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Original Research

Knowledge and Attitude regarding Conversion Disorder among Teachers of Government Schools

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ABSTRACT:

Background and Objectives: Conversion disorder (CD) is a condition in which a person experiences physical and sensory problems, such as paralysis, numbness, blindness, deafness and non-epileptic seizures, with no underlying neurologic pathology. These problems are serious enough to negatively impact important life functions, such as academic performance, social relationships and family life. The objective of this study was to find out the Knowledge and attitude regarding Conversion disorder among teachers of government schools.

Materials and Methods: A cross-sectional research design was used among 118 basic and secondary school teachers of selected government schools in Damak Municipality, Jhapa by selecting non-probability purposive sampling technique. Self-administered structured questionnaires was used to collect data. The collected information was reviewed, verified for completeness, coded, and analyzed using the Statistical Package for the

Social Sciences (SPSS) version 16. Both descriptive statistics (number, percent, means, medians and standard deviation) and inferential statistics (Chi-square test) were used.

Results: The present study showed that the majority of the respondents belonged to the age group of 31–40 (38.1%), with a median & Interquartile range of 40 (50-33). Among the sex status of respondents, 51.7% were male and 48.3% were female. Interestingly, 73.7% of respondents had witnessed a student during a conversion attack; however, only 4.2% of respondents had received training related to CD. Mass media was a major source of information. Among respondents, 82.2% had adequate knowledge on CD and 17.8% of them had inadequate knowledge. Remarkably, 100% of the respondents had a favourable attitude toward CD, which was calculated using a cutoff point of 50% or higher. There was a significant association between the level of knowledge on CD and level of education (p = 0.036) and witnessing the students during a conversion attack (p=0.003).

Conclusion: Most public-school teachers had adequate knowledge and highly positive attitudes toward conversion disorder. A teacher's formal educational background and real exposure to a conversion episode were strongly linked to higher knowledge levels. However, lack of formal training highlighted the need for targeted educational interventions to boost school-based awareness regarding student mental health issues.

Keywords: Attitude, Conversion Disorder, Knowledge, School Teacher

INTRODUCTION

Conversion disorder (CD) is a partial or complete deprivation of how an individual integrates past memories, personal identity, immediate sensory perceptions, and motor control of the body [1]. It arises from the influence of psychological, social, and cultural factors including childhood trauma or sexual abuse, impaired neurological and emotional processing, socioeconomic stressors, poor mental health awareness and lack of family support [2].This condition reveals physical manifestation such as fainting, paralysis of body parts and acute pain [3]. Moreover, it also represents neurological symptoms, which impair voluntary motor or sensory functions without any underlying and identifiable organic and medical cause [4].

The burden of CD is profound in both global and local scales; in the United States, 82% of individuals with conversion disorder leave their jobs, which contributes annually 20 billion USD in economic loss, as well as 60% of individual those experience these somatic symptoms are potentially challenging to diagnose [5]. Conversion is commonly reported among schoolchildren in Nepal [3]. Compared to developed countries, the prevalence of CD reaches 31%; it accounts for 25% of all psychiatric outpatients diagnosed with this condition, among those 20% women are more vulnerable than men. Similarly, it is more common in individuals with less education and lower socioeconomic status [5].

This disorder disproportionately affects adolescent girls aged 12 to 19 in school settings [6]. This aligns with studies among younger populations from rural backgrounds, lower socioeconomic groups, and those with limited access to educational opportunities [7]. The data from the National Mental Health Survey in 2020 highlights that the prevalence of mental disorders in Koshi Province stands at 11.4%, with adolescents experiencing the highest relative burden [8]. A study conducted in Pokhara found dissociative convulsions accounted for 86.3% of evaluated case [9].

A study assessing teachers of India revealed that 52.07% believed mental illnesses led to incorrect thinking, while 65.29% understood that sleeping pills like medicine were not the sole treatment. On the attitudinal view, 67.77% of those teachers assumed children with mental health challenges were inherently less intelligent, though 62.81% rightly disagreed with the stereotype that these children are inherently violent. Furthermore, teachers widely acknowledged that students struggling with mental illness are highly susceptible to peer bullying and social exclusion [10].

Children and adolescents who exhibit conversion symptoms show reduced capacity for information manipulation, retention, attention and response, which contributes directly to the academic, social, and functional difficulties observed in this population [11]. A study at Pashupati Secondary School in Jhapa illustrated that students in grades eight, nine and ten exhibit sudden, dramatic and unexplained symptoms in class hours, including violent seizures, sudden fainting spells, and erratic behaviours [12]. Despite the medical realities, qualitative data indicates that many family members still attribute these sudden episodes to spiritual possession or supernatural interventions [13]. A study found in India, 76% of school teachers lack adequate knowledge about this condition [14]. Similarly, a study in Hetauda, Nepal found that 46.8% of school teachers lacked sufficient awareness regarding mass conversion phenomena [15].

Teachers, parents, and children have a poor level of mental health awareness and mostly depended on traditionally practised treatments, which were not much helpful in mass conversion phenomena; rather it became more complicated because of various misconceptions and attribution of affliction by deities and bad spirits [16]. The few studies on teachers' Knowledge and attitude regarding conversion disorder highlight the importance of the current study. Driven by these obvious public health and institutional needs, the researchers sought to assess the knowledge and attitudes regarding conversion disorder among school teachers.

MATERIALS AND METHODS

A cross-sectional research design was used to find the knowledge and attitude regarding conversion disorder. It was used to find out the knowledge and attitude level at a single point of time. The study was conducted in government school of Damak, which is situated in Jhapa district of Koshi Province of Nepal. The present study was conducted among school teachers of selected schools in Damak Municipality namely, Shree Dhukurpani Secondary School, Shree Saraswati Secondary School, Shree Prithvi Secondary School which is selected purposively. The three selected schools employed a total of 129 teachers (Saraswati = 52, Dhukurpani = 47, Prithvi = 30). Applying a total enumeration approach by all available teachers who met the inclusion criteria were invited to participate, resulting in a final sample size of 118 teachers. The inclusion criteria accommodated both male and female teachers who voluntarily provided written consent. Teachers who were available at time of data collection period. Additionally, any school that already had a dedicated School Health Nurse on staff was excluded from the sample to ensure the data reflected baseline teacher awareness affected by an on-site medical professional.

A self-administered structured questionnaire was used for data collection. The questionnaire was developed by the researcher herself according to the objectives of the study, extensive literature review, discussion with a peer, consulting with a subject expert. The tool consists of three parts. Part I relates to background information, Part II to knowledge regarding conversion disorder, and Part III to attitude regarding conversion disorder. Pretesting of the research instrument was done by administrating questionnaire in 10% of the total sample size to check for its clarity, sequencing, adequacy and feasibility for administration. Pretesting was done in Shree Aadarsha Secondary School, Biratnagar, Morang.

Before data collection, proposal approval was taken from the Research Management Committee (RMC) of Biratnagar Nursing Campus (Ref: 308/081/082). After getting approval from the RMC, an official approval letter was submitted to the educational department of Damak Municipality and the school administration for data collection. After getting permission from the concerned authority, data collection proceeded. Written informed consent was obtained from each respondent. Anonymity was maintained by using code number instead of name. Confidentiality was maintained throughout the study by not disclosing the collected information. Obtained information was used for the research purpose only. Respondent participation was voluntarily and could discontinue at any point during the data collection period. Data was collected within two weeks' period from December 22, 2023, to January 5, 2024. The duration of completion of questionnaire was approximately 15 to 20 minutes and data was collected during the break time of school. After finishing questionnaire each respondent's queries regarding conversion disorder was explained. Collected data was checked for the completeness, accuracy at daily basis at the end of the data collection. Data was edited, coded and entered statistical package for the social sciences (SPSS) 16 version and then reported in Microsoft word program.

Descriptive statistics was calculated by number, percent, mean and standard deviation. For the inferential statistics, Chi square test was used to find out the association between level of knowledge on conversion disorder and selected variables.

RESULTS

The study assessed the socio-demographic profiles of 118 participating teachers. The largest age group fell between 31 and 40 years (37.3%), with a sample median age of 40 years and an interquartile range of 33–50. Gender distribution was relatively balanced, consisting of 51.7% male and 48.3% female respondents. Regarding ethnic background, 68.6% of the participants belonged to the Brahmin/Chhetri ethnic group, and 78.0% identified as Hindu. The sample was characterised by 58.5% possessing more than 10 years of classroom teaching experience. Furthermore, 56.8% taught at the basic education level, while 43.2% taught at the secondary school. Among the academic level, 79.7% had completed a university degree. More than two-thirds (73.7%) had witnessed a student during a conversion attack, but only 4.2% of respondents had received training related to CD. Regarding respondents' sources of information on CD, more than three-fourths (80.5%) of them received information from mass media followed by friends/colleagues (43.2%). One-third of the

respondents (33.1%) got information from health personnel (Table 1).

Table 1: Socio-demographic Characteristics of Respondents (n=118)

Characteristics	Number (N)	Percent (%)
Age in completed years		
20-30	13	11.0
30-40	44	37.3
40-50	29	24.6
50-60	32	27.1
Median & Interquartile Range = 40 (50-33)		
Sex		
Male	61	51.7
Female	57	48.3
Ethnicity		
Dalit	3	2.5
Janajati	27	22.9
Madhesi	5	4.2
Muslim	2	1.7
Brahmin/Chhetri	81	68.6
Religion		
Hinduism	92	78.0
Kirat	12	10.2
Buddhism	6	5.1
Christianity	6	5.1
Islam	2	1.7
Teaching Experience		
<1 year	7	5.9
1-5 years	25	21.2
6-10 years	17	14.4
> 10 years	69	58.5
Level of Teaching		
Basic Level	67	56.8
Secondary Level	51	43.2
Highest Level of Education		
Secondary	24	20.3
University	94	79.7
Seen student during conversion attack		
Yes	87	73.7
No	31	26.3
Training related to mental health including CD		
Yes	5	4.2
No	113	95.8
Sources of Information *		
Mass Media	95	80.5
Newspaper/Books	46	39.0
Friends/Peer	51	43.2
Health Personnel	39	33.1

**Multiple response question*

Table 2: Respondents' Knowledge regarding Meaning, Causes, Sign & Symptoms of CD (n=118)

Variables	Number (N)	Percent (%)
CD is a		
Mental problem	97	82.2
Physical problem	20	16.9
Social problem	1	0.8
The meaning of mass CD is		
Different symptoms in different student at different time	57	48.3
Manifestation of similar physical symptoms seen in large number of students at same time	51	43.2
Disorder affecting only individuals with pre-existing medical condition	8	6.8
Physical symptoms that are caused by environmental factors	2	1.7
Mostly affected sex by CD		
Female	94	79.7
Both	24	20.3
Common age for CD		
Children (0-12 years)	3	2.5
Adolescents (12-18 years)	103	87.3
Young Adult (19-40years)	11	9.3
Middle age and above (40 years above)	1	0.8
Primary cause of CD		
Psychological stress	92	78.0
Neurological diseases	17	14.4
Genetic abnormalities	9	7.6
Most common signs and symptoms of CD*		
Loss of consciousness / fainting	103	87.3
Paralysis of specific limbs	51	43.2
Fast breathing	37	31.4
Consistent with functional neurological disorder	31	26.3
Altered speech patterns	26	22.0
Impaired functioning in social work	26	22.0
Key characteristic of CD		
Occurs without identifiable physical cause and can be triggered by psychological stress	104	88.2
Characterized by persistent, physical pain in the body	8	6.8
The symptoms are voluntary and intentionally produced by the individual	3	2.5
Occurs in response to a medical diagnosis	3	2.5

**Multiple response question*

Respondents' knowledge regarding meaning, causes and sign & symptoms of CD, concerning to the CD as mental illness present study showed that 82.2 % of the respondents considered the CD as a mental illness. Only fewer than half (43.2%) of the respondents were aware of the meaning of Mass CD. More than three-fourth (79.7%) of respondents considered females to be the most affected sex by CD. Likewise, 87.3% of respondents' perceived adolescents as common age for CD. Similarly, regarding respondents' knowledge on causes, signs and symptoms of CD more than two third (78%) of the respondents stated psychological stress as primary cause of CD. In multiple response statement 87.3% of respondents indicated loss of consciousness/ fainting as the most common signs and symptoms of CD. Similarly, majority of the respondents (88.1%)

acknowledged that the conversion disorder's symptoms occur without identifiable physical cause and can be triggered by psychological stress (Table 2).

underlying psychological stressors as the primary goal of managing CD. In multiple response statement 85.6% of respondents indicated providing psychological

Table 3: Respondents' Knowledge on Management and Prevention of CD (n=118)

Variables	Number (N)	Percent (%)
Helping the students during CD attack *		
Keep affected persons in safe and separate room	108	91.5
Crowd dispersion	86	72.9
Loosening of clothes	45	38.1
Primary goal of managing CD		
To provide emotional support and address underlying psychological stressors	102	86.4
To find a medical cure for the physical symptoms	11	9.3
To isolate the student from their peers	5	4.2
Prevention of CD at school *		
Providing psychological support / counseling	101	85.6
Avoiding physical/mental punishment	67	56.8
Maintaining healthier school environment	60	50.8
Avoiding discrimination between students	53	44.9

** Multiple Response Question*

Table 4: Respondents' Attitude regarding CD (n=118)

Statements	SD N(%)	D N(%)	N N(%)	A N(%)	SAN(%)
CD is contagious	47(39.8)	50(42.4)	7(5.9)	9(7.6)	5(4.2)
CD is psychological or behavioral problem	1(0.8)	6(5.1)	2(1.7)	89(75.4)	20(16.9)
CD can be cured	2(1.7)	6(5.1)	13(11)	62(52.5)	35(29.7)
It is important to support for student's mental health with CD	1(0.8)	5(4.2)	-	45(38.1)	67(56.8)
CD is cured by marriage	13(11.0)	35(29.7)	40(33.9)	26(22.0)	4(3.4)
CD occurs due to unfulfillment of sexual desire	9(7.6)	32(27.1)	40(33.9)	35(29.7)	2(1.7)
Students of CD produce the symptoms intentionally	28(23.7)	63(53.4)	12(10.2)	10(8.5)	5(4.2)
Counseling or Psychotherapy are the best treatment of CD	1(0.8)	4(3.4)	6(5.1)	40(33.9)	67(56.8)

SD- Strongly Disagree, D-Disagree, N-Neutral, A-Agree, SA-Strongly Agree

Respondents' Knowledge on management and prevention of CD. Respondent's knowledge on management and preventive strategies of CD shows that, in multiple response statement majority of the respondents (91.5%) stated that keeping affected persons in safe and separate room is the best way to help the students during conversion attack. Likewise, more than three-fourth (86.4%) of the respondents considered providing emotional support and addressing

support/counseling as the preventive measure for Conversion Disorder at school (Table 3),

Respondents' attitude regarding CD reveals that, in Likert scale more than one-third (42.4%) of the respondents disagree to the statement that CD is contagious. Likewise, more than two-third (75.4%) of the respondents agree with the statement that CD is psychological or behavioral problem.

Similarly, more than half (52.5%) agree that CD can be cured. Nearly two-thirds (56.8%) strongly agreed on supporting students with CD and counseling/psychotherapy as the best treatment. One-third (33.9%) were neutral about marriage or unfulfilled sexual desire as causes or cures of CD, while 53.4% disagreed that students with CD intentionally produce symptoms (Table 4).

Table 5: Respondents' Level of Knowledge regarding CD (n=118)

Level of Knowledge	Number (N)	Percent (%)
Adequate Knowledge	97	82.2
Inadequate Knowledge	21	17.8

Respondents' level of knowledge regarding CD shows that 82.2% of the respondents had adequate knowledge on CD and 17.8% percent of them had inadequate knowledge on CD (Table 5). Similarly regarding respondents' level of attitude towards CD shows that cent percent (100%) respondents had favorable attitude regarding CD.

There was significant association between level of education of respondents and seen the students during conversion attack (p=0.036 and p=0.003 respectively) with level of knowledge on CD whereas there is no significant association between other selected demographics variables i.e. Age, Sex, Ethnicity, Religion, Level of teaching, teaching

Table 6: Association between Level of Knowledge with Selected Socio-demographic Characteristics (n=118)

Variables	Level of Knowledge		p-value
	Inadequate Knowledge N (%)	Adequate Knowledge N (%)	
Age (in Completed years)			
<40	9(15.8)	48(84.2)	0.582
≥40	12(19.7)	49(80.3)	
Sex			
Male	13(21.3)	48(78.7)	0.302
Female	8(14.0)	49(86.0)	
Ethnicity			
Bramhin/Chettri	12(14.8)	69(85.2)	0.210
Others≠	9(33.3)	28(75.7)	
Religion			
Hinduism	15(16.3)	77(83.7)	0.401
Nonhindu	6(23.1)	20(76.9)	
Teaching Experience			
≤ 10 years	8(16.3)	41(83.7)	0.725
>10 years	13(18.8)	56(81.2)	
Level of Teaching			
Basic Level	15(22.4)	52(77.6)	0.135
Secondary Level	6(11.8)	45(88.2)	
Highest Level of Education			
Secondary level(12 class)	8(33.3)	16(66.7)	0.036*
University level(Bachelors ,Masters &above)	13(13.8)	81(86.2)	
Seen the students during Conversion Attack			
Yes	10(11.5)	77(88.5)	0.003*
No	11(35.5)	20(64.5)	
Training on CD			
Yes	-	5(100)	0.584#
No	21(18.6)	92(81.4)	

*≠ Dalit,Janajati,Madhesi &Muslim, * p-value significant at<0.05, #Fisher's ExactTest*

experience and Training on CD (Table 6).

DISCUSSION

This cross-sectional study was designed to systematically assess the knowledge and attitudes regarding conversion disorder among 118 public school teachers within Damak Municipality. Demographic distributions showed that most respondents fell into the 31–40 age bracket (37.3%) with a median sample age of 40 years. Findings showed gender balance (51.7% male, 48.3% female), was predominantly of Brahmin/Chhetri ethnicity (68.6%), and largely practiced Hinduism (78.0%). The sample reflected with 58.5% possessing more than 10 years of classroom teaching experience. Furthermore, 56.8% taught at the basic education level, while 43.2% were secondary school. Among academic level, 79.7% had completed university degree. Interestingly, more than two third (73.7%) had witnessed a student during a conversion attack but only 4.2% of respondents' had received training related CD.

Regarding respondents' sources of information on CD, more than three-fourth (80.5%) of the them received information from mass media followed by friends/colleagues (43.2%). One third of the respondents (33.1%) got information from health personnel which distinct from study in Nepal showed that 87% of teachers acquired awareness almost exposure to conversion episodes within their schools environment, with only minor percentages learning through family members (37%) or residential networks (10.2%) [17]. This difference highlights the advancement of digital technology and broadcast media in health information to modern teachers.

The study showed that 82.2% of the respondents correctly recognized conversion disorder as a psychological health condition. This finding similar to study in Nepal, which revealed that 80% recognized this condition. of participants [18], as well as a study from Tanzania where 90% of students correctly categorized the condition as a psychological illness rather than a physical or supernatural issue [19]. Concerning to the gender wise mostly affected this condition, 79.7% stated female and 87.3% picked adolescents as the mostly affected group align with findings from different studies [4,6,17].

Present study showed that 78.0% of the teachers correctly identified acute psychological stress as the main trigger for conversion symptoms. Furthermore, 88.2% acknowledged that the conversion disorder's symptoms occur completely independent of underlying identifiable physical cause and can be triggered by psychological stress. This finding is supported by case report from Dhankuta, Nepal which concluded that these physical symptoms lack of organic cause and influenced by psychosocial and cultural factors [20]. Concerning to clinical presentations, a sudden loss of consciousness/ fainting attack was the most recognized sign (87.3%), other less frequently recognized signs were localized limb paralysis (43.2%), and hyperventilation (31.4%), which is consistent with study of India, where fainting presentations accounted for 80% of adolescent cases [4], while slightly varying findings from Pyuthan, Nepal,which showed that fainting account for 63.8% and limb twisting at 59.5% [17].

Regarding knowledge on management and preventive strategies within school environments, 91.5% of the respondents correctly identified that relocating an affected

student to a quit, separate, and secure room is the immediate first aid priority which aligns with study revealed that 84.2% agreed that removing the individual from crowed and stressful situation [7]. Likewise, looking to the long term care, 86.4% of the respondents stated that primary goal should be providing emotional assurance and addressing psychological stressors. Furthermore, 56.8% emphasized the complete elimination of punitive disciplinary measures. Interventional study from USA concluded that psychotherapy is important which reduce functional symptoms by up to 95% [21].

On attitudinal Likert scale, 22.0% of the participants believed that marriage could cure conversion disorder, and 29.7% thought the condition due to unfulfilled sexual desires. This is due to traditional view co-exist alongside 82.2% of respondents had adequate knowledge highlight this condition. Importantly, 52.5% of respondents agreed that conversion disorder can be cured. Additionally, 53.4% of the teachers rejected the stereotype that students consciously fake their symptoms, and 56.8% strongly agreed that specialized counseling or psychotherapy is the best treatment choice. This aligns with clinical guidelines from Iceland, which emphasized psychotherapy as the prime first-line treatment for functional neurological disorders [22].

Overall, 82.2% of the teachers demonstrated adequate knowledge, while 17.8% showed gaps in understanding. It is inconsistent with the study conducted in Hetauda, Nepal where 46.8% teachers still had inadequate awareness on Hysteria [15]. This contrasts with a study from Karnataka, India, where teachers showed only moderate mental health literacy and there was a lack of awareness about the treatment and care of such children [10]. It also contrasts with a case series from Dang, Nepal, where mass conversion outbreaks led families to seek traditional healers, with only half visiting hospitals, because parents believed the episodes were due to spirit possession [23]. These disparities in findings might be attributed to the cultural, societal, and religious beliefs or stigma surrounding mental illness and availability of related facilities.

Inferential analysis revealed the key factors that influence a teachers' mental health literacy. Study showed that respondents level of education statistically significant associated with level of knowledge ($p = 0.036$). This highlights the advance academic knowledge better understanding of mental health problems of students. Similarly, case seen during conversion attack were strongly related to knowledge level ($p=0.003$).

CONCLUSIONS

This study concluded that public school teachers had a good knowledge and good attitudes toward conversion disorder. Level of education and case seen during conversion attack are tend to be associated with level of Knowledge. Mass media is the major source of information. It highlighted that local authorities organize focused training program for school teachers, emphasizing the prevention and effective handling of conversion disorder case. This might be crucial for strengthen mental health response system within the school setting

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