

Determination of Intervention to Improve Food Allergy Knowledge among Malaysians

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Abstract

The population of food allergy sufferer worldwide keep on increasing especially among children. Therefore, while the parent is working, this children is taken care by the nursery employees. Since there is no cure for food allergy, the nursery employees need to be knowledgeable to provide safe food and environment to them. For that reason, this study aims to determine the types of intervention that can help the nursery employees to improve their knowledge. This study is crucial to create awareness and protect this susceptible population to stay healthy.

Keywords: food allergy; intervention; children, nursery employees

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1.0 Introduction

Food provides nutrients that are needed by the body. Therefore, consuming healthy and safe food is crucial regardless of the age of the person. However, extra caution is needed to provide food that is safe to be consumed by food allergy sufferers. This is due to the fact that, wrongly ingested food can lead to food allergy reactions and death for severe food allergy sufferers (Carrard, Rizzuti, & Sokollik, 2015). There is no cure for food allergy at this moment. Hence, prevention is the best and only way to avoid a food allergy reaction (Sicherer & Sampson, 2018). For that reason, food allergy is considered as a global health burden (Anagnostou & Orange; 2018 and Pawankar, Canonica, Holgate, & Lockey, 2011).

While a person can develop food allergy at the early stage of his or her life (Muraro et al., 2017), food allergies are found to be present across all ages from infancy, toddlerhood, childhood, or in adulthood (Muraro et al., 2017). Consequently, food allergy sufferers must take extra precaution about the food they consume to avoid accidental ingestion (Carrard et al., 2015). There are more than 170 foods that have been identified as food allergens that could trigger food allergic reactions (Boye, 2012). However, the most common food items identified to cause food allergy are classified as the "Big 8 Allergens" (Wen, 2015). The "Big 8 Allergens" include milk, soy, fish, crustacean shellfish, eggs, tree nuts, wheat, and peanuts (Sasaki et al., 2018). The types of fish including sea bass and flounder while crustaceans and shellfish comprise of crab, shrimp, and lobster. Meanwhile, tree nuts include walnuts, almond, and pecan.

Unlike other chronic diseases, "allergy does not enjoy the same level of public and governmental attention as other chronic diseases like cancer or cardiovascular diseases and it is certainly the most pervasive disorder globally" (Pawankar et al; 2011 p.7) Therefore, the objective of the study is to assess general knowledge of food allergy. This is because assessing the level of food allergy knowledge is crucial at this stage due to the need for intervention to be developed. In this regard, accurate diagnosis of food allergy is crucial because misdiagnosis will lead to life-threatening and excessive diet restriction (Živanović, Marković, & Medjo, 2017).

Given the scarcity of food allergy studies in Malaysia, this study is significant in assessing the level of food allergy knowledge and types of intervention. Food allergy knowledge is a crucial issue to meet the needs of food allergy sufferers. The Ministry of Health, Ministry of Education and other authorities can help establish a food allergy management plan that can be used in nurseries and other places. This study could also contribute to the development of food allergy management, particularly in Malaysia context. As a result, food allergy sufferers and their parents will feel safer and protected if the public understands their condition and needs.

2.0 Literature Review

Food allergy is an adverse reaction of the body's immune system. To simplify, the ingested food is misinterpreted by the body's immune system, which triggers food allergy reactions. Although allergy reactions can often be mild, they can also be severe and even lead to death (Cochrane, Beyer, Clausen, Wjst, Hiller, Nicoletti, Szepefalusi, Savelkoul, Breiteneder,

Manios, Crittenden, Burney, 2009). The prevalence of food allergy population has increased tremendously. Therefore, food allergy is considered as one of the health burdens of the world (Pawankar et al., 2008). While food allergies and eczema are among the most common chronic non-communicable diseases in children in many countries worldwide, data on the burden of these diseases are still lacking, particularly in developing countries (Prescott et al., 2013 p. 1).

Of the enormous number of children entering school every year are food allergy sufferers. They and their parents have difficulty in adjusting to the school environment and new friends. On the other hand, teachers and school management face great challenges in order to provide safe food as well as a safe environment for them (Robinson & Ficca, 2012). This requires proper planning and well-educated teachers and food handlers as well as students to prevent the occurrence of food allergies. Unfortunately, an earlier study found that many amenities and policies for managing and avoiding food allergy have been poorly managed (Behrmann, 2010)

Muraro et al. (2010) stated that 20% of the occurrences of anaphylactic shock among students happened in schools. Schools in France, Sweden, the United Kingdom, the United States, New Zealand and Australia have equipped teachers and other staff with knowledge on how to manage the incidents of food allergy reactions. In Malaysia, however, there is still a lack of awareness regarding how to protect this vulnerable population

Eczema has been identified as a chronic skin disease (Rozalski, Rudnicka, & Samochocki, 2016). Food allergy and eczema may be experienced by the same person. Cochrane et al., (2009) found that there are connections between eczema (atopic dermatitis), asthma and food allergy. Approximately 8% of children younger than 3 years are affected by food allergy, while the occurrence of children with food allergy associated with eczema has been estimated to be as high as 30% (Cochrane et al., 2009). Here, many patients are aware that allergic reactions to food causes– eczema (Werfel et al., 2007 p. 724).

In addition, Pawankar et al., (2008), posited that people with allergies, including food allergy will increase over the next decade, all around the world, including Asia (Lee, Thalayasingam & Lee, 2013). In this light, the prevalence of food allergy and eczema in Malaysia is approximately 90% out of the 141 children in the study (Gendeh, Mujahid, Murad, & Rizal, 2004). They further discovered that some Malaysian children are strongly allergic to crabs and shellfish.

Besides the association between food allergy and eczema, food allergy is also more apparent on children with asthma (Roberts & Lack, 2003). Thus, after a food allergy diagnosis, one should avoid taking certain food which could also considerably improve asthma control (Roberts & Lack, 2003 p. 205) Food allergy, eczema, and asthma (allergic diseases) have been found to be significantly correlated and therefore, to ensure their safety, these children need special obligatory attention to keep them safe. The severity of the reactions varies and has different effect on adults and children. Some could develop anaphylaxis and require hospitalization (Soh, Chiang, Huang, Woo, Ibrahim, Heng & Lee p. 1, 2017). It is believed that before management plans and prevention measure can be set up, the first and most crucial stage is assessing the food providers' with certain level of knowledge on this issue.

As emphasized by Davis and Kelso (2018) the allergen prevention obligation to manage

food allergy can cause significant stress for food allergy sufferers and their families. Only a small amount of food allergen is needed to trigger allergic reactions, which may diminish the quality of life of its sufferer. Food allergy affects the gastrointestinal tract, skin, and lungs and lead to fatal manifestation being anaphylactic shock (Renz, Allen, Sicherer, Sampson, Lack, Beyer & Oettgen, 2018). It can also increase the stress level and anxiety (Lagercrantz, Persson & Kull, 2017) as well as medical cost (Pawankar et al; 2011). Consequently, food allergic reactions, causes children to miss school and their parents might need to take leave to take care of their children (Abdurrahman et al., 2013). This situation may interrupt the food allergy sufferers' education and decrease their parents' work productivity. This will bring a huge burden on the overall national economic system (Pawankar et al; 2011).

The Malaysian Society of Allergy and Immunology (MSAI, 2007) reported that one out of three people in Malaysia are allergic to certain foods, and this population will keep on increasing up to 50% by 2020. Hence, food allergy sufferers or families with allergic children will actively seek information about the food that they consume daily. Unlike other diseases, food allergy cannot be cured, so avoiding eating food that may trigger an allergic reaction is the best way to prevent it (Bahnsen, du Toit & Lack, 2017). Consequently, the absence of awareness and knowledge on how to handle this susceptible population (Urrutia-Pereira et al., 2018) will increase the occurrence of food allergy reaction in the food service industry (Walker, Gowland & Points, 2018).

This leads to more anxiety, stress and poor quality of life for food allergy sufferers and their families (Odhav, Lanser & Rabinovitch, 2018). The young rely on their parents for managing their food allergen avoidance (Herbert, Mehta & Sharma, 2016), and as a consequence, the parents live in fear (Broome, Lutz, & Cook, 2015) and a lower quality life (Herbert et al., 2016) that may reduce their productivity at work because they need to take leave in order to take care of their children.

As mentioned, food allergy in the population is on the rise. This raises the question of whether food providers have the proper knowledge to prevent incidence of food allergic reaction. Previous studies have found that one of the major factors that contribute to the incidence of food allergic reaction is the lack of knowledge among the public as well school nurses, hospitality staff and pediatricians (Din, Rashid & Ramli 2015 and Alherz, Husain, Al-khabaz, Moussa, & Al-refaee 2017). Therefore, determining the level of food allergy knowledge is fundamental before creating any intervention. The knowledge about food allergy includes identifying of food allergens, preparation and prevention of the food allergen to the food allergy sufferer. Bahnsen, du Toit and Lack (2017) emphasized that currently, there is no cure for food allergy thus avoidance food allergen remains as the best way to prevent allergic reactions.

Food allergy requires constant risk management in everyday life (Stjerna et al., 2014). Since there is no cure for food allergies, it is important to educate the food handlers and food providers about the importance of preventing food allergies. This is crucial especially for children who cannot identify which food is safe for them and depend solely on their food providers. Since food allergy knowledge and perceptions may influence prevention and management (Twichell et al., 2015) therefore, the implementation of intervention is desirable.

Polloni et al., (2013) had conducted a study among teachers and principals to investigate

food allergy knowledge, feeling, and perception in Italy. 1184 school teachers and principal were assessed before and after attending a food allergy course. The results showed that after the food allergy course, 79.3% were able to identify the food allergen and 90.8% could recognize the most common symptoms of food allergy (Polloni et al., 2013). The authors further emphasized the need to develop a specific educational intervention and improvements to deal with food allergy sufferers to ensure the safety and well-being of food allergy sufferers (Polloni et al., 2013).

There are some misunderstandings about food allergy among medical students (Redhwan et al., 2011). It is proposed that there is a need to the continuous medical education, especially on allergy to these students because they will become physicians in the future (Redhwan et al., 2011). This is crucial because with the growing population of Malaysians with food allergy therefore public, including parents, doctors, teacher, nursery employees, and food service staff must understand the need of food allergy sufferers.

3.0 Methodology

A cross-sectional study using online survey was conducted among employees of public nurseries in Penang to determine the general food allergy knowledge and the types of intervention. Nursery employees are selected as respondents because as emphasized by Polloni et al., (2013), the chances of the school personnel fronting the food allergic reactions are at risk and at least one case of food allergic reactions occurred at school or nurseries. Therefore, the school or nurseries need to manage this susceptible population and need to ensure the safety of this susceptible population (Polloni et al., 2013). In addition, the food allergies sufferers spend more time there and rely on the nursery employees while their parents are at work (Kim, Yoon, Kwon, Kim, & Han, 2012). The age of the study is between 2 to 6 years old.

The questionnaire was developed and adapted by the researcher based on Al-herz et al., (2017) and Gupta et al., (2009). The survey asked about the respondents' profile, general food allergy knowledge and the types of intervention that can improve their knowledge. A total of 297 out of 600 nursery employees participated in the survey. Based on Krecjie and Morgan (1970), the population is 600 therefore sample sizes is 234. Thus, the total populations of this study are acceptable that is more than it required for sampling size based on Krecjie and Morgan (1970). Pilot test is to detect any problems regarding the instrument before proceeding to the actual data collection. The pilot survey involved 5 nurseries. These nurseries were exempted from the actual survey. Then, the data were analyzed using Statistical Package for the Social Science (SPSS) version 22.

4.0 Results

Understanding the demographic profile is crucial to assess the information needed by the researcher before the instrument could be developed for further research. The questionnaire comprise of items on the general knowledge on food allergy. Specific questions to assess the food allergy knowledge in detail would be formulated based on the respondents' demographic

profile.

4.1 Demographic profile

The result revealed that the majority of the respondents possess certification of formal education, including Sijil Rendah Peperiksaan/ Penilaian Menengah Rendah (SRP/PMR), Sijil Pelajaran Malaysia (SPM), Sijil Pelajaran Tinggi Malaysia (STPM), diploma and degree. Academically, the majority of the respondents graduated with diploma (51.2%, n=152), followed by Sijil Pelajaran Malaysia (SPM) (37%, n=109). Only one respondent has no formal education certificate (0.3%). This shows that most respondents have formal education. The majority of the respondents are working as a teacher (79.5%, n=236). Meanwhile, all of the respondents are female and Malay (100%, n= 297). The majority of the respondents are aged between 26-35 (99%, n=33), followed by 46-55 (27%, n= 81), 36-45 (23%, n=67), 18-25 (9%, n=27) and lastly, 55 and above (7.7%, n=23).

Nursery employees in this study refer to people working in the nurseries who are direct and indirectly involved in handling the children in the nursery. The majority of the respondents are teachers (79.5%, n=236) followed by nursery cooks (16.5%, n=49) and supervisors (2%, n=6). In addition, the majority of the respondents have working experience more than 5 years (77.4%, n=230) while others have less than 6 months (9%, n=27), followed by working experience between 3-4 years (7.1%, n=21) and lastly is 1-2 years of working experience (6.4%, n=19).

According to Lanser, Covar, & Bird (2016), the place of childcare like nurseries is important because the person in charged will encounter the food allergies. However, the authors further added that the level of education and understanding of food allergy as well as anaphylaxis is deficient in information. Therefore, this study warrants investigating the general knowledge of food allergy among nursery employee.

4.2 Types of intervention

Result demonstrates that 250 (84%) of nursery employees claimed to having knowledge on food allergy, whereas 47 (16%) of them claimed to have no knowledge about food allergy. Lack of awareness towards food allergy is one of the reasons for the lack of knowledge on food allergy. In addition, some of the respondents are newly appointed workers with little experience on handling children with food allergy. The respondents were asked only general questions because this is an exploratory study to investigate the awareness and understanding of the respondents towards food allergy. The data obtained were used as inputs to develop food allergy knowledge instrument for future research.

The respondents were asked to choose which type of intervention they would prefer in order to increase their knowledge of food allergy. A third (85: 34%) would like a food allergy prevention brochure, and rather fewer (68: 27%) food allergy training. Support for the remaining types of intervention is shown in Figure 1.

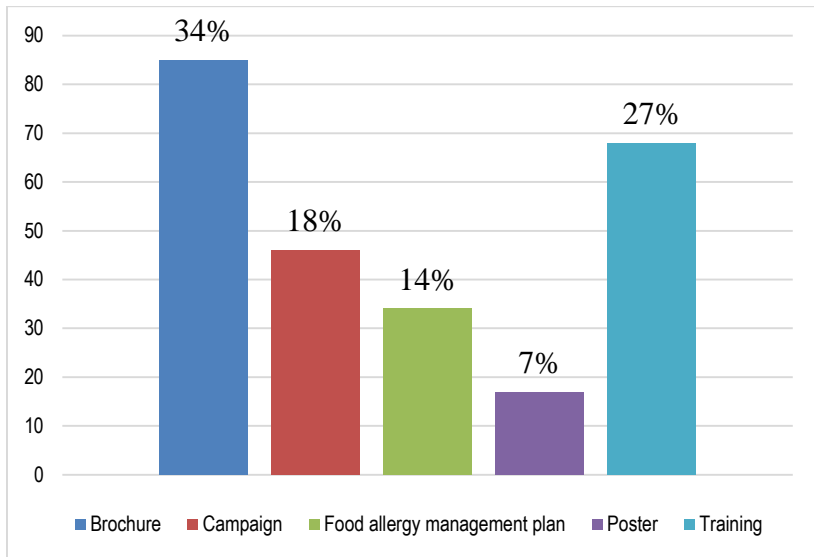


Figure 1 The types of intervention.

5.0 Discussion

According to Polloni et al., (2013) an intervention can improve food allergy knowledge. Therefore, this study aims to explore which types of intervention that favourable to nursery employees that can helps to boost thier knowledge pertaining to food allergy. Greiwe et al., (2014), suggested, the food allergy training is needed to improve food allergy knowledge and management. Whereas, Polloni et al., (2013) discovered that teachers and principals have improved their knowledge on food allergy after attending the training. However, in this study, the respondents prefer information to be presented in form of brochures on food allergy. The result is different from the previous studies due to several reasons, such as different demographic profile, country, culture, attitudes, food allergy education and awareness. Based on these justifications, simple, precise and accurate information is needed to come out with food allergy brochures for Malaysians to increase their awareness and alertness on this issue. This information will provide opportunity for the researches to materialise brochures that could increase knowledge and awareness on food allergy.

Furthermore, this information is equally valuable for the public health sector and the food service industry. The study's findings should also be brought to the attention of the government, who should incorporate them in education and health policies to improve food safety behaviour for allergy sufferers, vital to the health of the community

6.0 Conclusion

It is undeniable that, the population of the food allergy is growing therefore, there is a demand from this population to stay healthy. Thus, this paper provides evidence pertaining to food allergy, to upsurge awareness and knowledge from the Malaysian's perspective. Result revealed that, the majority of nursery employees have a great amount of knowledge about food allergies. Brochures were found to be the most favoured form of information in terms of educating the nursery employees regarding food allergies. This shows that even though they have the basic knowledge about food allergy, available sources of information are always welcomed to keep them updated and also as a source of reference. Hence, this study shows the need for academicians, medical professional, food safety trainers and others to work meticulously to help develop the right source of information for everyone. This is to provide the assurance for the allergy sufferers that they can enjoy safe food in a safe environment due to better prevention strategies for food allergy.

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