

# INTERNATIONAL JOURNAL FOR LEGAL RESEARCH AND ANALYSIS



Open Access, Refereed Journal Multi Disciplinary  
Peer Reviewed

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ISSN

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# **FROM INITIATION TO ISOLATION: RAGGING AND MENTAL HEALTH IN INDIAN MEDICAL COLLEGES**

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## **Abstract**

This article is about how medical students are suffering mental health problems due to toxic ragging behavior in medical colleges across India. Despite the University Grants Commission (UGC) banning ragging in all forms under its Prohibition of Ragging Act (2009), it still takes place in medical colleges under the guise of fostering students with 'personality development programs' or 'introduction sessions' where juniors are coerced to obey the arbitrary demands of seniors, perpetuating hierarchical harassment. Despite the legal framework and the University Grants Commission's Prohibition of Ragging Act (2009), ragging is still normalized in medical colleges, leading to alienation and trauma for students, as the University Grants Commission's Anti-Ragging Cell received 222 complaints from 700 medical colleges in the academic year 2024. This article argues that ragging, whether mild or extreme, should not be tolerated, that this toxic culture of ragging should end, and that action should be taken to protect the well-being of medical students.

**Key Words:** Medical Students, Mental Health Problems, Toxic Ragging Behavior, University Grants Commission (UGC), Prohibition of Ragging Act (2009), Personality Development Programs, Hierarchical Harassment.

## **1. INTRODUCTION to the “Initiation” Paradox**

The term 'ragging,' according to the University Grants Commission regulations 2009, includes any verbal, physical, or psychological act that humiliates or coerces students, especially first-year students, to perform tasks ranging from menial chores to obscene acts. In Indian medical colleges, ragging is often rationalized as “initiation” that forges a relationship between seniors and juniors, but sadly, ragging has devolved into systematic abuse. “Initiation” has become a paradox as students suffer in various ways, like depression, post-traumatic stress disorder (PTSD), anxiety, and even suicidal thoughts in some cases. This happens because they experience humiliation and isolation in their formative years when they are about to start their

medical careers. This is in stark contrast to the ethos of an institution that is supposed to nurture healers.

## **2. Prevalence of Ragging in Indian Medical Colleges**

Medical colleges, burdened by competition with tough academics, can become an environment where ragging and bullying become more prevalent. In academic year 2024 alone, the College Grants Commission's Anti-Ragging Cell received 222 complaints from 700 medical colleges. Lethal outcomes are highlighted by grim events, such as the death of eighteen-year-old MBBS student Anil Methaniya in GMERS Medical College in Patan, Gujarat, who allegedly died due to severe ragging, carried out by fifteen second-year seniors. On November 16th, 2024, the seniors forced Methaniya and other students to remain in a hostel for more than three hours under the guise of an "introduction session," which involved various forms of mental and physical violence and torture. Fifteen students were investigated under the Bharatiya Nyaya Sanhita (BNS) for culpable homicide not amounting to murder, among other charges. The rest of the anti-ragging auxiliary committee of the college instituted a ban for accused students from participation in academic activities for the time being as a result of the investigation. The "introduction session" was termed and confirmed as ragging in disguise by the CEO, Manish Ramavat, bringing to light the fact that such practices have become commonplace in most institutions.

## **3. The psychological effects of ragging and a road to isolation**

Ragging can create a cascade of problems that lead to stress and a variety of psychological effects, such as anxiety, which is the most common reaction to intense stress and the constant worry of humiliation; it can further lead to panic attacks and even social anxiety. Ragging can also lead to anger, irritability, and even reduced self-esteem, as a deep sense of shame is sown in students. The psychological effects of ragging can also include depression and post-traumatic stress disorder (PTSD), which may result in academic decline and, in extreme cases, suicidal tendencies. Poor academic performance can also be linked to variations in cognitive patterns such as decreased productivity and forgetfulness. Medical students are already at a higher risk of mental health issues owing to intense academic pressure and workload, which comprises engaging with patients, notably in challenging or traumatic situations, which can take an emotional toll on medical students, intensifying their existing mental health challenges.

#### **4. The inconsistency between anti-ragging policies and action**

The gap between the anti-ragging policy formulation and its actual implementation remains stark, with ragging in medical colleges not deteriorating but rather gradually increasing. Many institutions either lack functional anti-ragging committees or don't comply with the guidelines set by the University Grants Commission (UGC). The sociological justifications framing ragging as an "initiation" also weaken efforts to implement anti-ragging policies and help shift values. Enforcement without awareness initiatives fails to diminish ragging, while persistent stigma discourages reporting to the anti-ragging cell, as students are constantly deceived into accepting abuse as a "rite of passage" or "respect for seniors," though genuine respect cannot be coerced. The college authorities often downplay the issue of ragging, particularly in the medical colleges, and disguise it as just "introduction" or as "personality development" while dismissing its true severity. Legal loopholes, including financial compensation, are frequently exploited by several accused people to defend against certain ragging allegations.

#### **5. Conclusion: Pathways to Reform**

Ragging is a cancer in the education system and can be stopped by ending this cycle and acknowledging the trauma and humiliation it causes. Interaction between students is important but in a kind and holistic approach. Seniors feel justified in ragging juniors because they were ragged; this abusive cycle should be changed. Anti-ragging laws must be strictly enforced, and both disciplinary and cultural committees should be established as effective measures for curbing ragging. Additionally, educational programs must be implemented to raise awareness regarding the harmful effects of ragging. Awareness is necessary to curb ragging, as the underreporting of such incidents continues due to a lack of understanding of anti-ragging laws among students and even faculty. Strict institutional efforts are also necessary, like treating any form of ragging as grounds for rustication. Considering the academic stress faced by medical students, particularly those who have experienced ragging, ensuring mental health support such as counselling and wellness programmes must be prioritised on campuses. Together these efforts can create a safer and more supportive environment for medical students who are our future healers.



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