

RESEARCH LETTER

WILEY

British South Asian mothers' experiences of seeking help for their food allergic child

To the editor,

Initial evaluation of the Yorkshire-based Itchy, Sneezzy, Wheezy project which aimed to improve the delivery of allergy care to children based in Sheffield found children from South Asian families were referred to the specialist community clinic at an older age than white Caucasian children with the presence of more atopic conditions. Clinical staff at Sheffield Children's Hospital (SCH) specialist paediatric allergy services also observed that children from South Asian families often present later than Caucasian children. Whilst the reasons behind this are unclear the clinical implications of delayed access to specialist care are evident; disease is already established, and there is greater potential for atopic sensitization and long-term poorer outcomes particularly if opportunities for early intervention are missed.

There is ample evidence the South Asian population experience systemic racism and inequalities in health status, access to services and poorer outcomes.¹⁻⁴ Barriers facing South Asian communities in accessing health services are multiple and complex but include social and cultural norms, lack of trust in healthcare professionals and western medicine, discrimination and socio-economic status.² Little research in this field has focussed upon childhood atopic disease although in the UK evidence suggests the overall burden is higher for South Asian children than for others in the population. Research investigating links between childhood viral infections found that of 740 children enrolled in the Born in Bradford study who had a skin prick test 18% were found to have atopy with Pakistani children twice as likely to be atopic than White British children.⁵ South Asian children have higher levels of uncontrolled asthma symptoms and acute asthma admissions compared with White British children. Reasons for this include inadequate knowledge, non-acceptance and/or denial of asthma, over-reliance on Emergency Department management and communication problems.³ They also have a higher incidence of and risk of severe anaphylaxis compared with the White population.⁴ The higher overall burden of atopic disease among children from migrant Asian families is also borne out by international evidence. For example, in Australia the HealthNuts study found that, in a sample of 4,063 infants aged 11–15 months, the prevalence of peanut sensitization was 19.6% for infants with both parents born in East Asia compared to 5.4% for those whose parents were born in Australia.⁶ An increased prevalence of food allergy, eczema and asthma among Asian children has also been reported in the United States.⁷

In the United Kingdom, the South Asian population are not an homogenous group and factors such as social class, dietary practices, religion and migration history are important.¹ In understanding health, parenting practices and access to services it is valuable to examine the perspectives of mothers who are usually the main carers of children and play a key role in their child's health. For some South Asian women, a lack of empowerment combined with poorer linguistic skills can diminish their health seeking behaviours. No previous research has examined South Asian mothers' experiences of caring for and accessing services for a child with allergies and atopic conditions.

In 2018–19, we conducted a small qualitative study that aimed to explore the views and experiences of South Asian mothers' in recognizing and seeking help for allergies and atopic conditions. Semi-structured interviews were undertaken with ten mothers of Pakistani, Indian or Bangladeshi heritage who had a child under 5 years with known or suspected food allergy and an atopic condition (eczema, asthma or hayfever). The interviews were undertaken by multi-lingual researchers. Participants were recruited at a specialist paediatric allergy clinic and community venues attended by South Asian women. Data were analysed thematically,⁸ and themes were "recognition of allergy," "help-seeking," "using health services" and "community understandings of allergy."

The study received NHS Research Ethics Committee and research governance approval (IRAS ID: 227808; REC ref: 17/YH/0338). Participant information sheets and consent forms were written in English and Urdu and informed consent was obtained from all participants prior to data collection.

Mothers who took part in the study were primarily of Pakistani heritage, six were born in the United Kingdom, and the remainder had lived in the United Kingdom for between 7 and 13 years. Six participants had a university degree or professional qualification. Nine mothers had a child with a delayed first attendance at the paediatric allergy clinic (defined as more than 6 months after initial food reaction) and four of these were 2 years or longer after first food reaction. At the time of the study, new referrals were seen at the paediatric allergy clinic within 4 weeks so this represents a significant delay. There were no noticeable differences in symptom recognition or delays in seeking health care due to the educational background or migration history of participants (see Table 1 for an overview of participants and themes).

TABLE 1 Overview of participants and themes

	Age at referral	Delay time	Diagnosis	Theme 1 Recognition of allergy	Theme 2 Help-seeking	Theme 3 Using health services
1	3+years	2 years	FA: nut, tomato, beans Atopy: asthma, eczema	Recognized quickly Aware of links between asthma and allergies	Family members supported decision to see GP	Saw GP quickly after initial symptoms but not referred. Emergency admission for breathing difficulties— led to referral to allergy clinic.
2	11 months	8 months	FA: egg Atopy: hives, eczema	Recognized itching as a symptom	Friend with child with allergies Advised to see GP and be referred to allergy clinic	Saw GP for eczema (aged 4 months) and later dietician. Lengthy process of being referred to allergy clinic
3	3 years	2 years	FA: nut, eggs, legumes Atopy: eczema	Sister has child with allergies and recognized symptoms. Mother was uncertain of cause	Sister advised Piriton and see GP but delayed doing so.	Taken to A+E by sister following serious reaction
4	11 months	7 months	FA: nuts Atopy: eczema	Recognized quickly as older 2 children had allergies. Waited 7 months—before seeking a referral		
5	3 years 6 months	2+ years	FA: milk, egg Atopy: none stated	Recognized when introduced formula milk. Managed through breastfeeding, using soya milk, and food avoidance.	Sought advice of mother after initial reaction —advised her to see doctor using soya milk, and food avoidance.	Saw doctor when visiting Pakistan after initial reaction (aged 7 months) and advised to avoid cow's milk. Saw GP in England (aged 3 years) as wanted allergy test.
6	3 years	2+ years	FA: nut Atopy: eczema	Uncertain which foods were causing symptoms	Friend (pharmacist). Internet. On-line service for allergy testing	
7	1 year 3 months	10 months	FA: egg Atopy: eczema	Recognized symptoms Restricted food (egg custard). Gave foods containing egg but thought rash was due to his eczema.	Father advised to stop giving egg custard to child Talked to husband and sister-in-law about allergy clinic	Sought medical advice after reaction to egg. Previously unaware of need to seek medical advice
8	4 years 10 months	10 months	FA: nut Atopy: eczema, rhinitis	Aware of symptoms from early age when child touched peanuts. Recognized after almonds	Friend with experience of allergies- gave her allergy stuff	Saw GP after reaction to almonds
9	11 months	1 year +	FA: nuts and eggs Atopy: none stated	Sister has child with allergies and recognized symptoms. Mother had been uncertain of cause	Sister advised Piriton	Saw GP after reaction observed by maternal sister
10	11 months	None	FA: milk, egg Atopy: none stated	Recognized quickly. Older daughter and nephew also have allergies	Sought advice from sister-in-law (health professional)	Saw GP quickly after initial symptoms

Our study found some mothers, at least initially, had uncertainty about food allergy and the significance of their child's symptoms. Often family members or friends, particularly those with personal experience of childhood allergies, recognized symptoms. In some cases, the allergy was managed through dietary restrictions and/or longer-term breastfeeding and this delayed seeking medical advice.

All the mothers sought help or advice about their child's symptom and for most the first step was to talk to family and friends. Whilst lay experience was valuable in recognizing symptoms and providing advice, it did not always allay maternal uncertainty. Suggestions to seek medical advice were not always followed. Some mothers sought help from pharmacists usually when accessing over the counter medications. Whilst uncertainty about the symptoms being due to a food allergy impacted upon mothers' health-seeking behaviours once they had decided to seek medical advice most reported a fairly straightforward process and positive experiences of accessing GP and specialist paediatric allergy services. Two mothers described delays in being referred to paediatric allergy services by the GP; reasons for this are unclear but may reflect limitations in clinical management, symptom recognition or patient-doctor communication. Interestingly, delays in seeking medical care for their child's allergy were largely unrecognized within participants' accounts.

The extent to which family and friends were consulted suggests mothers placed considerable trust and confidence in these networks. They also reported lack of awareness or misconceptions held by some members of the South Asian community towards allergy and formal health care. Many called for education to enhance community understanding of allergy and allergy care which suggest these discourses are influential.

Despite wider evidence about multiple barriers faced by South Asian communities in accessing health services, no previous research has specifically focussed upon paediatric allergy. This study found a complex interplay of factors—including difficulties with recognition and wider understandings about allergy that contribute to late presentation. Our findings suggest that there is a need to improve allergy awareness within the South Asian community and in particular to enhance understandings about the potential harms that food allergy can pose to some children. Community education about the importance of timely diagnosis and appropriate management would enable families who have a child with suspected food allergy to recognize the need to seek medical care and access specialist allergy services. Health professionals who work with South Asian families also need to be aware of the potential hesitancy some families may have about recognizing and seeking help for childhood food allergy. This means they need to be particularly vigilant during consultations when symptoms such as rashes and sickness or dietary intake are discussed. They also need to be aware of the wider lack of trust towards formal health care held by some members of the South Asian population and ensure their services are accessible to the whole community. For this to be achieved, it is important to work in partnership with the South Asian community in order to understand beliefs and attitudes and promote communication about allergy in a non-threatening and supportive manner. This will both

enhance outcomes for children who develop a food allergy and help professionals better understand the different lens through which parents from Asian backgrounds view allergy and allergy care (see Appendix S1).⁹

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CONFLICT OF INTEREST

The authors declare no conflict of interests.

AUTHOR CONTRIBUTIONS

SP, NJ and PC contributed to the conception and design of the study. NJ, PC, NR and FJ were involved in recruitment of study participants. Data collection was undertaken by PC, NR and FJ. SP led the data analysis, and initial drafting of the article. All authors contributed to data analysis and revising the article. All authors approved the final version of the manuscript.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section.

Appendix S1 Supplementary Material

Background Note, Research Methods, Findings, Study Limitations and Recommendations for Further Research

Background Note

The Yorkshire based Itchy, Sneezy, Wheezy (ISW) project was a collaboration between Sheffield Children's NHS Foundation Trust and NHS Sheffield Clinical Commissioning Group. ISW ran a weekly clinic in a community setting taking referrals from GPs and those from the central allergy waiting list with an urgent clinical need.

Research Methods

Participants were recruited through the paediatric allergy clinic at Sheffield Children's Hospital (n=8) and venues attended by South Asian women such as mosques and community organisations (n=2). Interested participants were provided with a study information sheet (written in English and Urdu) inviting them to participate in a semi-structured interview to explore their views and experiences of recognising their child's allergy, help-seeking, accessing specialist services and how this could be improved. The interview schedule (figure 1) was informed by existing literature on this topic, service user/parental experiences and professional expertise. Interviews were undertaken in participants' homes by multi-lingual researchers. The interviews were conducted in English or the participants spoken language (Urdu, Punjabi). No other family members (except children under 5 years old) were present or participated in the interviews.

Interviews were audio-recorded with consent, translated and transcribed in English. Interview transcripts were checked for accuracy, fully anonymised and analysed thematically¹. All members of the research team initially read a selection of anonymised interview transcripts and identified patterns of meaning and issues of potential interest in the data. This led to the generation of initial codes. Two researchers (SP & PC) were involved in applying the codes across the data set and collating them into potential themes.

The research was undertaken according to established ethical principles such as clearly explaining to participants the purpose of the research, establishing informed consent and ensuring confidentiality and anonymity for research participants and study data. Consent forms were written in English and Urdu. The study received NHS Research Ethics Committee and research governance approval (IRAS ID: 227808; REC ref: 17/YH/0338). No payments were made to participants.

A number of methods to ensure study rigour were taken. These include keeping a clear audit trail of all the research steps (confirmability) and providing a good description of the research methods and study context in order to support judgements about transferability. Credibility of the study is enhanced by the experience and expertise within the research team which included health care providers (a consultant in paediatric allergy and 2 health visitors), a parent/service user, qualitative researchers and three members with lived experience of the local South Asian community. The inclusion within the research team of multi-lingual researchers strengthens the trustworthiness of the study as they were involved in checking the translated information sheets and consent forms for accuracy and cross-cultural equivalence².

All members of the research team were involved in the data analysis – and this triangulation of analysts ensured different perspectives on the data and its interpretation were considered thus enhancing study credibility³.

FIGURE 1: Interview Schedule

- 1): Think back to the first time you noticed that (Child's name) had allergy symptoms?
 - What were these symptoms (asthma/ wheezy; eczema skin; food allergy; running nose and eyes/ other)?
 - Whose advice did you seek? (family, friends, different professional groups, chemist, internet, social media, other?)
 - What advice did you get from (advice source identified)? What helped?
 - What were your thoughts about this first symptom? Why did you think your child had developed this first symptom and how did you think the (symptom) should be treated?
- 2): Tell me the steps between noticing these first symptoms and being referred to allergy clinic? (Researcher writes down each step).

For each step:

 - How did the symptoms progress?
 - Whose advice did you seek? (family/ friends/ professional/ social media/ other)
 - Who helped and what advice did they give?
 - What services did you use at each step? (GP/ community/ A&E/ pharmacy/ other)
 - What was the time between you noticing the first symptoms and attending allergy clinic?
 - What were your thoughts and feelings as the symptoms continued? Why did you think the symptoms had continued?
- 3): Thinking now about your overall experience of help seeking:
 - What or who has enabled you to get help for your child's condition and attend paediatric allergy services at SCH?
 - Have you faced any difficulties in getting help for your child's condition and be referred to and attend paediatric allergy services at SCH?

Prompts for question 3:

 - Language issues?
 - Cultural/ religious?
 - Family views and practices? Who makes decisions or take responsibility for your child's health in your family?
 - Different professional's attitudes?
 - Getting to the clinic (location/ travel/ timing?)
 - Anything else?
- 4): How are you coping with caring for a child with allergies?

5): Ideally the paediatric allergy clinic would like to see children at an early stage of their symptoms. From your experience, how might services be improved to help children from south Asian families:

- a) get help from a doctor or health professional at an early stage of their symptoms?
- b) attend appointments?
- c) adhere to the treatment plan for their child?
- d) attend SCH paediatric allergy clinic?
- e) anything else?

Findings – Themes with Qualitative Data

Recognition of allergy

There were variations in how quickly mothers identified their child has a food reaction due to an allergy. This mother described her son's symptoms after eating foods such as beans and nuts;

I knew that he broke into a rash on his face after he ate certain things. So I came to know that he had an allergy to those things. Because initially his face used to be fine. As soon as he ate these things, the rashes would appear on his face (1).

The symptoms she described were quite worrying

His face used to turn red whenever he ate beans. He used to develop small red spots on his face. He used to get a burning like sensation in his throat when he ate peanuts and his face used to swell up. His eyes used to turn red (1).

Her son was around 2 years old when he first started showing symptoms. He also had asthma and awareness of links with allergies helped this mother recognise the symptoms in her son as being due to a food allergy. Another explained that her nephew had allergies so she 'knew

there were tell-tale signs of what to look for (10). This enabled her to quickly recognise her child's symptoms.

Experience of food allergy within the wider family was common and several mothers recalled how other family members - often a sister - had recognised their child's initial symptoms as being due to food allergy.

We noticed the red blotchiness and obviously a reaction which we, from my sister recognised it because she's got a son who's got an allergy (9).

The first major reaction was at her house I was out shopping, and she phoned me, video called to say you need to get home and pick some Piriton up... because he's reacting in a similar way to her boy did, back in the days when he started off with the allergies, and that was probably the worst ...because it was swelling up the neck he started getting this heated rash everywhere ...and he was complaining about his throat hurting as well (3).

This mother described her son's symptoms as 'coughing, and then sick red blotches on his face and a bit of a swelling up, itching, scratching (3) but even though her sister had suggested this was due to an allergy she remained uncertain of the cause

it was recognising if it is or not ...as he ...cos...see before one years old again , again like I said there was lot of sickness...he was starting to be sick with fresh milk as well and then we thought could it be related to the diary , you know, could it be possibly that ...but then it settled down ...and then ...is he just one of them kids that just likes making himself sick, cos , he don't want the food...I don't know , or is it a reaction ... (3).

This uncertainty delayed her seeking medical advice until her son was nearly 3 years old.

Similarly participant 9 explained that her son had been sick after eating certain foods for more than a year but she had been unsure of the cause.

I was thinking maybe he hasn't got it; it was just probably a one-off. But obviously when he was one year's old he used to have certain food and he used to be sick quite a lot. So when I did take him to the doctors I said he just generally will be eating and he'll be sick. But obviously at the time we didn't address that it could be nuts. We just kind of assumed it's just he's, either something to do with his throat or something. Because it was random (9).

Later in the interview this mother went on to say '*Before he was diagnosed, I was still probably in denial*' (9) suggesting she suspected her son's food-related symptoms were due to an allergy but had been reluctant to acknowledge this.

The following mother described how after eating pancakes and Nutella her daughter (aged 12-15 months at the time) '*just felt really tired and drained out and then she was complaining that her mouth was hurting ... she was saying her tongue was hurting*' (6). However she was not initially sure what caused the symptoms.

I just kept an eye on her and she was I had a slight feeling, I thought it would be that but I... I wasn't sure exactly what had caused it cos because she had eaten quite a few other things pancake, it could be eggs it could be wheat it could be anything else ... and then the second time she had it she ...she got the reaction straight away then I realised oh ok she's had this this reaction towards Nutella ,I could specify it and same

thing with baked beans and wherever the sauce from the beans had touched her mouth that area was red (6).

This uncertainty had led her to try a range of foods rather than seeking medical advice. Hesitation in seeking medical advice was also evident in the following account. This mother had 2 older children with allergy so quickly recognised symptoms in her younger child; but despite this delayed seeking medical help.

I gave it a bit of time before, I asked for the referral. It was when she, in November-December, when she got the flare up of the bronchiolitis, I thought, actually... I don't want to wait any longer, I want to do it coz before, I thought maybe it might calm down. ...we thought we'd give it a bit of time But, because I was, I knew that actually, this is developing into something which is more serious, it is more likely to be ...that's the point I went through the GP service (4).

Recognition of symptoms as being due to a food allergy did not always lead mothers to access medical advice. Some managed the situation by food avoidance.

So he came out with a rash. It was after he had the eggs. Within five minutes his whole body had this, like a heat rash sort of rash all over his face, all over his body. That was the only symptoms he had at that time, so he didn't have any difficulties breathing or anything like that. So after that we just stopped the egg custard (7).

This strategy had not been entirely successful though as she had avoided egg custard but had continued to give her child foods containing egg. Her son often had a rash but she had

attributed this to eczema which he had since about nine weeks of age. He later had a reaction after eating a boiled egg and this prompted her to seek medical advice.

Participant 8 was aware from an early age that her daughter was allergic to peanuts but managed this by avoidance and had not sought medical advice.

she never had peanuts to eat. It's just when she used to like touch it or something and then she used to start itching and stuff, and but I put that down to maybe it was because it was it was maybe she is allergic to peanuts because one of my nephew is and he used to start itching as well ...so she used to stay clear of peanuts but she was fine with almonds (8).

When her daughter was 4 years old she reacted to eating an almond; her symptoms were 'she started literally coming out with, like itching. Her eyes started swelling and she was really, really bad (8). This prompted her to see the GP who suggested a possible nut allergy and referred her to the paediatric allergy clinic.

Help-seeking

All mothers in the study sought help or advice about their child's symptoms. For most the first step was to talk to family and friends particularly those with personal experience of childhood allergies.

her kids got allergy as well, so I told her you know, I'm really worried what's this, you know, what's going on with my daughter , because she wakes up so many times at night time she is crying, I'm not getting any sleep... So, she told me that , you know, I should

go to the GP and ask them to refer me to the hospital , so that I can get allergy test , so that I can know, what's causing it (2).

The following mother explained she was scared when her child first developed symptoms but talked to a friend as she herself had little knowledge of food allergies.

I had a word with ...one of my friends, and she had some allergy stuff with her , so she goes... just give her that and then I will ...and then I took her to the doctors ...and they just explained (8).

Decisions to see a GP or attend the allergy clinic often involved consulting with family or friends. These were described as supportive and as highlighted earlier often prompted them to seek medical advice. This mother, for example, talked to her family after a referral was made to the paediatric allergy clinic

I just spoke to my husband, and I did speak to my sister in law, because she's got a little boy who is in and out of hospital all the time. So he's been through the same. So yeah she did say yeah it's worth him going to that (7).

Others sought advice from family or friends who were health care professionals.

Several mothers consulted a pharmacist to discuss the use of Piriton (after their child first developed symptoms). None recalled being given information about seeing a GP.

No, nobody's ever told me to actually go to the doctors, because you just think of it yourself (7).

Other forms of help-seeking included the internet and on-line forums to gain information about food allergy. One mother had used on-line service for allergy testing but the results had been inaccurate causing additional problems for this child and family.

Using Health Services

The journey to paediatric allergy services requires a GP referral and for most participants, once they had decided to seek medical advice, this process was fairly straightforward.

they were very understanding ...it was all pretty straightforward, I explained what happened they told me, they think she's got an allergy, and that I should get it done and so they wrote a letter to the allergy team who sent me an appointment within couple of weeks I think (6)

they said that it's most likely to be some allergy like. So, basically he said just to stay clear of everything Then they referred us to hospital to find out further if she is allergic to anything else ...(8)

I spoke to the GP and then they referred her for tests (10).

A few mothers described delays in being referred to paediatric allergy services. One mother (2) whose child had eczema was advised to use lactose free milk and later referred to a dietician. She explained her friend had encouraged her to go to the GP and ask for a referral to the hospital. Another mother (1) was concerned that when she took her son to the GP she was not immediately referred to specialist allergy services. She eventually took her son to the

emergency department for breathing difficulties and following this emergency admission was referred by the hospital to the paediatric allergy service.

And there they started investigating him. For asthma, they were checking him. Then after that I told them to have him checked up for allergies. That he has symptoms from eating things like beans and such other things (1).

When mothers did attend the paediatric allergy clinic their experiences were positive.

The specialist to whom they referred me has given the most help to me. It was a proper check up. His blood was tested and the treatment was given correctly like how I wanted for him. That is what they did for him. Now they have given me the proper pens (Epipen) and all the right medications and all the correct advice (1).

they were friendly, they were understanding ...when I found out that she had these allergies... I was very upset, if I'm honest with you because I was thinking of the worst so, you know, the doctor, they were telling us, we have to be really really careful when we go out, we have to ask and ask again, make sure that there is no nuts inside whatever she's eating ...so yeah they really calmed me down, they were really good I was very impressed with them... (6).

Whilst many considered allergy testing and provision of medication to be a key role of the service, they also valued the information and support they received about the condition and how to manage it.

Despite the young age of their children very few participants had talked to their health visitor about their child's symptoms or food allergy. A few mothers had seen a dietician either through primary care or as part of allergy clinic referral and this was considered helpful in determining what foods to avoid and how. The NHS advice line had been used by participant 3 after she had mistakenly given her child almond milk. No participants stated they had used alternative medicine or therapies.

Community understandings of allergy

In understanding the views and experiences of South Asian mothers in recognising and seeking help for allergies the wider cultural context is of central importance. The attitudes of some members of the South Asian community towards allergy were widely discussed

our older generation, their thinking it totally different from ours. We take such things, because we have that awareness, so we are very cautious. But our elderly generation would be like, you know, give them small portions at a time ... you give them and they'll get used to it. Back then , you know they didn't have these tests and so people kids survived. If you're surrounded by such elderly, so if you're living in a joint family and if you have a grandma who has this old school of thought, then for me to reach out to a doctor might be difficult , because obviously she will be saying its unnecessarily you know getting you're child pricked eh when you could just like be feeding her and you know (5).

it's a generation thing as well. especially in a young household, like if it's a young mother, who 's just realised her child's got something, or they're not quite sure, they

would ask the elders for advice and they're the ones who will say it's nothing, and it'll pass by and their advices ..cos I've seen it myself "don't listen to the doctors, they don't know what they're doing" And I've heard it myself in so many places- "They don't know that they're talking about, its nothing it'll go away". Um, that's not correct (4).

Whilst these discourses about allergy were discussed in general terms rather than a reflection of individual experience it is likely they act as barriers to mothers' help-seeking about allergy.

Once diagnosed some mothers did describe difficulties in ensuring their child was not given foods they were allergic to.

Our community has been a nightmare just because I think people have got this assumption: oh well, if it's a little bit, it's fine. And trying to educate them and saying to them that no, it's not fine, she will react. And I think sometimes I don't think they realise how severe allergies can be. So say, for example, if somebody cooks something with nuts in and they say if you take the nuts out that will be fine. No, it won't. (10).

The need for improved community awareness about allergy and allergy services was widely discussed.

it's just people not making the effort because they don't understand. Eh..to actually knock on the door and seek the attention in the first place. I don't think it's anything to do with education level in that sense, whether you're more educated or less educated, its just that they don't know that helps there and how it's going to help them (4).

Some participants suggested education by health visitors and/or midwives during the antenatal or early postnatal period could be undertaken in order to raise maternal awareness of allergy.

Study Limitations

Limitations to the research include recruitment difficulties. The small purposive sample who did participate were largely well educated and had lived in the UK for many years. A larger and more diverse sample would strengthen the transferability of study findings. Difficulties in recruiting South Asian population to research studies have been noted by others^{4,5,6,7} with barriers including perceived lack of trust, potential stigma in being involved in health care research studies and practical issues such as communication difficulties and access to study site. The inclusion within the study of fathers and families with older children (ie up to 10 years old) may have enhanced recruitment as could have compensating participants for their time. Whilst one of the strengths of this study was the involvement of multi-lingual female researchers who were themselves of south Asian heritage some aspects of the study design such as recruitment through a hospital setting and interview location (offered in home or community setting) may have acted as disincentives to involvement. Future research utilising a more community based recruitment strategy is recommended⁵. Another limitation is that mothers were not asked specifically why they delayed seeking help.

Recommendations for Further Research

Further research is recommended in order to explore the topic in more depth. Although some of the barriers discussed in this study such as lack of awareness among older generations are perhaps common to people from all ethnic backgrounds, the magnitude of these problems are enhanced due to existing lack of trust in health services and prior negative experiences of minority ethnic populations⁸. Further, poor linguistic skills and limited ability to navigate health services make negotiating for timely and effective interventions with health professionals more challenging. Structural barriers such as being in inflexible employment and financial difficulties may pose additional challenges for some minority groups particularly for women⁹. There may be similarities in the experiences of some minority groups and white British working class population, but there is no existing comparative work researching allergies particularly in children. Thus it is difficult to know if these findings are specific to South Asian families or apply also to people from other ethnic and socio-economic backgrounds. A larger and more diverse sample could help answer if there are differences in how quickly the 'allergy message' is filtering through to different population groups based on ethnicity and social class. A mixed methods study that includes quantitative data about for example diet, family health history, support networks and wider health care utilisation is also recommended.

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