ORIGINAL ARTICLE

Hazing victimization and its psychological consequences on undergraduate newcomer medical students

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Abstract

Introduction: *Hazing is a form of mistreatment received by the newcomers in a group which may have negative psychological consequences. The objectives of the study were a) exploring victimization of hazing in newcomer undergraduate medical students, b) determine the pattern of hazing with its psychological consequences and c) explore undergraduate students' ways of coping.*

Material And Method: *It was a Cross-sectional study and a purposive sampling method was used. The total numbers of participants were 88. Data were collected in the third week of the session (January 2017). Instruments used were self-developed semi-structured questionnaire, General Health Questionnaire (GHQ), Depression Anxiety Stress Scale (DASS) and Ways of Coping Scale.*

Results: *Study revealed that newcomer medical students were hazed by their seniors in a group as well as individually. Hazing would last for less than one hour to more than two hours at a time and it was repeated more than four times a day. Dress code, an introduction of oneself, playing a fool, verbal abuse and sexual activities were the common types of hazing. Male students were victimized harsh than female and were also found more as caseness on the General Health Questionnaire and rated high on Depressive Anxiety Stress Scale. Commonly used ways of coping by newcomers were social support, positive reappraisal, self-controlling, distancing and accepting responsibility.*

Conclusion: *Students had very little or no control over hazing and as a result they experienced a high level of psychological distress which can have a significant impact on their mental health.*

Keywords: Hazing, Psychological Consequences, Newcomers, Medical students

INTRODUCTION

Hazing is a form of mistreatment which is practiced universally with different names. [1-3]It is a ritual of unacceptable behaviour to newcomers by their seniors. It is defined as "any activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers them regardless of a person's willingness to participate".[4] Hazing is practiced as initiation ceremonies in British, bastardization in Australian, Bapteme in French, Doop in Dutch and Mopokaste in Finnish and Ragging in south Asia. [1,5]

In Nepal, ragging was reported among the top three common stressor affecting medical students. [6] Studies have also found that among medical students 91.7% were mistreated by their seniors. Verbal abuse was found to be the most common followed by psychological, sexual and physical abuse.[7] Male students encounter ragging aggressively compared to female students.[8] Medical student's abuse has been

perceived to be a significant cause of stress and emphasized as a major concern.[9, 10] In a study by Silveria and Hudson it was found that frequently experienced hazing behaviours, included "being yelled at, cursed at, or sworn at," "associating with specific people and not others," "depriving oneself of sleep," and "singing/chanting by oneself or with select others in public in a situation that is not related to an event, rehearsal, or performance" [11].The feelings of depression, dissatisfaction and loneliness increases when the mistreatment process is severe.[12,13] The severity can be life-threatening and could lead to the loss of human life also.[14,15]

MATERIAL AND METHOD

It was a cross-sectional study with a purposive type of sampling method. The sample size was 88 newcomer undergraduate medical students of National Medical College and Teaching Hospital, Birgunj, Nepal. The duration of the study was 6 months from January 2017 to June 2017. Information from participants was collected in the third week after joining to the medical college in January 2017. Students were given self-developed Semi-structured questionnaire followed by the General Health Questionnaire (GHQ) & Depression Anxiety Stress Scale (DAS). The coping process was identified using the Ways of Coping scale. Data were analysed using Statistical Package for the Social Sciences (SPSS) version 21.0 for Windows. Ethical Approval was taken from Institutional Review Committee (IRC) 0f National Medical College, Birgunj. Voluntarily, written informed consent was taken from all the participants before participating in the research.

RESULT

Table. 1 Distribution of Socio -Demographic Characteristics

Characteristics		Frequency	Percentage (%)
Age	17-20yrs	68	77.3
	20-24yrs	20	22.7
Sex	Male	54	61.4
	Female	34	38.6
Address	Nepal	82	93.2
	India	6	6.8

Table 1 shows the sociodemographic profile of the subjects. Majority of the students age ranged from 17-24years. Majority (61.4%, n= 54) of students were male and 93.2% (n=82) of students were from Nepal.

Table 2 : Pattern Of Hazing Victimization

Patterns		Frequency	Percentage (%)	Male (n, %)	Female (n, %)
Hazing	Individual	1	1.1	1 (1.1%)	-
	Group	15	17	2 (3.7%)	13 (38.23%)
	Both	72	81.9	51(94.4%)	21 (61.76%)
Hazing spots	Only at hostel	5	5.7	4 (7.4%)	1(1.1%)
	Various spots	83	94.3	50(92.5%)	33 (97.05%)
Types of Hazing	Putting on a dress code	88	100	54 (100%)	34(100%)
	Introduction of oneself	88	100	54(100%)	34(100%)
	Verbal abuse	54	61.4	53 (98.1%)	1(1.1%)
	Sexual activities	50	5.9	50(92.5%)	1(1.1%)
	Playing fool	87	98.9	54(100%)	33(97.05%)
	Forced to Drink or eat	-	-	-	-
Duration of hazing at least for one time	Less than 1 hour	39	44.3	21(38.88%)	18 (52.94%)
	1-2 hours	42	47.7	27 (50%)	15 (44.11%)
	More than 2 hours	7	8	6 (9.25%)	1(1.1%)
Frequency of hazing	Twice	39	44.3	22 (40.7%)	23(67.6%)
	Thrice	42	47.7	9 (16.6%)	5 (14.7%)
	4 or more times	7	7.9	23 (42.4%)	6 (17.6%)

Table 2 shows pattern of hazing victimization.
Results showed that all the newcomer undergraduate medical students (n=88) were victims of hazing by their seniors. Of the total participants 81.9% reported that they were hazed in group as well as individually, majority (94.4%) being male students. Only 17% of students were hazed in groups, majority (38.23%) being female students.

Hazing spots
Majority (94.3%, n=83) reported hazing at various sites of the college. Only 5.7% of the students reported hazing at hostel area exclusively.

Types of hazing
Based on the responses of students in Self developed Semi- Structured questionnaire, results showed dress code and an introduction of oneself were reported by all (n=88) the newcomers. For male students the dress code was very short hair, folding pants and sleeves of their shirt. Girls had to make pony tails with different coloured ribbons and excessive application of hair oil.
Verbal abuse was reported by 54% of which majority (98.1%) were male students. Sex related activities were reported by 50% of the students and all were male. In sex related activities male students reported that they were forced to enact sexual scenes of movies, show how masturbation is practiced and to act like a salesman selling condoms.
Playing a fool was reported by 98.9% in which all male newcomers were victimized of this and reported that they had to greet each person all the way from hostel to a lecture theatre by gazing downwards and locking hands at the back. Other activities of playing a fool were counting pillars of hostel, acting like super humans, running throughout the corridor and measuring distance of the walls a coin. Female newcomers reported that they had to sing and dance in front of all the girls.

Duration of hazing
About half (47.7%, n=42) of students reported duration of hazing as 1 to 2 hours followed by 44.3% reporting the duration of hazing as less than 1 hour and 7.9% were hazed for more than 2 hours.

Frequency of hazing
About half (47.7%, n=42) of students reported hazing at least thrice a day followed by 42 (44.3%) students reported of hazing at least twice a day and 7 (7.9%) students were hazed for more than four times a day.

Table 3 : Distribution of subjects according to General Health Questionnaire

Sex	GHQ Cut-off		N	p-value
	<3 Non case	=4< Case		
Male	17(19.31%)	37(42.04%)	54(61.3%)	**0.015**
Female	20(22.72%)	14(15.9%)	34(38.6%)	
Total	37(42.04%)	51 (57.95%)	88(100%)	

Table.4 Distribution of subjects according to Depression Anxiety Stress Scale

SEVERITY LEVEL	DEPRESSION			
	Frequency	Percentage (%)	Male	Female
Normal	64	72.2	33(61.11%)	31(91.17%)
Mild	14	15.9	11(20.37%)	3(8.82%)
Moderate	10	11.4	10 (18.51%)	-
Severe	-	-	-	-
Extreme	-	-	-	-
Total	88	100	54(100%)	34(38.63%)
SEVERITY LEVEL	**ANXIETY**			
	Frequency	Percentage (%)	Male	Female
Normal	41	46.4	18(33.33%)	23(67.64%)
Mild	13	14.8	8(14.81%)	5(14.7%)
Moderate	21	23.9	17(31.48%)	4(11.76%)
Severe	13	14.8	11(20.37%)	2(5.88%)
Extreme	-	-	-	-
Total	88	100	54 (100%)	34(100%)
SEVERITY LEVEL	**STRESS**			
	Frequency	Percentage (%)	Male	Female
Normal	78	88.6	44(50%)	34(38.63%)
Mild	9	10.2	9(16.66%)	-
Moderate	1	1.1	1(1.85%)	-
Severe	-	-	-	-
Extreme	-	-	-	-
Total	88	100	54(61.36%)	34(38.63%)

Table 3 shows distribution of subjects according to GHQ. 57.95% (n=51) of students scored above cut off point on GHQ and were found as a possible case of psychological distress. Out of 51 students with psychological distress, majority (42.04%, n=37) were male students which was statistically significant (p=.015).

Table 4 shows distribution of subjects according to Depression Anxiety Stress Scale. 15.9% (n=14) of subjects had mild levels of depressive symptoms and 11.4% (n=10) had moderate levels of depressive symptoms. Likewise, 14.8% (n= 13) of subjects had mild levels of anxiety symptoms, 23.9% (n=21) had moderate levels of anxiety symptoms and 14.8% (n=13) had severe levels of anxiety symptoms. Majority (88.6%, n=78) of the students had normal levels of stress symptoms followed by 10.2% (n=9) with mild level of stress symptoms and only 1.1% (n=1) had moderate level of stress symptoms. Overall male students represented more in severity level of depression, anxiety and stress.

Table 5: Gender distribution of subjects according to Ways of Coping Scale

Ways of coping	Mean		Total Mean	P value
	Male	Female		
Social support	1.68	1.38	1.57	0.016
Positive reappraisal	1.59	1.39	1.52	0.004
Self-control	1.46	1.44	1.46	0.825
Distancing	1.44	1.48	1.46	0.769
Accepting responsibility	1.34	1.27	1.32	0.613
Planful problem solving	1.27	1.18	1.24	0.494
Escape avoidance	1.18	.97	1.11	0.054
Confrontive coping	1.22	.83	1.08	0.004

On Ways of Coping Scale, the commonly used coping by newcomers were social support (Mean=1.57), positive reappraisal (Mean=1.52), self-controlling (Mean=1.46) and distancing (Mean=1.46). Coping types that were less used by students were accepting responsibility (Mean=1.32), problem solving (Mean=1.24), escape Avoidance (Mean=1.11) and confrontive coping (Mean=1.08). Significant difference was found among male and female in use of coping ways i.e. social support (p=.016), positive reappraisal (p=.004), confrontive coping (p=.004).

DISCUSSION:

The study revealed that hazing was very common amongst newcomer medical students. They were hazed, and it has been a tradition in medical colleges of Nepal.[16] The other term used for mistreatment for newcomers is ragging. The general attribution given to ragging or hazing by seniors in colleges is that they were themselves mistreated by their seniors.[17] Hazing was usually done in groups as well as individually which was observed to be higher in males. Hazing was done in all places like within and outside the college as well as in the hostel. This suggests that hazing has been practiced without any fear of senior authorities of the colleges. All the subjects reported hazing experiences which indicate that one has to compulsorily participate in the hazing activities by their seniors. The entire newcomers had to dress, introduce themselves according to the norms developed by their seniors. For male students, the dress code was very short hair, folding pants, and sleeve of the shirt. Girls had to tie their hair with different colour ribbons with excessive oil on hair. Students were also verbally abused and forced to participate in sex-related activities. Playing a fool in which students greet each person all the way from hostel to a lecture theatre by gazing downwards and locking hands at back.

Some of them were asked to perform activities like counting pillars of the hostel, mimic super humans, running throughout the corridor and measuring the distance of a wall by coin. Female newcomers were made to sing and dance in front of all the girls.

Hazing was practiced in hours to multiple times a day. This showed that hazing done toward male newcomers were unsympathetic compared to females. Chi-Square analysis indicated that male newcomers experienced a greater level of psychological distress than female. Similarly, the males were psychologically affected more than females according to the Depression Anxiety Stress Scale. This indicates that male students were hazed more harshly than female students. Ways of coping scale findings suggest that student had very little control over what they are victimized of.

The findings of this research are similar with the findings of some previous researches. Alcohol consumption, humiliation, isolation, sleep-deprivation and sex acts are hazing practices common across student groups[18]. There is a large gap between the number of students who report experience with hazing behaviors and those that label their experience as hazing.

Previous findings support an association between hazing behaviors and perceived negative consequences of such behaviors. Childhood victimization was found to be linked with negative perceived consequences of hazing during college[18]. Physical dating violence and a greater total number of childhood victimization exposures were related to a higher number of perceived negative consequences. (e.g., felt stressed, felt guilty, problems in relationships, difficulty sleeping). [19]

76% of deaths among 250 reported cases of death from January 1, 1950 through December 31, 2007 were linked to bullying, hazing, or ragging were reported in English language newspapers from around the world [20].

After the study, those who were found to have psychological distress were counselled briefly. Coping strategies that deal with stress and stress reactions were discussed with the newcomers. In addition, college authorities were informed about the negative impact on the mental health of students due to hazing. The attention of the authorities was also drawn to formulate and implement a policy of no ragging or hazing on the campus.

CONCLUSION:

As the current research was conducted in a single setting using purposive sampling method, its findings cannot be generalized to larger population. However, it adds some information to the current literature about hazing process and its possible psychological consequences in the context of Nepal. The findings that male participants were more victimized harshly than female participants suggest for larger researches in order to explore the role of gender on hazing experiences and expression. Though hazing is reported less, it's a common phenomenon among adolescents and youths during college years. Psychological distress due to hazing keeps them at risk, makes them helpless leading to significant impact on their mental health. Intervention programs and policies are needed to address these issues in addition to the possible serious consequences like deliberate self-harm and suicide.

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REFERENCES:

1. *Garg, R., (2009). Ragging: a public health problem in India. Indian Journal of Medical Science 63 (6), 263–271.*
2. *McGlone, C., & Schaefer, G. R. (2008). After the haze: Legal aspects of hazing. ESLJ, 6, xii.*
3. *Sheehan, K. H., Sheehan, D. V., White, K., Leibowitz, A., & Baldwin, D. C. (1990). A pilot study of medical student's abuse: student perceptions of mistreatment and misconduct in medical school. Jama, 263(4), 533-537.*
4. *Allan, E. J. (2009). Hazing in view: college students at risk: initial findings from the National Study of Student Hazing. Diane Publishing.*
5. *Ragging. Available from: http://en.wikipedia.org/wiki/Ragging. [Last assessed on 2017 June 21].*
6. *Shakya, D. R., Shyangwa, P., Shakya, R., & Agrawal, C. S. (2011). 14 Mental and Behavioural Problems in Medical Students of a Health Institute in Eastern Nepal. Asian Journal of Psychiatry, 4, S61.*
7. *Maida AM, Vasquez A, Herskovic V, Calderon JL, Jacard M, et al. (2003): A report on student abuse during medical training. Medical Teacher 25: 497–501.*
8. *Marin, J.C., Araújo, D.C.S., Espin-Neto, J., (2008). Hazing at a medical school: an analysis of its excesses and socio-economical influences. RevistaBrasileira de EducaçãoMédica 32 (4), 474–481.*
9. *Silver HK, Glicken AD., (1990): Medical student abuse. Incidence, severity, and significance. JAMA 263: 527-32.*
10. *Rosenberg, D. A., & Silver, H. K. (1984). Medical student abuse: An unnecessary and preventable cause of stress. Jama, 251(6), 739-742.*
11. *Silveira, J.M. & Hudson, M.W. (2015). Hazing in the college marching band. Journal of Research in Music Education, 63, 5-27. doi: 10.1177/0022429415569064*
12. *Campos S, Poulos G, Sipple, J.W., (2005): Prevalence and Profiling. Hazing among College Students and Points of Intervention. Am J Health Behav.™, 29(2):137-149*
13. *Castaldelli-Maia, J. M., Martins, S. S., Bhugra, D., Machado, M. P., De Andrade, A. G., Alexandrino-Silva, C., ... & Alves, T. C. D. T. F. (2012). Does ragging play a role in medical student depression –*

Cause or effect? Journal of Affective Disorders, 139(3), 291-297.

14. *The Times of India. All four accused held guilty of ragging Aman Kachroo to death. Available at: http://articles.timesofindia. indiatimes.com/2010-11-11/India/28233204_1_aman-kachrooabhinav- verma-naveen-verma (Last assessed March 10, 2017).*
15. *Finkel, M. A. (2002). Traumatic injuries caused by hazing practices. The American journal of emergency medicine, 20(3), 228-233.*
16. *Buchanan III, E. T., Shanley, M., Correnti, R. J., & Hammond, E. H. (1982). Hazing: Collective stupidity, insensitivity and irresponsibility. NASPA Journal, 20(1), 56-68.*
17. *Shakya, D., &Maskey, R. (2013). 'Ragging': What the medical students of a health institute from Eastern Nepal say?* Sunsari Technical College Journal, 1*(1), 27-32.*
18. *Allan, E. & Madden, M. (2011). The nature and extent of college student hazing. International Journal of Adolescent Medicine and Health, 24(1), pp. 83-90. Retrieved 5 Apr. 2019, from doi:10.1515/ijamh.2012.012*
19. *Gerald M. Reid, Melissa K. Holt, Erika D. Felix & Jennifer Greif Green (2018). Perceived Consequences of Hazing Exposure during the First Year of College: Associations with Childhood Victimization, Journal of American College Health, DOI: 10.1080/07448481.2018.1484363*
20. *Srabstein J. (2008). Deaths linked to bullying and hazing. Int J Adolesc Med Health; 20:235-9*