

Migrants, Refugees, Unaccompanied Children and Health (1981–2025): A Bibliometric Analysis of Global Research Trends

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Abstract: The aim of this study is to analyze scientific articles on the health of migrants, refugees, unaccompanied children using bibliometric methods. Data were obtained from the Web of Science Core Collection database on April 4, 2025. The search was conducted using the keywords "refugee child*", "refugee minor*", "unaccompanied child*", "unaccompanied minor*", "migrant child*", "migrant minor*" along with the term "health*". A total of 769 full-text research articles indexed in Science Citation Index (SCI) and Science Citation Index Expanded (SCI-E) were included in the analysis. Bibliometric analysis was conducted using the VOSviewer software (version 1.6.20). The number of articles has shown a significant increase since 2010, with the period between 2021-2023 identified as the most prolific years. Among the analyzed studies, the most prominent keywords were "refugee," "mental health," and "children." According to the country analysis, the United States (USA) was the most productive country. When evaluated in relation to the Sustainable Development Goals (SDGs), 82.23% of the articles were associated with Goal 3: "Good Health and Well-Being." This study reveals that scientific production on the health of refugee children has significantly increased over the years, diversified thematically, and has been predominantly concentrated in high-income countries.

Keywords: Refugee, Migrant, Child, Health

1. Introduction

Migrant children, refugee children, and unaccompanied minors represent distinct categories within migration studies, each defined by different legal statuses and migration circumstances. Migrant children generally refer to individuals under the age of 18 who move across international borders or within a country away from their usual place of residence for various reasons, including economic opportunities, education, family reunification, or improved living conditions. In contrast, refugee children are those who have been forced to flee their country of origin due to persecution, armed conflict, violence, or other circumstances that seriously disturb public order and who are entitled to international protection under the 1951 Geneva Convention relating to the Status of Refugees (Gadermann et al., 2022; Mcauliffe & Oucho, 2024; UNHCR, n.d.). Unaccompanied minors, on the other hand, are children under the age of 18 who arrive in a host country without the presence or care of a parent or a legally responsible adult (Al Salehi, 2021). Although migrant children, refugee children, and unaccompanied minors represent distinct legal and migration-status categories, they share several structural and health-related vulnerabilities associated with migration experiences during childhood (Kumar et al., 2024; Salami et al., 2021). These shared vulnerabilities include exposure to displacement and unstable living conditions, barriers to accessing healthcare and social services, language and cultural adaptation challenges, and increased risk of poverty and social exclusion (Bojorquez et al., 2025; Hinchey et al., 2025). In addition, many children affected by migration experience psychosocial stressors such as family separation, exposure to violence or conflict, and uncertainty related to their legal status, all of which may negatively influence their mental health and well-being (Pfeiffer & Derluyn, 2023; Popham et al., 2023). Migration during critical developmental stages may also disrupt educational continuity and social integration, thereby affecting children's cognitive, emotional, and social development (Pach et al., 2024; Rezaee et al., 2025; Salami et al., 2021). The physical, mental, and social health problems they experience during their developmental stages play a decisive role not only in their individual development but also in the long-term health indicators of societies (Phung, 2023). Because

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of these overlapping vulnerabilities, the health and well-being of migrant, refugee, and unaccompanied children are often examined collectively in the literature within the broader framework of migration-affected child health. In this context, childhood, migration experiences, and health-related vulnerabilities intersect to create a shared risk context for these populations (Halvorsen et al., 2025; Ndibalema, 2024).

Nurses and other healthcare professionals play a critical role in the early diagnosis and intervention of the physical and psychosocial problems experienced by migrant, refugee, and unaccompanied children. However, studies in this field are often conducted across different disciplines, including public health, psychology, sociology, and education, resulting in a fragmented body of literature. Therefore, systematically examining the direction, scope, and main contributors of scientific production is essential for gaining a comprehensive understanding of research developments in this area. Research on the health of migration-affected children cannot be understood solely as a neutral public health issue but must also be situated within the broader context of forced migration, international protection frameworks, and social policy responses. Recognizing these structural and policy contexts is essential for interpreting the health vulnerabilities experienced by migrant, refugee, and unaccompanied children and for situating health research within the wider interdisciplinary literature on migration and child protection (Hirani et al., 2024; Klas et al., 2022). Despite the growing body of research on the health of migration-affected children, comprehensive bibliometric analyses that holistically reveal global research trends remain limited. This gap represents a significant limitation in understanding the evolution of scientific knowledge in this field and in providing evidence that can inform effective policy-making processes. Bibliometric analysis is a quantitative approach used to evaluate scientific output within a specific field, identify leading researchers, influential journals, collaboration networks, and prominent thematic areas. This method enables researchers to analyze the development and intellectual structure of academic literature and to identify emerging research directions and knowledge gaps (Donthu et al., 2021). A comprehensive mapping of the literature is therefore essential to better understand the main research themes, temporal trends, and future research needs related to the health of migrant, refugee, and unaccompanied children.

This study aims to analyze scientific articles on the health of migrant, refugee, and unaccompanied children published between 1981 and 2025 through bibliometric methods using the Web of Science database. The study examines the distribution of publications over time, the most productive countries and institutions, influential journals, international collaboration networks, and the most frequently used keywords. The findings are expected to contribute to a better understanding of the intellectual structure of the field and to guide future interdisciplinary studies and policy initiatives addressing the health challenges faced by migration-affected children.

In this context, the research questions are as follows:

- What are the trends in the number of articles and citations over the years regarding studies on migrant, refugee, and unaccompanied children and health?
- Which articles have received the highest number of citations?
- Which journals have published the highest number of articles?
- Which Sustainable Development Goals (SDGs) are most associated with the articles?
- How are international author collaborations structured?
- How have keywords evolved over time?
- How are keyword clusters formed?

2. Method

This study aims to analyze the literature on the health of migrant, refugee, and unaccompanied children, an area that has attracted increasing scientific attention, using bibliometric methods. Within the scope

of the study, citation trends of authors and journals, institutional productivity, and international collaborations were examined to provide a comprehensive overview of the literature published between 1981 and 2025. The study was conducted and reported in accordance with the BIBLIO Checklist (Montazeri et al., 2023).

2.1. Data source and data characteristics

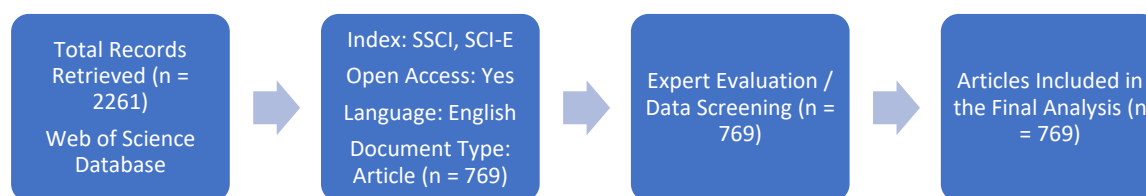
The data were obtained from the Web of Science Core Collection database on April 4, 2025. In this study, only articles indexed in the Science Citation Index (SCI) and Science Citation Index Expanded (SCI-E) of the Web of Science (WOS) database were included. The main rationale for this selection was to enhance the scientific quality and reliability of the analyzed literature. These indices cover peer-reviewed journals with high academic standards and international visibility. This ensures both the accurate tracking of citation data and the consistent analysis of author, institution, and country information. Furthermore, the compatibility of the WOS data structure with bibliometric analysis tools supports the methodological validity and comparability of the study. Such a restriction allows the data to remain controlled while enabling a more qualified representation of global scientific trends.

The search was conducted using the keywords “refugee child*,” “refugee minor*,” “unaccompanied child*,” “unaccompanied minor*,” “migrant child*,” and “migrant minor*,” in combination with the term “health*.” The search was performed in the title, abstract, and keyword fields and was structured using Boolean operators (AND/OR). The inclusion criteria encompassed research articles indexed in SCI-Expanded and SSCI, published in English, and relevant to the scope of the study based on title, abstract, and keyword screening. No publication year restriction was applied. Letters to the editor, conference abstracts, book chapters, and editorial materials were excluded.

A total of 2261 records were retrieved and screened at the title and abstract level. Duplicates and irrelevant records were independently removed by two researchers. Ultimately, 769 articles were included in the final analysis (Figure 1).

Figure 1

Methodological Flow Diagram



2.2. Analysis

Bibliometric analyses were conducted using the VOSviewer software (version 1.6.20). Keyword co-occurrence analysis, co-authorship network analysis, and international collaboration network visualizations were performed. In the keyword analysis, only terms that appeared at least 10 times were included, while in the international collaboration analysis, only countries with a minimum of 10 joint articles were evaluated. The default modularity algorithm provided by the software was used for clustering, and thematic clusters were visualized using colors. The overlay visualization method was employed to analyze the temporal distribution of keywords over the years. The analyses were carried out based on weighting criteria such as the number of articles and citations.

In addition, descriptive bibliometric data such as publication counts, citation numbers, and journal information were obtained directly from the Web of Science platform. Specific tables were manually created using filtering, sorting, and categorical analysis functions in WoS and were then integrated with

the VOSviewer analyses. This approach aimed to expand the scope of the study by combining the visual strength of network analyses with the detailed metadata structure of the Web of Science.

2.3. Limitations

The analysis is limited to English-language research articles indexed in the SCI-Expanded and SSCI categories of the Web of Science Core Collection. This restriction resulted in the exclusion of studies published in other languages or those belonging to the gray literature. Furthermore, other major databases (e.g., Scopus, PubMed) were not included, meaning that the analysis does not reflect the entirety of global scientific output. Therefore, while the findings represent trends within the field, they do not encompass the complete global literature.

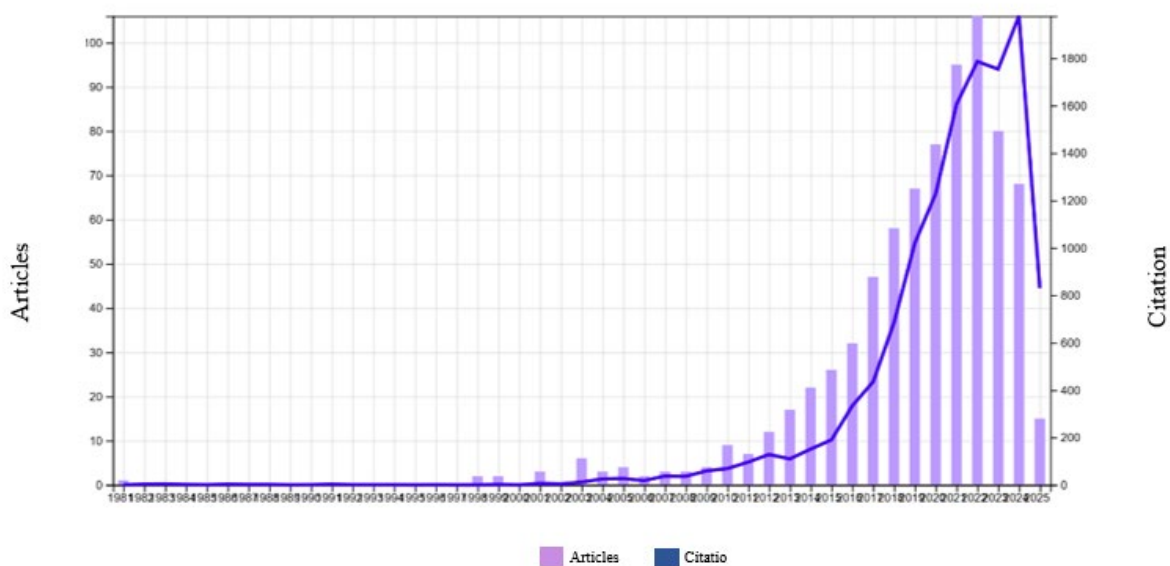
3. Results

3.1. Number of articles and citation trends

Figure 2 presents the annual distribution of the number of scientific articles and citations related to the health of migrant, refugee, and unaccompanied children between 1981 and 2025. A notable increase in articles on the health of migrant, refugee, and unaccompanied children has been observed since 2010. The highest number of articles was reached in 2022. Citation counts have risen in parallel with this increase, peaking during the 2021–2022 period (Figure 2).

Figure 2

Number of Articles and Citations Trends by Year (1981–2025)



3.2. Most cited articles

Table 1 lists the ten most cited articles related to the health of refugee, migrant, and unaccompanied children. The most frequently cited articles were published in high-impact journals such as *Cultural Diversity & Ethnic Minority Psychology*, *PLOS ONE*, *The Lancet Public Health*, and *The British Medical Journal*, each receiving more than 100 citations. The most highly cited study is the work by Betancourt et al. (2015) on Somali refugee families. This is followed by the systematic review conducted by Tyrer and Fazel (2014) and the study by Xu and Xie on the well-being of migrant children in China.

Table 1*Top 10 Most Cited Articles in the Field of Refugee, Migrant, and Unaccompanied Child Health*

No	Title	Journal	FYIF*	Year	Authors	Number of Citations
1	We Left One War and Came to Another: Resource Loss, Acculturative Stress, and Caregiver-Child Relationships in Somali Refugee Families (Betancourt et al., 2015)	Cultural Diversity & Ethnic Minority Psychology	114	2015	Betancourt TS, Abdi S, Ito BS, Lilienthal GM, Agalab, N, Ellis, H.	215
2	School and Community-Based Interventions for Refugee and Asylum Seeking Children: A Systematic Review (Tyrer & Fazel, 2014)	Plos One	108	2014	Tyrer, RA and Fazel, M.	207
3	The Causal Effects of Rural-to-Urban Migration on Children's Well-being in China (Xu & Xie, 2015)	European Sociological Review	105	2015	Xu, HW and Xie, Y.	177
4	The effect of post-traumatic stress disorder on refugees' parenting and their children's mental health: a cohort study (Bryant et al., 2018)	Lancet Public Health	116	2018	Bryant RA, Edwards B, Creamer M, O'Donnell M, Forbes D, ... Hadzi-Pavlovic D.	158
5	Trajectories of Cultural Stressors and Effects on Mental Health and Substance Use Among Hispanic Immigrant Adolescents (Schwartz et al., 2015)	Journal of Adolescent Health	82	2015	Schwartz SJ, Unger JB, Baezconde-Garbanati L, Zamboanga BL, Lorenzo-Blanco EI, ... Szapocznik J.	114
6	Bibliometric analysis of global migration health research in peer-reviewed literature (2000-2016) (Sweileh et al., 2018)	BMC Public Health	114	2018	Sweileh WM, Wickramage K, Pottie K, Hui C, Roberts B, Sawalha AF, Zyoud SH.	138
7	Active survival in the lives of unaccompanied minors: coping strategies, resilience, and the relevance of religion (Ní Raghallaigh & Gilligan, 2010)	Child & Family Social Work	43	2010	Ní Raghallaigh, M and Gilligan, R.	108
8	Development of mental health problems - a follow-up study of unaccompanied refugee minors (Jensen et al., 2014)	Child and Adolescent Psychiatry and Mental Health	40	2014	Jensen, TK, Skårdalsmo, EMB and Fjermestad, KW.	105

Table 1 (Continued)

9	Mental health of refugee children: comparative study (Fazel & Stein, 2003)	British Medical Journal	20	2003	Fazel, M and Stein, A	103
10	Mental health and stress factors in accompanied and unaccompanied minors resettled in Germany: a cross-sectional study (Müller et al., 2019)	Child and Adolescent Psychiatry and Mental Health	88	2019	Müller LRF, Büter KP, Rosner R, Unterhitzberger, J.	100

* Five-Year Impact Factor

3.3. Journals publishing the highest number of articles

Table 2 presents the top ten journals that have published the largest number of articles in the field of migrant, refugee, and unaccompanied child health, along with their publishers, countries, and subject areas. The journal with the highest number of articles was the International Journal of Environmental Research and Public Health (n = 43, 5.57%). This was followed by BMC Public Health (n = 32, 4.15%) and PLOS ONE (n = 27, 3.50%). Other journals included in the list were Frontiers in Psychology (n = 24), BMJ Open (n = 21), and Child and Adolescent Psychiatry and Mental Health (n = 14).

Table 2*Journals Publishing the Highest Number of Articles*

No	Journal Title	Publisher	Country	Subject Area	n	%
1	International journal of environmental research and public health	Multidisciplinary Digital Publishing Institute	Switzerland	Environmental Science and Medicine	43	5.57
2	BMC Public health	BioMed Central Ltd	United Kingdom	Medicine	32	4.15
3	Plos one	Public Library of Science	United States	Multidisciplinary	27	3.50
4	Frontiers in psychology	Frontiers Media SA	Switzerland	Psychology	24	3.11
5	BMJ Open	BMJ Publishing Group	United Kingdom	Medicine	21	2.72
6	Children and youth services review	Elsevier Ltd	United Kingdom	Psychology and Social Sciences	16	2.07
7	Child and adolescent psychiatry and mental health	BioMed Central Ltd	United Kingdom	Medicine	14	1.81
8	European child adolescent psychiatry	Springer Science	Germany	Medicine and Psychology	13	1.68
9	American journal of public health	American Public Health Association Inc.	United States	Medicine	12	1.55
10	Children (Basel)	Multidisciplinary Digital Publishing Institute	Switzerland	Medicine	11	1.42

3.4. Association with Sustainable Development Goals (SDGs)

A total of 82.23% (n = 634) of the articles were found to be directly associated with the goal of Good Health and Well-Being (SDG 3). This was followed by articles addressing Gender Equality (SDG 5) at 41.37% (n = 319) and Reduced Inequalities (SDG 10) at 12.45% (n = 96).

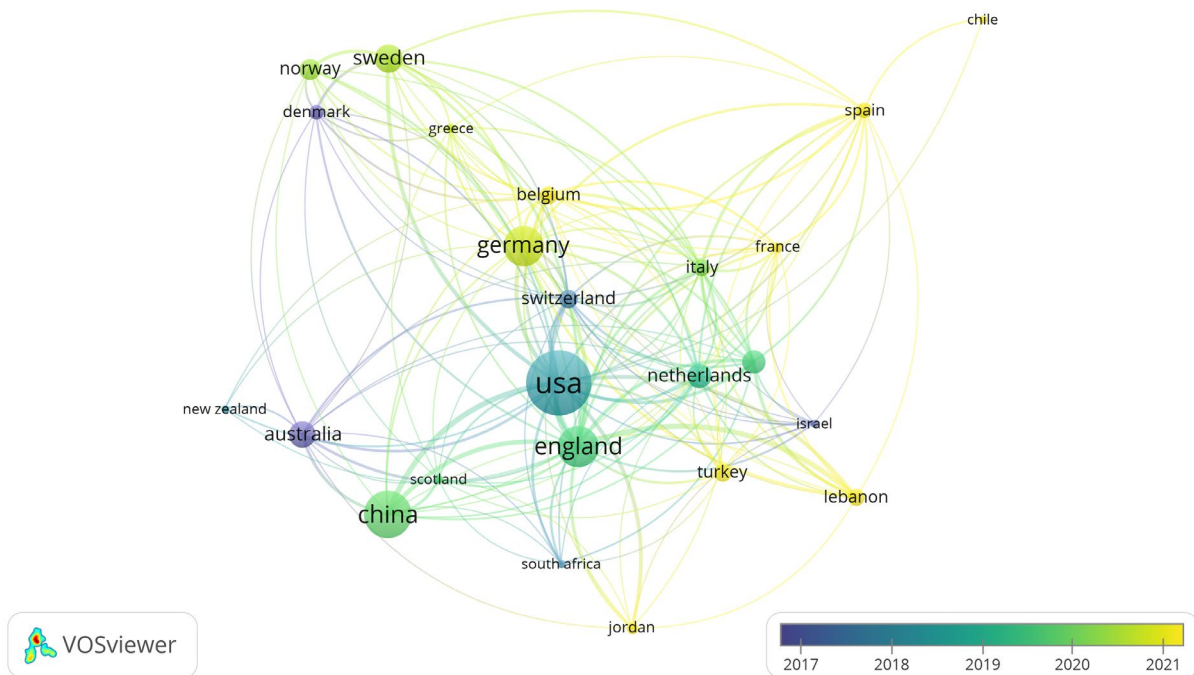
Although at lower rates, there were also studies associated with other goals such as No Poverty (SDG 1) (3.89%), Zero Hunger (SDG 2) (3.11%), Peace, Justice and Strong Institutions (SDG 16) (1.29%), and Quality Education (SDG 4) (1.03%).

3.5. International collaboration network

According to the international collaboration network presented in Figure 3, the United States (USA) occupies a central position with the largest node, representing the country with the highest level of international collaboration. The United Kingdom, the Netherlands, and Germany also stand out as significant connection hubs. These countries play a decisive role in scientific production both quantitatively and in terms of network density.

Figure 3

International Co-Authorship Network Analysis



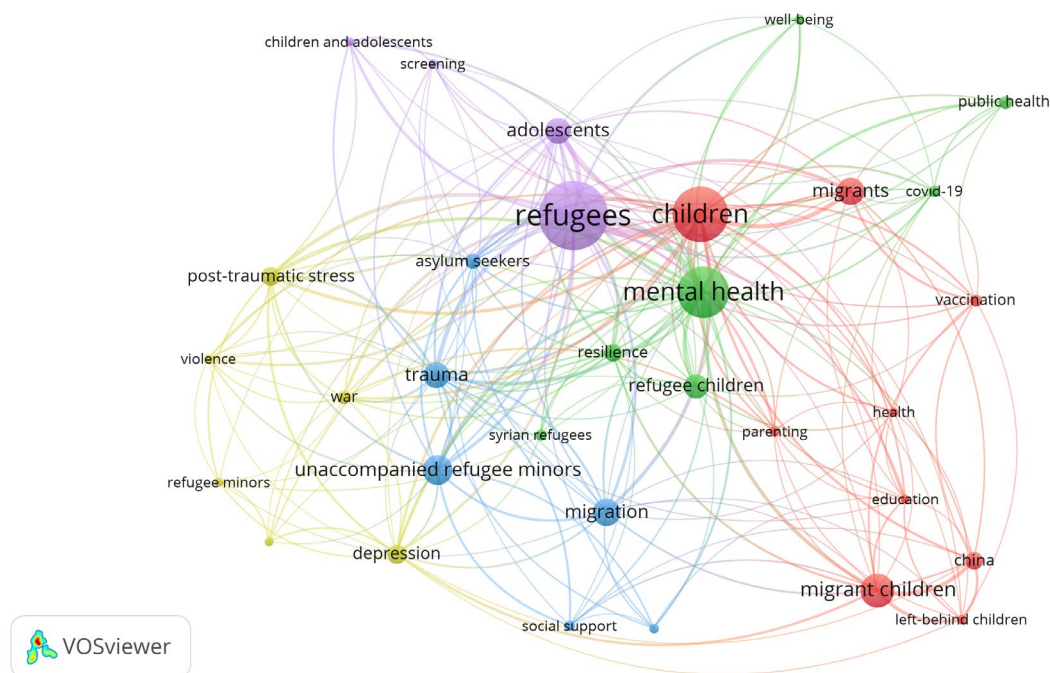
China, Australia, and the United States were among the countries that contributed to articles in the earlier period (2017–2018), represented by purple and dark green color tones. In contrast, countries such as Spain, Lebanon, Jordan, and Chile have begun contributing to articles more recently (2020–2021), indicated by yellow color tones. Türkiye is connected to the Netherlands, the United Kingdom, and Germany, and through these collaborations, it has assumed a visible role within the network. However, as the node size is relatively small, Türkiye’s contribution is moderate and mainly concentrated in recent years. Intensive and reciprocal collaborations are particularly evident among European countries such as Germany, the Netherlands, Sweden, Belgium, and Switzerland.

3.6. Keyword trend analysis

Figure 4 presents the distribution of keywords used in the studies by year, visualized through the overlay visualization method. The most prominent and central keywords include refugees, mental

Figure 5

Relational Network and Thematic Cluster Structure of the Most Frequently Used Keywords in the Literature



4. Discussion

This bibliometric analysis comprehensively examined the global academic output on the health of migrant children between 1981 and 2025. The findings indicate a marked increase in scientific interest in this field beginning in 2010, with articles peaking during the 2021–2023 period. The years 2023–2024 represent the period with the highest citation rates. The journals publishing the largest number of articles were the *International Journal of Environmental Research and Public Health*, *BMC Public Health*, and *PLOS ONE*. Most articles were directly associated with the Sustainable Development Goals (SDGs) “Good Health and Well-Being” (SDG 3), “Gender Equality” (SDG 5), and “Reduced Inequalities” (SDG 10). Studies were produced most intensively in countries such as the United States, the United Kingdom, the Netherlands, and Germany, which also served as the central nodes of international scientific collaboration networks. Research conducted between 2018 and 2022 initially focused on trauma and mental health, whereas in the post-pandemic period, themes such as education, online learning, and life satisfaction became more prominent. This shift illustrates that academic interest in refugee, unaccompanied, and migrant children has diversified over time and evolved in response to contemporary crises (e.g., the COVID-19 pandemic). Five thematic keyword clusters were identified: general health, parenting and education, mental health and resilience, migration and social support, trauma and war, and adolescence and screening processes.

The most significant factor driving migration flows is reported to be the population growth disparity between high-income and low-income countries. In particular, high fertility rates in developing countries have led to a rapid increase in young populations, which has, since 2010, resulted in a marked intensification of migration pressure. This demographic pressure has significantly increased not only adult migrants but also the number of child migrants and refugees (Dao et al., 2021; Mcauliffe & Oucho, 2024). These demographic and political dynamics may have increased the visibility of migrant children’s challenges and stimulated growing scientific interest in this field. The literature indicates that since 2010, there have been remarkable changes in both the number and the nature of migration movements. As migration flows have shifted toward metropolitan areas, large cities have become spaces where new

social and political dynamics emerge, thereby deepening spatial segregation and social inequalities, especially those affecting children. Although a temporary decline in migration rates was observed during the COVID-19 pandemic, migration processes have become more complex and multidimensional (Korczyński & Kajdanek, 2025; Marigil-Alba et al., 2025; Rezaee et al., 2025). This process has rendered the problems experienced by migrant children more visible, possibly contributing to the increase in scientific interest in this field. Consistent with this, our study observed a marked rise in migration- and child-focused academic articles in 2021 and 2023.

The coexistence of demographic shifts, pandemics, and migration as global crises has made the impacts on children more complex and difficult to address. Consequently, the systematic and interdisciplinary nature of scientific inquiry has become an essential tool for better understanding and addressing these processes (Erlinghagen, 2021; Pérez-Caramés & Fernández-Suárez, 2024). The most cited studies reflect this effort to understand and find solutions. The majority of these highly cited works focus on the multifaceted problems of migrant and refugee children, including mental health, post-traumatic stress, parental relationships, unaccompanied status, and cultural adaptation. Various research designs (cross-sectional, experimental, qualitative, bibliometric, and systematic reviews) have been used to understand these issues and propose solutions. This diversity of approaches underscores the need to address the problems faced by migrant children not only at the individual level but also from structural and systemic perspectives (Pérez-Caramés & Fernández-Suárez, 2024). The growing complexity of global crises, including demographic change, pandemics, and migration, has driven increased interdisciplinary scientific attention toward understanding and addressing the complex challenges experienced by migrant and refugee children.

The publication venues and journals where research on migrant children is concentrated can be interpreted as indicators of the field's interdisciplinary orientation. The leading journals—*International Journal of Environmental Research and Public Health* (5.57%), *BMC Public Health* (4.15%), and *PLOS ONE* (3.50%)—demonstrate that migration is not merely a social issue but also one that encompasses public health, environmental, and psychological dimensions. These publication patterns indicate that the effects of migration on children are being addressed through a multidisciplinary and public health-oriented lens. According to migration reports from 2024, the countries that publish most extensively on migration and child health are also among those with the highest levels of immigration. The fact that most of the leading journals in this field are based in high-income and politically stable countries such as Switzerland, the United Kingdom, and Germany is noteworthy. These countries also rank highly in the Human Development Index (HDI), Human Freedom Index (HFI), and Global Peace Index (GPI). Furthermore, their low fragility scores (Fragile States Index) indicate strong state capacity (Fonseca et al., 2024; Phung, 2023). These structural indicators suggest that these nations' capacity to both host migrants and act as central actors in global knowledge production may be interconnected. Conversely, countries that are major sources of migration (e.g., Syria, Yemen, Afghanistan, Ethiopia, South Sudan) are characterized by low HDI, HFI, and GPI rankings, along with high fragility and low peace scores. Humanitarian crises and mass displacements occurring in these countries are predominantly studied academically by researchers working abroad, particularly in migrant-receiving countries. This highlights a geographical mismatch between the production of knowledge and the lived experience of migration. The concentration of publications in high-income countries may be explained by structural factors such as higher levels of development, political stability, and stronger research infrastructures. In contrast, countries experiencing conflict, political instability, or limited institutional capacity often face significant constraints in accessing the financial and institutional resources necessary for sustained scientific production.

In an era where migration policies are increasingly politicized, the Sustainable Development Goals (SDGs) framework emphasizes the principle of “leaving no one behind” as a fundamental objective (Ingleby, 2019; Kumar et al., 2024). However, implementing this principle for vulnerable groups such

as migrant, refugee, and unaccompanied children poses significant challenges. It is noteworthy that the most frequently cited SDG in studies focusing on these populations is SDG 3 – Good Health and Well-Being (82.23%). In contrast, the relatively limited attention to Gender Equality (SDG 5) and Reduced Inequalities (SDG 10) suggests that scientific interest has been concentrated in certain thematic areas.

The social and epistemic dimensions of knowledge production in migration and health research have been increasingly discussed in the scientific literature (Pepa & Pamdandi, 2024; Piller et al., 2022). Studies indicate that academic production on migrant health is predominantly concentrated in high-income countries, with limited contributions from migration-origin countries. The themes emphasized in the literature are largely shaped within specific countries, institutions, and disciplines, while more fragile contexts and migration-origin nations remain underrepresented. This reveals the need for a more equitable, participatory, and pluralistic scientific ecosystem in migration and health research, an imperative that is not only academic but also ethical and social in nature (Pepa & Pamdandi, 2024; Piguet et al., 2018; Piller et al., 2022). The centralization of knowledge production frequently noted in the literature is also evident in studies on migrant children and health. The major scientific collaboration networks are largely concentrated in high-income countries such as the United States, the United Kingdom, Germany, and the Netherlands. This trend indicates that migration is predominantly examined from the perspective of receiving countries and that global asymmetries in knowledge production persist. The dominance of high-income countries such as the USA and the UK in migration research may reflect the concentration of academic infrastructure, research funding, and international research networks in these countries. In addition, many migrant-receiving countries have developed stronger research capacities and policy interest in migration-related health issues.

The keyword trend analysis reveals the thematic evolution of scientific interest in the health of migrant, refugee, and unaccompanied children. When keywords are considered alongside the most cited studies, it becomes apparent that research initially focused on psychosocial effects and individual health outcomes but, following the COVID-19 pandemic, has increasingly emphasized structural themes such as social environment, education, and quality of life. This shift indicates that the pandemic has influenced not only migration dynamics but also academic research priorities. Hence, knowledge production in this field is not static but dynamic and responsive to periodic crises such as pandemics (Lu et al., 2021).

In our study, the central prominence of the keywords refugees, children, and mental health underscores the extensive focus on the mental health problems of refugee children within the literature. Considering that most studies are produced in high-income, migrant-receiving countries, the emphasis on themes such as adaptation, education, social support, and resilience is meaningful. Terms such as migrant children, education, parenting, and well-being reflect attention to social determinants and quality of life, whereas unaccompanied refugee minors, trauma, war, and post-traumatic stress correspond to research focusing on security and protection. Taken together, these clusters indicate that the literature adopts a multidimensional approach encompassing both individual factors (e.g., depression, resilience) and structural dimensions (e.g., education, parenting, social support). However, when considered alongside global migration reports, the concentration of academic production in migrant-receiving countries reveals a significant geographical imbalance in knowledge production and highlights the limited representation of the experiences of migration-origin countries (Betancourt et al., 2015; Tyrer & Fazel, 2014).

5. Conclusion

This bibliometric analysis provides a comprehensive overview of the scientific literature on the health of migrant, refugee, and unaccompanied children published between 1981 and 2025. The findings show that research output in this field increased markedly after 2010 and reached its highest publication volume in 2022, indicating a substantial growth of scholarly attention in parallel with the increasing

global visibility of migration-related child health issues. Citation patterns further suggest that the field gained considerable academic momentum particularly during the 2021–2022 period.

The analysis also demonstrated that scientific production in this area is concentrated in a limited number of high-income, migrant-receiving countries, particularly the United States, the United Kingdom, the Netherlands, and Germany, which also occupied central positions in international collaboration networks. In terms of publication venues, the literature was most frequently published in journals such as the *International Journal of Environmental Research and Public Health*, *BMC Public Health*, and *PLOS ONE*, reflecting the strong public health and interdisciplinary orientation of the field.

Thematic findings revealed that the literature has been shaped primarily around mental health, trauma, education, parenting, social support, and resilience. Keyword clustering identified five major thematic areas: general health, parenting and education, mental health and resilience, migration and social support, trauma and war, and adolescence and screening. In addition, overlay visualization showed a temporal shift in research priorities, from an earlier emphasis on trauma and mental health toward more recent themes such as COVID-19, school, well-being, online learning, and life satisfaction. This suggests that the field is dynamic and responsive to global crises and changing social conditions.

From the perspective of the Sustainable Development Goals, most studies were associated with SDG 3 (Good Health and Well-Being), followed by SDG 5 (Gender Equality) and SDG 10 (Reduced Inequalities). This pattern indicates that although migrant child health is primarily framed as a health and well-being issue, it is also closely linked to broader concerns of inequality, social justice, and inclusion.

Overall, the findings indicate that the literature on migration-affected children's health has expanded significantly and developed into a multidimensional and interdisciplinary research area. However, the concentration of knowledge production in high-income countries also reveals an important structural imbalance, as migration-origin countries remain relatively underrepresented in the scientific literature. Future research should therefore prioritize more inclusive and equitable international collaborations, strengthen the visibility of underrepresented contexts, and support research agendas that better reflect the lived realities of migrant, refugee, and unaccompanied children across diverse geographical settings.

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