He sought refuge in Norway 14 years ago, deciding against joining his home country's military, recognizing its stark contrast to the Norwegian military. The prospects in his country's military would likely have led him to actions conflicting with his morals, creating a situation of treason, preventing his return home and making him an undocumented individual in Norway. He expressed that in his country, refusing military service is considered a jailable offense, and he stands firm in his refusal to kill anyone.

Residing with his girlfriend Sara, who possesses Norwegian citizenship, they have a young child together. Sara provides for the family through her work, while Johnathan cares for their child. He worked legally from 2008 to 2011 in cleaning companies after obtaining a D-number. However, the government revoked this authorization in 2011, rendering him undocumented. He feels neglected by the Norwegian immigration system, expressing profound disappointment, saying, "I am nothing for them," highlighting the lack of financial and moral support from the government, leaving him and his family vulnerable.

His initial intention was to leave for Sweden but returned upon discovering Sara's pregnancy, anchoring his commitment to his family. He applied for a work permit in 2020, focusing on their family situation, but faced denial. Johnathan affirms his reluctance to obtain

Norwegian citizenship, emphasizing his wish to work for his daughter's financial security. He takes pride in his child, finding purpose and satisfaction in being a father.

He emphasizes the paramount importance of family, proclaiming his dedication to staying in Norway solely for the sake of his child. Despite the challenges in Norway and the potential for a work permit or residency in another European country, he underscores the significance of being present for his daughter's upbringing.

Discussing the disparity between undocumented men and women, he highlights the vulnerability women face in such situations, citing the additional risks and hardships they encounter compared to men.

Participant #5: Mariam

Mariam, in her 20s to 30s, initially hesitated but reluctantly agreed to an interview after discussing her rights and ensuring her safety, with strict measures to protect her identity. She felt more comfortable speaking in her native language, so a trusted friend from the same country of origin assisted with translation. Throughout the interview, Mariam was in tears and repeatedly apologized for her emotional state.

In 2015, Mariam was brought to Norway not by choice but by people smugglers she paid. She arrived with no family in Norway and no stable place to call home. The uncertainty of her living arrangements, the constant fear of eviction, and nights spent in shelters have made her life exceedingly challenging. With no job or formal education, she navigates a difficult path.

Mariam's applications to UDI have consistently resulted in rejection. She relies on a support network of friends, including some from her home country and some Norwegians. They help with food and clothing, but she carries a sense of burden and shame, feeling unable to ask for much. While they provide for her basic physical needs, they can't alter her overall situation. She notes that friends with families in similar situations receive more support from their relatives.

Mariam firmly believes that the power to change her circumstances lies with the immigration authorities and Norwegian politicians. At present, she does not seek family or friends; instead, she longs for the opportunity to begin her own life. She expresses her dismay at the inhumane manner in which rejections from the Norwegian government are delivered. The negative decisions, though profoundly impactful, seem emotionally detached and overly systematic.

The immigration system has consumed many years of her life. Mariam dreams of having children and obtaining an education. She has plans for a future she hopes to attain. She recently applied for asylum for the third and final time, emphasizing the immense challenges and mental toll of enduring this process for so many years. She has reached a point where holding on has become exceedingly difficult.

Mariam's story serves as a poignant reminder of the emotional and psychological toll experienced by those caught in the limbo of an uncertain immigration status.

Participant #6: Nala

Nala, aged between 30-40, initially seemed reserved but gradually opened up during our conversation. She appeared worn out, shedding tears multiple times while recounting her life experiences, health struggles, and challenges tied to her immigration status.

Nala's arrival in Norway in 2009 was not of her own choice; she was brought in by people smugglers and ended up in a Mottak facility. Over the years, she is been relocated to five different places, and her time in Mottak has been far from ideal. She describes it as a place with significant control over its inhabitants, marked by a sorrowful environment rife with conflicts, primarily stemming from jealousy and anger.

In early 2021, she moved to Oslo without specifying the reason. While she previously had intermittent jobs in cleaning or childcare, she is currently unemployed. Nala's health and exhaustion weigh heavily on her, expressing, "I can't choose my life...I can't sleep when I want to sleep." Stress and loneliness plague her life in Norway due to her lack of a job, a home, or the necessary documents to start anew.

Her major fears include dying while in limbo, especially as a vulnerable woman living in this situation. Being undocumented makes her vulnerable to exploitation, with men offering shelter with ulterior motives, which she finds unsafe and distressing. She has been victimized by fraudulent lawyers twice, paying for services that were never rendered or were deemed futile after payment, leaving her in further limbo.

She fled her home country seeking safety, as the military there arbitrarily apprehends people. However, the hope for a better life in Norway has not materialized. Nala, childless, feels societal pressure and stress, believing that women without children are undervalued.

Mental health is a significant concern for her, stating, "my mind is not good without papers." The absence of legal documentation amplifies her stress, leaving her feeling utterly alone, having lost the hope she carried when she was younger.

Nala grapples with severe health issues, including gastrointestinal problems and a gynecological condition that necessitated surgery and continues to cause excruciating daily pain. Her dietary restrictions exacerbate her challenges, especially as she relies on donations to sustain herself. Her experience with the Health Center for Undocumented Migrants for medical assistance has been crucial, although she lacked a proper place to recuperate post-surgery.

In contemplating her circumstances within the immigration system, she wonders, "What have I done wrong?" Confused and disturbed by her predicament, she emphasizes that she has led a lawful life, never engaging in any illegal activity. Despite her previous positivity, the system's toll has left her with profound loneliness and depression, desperately yearning for safety to finally embark on a new life.

Participant #7: Abel (& Lola)

Abel, aged between 30-40, is currently stateless, lacking citizenship in any country. He is a direct individual who aims to be a spokesperson for undocumented individuals in Norway, striving to share his

story to make a difference. Despite frustration in his voice, he maintains composure and visibly brightens when discussing his family and the joy his children bring him.

Abel arrived in Norway alone at 16, attending school where he learned Norwegian. However, upon turning 18, UDI rejected his asylum application. He applied three times, all resulting in rejection. Presently, he lives in an apartment with his wife, Lola, and their two children. Lola, a nurse, received asylum in Norway. Both arrived separately and met in Norway, and they have been together for 12 years. While Lola works as a nurse, Abel cares for their children.

Reflecting on the impact of family, Abel emphasizes, "When I see my children, I stop stressing." He acknowledges the hardship of being alone in Norway during the initial eight years. He recognizes the crucial role his family plays in bringing hope, asserting that staying in Norway is solely for his children. He believes life is harder in Norway compared to others who sought asylum in different European countries after facing rejection. Notably, his children observe the differences between him and other fathers, leading to potential stress for them.

Expressing deep concerns about immigration policies in Norway, Abel rejects Norwegian citizenship, stating, "Dritt i norsk statsborgerskap, jeg vil bare jobbe," asserting his desire for work authorization to support his family. He believes individuals striving for a normal life face more challenges than criminal asylum seekers, denouncing the current system as a joke that requires more boundaries.

Discussing immigration challenges, Abel underscores the potential detriment caused by translators, who may provide inaccurate information leading to automatic rejection. He recounts being treated as a criminal in 2020 when the police arrived at his home at 21:00, handcuffing him in front of Lola and his child. This led to four months in an asylum seekers' facility, an experience resembling prison. He emphasizes the extra stress statelessness causes, with no hope in Norway except through others, deeming the immigration system as toying with people's lives. Abel expresses his longing to truly live, stating, "I am not living right now, I am just breathing."

He urges immediate deportation if authorities plan to expel individuals, highlighting the false hope given by the immigration personnel that ultimately gets taken away. Abel emphasizes equality in this situation, stating, "Women and men are equal."

Participant 8: Anika (& Yasmin)

Anika arrived in Norway in 2004 as a teenager accompanied by her only family, her mother Yasmin, and is currently between the ages of 30 and 40. Anika is very energetic and lively, more extroverted than the other women I have spoken to, and extremely open about her story from the outset. She is experiencing hunger due to sleeping on the streets. Her fear of the police prevents her from sleeping at the homeless shelter.

Yasmin is extremely ill and has been provided accommodation by the Norwegian government as she is too unwell to leave Norway. Anika is her mother's primary caretaker as Yasmin is unable to care for herself. However, Anika is not permitted to sleep at Yasmin's place

due to issues with the county where the apartment is located. She hides whenever she visits her mother, fearing the neighbors, the police, and the county.

"I am very exhausted, I am very tired," she says, describing how difficult life is. She has been denied a job, passport, and papers. Presently, Anika is homeless, sleeping in the woods or on the street. She is scared due to situations surrounding sexual assault. Her status in Norway also makes her too afraid to contact the police if anything were to happen to her. She is constantly afraid, facing the dilemma of where to sleep as a homeless woman, saying, "I am a woman, I am scared of rape, I am scared to be killed, I am scared for my life."

She describes her situation as an undocumented woman in Oslo as akin to a prison. When she was younger, she lived in a small village in Norway with her mother and fell in love with a man she refers to as her prince. He was from Norway and owned a farm in their village. He wanted to marry her, but when they applied, their request was denied by the Norwegian government. This man desired to start a family with her, but this dream was obstructed. Anika wants children and a family, but everything has been denied to her.

Anika discusses her mental health as a woman living on the streets. She talks about her difficult life and the psychological problems it has caused. She is depressed and says that her mind is not in a good state. Her mental health continues to deteriorate, living in constant fear of the police, authorities, and the potential harm from people passing by her on the streets. Nevertheless, she is reluctant to leave her mother and return to her country of origin. She fears

that she might be murdered if she goes back, which is the reason she and her mother fled to Norway almost 20 years ago.

When she first arrived in Norway, she attended school for two years and became fluent in Norwegian. However, after two years, she received her first rejection and had to stop her education. She insists that she is not a criminal and has submitted all necessary documents to prove her identity. She is confused by the discrepancy between what the rules stipulate and the lack of safety and support from the immigration system, despite having submitted documents proving the threat she and her mother faced in their home country. She claims that the case workers at the Norwegian immigration department, UDI, are unfair and ruin individuals' lives. She feels a strong connection to Norway as she has spent most of her life here and has Yasmin here. Returning to her birth country, where she has no family or familiarity, would be extremely challenging.

Participant #9: Maya

Maya was the only participant not living in the Oslo region. She is an acquaintance of Ole as they are from the same birth country. Ole has his own organization that helps undocumented migrants from his birth country who are in more vulnerable situations than he is. This interview was a phone interview, where Ole translated for me.

Maya is a woman between the ages of 60-70 living in Mottak a few hours north of Oslo. Due to the phone interview, I am not able to get an impression of Maya to describe her, but she

seems secure enough to talk about difficult topics such as mental health. Maya has applied for asylum three times and has been rejected every time.

She left her four children in her home country. She came to Norway almost 13 years ago to try to make money to send back to her children. She had hope for a better life for her family and made a difficult journey away from her family. In Norway, she is all alone without friends or family. She says she is scared to leave Norway in fear of imprisonment or death by the government. She has not seen her children or her grandchildren since she left her birth country.

Her mental and physical health has declined greatly while living as undocumented in Norway. She cannot seek healthcare as there is no health center close to where she lives. Her teeth hurt so badly that she can't sleep. She has diabetes and the only food that she can afford heightens her blood pressure. She receives 1000 NOK every 2 weeks to cover all food, clothes, travel and medical expenses.

She also suffers from stress and depression. Currently, she is not able to sleep without medicine. She is very depressed. The depression makes her retreat to her room where she lives alone. She does not want to talk to people and does not seek out social contact. None of the people that she has met has contacted her after receiving the papers, "I am the only one who has not gotten their papers". She goes on to say that she is aware of one other person at her church who is in the same situation as her.

Her days go as follows: eat, sleep, eat. She just leaves her room to go and buy food and then goes back to her room. She has lost hope. She says that she is stateless and stuck in limbo, where she can't leave Mottak as she has no family to go to and her physical health is in such bad condition that it is hard for her to leave for uncertainty. She is currently very sick and she is in desperate need of help.

Analysis of Individual Interviews

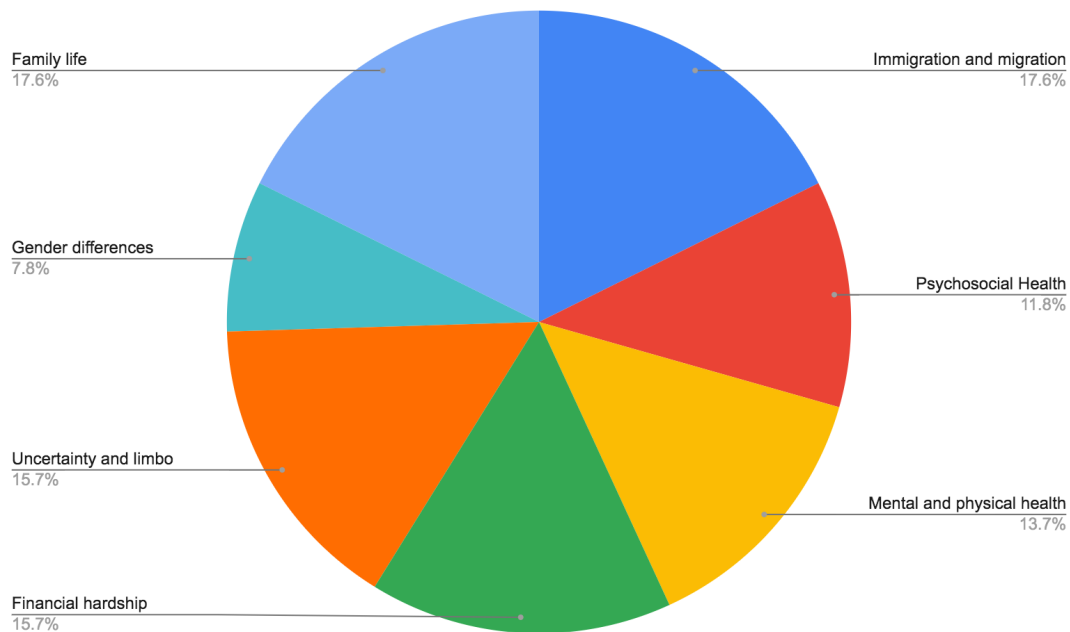
Applying Thematic Analysis to my Interviews

Due to the wide range of information that I gathered when interviewing participants, I decided that thematic analysis would be the best way to uncover the main topics that were spoken about during the interviews. This form of analysis allows the researcher to find the patterns within the data itself rather than looking for specific information. There is no concrete methodology that a researcher must follow to do their analysis. Therefore, I will explain how I did my thematic analysis and arrived at the themes that I chose.

To begin my analysis, I meticulously reviewed the notes I had taken during the interviews and analyzed the five main themes that had emerged in each one. As per my research design, I opted for an experiential orientation approach, which involved focusing on the participants' lived experiences rather than interpreting the meanings behind their words.

Moving on to the next step, I compiled a comprehensive list of forty-five themes that were prevalent in the interviews. This allowed me to gain a broader perspective and identify the

key areas of interest. Subsequently, I employed a rigorous process of analyzing both the semantic and latent codes, which eventually helped me identify the overarching theme of immigration.



After identifying the overarching theme, I proceeded to choose the six semantic themes that were commonly discussed during the interviews. One notable aspect that emerged during my analysis was the latent theme of gender. While this theme wasn't explicitly spoken about in all the interviews, it was expressed as a semantic theme in several of them. Moreover, while gender wasn't always the primary focus of discussion, all the interviews expressed some form of discussion that alluded to gender.

In summary, my analysis involved a detailed and exhaustive process of reviewing and analyzing interview notes to identify the key themes, using an experiential orientation approach, and finding patterns in semantic and latent codes. The findings of my analysis revealed the

overarching theme of immigration and highlighted the crucial role of gender in shaping the participants' experiences.

How do these themes relate to my research question?

This table presents the main themes that are present in each individual interview. I have demonstrated these numbers in a pie chart to give a visual as to which themes were the most important overall.

Table 1:

Theme Participant	Immigration and migration	Psychosocial health	Mental and physical health	Financial hardship	Uncertainty and limbo	Gender differences	Family life
Amina	x	x	x	x	x		x
Ole	x	x	x	x	x		x
Ada	x						x
Johnathan	x		x	x	x	x	x
Mariam	x	x	x	x	x	x	x
Nala	x	x	x	x	x	x	x
Abel	x	x		x	x		x

Anika	x	x	x	x	x	x	x
Maya	x	x	x	x	x		x

I will discuss the main themes that were spoken about in most of the interviews. Most of the participants discussed all of these themes when I spoke to them about their lives in Norway. Therefore, these are the seven points that are relevant when trying to understand each individual interviewer.

Chapter Summary

The narratives shared by undocumented migrants in Norway offer poignant insights into the multifaceted challenges they endure within the country's immigration system. These individuals face a convergence of formidable barriers, encompassing access to healthcare, unstable living conditions, legal struggles, and the strains of familial and relationship dynamics.

The thematic analysis undertaken illuminates the systemic inadequacies and the human toll of Norway's immigration policies on those living in the shadows. Access to healthcare emerges as a critical concern, with many facing insurmountable hurdles in obtaining essential medical treatments due to their undocumented status. Their narratives also reveal the poignant impact on mental health, exacerbated by the constant uncertainty, living in limbo, and facing the ever-looming threat of deportation.

Moreover, the gender-specific vulnerabilities highlighted the additional hardships faced by women, who often encountered safety concerns and heightened risks in their daily lives as

undocumented migrants. The narratives vividly portray the struggle, emphasizing the importance of understanding the distinct challenges faced by both genders within this marginalized community.

The individuals' experiences vividly illustrate the pressing need for a comprehensive reevaluation of immigration policies, aiming to address the humanitarian aspects, provide more humane pathways, and recognize the basic rights of individuals, irrespective of their legal status. The findings underscore the urgency for reforms in the Norwegian immigration system, advocating for more inclusive healthcare access, stable living conditions, and a fair legal process for undocumented migrants.

This chapter serves as a compelling testament to the lived experiences of undocumented migrants in Norway, offering a crucial perspective that enriches the discourse on immigration policies and the human impact they wield. The themes derived from the interviews serve as a clarion call for more empathetic and sustainable solutions, urging policymakers to reexamine and humanize the approach toward those living at the margins of society.

The detailed narratives provided a lens through which the complex web of issues these individuals face becomes visible, underscoring the vital need for a restructured, inclusive, and compassionate immigration system that acknowledges the fundamental rights and dignity of every individual, regardless of their legal status.

Social Injustice and Vulnerability

Introduction

In Chapter 6, I delve into the personal narratives of my participants, aiming to go beyond mere statistics and shed light on the human experiences behind the data. These stories represent only a fraction of their lives, touching the surface of their complex experiences. To structure my analysis, I have drawn from Nancy Fraser's Framework of Social Injustice and Inequality, which categorizes injustice into political, economic, and cultural realms. Through examining interview responses, it became apparent that participants faced marginalization across all these dimensions.

In this chapter, I present the six themes that emerged from my thematic analysis, aligning with Fraser's framework and the concept of Structural Vulnerability. These themes – immigration and migration, financial hardship, uncertainty and limbo, family life, and gender – encapsulate the multifaceted nature of social injustice and inequality as experienced by the participants.

My analysis aims to answer my main research questions:

1. What are the experiences of marginalization and exclusion faced by undocumented migrants from social, economic, and political institutions in Norway?
2. How do systemic barriers contribute to a state of limbo, affecting the daily lives of undocumented migrants in Norway?

I will examine the implications of undocumented status on individuals, focusing on issues of maldistribution, misrecognition, structural vulnerability, and misrepresentation.

In chapter 8, I will extend this discussion to explore the concept of health-care deservingness, and structural vulnerability within the healthcare system for undocumented migrants and its significant role in the lives of these individuals.

This chapter uses thematic analysis to interpret participant narratives from the previous chapter, focusing on how they experience marginalization and exclusion from social, economic, and political institutions, lack of recognition and representation in society, and the power imbalances and domination within societal structures and relationships.

Immigration and Migration

Upon examining my research from a more holistic perspective, it becomes clear that the overarching theme of my thesis is centered on migration and asylum. This particular subject is a recurring focus throughout the work and was a key topic of discussion in all of my interviews. The issues of asylum and immigration are interconnected with all of the themes established in my thematic analysis. Therefore, I start my analysis with this topic to give the reader context before reading the next themes. The importance of beginning with immigration and migration is as follows, it is the crux of why my participants are ‘stuck in limbo’ facing marginalization and misrepresentation and a lack of recognition in society (Fraser, 2005).

Migrating from their country of birth to Norway and living in a state where they just simply exist but cannot live due to their legal status because they were not born in the country that they are currently residing in. Nancy Fraser’s Framework is based upon the new globalized world and is

very much tied to immigration and migration with easier international travel, moving beyond borders.

Vulnerabilities in the flight and asylum process

The vulnerability faced by participants is portrayed clearly through my interviews. The plight and asylum process, smuggling in particular highlight the structural vulnerability of migration. The participants with very traumatic stories, such as Amina and Mariam, did not share why they chose to leave their home countries. Amina stated that she left her home in the night and walked for days to reach the border of another country. Anika shared her story about why she decided to leave home. Her family was killed and she and her mom fled the country. Johnathan left because he did not want to be forced into military service for moral reasons as he did not want to bear a weapon and potentially have to take a life.

I did not ask any specific questions about my participant's flight process and as I wanted to focus more on their current lives in Norway; therefore, I do not have primary data collected from all of my interviews on the journey's to Norway. Due to this, I cannot gauge how difficult or easy it was for participants to come to Norway. The stories were more detailed regarding why they left their home countries, no individual specified that they had a dream of coming to Norway or a specific pull factor to come to Norway. I made this decision when asking questions because I wanted to focus on their lives in Norway, rather than the past. However, when analyzing vulnerability and isolation in society, I recognize that relevant background information on their plights would have strengthened Sexual assault was mentioned but it was not apparent in

any of the interviews that anyone had been victims of trafficking when trying to come to Norway (regarding vulnerability).

Among the few that decided to openly share about how they came to Norway, were Ada and Nala talked about coming to Norway via people smugglers. They state that they did not know the exact country where they would end up, but paid smugglers to go to Europe. They indicated that the smugglers chose where they were dropped off and they did not find out that they were in Norway until they spoke to customs. Many undocumented migrants are unaware about the asylum process policies and rely on their smugglers for information. The information that they rely on is not always accurate, making them wary of the authorities. As specified in my background , smuggling has become a huge business in countries such as Ethiopia and Eritrea Kelata (2019).

In an email to me, Trine Myhrvold (November 2022) states that asylum interviews happen very early in the asylum application process. At this point, many asylum seekers do not have the same trust in the government as Norwegians do. The reason for this is their countries of origin and can be related to political regimes, torture and arbitrary detention. Despite originating from the same region, translators who have fled from a conflict may still possess divergent perspectives representing various people groups within the country. The internal conflict and culture clashes within different nations in the Horn of Africa that causes biases to different groups of people. An example of this is the Oromo people in Ethiopia as discussed in the background. This intranational conflict has been an issue for decades, causing many Oromo to flee and become refugees in different countries. Their lack of recognition and marginalization in

their own country can impact how they see themselves in relation to Norwegian authorities and other non-Oromo Ethiopians (Keleta, 2019). Abel discusses the lack of trust between people groups from the same countries. He states that if a translator is from a different ethnic group within the same country, there are deep rooted feelings of hate that stem from their country of birth.

Bias' in the Asylum Process

According to Abel, those who aspire to lead a typical life face greater challenges compared to criminals who are seeking asylum. Abel argues that such individuals have to cope with more restrictions, and he views the existing system as a farce. It is clear that he believes that it would be easier to obtain asylum as a criminal than as a person who needed help. This is not an individual thought, as Rutledal (2012) writes that participants in their study spoke about people who have done criminal things and received asylum from UDI. The participants “think Norway likes those who break Norwegian laws” (translation). The interviews conducted by Rutledal (2012) were 10 years before my interviews and opinions on this matter have not changed.

Migration for a better life... hope is lost

All participants in the study have left their home countries to seek a better life in Norway due to difficulties in their country of birth. However, they face various new challenges now that are related to immigration, such as applying for asylum, living as undocumented migrants, and navigating the legal system. All participants have left their home country and come to Norway for various reasons. Some were forced to leave due to persecution or civil war, while others came in search of better opportunities. All participants have faced challenges related to immigration

and displacement, such as legal issues, difficulty in finding employment, and isolation from their families and communities.

During my interview, it was revealed how undocumented migrants experience marginalization and exclusion on multiple fronts. They are systematically denied access to essential services, opportunities, and resources, which perpetuates a cycle of disadvantage. Whether facing barriers to legal status, employment, or social welfare benefits, the participants' experiences showcase the structural inequities deeply ingrained in Norwegian society.

While conducting their study, Rutledal (2012) found that her participant Mehmed felt as though he was the only person who hasn't gotten asylum; especially, when he meets people who have the same nationality and have been granted asylum. He states that these people have a “*very lucky life*”.

Another important topic is the case of Ole who cannot prove his citizenship. He was denied asylum in Norway based on not being able to prove his citizenship in the eyes of the Norwegian government. This comes after a war that split the territory he was born in and where he grew up into two different countries. His lack of recognition due to the denial of asylum leaves him marginalized on multiple fronts. I will explore his situation further in 7.4.3, when I discuss family life and financial hardship.

Living Stateless in Norway

Nancy Fraser's framework recognizes social injustice and statelessness is a form of misrepresentation, being denied recognition in all societies. These individuals do not have anywhere to return to, therefore, they are trapped.

I conducted an interview with Abel, a stateless individual who faces societal misrecognition. He lacks official recognition as belonging to any specific country. Police exerted unnecessary power, coming into his home at night and detained him in handcuffs in front of his wife and children. He was treated like a criminal and held in detention like a prisoner. There was a major power imbalance. He is frustrated with the treatment of individuals by UDI, he feels like they are playing with people's lives. He also explains that translators can impact the lives of individuals as neither the asylum seeker or case worker can understand each other or know if the translator is telling the truth. As Abel is stateless, he does not have citizenship anywhere and is extra vulnerable as he has no protection from any government.

Norwegian Law on Statelessness

The notion of statelessness is important when looking at undocumented migrants and vulnerability as stateless individuals are the most marginalized of them all. The number of stateless individuals continues to grow, analyzing Abel's case is important. As his partner has Norwegian citizenship, he has a stable place to live with his partner and two children. However, with being stateless, it becomes harder to apply for asylum. UDI states that there is no difference in the asylum application process and wait time for a stateless individual. This causes an issue in protection and identification for those who are considered stateless. Norway does not have a

definition for statelessness within their law, and there appears to be a lack of awareness surrounding this issue. Without a definition for statelessness, no statelessness determination procedure has been developed in Norway, creating problems of identification and protection for stateless individuals. Most cases of statelessness are encountered in regard to asylum seeking; therefore, statelessness is only referred to in context to the immigration act and asylum seeking (Gunnarsdottir, 2021).

Policy and Ethics

According to the 1948 Universal Declaration of Human Rights Article 15: Everyone has a right to a nationality. Therefore, Norway and other nation states that signed and ratified their declaration have a responsibility to protect those that do not have protection from any government. With nowhere to go, governments need to come together to find ways to integrate stateless individuals. In particular, stateless women and girls are at a greater risk of sexual and gender-based violence (SGBV), trafficking, and economic exploitation. A lack of economic opportunity due to nationality rights can also force stateless individuals to look to the black market for survival such as prostitution (Edwards, 2009). As my research shows, although Abel is the only participant that I interviewed that was stateless, he has a safe place to live with his wife and children. On the other hand, the undocumented women that I interviewed were homeless, sleeping on the streets or in other unsafe (possibly predatory) conditions.

Resistance in the Face of Marginalization

Nancy Fraser argues for “parity of participation”, the notion that all individuals within one society may interact with one another as peers. When living in a country as an

undocumented individual, one already lacks the ability to interact with the country's citizens on an equal playing field. Hence, my discussion will focus on the situations where undocumented migrants experience marginalization and exclusion in society. Additionally, my research illustrates the various ways in which my participants encountered misrepresentation and misrecognition within the social fabric. I will note that the reason I have chosen not to discuss this as a lack of power is that I am using Fraser's theory that alludes to culture and institutional hierarchies as the reason for resistance, instead of a power dynamic between two societal classes.

Andreassen Kjærre (2011) found that when individuals live in a place of illegalization every day, they do small acts of resistance against the government. Acts of resistance are ways that the subordinate class can rebel against their conscious domination. This is how they can keep their personal autonomy and well-being. Scott (1985) describes the acts of everyday resistance as "ordinary weapons of relatively powerless groups: foot dragging, dissimulation, false compliance, pilfering, feigned ignorance, slander, arson, sabotage, and so forth" (p. 29). Scott's view of everyday resistance is different from what I observed, as he argues that the resistance were negative actions. A potential difference could be that he observed citizens of different social classes within one society, while my participants live in the shadows of society. I will explain in more detail below how I found that my participants described simply doing positive things that were considered illegal due to their legal status, such as having a job to ensure some normalcy in their lives in Norway. These small acts of rebellion against the Norwegian government can be seen in two instances in my research.

The first instance is when Amina talks about how she had a job as a cleaner working under the table for money. Working is the act of what an everyday “moral citizen” in a country would do to contribute to taxes in the nation. Amina vocalizes that were she allowed, she would pay taxes just as she paid taxes previously when she worked as a cleaner with job authorization and a D number. However, she was no longer allowed to pay taxes but had to continue working to support herself. This is technically an illegal act and an act of resistance in its form. “These acts of resistance are an individual’s way to establish moral citizenship, such as working a job without job authorization. They want to contribute to society and not live ‘illegally’.” (Andreassen Kjære 2011, p. 86).

Ole's creation of the organization represents the second act of resistance in my research, demonstrating how undocumented migrants engage in moral acts as a form of defiance against the Norwegian government. Although he has the same undocumented status as the others, he considers himself lucky as his children and partner have Norwegian citizenship. He and his family have a stable place to live and food on the table. Therefore, he established an organization where he helps undocumented migrants from the Horn of Africa who he sees as more vulnerable than him. Lacking recognition within Norwegian society, he has created his own political organization. The act of helping those less fortunate would be seen as moral; however, this is technically illegal in the eyes of the government. Ole has individuals looking up to him for the work that he is doing, helping them manage a difficult situation. This can be seen as helping him establish his personal power and respect in a place where he has had his identity taken from him.

My participant interviews showcase Fraser's concept regarding marginalization within the hierarchy of society. A lack of a voice politically leads to marginalization in all aspects of society. Ultimately, misrepresentation leads to these individuals living a life of uncertainty and only the granting of asylum will change this. This keeps them living in the shadows of society, with losing hope for the situation to change. They are essentially stuck, because they cannot change their situation, it is up to external forces to make this decision.

Living in Limbo

According to the Cambridge Dictionary, limbo is "an uncertain situation that you cannot control and in which there is no progress or improvement". First known as the place between heaven and hell, the word is now used in more modern society to depict uncertain situations. This reflects the uncertainty that undocumented migrants feel, living suspended lives and unsure what they're future looks like. Using Nancy Fraser's concepts of cultural recognition and economic redistribution, I will analyze the marginalization caused by their misrecognition in society. Unable to use their voice for change due to their lack of power in the political society, these situations are ones that they must endure and will only change with a change in their legal status (Fraser, 2009).

Many of my participants describe feeling stuck in a state of limbo, unsure about how they're going to face significant challenges related to their immigration status, lack of legal status, and limited opportunities for employment and social mobility in Norway. All but two of my participants are living in Norway without legal status, which creates significant uncertainty and anxiety about their future. Although Amina only has temporary residency at this moment

without access to social and welfare systems, she is still homeless and without proper healthcare. This often leads to difficulties in accessing healthcare, education, and employment opportunities, and may also put them at risk of deportation.

The uncertain lives of undocumented migrants, losing hope because they're unable to see a clear future for themselves, affects an individual's perception of time and planning for the future. Participatory parity can be utilized to analyze how living in limbo restricts the ability of undocumented migrants to participate as full members of society, limiting their agency and autonomy (Fraser, 2009). All of my participants had been living in Norway for more than 12 years. As such, I want to highlight that Abel says, "*I am not living right now, I am just breathing*". The systemic barriers keep them stuck in a vulnerable situation, and most of my participants were not able to see how this situation could change.

According to Andreassen Kjære (2011), individuals stay at reception centers because it is a sure roof over their heads. Maya was the only participant currently living in Mottak but many of my interviewees discussed Mottak. This was not a positive conversation as most of the participants in my interviews had lived for a certain time in Mottak but still chose to live outside of the reception centers where they have less stability in terms of where they can sleep. The reception centers will never be desirable for undocumented migrants because these centers symbolize control and an infringement on personal autonomy. For those escaping from the Horn of Africa, this could be a reason as to why they are trying to escape for a better life, only to be reliving a similar scenario in a new place (Øien, 2012).

The paradox of the reception centers offering a safe space for undocumented migrants to live while also serving as places of surveillance, limit personal autonomy of the individuals living there. These control measures can be examined as forms of social exclusion that reinforce their state of living in limbo. The notion of maldistribution discussed by Fraser (2005) is depicted by this situation: these control measures prevent undocumented migrants from equitable access to resources. Only those individuals who have a stronger community and help from others can break free from physical restrictions such as Mottak.

In my interviews, multiple participants made it clear that if they wished that they had applied for asylum in another country instead of Norway. They did not choose to come to Norway specifically, this fate was up to chance. All rejected asylum seekers would move out post rejection but the main factors stopping them are children, elderly parents, or they in fact are also in bad health conditions. Andreassen Kjære (2011) states “from my fieldwork, I believe that this argument could be extended. I suggest that this space of everyday exception in the Norwegian context is characterized by a form of magnetic force whose structures capture people in what appears to be an asylum-trap” (p. 87)

Comparing Norway to its Nordic neighbor, Sweden, they are behind in terms of human rights for migrants. Sweden has public policy surrounding healthcare that integrates

undocumented and irregular migrants living in their country. This allows them to go to the dentist or the doctor for 250 SEK, which is roughly the same value as the Norwegian Krone. This is far from the reality for the undocumented and irregular migrants living in Norway (Mona et al., 2021).

Financial Hardship

Many participants report struggling to make ends meet in Norway, with limited financial resources to cover basic needs such as food, clothing, and medical expenses. Several participants have struggled with financial insecurity, including difficulty in finding employment, low wages, and limited access to social welfare benefits. This has often led to difficulty in affording basic necessities such as food and housing.

What really happens to someone when they do not have documents that grant asylum or the ability to live and work in a country? They do not have access to the same life that someone with government approval to work and live there. These individuals are denied the basic resources needed such as healthcare or job opportunities. This keeps individuals in poverty and maintains a life that may even be more difficult than the one they had before.

All participants live in poverty; albeit on different scales. All of the women besides Ada, who just received citizenship, are currently homeless. Most of the women live from week to week at different locations. They never know exactly how long they will be able to stay where they are living. Amina discusses her life even with temporary residency, “I am living the life of others, I do not have my own life”. Without a permanent home, these women are still technically

homeless. The women focused on the need to be granted asylum to finally be in safety and have hope. This could be further strengthened by my interview with Ada who was the only woman that I interviewed who was positive about her life and consequently the only person that had been awarded asylum shortly before I interviewed her.

The men did not focus on their living conditions but rather work authorization. They wanted to provide for their so-called wives (partners legally but spiritually married) and child(ren). The denial of the right to work provides financial difficulties for the families. Ole and Edna have four children together, so Edna has to work two jobs everyday to pay rent and feed the family. This means that she has very little time to spend with her children and her partner, Ole. This is a different reality from the one that Norwegian children face. Forbes (2023) work life balance in Oslo was third in the world for citizens and residents living there. They used ten different factors when analyzing 128 cities in the world to determine the global work-life balance index. These ten factors are, “World Happiness Index ranking, Gender Inequality Index ranking, average working hours, minimum legal annual leave, property price to income ratio, proportion of remote and hybrid working vacancies, maternity leave policy, parks and nature reserves per capita, unemployment rate, and sunlight hours.” (Forbes, 2023).

Bains et al. (2021) found that most undocumented migrant workers are overworked and underpaid. Statistics are not shown for dual partner homes where one parent is undocumented. However, in the case of my individual interviews, all three men stated that their partners were working many hours to make up for them not being able to work. Without the schooling needed for higher income jobs, they were not making a living wage with one job. Lola, Edna, and Sara

have all received asylum in Norway and their children are Norwegian citizens. However, they do not have the same privileges that seem to be awarded to the average Norwegian citizen when comparing the interviews with their partners and the global work-life balance index.

Bains et al. (2021) stated that the main factor contributing to structural vulnerability is primarily financial in nature. Due to restricted financial resources, individuals may have to reside in areas outside of major cities to afford affordable rent, lack access to reliable childcare without the presence of nearby family members, and face difficulty affording transportation costs, such as car ownership or other modes of transit.

Men are more focused on receiving work authorization to support their families. Women are more focused on obtaining asylum to start their lives rather than work authorization. Assault was mentioned by two women but not by any men. One man said that the situation as undocumented was the same for men and women, while one man said it is harder for undocumented women as men can sleep on the streets safer. All women considered the situation harder for women when asked.

Family Life

Recognition in society as this means that all individuals in a society have equal rights to social life (Fraser, 2005). A core need for humanity is community, which specifically relates to family (McLeod, 2007). During my interviews, all participants discussed this topic either talking about being so far from family (parents, siblings, and children), not having family in Norway or the right to bear children due to asylum status, or the stress that their status in Norway has on their child(ren) and partners.

Abel says “*when I see my children, I stop stressing*”. Having children in Norway has improved his quality of life. Having children has given him something to live for. Johnathan has a similar feeling about having a child. This research contradicts the findings of Myhrvold & Småstuen (2016) who said that having a family meant that having more responsibilities and therefore increasing psychological stress. He talks about how his daughter has given him a purpose in life. He says “*I have the most important job in the world...being a father*”.

Myhrvold & Småstuen (2016), found that undocumented men felt significant psychological stress from not being able to be the breadwinner or support the family. Based on cultures that were in their studies, they concluded that not being able to support the family financially was a huge stressor. Abel, Johnathan, and Ole were more focused on obtaining job authorization than being granted asylum. Although they did not talk about being in psychological distress due to not having a job, they did discuss the distress due to not being able to provide for their family. Their legal status does not allow them to fulfill their cultural roles as providers of the family, increasing their feeling of dissatisfaction with their status in society and their feeling of unworthiness (Palacios-Arapiles, 2023)

Ole also discusses the stress for his four children and being an undocumented parent in Norway. His asylum status causes a lot of stress for the family as his wife has to work two jobs to support the family. His children are also stressed and have asked their dad, “*have you done something illegal?*”, because they do not understand why he can’t join the same things that other fathers can join. His asylum status does not only affect his everyday life, but his entire family.

Brannen & O'Connell (2022) write, "The family's future depends on the father being granted legal status. The 18-year-old is pessimistic about the prospect, but insists that their father will continue to live with them even if denied residency, 'I think it is going to get worse if it continues like this'." (p.7)

None of the women that I interviewed had children. I did not ask why, but I did ask all my female participants if they wanted to have children. Maya and Ada had children in their countries of origin, but both women had not seen their children in almost 20 years. For the childless women, this was an emotional question as they equated this question with a loss of hope and not having been able to start their life.

None of the men that I interviewed were homeless; however, this is not representative of all undocumented men and similarly how Maya in Mottak and Ada who had just been granted asylum were the only two of the six women I interviewed who had stable living situations. When asked about gender differences, Johnathan said that the situation was different for men and women because sleeping on the street is safer for men. Annika is the only woman I interviewed that was sleeping outside. She says, "*I am a woman, I am scared of rape, I am scared to be killed, I am scared for my life*".

Referring back to Annika's story about marriage is impactful because she is not the only person that goes through the pain of losing the person that they love due to not being allowed to marry by the government. Norwegian law states that individuals have the right to family life. Under the Norwegian Constitution, Amendment 102, states that everyone has a right to respect

of their private life and family life, their home, and their communication with others. Authorities are not allowed to enter your home unless it is a criminal instance. The lack of recognition that stems from misrepresentation keeps Annika in limbo.

Although Annika's partner was Norwegian, the government exercised their political power when deciding that they were not able to get married. This is a prime example of how misrepresentation in society leads to misrecognition due to undocumented migrants legal status with a high systemic barrier making it difficult to change this. This was her chance of living a peaceful life with a man she cared about, but both of them had their chance taken away. This is a denial to establish an identity in a country she has lived in since she was teen.

Chapter Summary

Undocumented migrants in Norway face multifaceted challenges that stem from their marginalized position in society. Drawing on Nancy Fraser's framework of social injustice and the concept of structural vulnerability, this analysis has illuminated several key themes that emerged from participant interviews. These themes include marginalization and exclusion from social, economic, and political institutions, lack of recognition and representation in society, power imbalances and domination in societal structures and relationships, immigration and migration, financial hardship, uncertainty and limbo, family life, and gender differences. Understanding these interconnected issues is essential for crafting targeted policies and interventions that address the unique needs and vulnerabilities of this vulnerable population.

By integrating the concept of structural vulnerability with Nancy Fraser's framework, we gain a comprehensive understanding of the mechanisms underlying social injustice. Structural vulnerability highlights the systemic conditions that render certain individuals or groups susceptible to harm, while Fraser's framework examines the role of political, economic, and cultural institutions in perpetuating inequality. Together, they provide a nuanced perspective on the complexities faced by undocumented migrants.

The participants' migration stories underscore the risks and challenges of leaving their home countries to seek a better life in Norway. The perilous journey and uncertainties they face during migration exacerbate their vulnerability. Understanding the nuances of their migration experiences is essential for developing more effective immigration policies and support systems.

Financial insecurity and uncertainty are recurrent themes in the interviews. Limited access to employment opportunities and social welfare benefits often leave undocumented migrants struggling to meet their basic needs. The prolonged state of limbo, caused by uncertain legal status, exacerbates the participants' mental and emotional well-being.

Family life and gender differences further complicate the experiences of undocumented migrants. Women face additional risks of sexual and gender-based violence, trafficking, and exploitation. The challenges they encounter in forming stable families and ensuring their children's well-being underscore the importance of tailored support systems and protection measures.

Amid their marginalized position, some undocumented migrants engage in acts of resistance, defying restrictive policies and attempting to carve out spaces of autonomy. These acts of resistance reflect their desire for recognition, dignity, and agency within a system that often denies them these fundamental rights.

Undocumented migrants in Norway navigate a complex web of challenges stemming from social injustice and structural vulnerability. Their experiences of marginalization and exclusion underscore the need for a more inclusive and equitable approach to immigration policies and social welfare systems. By recognizing and addressing the specific needs and vulnerabilities faced by this population, Norway can move toward a more just and compassionate society. Implementing policies that uphold human rights, promote access to essential services, and foster integration and empowerment can pave the way for a more inclusive Norway, where every individual is treated with dignity and respect, regardless of their immigration status.

The Well-being of Undocumented Migrants

Introduction

Who has the right to determine who should have access to healthcare in the country that they live in, if someone has lived in the country for more than ten years without leaving? If someone's health is impacting their ability to travel back to their country of origin or travel to another country to try to seek asylum there, should they be denied access to the Norwegian healthcare system? Undocumented migrants “often lack control over harsh and uncertain social and political environments that may negatively impact their wellbeing, thus increasing risk for diminished mental health” (Garcini et al. 2021, p. 10)

This chapter will aim to analyze my secondary questions pertaining to health:

1. What are the mental and physical health challenges faced by undocumented migrants in Norway, and how do these challenges affect their daily lives and psychosocial health?
2. How does the process of seeking asylum, and its eventual outcome, influence the physical, mental, and social well-being of undocumented migrants?

In 2021, the Norwegian parliament put forth a bill to create an inclusive healthcare system; however, the majority voted against the bill and any changes to the current healthcare policies in Norway. The policies, as they stand, do not allow undocumented immigrants access to universal healthcare (Høie, 2021). There is a caveat where the Norwegian law states that undocumented immigrants have access to emergency assistance; however, that is at the discretion of the doctors to determine which cases constitute life threatening. It is imperative to note that access to healthcare is a human right, as defined by the 1948 United Nations

Declaration of Human Rights. Restricting that constitutes ethical and moral violations that should be immediately remedied.

In Norway, the two main barriers for undocumented migrants to receiving medical care are the lack of funding and fear of deportation. As undocumented immigrants are not covered by the national insurance scheme, they must pay the entire medical bill. If they cannot afford to pay, it may be even more difficult to obtain treatment in the future, therefore many undocumented migrants put off receiving medical care. That is unfortunate as it is preventable with increased education around access rights. Many undocumented migrants are not aware of the doctor-patient confidentiality laws in Norway, so doctors cannot reveal the status of their patients (Melberg et al., 2017). Pregnant women have the basic right to prenatal care, but such rights may be hard to access when women do not have a primary care doctor (Haddeland, 2019). If an emergency cesarean is needed, women are expected to pay for the surgery out of pocket posing a gender-based issue (Melberg et al., 2017).

Based upon the thematic analysis of the interviews, all participants besides Ada spoke about one aspect relating to health. As stated previously, Ada recently obtained residency in Norway and therefore, she is the only participant that I spoke to that has access to the Norwegian public health system. None of the other participants have access to the Norwegian public healthcare system. They do however have access to basic services at the Health Center for Undocumented migrants, which is not sufficient. There are different factors that may make it harder for them to access healthcare.

In this section of my analysis, I will be focusing on the health related portion of the discussions that I had during my participant interviews. Good health is important for overall well-being. Research shows that bad health decreases quality of life. Previous traumatic experiences in their birth country and during flight to Norway have a major impact on how undocumented migrants live in Norway. Untreated mental and physical health problems can have lasting effects that they may never recover from. Therefore, I will be exploring how my participants live their lives and their physical, mental, and social well-being to understand how barriers to healthcare truly affect individuals.

Physical and Mental Health

Several participants report struggling with mental health issues such as depression and anxiety, often as a result of the challenges they face related to their immigration status and social isolation. Many participants have experienced significant decline in their mental and physical health while living in Norway. This is often due to the stress and trauma associated with displacement, as well as the challenges of navigating a new culture and language. Some participants have also been unable to access healthcare, either due to financial or geographical barriers.

The Health Center for Undocumented Migrants found that most undocumented migrants have severe psychological issues that include psychosis, suicide and suicidal thoughts, and PTSD (Whist, 2013). During my research, Ada was the only participant that I perceived had a higher level of happiness and belonging. She went as far as stressing the importance of staying healthy to maintain her health and to keep her mind sane. This higher level of happiness could be a result

of her excitement over her recent approval of asylum. Unfortunately, she was the only one of my participants to have attained it. “Despite distress from the legalization process, a study emphasized that having a sense of belonging as a result of legalization increases immigrants’ self-esteem and sense of wellbeing (Siemons et al., 2017).” (Garcini et al. 2022, p. 10). As I did not interview Ada before and after she was granted asylum, it is unsure if she had the same view on life previously. However, comparing Ada to other participants, she does not show the same signs of psychological distress.

As Mariam says, “the only thing that will improve my life is papers”, this statement has been proven by Siemons et al. (2017) . The notion of being granted asylum has a great significance because she will finally be under the protection of the Norwegian government. Although she may still feel marginalized due to acculturative stress (Garcini et al. 2022), she will no longer need to feel the shame of being dependent on others as she will obtain work authorization in the country and have access to social welfare services such as housing and healthcare. I must mention though that this is an assumption and a limitation of this study. Unless the same individual is studied pre and post grant of asylum, it is impossible to completely know if past trauma may still affect an individual's mental health even if they have full access to healthcare. Additionally, it is difficult to know when and where the stress originated; it could have been experienced in their birth country and on flight to Norway (Myhrvold & Småstuen, 2016). Feeling safe and secure, feeling independent are known factors to increase an individual's self-esteem and overall well-being (McLeod, 2007).

This is in contrast to Nala who says that she is a different person than she was before. When she lost hope, she says that she changed and her mind is now different. Nala has struggled a lot with her mental health. She says “*my mind is not good without papers*”. The papers that she is referring to are the documents from UDI granting her asylum in Norway. She lived in Mottak for a lot of time which she does not consider a positive time in her life; we did not dive into the why as part of the research. Her experience is comparable to Maya who currently lives in a reception center. Both women suffer extensively from physical illnesses and mental health problems. Nordic countries paid little attention to undocumented migrant mental health according to Myhrvold & Småstuen (2016).

The loss of mind, is the loss of one’s sense of self as we are only as healthy as our mind is. Similar to the results of my nine participants, the study conducted by Myhrvold & Småstuen (2016) revealed that the respondents displayed extremely high levels of psychological distress. Yasmin and Amina have two very traumatic experiences when leaving their birth country.

Amina’s story: “I left my village in the middle of the night by myself and walked to the border of the next country. My life was very bad, very bad. The situation was not good.”

Yasmin’s story: “My whole family was killed, but my mother and I were able to escape. I cannot go back. I am so scared”

One can only assume if any person packs up their bags and leaves their home by themselves in the middle of the night, there must have been a dramatic situation in order to cause

such a decision. It is common that undocumented migrants that are willing to stay in a country without official documentation have been through extremely stressful situations and suffer from major traumatic experiences (Olukutun et al. 2019). Therefore my assumption is based on previous research that has been conducted and the likelihood probability.

Research done on reception centers and undocumented migrants who have lived in reception centers sheds light on similar mental health problems among them. Although this may be due to their common legal status within the country, this can also have something to say about the place itself. Myhrvold & Småstuen (2016) found different factors that affected mental health. These factors included uncertainty of living conditions, fear of deportation, if the individual had been in detention, and their length of stay at a reception center(s).

Although the reception centers can affect an individual's mental health, a lack of shelter comes with its own set of mental health issues. Homelessness is one of the basic physical needs that a person requires to begin setting up a life, without which there would exist a faulty foundation (McLeod, 2007). Maslow's lens helps us understand why undocumented migrants' living and working conditions play a big role in their mental health status (Myhrvold & Småstuen 2016). This can be observed in my participant's testimony. Sleeping on the street's has really impacted Amina's mental health. She says "I am sick, I am so tired, I am an old woman now and I still have to live the lives of others. I have to sleep when they sleep and wake up when they wake up. I have never been able to live my own life". It is an individual's human right to have a life but the unstable living situation weighs a lot on someone who has never had a stable place to live for the majority of their lives.

As discussed within financial hardship, men in certain cultures grow up believing that they need to be the breadwinners. It can take a huge mental toll when they cannot provide for their family. Abel and Johnathan both express that they do not care about Norwegian citizenship, they just want to provide for their families (Myhrvold & Småstuen, 2016). Olukutan et al. (2019) found that the undocumented migrant women from Africa that they studied suffered from depression because of situations that can be attributed to their documentation status in the United States. A main reason is the financial hardship due to the low income jobs that were below minimum wage without the minimum workers rights that are afforded to residents and citizens in the United States. Although my participants did not speak about working without official documentation besides Amina, it is important that we can see that even if they did work in this manner, it would not necessarily help their mental health, as has been hypothesized in other studies. This again strengthens the argument made by Myhrvold & Småstuen (2019).

Andreassen Kjære (2011) found that all individuals he spoke to living in reception centers had hopes of leaving. The only factors that made people stay there were factors that affect the individual directly. One of these reasons could be physical illness. This aligns with the case of Maya. She says that she is too sick to move from the reception center. Without access to healthcare because she is in such a rural area of Norway. These rural areas are difficult and expensive to get to and from if she were to try to travel to Bergen or Oslo where the two health centers for undocumented migrants are. Therefore, although the health center is an option for the individuals living close to the largest cities in Norway, anyone else living further outside of these cities will be too expensive to travel to. The result is that the healthcare offer for undocumented

migrants that have received an asylum rejection letter is not applicable (Kirkens bymisjon & Røde kors. 2012).

Physical health impacts daily life. My findings were similar to that of previous studies conducted. Most participants discussed health issues impacting their lives. Living with chronic ailments can have long-lasting effects on the life of a human being, especially one without access to all forms of healthcare. Nala had a gynecological procedure; although she had access to the procedure, she was not able to stay in the hospital after the procedure and she was still homeless. This brings into question what individuals deserve even when they are undocumented. When one is granted a procedure, it should be a standard part of the procedure to stay in the hospital the appropriate amount of time after the procedure has been completed for monitoring.

Amina has temporary residency in Norway. Temporary residency does not grant one access to a primary care physician, which then keeps individuals from accessing healthcare in a multi-tiered healthcare system such as the one in Norway. Through Maslow's lens, Amina cannot reach high levels of self-actualization as a result of her having a shaky first level of physical needs. On the UDI website, it states that individuals must contact the main doctor in their county. This gives the impression that the healthcare that they can access is dependent.

Based on their research of undocumented migrants at the Health Center in Oslo, Kvamme & Ytrehus (2015) found that the participants that had their asylum applications rejected suffered from the lowest level of health.

Psychosocial Health

For the participants without families in Norway, isolation was commonly spoken about. Many participants report feeling socially isolated and lonely in Norway due to being far away from family and friends, having limited social networks, and facing language barriers that make it difficult to connect with others. This is highlighted in both theories, Maslow and the SDOH framework, as a key domain that when compromised, would negatively impact the health status. Many participants have experienced social isolation and loneliness, often due to the loss of their support networks and the challenges of building new relationships in a new country. Some participants have also faced discrimination and exclusion from their local communities.

Nala's situation highlights how living in limbo can isolate individuals. She opens up about who she was before and how the loss of hope has changed her as a person. She is alone in Norway, isolated without anyone to help her. She says that she cries by herself because she has no one to turn to, "I feel alone".

Her undocumented status combined with having no family in Norway has isolated Nala. This is seen consistently in the interviews with the women I spoke to. We compare this to Maya who still lives in Mottak because of her physical health issues:

"I stay inside because I am not well, I am isolated and it makes me feel depressed...I only know of one other person in my church who is going through the same situation as me. Otherwise I am all alone. I only leave my room to go to the grocery store and to church. Then I come back to the

reception center and stay in my room.” (This has been amended as I translated this quote from Norwegian to English)

Psychosocial health is closely connected to the mental well-being of the individual. In the interviews it is clear that mental health and isolation and stress are interlinked contingent on their documentation status, further strengthening how having a sense of community and belonging are crucial to one’s well being. Vaquera et al. (2017) observed similar findings in their research, “Among undocumented youth, in some cases, sadness and depression emerge from and also reinforce social isolation.” (p. 304). These feelings can be witnessed not only in undocumented youth but adults as well. The longer that individuals live isolated whether it is physically or psychologically as members outside of the society that one is living in, the isolation can either reinforce issues of mental health such as depression or the depression due to being undocumented can reinforce isolation because one does not feel like one belongs.

The feeling of shame can also lead an individual to withdraw as they may feel unworthy to be in the spaces and interact with individuals. It is an emotion individuals inflict on themselves to be not good enough. Individuals who feel ashamed about something in their life may live in fear thereby causing them to live with anxiety (University Of Illinois At Urbana-Champaign, n.d.). Mariam says that she feels “*shame*” about her situation. Having to ask people for help consistently, and not being able to care for herself.

“The clothes that I have were given to me, I am not able to ask for the things that are bought for me because other people are buying them for me. I feel like I can’t tell anyone what I want.”

Mariam's shame is a result of her status as an undocumented migrant. Due to her status in Norway, she cannot work or receive social services. Therefore, she is reliant on others to help her and she feels like she is simply a burden. Having to consistently feel guilt for needing basic needs such as food, shelter, and clothes creates shame for the individual struggling but not being able to change their life. As Mariam says, "I do not need family or friends to support me, right now I just need to start my life." She is talking about how all of her suffering and feeling of shame will be gone when she is granted asylum.

The daily uncertainty that one lives in without knowing what is going to happen next has a major impact on an individual's mental and social well-being. The years of waiting are years that they will never get back.

Abel says "*I have lost a lot*". This is in reference to explaining how he came to Norway alone when he was sixteen years old, he started school in Northern Norway but on his eighteenth birthday he was given his rejection letter. Due to this unforeseen circumstance, Abel is now stateless and will be eternally living in limbo unless granted asylum in Norway.

A lost life, a lost mind, their undocumented status deprives them of a right to life. This loss weighs heavily on the psychosocial health of an individual as all aspects of who they are deteriorates.

Exhaustion can be caused by anxiety and depression due to the situation their lives are in. Living in a state of consistently trying to fight for your right to life over many years is a direct cause seen in my research. Annika says “*I am very exhausted, I am very tired*” about living as an undocumented individual in Norway. There is a lack of recreational spaces that one can use to get a break from living such a marginalized life. With no space to take a “pause”, and no place to relax, they live in their situation for years day in and day out (Rutledal, 2012). It is common knowledge that if any human being stays in the same negative situation for too long that it will cause exhaustion.

Her mother, Yasmin, is extremely sick and lives in government accommodation. Although Annika helps her mother a lot, she has to sneak into the apartment because neighbors will call the police if they see her there as she is not legally allowed to visit her own mother due to her status as undocumented. This leads to implications from not having a safe space to sleep. Rutledal (2012) found that the individuals she spoke to complained of a lack of sleep due to having a lack of a safe and stable place to sleep and the anxiety and fears that they live with daily. The effects on the emotional well-being of a human being connect back to Maslow’s theory where this need falls third on the pyramid of hierarchy (McLeod, 2007). One cannot realize their full potential without appropriately setting the foundations of their needs.

Note about Annika’s sleeping situation: She is currently homeless and sleeps in a tent in the forest on the outskirts of the city. We spoke about living in a homeless shelter, but her fear of authorities is greater than her fear for her personal safety as a woman sleeping on the streets.

Johnathan also stresses the importance for his daughter to have to have both parents physically in Norway. He explains that his life would be easier if he only had to worry about himself. Having a child does not make the asylum process any easier. He applied for job authorization when he found out his partner was pregnant with their daughter, on the basis of supporting the family, but was also denied because UDI said that this was not a strong enough reason to grant him legal rights to work in Norway. The immigration laws on their own introduce a structural vulnerability setting where individuals seeking asylum, a type of immigration, are more vulnerable and susceptible to harsher living circumstances (Cassada et al., 2011). Their agency over their own lives is compromised and threatened. With a lack of ability to fund themselves and support his family financially, the sense of safety and security is compromised (McLeod, 2007). Moreover, these hard living circumstances carry heavy weight, in that they are felt by future generations too (Garcier et al., 2012). The lack of appropriate education compounded with the lack of community feeling and belonging breeds an environment of vulnerability and catalyzes agencies that would hamper true integration into and growth within a community. As a result, the alienated remain alienated for generations.

“For those who have it, DACA gives them relief from the immediate fear, but the anxiety and insecurity continue because they have parents and other kin who are still subject to deportation.” (p. 306) (Vaquera et al. 2017)

“Unauthorized parents reported finding themselves overwhelmed by occupational stress due to limited access to needed services, language barriers, and discrimination.’ (Garcini et al. 2021, p. 10)

So Who Deserves Healthcare?

Should there be a question of who is deserving of healthcare or where people are deserving of healthcare? By analyzing my participant interviews in relation to physical, mental, and psychosocial healthcare, it is clear that it is immoral to continue with the status quo, there is a need for policies and social services that address major concerns for undocumented migrants.

Although these individuals are not able to contribute to taxes, when signing and ratifying the Universal Declaration of Human Rights (1948), Norway agreed to universal healthcare for all individuals. Does Norway have an obligation to human beings in the world when they have more than enough to care for their own citizens? As previously found by Haddeland (2019), undocumented migrants in Norway are excluded from the healthcare system. The national laws of the country are extremely regulated making it hard for anyone without official documentation to have access.

When in poor health, these individuals are less likely to make the journey home to their birth country and establish their lives again there. According to the Universal Declaration of Human Rights (1948), a woman escaping such a trauma in the middle of the night should be able to receive the appropriate therapy to help her overcome what happened to her previously. This is not a personal opinion or specifically stated, but a comment based on the notion that universal healthcare is a human right. If every person who came to Norway received public healthcare, there would be less services for the tax paying citizens and residents. However, if one lives in Norway for the majority of one's life in absolute poverty, should one have more access? There are other residents and citizens of Norway who are unable to work and contribute to Norwegian

society but are still able to receive welfare services from the government. We should investigate where the line is of who deserves more access to the Norwegian healthcare system. If an individual is offered services to improve their health, they may be able to resettle back in their home countries.

Chapter Summary

The thematic analysis of interviews with undocumented migrants in Norway provides valuable insights into the well-being of this marginalized group, particularly in relation to their access to healthcare. The participants' experiences shed light on the physical, mental, and psychosocial challenges they face, all of which are deeply impacted by their undocumented status.

Physically, many participants struggle with untreated health problems due to their limited access to healthcare services. This lack of access is compounded for those living in rural areas, far from health centers for undocumented migrants. As a result, chronic ailments can have lasting effects on their quality of life.

Mentally, undocumented migrants face significant psychological distress, with many experiencing depression, anxiety, and feelings of isolation. Traumatic experiences in their birth countries and during their journey to Norway contribute to these mental health issues, as does the uncertainty and insecurity of their undocumented status. Those who have obtained residency or asylum experience higher levels of well-being and mental health, reinforcing the importance of legal stability and a sense of belonging.

Psychosocially, social isolation and shame are common experiences among the participants. Being far from family and friends, facing language barriers, and living in limbo without documentation exacerbate feelings of loneliness and isolation. The lack of social support and the constant uncertainty of their situation lead to exhaustion and a deteriorating sense of self.

The analysis raises important ethical questions about who deserves access to healthcare in a country like Norway. While undocumented migrants do not contribute to taxes, Norway is obligated to uphold the Universal Declaration of Human Rights, which includes the right to healthcare for all individuals. Striking a balance between providing healthcare for undocumented migrants and preserving services for tax-paying citizens and residents is a complex challenge. Nevertheless, addressing the health needs of undocumented migrants can contribute to their overall well-being and potentially facilitate their reintegration into their home countries.

In conclusion, the analysis underscores the urgent need for policies and social services that prioritize the well-being of undocumented migrants in Norway. Access to healthcare is a fundamental human right, and addressing the physical, mental, and psychosocial health challenges of this vulnerable group is not only a moral imperative but also an investment in the welfare of society as a whole. By providing appropriate healthcare and support, Norway can contribute to improving the lives of undocumented migrants, enabling them to lead healthier and more dignified lives and potentially facilitating their reintegration into their home countries. It is essential for policymakers and stakeholders to recognize the human rights aspect of healthcare

access and work towards inclusive and equitable solutions for the well-being of all individuals, regardless of their legal status.

Conclusion

Introduction

The well-being and health status of individuals is paramount and must be non-negotiable. The idea that someone has to fight to prove that they need to attain rights that are rightfully theirs, as declared by the 1948 UN Declaration, is incomprehensible and should be strongly challenged. In delving into the literature and outlining the experiences of my participants above, I hope the reader can see that the harsh circumstances of an undocumented migrant are not ones of choice but rather an unfortunate choice from an unlucky deck of cards.

Is Norway Responsible for These Individuals?

The age old arguments of “Who is responsible for these individuals?” and “How can we make sure that those who really need our help are the ones who are receiving help?” will consistently be discussed in terms of helping those who are ‘outsiders’. There is no way to ensure that one individual may take advantage of the system; however, the Norwegian laws are excluding people who have lived in Norway for over 20 years.

I focus on social injustice, vulnerability, and healthcare deservingness; however, I would like to refer to understanding why individuals choose to stay when they are stuck in limbo. If the situation is so difficult, why do people not go home? Through the analysis of the participant interviews, it is clear when coming from the Horn of Africa, individuals feel like they do not have any other options than to stay. My participants made it clear that the life of an undocumented person is not a life at all, it is not living, it is only waiting. However, the wait

could mean that life could get better, this is not the reality they feel could be possible if they go back to their country of origin.

Suggestions of Improvements to Norwegian Policies

Although Norway has good welfare services, when one is undocumented, they do not have access to the same services even if they lived there for many years. This is contrary to what many people in Norway believe, thinking that the Norwegian welfare system extends to everyone in Norway, especially those who are the most vulnerable.

As outlined in my interviews, many have fled from their countries of birth for a better life. They were escaping horrid situations such as war and wrongful persecution. In the countries that each of the participants are from, the situation has not improved since they left. This is a sad reality and a very unfortunate one.

Being in Norway as an undocumented migrant is an experience of extreme alienation with the constant policing, the hard & unstable living circumstances, the isolation, and the exclusion from many social and economic resources necessary for survival. So I ask that the reader reflect on that a bit. Why would anyone choose to experience these unfavourable circumstances if they were able to be home, around their community, feel like they belong, and where they walk around every day feeling safe?

Recommendations for Future Research

I want to re-highlight that while the existence of these migrants in the population may seem as a burden to the Norwegian government, the harsh policies that currently exist as barriers to having this population assimilate are not gone over the heads of the target population. My participants have stated that had they known, they would have chosen to be migrants in another nation that would have had them assimilate faster.

My research is a call to action. Even though it cannot be fully generalized to the entire undocumented population due to limitations; however, there are some major findings that support previous arguments made by researchers focusing on undocumented migrants and some strong arguments that can help individuals who are unaware of the situation that undocumented migrants in Norway face today. I am hoping that this research will light empathy and push Norway to adopt a similar strategy as Sweden in regards to health rights.

I hope that someone is able to take my work and look to make it more generalizable to the undocumented migrant population. This can be done through ensuring a good representation of the target population by working with different organizations that work with undocumented migrants. This would help with a larger sample size and more random sampling.

When individuals escape from conflict, war, difficult situations, and cannot return to their home countries, they feel more marginalized and devalued by the government when their reasons for staying are ignored or treated as false allegations when their asylum applications are rejected.

Works Cited

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American psychologist, 58*(1), 5.
- Ali, G., & Lalani, N. (2020). Approaching spiritual and existential care needs in health education: Applying Sophie (self-exploration through ontological, phenomenological, and humanistic, ideological, and existential expressions), as practice methodology. *Religions, 11*(9), 451. <https://doi.org/10.3390/rel11090451>
- Bains, S., Skråning, S., Sundby, J., Vangen, S., Sørbye, I. K., & Lindskog, B. V. (2021). Challenges and barriers to optimal maternity care for recently migrated women - a mixed-method study in Norway. *BMC Pregnancy and Childbirth, 21*(1). <https://doi.org/10.1186/s12884-021-04131-7>
- Belloni, M. (2019). *The Big Gamble*. University of California Press.
- Birkvad, S. R. (2019). Immigrant meanings of citizenship: mobility, stability, and recognition. *Citizenship Studies, 23*(8), 798-814.
- Blake, M., & Hodgson, L. (2012). Undocumented Immigration and Moral Equality. Retrieved from <https://digitalcommons.osgoode.yorku.ca/legal-philosophy/10/#8203;`【oaicite:0】`​`>
- Blum, D. W. (n.d.). *The Social Process of Globalization*. Cambridge University Press. Retrieved from www.cambridge.org
- Bollini, P., Pampallona, S., Wanner, P., & Kupelnick, B. (2009). Pregnancy outcome of migrant women and integration policy: A systematic review of the international literature. *Social Science & Medicine, 68*(3), 452-461.

- Bourgois, P., & Quesada, J. (2017). Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care. *Academic Medicine*, 299-307.
- Brandell, J., & Varkas, T. (2001). Narrative Case Studies . In *The Handbook of Social Work Research Methods* (pp. 293–308). essay, Sage Publications.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., Clarke, V., Hayfield, N., & Terry, G. (2019). Thematic analysis. *Handbook of Research Methods in Health Social Sciences*, 843–860. https://doi.org/10.1007/978-981-10-5251-4_103
- Brekke, J. P., & Vevstad, V. (2007). *Reception conditions for asylum seekers in Norway and the EU*.
- Butcher, M. (2022). Qualitative research methods I: Emotionally engaged approaches to working with vulnerable participants. *Progress in Human Geography*, 46(3), 907-914.
- Cambridge dictionary | english dictionary, translations & thesaurus. (n.d.). <https://dictionary.cambridge.org/>
- Carens, J. H. (2013). *The Ethics of Immigration*. Oxford University Press.
- Carrera, S., & Merlino, M. (2009). Undocumented Immigrants and Rights in the EU. *Addressing the gap between social science research and policy-making in the Stockholm programme*
- Carruth, L., Martinez, C., Smith, L., Donato, K., Piñones-Rivera, C., & Quesada, J. (2021). Structural vulnerability: Migration and health in Social Context. *BMJ Global Health*, 6(Suppl 1). <https://doi.org/10.1136/bmjgh-2021-005109>
- Columbia University Press. (2009). Scales of justice: reimagining political space in a globalizing world. *PhilPapers*. Retrieved 2023, from <https://philpapers.org/rec/FRASOJ>.

- Cornelius, W. A. (1982). Interviewing Undocumented Immigrants: Methodological Reflections Based on Fieldwork in Mexico and the U. S. *International Migration Review*, 16(2), 378-411. <https://doi.org/10.1177/019791838201600206>
- De Vito, E., De Waure, C., Specchia, M. L., Parente, P., Azzolini, E., Frisicale, E. M., ... & Ricciardi, W. (2016). Are undocumented migrants' entitlements and barriers to healthcare a public health challenge for the European Union?. *Public health reviews*, 37(1), 1-9.
- Debesay, J., Arora, S., & Bergland, A. (2019). Migrants' Consumption of Healthcare Services in Norway: Inclusionary and Exclusionary Structures and Practices. In A. Borch, I. Harsløf, I. Grimstad Klepp, & K. Laitala, *Inclusive Consumption: Immigrants' Access to and Use of Public and Private Goods and Services* (pp. 63-78). Universitetsforlaget.
- DeWalt, K. M., & DeWalt, B. R. (2011). *Participant observation a guide for Fieldworkers*. Rowman & Littlefield.
- Dieguez, T. (2018). How Unemployment May Impact Happiness: A Systematic Review. 10.4018/978-1-5225-5787-6.ch013.
- Düvell, F. (2006). Undocumented migration in Europe: a comparative perspective. In *Illegal Immigration in Europe: Beyond Control?* (pp. 171-196). London: Palgrave Macmillan UK.
- Edwards, A. (2009). (publication). *Displacement, Statelessness, and Questions of Gender Equality and the Convention on the Elimination of All Forms of Discrimination against Women* (pp. 1-65). University of Nottingham .
- Eick, F., Vallersnes, O. M., Fjeld, H. E., Sørbye, I. K., Storkås, G., Ekrem, M., Former, M., Loberg, S.A., Ebbing, C., Voldner, N., & Dahl, C. (2022). Use of non-governmental

- maternity services and pregnancy outcomes among undocumented women: a cohort study from Norway. *BMC Pregnancy and Childbirth*, 22(1), 789.
- Fakhoury, J., Burton-Jeangros, C., Consoli, L., Duvoisin, A., Courvoisier, D., & Jackson, Y. (2021). Mental health of undocumented migrants and migrants undergoing regularization in Switzerland: a cross-sectional study. *BMC psychiatry*, 21(1), 1-10.
- Pratt, K. (2023) *Worldwide work-life balance index 2023*, *Forbes*. Available at: <https://www.forbes.com/uk/advisor/business/work-life-balance-index/> (Accessed: 15 November 2023).
- Figenschou, T. U., & Thorbjørnsrud, K. (2015). Faces of an invisible population. *American Behavioral Scientist*, 59(7), 783–801. <https://doi.org/10.1177/0002764215573256>
- Flick, U. (2018). *An Introduction to Qualitative Research*. London: Sage Publications.
- Fransen, S., & Kuschminder, K. (2014). Lessons learned from Refugee Return Settlement Policies: A case study on Burundi's Rural Integrated Villages. *Refugee Survey Quarterly*, 33(1), 59–76. <https://doi.org/10.1093/rsq/hdt023>
- Fraser, N. (2005). Mapping the feminist imagination: from redistribution to recognition to representation. *Constellations*, 12(3), 295–307. <https://doi.org/10.1111/j.1351-0487.2005.00418.x>
- Fraser, N. (2008). Social justice in the age of identity politics: Redistribution, recognition, and participation. In *Geographic Thought* (pp. 72-89). Routledge.
- Fraser, N. (2010). *Scales of Justice—Reimagining Political Space in a Globalizing World*. Columbia University Press.
- Fraser, Nancy (2009). *Scales of Justice: Reimagining Political Space in a Globalizing World*. New York: Cambridge University Press.

- Friedberg, R. M., & Hunt, J. (1995). The Impact of Immigrants on Host Country Wages, Employment and Growth. *The Journal of Economic Perspectives*, 9(2), 23–44.
<http://www.jstor.org/stable/2138165>
- Gagnon, S., Augustin, T., & Cukier, W. (2021). Interplay for change in equality, diversity and inclusion studies. *Human Relations*, 75(7), 1327–1353.
<https://doi.org/10.1177/00187267211002239>
- Garcini LM, Nguyen K, Lucas-Marinelli A, Moreno O, Cruz PL. "No one left behind": A social determinant of health lens to the wellbeing of undocumented immigrants. *Curr Opin Psychol*. 2022 Oct;47:101455. doi: 10.1016/j.copsyc.2022.101455. Epub 2022 Aug 7. PMID: 36055083; PMCID: PMC9876624.
- Gewalt, S. C., Berger, S., Ziegler, S., Szecsenyi, J., & Bozorgmehr, K. (2018). Psychosocial health of asylum seeking women living in state-provided accommodation in Germany during pregnancy and early motherhood: A case study exploring the role of Social Determinants of Health. *PLOS ONE*, 13(12).
<https://doi.org/10.1371/journal.pone.0208007>
- Glahder Lindberg, L., Schepelern Johansen, K., Kristiansen, M., Skammeritz, S., & Carlsson, J. (2020). Negotiating Engagement, Worthiness of Care and Cultural Identities Through Intersubjective Recognition: Migrant Patient Perspectives on the Cultural Formulation Interview in Danish Mental Healthcare. *Cult Med Psychiatry*, 629-654.
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction*. Pearson/Allyn & Bacon.
- Gruskin, S. (2004). What are health and human rights?. *The Lancet*, 363(9405), 329.
- Guðjónsdóttir, G., & Loftsdóttir, K. (2017). Being a desirable migrant: perception and racialisation of Icelandic migrants in Norway. *Journal of ethnic and migration studies*, 43(5), 791-808.
- Gunnarsdóttir, Arndís. (2021). The 2015 Migrant Crisis as an Identity Crisis for Iceland.
10.1007/978-3-030-66203-5_9.

- Haddeland, H. (2019). The Right to Health Care for Irregular Migrants in Norway: Interpretation, Accessibility, and Gaps Between Needs and Rights. *Nordic Journal of Human Rights*, 37(4), 329-349.
- Hallandvik, J.-E., Hødnebo, S., & Bachke, C. C. (2009). Trenger vi en feriepolitikk for utsatt ungdom?. *Tidsskrift for ungdomsforskning*, 9(2).
- Hällgren, C. (2005). 'Working harder to be the same': everyday racism among young men and women in Sweden. *Race ethnicity and education*, 8(3), 319-342.
- Haugen, A. A. (2012). *Between a rock and a hard place: Undocumented migrants in Norway* (Master's thesis, The University of Bergen).
- helse- og omsorgskomiteen. (2021). Innst. 262 S : Innstilling til Stortinget fra helse- og omsorgskomiteen. Oslo: Stortinget.
<https://journals.oslomet.no/index.php/ungdomsforskning/article/view/1053>
- Jauhiainen, J. (2017). *Asylum in Finland? The 2015 asylum seekers and the asylum processes in Finland*. University of Turku.
- Keleta, B. (2019). (thesis). *Outmigration from the Horn of Africa*. *Journal of African Migration*. Retrieved April 2023, from https://africamigration.com/issue/july2019/KELETA_Issue_10.pdf.
- Kirkens bymisjon og Røde kors. (2012). Årsrapport 2012 - Om det skjulte helsebehovet. Oslo: Kirkens bymisjon og Røde kors. Hentet fra <http://www.bymisjon.no/Virksomheter/Helsesenteret-for-papirlose-migranter/Arsmelding/>

- Kour, P., Lien, L., Kumar, B., Biong, S., & Pettersen, H. (2020). Treatment Experiences with Norwegian Health Care among Immigrant Men Living with Co-Occurring Substance Use- and Mental Health Disorders. *Substance Abuse: Research and Treatment*, 14, 1-10.
- Koser, K., & Pinkerton, C. (2002). The social networks of asylum seekers and the dissemination of information about countries of asylum.
- Kotsioni, I. (2016). Detention of migrants and asylum-seekers: The challenge for humanitarian actors. *Refugee Survey Quarterly*, 35(2), 41-55.
- Kvamme, E., & Ytrehus, S. (2015). Barriers to health care access among undocumented migrant women in Norway. *Society, Health & Vulnerability*, 6(1).
- Loxton, I. R. (2018). *Justifying the Unjustifiable: a critical discursive analysis of the political rhetoric of asylum* (Doctoral dissertation).
- Lu Y. (2012). Household migration, social support, and psychosocial health: the perspective from migrant-sending areas. *Social science & medicine* (1982), 74(2), 135–142.
<https://doi.org/10.1016/j.socscimed.2011.10.020>
- Marshall, S. (2020), "Human rights-based conceptions of deservingness: health and precarity", *International Journal of Migration, Health and Social Care*, Vol. 16 No. 3, pp. 279-292.
<https://doi.org/10.1108/IJMHS-07-2019-0071>
- McLeod, S. (2007). Maslow's hierarchy of needs. *Simply psychology*, 1(1-18).
- Melberg, A., Husøy Onarheim, K., Onarheim Spjeldnæs, A., & Miljeteig, I. (2017). Towards universal health coverage for undocumented migrants? *Global Health in the Era of Agenda 2030*.
- Ministry of Labour and Social Inclusion, & Ministry of Justice and Public Security, Immigration Act (2018).

- Mona, H., Andersson, L.M., Hjern, A. *et al.* Barriers to accessing health care among undocumented migrants in Sweden - a principal component analysis. *BMC Health Serv Res* 21, 830 (2021). <https://doi.org/10.1186/s12913-021-06837-y>
- Moore, B. A., Carlos Chavez, F. L., & O'Neal, C. J. (2021). Challenging Maslow's hierarchy of needs: Exploring perspectives of Latino migrant adolescents in U.S. agriculture. University of Missouri, Columbia¹, 2; Compass Health Network³
- Myhrvold, T., & Småstuen, M. C. (2016). The mental healthcare needs of undocumented migrants: An exploratory analysis of psychological distress and living conditions among undocumented migrants in Norway. *Journal of Clinical Nursing*, 26(5–6), 825–839. <https://doi.org/10.1111/jocn.13670>
- Myhrvold, T., & Småstuen, M. C. (2019). Undocumented migrants' life situations: An exploratory analysis of quality of life and living conditions in a sample of undocumented migrants living in Norway. *Journal of Clinical Nursing*, 28(11–12), 2073–2087. <https://doi.org/10.1111/jocn.14743>
- O'Connell, R., & Brannen, J. (2022). Experiences of food poverty among undocumented parents with children in three European countries: a multi-level research strategy. *Humanities and Social Sciences Communications Volume*, 9(42).
- Office of the High Commissioner for Human Rights. (n.d.). Migrants in vulnerable situations. OHCHR. Retrieved [01/11/2023], from <https://www.ohchr.org/en/migration/migrants-vulnerable-situations>
- Olukotun, O., Gondwe, K., & Mkandawire-Valhmu, L. (2019). The Mental Health Implications of Living in the Shadows: The Lived Experience and Coping Strategies of Undocumented African Migrant Women. *Behavioral Sciences*, 9(12).

- Ottesen, Solveig Holmedal (2008) *Papirløse migranter. En undersøkelse av situasjonen for mennesker uten lovlig opphold i Norge, og humanitære tiltak for denne gruppen i andre europeiske land.* Oslo: Kirkens Bymisjon Oslo, Mangfold & Oppvekst
- Palacios-Arapiles, S. (2023). Enslaved by their own government: Indefinite national service in Eritrea. In M. Van Reisen, M. Mawere, K. Smits, & M. Wirtz (Eds.), *Enslaved trapped and trafficked in digital black holes: Human trafficking trajectories to Libya* (pp. 195-254). Langaa RPC. <https://doi.org/10.2139/ssrn.4335096>
- Quesada, J. (2012). Special Issue Part II: Illegalization and Embodied Vulnerability in Health. *Social Science & Medicine*, 74(6), 894-896.
- Quesada, J., Hart, L. K., & Bourgois, P. (2011). Structural vulnerability and health: Latino migrant laborers in the United States. *Medical Anthropology*, 30(4), 339–362.
<https://doi.org/10.1080/01459740.2011.576725>
- Rucker, J., Murphy, M. C., & Quintanilla, V. (2019). The immigrant labeling effect: The role of immigrant group labels in prejudice against noncitizens. *Group Processes & Intergroup Relations*, 22(8), 136843021881874. <https://doi.org/10.1177/136843021881874>
- Russel, J. (2012, December 10). LSE Middle East Center Blog. Retrieved from The London School of Economics and Political Science: <https://blogs.lse.ac.uk/mec/2012/12/10/1569/>
- Rutledal, A. L. (2012). *Den skjulte hverdagen. En studie av hvordan papirløse migranter beskriver og forstår sitt hverdagsliv i det norske samfunn.* (Masteroppgave i sosialt arbeid). Høgskolen i Oslo og Akershus, Oslo. Hentet fra https://oda.hio.no/jspui/bitstream/10642/1316/2/Rutledal_Andrea_Louise.pdf
- Sargent, C. (2012). Special Issue Part I: ‘Deservingness’ and the politics of health care. *Social Science & Medicine*, 74(6), 855-857.

Scott, J. C. (1985). *Weapons of the Weak: Everyday Forms of Peasant Resistance*. New Haven: Yale University Press.

Statistics Norway. (2023). Attitudes towards immigration and migrants.

<https://www.ssb.no/en/befolkning/innvandrere/statistikk/holdninger-til-innvandrere-og-innvandring>. Accessed 15 October 2023.

Stiftelsen Kirkens Bymisjon Oslo; Mangfold & Oppvekst. (2008). Papirløse migranter: En undersøkelse av situasjonen for mennesker uten lovlig opphold i Norge, og humanitære tiltak for denne gruppen i andre europeiske land. Oslo: Stiftelsen Kirkens Bymisjon Oslo.

Stratton, S. (2021). Population Research: Convenience Sampling Strategies. *Prehospital and Disaster Medicine*, 36(4), 373-374. doi:10.1017/S1049023X21000649

Stokes-Dupass, N. (2017). Mass Migration, Tightening Borders, and Emerging Forms of Statelessness in Denmark, Norway, and Sweden. *Journal of Applied Security Research*, 12(1), 40-60.

The Norwegian Directorate of Immigration, Bakgrunnsinformasjon om mottak og anskaffelser av mottaksplasser.

Utlendingsdirektoratet. (2023). <https://www.udi.no/en/>

United Nations. (1948, December 10). Universal Declaration of Human Rights. Retrieved from

United Nations: <https://www.un.org/sites/un2.un.org/files/udhr.pdf>

United Nations. (2015, October 15). Transforming our world: the 2030 Agenda for Sustainable Development. Retrieved from United Nations:

https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

- Vasudeva, G. (2013). Weaving together the normative and regulative roles of government: How the Norwegian Sovereign Wealth Fund's responsible conduct is shaping firms' cross-border investments. *Organization Science*, 24(6), 1662-1682.
- Vaquera, E., Aranda, E., & Sousa-Rodriguez, I. (2017). Emotional challenges of undocumented young adults: Ontological security, emotional capital, and well-being. *Social Problems*, 64(2), 298–314. <https://doi.org/10.1093/socpro/spx010>
- Whist, B. (2013). ”Det er håpløst, men vi gir oss ikke!” Terapeuters erfaringer med psykologisk arbeid med papirløse migranter. *University of Oslo*
- Willen, S. S. (2012). Migration, “illegality,” and health: Mapping embodied vulnerability and debating health-related deservingness. *Social Science & Medicine*, 74(6), 805-811.
- Øien, C. & Sønsterudbråten, S. (2011). No way in, no way out? A study of living conditions of irregular migrants in Norway *Fafo-report*. Oslo: Fafo. Hentet fra <http://www.udi.no/upload/FOUrapport%20SSB%20FAFO.pdf>