

Original Article

RAGGING’: WHAT THE MEDICAL STUDENTS OF A HEALTH INSTITUTE FROM EASTERN NEPAL SAY?

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ABSTRACT

Background: The view point of the students, the main stakeholder, regarding ragging bears a great significance on this tradition. **Objective:** To explore how medical students of a health science institute in eastern Nepal view ‘ragging’. **Methodology:** This is a semi-qualitative attitudinal study conducted in 2009/10 among medical students. An intensive questionnaire was prepared to assess different aspects of ragging. The questionnaire mainly focused on their view about ragging: positive and negative sides, their favour and some local issues, e.g. personal experience, common modes of ragging in the institute and their suggestions for the change. Some questions were open ended. Every 5th students of the frame of all medical students of B. P. Koirala Institute of health sciences (BPKIHS) were approached personally or through mail for response to the questionnaire. Hence, 200 were approached and we could collect 60 responses for analysis. **Results:** Among 60 participating medical students of different academic programs, 28.3% were female and 66.8% were male. Average student age was 23 years. Thirty two percents of the respondents were in favour of some sort of ragging though a great majority expressed that there was a need of some modification in its current pattern in the institute. Many felt that it might facilitate socialization and some better form of interactive program was a need. Sixty eight percent respondents found ragging to be stressful. **Conclusion:** Ragging exists in BPKIHS though a majority of medical students were against it. They opined for the modification in the current tradition of ragging.

Key words: Attitude, BPKIHS, Medical student, Nepal, Ragging

INTRODUCTION

Ragging is a type of abuse of newcomers in educational institutions where some senior students force the newcomers to go through different verbal, mental, physical, sexual, other, and or combination of tortures.¹ The victims are usually too frightened to resist it and are stressed. Bullying is mainly common in academic institutions, though workplace bullying is also gaining attention.²

Ragging is practiced all over the world;² Nepal has not remained an exception. Ragging was found to be among the top 3 most common stressors affecting medical students of B. P. Koirala Institute of Health Sciences (BPKIHS), Dharan, Nepal.³

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While the medical students of this institute were reported with rich repertoire of extracurricular, social activities and hobbies on one hand⁴ and on the other, another report of high alcohol and substance abuse is alarming⁵; both being the main factors influencing ragging.² The overall mental disorder prevalence is also found high in the same institute like in other parts of the world.³ There is, however a lack of information from Nepal about this prevalent but unspoken and hidden menace. This survey was carried out in 2009/10 to explore the view of the direct stakeholders of the ragging, i.e. the students themselves.

MATERIALS AND METHODS

This is a semi-qualitative attitudinal study carried out in 2009/10 among medical students of BPKIHS, Dharan, Nepal.

A semi-structured questionnaire was prepared to assess different aspects of ragging. The questionnaire mainly focused on the view about ragging: positive and negative sides of ragging, they are in favor or against ragging and some local issues regarding ragging such as their personal experience, common modes of ragging in the institute and their suggestions for change in the current pattern. Some questions were open ended.

Every 5th students of the frame of all medical students of BPKIHS were approached personally or through e-mail letter with the questionnaire. The respondents were explained about the study and consent was taken. The information was kept confidential. In this way, 200 were approached and we could collect the response of 60 students for analysis.

Data were entered into a computer and analyzed using 'Statistical Package for Social Sciences' (SPSS 10) - software.

RESULTS

From 200 students approached among the total of the institute medical students, 60 responses could be collected from 43 (71.7%) male and 17 (28.3%) females. Respondents were mainly from

age groups 20-25 (66.7%) and 26-30 (18.3%) years, average age being 23 years. Majority of the respondent students were Brahmin (30.0%) and native Terai ethnic groups (31.7%).

Table 1: Gender, Age and Caste distribution

Gender	Number (%)
Male	43 (71.7)
Female	17 (28.3)
Age (years)	
< 20	5 (8.3)
20- 25	40 (66.7)
26- 30	11 (18.3)
> 30	4 (6.7)
Caste/ ethnicity	
Brahmins	18 (30.0)
Chhetris	8 (13.3)
Newars	6 (10.0)
Mongols	1 (1.7)
Native Terai ethnic	19 (31.7)
Disadvantaged- dalit	2 (3.3)
Indian/ others	6 (10.0)

Majority of the respondents (66.8%) were the students of MBBS program and 85.0% were with the completed education of certificate level.

Table 2: Academic programs and Educational levels

Academic Programs	Number (%)
Nursing	8 (13.3)
BDS	2 (3.3)
MBBS	40 (66.8)
MD	5 (8.3)
Other	5 (8.3)
Educational levels	
SLC	3 (5.0)
Certificate	51 (85.0)
Bachelor	5 (8.3)
Higher	1 (1.7)

Among the respondents, majority (81.7%) had personally experienced of being the victim of ragging in the institute. They had experienced

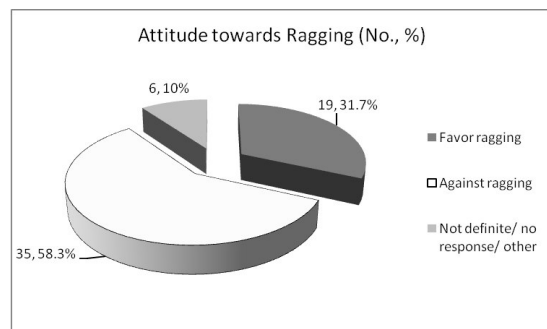
different types of ragging: verbal/ psychological (30.0%), physical (5.0%), both verbal and physical (38.3%) and other, e.g. sexual harassment (11.7%).

Table 3: Personal experience of being victim and Types of Ragging in BPKIHS

Ragging experience	Number (%)
Yes	49 (81.7)
No	9 (15.0)
Other	2 (3.3)
Types/ modes of ragging	Number (%)
Psychological/ verbal	18 (30.0)
Physical	3 (5.0)
Both verbal and physical	23 (38.3)
Other	7 (11.7)

Nearly one third of the respondents (31.7%) were in favor of some sort of ragging while majority (58.3%) strongly against it. Ten percent were silent about it.

Figure 1: Attitude towards Ragging



Many subjects (70%) felt that it might facilitate socialization/ introduction process. However, almost similar number (68.3%) found ragging to be stressful.

Table 5: Positive and Negative sides of Ragging in the eyes of the respondents *

Positive sides of ragging	Number (%)
No positive side	10 (16.7)
Facilitate socialization/ introduction	42 (70.0)
Entertainment	2 (3.3)
Discipline, respect	7 (11.7)
Decrease inhibition	3 (5.0)
Unity among class mates	3 (5.0)
Increase tolerability	3 (5.0)
Enhance adjustment	1 (1.7)
Pleasant memory	2 (3.3)
Other	8 (3.3)
Unanswered	1 (1.7)
Negative sides of ragging	Number (%)
No Negative side	1 (1.7)
Harassment/ frustration/ humiliating	9 (15.0)
Stressful	41 (68.3)
Quarrel/ compartmentalization	3 (5.0)
Abuse	12 (20.0)
Health hazard	3 (5.0)
Uncivilized manner	2 (3.3)
Vulgarity/ obscenity	4 (6.7)
Other	4 (6.7)

A great majority expressed that there was a need of some modification in current pattern of ragging in the institute; only 1.7% said that no change was required. Many felt that some better form of interactive program was a need, e.g. no verbal abuse (11.7%), no physical abuse (20.0%), other interactive programs (11.7%), milder and acceptable form (18.3%) and the one monitored by authority (15.0%), etc.

Table 6: Modifications in ragging pattern suggested by the respondents *

Modification suggested	Number (%)
No change required	1 (1.7)
Complete ban, punishment	23 (38.3)
No verbal abuse	7 (11.7)
No physical abuse	12 (20.0)
Other interactive programs	7 (11.7)
Monitoring by authority	9 (15.0)
Milder, acceptable form	11 (18.3)
Individual tailoring	1 (1.7)
Counseling/ professional help	1 (1.7)
Other	4 (6.7)

* Multiple response category – One respondent may have one or more responses.

DISCUSSION

When education and employment are viewed as means of progress and development, bullying and ragging in schools or work places are reported high and to hinder the development process and even result in adverse consequences.⁶ In a study in our institute, ragging was among the top 3 most perceived stressors and mental disorder prevalence was remarkably high among medical students.³ Actually, this prompted us to undertake this project to explore into what the main stakeholders of this practice, i.e. the students themselves have to say on this regard as we are trying to document various stakeholders' attitude to various important but less explored areas here.⁷⁻⁹

We tried to randomize the sample by adopting systematic random sampling by approaching every 5th from the list of all students of this institute during study year, i.e. 200 in number, and we could collect 60 responses in stipulated period. There is a possibility of biased samples in this point that possibly those who were influenced more by ragging were somehow responding more than others in this survey. We had 82% respondents who were personally ragged or bullied in this institute itself which is clearly in excess of a multicentre study from Pakistan.¹⁰ However; this finding gave us an important message that ragging

is pervading our temple of education too, though less is spoken about it in Nepal. BPKIHS is situated in Dharan, a city in eastern Nepal near Indian border. This is a big Indo-Nepal project with bilateral exchanges in many respects since its establishment, for example: faculty, students,^{3,4,7,9} patients¹¹, funds and many others. India and its culture naturally have a great influence here, both in positive and negative way. Most likely, ragging is more here because of this influence and hence, this high prevalence may not be true in other parts of the country. However, the ragging is ubiquitous in this or that form. So, this needs a multi-centre extensive search including various corners of Nepal.

In this study, the female representation was 28.3% which is more than in other medical student based studies from the same institute.^{3-5,7,9} This indicates a possibility that females are more affected by or they somehow felt more likely to participate in this survey. The preponderance of Brahmins and Terai ethnic groups is similar to many other medical student studies from this institute.^{3-5, 7-9} As often pointed out elsewhere;^{1,2} many respondent students here too, expressed that ragging might facilitate socialization and introduction of new comers with senior batch colleagues as a positive side of ragging. However, distinct majority of the subjects were against this practice and only very few were openly in its favor. Relatively more of them opined that it should be completely controlled or banned here. Somehow, it was apparent by their responses that there was a need of mechanism of introduction and socialization, of course of a better mode. Since there was no effective mode, they had to resort to it, for some of them. It was more of a compulsion and it was obvious by the finding that ragging has been a most perceived stressor among medical students here in this institute.³ As a stressor, it might have adverse consequences as pointed out frequently in our neighboring countries India^{12,13} and others¹⁰. Since the prevalence of mental illness is remarkably higher with 'adjustment disorder' ranking the top,³ the possibility of its reported high prevalence cannot be so easily negated here though apparently the issue

is not coming up in surface. Here, the substance abuse is reported high on one hand⁵ and on the other, extracurricular activities and hobbies were found to be extensively reported by these students⁴, these two factors influencing greatly to ragging tradition variously.²

They came up with more of the adverse or negative sides than its positive sides and also suggested some of the very important strategies. As pointed out in other parts,⁶ we need to scrutinize both ragging and suicide phenomenon here. Timely step would prevent or decrease such adverse consequences. As many of them voiced, we need to devise various strategies to minimize adverse consequences or the ragging itself here. Modification in its form to suit the purpose of introduction and socialization of new comers with seniors, continuous monitoring by authority, strict application of rules and regulation with disciplinary action as per need, individualized approaches including counseling for victims were some of the strategies suggested by the subjects. The role of other stakeholders like teachers and wardens are other part of the issue.¹⁴ We hope this would sensitize all the concerned in positive direction of social architecture in community including educational institute where all will have their respectful space, without discrimination and victimization.

CONCLUSION

Among the respondent medical students, majority had personally experienced of being victim of ragging in this institute. The victim respondents had experienced different types of ragging. About one third of respondents were in favor of some sort of ragging. Many felt that it may facilitate socialization process. However, a great majority found ragging to be stressful. They expressed that there was a definite need of some modification in current pattern of ragging in the institute. Many felt that some better form of interactive program was a great need.

REFERENCES

1. Ragging. Available from: <http://en.wikipedia.org/wiki/Ragging>. [last accessed on 2009 Apr 7].
2. Garg R. Ragging: A public health problem in India. *Indian J Med Sci* 2009;63:263-71.
3. Shakya DR, Shyangwa PM, Shakya R, Agrawal CS. Mental and behavioral problems in medical students of a health institute in eastern Nepal. *Asian Journal of Psychiatry*. 2011; 4(1):s61.
4. Shakya DR, Maskey R. Future doctors of Nepal: a study of the attributes. *Health Renaissance*. 2012; 10 (3);192-7.
5. Shyangwa PM, Joshi D, Lal R. Alcohol and other substance use/abuse among junior doctors and medical students in teaching institutes. *JNMA J Nepal Med Assoc*, 2007 Jul-Sep; 46(167):126-9.
6. Kim YS, Leventhal BL, Koh YJ, Boyce WT. Bullying increased suicide risk: Prospective study of Korean adolescents. *Arch Suicide Res* 2009;13:15-30. (abstract) Available at- <http://www.ncbi.nlm.nih.gov/pubmed/19123106?dopt=Abstract>. [Accessed online 12.15.2012].
7. Shakya DR. How intern doctors view 'Mental health and Psychiatry'? Scientific program Abstract book, BPKIHS, 2009.
8. Shakya DR, Lama S. Electro-convulsive therapy (ECT)- In the eyes of nurses of a tertiary care hospital. *Health Renaissance* 2010;8(2):4-8.
9. Shakya DR, Maskey R, Pandey AK, Gautam R. 'Electro-convulsive therapy' in eye of Intern and other non-psychiatrist doctors of BPKIHS. Paper presented in 'Scientific forum meet' of BPKIHS, January 2013.
10. Ahmer S, Yousafzai AW, Bhutto N, Alam S, Sarangzai AK, Iqbal A. Bullying of medical students in Pakistan: A cross-sectional questionnaire survey. *PLoS ONE* 2008;3:e3889.
11. Shakya DR, Pandey AK, Shyangwa PM, Shakya R. Psychiatric morbidity profiles of

- referred Psychiatry OPD patients in a general hospital. *Indian Medical Journal* 2009 Dec; 103(12): 407- 11.
12. Ragging in Indian Universities and Colleges. Coalition to Uproot Ragging from Education (CURE) Estd; 2001. Available from: <http://www.noragging.com/CURE1.pdf>. [last assessed on 2012 December 6].
 13. The menace of ragging in educational institutions and measures to curb it. Report of the Committee constituted by the Hon2 ble Supreme Court of India In SLP No. 24295 of 2006. Available from: <http://www.ugc.ac.in/ragging.pdf>. [last assessed on 2012 May 5].
 14. Twemlow SW, Fonagy P, Sacco F. The bystander role of teachers and students in the social architecture of bullying and violence in schools and communities. *Ann N Y Acad Sci* 2004;1036:215-32.