

Balancing Safety And Normalcy: A Study Of Parents' Management Of Young Children's Severe Food Allergies

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Abstract

While severe food allergies have been extensively studied by physicians, sociologists have not yet examined the parental management of children's severe food allergies. In this thesis, I examine how parents negotiate physical, emotional, and social issues that arise in daily life with a severely allergic child. Severe food allergy management is not an easy task given the potentially fatalistic nature of severe food allergies coupled with the inadequate level of social awareness of such allergies. In order to better understand the parental management of food allergies, I interviewed twelve parents of severely food allergic children regarding the various spheres of allergy management including physical, emotional and social management. Through the use of qualitative coding and data analysis, this study, anchored in a grounded theory approach, revealed the emergence of several sociologically relevant phenomena or themes: intensive parenting, collective legitimization and the negotiation of difference. Intensive parenting emerged as an overarching theme in that these parents were very child-centered and emotionally absorbed in the management of their children's allergies. Collective legitimization was also observed as a mechanism of intensive parenting. Parents utilized a variety of strategies, such as creating group cohesion with other parents of children with severe food allergies, in order to legitimize their children's allergies to themselves and outsiders. Finally, through the negotiation of difference parents worked diligently to offset social stigmas in a world of intensive parenting.

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percent of children in 1997-1999. The tricky part is that food allergies and food intolerances often result in some of the same symptoms. So how do you tell them apart? Food allergies are a growing food safety and public health concern that affect an estimated 8% of children in the United States. Learn how schools can develop plans for preventing an allergic reaction and responding to a food allergy emergency. Anaphylaxis is a sudden and severe allergic reaction that may cause death.³ Not all allergic reactions will develop into anaphylaxis and more than 40% (2 in 5) of children with food allergies in the United States have been treated in the emergency department.¹

1. Managing Food Allergies at School. The public health impact of parent-reported childhood food allergies in the United States. *Pediatrics*. 2018;142(6):e20181235. Boyce JA, Assa'ad A, Burks AW, et al; NIAID-Sponsored Expert Panel. For children who have had a severe food reaction, your child's health care provider may prescribe an emergency kit that contains epinephrine, which helps stop the symptoms of severe reactions. Consult your child's doctor for further information. Some children, under the direction of his or her health care provider, may be given certain foods again after three to six months to see if he or she has outgrown the allergy. Many allergies may be short-term in children and the food may be tolerated after the age of 3 or 4.

Milk and soy allergy. Allergies to milk and soy are usually seen in The management of children with food allergy and asthma is a growing concern. Prevalence of both conditions is high even if variable among populations and among heterogeneous studies. There is evidence that the prevalence has increased over recent decades. Asthma affects about 9% of children in the world. Its frequency fluctuates from 1 to 30% among countries, being higher in Western countries (1). The self-reported prevalence of food allergy varies from 3 to 35% in childhood (2). However challenge-proved food allergy provides lower estimates, range 1–10.8% (3). Asthma and food allergy are in