Exploring Perspectives on Social Occupations: Children with Food Allergies
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Introduction
The increase in prevalence of children with food allergies has exemplified the need to address concerns impacting this population (Gupta et al., 2017). Food allergies (FAs) have the potential to negatively influence overall quality of life due to: restricted social participation, increased socio-emotional difficulties, and diagnosis-related burden that can extend to the entire family (Bollinger et al., 2006).

The purpose of this study:
• Examine the social occupations and lived experiences of school-aged children with food allergies
• Explore the child’s role in food allergy management

Methods
● This qualitative, phenomenological study utilizes first-person, subjective data to explore participant experiences with FAs. “A food allergy is defined as an adverse health effect arising from a specific immune response that occurs reproducibly on exposure to a given food” (Boyce et al., 2011, p.5).
● Data was collected through (1) interviews, (2) journals, and (3) photo-elicitation.
● Participants included six typically developing children between the ages of 8 and 12 years old. Participants were recruited through flyers at local allergy clinics and schools, allergy-related Facebook groups based in the southeast U.S., and snowball sampling through personal contacts.

Findings and Discussion

Management of Food Allergies
○ Parental Involvement - shared responsibility
○ School Management - physical separation and accommodations
○ Preparation - extra steps required in planning

Socio-emotional Experience
“I get put in a spotlight almost because I’m the only person that is eating a different thing…”
○ Marginalization - physical or social isolation
○ Emotional Response – some experience fear
○ Perception of Impact – “it’s not that big of a deal”

Knowledge
“it’s kind of hard to explain because people don’t know what a food allergy is.”
○ Personal Knowledge – ranges in complexity
○ Others’ Knowledge – unaware of food allergies

Key Implications from Findings
• Typically developing children with FAs shed light on unique experiences and the extra work required when engaging in food-related occupations across environments (e.g., social participation, increasing responsibility for managing FAs, and educating themselves and others).
• This suggests their need for more vigilance daily about food compared to peers without FAs.

Implications
• School aged children living with FAs and developing competence in occupations relating to FAs face additional barriers and responsibilities that may hinder social experiences.
• The impact that FAs have on children’s social food-related occupations informs how practitioners co-create intervention strategies to tailor unique needs.
• Additional research needed to better understand shift in responsibility of FA management from parent to child and how FAs influence children’s social participation depending on the situation.

References