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Research Paper

Psychological Vulnerability and Strength in Tribals of North-East India: Exploring the Interplay of Resilience, Gender, and Ethnicity

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ABSTRACT

Suicide remains a significant public health concern in India, with Tripura reporting one of the highest suicide rates in the Northeast. This study explores the role of resilience as a protective factor against suicidal ideation among two indigenous tribal communities in Tripura—the Chakma and Reang—who face unique socio-cultural and economic challenges. Using a cross-sectional design, data were collected from 150 young adults (ages 20–35), equally distributed across gender and tribe, using standardized instruments including the Brief Resilience Scale (BRS) and the Beck Scale for Suicidal Ideation (BSS). Findings revealed that Chakma individuals exhibited significantly higher resilience and lower suicidal ideation compared to their Reang counterparts. Gender differences were also significant, with males demonstrating greater resilience and females reporting higher levels of suicidal ideation. A strong negative correlation was observed between resilience and suicidal ideation across all subgroups, particularly among Reang males. These results underscore the critical importance of culturally sensitive and gender-responsive mental health interventions. The study highlights the need to strengthen community-based resilience mechanisms rooted in indigenous spirituality, cultural identity, and collective coping practices to effectively reduce suicide risk in marginalized populations.

Keywords: *Resilience, Suicidal Ideation, Chakma Tribes, Reang Tribes*

Suicide is an escalating public health crisis in India, with the northeastern state of Tripura reporting one of the highest suicide rates in the region. According to the National Crime Records Bureau (NCRB) 2021, Tripura ranks second in the North East, following Sikkim, in suicide prevalence, reflecting a deeply rooted mental health crisis. Among the indigenous populations of Tripura, especially the Chakma and Reang tribes, this issue is further compounded by socio-economic marginalization, cultural dislocation, unemployment, and limited access to culturally relevant mental health services. These intersecting factors heighten the vulnerability of these communities to suicidal ideation and behaviors.

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The Chakma and Reang communities, although distinct in their socio-cultural fabric, share similar experiences of historical displacement and structural neglect. The Chakmas, originally from the Arakan Hills and now settled in Tripura, are predominantly Buddhist and maintain a unique linguistic and cultural identity. In contrast, the Reangs, recognized as a Particularly Vulnerable Tribal Group (PVTG), are predominantly Hindu and renowned for their rich folk traditions, including the Hojagiri dance. Both groups rely on community networks, traditional healing practices, and spiritual belief systems that may offer important, yet understudied, protective functions in the context of mental distress.

While most suicide research has traditionally focused on identifying risk factors such as psychiatric disorders, substance abuse, or impulsivity, recent scholarship has emphasized the importance of resilience—a dynamic process of positive adaptation in the face of adversity—as a crucial buffer against suicidality. Research by Han et al. (2022) found that young adults with higher emotion regulation self-efficacy, cognitive flexibility, and lower reliance on maladaptive coping were less likely to transition from suicidal thoughts to actions. Similarly, Wingo et al. (2010) and Johnson et al. (2018) highlight that resilience contributes significantly to psychological recovery and reduced suicide risk, underscoring the value of strength-based approaches in suicide prevention.

In the tribal context, resilience is not merely a psychological construct but a culturally embedded phenomenon. It is often expressed through collective values, spiritual beliefs, and identity practices that facilitate coping and healing. Bhattacharjee and Ghosh (2023), in their study on young adults in Tripura, demonstrated a significant negative correlation between spirituality and suicidal ideation, suggesting that spiritual engagement can serve as a meaningful protective factor. Their findings also noted that students in arts streams experienced higher levels of suicidal ideation compared to their science counterparts, potentially reflecting differences in perceived future opportunities and academic stress. Spirituality, as conceptualized in these communities, provides meaning, connectedness, and a sense of existential purpose, which may mitigate the despair associated with suicidal thoughts.

Mukherjee et al. (2024) further support this connection, showing that students with higher spirituality also demonstrated better coping mechanisms and psychological well-being. Their research, conducted among B.Ed. students in Tripura, found that tribal females scored highest on all measures of mental health, particularly in spiritual inclination and resilience. This reinforces the notion that cultural and gendered expressions of spirituality are integral to mental well-being in indigenous contexts. The role of ethnic identity and collective cultural practices in shaping emotional regulation and psychological stability is thus an essential consideration in tribal mental health research.

Despite these insights, a major gap persists in the literature. Dey and Chowdhury (2024) reveal that research on suicide in Northeast India is still in a nascent stage, with few community-based or qualitative studies, and limited focus on tribal populations. Most existing studies are hospital-based and focus on pathology rather than protection. The lack of culturally sensitive methodologies and a narrow emphasis on mental illness contribute to an incomplete understanding of suicide among indigenous peoples. Scholars such as Marsh (2016) and White (2016) argue for the adoption of multiple paradigms that consider the socio-cultural and existential dimensions of suicide, rather than relying solely on biomedical or quantitative frameworks.

Collectively, the literature highlights an urgent need for culturally informed, community-rooted research into the protective factors that support resilience in tribal communities like the Chakma and Reang. Spirituality, traditional coping systems, and collective identity must be examined not just as passive background variables but as active agents in suicide prevention. This study aims to explore these factors among the tribal populations of Tripura, focusing on how resilience—fuelled by cultural and spiritual resources—can reduce suicidal ideation and foster mental well-being in marginalized communities.

METHODOLOGY

Objectives:

1. To Compare resilience levels between Chakma and Reang individuals.
2. To assess suicidal ideation across both tribes.
3. To examine gender differences in resilience and suicidal ideation.
4. To analyse the correlation between resilience and suicidal ideation.

Hypotheses:

1. **H_{01}:** There is no significant difference in resilience between Chakma and Reang individuals.
2. **H_{02}:** There is no significant difference in suicidal ideation between Chakma and Reang individuals.
3. **H_{03}:** There is no significant difference in resilience between males and females.
4. **H_{04}:** There is no significant difference in suicidal ideation between males and females.
5. **H_{05}:** There is no significant correlation between resilience and suicidal ideation.

Research design

The current study used a cross-sectional research approach, which is ideal for examining the frequency and connection between suicidal thoughts and resilience in a particular population at one particular moment in time. A snapshot of psychological trends and sociodemographic traits can be obtained by using this methodological technique, which enables the simultaneous gathering and analysis of data from a sample of people. The study uses a cross-sectional methodology in order to find possible correlations between resilience levels and suicide thoughts in young adults from tribal communities, as opposed to proving causation. For mental health studies in underrepresented and culturally distinct populations, where baseline data is frequently limit.

Sample and sampling

The study's sample comprised 150 young adults, 75 of whom were Chakma and 75 of whom were Reang, the two main tribal populations in Tripura. Purposive sampling, a non-probability method frequently employed in qualitative and exploratory research, was utilized to choose participants. This method entails deliberately choosing people who fit particular requirements pertinent to the study's goals. Self-identification as either Chakma or Reang, age range between 20 and 35 years (representing the young adult developmental stage), and current location in West Tripura District were requirements for inclusion in the current study area was chosen because it has a sizable tribal population and because indigenous adolescents are increasingly experiencing mental health issues. By using purposive sampling, the researchers were able to concentrate on those who were most likely to offer deep, situation-specific insights into the relationship between suicide thoughts and cultural resilience.

Procedure

The survey method was used to collect data for this study during a three-month period. This method allowed for the systematic and structured collection of information from participants in their natural environments. Standardized tools for evaluating participants' resilience and suicidal thoughts were included in the survey. Through in-person contacts in settings that were culturally familiar, the procedure allowed researchers to establish rapport and make sure that participants felt valued and at ease during the data collection stage. Considering the participants' tribal background, additional attention was paid to cultural sensitivity and language clarity when conducting the surveys in a friendly and non-intrusive manner.

An essential component of the research ethics procedure was informed consent. Before taking part, participants received comprehensive information in an understandable language regarding the study's goals, methods, and possible consequences. It was completely voluntary to participate. Due to literacy issues in some segments of the population, written consent was not required; instead, verbal consent was acquired from each participant following a thorough explanation of their rights, which included the freedom to decline or withdraw at any moment without incurring any penalties. The verbal permission procedure complied with ethical guidelines and was accepted as suitable given the population's culture and educational background.

Throughout the whole investigation, confidentiality was rigorously upheld. No names, addresses, or other identifying or personal information was gathered or kept on file. Participants received assurances that the information they provided would only be used for research and would only be examined in aggregate. In order to prevent the tracing or inference of individual identities, all data were anonymised before analysis. The research's legitimacy and ethical integrity were enhanced by this dedication to confidentiality, which sought to establish a secure setting for participants to divulge private information about their psychological experiences.

Tools used:

In order to guarantee the methodical gathering of pertinent clinical, psychological, and personal data, the current study used a set of standardized tools. The reliability, validity, and suitability of these tools for the intended audience were carefully considered, guaranteeing the validity of the results concerning resilience and suicidal ideation among the Chakma and Reang tribal teenagers of Tripura.

1. **Personal Data sheet:** Important personal and sociodemographic data were collected from the participants using a Personal Data Sheet. This contained information about age, gender, tribe, educational background, employment status, and other pertinent study-related contextual factors. The analysis of possible demographic effects on the relevant psychological variables was based on this data.
2. **GHQ-12:** The purpose of the General Health Questionnaire-12 (GHQ-12) was to assess for psychological discomfort or any underlying psychiatric symptoms. The GHQ-12 is a popular short screening tool that was created by Goldberg and aids in detecting non-psychotic mental health issues such emotional dysfunction, sadness, and anxiety. In order to make sure that participants in this study did not have serious psychopathology that could skew the evaluation of resilience and suicidal thoughts, it was employed as an initial filter.

3. **The Beck Scale for Suicidal thoughts (BSS):** The Beck Scale for Suicidal thoughts (BSS), created by Aaron T. Beck in 1988, was used to measure suicidal thoughts. The BSS is a 21-item self-report questionnaire used to gauge a person's suicidal thoughts' severity, frequency, and traits. It offers important insight into the cognitive and emotional aspects of suicide risk and is regarded as one of the most valid and dependable instruments for identifying suicidal ideation.
4. **Brief Resilience Scale (BRS):** To gauge the participants' ability to recover from stress, the Brief Resilience Scale (BRS), created by Smith et al. (2008), was employed. Resilience is evaluated as a dynamic process utilizing the six-item BRS, which focuses on a person's perceived capacity to deal with hardship. Its high psychometric qualities and succinct structure make it especially appropriate for use in research settings that are culturally diverse and field-based.

Inclusion criteria:
1. Must be a citizen of Tripura for more than 2years.
2. Individuals age range must be from 20 years and 35 years of age.
3. Belonging to Chakma or Reang tribes of Tripura.
4. Has efficiency in reading and understanding English.
5. Completed higher secondary level education.

Exclusion criteria:
1. Not a citizen of Tripura.
2. Having psychiatric issues or physical disabilities.
3. Belonging from higher or lower socio-economic class.
4. Unable to understand English.
5. Indulges into drugs or any addictive substance.
6. Past history of suicidal attempt.
7. Having more than 2 siblings
8. Having divorced parents.

RESULT AND DATA ANALYSIS

Table:1 Showing the mean age and standard deviation (SD) of participants categorized by ethnicity (Chakma and Reang) and gender (male and female).

Variable	Chakma males(n=37)	Chakma females=(n=38)	Reang Males=(n37)	Reang Females (n=38)	Total (N=150)
Mean Age (SD)	27.4(4.0)	26.8(3.9)	27.7(4.3)	27.2(4.2)	27.3(4.1)

Table no1. presents the **mean age** and **standard deviation (SD)** of participants categorized by **ethnicity** (Chakma and Reang) and **gender** (male and female). The total sample size is **150 individuals**, equally distributed across the four groups.

Table: 2 Showing Chakma individuals demonstrated significantly higher resilience compared to Reang individuals.

Variable	t-value	p-value	Significance	Interpretation
Resilience	**4.37**	**<0.001**	Significant	Chakma individuals had significantly higher resilience than Reang individuals.
Suicidal Ideation	**5.62**	**<0.001**	Significant	Reang individuals had significantly higher suicidal ideation than Chakma individuals.

Table no 2 showing **Chakma individuals demonstrated significantly higher resilience** compared to Reang individuals. **Reang individuals showed significantly higher suicidal ideation**, making them a more vulnerable group.

Table: 3 Showing the Mean (M), and Standard Deviation (SD), t values of Suicidal ideation of Male and Female participants

Gender	**Mean**	**SD**	**t-value**	**Level of significance**
Male	11.80	6.64	2.96	0.01
Female	17.57	10.57		

Table: 4 Showing the Mean (M), and Standard Deviation (SD), t values of resilience male and female participants

Gender	**Mean**	**SD**	**t-value**	**Level of significance**
Male	13.54	8.71	2.47	0.05
Female	18.31	10.49		

Table 5. Showing the Pearson correlation coefficients (r) between Resilience and Suicidal Ideation for different subgroups.

Group	**Pearson Correlation (r)**	**p-value**	**Strength & Direction**
Chakma Males	**-0.54**	<0.01	Moderate Negative Correlation
Chakma Females	**-0.60**	<0.01	Strong Negative Correlation
Reang Males	**-0.75**	<0.001	Very Strong Negative Correlation
Reang Females	**-0.65**	<0.01	Strong Negative Correlation

DISCUSSION

This study was conducted to examine the psychological well-being of two major tribal communities in Tripura—**Chakma** and **Reang**—with a focus on **resilience** and **suicidal ideation**. The investigation was grounded in the premise that cultural background, ethnicity, and gender significantly influence individuals' psychological strengths and vulnerabilities. Resilience, defined as the capacity to adapt successfully in the face of adversity, trauma, or stress (Masten, 2001), is known to serve as a protective factor against mental health risks, including suicidal ideation. Suicidal ideation, meanwhile, is often used as a key indicator of underlying psychological distress and can vary significantly across demographic and psychosocial lines (Klonsky et al., 2016).

By exploring **ethnic and gender differences**, and the **relationship between resilience and suicidal ideation**, this study aimed to identify at-risk subgroups and propose culturally tailored mental health strategies. The participants were evenly distributed across four groups—Chakma males, Chakma females, Reang males, and Reang females—ensuring a balanced and comparative analysis.

Hypothesis 1 (H_{01}):

There is no significant difference in resilience between Chakma and Reang individuals.

This hypothesis was **statistically rejected**, as findings indicated that **Chakma individuals demonstrated significantly higher resilience levels** compared to Reang individuals ($t = 4.37$, $p < .001$). This difference may be rooted in the **socioeconomic, cultural, and political disparities** between the two ethnic groups.

The Chakma community, although tribal, has historically had **greater access to education, structured community support, and political representation** within Tripura. This may have contributed to a stronger psychological foundation and enhanced capacity to cope with life challenges. Several studies highlight that access to education, employment, and culturally embedded social networks are strongly linked with higher resilience in tribal populations (Ungar, 2011; Masten & Wright, 2010).

In contrast, the **Reang community has long been one of the most marginalized tribes** in Northeast India, often facing issues such as internal displacement, poverty, lack of representation, and limited access to public services (Basu, 2020; Bhowmik, 2019). These adversities may not only reduce their psychological resources but also erode community-level mechanisms that typically foster resilience, such as kinship ties and traditional practices. When individuals experience chronic stress without adequate buffers, their ability to recover from adversity diminishes (Bonanno, 2004), leading to lower resilience levels as seen in this group.

Additionally, resilience is not just an individual trait but a **developmental process shaped by external systems**—such as family, culture, and community (Masten, 2001). The findings underscore how **socio-cultural positioning and structural inequalities** can translate into measurable psychological differences. This emphasizes the necessity for **culturally grounded resilience-building interventions**, particularly for communities like the Reang who face compounded disadvantages.

These results corroborate research conducted in other tribal and indigenous contexts, where resilience has been shown to be shaped by **colonial history, land rights issues, and social exclusion**, all of which impact mental health outcomes (Kirmayer et al., 2011). Thus, from a policy perspective, mental health frameworks must move beyond individual treatment models and instead consider **structural empowerment** and **community-based development** as foundational to enhancing psychological resilience.

Hypothesis 2 (H_{02}):
There is no significant difference in suicidal ideation between Chakma and Reang individuals.

This hypothesis was **rejected** based on statistical evidence that **Reang individuals exhibited significantly higher levels of suicidal ideation** compared to Chakma individuals ($t = 5.62$, $p < .001$). This result is deeply concerning and speaks to the psychological burden carried by the Reang community. The elevated suicidal ideation among Reang participants likely stems from cumulative **structural and systemic disadvantages**—including displacement, poor access to healthcare, educational inequalities, and social discrimination—which have been well-documented in studies of tribal mental health in India (Bhowmik, 2019; Basu, 2020).

According to Joiner's Interpersonal Theory of Suicide (Joiner, 2005), suicidal ideation arises from two key psychological states: **perceived burdensomeness** and **thwarted belongingness**. For many Reang individuals, life in poverty, geographic isolation, and political underrepresentation may contribute to both. Their lack of access to mental health services further worsens the risk, as suicidal ideation often goes undetected or untreated in such populations.

Moreover, the Reang tribe has frequently experienced **forced migration and internal displacement**, which not only fractures community ties but also leads to chronic uncertainty, identity crises, and existential distress (Kirmayer et al., 2007). These factors together create a context in which suicidal ideation is not merely a symptom but a manifestation of deeply rooted psychosocial suffering. Thus, suicide prevention efforts must consider these underlying cultural and systemic causes rather than merely focusing on clinical symptoms.

Hypothesis 3 (H_{03}):
There is no significant difference in resilience between males and females.
This hypothesis was also **rejected**, as the data revealed that **female participants scored significantly higher on resilience** than males ($t = 2.47$, $p = 0.05$). This finding challenges the traditional gendered assumption that men are emotionally stronger or more stoic. In fact, multiple psychological studies have shown that **females often possess greater emotional intelligence and are more likely to engage in emotion-focused coping**, such as seeking social support or expressing feelings (Nolen-Hoeksema, 2012; Tamres, Janicki, & Helgeson, 2002).

Furthermore, women in many tribal communities—especially in Northeast India—are often embedded in **collectivistic family structures**, where emotional interconnectedness and shared responsibilities are fostered. These sociocultural elements may enhance their coping capacities and increase psychological resilience. Interestingly, even in the face of socio-economic disadvantage, tribal women often assume caregiving roles and become central figures in their family's well-being, which may reinforce their resilience (Patel et al., 2012). Conversely, traditional masculinity norms may inhibit men from expressing vulnerability or seeking help, thereby diminishing their ability to cultivate resilience (Mahalik et al., 2003). This points to a **psychosocial paradox** where male suppression of emotions—viewed as strength in patriarchal cultures—actually serves as a barrier to resilience development.

Hypothesis 4 (H_{04}):
There is no significant difference in suicidal ideation between males and females.
This hypothesis was **statistically rejected** as well. The data showed that **females reported significantly higher levels of suicidal ideation** than their male counterparts ($t = 2.96$, $p = 0.01$). This finding is consistent with global research trends indicating that while males are more likely to die by suicide, **females consistently report higher rates of suicidal thoughts and attempts** (Schrijvers, Bollen, & Sabbe, 2012).

This gender disparity can be explained through several sociopsychological lenses. First, women—particularly in traditional, patriarchal societies—often face **role strain**, **limited autonomy**, **domestic violence**, and **economic dependency**, all of which elevate emotional distress (World Health Organization [WHO], 2021). In tribal societies, although women may show resilience in coping, the **intersecting burdens of caregiving, poverty, and gender discrimination** can lead to emotional overload, thus increasing suicidal ideation.

Furthermore, cultural factors may make it more acceptable for women to admit to emotional difficulties, whereas men may mask or suppress such feelings, contributing to a reporting bias in suicidal ideation. Still, the high ideation rates among females in this study highlight an urgent need for **gender-sensitive mental health outreach programs**, particularly those addressing the unique psychosocial pressures faced by tribal women.

Hypothesis 5 (H_{05}):
There is no significant correlation between resilience and suicidal ideation.
This hypothesis was also **rejected**. Across all subgroups—Chakma males and females, Reang males and females—the study found **statistically significant negative correlations between resilience and suicidal ideation**, with Pearson's r ranging from **–0.54 to –0.75**. The strongest inverse correlation was observed among Reang males ($r = –0.75$, $p < .001$), indicating that as resilience increases, suicidal ideation decreases.

This result is highly consistent with existing psychological theory and empirical research. Resilience functions as a protective factor against emotional dysregulation, hopelessness, and suicidal behavior (Min et al., 2013; Connor & Davidson, 2003). It enhances cognitive flexibility, emotional balance, and a sense of purpose, which are all deterrents to suicidal thinking. The particularly strong correlation in Reang males underscores their vulnerability and, at the same time, their potential responsiveness to resilience-focused interventions.

In populations facing chronic stress or marginalization, enhancing resilience may be one of the most effective ways to reduce suicide risk. Community-based resilience training, spiritual and cultural revival programs, and family-centered interventions can significantly reduce psychological morbidity (Ungar, 2011; Masten, 2014).

CONCLUSION

The present study investigated the differences in resilience and suicidal ideation among Chakma and Reang tribal communities in Tripura, with a focus on gender variation and the relationship between the two psychological constructs. The results yielded several important insights with significant cultural, social, and psychological implications.

The findings confirmed that ethnicity plays a critical role in shaping psychological outcomes. Chakma individuals demonstrated higher resilience, while Reang individuals reported higher suicidal ideation, indicating that structural inequalities, historical marginalization, and limited access to resources significantly impact mental health. These findings point to the urgent need for culturally sensitive interventions targeted at the Reang population, particularly young males, who showed the lowest resilience and highest vulnerability.

Gender-based analysis revealed that females exhibited greater resilience, yet also reported higher suicidal ideation compared to males. This paradox highlights the complexity of gender dynamics in mental health—women may possess stronger coping mechanisms, yet simultaneously experience greater emotional strain due to societal roles, expectations, and compounded psychosocial stressors. These results underscore the necessity for gender-responsive mental health programs that not only strengthen resilience but also address deep-rooted systemic stressors affecting women.

Perhaps most importantly, the study confirmed a strong and consistent negative correlation between resilience and suicidal ideation across all subgroups. This supports the premise that resilience acts as a protective psychological factor, buffering individuals against suicidal thoughts and behaviors. Particularly for high-risk populations, enhancing resilience through community-based programs, life skills training, and psychoeducation could be a key strategy in suicide prevention.

In sum, the study emphasizes that psychological interventions must be both culturally and demographically tailored. Blanket approaches are insufficient in addressing the nuanced needs of diverse tribal groups. Future policies must integrate local cultural strengths, promote community resilience, and prioritize inclusive mental health care systems to reduce suicidal ideation and promote psychological well-being in marginalized populations.

Limitation

1. Limited no. of participants.
2. Only being limited to people with of knowledge of English.
3. Time limitation & only confined to West Tripura District.
4. Focus on Vulnerable Groups: Target interventions for non-tribal males to address high levels of emotional abuse and suicidal ideation.
5. Gender-Sensitive Strategies: Tailor mental health approaches to meet the specific needs of different genders.

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