

Effect of Spiritual Prayer in Reducing Level of Depression among Orphan Children – Literature Review

Mural M. Christian¹, Deepak Krishnamurthy²

¹2nd year M.Sc. Nursing Student, ²HOD of Mental Health Nursing, Manikaka Topawala - Institute of Nursing – A Constituent of Charotar University of Science & Technology, Changa, Taluka : Petlad, District : Anand, Gujarat, India

Abstract

The Researcher aims to assess depression among orphan children who are living in orphanage home and assess the effectiveness of spiritual prayer in reducing level of depression among orphan children. Multiple databases were searched focusing on spiritual prayer on depressed orphan children. It was concluded through this literature review that prayer is very helpful in reducing level of depression among children.

Keywords: *Spiritual prayer, Depression, Orphan children*

Introduction

According to World Health Organization (WHO) mental health includes “subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one’s intellectual and emotional potential, among others (WHO, 2001). According to the World Health Organization (WHO) declared that depression is the most common illness worldwide and the leading cause of disability. Depression can be occurred by critical medical illness, the loss of important person, economical problem or stressful event. Who have behavioral problem or anxiety there are more chances to get depressed. ^[1] Prayer is an invocation or act that seeks to activate a rapport with an object of worship through deliberate communication. Some anthropologists believe that the earliest intelligent modern humans practiced a form of prayer. Today, most major religions involve prayer in one way or another; some ritualize the act, requiring a strict sequence of

actions or placing a restriction on who is permitted to pray, while others teach that prayer may be practiced spontaneously by anyone at any time.^[2]

The literature reviewed was obtained through different database includes CINHALL (Cumulative index TO Nursing & Allied Health Literature), MEDLINE (Medical Literature Analysis & Retrieval System Online), Pub Med, Science Direct, Springer Link, Pro Quest & Google scholar.

Material Method

The study is headed mainly on effectiveness of spiritual prayer in reducing level of depression among orphan children at selected orphanage home.

Findings

Study shows that spiritual prayer is useful intervention for reduction of depression among orphan children.

1.Kumar, Dandona, and Ramgopal were conducted a comparative study on depression among AIDS orphaned children higher than among other orphaned children in Southern India (2014). This study explored depression and associated risk factors among orphaned children in Hyderabad in South India.400 orphan children selected equally from AIDS and non-AIDS orphan groups (12-16 years). Intensity of depression assess by using multiple classification analysis. The result shows that AIDS

Corresponding author-

Ms. Mural M. Christian, 2nd year M.Sc. Nursing student, Manikaka Topawala Institute of Nursing – A constituent of Charotar University of science & Technology, Changa, Taluka : Anand, District : Anand, Gujarat388421, India.
E-mail: myuralchristian@gmail.com

orphan children report being bullied by friends and others (50.3%) and report experiencing discrimination (12.6%). Mean depression score was significantly higher for AIDS orphan children (34.6) than the other group (20.6). The analysis showed that AIDS orphan children have highest effect of depression (Beta= 0.473) than the other orphaned children.^[3]

2. Ammara Sharif was conducted a descriptive study to examine the level of depression and self-esteem among orphan and non-orphan children(2017). In this study 50 orphan children and 50 non-orphan children were selected randomly. Data collected by the questionnaire. Data analyzed by descriptive and inferential statistical methods like, t-test. The result showed that there is a positive relationship ($r=0.69$, $p<0.01$) between depression and self-esteem between orphan and non-orphan children. T-test revealed significant depression ($t=3.78$, $p<0.01$), between orphan and non orphan children. The orphan children obtained higher score on depression and the non orphan children obtained higher score of self-esteem ($t= 4.85$, $p<0.001$).^[4]

3. Aijaz Bhatt, Dr. Sadaqat Rahman, and Nasir Bhatt conducted a case study on mental health issues in institutionalized adolescent orphans of Kupwara district(2015). 11 to 17 years orphan children were selected for study. A structured and internationally standardized interview schedule MINI kid was used for data collection. In the study 11 participants (13.75%) met DSM IV criteria for MDE(Major Depressive Episode), 6.5% had suicidal tendencies, 11.25% showed dysthymic symptoms, 15% specific phobia, 6.25% had PTSD symptoms and 23.75% showed co- morbid conditions. a cultural recognition of mental health problems and the long term negative consequences of these issues need to intervention these vulnerabilities.^[5]

4. Abdur Rashid and Sara Safdar conducted a comparative study on analysis of childhood depression and perceived social support among orphan girls and boys(2017). Total 300 samples recruited randomly from selected orphanage homes of Rawalpindi, Haripur and Abbottabad, out which 150 girls & 150 boys ranging between 10-15 years of age. The childhood depression scale and perceived social support scale were use for data collection. t-test, correlation and regression analysis were use for investigate the result. The result showed that there was significance difference between childhood depression and perceived social support. Also, both have

meaningful relationship with each other.^[6]

5. Aalbers, Freeman, Spreen, Vink , and Maratos conducted a study on effect of music therapy on depression(2017). All randomized controlled trials and controlled clinical trials used for comparing music therapy versus treatment as usual. They calculated standardized mean difference for continuous data and odds ratio for dichotomous data with 95% confidence intervals. In this study 421 participants selected in which 411 of included in ten meta-analysis short-term effects of music therapy for depression. Findings of meta-analysis indicate that music therapy added to provides short-term beneficial effects. The effect of music therapy versus psychological therapies on clinician-rated depression (SMD -0.78, 95% CI -2.36 to 0.81, 1 RCT, $n = 11$, very low-quality evidence), patient-reported depressive symptoms (SMD -1.28, 95% CI -3.75 to 1.02, 4 RCTs, low-quality evidence), quality of life (SMD -1.31, 95% CI - 0.36 to 2.99, 1 RCT, very low-quality evidence), and leaving the study early (OR 0.17, 95% CI 0.02 to 1.49, moderate-quality evidence). They found no eligible evidence addressing adverse events, functioning or anxiety.^[7]

6. Larun L, Nordheim LV, Ekeland E, and Hagen KB, Heian conducted a randomized control trial on exercise for preventing and treating anxiety and depression in children and young people(2006). Vigorous exercise interventions used for children and young people up to the age of 20. Meta-analysis methods used for trials. In this study total 1191 participants were selected between age of 11 and 19 years. The results showed that eleven trials compared vigorous exercise versus no intervention in children. In this anxiety scores showed a non-significant trend in favor of the exercise group (-0.48, 95% CI). And other studies reporting depression scores showed a significant difference in favor of the exercise group (-0.66, 95% CI - 1.25 to -0.08). One small trial investigated children in treatment showed no statistically significant difference in depression scores in favor of the control group (SMD 0.78, 95% CI -0.47 to 2.04). No studies reported anxiety scores for children in treatment.^[8]

7. Azza Ibrahim, Mona A., Abdel-Hady El-Gilany, and Mohamed Khater were conducted a cross-sectional descriptive study on prevalence and predictors of depression among orphans in Dakahlia's orphanage, Egypt(2014). In this study 200 orphans were recruited from Dakahlia governorate, Egypt. The structure

interview used for data collection and the Arabic version of the multidimensional child and adolescent depression scale (MCADS). The study concludes that 20% of orphans had depression with total mean score (72.65 ± 1.10). Logistic regression analysis revealed that the only independent predictors of depression in child gender, girls were about 46 times more likely to have depression than boys. The study concluded that the depression is common among orphans but especially in girls. Mental and psychological should be part of routine health care provided to orphans.^[9]

8. Abdel Aziz Mousa Thabet, Mohammed W Elhelou and Panos Vostanis conducted a longitudinal study on prevalence of PTSD, depression and anxiety among orphaned children in the Gaza strip (2017). The study sample consisted of 81 orphaned children between age of 9-18 years. The means of post-traumatic stress disorder was 35.79, intrusion symptoms was 19.77, avoidance symptoms was 14.30 and mean arousal symptoms was 13.65, 55.6% of orphaned children showed moderate and 34.6% showed severe PTSD. Girls reported significantly more PTSD, avoidance, and arousal symptoms than boys. A child living in a city had more PTSD than those children live in a camp or a village. The study showed that 67.9% showed depression. Depression was more in children from north Gaza had more depression than those coming from the other four areas of the Gaza Strip. The results showed that 30.9% of children rated as anxiety cases. Children 13 - 15 years old had more anxiety than that younger and older age than them and children coming from north Gaza had more anxiety than those coming from the other four areas of the Gaza Strip. The result showed that there was positive correlation with statistical significance between depression and anxiety, intrusion, and avoidance. While total depression was negatively correlated with arousal symptoms of PTSD. Anxiety was negatively correlated with PTSD and avoidance symptoms of PTSD. The study concluded that orphaned children have a considerable level of PTSD, anxiety and depression, which raised the need for more attention from governmental and Non-governmental institutions towards finding therapeutic programs for the orphans to enable them to live and be functional and productive in the future.^[10]

9. John P. Bartkowski, Gabriel A. Acevedo ID and Harriet Van were conducted a study on prayer, meditation and anxiety: Durkheim revisited (2017). In this study Durkheim argued that religion's emphasis

on the supernatural combined with its unique ability to foster strong collective bonds lent it power to confer distinctive social benefits. At the same time, meditation had been linked to mental health benefits in intervention-based studies. This investigation offers a unique test of two comparable inhibitors of anxiety-related symptoms in the general population, namely, prayer versus meditation. Using data from the 2010 wave of the Baylor Religion Survey, they found that frequent communal prayer is correlated with an increased incidence of anxiety-related symptoms whereas worship service attendance is negatively associated with reported anxiety. Attendance also combines with communal prayer to yield anxiety-reducing benefits. Meditation, measured as a dichotomous indicator, is unrelated to reported anxiety in our sample of American adults. This study underscores the selective efficacy of collective forms of religious expression, and points to several promising directions for future research.^[11]

10. Jason Gary Wright was conducted an experimental study on the effects of remote intercessory prayer on depression (2006). This study utilized double-blind, controlled, pre-test/post-test design to examine the effect of remote intercessory prayer on 20 participants who received counseling for depression in different clinics. The researcher randomly selected participants and were prayed for by assigned intercessor for 28 days. And the other participants had given odd numbers who were in control group and were not assigned intercessors. After 28 days the first BDI-II (Beck Depression Inventory, second version) took from participants. and also completed it for second time. Findings showed that mean group BDI-II scores decreased for both groups, and the experimental group ended the study lower mean group BDI-II score than the control ($M=17.40$ for the experimental group; $M=23.00$ for the control group). After statistically controlling for pre-treatment BDI-II scores, differences were not significant.^[12]

11. Talita Prado Simão, Sílvia Caldeira, and Emilia Campos de Carvalho were done a systematic review on the effect of prayer on patients' health (2015). In this study electronic and international database were searched and the inclusion criteria were based on PICOS: (Population) patients of any age and any clinical situation, (Intervention) all types of prayer, (Comparison) ordinary care, (Outcomes) any health change, (Study type) randomized clinical trials. A total of 92 papers were identified and 12 were included in this review.

According to this study prayer was considered a positive factor in seven studies, and several positive effects of prayer on health were identified: reducing the anxiety of mothers of children with cancer; reducing the level of concern of the participants who believe in a solution to their problem; and providing for the improved physical functioning of patients who believe in prayer.^[13]

Discussion

In this review of literatures 11 reviews has taken by various studies on orphanage children, depression and spiritual prayer. Studies reveal that depression has been controlled by various therapies and treatments.

Conclusion

Researcher assessed that spiritual prayer is so much effective to reduce depression as well as other mental illness among orphan children.

Conflict of Interest: None

Source of Funding: No separate funding was received for this study.

Ethical Clearance: The ethical clearance obtained from our institute.

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