

Original Article

Ragging: The Psychology and Perspectives of Students from a Medical College in Bangladesh

D Zeba¹, MM Rahman², ATMF Uddin³, MSU Rahman⁴, MN Sarker⁵, MFU Ahmed⁶, R Biswas⁷, N Barai⁸

Abstract:

Medical students have a greater risk of depression than students of other subjects. When ragging is added to an already stressful condition, it severely affects their academic and occupational life. Our objective of the study was to explore the student's perspective on ragging at a government medical college in Bangladesh. This cross-sectional study was carried out in 2022 at Bangabandhu Sheikh Mujib Medical College, Faridpur, Bangladesh. A questionnaire regarding the students' views and experiences of ragging was distributed among the first-to-fifth-year medical students. To encourage honest responses, the complete anonymity of respondents was maintained. Out of 820 students, 748 (91%) participated in the study. Nearly 1 in every 2 students reported being victims of ragging, with a statistically significant gender difference. More than 65% of victims said that they became afraid of the seniors and distanced themselves from them. Indicators of clinical depression were prevalent among the victims. Total 42% of the victims had to seek help from friends or family members, 92% of the students agreed that ragging affects the mental health of juniors, and it should be a punishable crime. The majority (77%) of the students believed that seniors seek revenge by ragging their juniors. Establishing a sense of superiority and gaining influence over political and cultural groups were also influential reasons for ragging. Awareness against ragging, alternative programs for senior-junior respectful interaction, and strict management for the rule breakers should be ensured to discontinue the culture of ragging and to maintain a healthy academic environment.

Keywords: Ragging, Psychology, Medical student, Bangladesh.

Introduction:

Ragging can be defined as any deliberate act by an individual student or group of students which causes physical or psychological stress or trauma to a fresher or

a junior student¹⁻⁵. It is a purposeful violation of the basic human rights and freedoms of the newcomers^{2, 6}.

1. Prof. Dr. Dilruba Zeba, MBBS, DGO, MCPS, FCPS (Obst & Gynae), Professor and Head of the Department of Obstetrics and Gynaecology, Bangabandhu Sheikh Mujib Medical College, Faridpur.
2. Prof. Dr. Md. Mustafizur Rahman, MBBS, MS (Ophthalmology), Principal and Head of the Department of Ophthalmology, Bangabandhu Sheikh Mujib Medical College, Faridpur.
3. Prof. Dr. A.T.M. Farid Uddin, MBBS, M Phil (Pharmacology), Professor and Head of the Department of Pharmacology, Bangabandhu Sheikh Mujib Medical College, Faridpur.
4. Dr. Md. Shafiq-Ur Rahman, MBBS, DLO, Associate Prof. & Head of the Department of Otorhinolaryngology & Head-Neck surgery & Hostel Superintendent of Boy's Hostel, Bangabandhu Sheikh Mujib Medical College, Faridpur.

5. Dr. Mst. Naznin Sarker, MBBS, FCPS (Paediatrics), MD (Paediatric Gastroenterology), Assistant Professor, Department of Paediatrics & Hostel Superintendent of Girl's Hostel, Bangabandhu Sheikh Mujib Medical College, Faridpur.
6. Dr. Mohammad Farid Uddin Ahmed, MBBS, FCPS (Psychiatry), Assistant Professor & Head of the Department of Psychiatry, Bangabandhu Sheikh Mujib Medical College, Faridpur.
7. Dr. Rajib Biswas, MBBS, Study Physician, International Centre for Diarrhoeal Disease Research, Bangladesh.
8. Dr. Nibedita Barai, MBBS, Clinical Assistant, Peoples Diagnostic Centre, Faridpur.

Address of the correspondence:

Prof. Dr. Dilruba Zeba, MBBS, DGO, MCPS, FCPS (Obst & Gynae), Professor and Head of the Department of Obstetrics and Gynaecology, Bangabandhu Sheikh Mujib Medical College, Faridpur, Bangladesh. Phone: +88 01712 090 825, Email: dilruba_zeba@yahoo.com

In the southern region of Asia, including Bangladesh, India, Pakistan, and Sri Lanka, there has been a notable upsurge in ragging in recent years^{7, 8}. A recent ragging episode at a renowned university in Bangladesh that resulted in the murder of a student has enraged the entire

nation^{9, 10}. Nationwide protests were held to ensure justice, and the issue of the hazards of ragging resurfaced with vigor¹¹.

Evidence shows that ragging dates back to the eighth century B.C. among the Ancient Egyptians, Romans, and Greeks^{5, 8, 12}. Ragging was introduced to the Indian subcontinent by the British Empire and practiced in the army and English public schools^{6, 7}. However, ragging became more common in engineering and medical schools in the 1980s and 1990s with little trace of its original form^{1-3, 6, 13-15}.

Nowadays, ragging can range from a simple dress code to verbal and physical abuse¹⁶. Depending on the definition of ragging used, 42% to 91% of medical students encounter some form of ragging during their educational years^{3, 14, 17, 18}. Adjusting to a new environment as a freshman is usually stressful, especially for those moving away from home to live in dormitories^{1, 19}. On the other hand, medical students have a greater risk of depression and anxiety than students of other subjects due to the vast medical curriculum and examination system²⁰⁻²⁵. When ragging is added to an already stressful circumstance, the joy, and excitement of being admitted to the medical college after years of rigorous study and competitive admission examination are replaced by fear and anxiety^{2, 19}. Nevertheless, the effects of ragging on freshmen range from stress, anxiety, and depression to complete mental breakdown and suicidal thoughts^{1, 8, 9, 14, 20, 26-28}.

However, in order to entirely eliminate ragging, we must first understand how medical students in Bangladesh perceive it, a topic on which we have little to no previous research. Our objective of the study was to understand the student's perspective on ragging at a renowned medical college in Bangladesh. Understanding the victim's psychology and the students' perspectives on ragging can aid in the implementation of more effective anti-ragging measures, hence reducing depression and anxiety among the 1st year medical students. In Bangladesh, no such study among medical students has yet been conducted. As the study includes all first- to fifth-year medical students, these findings can also be relevant to other similar institutions in Bangladesh.

Materials and Methods:

This cross-sectional study was carried out in 2022 at Bangabandhu Sheikh Mujib Medical College (BSMMC), Faridpur, Bangladesh, among first-year to

fifth-year medical students. BSMMC is one of the prestigious government medical colleges of Bangladesh, established in 1992, which admits 180 students annually from all socioeconomic and demographic classes based on their admission test merit position. Accommodation is provided for all students in the dormitories on campus.

For the study, a semi-structured, pretested questionnaire was developed. The questionnaire included eight questions and five sub-questions about the students' views, experiences, and perceptions of ragging. There were sections for writing remarks. Just prior to the admission of the new 1st year, the questionnaire was distributed to students of second year to fifth years. After the admission of the new students, they were included in the study, and the same questionnaire was distributed to them one month after their admission on 01 August 2022. The questionnaire was in English because that was their language of education at the medical college. Before distributing the questionnaire to all students, the procedure for participation in the study was discussed. After completing the questionnaire, an anti-ragging session was arranged among the students. To reduce the chances of bias and encourage honest responses, all responses were collected on the same day the questionnaire was distributed and the complete anonymity of respondents was maintained.

Out of 820 students in 2022 from 1st year to 5th year, 748 participated in the study. The study was approved by the ethical review committee of BSMMC. The qualitative data were coded and categorized for emerging issues. All data were cleaned and analyzed using SPSS Version 21.0. Results are presented as numbers and percentages. The Fisher exact test was used to compare categorical variables and a p-value <0.05 was considered statistically significant.

Results:

Among the 820 total students, 748 (91%) participated in the study. Of the 748 students, 335 (44.8%) students reported being a victim of ragging from mild to the severe form. Table I shows that in the second and third years, more male students than females reported being victims of ragging. On the contrary, more than half of the female students in the 4th and 5th years reported being victims of ragging. Only 1.1% of female and 5.2% of male first-year students reported being victims of ragging during their first month of medical college. In every instance, male and female differences were statistically significant.

Table I: Comparison of reported victims of ragging by gender and academic year (n = 748)

Year	Have you ever been a victim of ragging?				No comment		p-value*
	Yes Female	Male	No Female	Male	Female	Male	
2nd year (n=166)	9 (5.4%)	31 (18.7%)	84 (50.6%)	39 (23.5%)	2 (1.2%)	1 (0.6%)	<0.01
3rd year (n=137)	15 (10.9%)	56 (40.9%)	37 (27%)	27 (19.7%)	1 (0.7%)	1 (0.7%)	<0.01
4th year (n=152)	77 (50.7%)	38 (25%)	14 (9.2%)	17 (11.2%)	3 (2%)	3 (2%)	0.036
5th year (n=117)	63 (53.8%)	35 (29.9%)	1 (0.9%)	13 (11.1%)	2 (1.7%)	3 (2.6%)	<0.01
1st year (n=176)	2 (1.1%)	9 (5.2%)	100 (57.5%)	56 (32.2%)	1 (0.6%)	8 (1.4%)	<0.01
Total	166 (22.2%)	169 (22.6%)	236 (31.6%)	152 (20.3%)	9 (1.2%)	16 (2.1%)	<0.01

* P value was calculated using Fisher Exact Test

Of the 324 (2nd-5th year) students who were victims of ragging, 181 (55.7%) experienced mental ragging, 135 (41.7%) experienced both physical and mental ragging, and 7 (2.2%) encountered physical ragging. Of them, 136 (42%) sought help after being ragged. The most prevalent detrimental physical or mental health effects identified by the students were fear or distance from the seniors and unpleasant memories (65.4% and 64.4%,

respectively). Three of the students experienced an immediate health risk, including acute panic attacks and unconsciousness. The majority (11, 6.3%) of the first-year students who experienced ragging reported mental ragging; seven (63.3%) of them sought no support, but six (85.7%) sought help primarily from family members (Table II).

Table II: Type, help-seeking attitude, and physical or mental health consequences of being ragged*.

Queries	2 nd to 5 th year n (%)	1st year n (%)
What type of ragging have you faced?		
N	324	11
Mental	181 (55.9%)	10 (90.9%)
Both physical and mental	135 (41.7%)	0
Physical	7 (2.2%)	0
No comment	1 (0.3%)	1 (9.1%)
Did you seek any help?		
N	324	11
No	188 (58.0%)	7 (63.3%)
Yes	136 (42.0%)	4 (36.7%)
From where did you seek help?		
N	136	7
Friends	73 (53.7%)	5 (71.4%)
Family	52 (38.2%)	6 (85.7%)
Teachers	39 (28.7%)	3 (42.9%)
Legal personals	13 (9.6%)	0
Seniors	1 (0.7%)	0

What adverse physical/ mental health consequences did you have?	N	
Scared of/ distance from the seniors	212 (65.4%)	8 (72.7%)
Unpleasant memories	210 (64.8%)	7 (63.6%)
Anxiousness	142 (43.8%)	5 (45.5%)
Tendency to avoid social activities	140 (43.2%)	3 (27.3%)
Lack of self-confidence	119 (36.7%)	5 (45.5%)
Reduced interest in studies	111 (34.3%)	6 (54.4%)
Irritability /outbursts of anger	111 (34.3%)	1 (9.1%)
Feeling lonely	105 (32.4%)	4 (36.4%)
Insomnia	71 (21.9%)	1 (9.1%)
Nightmares	48 (14.8%)	2 (18.2%)
Absence from classes	40 (12.3%)	0
Serious immediate health hazards including acute panic attacks and unconsciousness	3 (0.9%)	0
No impact	19 (5.9%)	0

*The percentage is greater than 100 since some students provided several responses to different questions. Not all of the students answered all of the questions; therefore, n is distinct for each variable.

The majority of 2nd - 5th year and 1st-year students (65.7% and 64.9%, respectively) believe that ragging has no positive aspects, whereas 32.2% and 27.6% of 2nd - 5th year and 1st-year students, respectively, believe that ragging has both positive and negative

sides. However, nearly all of the students (91.8% and 92% from 2nd - 5th year and 1st year respectively) agreed that ragging affects the mental health of juniors, and 92.7% from 2nd - 5th year and 89.7% from 1st year agreed that ragging is a punishable crime (Table III).

Table III: Different sides of ragging, its effect on mental health, and whether ragging is a punishable crime.

Queries	2 nd - 5 th year (n= 572)	1 st year (n = 174)
Do you think there is any positive side of ragging?		
No	376 (65.7%)	113 (64.9%)
Both positive and negative	184 (32.2%)	48 (27.6%)
Yes	10 (1.7%)	5 (2.9%)
No comment	2 (0.3%)	8 (4.6%)
Do you think ragging affects the mental health of your juniors?		
Yes,	525 (91.8%)	160 (92.0%)
No	28 (4.9%)	4 (2.3%)
No comment	19 (3.3%)	10 (5.7%)
Do you think ragging is a punishable crime?		
Yes,	530 (92.7%)	156 (89.7%)
No	36 (6.3%)	9 (5.2%)
No comment	6 (1.0%)	9 (5.2%)

Table IV presents the perceptions of students on the negative and positive aspects of ragging and the causes of ragging by seniors. The majority (87.7%) of the 560 second-through-fifth-year students who reported negative aspects of ragging mentioned harassment, frustration, and humiliation, which was nearly identical to the perception of first-year students (86.6%). Only

194 (33.9%) from the 2nd - 5th year and 52 (29.9%) from the 1st year cited different positive aspects of ragging, with the majority stating that newcomers learn the institute's rules and regulations (77.8% and 76.9% for the 2nd - 5th year and 1st year, respectively). According to the majority of the students, seniors sought revenge by ragging their juniors.

Table IV: Students' perception of the negative, and positive sides and the reasons for ragging by the seniors.

Queries	2 nd - 5 th year	1 st year
What are the negative sides of ragging?		
N	560	155
Harassment/ frustration/ humiliating	491 (87.7%)	134 (86.5%)
Mental stress, depression, mental breakdown, and suicidal thoughts	461 (82.3%)	133 (85.8%)
Quarrel/ grouping and sub-grouping	333 (59.5%)	67 (43.2%)
Abuse	328 (58.6%)	74 (47.7%)
Uncivilized manner	326 (58.2%)	52 (33.5%)
Vulgarity	283 (50.5%)	63 (40.6%)
Health hazard	245 (43.8%)	1 (0.6%)
What are the positive sides of ragging?		
N	194	52
Newcomers get to know about the rules and regulations of the institute	151 (77.8%)	40 (76.9%)
Juniors learn to respect the seniors	135 (69.6%)	29 (55.8%)
Facilitate socialization/ introduction	101 (52.1%)	17 (32.7%)
Enhance adjustment	61 (31.4%)	8 (15.4%)
Builds unity among classmates	58 (29.9%)	9 (17.3%)
Increases tolerability	47 (24.2%)	14 (26.9%)
Source of entertainment	30 (15.5%)	3 (5.8%)
Creates pleasant memory	15 (7.7%)	2 (3.8%)
In your opinion, why do seniors rag the juniors?		
N	572	163
Seniors were ragged, so also does the same to their juniors to seek vengeance	453 (79.2%)	122 (74.8%)
To establish a sense of superiority	366 (64.0%)	89 (54.6%)
To gain control over political and cultural groups and subgroups	321(56.1%)	78 (47.9%)
An introductory meeting with the freshmen	189 (33.0%)	27 (16.6%)
So that the seniors and freshmen can get to know one another	133 (23.3%)	25 (15.3%)
Get inspired by hearing actual incidences about how other students (in and out of college) have been ragged	128 (22.4%)	21 (12.9%)
Gets inspired by stories and movies	99 (17.3%)	24 (14.7%)
Manifestation of childhood psychological trauma (from family or educational institution)	90 (15.7%)	26 (16.0%)
Ragging is enjoyable and entertaining	75 (13.1%)	11 (6.7%)
Thinking that being ragged enhances interactional skills	54 (9.4%)	9 (5.5%)

Discussion:

Ragging is a major problem in the educational system that hampers the progress and development of the students^{3, 29}.

The aim of our study was to explore the different aspects of ragging from the students' perspectives. Total 748(91%) of the current students from the first-to-fifth year in 2022 participated in our study. About 45% of students in our study have experienced some sort of ragging. More than 6% of students reported being victims of ragging during the first month of their admission. According to a 2021 survey conducted in Bangladesh by Akter et al., 85.2% of students observed ragging on campus⁴. Studies from nearby South Asian countries indicate a high prevalence of ragging, such as 82% in a 2012 Pakistani study^{3, 14} and 59% in a Sri Lankan study in 2022³⁰.

We found no significant difference in students' perceptions of ragging based on their academic year. Although the majority of second-to-fifth-year students reported experiencing mental ragging, more than 40% reported experiencing both mental and physical ragging, which is significant because it means that ragging has evolved to encompass physical torture. The difference between the number of male and female victims was statistically significant throughout all academic years.

The myth that ragging breaks the ice between seniors and juniors is debunked by the majority of victims' statements that they were afraid of seniors and distanced themselves from them after being ragged. The victims commonly experienced anxiety, a desire to avoid social events, a lack of self-confidence, reduced interest in studies, irritability or outbursts of anger, and feelings of loneliness. These are some cognitive indicators of clinical depression which is alarming⁹. A higher incidence of ragging among medical students has been linked to elevated levels of depressive symptoms in college and later in their professional careers^{4, 8, 20}. In a 2012 study conducted in Nepal, Shakya et al. found that ragging was one of the top three perceived stressors among medical students^{3, 31}. Alarmingly, three students in our study reported experiencing major health risks, such as panic attacks and unconsciousness.

The majority of second-to-fifth-year students sought peer support, whereas only a minority sought institutional help and support. In contrast, the majority of new students (63%) sought support from family members, as they were more likely to do so during their first month in a completely new environment with unfamiliar faces. Fear of seeming weak in front of peers,

isolation from all sociocultural activities, and a lack of trust in the system may impact help-seeking behavior and lead to an underreporting of the incident to the formal authorities^{2, 19, 20, 30, 32}.

Approximately two-thirds (65%) of students believe that ragging has no good aspects. Few who believe that ragging has positive sides believe that newcomers learn the institute's rules and regulations. However, all of those seeming advantages can also be obtained through activities other than rags. According to the students, seniors rag their juniors out of retaliation for having been treated similarly in the past. Establishing a sense of superiority and gaining influence over political and cultural groups and subgroups were also significant causes.

Regardless of the motivation behind ragging, nearly all of the students in this study believe that ragging significantly impacts the mental health of juniors and is a punishable offense similar to a study done by Nallapuet al.¹. Eliminating ragging is absolutely necessary for the establishment of a proper academic environment.

Several roles can be played to prevent ragging, including Zero-Tolerance for ragging, formation of an anti-ragging committee, supervision of medical hostels, arranging alternative activities for senior-junior interaction, media awareness, workshops or sessions for raising awareness of ragging hazards, seniors counseling, and others⁷. Also, ragging should not be a culture of the institute and there is no way to justify it. Against such violations, strict management must be implemented. Ensuring a respectful space without discrimination and victimization is essential for medical students to ensure their proper mental health and development³.

Strength and Limitations:

The strength of the study is a large sample size, and more than 90% of the students from all academic years both male and female of the medical college participated in the study. The findings here can be representative of all other public medical colleges in Bangladesh. Single-day questionnaire response collection eliminates the chances of bias and influences.

Although every attempt has been made to preserve complete anonymity, there is a possibility of underreporting of the prevalence of ragging, particularly among first-year students due to fear of extended ragging for ill speaking about the seniors.

Conclusion:

Ragging is a socio-legal issue and has a long-standing psychological negative impact. Simply because seniors were ragged, the juniors should not be a victim of ragging and we have broken this cycle. Awareness against ragging, alternative programs for respectful senior-junior interaction, and strict management for rule breakers should be ensured to maintain a healthy academic environment for newcomers and protect students from depression and other psychological illnesses in their academic and professional lives.

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Reference:

- Nallapu SS. Students perceptions and feedback on ragging in a south indian medical college. *South East Asian Journal of Medical Education*. 2013;7(2):33.
- Wickramasinghe A, Axemo P, Essén B, Trenholm J. Ragging as an expression of power in a deeply divided society; a qualitative study on students perceptions on the phenomenon of ragging at a Sri Lankan university. *PLoS one*. 2022;17(7):e0271087.
- Shakya D, Maskey R. 'Ragging': What the medical students of a health institute from Eastern Nepal say? *Sunsari Technical College Journal*. 2012;1(1):27-32.
- Akter R, Sadaka TR. Ragging among University Students in Bangladesh: Sex Differences, Psychological Concomitants, and Political Motives. 2021.
- Garg R. Ragging: A public health problem in India. *Indian journal of medical sciences*. 2009;63(6):263-71.
- Shinde V. The Menace of Ragging in Educational Institutes: A Human Right Perspective. *International Journal of Advanced Research and Development*. 2017;2(6):664-67.
- Taseen S, Shah SMA, Abbas M, Gafooli FMA, Hamid K, Rabbani A. Ragging: A Harmless Tradition or Menace? Perspective of Newly Admitted Medical Students of Karachi, Pakistan. 2021;17(8):123.
- Wajahat A. Harassment due to ragging. *Procedia-Social and Behavioral Sciences*. 2014;113:129-33.
- Bhuiyan MAH, Griffiths MD, Mamun MA. Depression literacy among Bangladeshi pre-university students: Differences based on gender, educational attainment, depression, and anxiety. *Asian journal of psychiatry*. 2020;50.
- BBC. AbrarFahad: Killing of Bangladesh student triggers protests. *BBC News*. 2019 [Published: 2019/10/08; Cited: 2022/09/30]. Available from: <https://www.bbc.com/news/world-asia-49979097>.
- TBS. The killing that sparked countrywide protest against ragging culture. *The Business Standard*. 2021 [Published: 2021/12/08; Cited: 2022/09/30]. Available from: <https://www.tbsnews.net/bangladesh/killing-sparked-countrywide-protest-against-ragging-culture-340498>.
- Lekamwasam S, Rodrigo M, Wickramathilake M, Wijesinghe C, Wijerathne G, De Silva A, et al. Preventing ragging: outcome of an integrated programme in a medical faculty in Sri Lanka. *Indian J Med Ethics*. 2015;12(4):227-30.
- Pai SA, Chandra PS. Ragging: human rights abuse tolerated by the authorities. *Indian journal of medical ethics*. 2009;6(2):60-1.
- 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(12):e3889.
- Raghavan R, Dhande S, Agarwal A, Prasad R, Krishnamurthy C, Sathikh S, et al. The Menace of Ragging In educational Institutions and measures to curb it: Report of the Committee constituted by the Hon'ble Supreme Court of India In SLP No. 24295 of 2006.
- Chopra M. Ragging In Educational Institutes: A Human Rights Perspective. Retrieved on. 2009;15.
- Frank E, Carrera JS, Stratton T, Bickel J, Nora LM. Experiences of belittlement and harassment and their correlates among medical students in the United States: longitudinal survey. *bmj*. 2006;333(7570):682.
- Maida AM, Vásquez A, Herskovic V, Calderón JL, Jacard M, Pereira A, et al. A report on student abuse during medical training. *Medical teacher*. 2003;25(5):497-501.
- Shareef MA, Alamodi AA, Abu-Dawas RB, Anwer LA. Losing lives to the peril of ragging. *International Journal of Adolescent Medicine and Health*. 2015;27(1):105-105.
- Castaldelli-Maia JM, Martins SS, Bhugra D, Machado MP, De Andrade AG, Alexandrino-Silva C, et al. Does ragging play a role in medical student depression—cause or effect? *Journal of Affective Disorders*. 2012;139(3):291-7.
- Dahlin M, Joneborg N, Runeson B. Stress and depression among medical students: A cross-sectional study. *Medical education*. 2005;39(6):594-604.

22. Levine RE, Litwins SD, Frye AW. An evaluation of depressed mood in two classes of medical students. *Academic Psychiatry*. 2006;30(3):235-7.
23. Clark DC, Zeldow PB. Vicissitudes of depressed mood during four years of medical school. *Jama*. 1988;260(17):2521-8.
24. Dyrbye LN, Thomas MR, Huntington JL, Lawson KL, Novotny PJ, Sloan JA, et al. Personal life events and medical student burnout: a multicenter study. *Academic Medicine*. 2006;81(4):374-84.
25. Smith CK, Peterson DF, Degenhardt BF, Johnson JC. Depression, anxiety, and perceived hassles among entering medical students. *Psychology, health & medicine*. 2007;12(1):31-9.
26. Sheehan KH, Sheehan DV, White K, Leibowitz A, Baldwin DC. A pilot study of medical student 'abuse': student perceptions of mistreatment and misconduct in medical school. *Jama*. 1990;263(4):533-7.
27. Mamun MA, Hossain M, Griffiths MD. Mental health problems and associated predictors among Bangladeshi students. *International Journal of Mental Health and Addiction*. 2019;20:657-71.
28. Murshid NS. Bullying victimization and mental health outcomes of adolescents in Myanmar, Pakistan, and Sri Lanka. *Children and Youth Services Review*. 2017;76:163-9.
29. Kim YS, Leventhal BL, Koh Y-J, Boyce WT. Bullying increased suicide risk: prospective study of Korean adolescents. *Archives of suicide research*. 2009;13(1):15-30.
30. Wickramasinghe A, Essén B, Ziaei S, Surenthirakumaran R, Axemo P. Ragging, a Form of University Violence in Sri Lanka—Prevalence, Self-Perceived Health Consequences, Help-Seeking Behavior and Associated Factors. *International journal of environmental research and public health*. 2022;19(14):8383.
31. Shakya D, Shyangwa P, Shakya R, Agrawal C. Mental and Behavioral Problems in Medical Students of a Health Institute in Eastern Nepal. *Asian Journal of Psychiatry*. 2011(4):S61.
32. Hoover NC, Pollard NJ. Initiation Rites in American High Schools: A National Survey. Final Report. 2000.