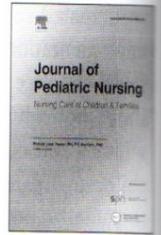




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Managing food allergies at school: A qualitative study

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ABSTRACT

Introduction: The prevalence of childhood allergic diseases, including food allergies, has increased globally. Parents and children have experienced psychosocial and financial difficulties, decreased quality of life, anxiety, and depression in the management of food allergies in schools.

Purpose: The aim of the study was to determine the challenges experienced by mothers of children with food allergies during their children's school life.

Design: A qualitative phenomenological study design was used.

Methods: Online interviews were conducted with 9 mothers who have children with food allergies between June–August 2022. The data were analyzed using the content analysis method. The COREQ checklist was used in the study.

Results: The ages of the mothers participating in the study ranged from 28 to 40. Four themes were generated from 75 codes: 1) Problems experienced in the process of utilizing health services, 2) Burden of care, 3) Coming out of the shell: The school process, and 4) Environmental and social perspective.

Conclusions: Mothers carried the burden of food allergy management during the school process, and the increased burden of care negatively impacted mothers emotionally, physically, and socially. Also, mothers were anxious about the safety of their school-age children with food allergies and their experiences with school administration, teachers, and other parents made it difficult for food allergy management in the school environment.

Clinical relevance: Children with chronic health problems such as food allergies need to be closely monitored by a health professional in school to ensure their safety. Nurses have a pivotal role in supporting families to address their child's food allergies competently, hence fostering positive health outcomes. This study showed that there was a need for the development of school health policies to ensure the safety of children with food allergies and to reduce anxiety and care burden among mothers.

Introduction

Food allergy, defined as an immune reaction to foods, can result in life-threatening anaphylaxis from exposure to allergens (Frachette et al., 2021). In recent years, the prevalence of childhood allergic diseases, including food allergies, has increased globally (Loh & Tang, 2018). Genç Aksoy et al. (2021) reported that the prevalence of allergy in infants followed up to 3 years old was 22%, and the prevalence of food allergy was 4.3%. Although there is no ideal treatment for food allergy, the management of food allergy involves the elimination of allergic foods from the diet and using an epinephrine auto-injector (EAI) in case of an allergic reaction (Waserman et al., 2021).

Effective management of food allergies relies on dietary and lifestyle

changes within the family (Klennert et al., 2015). This has been highlighted as potentially leading to increased stress and anxiety for patients and families and decreased health-related quality of life (Kan et al., 2022). Studies on food allergies are often focused on patients and caregivers in the early childhood age group, where the prevalence of food allergies is higher (Moen et al., 2019). However, food allergies are a chronic health condition that may persist into adulthood, even if they resolve over time (Sicherer et al., 2020).

Some challenges must be overcome while living with food allergies, and transitioning to school is particularly challenging for families and children (Rubeiz & Ernst, 2021). Effective management of food allergies in schools requires children to avoid allergic foods and to have an individualized emergency plan that includes using an EAI in the event of

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an allergic reaction (Waserman et al., 2021). It is emphasized that the collaboration of the parent of a child with food allergies, the school administration, teachers, and the school nurse is of great significance in allowing the child to live everyday life without being deprived of any school activities (Rubeiz & Ernst, 2021).

In the literature on food allergies in children, there are studies on allergy management in the school environment and the management of anaphylactic reactions by school staff, while there are a limited number of studies examining the impact of food allergy management in schools on children and families (Dupuis et al., 2020; Kourosh et al., 2020; Nieto-Eugenio et al., 2020; Polloni et al., 2016). Studies have shown that parents and children experience psychosocial and financial difficulties, decreased quality of life, anxiety, and depression in the management of food allergies in schools (Anagnostou, 2018; Hurst et al., 2021; Moen et al., 2019; Pappalardo et al., 2022). Studies that examine the impact of food allergies on families identify what problems are experienced and the level of these problems but provide limited information on how and why these problems arise (Abrams et al., 2020; Frachette et al., 2021; Hurst et al., 2021; Moen et al., 2019).

The pivotal role of pediatric nurses in enabling families of children with food allergies to take control of their children's condition is widely recognized (Mauldin, 2017). By providing families with the necessary information, resources, and support, nurses can play a crucial role in empowering them to manage their child's food allergies effectively and promote positive health outcomes (Alanne et al., 2014; Mauldin, 2017; Muraro et al., 2022). The location where this study took place does not currently employ school nurses, however, nurses do work in children's allergy clinics. These nurses need to be aware of the potential challenges mothers might face while managing their child's food allergies in a school environment. This awareness would enable the nurses to equip the mothers with appropriate knowledge and resources to aid them during their child's transition to school. Therefore, the aim of the study was to determine the challenges experienced by the mothers of children with food allergies during the school process. For this purpose, answers to the following questions were sought:

The research questions:

- ✓ What do mothers who have a child with food allergies experience during their children's school process?
- ✓ What are the effects of the experiences of mothers with a child with food allergies during the school process on children and mothers?

Methods

Design

A phenomenological study determines people's experiences about a phenomenon and how they make sense of these experiences (Creswell & Creswell, 2018; Dyar, 2022). A qualitative phenomenological design was chosen to determine the challenges experienced by mothers of children with food allergies during their child's school life (Maxwell, 2013). The study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist to increase the quality of the research from the planning to the reporting process, to protect the impartiality of the researchers, and to scientifically resolve in advance the problems that may occur in the research process (Creswell & Creswell, 2018; Tong et al., 2007).

Setting

The study setting was a Facebook group in Turkey called 'Milk Protein and Multiple Food Allergy/Family Support Group'. The group was exclusive and confidential, with hundreds of mothers who had children with food allergies as members. These mothers have shared their experiences and have asked each other questions about the problems they experience.

Study population and sample

This study utilized the maximum variation sampling method, which is a type of purposive sampling used to recruit mothers of children diagnosed with food allergies. The purposive sampling method for identifying and selecting participants was used to provide information-rich data to investigate the issue thoroughly following the study's aim (Palinkas et al., 2015). The study population comprised mothers following the Facebook 'Milk Protein and Multiple Food Allergy/Family Support Group', which was established for those whose children have food allergies. The Facebook Support Group was given information about the study, and mothers who volunteered to participate were included.

The eligibility criteria for mother participants were as follows: following the 'Milk Protein and Multiple Food Allergy/Family Support Group' on Facebook, having a child with food allergies who is in school, speaking Turkish, and not having any serious cognitive impairment that may impair their ability to provide informed consent. Not being able to connect to Zoom and not allowing audio recording were determined as exclusion criteria.

Data collection

The data were collected with a semi-structured interview form (Table 1). The interview questions were based on previous studies published in the literature (Abrams et al., 2020; Caner & Efe, 2022; Dupuis et al., 2020; Vollmer et al., 2022) and the researchers' experiences/observations with food allergies. Expert opinions were sought to ensure the clarity of the questions included in the semi-structured interview form. No changes were made to the questions.

Then, all the researchers joined the Facebook Support Group. Subsequently, the first author provided an overview of the study's objective to the members of the Facebook Support Group.

Participants were provided with a Google Form that included questions about their willingness to participate and their contact details, including phone numbers. Participants were included in the study according to the inclusion and exclusion criteria. After informed consent was signed by mothers, interviews were conducted with nine mothers who were selected as participants in the current study in June–August 2022. When data saturation was achieved, the study was completed. To ensure consistency and to avoid potential issues stemming from variations in the interviewer's role, all interviews were conducted by the same researcher (first author). The first author is a lecturer with a Ph.D. in pediatric nursing. In addition, she has taken a research methodology course and conducted other studies on food allergies, which has given her a thorough understanding of the challenges faced by mothers with children who have food allergies.

All interviews were conducted via the Zoom platform to ensure consistency, and there were no prior interactions or power dynamics

Table 1

Semi-structured interview form.

What is it like to have a child with an allergic disease?
What does it mean for you to have a child with food allergies? What are your thoughts on this issue?
Before your child started going to the school, you had control over their nutrition within the family, but how did their beginning of school bring about a change in your life?
What measures do you take to manage the process of your child's nutrition in the school? What are your challenging experiences?
What experiences does your child have related to allergies in the school? What were their positive and negative experiences?
How do you cope with and address the difficulties you and your child face regarding the process of nutrition in the school? What measures do you take?
What kind of support does your child receive in regarding nutrition in the school?
If there are any points or situations that you would like to bring up that I have not asked about, I am willing to listen.

between the researchers and the participants. Participants in these meetings were free to express themselves without feeling obligated. The first author asked semi-structured questions during the interviews, which lasted an average of 45 min, and recorded the participants' responses with their permission.

Ethics

All study procedures were conducted according to the Declaration of Helsinki. Ethical approval (2022/91) was obtained from a Social and Human Sciences Ethics Committee. The study protocol was provided to participants who had given their informed consent. They were also informed that the interviews would be confidential and that each participant would remain anonymous in the reporting. It was clearly stated to the participants that they could withdraw from the research at any time.

Analysis

A systematic data analysis procedure was followed to understand the subjective experiences and meanings of data from in-depth interviews (Malterud, 2012). Data were evaluated using Colaizzi's seven-stage data analysis method (Edward & Welch, 2011). This method aims to reach the themes by combining similar data obtained, in an inductive approach. In the first step, the researchers independently transcribed and read the audio-recorded interviews to gain a general understanding of the experience of mothers; all written reports had the same page format, font size, and line spacing. In total, 74 pages of written text were obtained from the in-depth interviews. In the second step, two independent researchers (second and third author) repeatedly read all transcribed interviews. In the third step, essential terms were used to generate meanings. According to the key phrases that mothers regularly use in their speech, the important phrases were chosen. The MAXQDA 2020 program was used to systematically progress the coding, to see it holistically, and to prevent errors. The written texts yielded 75 different codes, for a total of 316 codings. In the fourth step, the codes were grouped to create themes and sub-themes. In the fifth step, following independent analyses by two researchers (second and third author), all the researchers came together and agreed on the codes, sub-themes, and themes. In the sixth step, the fundamental framework for mothers' experiences was developed. In the seventh step, participants were given an oral summary of what was said during the interview; no themes were supplied for interpretation.

Rigor

The guidance of Brinkmann and Kvale (2015) and COREQ checklist were followed to ensure reliability (Tong et al., 2007). According to them, validity is linked to every step of the research process, from selecting participants and conducting interviews to the transparency of further analysis. Transferability was enhanced by using purposive sampling and providing robust data through detailed and accurate descriptions of the mothers' lived experiences. Credibility was achieved by taking expert opinions for the semi-structured interview form, while confirmability was met by keeping a diary throughout the research process to keep notes and document observations that may be useful and appropriate during the study. The first author recorded the gestures, impressions, and facial expressions of the participants during the interview in the field notes. Field notes were taken, and transcripts were made immediately after each interview (Brinkmann & Kvale, 2015). At the end of the interview, the data obtained by the researcher were summarized for individuals, and individuals were asked to express their thoughts on their accuracy. To ensure the consistency of the research, two researchers (second and third author) generated and compared the codes. For dependability, all researchers examined the codes obtained and reached an agreement on the theme and sub-themes. Thus, bias was

prevented. To confirm the results regarding the themes, expert opinion was taken from a nurse researcher who had completed a Ph.D. The nurse researcher, who was not included in the study, accepted the themes and sub-themes.

Results

The mothers' ages in the study ranged from 28 to 40, and their details are given in Table 2. A total of 316 codings were made in the study, and four themes and 11 sub-themes were formed from the codes (Table 3).

Theme 1: problems experienced in the process of utilizing health services

Mothers reported that they experienced various problems in the care, treatment, and follow-up process after allergy symptoms appeared in their children, and they encountered difficulties in getting their children diagnosed. This theme formed the sub-themes 'Difficulty in diagnosis and examination' and 'Difficulty in communicating with physicians' (Table 3).

Sub-theme 1: Difficulty in Diagnosis and Examination.

In this sub-theme, mothers stated they had experienced problems such as the limited number of allergy polyclinics related to the hospital process, inability to get an appointment, travelling to another city for examination, and difficulties in diagnosis (Table 4).

"We couldn't find an appointment in gastroenterology. We met that doctor in the corridor and I explained the situation. He snapped at me by saying, 'Well, you're going to be on a diet'..." (P-6).

Sub-theme 2: Difficulty in Communicating with Physicians.

This sub-theme highlights the communication problems that mothers faced with physicians during the diagnosis and hospital processes. The mothers reported that they were not adequately informed about allergies and were occasionally blamed by the physicians (Table 4). One mother expressed her frustration with the lack of proper communication, stating, *"A mother in front of her/him, a mother looking for a cure... The mother is already tired and worn out. Physicians need to know this. They need to explain it a little more properly."* (P-7).

Theme 2: burden of care

In line with the statements of the mothers who participated in the study, there are four sub-themes in this theme: 'Psychological Burden', 'Physical Burden', 'Social Burden', and 'Economic Burden' (Table 3).

Sub-theme 1: Psychological Burden.

It was found that mothers caring for a child with allergies were psychologically exhausted. They were constantly worried about their children's safety, felt overwhelmed by their responsibilities, spent their time organizing their children's needs, and felt they were not understood. After a while, they gave up expecting to be understood by their

Table 2
Sociodemographic profile of participants.

Mothers	Mother's age	Child's age	Level of Income	Allergens
P-1	35	7	Income > Expense	Cow's milk
P-2	30	7	Income < Expense	Egg
P-3	35	7	Income < Expense	Cow's milk
P-4	40	10	Income = Expense	Cow's milk, egg, tree nut, soya
P-5	33	7	Income < Expense	Cow's milk, peanut
P-6	28	6	Income = Expense	Tree nut
P-7	36	11	Income < Expense	Cow's milk, egg
P-8	38	6	Income = Expense	Egg, sesame
P-9	34	7	Income = Expense	Tree nut, shellfish, wheat, cow's milk, egg

Table 3
Thematic framework.

Theme	Sub-Theme
1. Problems Experienced in the Process of Utilizing Health Services	1.1. Difficulty in Diagnosis and Examination 1.2. Difficulty in Communicating with Physicians
2. Burden of Care	2.1. Psychological Burden 2.2. Physical Burden 2.3. Social Burden 2.4. Economic Burden
3. Coming Out of the Shell: The School Process	3.1. Having a Child with Allergic Disease at School 3.2. Difficulties in Managing Food Allergy with the School Personnel 3.3. Cooperation with School and Parents
4. Environmental and Social Perspective	4.1. Insensitive Environment 4.2. Need for Information and Awareness

social environment. They were also anxious about their children being excluded. Additionally, they expressed that allergic disease was a challenging experience that prevented them from enjoying their children's childhood.

Furthermore, it was observed that allergic children reflected their feelings to their mothers as "why can't I eat?" and "I want it, mom" because they were nourished differently from others, reproached their mothers, had difficulty in complying with their diets, were disappointed and felt frustrated. This situation was found to increase the psychological burden of the mothers even more (Table 4). Examples of the statements of the mothers are provided below:

"That anxiety, that fear will not disappear until the day I go to my grave. Because as I said, I don't know when this could happen to me. It could happen when I am feeding my son, it could happen when he is at school, and it could happen when he is 30 years old." (P-9).

"I think I have greater responsibilities. I have to be very cautious about the selection of the food, the cooking, everything." (P-2).

Sub-theme 2: Physical Burden.

In this sub-theme, mothers expressed that they exerted heroic efforts in feeding their children and that preparing alternative foods for their diets exhausted them. In addition, it was determined that preparing more food on special occasions (birthdays, social gatherings, etc.), so that their children do not feel excluded and avoid allergic reactions, leads to further physical burden on mothers (Table 4).

"I prepare all of my child's food for the trips the day before until midnight. I always carry bags and bags of ingredients with me." (P-7).

Sub-theme 3: Social Burden.

It was determined that mothers encountered various problems in their social life due to allergies; their social lives were restricted. Despite this, they sought alternative ways to maintain their social lives. Some mothers stated that they withdrew from social life due to negative environmental reactions, had to constantly take precautions in social environments, tried to prevent exclusion, and had more challenges with their child's growth (Table 4).

"For instance, I don't visit my mom's house much anymore. Because my mom's house is old, and it triggers allergies." (P-2).

Sub-theme 4: Economic Burden.

Some mothers who participated in the study stated that preparing food specific to the child's diet and the expenses incurred due to treatment were economically challenging (Table 4).

"There was no city we didn't visit, no place we didn't go for treatment. Also, we were not in a good financial situation at that time. We borrowed money we didn't have at that time and we were constantly in debt." (P-7).

Theme 3: coming out of the shell: the school process

When the statements of the mothers who participated in the study were analyzed, it was determined that they experienced some concerns

Table 4
Illustrative quotes of mothers.

Theme/Sub-theme	Illustrative Quotes
Theme 1. Problems Experienced in the Process of Utilizing Health Services Difficulty in Diagnosis and Examination	Process of Utilizing Health Services <i>"We couldn't find an appointment. With recommendation, we went to the allergy physician at the private hospital. Medical analysis was done. My son was allergic to 3 main products: milk, eggs, wheat. The physician said that it was impossible to have an allergy to three nutrients at the same time and did not believe us..."</i> (P-5).
Difficulty in communicating with physicians	<i>"There is no physician we did not go to. We went to the first physician they recommended. The physician said he had allergies and only prescribed formula. No one ever told me that 'that's what allergies are, you have to do these things'. I went to so many physicians, none of them said anything."</i> (P-7).
Theme 2. Burden of Care Psychological Burden	<i>"I definitely think my son is not able to experience his childhood. When we think of children, the things that come to mind are candy, chocolate, playing outside, sharing something with friends. My child cannot experience these due to allergies, unfortunately, he cannot live his childhood."</i> (P-3).
Physical Burden	<i>"When we went to the market, grocery store, or somewhere, checking the back of the label has seriously worn us out."</i> (P-1). <i>"It was very difficult to accept. In the beginning, I arranged my own diet by following a strict diet so that my child would not be affected while I was breastfeeding. I was only eating five nutrients"</i> (P-5).
Social Burden	<i>"I put forth an incredible effort. I've never had a life of my own, let me tell you that."</i> (P-7). <i>"My friends were reacting to my son's constant runny nose during house visits. My friends were saying, 'Why did you bring the sick child, if he is sick, do not bring him, our children would also get infected'. I was making a statement saying 'he was not sick, he was allergic, it was not contagious, he had a brother and he did not get infected either'. Now I don't see my friends as before. Because when my son sneezes all the time, there are reactions such as 'why is this child sneezing all the time, is he sick'."</i> (P-2).
Economic Burden	<i>"We called allergy the disease of the rich. Unfortunately, the things my child can eat are very expensive. Also, drugs, probiotics, supplements are incredibly expensive. Unfortunately, our income does not cover our expenses enough."</i> (P-2). <i>"We had serious problems with the injection. We were walking around with the injector. At that time, it was not available here, we had it imported from abroad, we were struggling economically."</i> (P-4).
Theme 3. Coming Out of the Shell: The School Process Having a Child with Allergies at School	<i>"Sometimes, when my child argues or fights with any of his friends, the kids' defiance is that 'I'll eat what you can't eat and you see'."</i> (P-1). <i>"She had eaten a pretzel, saying I'm not allergic to it. You can't control him at school. The child is not coming out of his shell any more."</i> (P-5).
Difficulties with the School Personnel in Managing Food Allergies	<i>"The school is not trustworthy. They gave an egg to my daughter once. They could call me and ask. My daughter had asked them like 'if there were eggs' and they had said no."</i> (P-8). <i>"One day, the teacher had separated my son because he was sick at school. My son came home and he said that 'I'm not sick. I could not explain it. I told my teacher, but I guess it wasn't enough for me to explain. Mom, can you please explain that 'I'm not sick, I just have an allergic condition'"</i> (P-7).

(continued on next page)

Table 4 (continued)

Theme/Sub-theme	Illustrative Quotes
Cooperation with Schools and Parents	<p>"On the week of Domestic Goods*, the teacher said to my son, 'you may not come, maybe you may feel bad for not being able to eat the prepared foods. My son came home so sad and crying.'" (P-7).</p> <p>"I am very satisfied with the school my child goes, and they are very helpful to us. They call and ask 'Are we allowed to give this food? Is it safe?'" (P-9).</p> <p>"Our teacher told the other children that he was allergic. Other children also try not to bring a different food." (P-4).</p>
Theme 4: Environmental and Social Perspective Insensitive Environment	<p>"He can't eat everything everywhere we go. People say things like 'you can't eat anything'. 'We also have allergies, nothing will happen, will he look at it while everyone else is eating?' they said." (P-2).</p> <p>"During the domestic goods week and birthdays, parents constantly say, 'eat a little bit and nothing will happen', 'what will happen with a little bit', 'he may feel bad let's give food'... I wish they would stop saying that 'nothing will happen if he eat'. The people are approaching as if you don't like it and you have tripped yourself." (P-1).</p>
Need for Information and Awareness	<p>"Only people who know allergies know these. I don't understand why they are so ignorant." (P-8).</p> <p>"With an allergy, it is much more difficult to deal with society rather than the disease or the process. Because they don't know." (P-1).</p> <p>"I made a lot of mistakes because I didn't know. Seriously, such studies need to be increased and people's awareness should be raised." (P-5).</p>

* Domestic Goods Week: during this week, the children bring a dish specific to their region and introduce it to the school, after which they share the food.

and problems when their children left their safe spaces and began school. Mothers solved these problems both with their own means and through various collaborations. In line with the statements of the mothers, this theme was analyzed in three sub-themes: 'Having a Child with Allergic Disease at School', 'Difficulties in Managing Food Allergy with the School Personnel', and 'Cooperation with School and Parents' (Table 3).

Sub-theme 1: Having a Child with Allergic Disease at School.

This sub-theme includes the school experiences of children with allergies as reflected by their mothers. It was determined that children with allergies were not adhering to the diet, had an allergic reaction because of eating at school, had learning and behavioral changes after the allergic reaction experience, and thought they were unlike other children. Additionally, their academic life was affected, they were exposed to segregation and stigma, and their peers generally fought them and interfered with their food (Table 4).

"My son was always in a sheltered environment. I discussed a lot in my own head, what will happen in the future when he enters the friend environment on his own, will he be excluded, will he be bullied, but I guess you get used to it over time." (P-1).

Sub-theme 2: Difficulties in Managing Food Allergy with the School Personnel.

During the interviews, the mothers stated that they had conflicts with the parents of other children, that the principal and school staff were unwilling to take responsibility for allergy management, that they did not trust the school staff, that the teachers did not grasp the importance of allergic reactions, and that they were insensitive to the information provided by mothers (Table 4).

"He has antihistamines and cortisone derivatives, but the school didn't want to accept the medication. If there is an extra situation, they will contact me, they don't want to take the responsibility of giving medication." "Most

importantly, I could not explain the disease... Even the class teacher did not comprehend. One day a cake was brought, and my son said he didn't want to eat it. His teacher said, 'But you have to eat it, it would be rude'. However, I had told the teacher that he was allergic and should not eat it." (P-1).

Sub-theme 3: Cooperation with School and Parents.

Some mothers stated that they felt they lost control over allergy management when their children began school. Still, they managed the process with the support of school staff, teacher supervision, informing the parents of other children, and cooperation with parents and teachers (Table 4).

"After the school principal was replaced by a woman, they supported me in heating the food. I took the food, and they just started heating it." (P-1).

"I spoke to the parents.... we have banned the bringing and serving of food from outside of the school." (P-4).

Theme 4: environmental and social perspective

Mothers with children with allergies experienced various negative experiences with their environment. They stated that there was a lack of information about allergies in society and that society's awareness was weak. When the mothers' statements were evaluated, two sub-themes emerged: 'Insensitive Environment' and 'Need for Information and Awareness'. (Table 3).

Sub-theme 1: Insensitive Environment.

Mothers stated that the environment was insensitive to allergies, that many people in society had the idea that a little bit of something does not harm the child, and that the precautions mothers took to avoid allergic foods were considered exaggerated (Table 4).

"It is very tough to explain things to people. It is really painful not to leave my child alone anywhere, to witness even a small thing that even the closest person does not care about. While I was paying so much attention, the insensitivity of the people around me affected me a lot." (P-7).

Sub-theme 2: Need for Information and Awareness.

In this sub-theme, the mothers stated that the individuals around them perceived allergy as a disease, that they experienced conflicts in their social circles because of this, and that social awareness should be increased (Table 4).

"... When his teacher addressed my son as 'you are diseased,' I said to the teacher, 'My son is not diseased. The fact that he has an allergic condition does not make him sick. I kindly ask you; please don't behave like this in the company of his friends again.'" (P-7).

Discussion

Studies examining the effects of food allergy on the family mostly have focused on the families of recently diagnosed children and the economic burden of food allergies (Abrams et al., 2020; Hurst et al., 2021). On the other hand, there are a limited number of studies examining mothers' experiences of allergy management of children with food allergies in the school environment (Moen et al., 2019; Nieto-Eugenio et al., 2020). The current study examined mothers' experiences with children with food allergies regarding food allergy management in school life.

The mothers in the study reported that they experienced problems such as communication with physicians, lack of information about allergies, limited availability of allergy clinics, difficulties in obtaining appointments and getting a diagnosis, and the need to travel to different cities for examination. The communication problems that mothers experience with physicians may negatively impact their access to information about managing food allergies, which may have made it difficult for mothers to manage their child's food allergies in the school environment. If they do not have clear and concise information available to pass on to school staff, it may make it even less likely that teachers will be responsive to the child's needs as they may not appreciate how important or serious the situation is.

To prevent an allergic reaction in children, foods that cause allergic

reactions should be eliminated. However, it is emphasized that this can be challenging, socially limiting, and costly (Moen et al., 2019). The mothers participating in the study stated that the food shopping for the preparation of specific foods for the child with an allergy, as well as the expenditures made for the treatment, challenged them financially. It was determined that food allergy management caused an economic burden on the family. In addition, mothers stated that they constantly read labels on products to eliminate them from foods that may cause an allergic reaction. Mothers also reported that they prepared both meals specific to the diet of children with food allergies and extra meals when participating in social activities so that their children and themselves were not excluded. It is thought that the responsibility of eliminating foods that may cause an allergic reaction, which is the basic approach to food allergy management, causes a physical, psychological, and social burden on mothers.

All care activities, such as feeding and raising the child in the family, are shaped by sociocultural characteristics. All responsibilities related to children and home, including the care and socialization of the child within the family, are attributed to mothers (Valiquette-Tessier et al., 2019). In modern Turkish culture, although fathers' involvement in childcare has increased somewhat, mothers are considered the primary caregivers of children in the family (Sunar & Fişek, 2005). In one study, parents reported that they stand with their spouses against the management of food allergies of their children (Abrams et al., 2020). Still, in the present study, mothers did not share anything regarding their spouses managing food allergies. It is thought that this situation is because the mothers included in the study undertook the responsibility of primary caregivers due to their cultural characteristics.

In the literature, having a child with a food allergy is defined as continuous "living with risk" (Anagnostou, 2018), and parents reported that they are worried about their child having an anaphylactic reaction at school, being ostracized, and being bullied (Moen et al., 2019). In addition, according to Pappalardo et al. (2022), the perceived allergy severity in caregivers of children with food allergies increased the psychosocial burden and decreased self-efficacy regarding allergy management (Pappalardo et al., 2022). In this study, mothers stated that food preparation processes are long and intense due to their concerns about the possibility of having an allergic reaction and the ostracizing of their children at school and in social environments. Mothers' concerns about managing food allergies shape their perceptions and behaviors regarding their role as primary caregivers. These perceptions may have contributed to the psychological, social, and physical burden of mothers.

Mothers stated that their social life was restricted, and they withdrew from social activities due to negative experiences. They had to take precautions constantly in social environments, they tried to prevent their children from being ostracized, and these challenges were worsened by school life. In one study, parents stated that their children were excluded from social events such as birthdays and meetings with friends because other children's mothers did not want to take responsibility for a child with allergies (Abrams et al., 2020). In addition, it has been interpreted that these ostracizing experiences of children with food allergies contribute to their anxiety and social isolation (Abrams et al., 2020).

Approximately 85% of deaths caused by severe allergic reactions occur outside the home. (Sanagavarapu et al., 2016). When children with food allergies attend school, they need to consume at least one meal outside of their home due to spending most of their day away from home. Since there is no certain treatment for allergies and avoiding allergenic foods is crucial, and mothers always prepare their children's meals at home. This study's results have shown that the challenges encountered in managing food allergies in both the home and school settings are interconnected. In school-age children with food allergies, the social circle expands, and the time they spend outside the home increases, which can result in a loss of control in managing food allergies for mothers (Rubeiz & Ernst, 2021). In the literature, it was reported that the start of school for a child with food allergies could lead to increased

anxiety and psychosocial burden for the parents (Hurst et al., 2021; Pappalardo et al., 2022; Proctor et al., 2022). Studies on children with food allergies attending school have emphasized the need for collaboration between the school and teachers to ensure the child's safety, intervene effectively in case of anaphylactic reactions, and prevent the child from being socially ostracized (Moen et al., 2019; Rubeiz & Ernst, 2021). In this study, mothers reported that school directors and teachers are unwilling to take responsibility for allergy management. Teachers do not understand the importance of allergic reactions, are indifferent to the information provided, and so they do not trust the teachers. Studies conducted with teachers have also found that teachers are not prepared to recognize the symptoms of anaphylactic reactions or intervene in food allergy reactions, including the administration of epinephrine, and that they are unwilling to take responsibility for administering intramuscular injections during allergic reactions (Kourosh et al., 2020; Tsuang et al., 2017). Nieto-Eugenio et al. (2020) found that the presence of a school nurse reduced parental anxiety levels in parents of children with chronic conditions. However, there are no school nurses in state schools where the study's sample population was located. The lack of school nurse services is thought to increase the psychosocial burden experienced by mothers.

Mothers of children with food allergies can be affected not only by the attitudes of school administration and teachers but also by the attitudes of other parents (Moen et al., 2019). Vollmer et al. (2022) found that mothers of children with food allergies are concerned about the attitudes of other parents, and food restrictions in the classroom are ignored and criticized by other parents. This study determined that mothers experience conflict with school administration, teachers, and other parents. It can be said that experiences that increase the risk of anaphylactic reactions and lead to the ostracizing of children with food allergies are the cause of conflict between mothers and other parents.

In the insensitivity of the community theme, mothers stated that many people in society have thought that eating a piece of food (from foods containing allergenic nutrients) cannot lead to a reaction in the child. Furthermore, it has been indicated that the precautions the mothers took to protect their children from allergic foods were perceived as capricious behavior by the people in society. It was found that, despite frequently expressing their expectations and the measures they take to manage their children's food allergies, mothers often feel that they are not understood by people in their social environment and eventually give up on the expectation of being understood. The lack of awareness and insensitivity about food allergies in the community has resulted in negative experiences for mothers and their children in their social environment. These negative experiences may have contributed to an increase in the psychological and social burden of the mothers.

It is important to note that parents and their children who suffer from food allergies will need to communicate with medical professionals such as pediatricians, nurses, and other relevant staff in order to manage the child's allergic condition. Although recommendations for parental support exist (Vickers et al., 2019), pediatric nurses may face limitations when it comes to identifying and handling of food allergy management difficulties the mothers experienced (Moen et al., 2019). Therefore, knowledge of mothers' experiences is necessary for pediatric nurses to guide them in managing their children's food allergies at school.

Strengths and limitations

The current study has some important strengths. Firstly, this is the first qualitative study to determine the experiences of mothers of children with food allergies in food allergy management in the Turkish population. As a groundbreaking study, it would be hoped that the results and data obtained would pave the way for further studies and enable these mothers' experiences to be acknowledged by healthcare and education professionals. The second strength of the study is that its method is based on COREQ (Table 5). As a comprehensive checklist, this allows for a detailed reporting of the interview, analysis, and

Table 5
COREQ (COnsolidated criteria for REporting Qualitative research) Checklist.

Item	Guide Questions/ Description	Reported on the study
Domain 1: Research team and reflexivity		
Interviewer/ facilitator	Which author/s conducted the interview or focus group?	All interviews were conducted by the first author.
Credentials	What were the researcher's credentials? E.g. PhD, MD	The first author is a lecturer with a PhD in pediatric nursing.
Occupation	What was their occupation at the time of the study?	At the time of the study, the researcher continues to work as a faculty member at a university.
Gender	Was the researcher male or female?	The researcher who conducted the interviews is a woman.
Experience and training	What experience or training did the researcher have?	The first author is a lecturer with a Ph.D. in pediatric nursing. In addition, she has taken a research methodology course and conducted other studies on food allergies, which has given her a thorough understanding of the challenges faced by mothers with children who have food allergies.
Relationship with participants		
Relationship established	Was a relationship established prior to study commencement?	Participants were not contacted before the start of the study.
Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	The researcher introduced herself to all participants and obtained their informed consent to participate in the study. The participants were explained the purpose of the researcher's interview with them and the objectives of the study.
Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	All interviews were conducted by the first author to ensure consistency and to avoid potential problems arising from differences in the role of the interviewer. For reliability, it was ensured that all researchers read the transcripts and created codes, sub-themes and themes. Then, all researchers came together and reached consensus on codes, sub-themes and themes. Thus, bias was prevented.
Domain 2: Study design		
Theoretical framework		
Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	In this study, a qualitative phenomenological design was used.
Participant selection		
Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	The purposive sampling method for identifying and selecting participants was used.
Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	The study participants were reached by the group on the Facebook 'Milk Protein and Multiple Food Allergy/

Table 5 (continued)

Item	Guide Questions/ Description	Reported on the study
		Family Support Group', which was established for those whose children have food allergies.
Sample size	How many participants were in the study?	The study were conducted with nine mothers in June–August 2022.
Non-participation	How many people refused to participate or dropped out? Reasons?	Since participation is voluntary, there are no mothers who refused to participate or dropped out.
Setting		
Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	Interviews were conducted in a quiet room that would not interfere with the interview via Zoom.
Presence of non-participants	Was anyone else present besides the participants and researchers?	There was no one else in the environment except the participants and the researchers.
Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	The eligibility criteria for mother participants were as follows: following the 'Milk Protein and Multiple Food Allergy/Family Support Group' on Facebook, having a child with food allergies who is in school, speaking Turkish, and not having any serious cognitive impairment that may impair their ability to provide informed consent. Not being able to connect to Zoom and not allowing audio recording were determined as exclusion criteria.
Data collection		
Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	The data were collected with a semi-structured interview form (Table 1). The interview questions were based on previous studies published in the literature and the researchers' experiences/ observations with food allergies. Expert opinions were sought to ensure the clarity of the questions included in the semi-structured interview form. No changes were made to the questions.
Repeat interviews	Were repeat interviews carried out? If yes, how many?	A single interview was conducted with each participant.
Audio/visual recording	Did the research use audio or visual recording to collect the data?	Zoom recording was taken during the interviews with the consent of the participants.
Field notes	Were field notes made during and/or after the interview or focus group?	Zoom recordings were re-examined and field notes were kept for each participant regarding their emotions and behaviors during the interview.
Duration	What was the duration of the inter views or focus group?	The interviews lasted 45 min on average.
Data saturation	Was data saturation discussed?	When the same statements started to come from the mothers, it was thought that data saturation was reached and the interviews with nine mothers were completed.

(continued on next page)

Table 5 (continued)

Item	Guide Questions/ Description	Reported on the study
Transcripts returned	Were transcripts returned to participants for comment and/or correction.	At the end of the interview, the transcripts transcribed by the researcher were shared with the mothers.
Domain 3: analysis and findings		
Data analysis		
Number of data coders	How many data coders coded the data?	Two independent researchers (second and third author) made codes, sub-themes, and themes. Subsequent, all the researchers came together and agreed on the codes, sub-themes, and themes.
Description of the coding tree	Did authors provide a description of the coding tree?	Coding tree was made.
Derivation of themes	Were themes identified in advance or derived from the data?	Themes were generated from the data.
Software	What software, if applicable, was used to manage the data?	The MAXQDA 2020 program was used to systematically progress the coding.
Participant checking	Did participants provide feedback on the findings?	Participants did not provide feedback on the findings.
Reporting		
Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	Quotes from participants were used to explain the themes/findings.
Data and findings consistent	Was there consistency between the data presented and the findings?	The data and findings presented are consistent.
Clarity of major themes	Were major themes clearly presented in the findings?	The main themes are clearly presented in the findings.
Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Themes and sub-themes were discussed.

interpretation processes of the study. It is becoming an increasingly used tool for explicit focus-group and interview-style research.

One limitation of the current study is that it was difficult to determine the appropriate conditions and time for interviews due to the unexpected arrival of guests, household chores, and daily living activities. A second limitation is that the mothers' responses were translated from one language to another, which may have resulted in some changes in meaning. The fact that the study participants have characteristics of a single culture represents another limitation in terms of the generalizability of the study. Since nut and milk allergies, especially, can be resolved over time, the frequency of these allergies may resolve in older age groups (Sicherer et al., 2020). Therefore, the scope of the study was limited to food allergy management experiences during primary school, due to the absence of participation from mothers of adolescents, who may have faced other distinct challenges in managing food allergies in secondary school.

Implications for nursing practice, education, and research

This study provides insights into the challenging experiences that mothers face when managing food allergies in schools. The results of the study will also provide information to pediatric nurses who work in hospitals and school nurses, regarding the specific conditions in which school staff, children, and mothers require support to effectively manage food allergies in school. Moreover, the results of this study could be used to increase awareness among nursing students about the challenges that mothers of children with food allergies may experience. This could

provide nursing students better understanding and support the needs of these mothers in their future roles as healthcare professionals. In addition, the study findings show that school nursing is necessary to prevent the development of an anaphylactic reaction and to support children in managing food allergies at school.

As the prevalence of allergies increases worldwide, the role of healthcare professionals in providing the best possible care to these children and their families becomes increasingly important. Pediatric nurses play an important role in empowering families to manage their child's food allergies effectively and promote positive health outcomes by providing them with the necessary information, resources, and support. In this process, parents, teachers, employees, and school management must communicate clearly with one another.

Changes to food allergy training for teachers and staff may be necessary to make children and parents feel safer at school. Mothers may become concerned due to the inattentiveness of teachers towards information provided by them, as well as their unpreparedness in identifying symptoms of allergic reactions. Hence, it is crucial for training to be provided by community health nurses to all school staff members, including teachers, to ensure their readiness for such emergencies. Sufficient training in anaphylaxis can result in favorable long-term effects, such as enhanced knowledge and confidence among school personnel in the recognition, prevention, and treatment of allergic reactions. Making training mandatory may enhance staff completion rates, and schools should think about what would happen if a staff member doesn't complete the training. As a minimum requirement, it is imperative that compulsory training equips all school staff with the knowledge to identify an allergic reaction, provide supervision to the affected child, and promptly seek emergency medical assistance.

Conclusion

Based on the results of this study, mothers carry the burden of food allergy management during the school process, and the increasing burden of care negatively impacts mothers emotionally, physically, and socially. Children with chronic health problems such as food allergies need to be closely monitored by a health professional in school to ensure their safety. The school nurse is a healthcare professional who intervenes in current and potential health issues, including first aid, emergency care, and assessment, and plans to manage chronic health problems. It is seen that there is a need for the development of school health policies to ensure the safety of children with food allergies and reduce anxiety and care burden among mothers. Therefore, it is recommended that more studies be conducted on the needs of children and parents with food allergies in the school process. It may also be suggested that studies be undertaken to strengthen the management of allergies in the school process for children with food allergies and their mothers. There is a need for more studies related to the caregiving roles of mothers and their care burden. The perceived spousal and social support for managing food allergies for mothers could be examined. Also, intervention studies, including family support for food allergy management, are recommended.

Author credit statement

NC: the conception and design of the study, acquisition of data, analysis and interpretation of data, drafting the article or revising it critically for important intellectual content, final approval of the version to be submitted. **YSE:** the conception and design of the study, acquisition of data, interpretation of data, drafting the article or revising it critically for important intellectual content, final approval of the version to be submitted. **Ss:** the conception and design of the study, acquisition of data, analysis and interpretation of data, drafting the article, final approval of the version to be submitted. **MB:** the conception and design of the study, acquisition of data, interpretation of data, final approval of the version to be submitted.

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Data availability

Not applicable.

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