

**Mothers Awareness Regarding
Food Allergy Among
Their Children**

Thesis

**Submitted To Faculty of Nursing for Partial
Fulfillment of Requirements for the Master
Degree In**

(Community Health Nursing)

By

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List of Abbreviations

<i>Abbr.</i>	<i>Full – term</i>
ADLs	Activities Of Daily Living
ARI	Acute Respiratory Illness
CDC	The Center for Disease Control and Prevention
Cm	Centimeters
C H N	Community health nurse
FA	Food Allergy
FARE	Food Allergy Research & Education
HRQoL	Health-related quality of life
HADS	The Hospital Anxiety and Depression Scale
H T N	Hypertension
Ig E	Immunoglobulin E
IgG	Immunoglobulin G
IADLs	Instrumental Activities Of Daily Living
ICIQ-SF	The International Consultation on Incontinence Questionnaire Short Form
IDDM	Insulin dependent diabetes mellitus
KFA	Kids With Food Allergies
Kg	Kilo grams
KHQ	The King's Health Questionnaire
LC	Lung Cancer
Min	Minutes
Q O L	Quality Of Life
U S	United State
W H O	World Health Organization

Mothers Awareness Regarding Food Allergy Among Their Children

By
Yasmeen Sayed Abd El Baset

Abstract

Food allergy : defined as an adverse immune response to specific foods, typically proteins. In children, there are eight foods that cause 90% of food allergy. These diseases include food allergies, fever, atopic dermatitis, asthma, and anaphylaxis Symptoms include red eyes, and itchy rash, runny nose, shortness of breath, and swelling. **Aim of study** :to assess mothers awareness regarding food allergy among their children. **Design**: A descriptive correlation study was used. **Setting**: study was conducted as follows: pediatric Out Patient Clinic of Ain Shams, Helwan General Hospital and Dar El Salam General Hospital. **sample** study included 730 Mothers Who Had Children Diagnosed With food Allergy. **Tools**: four Tools were Used In This Study: First tool was An Interviewing Questionnaire, Second tool was questions about awareness regarding food allergy among their children , Third tool was questionnaire Form for measuring the indicators of mothers behaviors in relation to food allergies for their children, and fourth tool was questionnaire Form to measure the factors affecting the lifestyle of mothers with regard to food allergy among children . **Result**, current study showed that 56.0 % of mothers of sample had satisfied level of awareness with food allergy among their children, while 44.0% of mothers of sample had unsatisfied level of awareness with food allergy among their children, 69.5% of mothers of sample had negative behavior toward food allergy among their children, while 30.5% of mothers of sample had positive behavior toward food allergy among their children. **Conclusion**, current study result there were highly statistically difference between mothers awareness about food allergy among their children and their life style, at $r < 0.001$, and Finding of current study showed that there were high significance relation between mothers awareness and their behaviors about food allergy among their children at $r < 0.001$, **Recommendation** the following recommendations were suggested: Educating the mothers who have child suffering from food allergy, impact of life style on their children status and how to protect their children from food allergy and educate nurses bout needs and problems of children according to age group

Key words : food allergy, Lifestyle , children

Introduction

Food allergy is defined as an adverse immune response to specific foods, typically proteins. In children, there are eight foods that cause 90% of food allergy. These diseases include fever, food allergies, atopic dermatitis, asthma, and anaphylaxis. Symptoms may include red eyes, rash, runny nose, shortness of breath, or swelling (*Types of Allergic Diseases*". NIAID. 29 May 2015. Retrieved 17 June, 2015).

The limits imposed by the strict diet and the potential risk of anaphylaxis make food allergy a burden for patients and their families, affecting considerably their quality of life (QOL) and psychosocial well-being (*Cummings AJ et al., 2010*).

Symptoms include fever, atopic dermatitis, allergic asthma, and anaphylaxis. Also may include red eyes, an itchy rash, runny nose, shortness of breath, or swelling (*Types of Allergic Diseases*". NIAID. 2015).

Symptoms of a food allergy : When the body's immune system overreacts to certain foods, the following symptoms may occur: **Skin problems** (Hives (red spots that look like mosquito bites), Itchy skin rashes (eczema, also called atopic dermatitis), Swelling), **Breathing problems**

(Sneezing, Wheezing, Throat tightness), **Stomach symptoms** (Nausea, Vomiting, Diarrhea), **Circulation symptoms** (Pale skin, Light-headedness, Loss of consciousness) (*CDC, 2015*).

The symptoms and severity of allergic reactions to food can be vary between individuals, and can also be different for one person over time. Anaphylaxis is a sudden and severe allergic reaction that may cause death. Not all allergic reactions will develop into anaphylaxis (*CDC, 2015*).

If several areas of the body are affected, the reaction may be severe or even life-threatening. This type of allergic reaction is called anaphylaxis and requires immediate medical attention (*American Academy of Pediatrics, 2015*).

There is a need to learn to live with accommodate food allergies and in the first instance just learning to prepare meals for a child with particular dietary requirements can be very demanding and challenging, particularly in a family environment where there are other children or adults who may not fully understand or accept the need for a change in their own eating or lifestyle habits (*Stoneham S., 2013*).

Additionally, there may be some problems caused between siblings where it appears that the allergic child is favored as life may often be planned around their needs. This can also be true outside of the home where the children's

friends (or their parents) perceive the allergic child to receive preferential treatment (*Stoneham S., 2013*).

There is strong evidence that food allergy and food hypersensitivity has an impact on psychological distress and on the quality of life (QOL) of children and adolescents, as well as their families. Until recently, the measurement of Sol in allergic children has proved difficult because of the lack of investigative tools available. New instruments for assessing Sol in food allergic children have recently been developed and validated, which should provide further insights into the problems these children encounter and will enable us to measure the effects of interventions in patients. (*Cummings A. J., et al., 2010*).

This review examines the published impact of food allergy on affected children and their families. It considers influences such as gender, age, disease severity, co-existing allergies and external influences, and examines how these may impact on allergy-related QOL and psychological distress including anxiety and depression. Implications of the impact are considered alongside avenues for future research (*Cummings A. J., et al., 2010*).

The resulting Voluntary Guidelines for Managing Food Allergies include recommendations for practice as the

following, that should be addressed in each school's or ECE program's Food Allergy Management Prevention Plan: Ensure the daily management of food allergies in individual children., Prepare for food allergy emergencies., Provide professional development on food allergies for staff members., Educate children and family members about food allergies., Create and maintain a healthy and safe educational environment., Use a coordinated approach that is based on effective partnerships., Provide clear leadership to guide planning and ensure implementation of food allergy management plans and practices., Develop and implement a comprehensive plan for managing food allergy (**A School Nurse's Guide to Kids' Health and Safety 2016**).

Significance of the study:

The prevalence of food and skin allergies increased in children aged 0–17 years Younger children were more likely to have skin allergies, while older children were more likely to have respiratory allergies (*Kristen D, 2013*).

About 6% of US children under age 3 and 3.5–4% of the overall US population in United States Peanut and/or tree nut (e.g. walnut) allergy affects about three million Americans, or 1.1% of the population (*World Allergy Organ J,2011*).