

THE REALITY OF MOTHERS OF CHILDREN WITH COW'S MILK PROTEIN ALLERGY: A STUDY ON THE EMOTIONAL AND SOCIAL EFFECTS

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INTRODUCTION

Cow's Milk Protein Allergy (CMPA) has become increasingly common among children, especially infants and young children, causing significant impacts for families (Reis et al., 2020). Characterized by an adverse immune response to cow's milk proteins, CMPA can cause symptoms ranging from gastrointestinal and respiratory reactions to severe manifestations such as anaphylaxis. Early diagnosis and appropriate management require rigorous dietary interventions and continuous follow-up (Santin; Adam; Gelinski, 2018).

For mothers of children with CMPA, the challenges go beyond the medical aspects. The diagnosis process and dietary changes require significant adaptations in the family routine, generating a considerable emotional burden. In addition, the psychological impact of the disease on maternal bonding and the financial costs related to breast milk substitute products or specialized formulas aggravate the situation (Silva et al., 2019).

This study aims to investigate the impacts faced by mothers of children with CMPA, addressing difficulties in diagnosis, financial costs, emotional impact, and family changes, and how these challenges shape the experience of these women. It also aims to contribute to the development of public policies and practices of psychological and nutritional support. The research is part of a master's degree at the Federal University of Latin American Integration (UNILA), focusing on the emotional, social and practical impacts on the daily lives of mothers and caregivers of children with CMPA.

MATERIALS AND METHOD

This is a qualitative, descriptive and exploratory study carried out at the Child Nutrition Center (CENNI) in Foz do Iguaçu-PR, an NGO that offers care to children with varied nutritional and gastrointestinal conditions (CENNI, 2024). Participants were 15 mothers of children between 0 and 2 years old with CMPA, facing challenges in breastfeeding and food introduction. The inclusion criteria were: confirmed diagnosis of



CMPA, children followed up at CENNI, and signature of the informed consent, while exclusion criteria involved mothers absent from consultations or with communication difficulties.

Data collection consisted of semi-structured interviews, accompanied by records of the researcher. The study was carried out in three stages: (I) selection of mothers; (II) interviews; and (III) organization and analysis of the data. The interviews were recorded and transcribed, including two pilot interviews, which were integrated into the final data. For anonymization, coding with letters and numbers was used.

The analysis followed the Social Phenomenology, with careful reading of the reports and grouping of significant aspects. No software was used for data organization and analysis. The study was approved by the Research Ethics Committee of Unioeste (CAAE 75829923.0.0000.0107).

RESULTS AND DISCUSSION

The physical, emotional, and social impacts of mothers of children with CMPA were grouped into the "reasons why" category, addressing the factors that make daily care more complex and emotionally demanding. Below, the 4 categories, their results and discussion will be presented.

DIFFICULTY IN OBTAINING THE DIAGNOSIS

One of the main barriers mentioned by the mothers was the delay and uncertainty in obtaining an accurate diagnosis of CMPA, which generated frustration and concern. The lack of preparation of health professionals to identify the condition quickly was the main difficulty, causing many mothers to spend months or even years trying to understand the symptoms. As reported by one mother, "until she got the diagnosis it was a desperation to know why she cried day and night."

The difficulty in diagnosing CMPA had a great emotional impact on the mothers, who faced periods of uncertainty and frustration. The lack of preparation of some professionals increased the suffering and anxiety of families, highlighting the need for faster and more accurate diagnoses (Reis et al., 2020; Moen, Opheim and Trollvik, 2019). In this context, multidisciplinary teams, including doctors, nutritionists, and psychologists, are essential to offer clinical, emotional, and social support, improving the quality of life of families affected by CMPA (Meyerl et al., 2017; Abagaro et al., 2018).



FINANCIAL IMPACT

The diagnosis of CMPA brought high costs to families, especially with formulas and special foods. The high cost of hypoallergenic formulas, often higher than basic expenses, has generated a significant financial burden. One mother commented: "a can costs 180.00 [...] We bought more than 1500 a month, more than the rent we paid."

According to Abagaro et al. (2018) and Reis et al. (2020), the benefit is not always available immediately after diagnosis, forcing caregivers to face legal battles and redefine their social roles. This scenario reveals the lack of financial support and public policies, compromising the family budget and increasing stress in the management of the child's condition.

EMOTIONAL IMPACT

Adaptation to CMPA generated a profound emotional impact, with emphasis on the constant fear of food contamination, which limited the mothers' freedom in daily activities. Many mothers isolated themselves to ensure their children's food security, which caused anxiety and emotional burden. As an example: "I started to make my bread, the cake, and drank tea and juice [...] What I could buy was a paçoca or Japanese peanut."

Adaptation to CMPA requires mothers to have a protective parenting style, with strict control of the environment and their children's diet, due to the fear of contamination. This behavior limits outside activities and causes social isolation, as many children are excluded from events (Moen, Opheim, and Trollvik, 2019). Some mothers try to get around this by bringing safe food, but constant vigilance increases stress and affects mothers' well-being.

CHANGES IN FAMILY STRUCTURE AND DYNAMICS

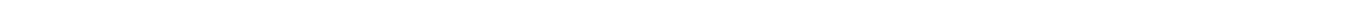
The need to avoid food contamination led families to adapt their routines and habits, affecting everyone's diet. Food preparation began to require more time and planning, as reported by one mother: "the food had to change for everyone in the house so that there was no risk to him." These changes affected the entire family structure, requiring adjustments in all members.

CMPA directly affects the child and impacts the entire family, especially the mothers, who are responsible for care (Maciag et al., 2020; Moen, Opheim and Trollvik, 2019). The Family Systems Theory (Reis et al., 2020) points out that dietary and routine changes require adjustments from everyone, generating family tensions and increasing the emotional load, which affects family balance.



FINAL CONSIDERATIONS

This study highlights the challenges faced by mothers of children with CMPA, which go beyond clinical issues, impacting their emotional, financial, and social spheres. Difficulties in diagnosis, high costs with special foods, and constant concern about food safety generate emotional overload, affecting the well-being of mothers and family dynamics. This leads to social isolation and harms the quality of life of families. The research reinforces the importance of an integrated approach to care, including support networks, adequate training of professionals, and greater financial support and public policies to mitigate these challenges.





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