

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/281552924>

# Preventing ragging: outcome of an integrated programme in a medical faculty in Sri Lanka

Article in *Indian Journal of Medical Ethics* · August 2015

DOI: 10.20529/IJME.2015.059

CITATIONS

4

READS

853

9 authors, including:



**Sarath Lekamwasam**  
University of Ruhuna

232 PUBLICATIONS 1,748 CITATIONS

[SEE PROFILE](#)



**Chandima Wickramatilake**  
University of Ruhuna

68 PUBLICATIONS 71 CITATIONS

[SEE PROFILE](#)



**Champa J Wijesinghe**  
University of Ruhuna

89 PUBLICATIONS 187 CITATIONS

[SEE PROFILE](#)



**Aruna De Silva**  
University of Ruhuna

30 PUBLICATIONS 19 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:



Effect of bisphosphonates and vitamin D supplement on bone turnover markers (BTMs) in women with postmenopausal osteoporosis and a high fracture risk; a randomized controlled trial [View project](#)



Health characteristics of inmates in Galle prison [View project](#)

COMMENT

# Preventing ragging: outcome of an integrated programme in a medical faculty in Sri Lanka

**SARATH LEKAMWASAM, MAHINDA RODRIGO, MADHU WICKRAMATHILAKE, CHAMPA WIJESINGHE, GAYA WIJERATHNE, ARUNA DE SILVA, MAYURI NAPAGODA, ANOJA ATTANAYAKE, CLIFFORD PERERA**

## Abstract

*Ragging is prevalent in higher educational institutes in Sri Lanka and the deaths of some new entrants in the past have been directly linked to physical and emotional torture caused by cruel acts of ragging. Although there are general anti-ragging rules in place, the effectiveness of these measures is unknown. We developed an action plan to prevent ragging by integrating the views of the major stakeholders, implemented the plan and assessed its success. This article highlights the action plan and its success in a medical faculty in southern Sri Lanka.*

## Introduction

The harassment of new entrants in higher educational institutes has become a menace and creates difficulties for administrators as well as academics. Incidents of ragging, when reported in the media, sully the reputation of such institutes and may hinder their progress.

Ragging refers to forms of mental, physical or sexual harassment or torture perpetrated by a group of senior students or residents on new entrants or recruits in an institute. Ragging is not new and dates back to the 8th century BC (1). The diversity of synonyms for ragging indicates that it is geographically widespread (1). Ragging can take many forms and the extreme forms can lead to psychological problems (2), physical damage, loss of bodily functions and loss of life (1). It can go beyond educational institutes to workplaces (3). A Pakistani study that gathered information from final year students in six medical schools found that 52% of the respondents had undergone some form of harassment during their training (4). Ragging is not uncommon in

higher educational institutes in Sri Lanka. According to a study involving dental students in a Sri Lankan university, conducted in 2008, 50% of the students had faced some form of harassment. The harassment was mostly verbal or emotional, but 18% of the respondents reported abuse of a sexual nature (5). In addition, sporadic cases of death among new entrants to higher education institutes have been linked to severe forms of physical and emotional ragging. Although no proper evaluation of ragging in Sri Lankan higher education institutes has been carried out, reviews have extensively discussed the evolution of ragging, gravity of the problem, plausible aetiological factors and preventive measures (6, 7).

Ragging raises numerous issues, most of which are connected with ethics and human rights. All citizens are free to express themselves and engage in their work without fear or hindrance. The Constitution of the Democratic Socialist Republic of Sri Lanka safeguards the human rights of all citizens. Any citizen subject to a civil or criminal offence, human rights violation or infringement can seek the protection of and justice from the relevant legal establishments specified in the Constitution. The human rights of university students, as citizens of the country, are adequately protected. The government further strengthened the legal framework by introducing a special Act related to ragging and other forms of violence in educational institutes in 1998.

Many steps have been advocated to combat ragging. These include raising awareness among students and teachers, and involving different segments in the processes of the prevention and monitoring of ragging (1). Further, administrators generally follow an approach of "zero tolerance" with respect to ragging. How far these general measures have worked, however, is unknown and we were unable to find reliable evidence of the success of any of the suggested interventions.

In the past, we have adopted many measures to combat ragging in our institution. These included raising awareness among the students and staff at the time of admission of new students, encouraging reporting of incidents of ragging and taking prompt punitive action against those found guilty. The measures we followed failed, probably because they were not integrated into a single action plan and were executed as isolated components. Further, punitive action could not be taken against those accused due to the lack of solid evidence. New entrants, who are already under stress and pressure, do

Authors: **Faculty of Medicine, University of Ruhuna**, Galle, SRI LANKA - Sarath Lekamwasam (corresponding author - slekamwasam@gmail.com), Dean, Mahinda Rodrigo (mahindarodrigo@yahoo.co.uk), Student Counselor, Madhu Wickramathilake (chandimadhu@live.com), Student Counselor, Champa Wijesinghe (champawijesinghe@yahoo.com), Student Counselor, Gaya Wijerathne (gayabw@yahoo.co.uk) Student Counselor, Aruna de Silva (arunamh@yahoo.com), Student Counselor, Mayuri Napagoda (mayurinapagoda@yahoo.com), Student Counselor, Anoja Attanayake (anoja715@yahoo.com), Student Counselor, Clifford Perera (clifford.perera@gmail.com), Deputy Proctor.

To cite: Lekamwasam S, Rodrigo M, Wickramathilake M, Wijesinghe C, Wijerathne G, de Silva A, Napagoda M, Attanayake A, Perera C. Preventing ragging: outcome of an integrated programme in a medical faculty in Sri Lanka. *Indian J Med Ethics*. Published online on August 30, 2015.

@ Indian Journal of Medical Ethics 2015

not admit the fact that they were ragged because they fear that this will result in further violence against them.

At the end of 2014, soon after the 2015 admissions were announced, we introduced a programme with the goal of eliminating ragging from the faculty of medicine, University of Ruhuna in southern Sri Lanka, within the next two years. Each year, following the entry of new students, we receive reports of sporadic incidents of ragging, mostly verbal and few physical in nature. The annual intake of the faculty is around 160 and there are nearly 800 students on the premises at a given time. All students are provided with hostel accommodation in the faculty premises and are under the supervision of sub-wardens. In addition, they are supervised by two wardens selected from the academic staff and eight student counsellors. The initial two weeks after the admission of new students are considered the introductory or orientation period, which ends with a social event. It is during these two initial weeks that ragging occurs and following the social event, the new students are no longer vulnerable.

We considered making an action plan by integrating several steps that have been recommended to curb ragging. The steps were incorporated into one action plan on the assumption that they would be complementary to each other. We discarded or gave less priority to previously failed methods, and tried to identify and assess the effectiveness of new approaches.

### Action plan

*Pre-entry planning:* The plan was made approximately two months before the entry of new students. A brainstorming session, in which the student counsellors participated, was held to assess the merits and demerits of the current anti-ragging mechanisms and also, to identify new strategies to be incorporated into the new anti-ragging plan. The key stakeholders, who were likely to have a significant impact on the students' behaviour and attitudes, were identified. These were the senior students (especially those who were immediately senior to the new students), academics, alumni of the faculty, clinical teachers attached to training hospitals, parents of the new students and security officers. In contrast to the previous years, the new groups included were the clinical teachers, alumni of the faculty and parents of the new students. They were identified as critical stakeholders for different reasons. Students have respect and an element of fear of clinical teachers, especially those involved in evaluations, as they make a significant contribution to their exit examination. We considered including a selected group of parents of the new students as they could be used as a link with the general public. Maintaining a link with the general public was felt to be an important step since in the past, students had tried to mislead the public and rally the members of the public against the authorities when senior students were punished for direct involvement in ragging.

After several rounds of discussion with members of the groups mentioned above, an action plan was developed. While developing the integrated plan, the members were free to express their views. The plan covered hostels and their vicinity,

classrooms and canteens. The same team exercised vigilance both over boys and girls, but in the hostels, girls were placed under the supervision of the female staff. We agreed to define incidents of ragging in operational terms for the purpose of recording and reporting. A consensus agreement was reached in this regard to consider the scenarios or incidents described below as acts of ragging. This was necessary because in the past, new students have denied the fact that they have been ragged even if they have been put through episodes of significant ragging. This denial has made it impossible for the authorities to take punitive action against senior students.

#### *Incidents of ragging defined in operational terms*

- 1) Finding a senior student in the premises reserved for the new entrants after 8 pm.
- 2) Finding a new entrant in the premises reserved for senior students after 8 pm.
- 3) Finding a new entrant performing an unusual act in the presence of a senior student
- 4) Finding new entrants in an unusual or inappropriate attire or style

A time limit of 8 pm was selected as most ragging incidents in the past were reported in the late hours. Also, this plan covered the initial period of two weeks, which is considered the orientation period for new entrants in our faculty. Senior students were detailed on the plan and asked to involve themselves in the programme and monitor its success. Under the plan, the senior students were allowed to mix with the new entrants up to an agreed time, with the participation of members of the monitoring committee. The activities organised by the students included religious ceremonies, social activities, sport events and introduction to various student circles/societies. These events were organised by the students immediately senior to the new entrants and the Medical Students' Union.

The second level of monitoring was organised by the authorities. This was considered necessary as the effectiveness and reliability of the student-led programme was uncertain. It included direct supervision of all the activities of the students and sporadic visits to the hostels, especially at night. Security personnel were positioned in critical areas and asked to maintain a constant vigil.

During the monitoring period, information was gathered in two ways. The behaviour of the new students and their active participation in academic activities were observed directly. All academics were asked to be sensitive to these aspects and requested to assess whether the new entrants were under stress or in fear due to some reason. Regular contacts were made with the parents of the new students to gather information. Additional information came in through the routine reports of the security staff on duty, as well as the sub-wardens and wardens of the hostels. All the stakeholders in the monitoring committee, including the parents of the new students and clinical teachers, remained extremely alert and vigilant during this period.

## Success of the programme

A total of 162 students (160 local and two foreign qualified students) were admitted in 2015. The vigilance committee included the Dean of the Faculty, eight student counsellors, deputy proctor, six students from the senior batches, two representatives from the Students' Union, two members of the clinical staff, two alumni, the parents of the newly admitted students, two academic wardens and two sub-wardens, and five security personnel. In addition, all academics and the entire security division were involved in monitoring. Supervision was maintained throughout the day, from the first day until the social event which was held at the end of two weeks. The security officers and two sub-wardens were in charge of night-time supervision, with academic members in the team making sporadic unscheduled visits.

No untoward incidents were reported during the observation period of two weeks and the final social event, which marks the end of the 'novice' period. The new entrants were free to be as they wished, whether in their hostels or outside and faced the English assessment test at the end of two weeks. At the social event, they were indistinguishable from the senior students in terms of attire and behaviour. No adverse reports were received from the security personnel, sub-wardens or wardens of the hostels.

The success of the programme was mostly due to the honest and dedicated efforts of the senior students who had organised it. They did not deviate from the programme, except in a few situations which were beyond their control. The students realised that only they could stop ragging and the authorities could only minimise or control it. The strict supervision maintained by the staff and others also helped. We feel that students should be in the forefront if ragging is to be abolished from institutes of higher education. They need to be educated and convinced that there should be no place for the deplorable practice of ragging. If they do not come forward to help curb ragging, regular dialogues should be held between them and the authorities so as to convince them. The public and alumni could be involved in these discussions.

There is no uniform view that new and senior students should be separated during the initial orientation programme (8). Although they could be allowed to mix under the supervision of the staff and security personnel during the daytime, we found that it was easier to manage the situation during the night, when they were housed in separate areas of the hostel.

Further, it is important to develop an integrated plan well before the new students join the institute, and all stakeholders should be involved in the discussions from the beginning. We found that the involvement of the new stakeholders, such as the alumni, parents and clinical staff, was effective and had a significant impact on the behaviour and attitudes of the senior students. They constituted a powerful group and the students could not ignore them.

We believe that the outcome of a programme of this nature can be ascertained in two ways. Apart from direct reports of incidents related to ragging, the behaviour of the students would provide an indirect measure of the success of the programme. When the living and learning environment is freed of obstacles, the new students display normal behaviour. Their active participation in the academic programme, too, could be used to judge the success of the programme. New entrants should behave freely and be dressed as they wish all the time. Their preparedness to engage in the academic programme should also be assessed. When under stress, students are generally under-prepared for academic work. It is always useful to have indirect channels to gather information. We communicated regularly with the parents of the new students to get their feedback.

The views expressed here are of limited value, considering that this report documents only our experience with one batch of entrants. We cannot say with any certainty that the same plan would work in the future. The improvement in the behaviour of the senior students could be a result of secular changes in society or the student population.

In conclusion, we suggest that ragging in higher educational institutes can be prevented if all stakeholders get together and devise a plan that integrates different steps, execute it and monitor it constantly during the critical period. The senior students should be in the forefront of this activity as only they can prevent ragging. The others should be constantly vigilant to monitor the progress of the programme.

**Acknowledgements:** *We would like to thank all the senior students, including committee members of the Medical Students' Union, who participated in the programme. We are also grateful to the members of the clinical staff, sub-wardens, wardens, alumni and parents of the new entrants for their involvement in the anti-ragging programme.*

## References

1. Garg R. Ragging: a public health problem in India. *Indian J Med Sci.* 2009;63:263-71.
2. Castaldelli-Maia JM, Martins SS, Bhugra D, Machado MP, Andrade AG, Alexandrino-Silva C, Baldassin S, de Toledo Ferraz Alves TC. Does ragging play a role in medical student depression – cause or effect? *J Affect Disord.* 2012 Aug;139(3):291-7.
3. Johnson SL, Rea RE. Workplace bullying: concerns for nurse leaders. *J Nurs Adm.* 2009;39: 84-90.
4. 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.
5. Premadasa IG, Wanigasooriya NC, Thalib L, Ellepola AN. Harassment of newly admitted undergraduates by senior students in a Faculty of Dentistry in Sri Lanka. *Med Teach.* 2011;33(10):e556-63.
6. Fonseka N. Ragging in our universities: a symptom or a disease? *Groundviews.org* [Internet]. 2009 Nov 30 [cited 2015 Jul 6]. Available from: <http://groundviews.org/2009/11/30/ragging-in-our-universities-a-symptom-or-a-disease/>
7. Hennayake SK. The fundamental threat to Sri Lankan University education. *Asian Tribune* [Internet]. 2008 Nov 20 [cited 2015 Jul 6]. Available from: <http://www.asiantribune.com/?q=node/14294>
8. Sharma V, Aggarwal S. Ragging: a public health problem. *Indian J Med Sci.* 2009;63:561.