

Effects Of Ragging On Students Across Multiple Disciplines In A Medical University

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Abstract

Objective: This cross-sectional study aims to assess the perception of ragging and its effects on first-year students across various departments, including MBBS, Dentistry (BDS), Physiotherapy (DPT), and Nursing (BSN).

Methods: A total of 293 students from four departments (MBBS, BDS, DPT, and BSN) participated in this study. Data was collected using a self-structured questionnaire, covering perceptions of ragging, mental health impacts, physical and verbal abuse, academic consequences, and anti-ragging policies. Chi-Square tests were applied to analyse associations between ragging experiences and gender, between physical and verbal abuse, and between reporting of such practices and policies against them. Chi-square analysis between gender and the academic impacts of ragging showed different score distributions among males and females.

Results: The results revealed that 94.5% of students reported experiencing ragging (Figure 1), with 46.7% viewing it as a highly negative experience. Significant impacts on mental health were reported, including upsetting memories (35%) and suicidal thoughts (6.5%). Physical and verbal abuse were prevalent, affecting 16.6% and 43% of students, respectively. Gender analysis showed significant differences in academic impact ($p = 0.025$), physical and verbal abuse ($p = 0.021$), and reporting practices ($p = 0.034$). Departmental analysis also showed significant variation, with Physiotherapy students reporting the highest prevalence of negative experiences ($p = 0.00001$) (Table 4). Only 17.3% of students lodged formal complaints, and 58.5% found anti-ragging policies ineffective.

Conclusion: This study highlights the pervasive nature of ragging and its detrimental effects on students' mental health and academic performance, emphasising the need for more stringent anti-ragging measures across departments.

Keywords: Mental health, Bullying, Abuse, Harassment, Suicide, Depression, Anxiety.

Introduction

Life at university is yet another adventure and a new creation for students, especially first-year students who are joining the university from other institutions and should therefore be full of eagerness and enthusiasm. However, the practice of hazing that is prevalent in many universities across the world, especially in the form of "Praxe" in Portugal, and "ragging" in South Asian countries such as Pakistan and many other countries, has turned this phase into an era of torture for several individuals.¹ Formerly inaugurated as a rite of passage aimed at enhancing the unity of students, the practice has over the years transformed into a kind of hazing that includes harassment, humiliation, and even sexual assault.² Ragging, a form of bullying and verbal or physical abuse, negatively affects students' mental health, often leading to issues like anxiety and depression mostly occurs when individuals are new to the university, especially within the first few months of joining the university, and in most cases takes place within the university compound and hostels.

In many institutions, it has been accepted and perceived as a rite that one must go through to be considered a member of the university fraternity.^{3,4} This forced participation, on the other hand, exposes new students to the worst of psychological and physical illnesses. It is fairly common to observe that those who are rebellious to testify against these behaviours are criticised by their peers, which translates to a mob-like culture where dissent is not allowed, thus continuing the loop.⁵ Some interaction is healthy between the senior and junior students, but such ideas as ragging are inappropriate in modern academic settings.⁶

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The impacts on the mental and physical development of students are significant, with depression rates, academic performance, and several students being compelled to give up on their college education. For example, a cross-sectional survey conducted in Yesuwa Panadura, a university in Sri Lanka, established that 59% of the students had been through ragging; additionally, more than half of the respondents reported serious health consequences as a result of ragging.^{7,8} Research also took place in Canada, where athletes were experiencing ragging by their seniors. In this study, out of 434 students who participated in this study 58% had experienced at least one hazing behaviour in their freshman year.⁹

Similarly, another research conducted in Bangladeshi universities described that mentally disturbing incidents such as ragging caused a significantly increased ratio of suicide among university students.¹⁰ Ragging, often perceived as a rite of passage, has garnered significant attention due to its detrimental effects on student well-being. The phenomenon can be understood through the lens of social identity theory, which posits that individuals derive a sense of self from their group memberships. As new students transition into university life, they may feel pressure to conform to group norms, including participation in ragging, to gain acceptance from peers. However, this forced participation can lead to severe psychological distress, undermining their sense of belonging and identity within the academic community.¹¹

Research indicates that hazing behaviours, including ragging, can result in a host of negative psychological outcomes, such as anxiety, depression, and decreased academic performance. Long-term impacts of these behaviours emphasise the necessity for institutions to address the cultural acceptance of ragging as a norm. Furthermore, evidence from various studies underscores the alarming rates of mental health issues associated with ragging.¹¹

The main purpose of the present study, therefore, is to evaluate the impact of ragging on the health of students both physically and mentally and to examine the factors that induce ragging in educational institutions. This study is grounded in the necessity to address the detrimental effects of ragging on first-year students at medical colleges. Ragging, once a lighthearted form of introduction, has increasingly become an abusive practice.

The lack of comprehensive research on this issue in Pakistan, particularly in medical institutions, leaves a significant gap in understanding how this tradition affects student mental health, academic performance, and overall university experience. This study is designed to fill that gap by focusing on a specific student population—first-year students from diverse departments—and providing empirical data on the prevalence and consequences of ragging.

Materials And Methods

Researchers carried out this cross-sectional study at Foundation University School of Health Sciences, Islamabad, from March 2023 to September 2023, to determine ragging's psychological, social, and academic impact on students starting their university life. The main aim was to understand how first-year students in different departments viewed the effects of ragging. The inclusion criteria for the study consist of first-year students enrolled in MBBS, Nursing, Physiotherapy, and Dentistry programs at the medical college. Students who have either experienced or witnessed ragging, regardless of its severity and those who were willing to participate by providing informed consent were included in the study. On the other hand, the exclusion criteria eliminated students with medical or psychological conditions that impair their ability to participate or respond to the questionnaire. The sample size for the study was determined to be 293 using the Open Epi sample size calculator, based on the following parameters: Confidence Interval of 99.9%, a 5% margin of error, and a population proportion of 50%, with a total population size of 400. The departments included MBBS, Nursing, Physiotherapy, and Dentistry. The study included a population of 400 first-year participants, including 150 MBBS students, 100 Nursing students, 100 Physiotherapy students, and 50 Dentistry students (Table 1). The researchers used universal sampling to include all eligible students, ensuring they represented everyone. They maintained gender balance by picking an equal number of male and female students from each department.

Data was collected using a self-structured questionnaire designed to assess students' perceptions of ragging and its associated effects on mental health, academic performance, physical and verbal abuse, social impact, and reporting mechanisms. The questionnaire comprised 30 items, written in simple English. To ensure content validity, expert consultation with faculty members was conducted, followed by pilot testing involving 40 students, with 10 participants randomly selected from each department. All participants reported that the questionnaire was comprehensible and relevant to their experiences. The survey instrument's reliability was assessed using Cronbach's Alpha, which achieved a coefficient of 0.9128, showing good internal consistency.

The self-structured questionnaire consisted of 30 questions divided into specific sections. These included:

1. Perception of Ragging (PR), 2 items
2. Mental Health Impact (MH), 12 items
3. Academic Impact (AI), 6 items
4. Physical and Verbal Abuse (PV), 4 items
5. Social Impact (SI), 2 items
6. Reporting and Policies (RP), 4 items

Each section was designed to capture students' experiences and perceptions within these domains. The questionnaire responses were categorised into three levels for each section to assess the varying impacts of ragging. For Perception of Ragging, scores ranged from low (0), indicating minimal negative perception, to high (2), reflecting a strong perception of harmful effects. The Mental Health Impact was categorised with low scores (0-4) representing minimal impact, medium scores (5-8) indicating moderate effects, and high scores (9-12) showing significant mental health concerns. Similarly, the Academic Impact ranged from low (0-1) for little effect, medium (2-3) for moderate effects, and high (4-5) for severe academic consequences. The Physical and Verbal Abuse section used a low (0-1), medium (2-3), and high (4) scale to reflect the extent of abuse experienced. For Social Impact, low (0), medium (1), and high (2) scores were used to capture the severity of social consequences. The Reporting and Policies section followed a low (0-1), medium (2-3), and high (4) scale, assessing awareness and use of reporting mechanisms. Finally, the Total Score ranged from low (0-10), medium (11-20), to high (21-29), summarising the overall impact of ragging.

Participants were briefed on the academic objectives of the research and consented to participate in the study. There was no disclosure of participants' information to preserve privacy. Students who opted out of the study were not pursued. Ethical approval was granted by the institutional ethics committee. All data analysis was carried out with the assistance of the SPSS software version 21. Descriptive statistics, such as frequencies and percentages, were used to summarise students' views on ragging and its impact across departments. Chi-square tests were applied to assess associations between categorical variables and identify any significant differences in perceptions based on department or other demographic factors.

Results

The final sample consisted of 293 participants. Among these, the largest group was from the MBBS department (107 students, 36.5%), followed by Nursing and DPT with 74 students each (25.3%), and BDS with 38 students (13%). The gender distribution was nearly balanced, with 138 males (47.1%) and 155 females (52.9%). Detailed demographic information is presented in Table 1.

Table 1: demographic characteristics of respondents

DEPARTMENT	FREQUENCY (PERCENTAGE) n=293
MBBS	107 (36.5)
BDS	38 (13)
DPT	74 (25.3)
BSN	74 (25.3)
GENDER	FREQUENCY (PERCENTAGE) n=293
Male	138 (47.1)
Female	155 (52.9)

277 students (94.5%) reported experiencing ragging when they first entered the university, while 16 students (5.5%) stated they had not encountered it. This highlights the Prevalence of ragging among the student population (Figure 1).

Analysis of the survey data, after calculating the prevalence, revealed that 49.4% (137) of students viewed ragging as a horrible experience, with significant negative impacts on mental health, and 25.2% (70). 35.3% (98) of students reported having upsetting memories, and 7.5% (21) had suicidal thoughts, while 25.9% (72) felt hopeless. Physical and verbal abuse were common, affecting 17.3% (48) and 44% (122) of students, respectively. About 31.4% (87) of students were asked by their seniors to make their assignments out of which only 26.4% (23) found it beneficial. 23.4% (65) of students weren't able to devote time to their studies due to ragging activities, and 31.4% (87) reported missing their classes due to these activities. 44.4% (123) reported avoiding extra-curricular and co-curricular activities due to the fear of being hazed by their seniors, while 23.1% (64) reported withdrawing from social interaction. While 57.4% (159) found anti-ragging legislation ineffective, only 18% (50) formally complained. 38.8% (28) experiencing upsetting memories. Opinions on anti-ragging policies were mixed across all disciplines, with many students supporting stricter measures, including expulsion for offenders (Table 2).

Among specific disciplines, 44.3% (43) of MBBS students viewed ragging negatively, with 37.1% (36) reporting upsetting memories and 5.1% (5) having suicidal thoughts. BDS students had 36.1% (13) negative towards ragging, with 38.8% (14) citing upsetting memories. Physiotherapy students had 59.7% (43) viewing ragging negatively, while 27.7% (20) reported mental health impacts. Table 3 presents the Chi-Square analysis comparing gender differences in ragging experiences. The Chi-Square analysis reveals significant gender differences in the academic impact of ragging ($p = 0.025$), with males and females showing different score distributions.

Table 2: Departmental distribution of responses to ragging experiences

Section	Question	MBBS		BDS		DPT		BSN	
		Yes (n=97)	No (n=97)	Yes (n=36)	No (n=36)	Yes (n=72)	No (n=72)	Yes (n=72)	No (n=72)
Perception of Ragging	Was ragging a good experience for you?	54 (55.6)	43 (44.3)	23 (63.8)	13 (36.1)	29 (40.2)	43 (59.7)	34 (47.2)	38 (52.7)
	Were you compelled or thinking of leaving the university at any point?	19 (19.5)	78 (80.4)	6 (16.6)	30 (83.3)	4 (5.5) (7.2)	68 (94.4)	16 (22.2)	56 (77.7)
Mental Health Impact	Do you have any upsetting memories of ragging?	36 (37.1)	61 (62.8)	14 (38.8)	22 (61.1)	20 (27.7)	52 (72.2)	28 (38.8)	44 (61.1)
	Did you have any upsetting dreams due to ragging?	10 (10.3)	87 (89.6)	6 (16.6)	30 (83.3)	8 (11.1)	64 (88.8)	13 (18.0)	59 (81.9)
	Did ragging have any effect on your sleep patterns?	20 (20.6)	77 (79.3)	12 (33.3)	24 (66.6)	7 (9.7) (9.7)	65 (90.2)	17 (23.6)	55 (76.3)
	Did ragging have any effect on your eating habits?	12 (12.3)	85 (87.6)	10 (27.7)	26 (72.2)	5 (6.9) (6.9)	67 (93.0)	13 (18.0)	59 (81.9)
	Did you feel hopeless due to ragging?	24 (24.7)	73 (75.2)	14 (38.8)	22 (61.1)	13 (18.0)	59 (81.9)	21 (29.1)	51 (70.8)
	Did you cry at any point due to ragging?	22 (22.6)	75 (77.3)	8 (22.2)	28 (77.7)	9 (12.5)	63 (87.5)	15 (20.8)	57 (79.1)
	Did you experience any effects on your mental health as a result of being ragged?	27 (27.8)	70 (72.1)	8 (22.2)	28 (77.7)	15 (20.8)	57(79.1) (79.1)	20 (27.7)	52 (72.2)
	Did you seek any professional help for your mental health concerns due to ragging?	6 (6.1) (9.3.8)	91 (93.8)	3 (8.33)	33 (91.6)	6 (8.3) (8.3)	66 (91.6)	11 (15.2)	61 (84.7)
	Did you have any suicidal thoughts due to ragging?	5 (5.1) (9.4.8)	92 (94.8)	5 (13.8)	31 (86.1)	3 (4.1) (4.1)	69 (95.8)	8 (11.1)	64 (88.8)
	Were you demoralized during the ragging?	37 (38.1)	60 (61.8)	15 (41.6)	21 (58.3)	16 (22.2)	56 (77.7)	29 (40.2)	43 (59.7)
	Did you ever feel self-pity due to ragging?	29 (29.8)	68 (70.1)	15 (41.6)	21 (58.3)	15 (20.8)	57 (79.1)	24 (33.3)	48 (66.6)
	Did you feel body shamed during the ragging?	25 (25.7)	72 (74.2)	14 (38.8)	22 (61.1)	12 (16.6)	60 (83.3)	23 (31.9)	49 (68.0)
Academic Impact (AI)	Were you asked by seniors to complete their assignments or make their practical copies as a part of ragging?	33 (34.0)	64 (65.9)	17 (47.2)	19 (52.7)	18 (25) (25)	54 (75) (75)	19 (26.3)	53 (73.6)
	If yes, was it beneficial for you?	9 (27.2) (72.7)	24 (72.7)	6 (35.2)	11(64.7) (7)	5 (27.7)	13 (72.2)	3 (15.7)	16 (84.2)
	Were you at any point not able to study due to continuous ragging by seniors?	22 (22.6)	75 (77.3)	14 (38.8)	22 (61.1)	7 (9.7) (9.7)	65 (90.2)	22 (30.5)	50 (69.4)
	Did seniors give you time for studying before your papers?	24 (24.7)	73 (75.2)	12 (33.3)	24 (66.6)	54 (75) (75)	18 (25) (25)	43 (59.7)	29 (40.2)
	Did you miss any class due to ragging?	27 (27.8)	70 (72.1)	18 (50) (50)	18 (50) (50)	18 (25) (25)	54 (75) (75)	24 (33.3)	48 (66.6)
Physical and Verbal Abuse	Were you physically harassed during the ragging?	17 (17.5)	80 (82.4)	10 (27.7)	26 (72.2)	3 (4.1) (4.1)	69 (95.8)	18 (25) (25)	54 (75) (75)
	Were you verbally abused during the ragging?	46 (47.4)	51 (52.5)	22 (61.1)	14 (38.8)	19 (26.3)	53 (73.1)	35 (48.6)	37 (51.3)
	Did you experience any sexual harassment during the ragging?	10 (10.3)	87 (89.6)	6 (16.6)	30 (83.3)	2 (2.7) (2.7)	70 (97.2)	9 (12.5)	63 (87.5)
	Did you get physically ill due to any serious and violent activity during ragging?	13 (13.4)	84 (86.5)	6 (16.6)	30 (83.3)	10 (13.8)	62 (86.1)	7 (9.7) (9.7)	65 (90.2)
Social Impact	Did you avoid activities due to ragging?	54 (55.5)	43 (44.3)	14 (38.8)	22 (61.1)	20 (27.7)	52 (72.2)	35 (48.6)	37 (51.3)
	Did you become distant and cold towards other students or family members due to ragging?	22 (22.6)	75 (77.3)	10 (27.7)	26 (72.2)	11 (15.2)	61 (84.7)	21 (29.1)	51 (70.8)
Reporting and Policies	Did you inform your parents that you were being ragged?	38 (39.1)	59 (60.8)	12 (33.3)	24 (66.6)	26 (36.1)	46 (63.8)	27 (37.5)	45 (62.5)
	Did you inform your teachers or any college authorities that you were being ragged?	11 (11.3)	86 (88.6)	4 (11.1)	32 (88.8)	16 (22.2)	56 (77.7)	19 (26.3)	53 (73.1)
	Are the current anti-ragging policies of the college effective?	39 (40.2)	58 (59.7)	19 (52.7)	17 (47.2)	34 (47.2)	38 (52.7)	26 (36.1)	46 (63.8)
	Do you think that there should be strict rules against ragging, with violators expelled from the medical college?	33 (34.0)	64 (65.9)	16 (44.4)	20 (55.5)	55 (76.3)	17 (23.6)	36 (50) (50)	36 (50) (50)

Significant differences were also found in physical and verbal abuse experiences ($p = 0.021$) and reporting and policies ($p = 0.034$), indicating that these areas may be influenced by gender. However, no significant gender association was observed in the perception of social impacts, with $p = 0.367$. Overall, gender plays a role in academic, abuse-related, and reporting experiences of ragging.

The Chi-Square analysis of ragging experience scores across departments shows significant variation ($p = 0.00001$). MBBS students had 72.2% scoring between 0-10, while BDS had 61.2%, Physiotherapy 86.2%, and Nursing 66.6% in the same range. The distribution differed notably across departments, with only the Nursing department having a student scoring between 21-29. These results highlight significant differences in ragging experiences across MBBS, BDS, Physiotherapy, and Nursing students.

Table 3: Association between gender and components of ragging

Sections	Genders						df	P-value
	Male (frequency) (n=130)			Female (frequency) (n=147)				
	Low	Medium	High	Low	Medium	High		
Perception of Ragging	64 (49.23)	60 (46.15)	6 (4.62)	60 (40.82)	80 (54.42)	7 (4.76)	2	0.216
Mental Health Impact	99 (76.15)	19 (14.62)	12 (9.23)	115(78.23)	24 (16.33)	8 (5.44)	2	0.216
Academic Impact	65 (50)	52 (40)	13 (10)	95 (64.63)	42 (28.57)	10 (6.80)	2	0.025*
Physical and Verbal Abuse	99 (76.15)	27 (20.77)	4 (3.08)	129 (87.76)	15 (10.2)	3 (2.04)	2	0.021*
Social Impact	72 (55.38)	35 (26.92)	23 (17.6)	84 (57.14)	33 (22.45)	30 (20.4)	2	0.367
Reporting and Policies	77 (59.23)	51 (39.23)	2 (1.54)	67 (45.58)	72 (48.98)	8 (5.44)	2	0.034*
Total Score	92 (70.77)	35 (26.92)	3 (2.31)	110 (74.83)	34 (23.13)	3 (2.04)	2	0.522

*(indicates significant association i.e. p value less than 0.05) A

Table 4: Association between departments and categories of ragging score

DEPARTMENTS	Low	Medium	High	Df	p-value
MBBS (n=97)	70 (72.2)	27 (27.8)	0 (0)	6	0.00001*
BDS (n=36)	22 (61.2)	14 (38.8)	0 (0)		
DPT (n=72)	62 (86.2)	10 (13.8)	0 (0)		
(n=72)	48 (66.6)	23 (31.94)	1 (1.39)		

*(indicates significant association i.e. p value less than 0.05)

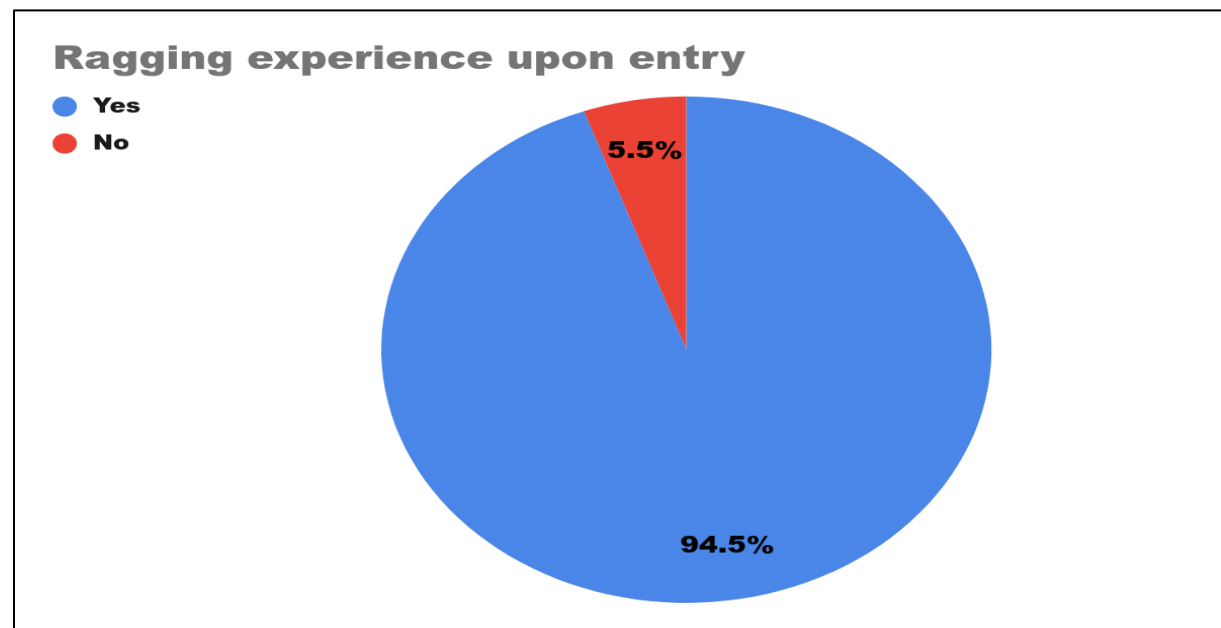


Figure 1: Ragging experienced upon entry into medical university

Discussion

Ragging is a dilemma in educational institutions. This study revolves around the perception of ragging and the impact of ragging on mental health, physical and verbal abuse, academic impact, social impact, university policies and the attitude of students towards reporting ragging to the authorities. Our study showed that about 60 per cent of the students perceived ragging as an unpleasant experience. Our study shows that a significant proportion of students undergo ragging. These findings are similar to some other studies done on ragging, bullying and hazing.¹²⁻¹⁴

Mental Health Impact has been demonstrated in various studies that if the students are ragged and bullied, they can have mental and psychological effects on them, leading to suicidal thoughts, anxiety and depression.^{13,15} These mental consequences are

strongly associated with terms like Depression, Anxiety, Suicide, and Stress. The impact of ragging on mental health was quite severe. There was no significant difference in the mental health effects between the genders, and both genders were affected equally. About 7.5% (21) of students had suicidal thoughts due to ragging, and about 48% (133) of the students scored low, which showed that ragging hurts their health (Table 2). Ragging is observed to be associated with depression, anxiety and low self-confidence in medical students in other studies.¹⁶ Although students with already existing mental issues may perceive things differently and fail to report any existing issues such as bipolar disorder, anxiety, depression and personality disorders. Our study and other studies have shown that abusive behaviour by seniors leads to mental issues.¹⁷

For physical and verbal abuse, a significant relation was observed between both genders. The most common form of ragging in our study, as well as in other studies, is verbal abuse.¹⁸ Senior students often shouted, abused and cursed at the freshers during the ragging. Verbal abuse affects the mental and psychological health of a person drastically.¹⁷ Physical abuse was also very common that which led to students getting physically ill through activities such as standing outside on cold nights and taking cold showers. Another study showed a contradiction to it, as the issues were under-reported and discussed to a lesser extent.¹³

Sexual harassment was more common among the male students. In a few other studies, students reported being sexually abused, like derogatory and sexual remarks, insulting comments and gossiping about sexual preferences.¹⁹ In Pakistan, the topic of sex is considered taboo, not discussed in public and sex education is not given in schools. The above factors and the social stigma can be considered as the reasons for students' unwillingness to answer in this category.

Psychological well-being and social integration are crucial for academic success. Our study showed that male students had a more negative impact on their academics as compared to female students. Some of the studies have reported that ragging affects the academic performances of students and results in absenteeism, lower academic achievement and motivation in the students.^{20,21} Our study also demonstrates that in the name of a healthy interaction, students were compelled to make seniors' assignments, hindering their academic focus.

Social Impact The Social impact of ragging was the same for both genders. A study conducted in Karachi, Pakistan, reported that the manifestation of mental abuse by ragging is a discrepancy in their social and emotional conduct.²² It can lead to violence, antisocial behaviour, and other negative behaviours.²³

Another study conducted at the National University of Malaysia reported that bullied children suffer both social and emotional effects. They find it hard to make friends or even make healthy relationships. They start living in isolation. Our study had similar results with 44.4% (123) of the students starting to avoid activities, and some of them started withdrawing from social interaction. Reporting and Policies. In reporting to the authorities and parents about incidents of ragging, female students were more involved as compared to male students. Research published in the Indian Journal of Psychiatry has shown that among students who perceive benefit and emotional support from family members and those who had discussions with their parents, experience less depression, anxiety, and stress.²⁴ Another study in Sri Lanka also stated that 57% of their students sought formal or informal help. In contrast to the students informing their parents, only a mere 18% (50) informed the authorities about ragging, while 42.5% (118) thought that the anti-ragging policies by the administration were effective (Table 2). This low incidence of reporting while having confidence in the anti-ragging policies may be due to pressure from the seniors, fear of being shunned out and thinking of ragging as a social norm that is ragging being accepted as a culture that the new university students have to experience as a part of university life.

Conclusions

Ragging continues to have a profound negative impact on students' mental health, academic performance, and social well-being. These effects are commonly associated with MeSH descriptors such as Mental Health, Academic Performance, Bullying, Harassment, Anxiety, and Depression. Our study found that both genders experience significant mental health effects, including anxiety, depression, and suicidal thoughts. Male students reported greater academic disruption, while verbal abuse was the most common form of ragging, affecting psychological health. Social isolation and emotional disturbances were also prevalent. Despite confidence in anti-ragging policies, reporting incidents remains low due to fear and cultural acceptance of ragging. This study focuses on redirecting policymakers and administration to recognise the issue and the urgent need for informed action. A thorough grasp of social and behavioural trends would help in the foundation of support systems, including therapeutic interventions, victim consultation, mental health services and anti-bullying programs. These steps would prioritise empowering victims, boosting their self-confidence and helping them recognise their self-worth, eventually leading to a healthy learning environment. At the same time, universities should adopt stricter institutional policies to deter bullying and protect students. To advance this effort, future studies should focus on employing detailed survey instruments, uncovering underlying causes, identifying issues and implementing realistic long-term solutions. Strengthening policies and encouraging open communication are essential to mitigate these harmful effects and create a safer educational environment.

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