



**THE REPUBLIC OF TÜRKİYE
SOCIAL SCIENCES UNIVERSITY OF ANKARA
THE GRADUATE SCHOOL OF SOCIAL SCIENCES**

**ADAPTING TO ADVERSITY: A COMPREHENSIVE STUDY OF
DISASTER RESILIENCE IN TÜRKİYE**

Master's Thesis

Mehlika Tellioglu

Disaster and Humanitarian Aid Management

January 2024

THE REPUBLIC OF TÜRKİYE



**SOCIAL SCIENCES UNIVERSITY OF ANKARA
THE GRADUATE SCHOOL OF SOCIAL SCIENCES**

**ADAPTING TO ADVERSITY: A COMPREHENSIVE STUDY OF
DISASTER RESILIENCE IN TÜRKİYE**

Mehlika Tellioğlu

Prof. Dr. Aslı AKAY

Disaster and Humanitarian Aid Management

January 2024

ACKNOWLEDGEMENTS

First, I am profoundly thankful to my dissertation supervisor, Prof. Dr. Aslı Akay, for her guidance, expertise, and continuous support. Her mentorship has been instrumental in shaping the trajectory of my research and academic journey. Without her critical insights, and guidance, this accomplishment would not be possible.

A special acknowledgment to Nazlı Ayhan Algan and Dr. Erdem Ayçiçek from YSYD Humanitarian for their valuable insights and support throughout this research journey. I extend my genuine gratitude to all other organization members, who helped me directly or indirectly during my academic journey. Their commitment to humanitarian efforts has been a source of inspiration. Each member has played an integral role in shaping this academic endeavor.

I extend my deepest gratitude to my late father, Haldun Tellioğlu whose unwavering support and belief in my abilities continue to inspire me. His memory remains a guiding light throughout this academic journey. Words cannot express my gratitude to my mother and my brother; your encouragement and understanding have been my pillars of strength. I appreciate your efforts to facilitate my research and the countless moments of support that sustained me. My heartfelt thanks go to my spouse, Gökhan, for his enduring patience, encouragement, and belief in my capabilities. Your steadfast support has been the bedrock of my resilience.

To my dear friends, Buruç, Eray, Frohar, Neslişah, Oktay, Özlem, Şeyda, and Ünal, your belief in me sometimes surpassed my own. Your encouragement, discussions, and camaraderie made this academic endeavor more meaningful and enjoyable. Mamoru, my feline companion, deserves a special mention for providing companionship and comfort during long hours of research. Your presence brought joy to the process.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	II
ABSTRACT	V
LIST OF ABBREVIATIONS	VII
LIST OF TABLES	IX
LIST OF FIGURES	XI
INTRODUCTION	12
Research Questions	15
Synopsis of the Chapters.....	16
1.CONCEPTUAL AND THEOROTICAL FRAMEWORK	18
1.1 Conceptual Framework	18
1.1.1.2 Disaster Risk Reduction (DRR).....	19
1.1.1.3 Sendai Framework	20
1.1.1.4 Resilience	22
1.1.1.5 Disaster Resilience	24
1.1.1.6 Disaster-awareness	25
1.1.2 Literature Review	26
1.2 Theoretical Framework	44
2.METHODOLOGY OF THE THESIS.....	50
2.1 Research Design.....	50
2.2 Participants And Sampling.....	50
2.3 Data Collection Instruments.....	51
2.4 Data Collection Procedure.....	53
2.5 Methods of Data Analysis	53
2.6 Limitations of the Study.....	53
3.RESULTS	55
3.1 Findings on the Socio-Demographic Characteristics of the Participants.....	55
3.2 Exploratory Factor Analysis (EFA).....	58
3.3 Confirmatory Factor Analysis (CFA)	62
3.4 Descriptive Statistics Findings.....	66
3.5 Comparison of Data.....	68
3.6 Examining the Correlations Between Variables	88
3.7 Examining the Effect of Disaster Awareness, ARM-R and PSRS on Participants' Community Resilience Scores	90

DISCUSSION AND CONCLUSIONS93
REFERENCES99
APPENDICES.....109
Appendix A.....109
Appendix B.....1266
Appendix C.....1277



ABSTRACT

Throughout years in the humanitarian field, I have always been impressed by the way people cope with challenges. So, I started to wonder what was affecting these coping levels? Why were some of us more affected while others were less affected when we experienced similar events? What determined these levels of influence? According to my observations, variables such as social support, solidarity, collaboration, level of preparedness in the face of crises, level of awareness, spatial connectedness, sense of belonging, and trust affected the way we respond to the challenging experiences. This pushed me to research topics such as disaster awareness, psychosocial resilience, individual resilience and community resilience. This thesis addresses critical aspects of disaster risk reduction by focusing on resilience levels of participants living in various cities of Türkiye after the Kahramanmaraş Earthquake. The research underlines the importance of society, socio-ecological, psychosocial resilience and disaster awareness as key variables in disaster risk reduction. The following aims guide the research: investigating resilience with different variables from various theoretical perspectives, developing a valid and reliable Psychosocial Resilience Scale, developing a valid and reliable Community Resilience Scale, examining the validity and reliability of the Adult Resilience Scale translated into Turkish (Jefferies, McGarrigle and Ungar, 2018), to examine the disaster awareness, resilience, psychosocial resilience and, accordingly, community resilience of participants.

In addition, the research also examines the data obtained from the earthquake region in order to measure the impact of the disaster on resilience. Finally, it reveals the factors affecting community resilience. While it aims to make an original contribution to the literature, it has also included limitations, including the cross-sectional nature of the data. The study aimed to encourage future research to adopt longitudinal designs to more deeply understand the

development of resilience over time.

Briefly, this thesis aims to contribute to disaster risk reduction efforts in Türkiye by providing a multifaceted analysis of resilience factors, paving the way for targeted interventions appropriate to the specific needs of diverse populations.

Keywords: Resilience, Disaster Resilience, Disaster Risk Reduction, Disaster Risk Management, Disaster Preparedness

ÖZET

Bu tez, Kahramanmaraş Depremi sonrasında Türkiye'nin çeşitli şehirlerinde yaşayan 18 yaşından büyük katılımcıların dayanıklılık seviyelerine odaklanarak afet riskinin azaltılmasının kritik yönlerini ele almaktadır. Araştırma, afet riskinin azaltılmasında temel değişkenler olarak toplumun, sosyo-ekolojik, psikososyal dayanıklılığın ve afet farkındalığının önemini altını çiziyor. Dayanıklılığın çeşitli teorik perspektiflerden farklı değişkenlerle araştırılması, geçerli ve güvenilir bir Psikososyal Dayanıklılık Ölçeği'nin geliştirilmesi, geçerli ve güvenilir bir Toplum Dayanıklılık Ölçeği'nin geliştirilmesi, Yetişkin Dayanıklılık Ölçeği'nin Türkçe'ye çevrilmiş halinin geçerliliğinin ve güvenilirliğinin incelenmesi (Jefferies, McGarrigle ve Ungar, 2018), katılımcıların afet farkındalığı, dayanıklılık, psikososyal dayanıklılık ve bunlara bağlı olarak toplum dayanıklılığının incelenmesi araştırmaya yön vermektedir.

Ayrıca araştırma afetin dayanıklılık üzerindeki etkisini de ölçmek amacıyla deprem bölgesinden elde edilen verileri ayrıca inceleyecektir. Son olarak toplum dayanıklılığını etkileyen faktörleri ortaya koyacaktır. Literatüre özgün katkı yapmayı amaçlarken, verilerin kesitsel doğası da dahil olmak üzere sınırlamaları da dahil etmiştir. Çalışma, gelecekteki araştırmaları, dayanıklılığın zaman içindeki gelişimini daha derinlemesine anlamak için boylamsal tasarımları benimsemeye teşvik etmeyi amaçlamıştır.

Özcesi bu tez, dayanıklılık faktörlerinin çok yönlü bir analizini sunarak, farklı nüfusların özel ihtiyaçlarına uygun hedefli müdahalelerin önünü açarak Türkiye'nin afet riskini azaltma çabalarına katkıda bulunmayı amaçlamaktadır.

Anahtar Kelimeler: Dayanıklılık, Afet Dayanıklılığı, Afet Risk Azaltma, Afet Risk Yönetimi, Afete Hazırlık

LIST OF ABBREVIATIONS

ADPC: Asian Disaster Preparedness Centre

AFAD: Afet ve Acil Durum Yönetimi Başkanlığı (Disaster and Emergency Management Presidency)

ARM-R: Adult Resilience Measure-Revised DAS: Disaster Awareness Scale

DEA: Disaster Education Awareness DRM - Disaster Risk Management DRR - Disaster Risk Reduction

DRRM - Disaster Risk Reduction and Management FDA: False Disaster Awareness

IFRC - International Federation of Red Cross and Red Cross Societies

PDA: Pre-Disaster Awareness PSRS: Psychosocial Resilience Scale

SDGs - Sustainable Development Goals

UNISDR: United Nations Office for Disaster Risk Reduction UNDRR: United Nations Disaster Risk Reduction

LIST OF TABLES

<u>Table 1. Findings on the Socio-Demographic Characteristics.....</u>	<u>55</u>
Table 2. Findings on What's Currently Exist at Home.....	57
Table 3. KMO and Bartlett's Test of Community Resilience Scale.....	58
Table 4. Eigenvalues and Variances of the Community Resilience Scale.....	59
Table 5. KMO and Bartlett's Test of ARM-.....	60
Table 6. ARM-R Eigen Values and Variances.....	60
Table 7. KMO and Bartlett's Test of PSRS.....	62
Table 8. PSRS Eigen Values and Variances.....	62
Table 9. Descriptive Statistical Findings of Community Resilience Scale, ARM-R, PSRS, Disaster-awareness Scales.....	66
Table 10. Comparison of The Data According to Gender.....	68
Table 11. Comparison of Data According to the Age.....	69
Table 12. Comparison of Data According to Residence Region.....	72
Table 13. Comparison of Data According to the Participant's Presence in Provinces Affected From 6 February Kahramanmaraş Earthquake.....	73
Table 14. Comparison of Data According to Education Status.....	75
Table 15. Comparison of Data According to Employment Status.....	77
Table 16. Comparison of Data According to Participant's Income Level.....	78
Table 17. Comparison of Data According to Participation to Voluntary Activities.....	80
Table 18. Comparison of Data According to Social Media Usage.....	82
<u>Table 19. Comparison of Scores According to Participants' High Level of Individual Resilience.....</u>	<u>84</u>
Table 20. Comparison of Scores According to Participants' High Level of Community Resilience.....	86

Table 21. The Correlations Between Disaster Awareness Community Resilience Scale, ARM-R, PSRS Scores.....88

Table 22. Multiple Regression Analysis Results for the Effect of Disaster Awareness, Personal.....91

Table 23. Skewness and Kurtosis Values of Disaster Awareness Scale, Community Resilience Scale, ARM-R, PSRS.....92



LIST OF FIGURES

<u>Figure 1. Confirmatory Factor Analysis Results of the Community Resilience Scale.....</u>	<u>63</u>
<u>Figure 2. Confirmatory Factor Analysis Results of the ARM-R.....</u>	<u>64</u>
<u>Figure 3. Confirmatory Factor Analysis Results of the PSRS.....</u>	<u>65</u>

INTRODUCTION

In an atmosphere when natural disasters are happening more often and environmental uncertainties are rising, the imperative for effective disaster risk reduction (DRR) strategies has never been more pronounced. In recent decades, the global landscape has witnessed an alarming surge in the frequency and intensity of natural or human-made disasters, posing significant challenges to communities worldwide. Türkiye, situated at the crossroads of several tectonic plates and prone to various natural hazards such as earthquakes, floods, and wildfires, stands as a poignant example of a nation grappling with the complex dynamics of disaster risk reduction (DRR). As policymakers and practitioners strive to enhance resilience and mitigate the impacts of disasters, there arises a pressing need to understand the multifaceted nature of resilience and disaster awareness among Turkish citizens. 2023 was a challenging year for Türkiye due to devastating disasters happened in 11 provinces on February. These disasters have brought to light that we need to work more on resilience and care more about risk reduction.

As a humanitarian worked in crises for years and is on the field since the day 1 of the disasters happened in Türkiye on 2023; I observed that community resilience in our country was higher than I thought, and I couldn't help but wonder why this resilience was higher in some regions and less in some regions. What if this resilience could be contagious, and if we could spread it together after understanding its variables and the actions we can take? Would disasters be less risky for us? Of course, disaster risk reduction depends on livelihoods and health and in the economic, physical, social, cultural and environmental factors, but it is not possible to study all factors at once. So, this research sheds light on the issue of risk reduction from a social and psychological perspective. It aims to embark on a comprehensive exploration of DRR, focusing on a myriad

of variables including community resilience, social-ecological resilience, psychosocial resilience, and disaster awareness within the Turkish context. The significance of this endeavor lies in its potential to unravel the intricate interplay between socio-cultural, ecological, and psychological factors that shape individuals' and communities' capacities to withstand, adapt to, and recover from disasters.

At the heart of this study lies the concept of community resilience, which refers to the collective capacity of communities to anticipate, respond to, and recover from adverse events. Drawing on seminal research, this study seeks to elucidate the determinants of community resilience of participants above 18 living in various cities of Türkiye, examining the adaptive strategies, social networks, and institutional frameworks that underpin resilience-building efforts at the local level. Furthermore, the analysis extends to encompass social-ecological resilience, a concept that underscores the interconnectedness between social systems and ecological processes in shaping resilience outcomes. Building upon the foundational works of Berkes and Folke (1998) and Adger (2000), this research endeavors to explore how diverse ecosystems interact with social structures to influence resilience capacities and adaptive responses to disasters.

In addition to the structural and ecological dimensions of resilience, the thesis delves into the psychological and social underpinnings of resilience through an examination of psychosocial resilience. Informed by the works of Masten (2011) and Bonanno (2004), this study seeks to unravel the mechanisms that mediate individuals' responses to disasters, shedding light on strategies to bolster preparedness and enhance adaptive coping mechanisms for disasters.

Moreover, the analysis extends to encompass disaster awareness, recognizing it as a critical precursor to effective DRR measures. Informed by the Sendai Framework and seminal contributions of Mileti and Sorensen (1990) and Paton and Johnston (2001) on the issue, this research endeavors to assess the levels of disaster awareness among participants, identifying knowledge gaps, communication barriers, and perceptual biases that may impede proactive

disaster preparedness and response efforts.

By integrating these diverse variables and adopting a multi-dimensional approach, it aspires to offer a holistic understanding of resilience and disaster awareness within the Turkish context. Through empirical inquiry and theoretical synthesis, it aims to provide valuable insights and recommendations to inform policy formulation, enhance community engagement, and foster a culture of resilience-building and proactive disaster management in Türkiye.

This chapter presents the importance and objective of the research and the discussion questions of the thesis. It also provides information about the methodology of the thesis, the data sources and the sample. This thesis examines the concept of disaster risk reduction from various variables. These are; community resilience, social-ecological resilience, psychosocial resilience and disaster awareness. In this context, it focuses on resilience and disaster awareness levels in Türkiye. Here, three important issues need to be highlighted. The first one is that in the thesis, resilience didn't examine from one perspective, various theories of resilience taken into account. The second one is that it is also focused to develop a valid and reliable psychosocial resilience scale in Turkish. The third one, it is aimed to determine resilience of people affected from the recent earthquake in Türkiye (6th February, Kahramanmaraş Earthquake). By doing this, the impact level of disasters within the same country is aimed to be measured.

Significance And Objective of The Research

As a set of interdisciplinary services carried out at every stage of the disaster cycle, including increasing recovery skills and supporting humanitarians, it is important to analyze the baseline of the society's resilience. By doing this, appropriate interventions can be developed.

From various phenomenon correlated with disaster risk reduction, there are two most important points in disaster risk reduction to mitigate the effects

of the disasters and these are; resilience and vulnerability. Resilience and vulnerability are inversely proportional and should be considered in the same equation. In order to build resilience and reduce vulnerability, besides developmental actions, awareness raising activities and various psychosocial trainings and activities should be implemented (Zulyadi, 2017). The Sendai Framework serves as part of the most significant instruments in risk reduction and risk management today, and the Framework's guiding principles for resilience will be examined further in the thesis. The dissertation does not only examine resilience level of participants from various dimensions, but also bring a different perspective to risk reduction by trying to understand resilience factors and disaster's aftermath resilience.

Research Questions

The following research questions formed the thesis:

1. Does high level of psychosocial resilience predict high level of community resilience?
2. Does high level of disaster awareness predict high level of community resilience?
3. Does high level of individual resilience predict high level of community resilience?
4. Is there a relationship between psychosocial resilience, individual resilience, disaster awareness and community resilience?
5. What is the individual, psychosocial and community resilience and disaster awareness level of participants selected from people living in Türkiye?
6. Did disaster affect people's resilience and disaster awareness in Türkiye?

Synopsis of the Chapters

This thesis unfolds in Introduction, delineating the importance of disaster risk reduction interventions and setting forth six key research questions. These questions revolve around the interplay between psychosocial resilience, individual resilience, disaster awareness, and community resilience of participants above 18, residing in various cities of Türkiye.

Chapter 1 provides the conceptual and theoretical framework for the thesis. Definitions of crucial concepts such as disaster, disaster risk reduction, Sendai Framework, resilience, and disaster awareness are expounded upon. Theoretical considerations guide the exploration of various dimensions of resilience, laying the groundwork for the subsequent empirical analysis.

Chapter 2 details the methodology, data sources, and the sample used in the research. The thesis employs a multidimensional approach, drawing on various theories of resilience to analyze resilience levels of participants of the research comprehensively. Notably, the chapter highlights the development of a psychosocial resilience scale in Turkish, a novel contribution to the field.

Chapter 3 presents the statistical findings, addressing the research questions posed in Chapter 1. Through statistical analyses, the reliability and validity analyses of the scales developed (Community Resilience Scale and Psychosocial Resilience Scale and Adult Resilience Measure-Revised) were realized firstly. The relationships between demographic information, psychosocial resilience, disaster awareness, individual resilience, and community resilience are explored secondly. The impact of Kahramanmaraş earthquake on resilience of the participants is examined thirdly. Last but not least, regression analysis was realized to understand impacts of Independent Variables on Dependent Variable.

Chapter 4, the final chapter, synthesizes the study's initial findings and provides a detailed examination of their repercussions. Regional and demographic differences in resilience beliefs are discovered, which enables

more targeted studies. Developed and translated scales' reliability and validity were discussed. The corresponding nature of disaster awareness, individual resilience, and community resilience is underlined, emphasizing the need for related measures for increasing disaster resilience.



1. CONCEPTUAL AND THEOROTICAL FRAMEWORK

This chapter examines the conceptual and theoretical framework of the thesis. The conceptual background is composed of two parts which are definitions of corresponding notions, and the literature review. The theoretical framework is consisted of one part. This part turns at theoretical considerations and the theoretical framework adopted in this thesis.

1.1 Conceptual Framework

The analytical background contains two main parts. The first part defines and discusses the main concepts of focus: disaster, disaster risk reduction, Sendai Framework, resilience, disaster awareness. The second part engages in a comprehensive review of the relevant academic literature.

1.1.1 Definitions of Concepts

1.1.1.1 Disaster

Disaster is defined by the United Nations (UN) as “natural, human or technology-induced events that interrupt human life unexpectedly according to the preparedness”; the outcome of a combination of: hazard exposure; vulnerability circumstances; and inadequate capability or steps to both mitigate and cope with the possible negative repercussions. (UNISDR, 2012; Kousky, 2014). Disaster is also identified as an event that has a broad negative impact on people. A calamity results in the loss of life, injuries, displacement, and property destruction. Survivors may have witnessed a family member or acquaintance die without being able to assist or there will be ambiguous losses.

Survivors may be permanently harmed or have their house destroyed (Paho, 2012:1). Disasters have impacts over the entire community. According to Ursano et al. (2007), shatter the functions, roles, structures, stability and resources within the community. When we are not prepared for such unexpected events, the impact of these disasters increases even more. While disasters interrupt people's lives, they also cause various damages that can be considered social, psychological, economic, physical and spiritual. These damages might differ based on the type of catastrophe, as well as the location and timing of the occurrences. For example, if we consider the type of disaster that occurs in earthquake type, the physical, social, psychological, economic and spiritual effects of the earthquake are higher than in other regions if it occurs in settlements – areas with high population density. If this emerging earthquake damages structures such as intercity highway connection, viaduct, bridge in areas outside the settlement, it is observed that its economic and physical effects are more. It has social, psychological, economic and societal effects in various types of disasters such as floods, landslides and forest fires. Such effects can destroy all the material and spiritual values of societies and countries at once. Rebuilding these destroyed structures, renewing the organizations and making them usable cause high costs (Kousky, 2014; Tatah et al., 2016).

1.1.1.2 Disaster Risk Reduction (DRR)

Disaster risk reduction is defined as the concept and method of reducing disaster risks through systematic measures to assess and handle disaster causal factors including minimized exposure to hazards, diminished vulnerability of people and property, community and infrastructure resilience, prudent land and ecological management, and enhanced preparedness over negative outcomes. Disaster reduction essentially incorporates vulnerability and risk assessment, as well as a variety of institutional competencies,

strengths and operational capabilities. The strengths and vulnerability of important facilities, economic and social infrastructure, the deployment of efficient early warning systems, community engagement and education, social protection, capacity building, training, governance, cooperation and the use of a wide range of professional talents are all critical components of disaster risk reduction. Within DRR it is aimed to be proactive rather than retroactive or thereafter (USAID, 2011). Hyogo Framework for Action, Paris Agreement, ASEAN Agreement on Disaster Management and Emergency Response (AADMER), Sendai Framework for Disaster Risk Reduction, and 2030 Agenda for Sustainable Development are the milestones to provide guidance on disaster risk reduction (DRR) at the global and regional levels.

1.1.1.3 Sendai Framework

In the aftermath of the IDNDR in the 1990s, the International Strategy for Disaster Reduction (UNISDR) was founded in 2000. In 2005, the United Nations/GA convened the second World Conference on Disaster Risk Reduction (DRR) in Kobe, Hyogo, Japan, concluding the review of the Yokohama Strategy and its Plan of Action, as well as the adoption by 168 countries of the Hyogo Framework for Action 2005-2015: Building the Resilience of Nations and Communities to Disasters (HFA) (UNISDR 2005). The HFA identified five major action priorities, including ensuring DRR is implemented with a strong institutional foundation at the various levels within structure of countries as a priority; identifying, monitoring, and assessing risks to enhance early warning; leveraging knowledge, innovation, and training to build an atmosphere of safety and resilience at all levels, eliminating risk factors that are underlying; and strengthening disaster preparedness to feed effective response at all levels. Concurrently, in connection with the HFA process, two other global policy initiatives were launched: the climate change agreements and the Millennium Development Goals. The three policy domains were inextricably linked since

they all drew on scientific information and either directly or indirectly influenced human well-being. However, in the HFA, they were not as well integrated as they could have been, and the policy procedures for each area emerged as different policy streams. The clusters of policy, practice, and research in economic development, emergency response, and climate change are made up of individuals and disciplines at multisectoral level, and they are managed through various organizations that utilize various funding flows, expanding the silos in theory as well as practice, while maintaining a certain degree of overlap that has become more widely accepted and highlighted by the UN post-2015 agenda. On March 18, 2015 SFDRR is came to the scene. It is a voluntary agreement adopted by 187 UN members, following protracted negotiations at the Third World Conference on Disaster Risk Reduction (UNISDR 2015), which is the successor to the HFA. It emphasizes the necessity of a more comprehensive DRR process that includes bottom-up as well as top-down actions, local scientific and technical expertise, and draws attention to interactions with health, protection, resilience, climate change, and sustainable development. This far-reaching new DRR framework contains an established outcome, goal, seven global targets, and four action priorities. The framework reflects the understanding that scientific evidence- based policies can play an important role in these efforts by determining disaster risk and thus revealing improved methods to prevent, mitigate, prepare for, recover from, respond to, and adapt to disasters, thus emphasizing resilience associated with disasters (Aitsi-Selmi et al., 2015). It consists of four action priorities plus seven global targets. The strategy emphasizes the importance of 'hindering new disaster risk whereas decreasing existing disaster risk through the implementation of integrated and inclusive...measures that prevent or reduce exposure to risks and vulnerability to disaster, strengthen preparedness for response and recovery, and thus strengthen resilience' (UNISDR, 2015a: 12).

The focus is on the government's power, with stakeholders such as local governments, business owners, academic institutions, and others sharing

responsibilities (UNISDR, 2015a).

The notion of resilience was strongly included in the HFA and continues to be a central subject in the Sendai Framework. Section 3 has complete transcripts of where resilience appears in the framework. The Sendai Framework defines resilience as "the ability of a system, community, or society exposed to hazards to resist, absorb, accommodate to, and bounce back from the consequences of a hazard in an effective and timely way, which includes via the preservation and restoration of its invaluable fundamental structures and functions." (UNISDR, 2015).

Resilience is listed as an outcome under the overall objective of the Sendai Framework, as well as a component of its targets and priorities (Lovell et al., 2016). It is explicitly stated in one of the seven global objectives and one of the four action priorities, and it is profoundly ingrained in the measures required at the local, national, regional, and global levels (UNISDR, 2015).

1.1.1.4 Resilience

Throughout the previous four decades, resilience has been a watchword in a range of topics, including but not limited to psychology and ecology, urban planning, politics, history, business administration, sociology, disaster management, and international development. It derives from the phrase "bounce back" and may be used to define robustness, fault-tolerance, survival, agility, flexibility, adjustment, adapting, and bouncing back. Vulnerability, strength, capacity and sustainability are also affected resilience. The term's widespread use, however, does not indicate unified conceptions of resilience or the theories in which it is contained. Distinct applications create distinct procedures, and occasionally even different methodology. Even when concepts are universally shared, evidence or other empirical backing can differ across domains of application. It is a term that has no clear boundaries and an operational definition. A common framework is required for establishing the resilience

notion. There are various frameworks available; examining them all would be a gigantic task. These varied perspectives on resilience, however, follow a pattern of: from resilience in humans or single items to resilience in systems and complex adaptive systems. There is frequently no apparent best perspective, but history has repeatedly demonstrated that simplifying can have major costs: in ecology and economics, simplified ideas lead to acts with unintended, sometimes contradictory, consequences (Lee et al., 2013; Martin-Breen & Anderies, 2011). Therefore, resilience may be defined as an umbrella term and it may be beneficial to draw its boundaries. Various theories indicated different perspectives in different fields. The fields that resilience term used with are urban resilience, engineering resilience, social resilience, psychological resilience, psychosocial resilience, economical resilience, infrastructure resilience, and disaster resilience (Martin-Breen & Anderies, 2011).

According to the study by Bonanno and Gupta (2012), resilience after a disaster can be affected by various factors. These factors include; social support, coping strategies, adaptive functioning, psychological factors. Overall, the study suggests that resilience is a dynamic process influenced by a combination of personal, social, and environmental factors, and understanding these factors is essential for promoting resilience and mental health in the aftermath of disasters. They emphasize that resilience is not a fixed trait but rather a capacity that can be fostered and strengthened over time. Additionally, they highlight the importance of intervention strategies aimed at promoting resilience and mental health in individuals and communities affected by disasters. Overall, the authors suggest that understanding and supporting resilience can play a crucial role in post-disaster recovery and well-being. On the other hand, Wu and colleagues (2013) examined resilience by adding genetic and neurobiological factors into the equation. They underscore the multifaceted nature of resilience, highlighting the interplay between genetic, neurobiological, environmental, and individual factors in promoting adaptive responses to stressors and maintaining psychological well-being. Understanding these resilience factors is crucial for

informing interventions aimed at enhancing resilience and mitigating the adverse effects of adversity. Within this thesis social, psychosocial and disaster resilience will be discussed.

1.1.1.5 Disaster Resilience

The notion of resilience is complex, having started in physics and gained popularity in ecological studies before being extended to social science in order to designate the capacity for adaptation of individuals, groups, and wider communities (Norris et al. 2007). In the Hyogo Framework for Action, resilience is defined as "the ability of individuals, communities, and states, alongside their organizations, to absorb and recover from disasters and proactively adapting and transforming their systems, structures, and ways of living in the face of long-term changes and uncertainty". Disaster resilience occurs as a subset of the broader idea of resilience.

The Hyogo Framework for Action defines disaster resilience as the degree to which individuals, including both the private and public sectors, are capable of learning from prior catastrophes and lowering the risks to future risks at all levels (UNISDR 2005). Communities, governments, and civil society can be encouraged to create a supportive environment for disaster resilience in a variety of ways, including local capacity building and maintaining the engagement of all individuals, especially vulnerable and marginalized groups (Turnbull et al. 2013). Community members should be involved in risk reduction, be flexible in unanticipated circumstances, establish participatory organizations, reinforce capacities for decision-making, confirm the functionality of information sharing, and ensure more equal distribution of resources with the goal to foster resilience in communities against disaster events. Resilience should be viewed as a process rather than an end result. The level of resilience can be judged by the manner and speed of which the community adjusts to pre-disaster conditions. Nonetheless, resilience does not

imply that the community is immune to stress; rather, a resilient society recovers more quickly and the stress is merely a fleeting event (Norris et al. 2007).

1.1.1.6 Disaster-awareness

Variations in people's beliefs, values, and social and cultural attitudes toward specific types of hazardous events influence disaster preparedness. One of the important factors of disaster preparedness is disaster awareness (Paton, Smith, & Johnston, 2005). Disaster awareness encompasses not only implementing measures during or after a crisis, but also taking required precautions, mitigating and planning ahead of time. These efforts are potentially more beneficial than a disaster response. The most crucial aspects of modern disaster management are risk reduction and disaster preparation (Caymaz, Akyon & Erenel, 2013; Kadioğlu, 2011 as cited in Dikmenli, Yakar & Konca, 2018). "Culture" as a concept has appeared in a number of texts and websites aimed at improving disaster education. Disaster awareness themes include security culture, risk culture, and preparation culture. After having pointed out that, education is also necessary to widely utilize the promotion of disaster awareness across society (Benadusi, 2014, as referenced in Dikmenli, Yakar, and Konca, 2018). This is best accomplished by the active and ongoing participation of all parties involved (KhorramManesh et al., 2016; Wang, 2016 as cited in Dikmenli, Yakar & Konca, 2018). Besides education; sets of measures exist for governments, NGOs and communities to increase disaster awareness. This including but not limited to media campaigns, simulations, Information, Education and Communication Materials like brochures, flyers, posters, etc.

1.1.2 Literature Review

Disaster management; in order to prevent disasters and reduce their damages, the resources are determined strategic targets and resources that involve all segments of the society with their institutions and organizations in order to plan, direct, coordinate, support and effectively implement the measures to be taken and the work to be done before, during and after the disaster. It is defined as a multi-dimensional, multi-disciplinary and multi-actor management process that ensures its use in line with priorities. Within the process, activities that can be divided into main stages such as mitigation; preparedness; response; and recovery require continuity. The efficacy of the activities performed in the previous phase of a disaster influences the efficacy of the activities performed in the following phase. These processes are intertwined activities and form a cycle (Ministry of Development, 2014). In this context; resilience is important. According to Harrison and Williams (2016); it is the ability of an overall system to reach a new equilibrium state by adverse reaction to an acute or chronic stress. According to Varol and Kırıkkaya (2017); resilience is the sociological, psychological and physical capacity of a community and system, as well as the ability to overcome disasters and emergencies, to survive with minimal damage, and to regain a state of balance. Liu et al., (2017) describe resilience through three-layer spherical structures. Intrinsic resilience focuses on the individual's physiological basis, which continues to remain comparatively constant over time and is based on the individual's psychological, physical, and gender characteristics; it represents the individual's resilience based on family, friends, educational background, and social environment, as well as individual characteristics. External resilience, on the other hand, is the environmental geographical features of the environment, socio-economic status, state of institutions and infrastructures, transportation, etc. It represents the resilience that develops due to many external factors such as Resilience of cities and individuals is one of the most fundamental risk reducers in disasters (Masten &

Obradovic, 2008).

When talking about resilience in disasters; it is also vital to understand the concept of vulnerability in detail. Although resilience and vulnerability seem to be opposite concepts, they can differ in some cases. Vulnerability is a concept that social, physical, environmental or economic factors that increases the susceptibility of an individual, community or system to the effects of hazards. However, in general terms, we can say that; the more resilience and less vulnerable of a society or individual to disasters; its capacity to cope with disasters is so high. In complex systems, on the other hand, effective disaster risk management and risk reduction will be possible by enhancing the resilience of the society and the system while minimizing vulnerability (Varol & Kırıkkaya, 2017).

Disasters, whether natural, technological or human-induced, affect human life from multiple aspects abruptly. They may have long term consequences on health, social life, basic needs, economy, environment, politics and infrastructure. Actions to be taken for mitigation and preparedness to disasters and resilience of the communities and cities should be increased. Establishing preparations to decrease risks, measures should be developed before, during and after a disaster is one of the most successful ways for mitigating and risk reduction of disasters (Masten & Obradovic, 2008).

From the 1960s to the 1970s, a series of global efforts to address disaster vulnerabilities and risks, led in part by the United Nations (UN), grew into a significant discipline of study, collaboration, and practice (United Nations General Assembly Resolution, 1970; United Nations General Assembly Resolution, 1971; United Nations General Assembly Resolution, 1978). What launched as international technical cooperation (for example, utilizing insights from research using the satellites and other technology to help inform early-warning systems to prepare for and warn of approaching disasters) (United Nations General Assembly Resolution, 1970) grew into an international field

delineated by the United Nations' designation of the 1990s as the 'International Decade of Natural Disaster Reduction.' (Resolution of the United Nations General Assembly, 1987). Meanwhile, there was a strong recognition that every country had a responsibility to protect its society and infrastructure from the effects of natural and human made disasters, but that “those usually most affected by natural and other disasters are the poor and socially disadvantaged groups, in other means vulnerable people, in developing countries because they are least equipped to deal with them.” (World Conference on Natural Disaster Reduction, 1994, p. 2). This challenge, framed by global "interdependence" and excessive profanity to mobilize financial resources, transformed the DRR field from primarily technical cooperation to more substantial international sustainable development interventions in which nontechnical actors became heavily engaged to support capacity building in developing countries with limited resource. With lessons learned from over 30 years of multilateral risk reduction support, including the landmark Yokohama Strategy and the 1990-1999 International Decade of Natural Disaster Reduction (World Conference on Natural Disaster Reduction, 1994), global interest, financing, and action emerged in 1999 with the establishment of the UN Office for Disaster Risk Reduction (UNISDR) to accelerate the adoption of an International Strategy for Disaster Reduction (United Nations General Assembly Resolution, 2002). This resulted in the development and worldwide adoption of two global frameworks for action to create disaster resilience; the Hyogo Framework for Action 2005-2015: Building the resilience of nations and communities to catastrophes and the Sendai Framework for Disaster Risk Reduction 2015-2030 (UNISDR, 2005; UNISDR, 2015).

We cannot prevent natural events, but we can reduce or mitigate the damages and that occur as a result of these effects with various precautions or warning systems. The first of the international actions to be taken towards mitigation in the last ten years is the Hyogo Framework for Action, held in Hyogo, Japan, between 18 and 25 January 2005 and it is approved by more than

162 countries. With the five action priorities determined by the Hyogo framework action program, it is aimed to reduce adverse impacts of disasters until 2015. Among these targets, reducing social, economic and environmental losses are also included in these targets. The Hyogo Framework Program (HFA) is an international plan that defines actions for disaster risk reduction. HFA offers 5 priority actions for disaster mitigation, the first one is disaster risk reduction is the priority action plan of governments; second one is identification, evaluation and monitoring of risks, development of early warning systems; third one is creating a culture of resistance and raising awareness by using all possible information; fourth one is reducing risks with appropriate and effective risk management techniques; fifth one is being prepared for an effective response (UNISDR, 2005).

Since the adoption of the Hyogo Framework for Action in 2005, some progress has been made in disaster risk reduction by countries and other stakeholders at the local, national, regional and global levels, as documented in national and regional progress reports and other global-scale reports on its implementation. In terms of hazards, a decrease in the death rate was recorded. Reducing disaster risks is a cost-effective investment to prevent future losses. Effective management of disaster risks contributes to sustainable development. Countries have increased their capacities in disaster risk management. International mechanisms, including other international and regional bodies, such as the Global Forum for Disaster Risk Reduction, which serve the purpose of developing strategic consultation, coordination and cooperation for disaster risk reduction, have been instrumental in developing policies and strategies and enhancing knowledge and mutual learning. Overall, the Hyogo Framework for Action has been an important tool in raising public and institutional awareness by building political commitment, focusing and accelerating the actions of multiple stakeholders at all levels. However, over the same decade, disasters continued to cause great losses and as a result, the well-being and safety of people, communities and countries as a whole was affected. Disasters, majority

of whom have been accelerated by both climate change and human inducement and are becoming more frequent and severe, stymie progress toward sustainable development. Evidence indicates that in all countries, exposure of people and assets is increasing faster than vulnerability is decreasing, generating additional risks while continually increasing losses from disasters, with significant social, health, economic, cultural, structural and environmental impacts, particularly in the short, medium, and long term, at the local and community level. Recurring small-scale catastrophes and slow-developing disasters disproportionately harm communities, households, and small-to-medium businesses, accounting for a large proportion of overall losses. Every country, particularly developing countries that face greater disaster casualties and economic losses, suffer significant expenses and difficulty in satisfying their financial and other commitments. The Hyogo Framework for Action has been essential in overall catastrophe risk reduction efforts and has helped to progress toward the Millennium Development Goals. However, certain weaknesses arose throughout the Plan's execution in terms of targeting important disaster risk factors, developing objectives and action priorities, promoting resilience across all levels, and providing suitable implementation tools. After the end of the Hyogo action framework, the achievements of the Hyogo framework program were examined in Sendai, Japan, on March 18, 2015, and the Sendai declaration action protocol covering the years 2015-2030 was signed. With this framework plan, it is planned to reduce the losses that will arise from disasters and it is aimed to be prepared before disasters occur (UNISDR, 2005; UNISDR, 2015).

The processes that started with the Yokohama strategy document are an indication that classical disaster management methods are not effective and efficient. With the Hyogo framework action plan, it has been observed that the undesirable effects of disasters have been reduced over a period of ten years. With the Sendai Framework action plan, this period has been increased to fifteen years and it is expected that future planning will be more effective in the long run (Masten & Obradovic, 2008).

The Sendai Framework for Disaster Risk Reduction 2015-2030 was adopted at the Third UN World Conference held in Sendai, Japan, on March 18, 2015. Supported by the United Nations Office for Disaster Risk Reduction at the request of the UN General Assembly, Sendai Framework is the outcome of stakeholder meetings and intergovernmental talks that began in March 2012 and continued from July 2014 to March 2015. The Sendai Framework is the heir to the Hyogo Framework for Action (HFA) 2005-2015: Building Disaster Resilience in Nations and Communities. HFA, International Decade of Disaster Mitigation International Action Framework signed in 1989, Yokohama Strategy for a Safer World adopted in 1994: Principles for Natural Disasters Prevention, Preparedness and Mitigation and the Action Plan of this document and International Disaster Mitigation adopted in 1999 it was designed to accelerate global efforts under the Mitigation Strategy. The Sendai Framework builds on what sustains the work of governments and other stakeholders under the HFA and sets out a range of innovations that were voiced during consultations and negotiations with 4 priorities for action emphasizing on governance, understanding, resilience and recovery, rehabilitation and reconstruction. Many commentators strongly emphasize disaster risk management over disaster management; defining seven global goals; reduction of disaster risk as an expected outcome; a target focused on preventing new risks, reducing existing risks and increasing resilience; and the establishment of guidelines, including the key responsibilities of states to prevent and reduce disaster risk, with the participation of the whole of society and all government agencies, as the most important breaking points. Moreover, the nature of disaster risk reduction had been broadened to cover both human-made and natural hazards, as well as associated environmental, technical, and ecological hazards and risks. Resilience has been heavily emphasized. The Sendai Framework also clearly articulates the need to: better understand all aspects of disaster risk in terms of exposure, vulnerability, and hazard characteristics; strengthen disaster risk governance, including national platforms; transparency in disaster risk

management; preparation for the "Build Better Again" approach; recognition of interested parties and their responsibilities; and mobilization of risk-sensitive investments to avoid the emergence of new risks; resilient health in disaster-affected communities. Furthermore, there is an obvious recognition that the Global Platform for Disaster Risk Reduction and local structures for disaster risk reduction, with the cooperation of UN Governance organizations, are acknowledged as instruments to maintain consistency across agendas, monitoring, and periodic monitoring. It is in charge of assisting with the implementation, monitoring, and assessment of the UNISDR Sendai Framework (UNISDR, 2005; UNISDR, 2015). In recent years, disaster management has gained an international dimension with the Yokohama strategy document, the Hyogo framework action plan and the Sendai declaration plan. Before these association agreements, studies on disaster and disaster management generally consisted of their own strategic action plans determined by the countries. With the international agreements made today, this situation is changing and new research areas are emerging after the multinational action plans. Disaster management can be defined as the strategic planning and management processes carried out before, during or after disasters of human or natural origin. In classical disaster management models, planning activities were carried out according to the information included in the studies or compiled by considering some risks before the disaster occurred. Pre-disaster risk management and mitigation plans were not included in this management model. Modern disaster management systems, on the other hand, include the classification and identification of disaster risks, reducing risks, taking mitigation measures, disaster risk rating, forecasting and early warning systems, being prepared for disasters with early warning systems, effective recovery activities and improvement works after disasters. Modern disaster management is suggested as disaster information management models in different sources. Thanks to information and communication technologies, information about disasters can be stored in different environments. This information is used to

reduce the effects of disasters, fight effectively, and increase the efficiency of rescue, response, relief and developmental activities (Schmid & Bohn 2018; Cao et al. 2018).

After the end of the ten-year plan of HFA, which is the first universal strategy to prepare work plan in detail for various sectors and actors focused on disaster risk reduction. The Sendai Framework is a voluntary convention approved by members of the United Nations following comprehensive consideration at the World Conference on Disaster Risk Reduction. The Sendai Disaster Risk Reduction Framework is the first of the United Nations (UN)'s three major accords this year (the other two being the Sustainable Development Goals and the Climate Change Agreement). With clear allusions to health, sustainable development, and climate change, it constitutes a step toward global policy coherence. Therefore, it places more emphasis on health, climate change and sustainable development than HFA (Aitsi-Selmi et al., 2016). The Sendai Framework (2015-2030) proposes solutions for knowledge, innovation, examining existing gaps in education, and effective implementation of disaster resilience training at all levels. In the light of these global roadmaps, countries should review their disaster risk management systems, identify their hazards and risks, being ready for possible disasters by raising the awareness level of the society, giving importance to cooperation in disasters and applying risk reduction strategies at all levels. Therefore, it would be better to create a resilient society and resilient systems against disasters (UNISDR, 2005; UNISDR, 2015).

In the first two articles of the four articles determined in the Sendai Framework, fifteen-year targets are mentioned. In the other two articles, it talks about the planning activities and targets to be made in reducing the risks and the measures to be taken. Preliminary studies have included how much of the goals in the Hyogo framework protocol have been achieved while achieving the goals in the first two items. Identifying and defining risks is done in the framework action plan at Hyogo. The identified risks included the risks made in official

institutions (UNISDR, 2005; UNISDR, 2015).

The Sendai Framework for Disaster Risk Reduction (2015-2030) has established a one-of-a-kind chance to combat catastrophes over the next 15 years through the five components listed below: adopting a concise, domain-specific, forward-looking, and action-oriented post-2015 framework for disaster risk reduction; completing the assessment and review of the implementation of the Hyogo Framework for Action; incorporating the experience gained through regional and national disaster risk reduction strategies/institutions, plans, and recommendations, as well as regional agreements under the HFA (UNISDR, 2005; UNISDR, 2015).

The Sendai Framework and the 2030 Agenda were finalized in the same year. It was the first in a series of landmark worldwide accords signed that year (2015), signaling a clear shift away from catastrophe effect management and toward risk reduction and management. According to the Sendai Framework, in order to decrease the frequency and effect of disasters, it is required to better identify disaster risks and enhance risk management in order to reduce current risks and minimize the development of new risks. The Sendai Framework has defined four key activities, and its emphasis on prevention is reflected in the seven targets that member nations must attain. Four of the seven goals (a-d) are results-oriented, with the purpose of reducing losses that result from catastrophes. The remaining three goals (e-g) focus on inputs: seek your own and national mechanisms to reduce disaster risk. Priority actions include understanding all aspects of risk, guiding and motivating public and private sectors to respond to disaster risks by strengthening risk governance, implementing early warning systems for multiple hazards, protecting productive assets, and improving the safety and functionality of critical infrastructure and strengthen disaster preparedness. Compared with 38 indicators, in order to enable and guide the seven goals of the global report, on March 1, 2018, UNDRR launched the Sendai Framework Monitor (SFM) online in the six official languages of the United Nations and a set of technologies for member

states Instructions. Understanding disaster risk is the first of the four priorities of the Sendai Framework and is particularly challenging. Various regional institutions have been mobilized to help countries improve their understanding of disaster risks. On the basis of national risk assessments from 34 countries, the European Commission has created a regional risk overview. Significant improvement has been achieved in monitoring the Sendai Framework's implementation. As of September 30, 2019, 113 nations have reported no later than part of 2017, while 104 countries had begun reporting in 2018. By increasing support for member states, UNDRR has set an ambitious goal to help 150 developing countries increase the average consistency score of all reporting countries to 0.75 in 2021 (Mami, 2020).

Although the "Hyogo Framework for Action 2005-2015" barely mentions resilience, its implementation in the last ten years has helped broaden the scope of DRR activities, not only responding to natural disasters, but also focusing on minimizing the damage to the basics of economic facilities and activities.

Among the seven global goals, the following five are particularly relevant to health: (1) Significantly reduce the global death rate from disasters by 2030, and the goal is to reduce the global average death rate per 100,000 people by 2020 to 2030 compared to 2005 to 2015 (2) Significantly reduce the number of affected people globally by 2030, and the goal is to reduce the global average number per 100,000 people in 2020 to 2030 compared to 2005 and 2015; (3) Significantly reduce damage to critical infrastructure and basic damage caused by disasters. Disruption of services, including health and education facilities, including by building their resilience by 2030; (4) Significantly increase the number of countries formulating national and local DRR strategies by 2020; (5) Significantly increase the number of multi- hazard early warnings Availability and accessibility. (UNISDR, 2005)

The Sendai Framework clearly establishes the need for a more integrated DRR

process that combines bottom-up actions, local scientific and technological knowledge, and emphasizes synergy of resilience with health, climate change and sustainable development, which can support the benefit mutual to improve the integration of DRR in health work, capacity building and cooperative policy activities in various policy domains and policy agencies are needed. The significance of the framework must be widely communicated and understood in order for all sectors and local communities to accept and implement the framework for preserving and empowering people's capacities, resilience and well-being from disaster risks and outcomes. Progress has been made on matters. Fundamentally, there are opportunities to expand multisectoral activities and a vertical system approach focused on sectors to strengthen the resilience of the preparedness, mitigation, response and recovery system and work to influence broader determinants of resilience on a multisectoral level. Sendai Framework is substantial to helping mainstream DRR within and throughout all sectors, by fusing the use of DRR with other resilience-related frameworks. Over the following 15 years, policy integration can dramatically enhance disaster resilience outcomes from catastrophes if it is successful and closely monitored (Aitsi-Selmi et al., 2016). Health especially mental health is adversely affected after disasters. However, frameworks or guidelines related to disaster risk reduction or disaster management is lack of a common understanding and measures within mental health measures.

The World Health Organization (WHO) and other INGOs, NGOs who are working in health cluster have a long history of managing and preventing emergencies' health outcomes, dating back before the Sendai Framework was adopted. According to the UNDRR and WHO studies, the impetus for its establishment came from both World Disaster Reduction Campaign on Hospitals Safe from Disasters (UNGA, 2008) and Global Platform for Disaster Risk Reduction (UNGA, 2009), when members supported a proposal to establish a topical stage devoted to shielding general wellbeing from the dangers and outcomes of crises and calamities and on the side of Hyogo Framework.

Regarding the issue, numerous additional important programs exist. Since the International Health Regulations (2005) are designed to facilitate both prevention and response for acute risks that may transcend national boundaries and constitute a threat to global health, they are a crucial legislative tool for UN member states. In addition, in order to maximize the amount and speed of vital assistance given as soon as a disaster or emergency occurs, the Inter-Agency Standing Committee (IASC) has developed an interim Emergency Response Preparedness (ERP) form for field testing that sets standards regarding risk assessments and monitoring, along with preparedness measures, which involves contingency planning (IASC, 2015).

The Sendai Framework, which builds on all of previous work, places risks and resilience emphasize with health at the center of DRM efforts. Additionally, it argues for the importance of studying inter-disciplinary in global emergency preparedness, mitigation, response planning, disaster recovery and rehabilitation (UNISDR, 2015). For example, to improve resilience, including by integrating disaster risk management into primary, secondary, and tertiary levels of clusters, particularly at the local level; developing health workers' capacity in understanding disaster risk and supporting and training in disaster risk reduction approaches in related clusters, as well as in the execution of the World Health Organization's International Health Regulations (2005); people with life-threatening and chronic diseases should be included in the creation of policies and strategies to manage their risks before, during, and after catastrophes, including access to life-saving care, owing to their unique demands; to improve the resilience of new and existing vital infrastructure in order to keep them safe, effective, and functioning during and after disasters and emergencies (UNISDR, 2015). As it's mentioned, the focus is on mostly services within humanitarian clusters, but lack of individual or society level specific measures. Hereupon, measures regarding both individual and social level is vital for disaster risk reduction.

Türkiye is frequently subjected to disasters of nature such as earthquakes, landslides, floods, and avalanches. Therefore, the country ranked 45 out of 191 countries according to the Global Risk Index of 5.0, placing it in the "high risk" category among the countries. According to the Country Risk Index, Türkiye ranked as medium risk according to the sovereign and ESG risk score, very high risk according to the AML risk score, high risk according to the Supply Chain risk score and low risk according to the UN SDG Index (2023). To be effective in disaster management TAMP was established in 2015 by AFAD parallel to the Sendai Framework targets and actions. It strives to improve the efficiency and quality of response while also coordinating strategic preparation for all types of disasters that could happen in Türkiye. Through its integrated planning approach and modular structure, this plan ensures that operational risks are minimized during disasters by collaborating official institutions, the commercial sector, non-governmental organizations, and individuals when responding to disasters and emergencies. These institutions are part of classified service categories and coordination units where the core concepts of the institutions, as well as their functions, tasks, and obligations, are decided. As a result, 28 service groups have been formed based on the nature of the services provided throughout the intervention (2023).

In order to cultivate systems thinking and provide decision makers with appropriate risk assessment and mitigation tools, UNDRR has launched the Global Risk Assessment Development Framework (GRAF) to provide information from the experience and knowledge of practitioners, policy makers and scholars. The political will to overcome silos within the government has become a key success factor not only in the data report, but also in the implementation of the risk-based DRR plan. This political will is reflected in the formulation of legal authorizations supporting DRR in some cases, and in other cases in the establishment of solid formal institutional arrangements. Many successful national initiatives have combined disaster data collection, reporting and analysis with DRR interventions. According to Mami (2020),

achieving the goals of the Sendai Framework, reducing risks and building resilience, and protecting any progress made in achieving the Sustainable Development Goals will require more collective human and material resources, governance and political will than is currently available. We only have 10 years to get there (Mami, 2020).

The Sendai Framework intends to support governments' and stakeholders' transition in policy, governance and practice from managing disasters and other occurrences to managing disaster risk. The Framework's performance will be measured by actions taken at all levels: local, regional, national, and global. Rather than focusing solely on emergency response, the Sendai Framework recognizes that disaster consequences, losses and impacts can be effectively mitigated by reducing and managing hazard, exposure, and vulnerability conditions while strengthening communities and countries' capacity for prevention, preparedness, response, and recovery in a sustainable way. The goals and priorities of actions of the framework indicates clear, feasible and measurable antecedents for disaster risk management. Therefore, actions to be taken should be feasible, relevant, clear, realistic and measurable across sectors. Each antecedent can be interpreted both for every sector in itself and multisectoral level (Maini et al., 2017).

Disaster risk reduction includes scientific, interdisciplinary and holistic policy and practical activities aimed at reducing the adverse impacts of disasters. Ensuring an appropriate emergency response and adopting the highest disaster management standards to reduce suffering, trauma, and loss of life necessitates mitigation, prevention, and planning throughout the whole emergency service environment, including health and other departments. The disaster-management sector's many policy-making activities, notably safety and social media campaigns, have aided in elevating people's physical and mental health, resilience, and well-being to a higher priority on the DRR agenda compared to its predecessor (Aitsi-Selmi et al., 2016).

Disasters have adverse impacts on infrastructure, financial status, basic services, health and overall society's resilience and well-being. When population migration and fleeing or overcrowding of relocation facilities further increase the risk of conflicts, shortage of resources, poverty and infectious disease outbreaks, or when overwhelmed medical services cannot perform selective functions such as disease management, the risk may increase. Shortage of resources is one of the main problems that affect well-being of the society from the square one of the disasters. Therefore, strengths and capacities of the society is shattered. One example is shortage of medical services. Chronic, which saves those who need to live on medicines, such as insulin for diabetes, is in a particularly vulnerable position. According to the Scientific and Technical Advisory Group of the United Nations Office for Disaster Risk Reduction (UNISDR; Geneva, Switzerland), resilience components include critical infrastructure, such as hospital buildings and transportation systems, as well as to organizations and their management. The World Health Organization (WHO: Geneva, Switzerland) works with Member States to ensure the safe and full operation of hospitals and other health facilities before, during and after disasters. Considering the diversity of sectors involved in the successful prevention of disaster mortality and morbidity, the entire national government assessment is relevant (Aitsi-Selmi et al., 2016). The long and short of the matter individual and community resilience can be significantly affected by disasters, with impacts manifesting across various dimensions. According to Norris et al. (2002) and Galea et al. (2005), people who are impacted by disasters frequently experience psychological distress, which includes symptoms of anxiety, sadness, and post-traumatic stress disorder (PTSD). By compromising their capacity to manage stress and adjust to life after a disaster, these psychological impacts have the potential to undermine people's resilience. According to Aldrich (2012), social networks and community cohesiveness are crucial elements of community resilience that are disrupted by disasters. By reducing social capital and collective efficacy, displacement, the loss of social support

networks, and communication breakdowns can reduce the resilience of a community (Kaniasty & Norris, 2009). Critical resources and infrastructure, such as housing, utilities, and healthcare facilities' resilience is also crucial for fostering community resilience (Cutter et al., 2008). If people and services are unable to rehabilitate and start again as a result of losing access to these resources, community resilience will be adversely impacted. According to Lloyd et al. (2018), disasters can have a serious impact on public health and wellbeing by raising rates of morbidity and death and aggravating pre-existing medical disorders. Individuals' resilience may be weakened by poor physical health and restricted access to healthcare services, and the resilience of a community may be further tested by health crises that affect the local infrastructure and healthcare systems. Disaster-related economic effects, like lost livelihoods, property damage, and higher unemployment, might erode people's ability to bounce back individually and as a group (Hallegatte et al., 2017). While resource scarcity and financial hardship can impede an individual's ability to recover, economic downturns also worsen social inequality and weaken community resilience. Moreover, individual and collective reactions to disasters are greatly influenced by cultural norms, beliefs, and social structures (Paton et al., 2010). Cultural influences have the power to shape resilience outcomes at the individual and community levels by influencing perceptions of risk, coping mechanisms, and support systems.

Because disaster risk has been socially constructed and specifically experienced in vulnerable populations, the Sendai Framework requires greater upstream action to alter the sources of disaster vulnerability. UNSDG are concerned with the entire population and use a variety of techniques to address the linked links of factors at various levels (micro, meso, and macro levels of social systems). Conventional methods for responding to risk and literacy at the individual level in disaster response show that education and knowledge do not ensure that people respond appropriately or adequately. Trends suggesting that if individuals and communities are "completely" informed, they would change

the way they behave overestimate the ease of behavior modification and run the danger of condemning and stigmatizing individuals. Because it understands that micro level preparedness measures must be employed in conjunction with other techniques, the "new" disaster risk management sector is increasingly connected to the "new" public health sector. Community-level action may help to ensure that disaster relief efforts address the needs of all people in the framework of their life, while incorporating communities in disaster risk reduction and response can help to increase the resources that promote disaster resilience. This use of socioecological approaches encourages cross-sectoral collaboration and builds upon communities' ecological and financial capabilities to increase their resilience and freedom of speech. Approaches to community development that include action on economic, social, psychological and environmental variables that impact individuals' behavior can be more effective in resolving health disparities. This change in the disaster sector from individual and lifestyle approaches to community capacity has focused on the daily conditions in which people live, and it may be especially crucial in unequal societies. Community action may be more successful than disaster risk reduction strategies which focus on individual behavior in improving community resilience. Individual lifestyle approaches tend to be less comprehensive than fundamental approaches, which discover macro-level determinants that contribute to insufficient outcomes and health disparities. Improving preparedness and outcomes after disaster necessitates changes in environments, laws, structure, community and regulations to promote accessibility, equality, humanity, independence, gender mainstreaming, sustainability and resilience (Oktari et al., 2021; Paton & Johnson, 2001).

In light of this information, it will be beneficial to develop data collection techniques, guidelines for specific procedures and reporting criteria for indicators necessitates extensive engagement with a wide variety of stakeholders. Indicators must be functional, usable, and utilized (Aitsi-Selmi et al., 2016). The reporting burden on governments must be kept to a minimum,

and the techniques, actions and activities recommended should be usable locally, nationally, and globally. As a result, coordination with other comparable indicator procedures is required. A major focus should also be placed on the significance of developing, learning and sharing best practice experiences on the grounds that educative and resilience building actions (Maini et al. 2017).

As it is mentioned above, Türkiye is prone to disasters. Unfortunately, a huge earthquake (7.7) struck the south of Türkiye (Kahramanmaras) on February 6, 2023, at 4.17am local time (GMT +03.00), affected thousands of people in Türkiye and Syria. A second 7.5-magnitude earthquake struck hours later, at roughly 1:24 p.m. local time. Since the earthquakes, more than 11,000 sequels have been reported, which includes two shakes (6.4 and 5.8 magnitude) on 20 February, including a few in Central Türkiye. After the earthquake, a three-month state of emergency had been imposed in the provinces that were affected by the earthquake. Furthermore, on February 24, the Disaster and Management Authority of Türkiye (AFAD) designated several areas of cities outside of the 11 afflicted provinces as "disaster zones." This disaster caused the death and internal displacement of thousands of people and adversely affected access to basic rights and needs (WHO, 2023). The magnitude and influence area are really huge and disaster aftermath showed the importance of resilience in different perspectives while it is delaying the recovery phase. The recovery process is still ongoing and access to basic services is still a challenge after 12 months. Protection, health, shelter, livelihoods needs are still ongoing.

In light of this knowledge, the purpose of this thesis is to assess participant's resilience from several perspectives. To do this, Community Resilience Scale (developed by the researcher), Adult Resilience Measure-Revised (ARM-R) (Jefferies, McGarrigle & Ungar, 2018), Psychosocial Resilience Scale (developed by the researcher), and Disaster Awareness Scale (Dikmenli, Yakar & Konca, 2018) were benefitted with the allowance of the scales' developers.

1.2 Theoretical Framework

This thesis deals with several concepts and phenomena through examining the Community Resilience, individual resilience, disaster resilience and disaster risk reduction.

Several researchers have defined the term 'Disaster' based on the individual experiences, community backgrounds, geographical states and challenges of their communities experienced within the context of disaster. Disaster has been defined by humans rather than by nature.

It is remarked that not every windstorm, earthquake, or flood is a disaster, if there are no injuries, deaths, or other significant losses due to disaster, then there's no disaster (Freudi, 2007).

Historically, disaster ideas have progressed through three distinct stages. Catastrophes were traditionally attributed to the transcendental. They were labeled as "Acts of God," implying that not much could be done to prevent their appearance (Quarantelli, 2001). The emergence of enlightenment secularism resulted in a significant shift in how society viewed disasters. People's perceptions of disasters changed as science evolved as a new source of knowledge. According to Quarantelli, they were increasingly viewed as natural occurrences. However, in recent years, the belief that disasters are caused by natural causes has increasingly given way to the belief that they are the product of human actions (Quarantelli 2001). Today, the accusation is generally pointed at human being in the aftermath of a disaster.

Perry (2018) attempted to categorize catastrophe definitions depending on their focus: first, classical definitions, which he called "event-centered" and take the event as the catalyst of disaster. Perry's second definition category is hazard-centered, which views danger as a "source of disaster." Geography and physical science have an impact on it. According to these definitions, catastrophe can be viewed as the junction of disaster and social structures, with a focus on disaster cycles and actors rather than events, resulting in disaster as

an epiphenomenon. Disaster literature also study vulnerability, risk and resilience as disaster sources and prevention.

UNISDR (United Nations International Strategy for Disaster Reduction, 2009) defines vulnerability as the features and conditions of a community, structure, or asset that make it susceptible to the damaging effects of a hazard. The term "risk" refers to "the possibility of adverse consequences or anticipated losses, arising from interference between natural or human-made disasters and vulnerable conditions." This description ties risk to resilience and vulnerability within context of disaster. Greene (2017), defines risk as "the probability of a hazard becoming a disaster and the potential consequences of that disaster on the vulnerabilities." As a result of a range of factors, there are four connected types of vulnerability: physical, social, economic, and environmental.

Social phenomena-centered definitions emphasize social phenomena rather than physical agents as defining elements of disasters. In this sense, disaster is a nebulous phrase that defies easy understanding. Actual or potential disasters are defined by social scientists in terms of the physical consequences of or issues produced by unanticipated and socially disruptive events (Quarantelli, 1977). The disaster is defined by four key elements: events, impacts, social units, and responses. The events - social, natural, or technical - that occur in time and location and have a specific influence - harm and loss - on social units, as well as the responses to these impacts.

In his study, Quarantelli (2001,4) illustrates how, in the aftermath of disaster currently, the assignation of blame invariably leads to human being. He uses the 2004 tsunami as an example, claiming that it was not "natural," but rather the result of human action. When disasters are classified as natural or man-made, modern social science emphasizes that all disasters are social rather than natural. Most social scientists define current or potential disaster dangers in terms of the physical consequences of or issues produced by unexpected and socially disrupting (Quarantelli, 1977).

According to Stalling's review (2002), disaster is both a societal problem and an opportunity to construct a better society. Among Perry's three types of definitions, disaster is now commonly regarded as a social phenomenon, which is also reinforced by other hazard or event-based definitions.

Holling (1973) established the concept of resilience in the context of ecological systems. From this time on, the term has been used in a range of research domains, which includes psychology (e.g., Tugade et al., 2004), climate change studies (e.g., Nelson et al., 2007), sustainable development (e.g., Magis, 2010), and disaster management field (e.g., Manyena, 2006; Paton & Johnston, 2006). There are many different meanings of resilience. A recent analysis discovered 120 different definitions of resilience, the majority of which were derived from literature released since 2000 (Stevenson, Vargo, Ivory, Bowie, & Wilkinson, 2015). It is a problematic statement which is always evolving due to its roots in a variety of areas. There is disagreement with regard to if the concept represents a process in and of itself that leads to good outcome(s) (Manyena, 2009).

For several decades, disaster resilience has been contested in the framework of disaster research, although it remains a nebulous concept (Berkes & Ross, 2013). Manyena (2006) defines disaster resilience as a process, an outcome, a formation of adaptive capacities, or a combination of these meanings. Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008; Paton, 2006a) defines disaster resilience as a process, an outcome, an accumulation of adaptive capacities, or a combination of these definitions. The purpose of creating resilience, according to Dodman et al. (2013, 28), is to anticipate risk and develop ways for dealing with disruptive occurrences. According to Wilson (2012c, 12), resilience can't be created, nor does it develop from a lack of it; rather, it is transmitted through a complicated structure of policy, implementation, as well as interactions between individuals, groups, and society as a whole. As a result, the term resilience can be defined as a "system's capacity to respond" to a crisis situation. It is inherently dynamic and has an evolving

perspective. Last but not least, the United Nations International Strategy for Disaster Reduction (2009) describes resilience as "the ability of a community, system, or society exposed to hazards to understand, resist, absorb, recover, and adapt to the consequences of a hazard in an effective and timely manner, which involves the preservation and restoration of its essential basic structure and functions."

Potential dangers should be evaluated in light of community risks and capacity. Building disaster resilience should be assuring that communities are adequately prepared for, and possess the capacity to respond to, natural or man-made disasters. Over the last two decades, there has been an increase in the research, policy, and practice of disaster resilience and how to implement it within communities, societies, cities, counties, and nations (UNISDR, 2009; UNISDR, 2015).

Obrist and colleagues (2010) proposed that three distinct sorts of capacities are required to fully grasp the concept of social resilience. He talks about three abilities, which are as follows: Coping capacities - "reactive" and "absorptive" measurements of how people deal with and overcome emergencies. In terms of definition, it is the short-term restoration of one's current degree of well-being following a traumatic incident. Adaptive capacities are "proactive" or "preventive" methods that people use to learn from previous experiences, predict potential hazards, and change their daily lives to future. They further distinguish between coping and adaptation, noting that adaptation is founded in the longitudinal scope of the activities, increased disaster awareness, requiring proactive agency and long-term planning, whilst coping is concerned with practical agency and short-term logic. Transformative capacities are people's abilities to utilize assets, develop collaboration in the larger social and political arena, participate in decision-making processes, while constructing frameworks that enhance their individual well-being and promote societal resilience within the context of future crises (LORENZ, 2010). He claimed that transformation entails a significant change in which the goal is to improve people's well-being

regardless of current and potential threats, rather than to secure them. For them, transformative capacity is the ability to create systems of institutions that promote individual well-being and long-term social resilience in the face of future catastrophes. In general, it refers to a system's ability to withstand perceived or anticipated stress and shocks. In other words, resilience refers to an individual's or community's ability to return to pre-disaster conditions following a hazard occurrence and enhance her/his condition toward a sense of having become an empowered human being and/or community. The resilience term's definition has been too general or too specific, so it has been challenging to put this term into perspective. The words that have been used in definition include mostly ability, adapt, bounce, back, capacity, disaster, function, absorb, stress, adversity, cope, maintain, respond, hazard and resist (Stevenson, Vargo, Ivory, Bowie, & Wilkinson, 2015).

Cutter (2014) defines resilience as having financial, ecological, social, organizational, infrastructural, and psychological components. Individuals, structures, systems, sectors, communities, and cities are some of the resilience types addressed by those aspects (Cutter, 2014; Cutter, Burton, & Emrich, 2010). It is also crucial to describe the policy domain for which resilience is being developed, such as climate change, disaster risk reduction, and post-disaster recovery (Cutter et al., 2008).

Therefore, while working on disaster risk reduction and disaster management, it's important to focus on risk, vulnerability and disaster. ADPC (2010) and UNISDR (2009) describe disaster risk management as "the process of using a collection of talents and capacities while implementing strategies and policies to reduce or prevent the effects of hazard and the probability of disaster." This systematic strategy includes mitigation, prevention, readiness, reaction, and recovery (ADPC, 2010; UNISDR, 2009). Disaster risk management, according to Cutter (2014), is a method of measuring any form of action, plan, or policy that tries to decrease the effects of catastrophes on people or assets. These actions, methods, or policies include risk analysis, risk

quantification, and risk-based action planning in every stage of disasters preparing, prevention, reduction, recovery, or response. This continuum is a system since these phases must be followed by a phase of assessment of the decisions taken in terms of efficacy (Cutter, 2014). A systematic approach to disaster risk management encompasses numerous domains of activities or procedures for limiting risk, lowering the consequences of disasters while recovering with maintained efficiency. From the pre-disaster phase to the disaster period to the post-disaster period, the system is comprised of mitigation, preparedness, response, and recovery measures. These ideas are presented in three sections: pre-disaster methods, which cover various sorts of mitigation measures and activities, during catastrophe events as a reaction, and post-disaster approaches, which encompass post-disaster recovery, rehabilitation, and reconstruction. Mitigation and preparedness efforts are covered under pre-disaster management techniques. Mitigation is a concept for expressing a series of actions at various levels aimed at mitigating the effects of hazards and catastrophes (UNISDR, 2009; 2015). The mitigation strategy involves hazard and risk assessment, vulnerability analysis for designing strategies and activities for mitigating vulnerabilities, lowering catastrophe risks, and risk avoidance (Balaban, 2016). Within the thesis, it's mostly studied on pre-disaster period and disaster risk reduction. To do this, resilience from various perspectives and also disaster awareness was examined.

2. METHODOLOGY OF THE THESIS

This chapter includes the research design, participants of the current study, data collection instruments, data collection procedure, data analysis procedure, reliability and validity of the scales, and limitations of the current study.

2.1 Research Design

In this study, quantitative research design was used. Correlation and regression analyses were used for the answers of research questions. In addition, two scales were established (Community Resilience Scale and Psychosocial Resilience Scale) with necessary scale development procedures. Therefore, reliability and validity analysis realized accordingly. The current research is a cross-sectional study. The data collection was done through four different scales and the results were examined quantitatively.

2.2 Participants And Sampling

People living in various locations of Türkiye and above 18 years old comprised the data. Random sampling method was used. Scales were uploaded to the SurveyMonkey and link of the scale was shared via social media. 285 individuals participated to the study. However, some of the participants didn't complete the surveys. As a result, 215 individuals' answers were analyzed. The calculation done according to the Margin of error of 5% with a 95% confidence interval and the result yielded 385 participants. However, due to the limited time and duration of the scale 215 participants were reached.

The demographic features of the participants were presented in Table 1. According to the results; 59,5% of participants comprised of 18-29 years old, 25,1% of participants comprised of 30-39 years old and 15,3% of participants comprised of 40+ years old. The majority of participants were female and percentage equals to 61,9 and male's percentage equals to 38,1. The participants' mostly lived place in their lives was found as mainly as a metropolis (78,6%), city (11,6%), and lastly district/village/other (9,8%). The employment status of participants indicates that 29,8% are working in private sector, 25,6% are student, 17,7% are NGO worker, 14,4% are working in public sector, 7,9% are not working and 4,7% are retired. The income level of participants indicates 55,8% medium, 27% high and 17,2% low. 70,2% indicated they have participated at least one volunteer activity and 29,8% indicated they didn't participate a volunteer activity. According to the frequency of using social media; 47% indicated they use social media often, 34% indicated continually, 15,3% indicated sometimes and 3,7% indicated never.

Last but not least; 59,5% of participants indicated their individual resilience is high, 24,2% are hesitant and 16,3% disagree. 40,5% of participants indicated community resilience is low in Türkiye, 31,2% indicated community resilience is high in Türkiye and 28,4% are hesitant.

2.3 Data Collection Instruments

To collect data; one demographic information form and four scales were used. Two of the scales developed by the researcher via following scale development process. The scales named Community Resilience Scale and Psychosocial Resilience Scale were developed by the researcher. Community Resilience Scale aimed to measure level of community resilience with Unity in Collaboration and Social Preparedness factors. Cronbach's alpha value equals to 0,834. Indicates that response values for each participant across a set of

questions are consistent. Confirmatory factor analysis was realized to test the accuracy of the two-factor model determined according to the results of the exploratory factor analysis conducted to determine the validity of the Community Resilience Scale. As a result of confirmatory factor analysis, Community Resilience Scale is appropriate. The demographic information form to obtain demographic characteristics. Psychosocial Resilience Scale aimed to measure level of psychosocial resilience with two factors named psychological resilience and social resilience. However, factor analysis yielded one factor and factor load is significant. Cronbach's alpha value equals to. 0,819, this means the scale is reliable.

Moreover, ARM-R (Jefferies, McGarrigle & Ungar, 2018) and Disaster-awareness Scale (Dikmenli, Yakar & Konca, 2018) was applied by permission to use the scales was obtained from the authors via e-mail. ARM-R is translated into Turkish and reliability and validity values were significant according to the statistical results. Disaster-awareness Scale was used directly.

ARM-R: Adult Resilience Measure-Revised was developed by Philip Jefferies, Ph.D., Lisa McGarrigle, Ph.D., and Michael Ungar, Ph.D. to measure social-ecological resilience. This scale was translated in 11 languages, but it was not translated into Turkish. This scale includes 2 subscales personal resilience and relational resilience. The validity and reliability analyses were significant (Jefferies, McGarrigle & Ungar, 2018)

Disaster Awareness Scale: Yurdal Dikmenli, Hamza Yakar, and Ahmet Sami Konca created the scale to assess disaster awareness. It is a five- point Likert scale with 36 items organized into four categories. The scale's components are as follows: Disaster Education Awareness, PreDisaster Awareness, False Disaster Awareness, and After Disaster Awareness. Dikmenli, Yakar, and Konca (2018) found that both the validity and reliability analyses performed significant.

2.4 Data Collection Procedure

The current study was approved by Social Sciences University of Ankara Institutional Ethics Committee of Social Sciences and Humanities Research and Publication (Appendix B). After ethical approval, data collection was started through SurveyMonkey. Participants accessed to the survey via a link and the duration of the survey was approximately 25 minutes. The Informed Consent Form (Appendix C) was provided in the first page of the study and briefly mentioned who realize the study, the aim of the study, participation criteria, the content of the scales in the study, duration of the study, contributions to the literature, rights of the voluntary participants, the confidentiality of the participants, and contact information of the researcher. To participate in the study, participants needed to approve the Informed Consent Form. After the approval, demographic information form, Community Resilience Scale, ARM-R, Psychosocial Resilience Scale and Disaster- awareness Scale could be filled respectively. The data was collected between 10th October and 4th November 2023.

2.5 Methods of Data Analysis

The data was analyzed using the Statistical Package for the Social Sciences (SPSS) 26.0 Statistics Package Program.

2.6 Limitations of the Study

It is a fact that this thesis is not without its limitations. Firstly, the thesis only reflects the results of the sample which was constituted by 215 survey participants and gender distribution is not as the way expected (F=61,9% and M=38,1%). Although all efforts have been paid, the duration of the survey affected participation negatively.

To be more representative, it is suggested to realize study with more participants and with broader sample according to gender distribution.



3.RESULTS

3.1 Findings on the Socio-Demographic Characteristics of the Participants

Findings regarding the socio-demographic characteristics of the participants are shown in Table 1.

Table 1. Findings on the Socio-Demographic Characteristics of the Participants

<i>Socio-demographic characteristics</i>		<i>Frequency</i>	<i>%</i>
Age	18-29	128	59,5
	30-39	54	25,1
	40+	33	15,3
Gender	Female	133	61,9
	Male	82	38,1
Education	High school and below	56	26,0
	Associate's degree and bachelor's degree	120	55,8
	Graduate	39	18,1
Region of residence	Metropolis	169	78,6
	City	25	11,6
	District/Village/Other	21	9,8
Presence in provinces affected by the February 6 earthquake	Yes	49	22,8
	No	166	77,2
Employment	Not working	17	7,9
	Student	55	25,6

	Private sector	64	29,8
	NGO worker	38	17,7
	Public sector	31	14,4
	Retired	10	4,7
Income	High	58	27,0
	Medium	120	55,8
	Low	37	17,2
Participation in volunteer activities	Yes	151	70,2
	No	64	29,8
Frequency of using social media	Continually	73	34,0
	Often	101	47,0
	Sometimes	33	15,3
	Never	8	3,7
I think my individual resilience is high.	Disagree	35	16,3
	Neither agree nor disagree	52	24,2
	Agree	128	59,5
I think our community Resilience is high.	Disagree	87	40,5
	Neither agree nor disagree	61	28,4
	Agree	67	31,2

215 people participated in the study, 61.9% were female and 38.1% were male. 59.5% of the participants are 18-29 years old, 25.1% are 30-39 years old and 15.3% are 40 years old and over. 26% of the participants are high school graduates or below, 55.8% are associate or undergraduate graduates, and 18.1% are graduates. When the regions where the participants reside are examined; 78.6% live in metropolitan cities, 11.6% in cities and 9.8% in districts, villages or other living units. The rate of people living in the provinces affected by the February 6 earthquake is 22.8%. The majority of the participants are students and private sector employees, 25.6% of whom are students and 29.8% are private sector employees. 27% of the participants have high income, 55.8% have medium income and 17.2% have low income. 70.2%

of the participants stated that they participated in volunteering activities. When the frequency of participants' use of social media is examined; 34% said always, 47% said often, 15.3% said sometimes and 3.7% said never. The rate of participants agreeing to the high level of personal resilience is 16.3%, the rate of those who neither agree nor disagree is 24.2%, and the rate of those who disagree is 59.5%. The rate of those who stated that their level of Community Resilience is high was 31.2%, the rate of those who disagreed with the statement that their level of Community Resilience was high and 40.5%, 28.4% stated that they were neither agree nor disagree.

The items present at home statistics is given at Table 2.

Table 2. Findings on What's Currently Exist at Home

	<i>Sayı</i>	<i>%</i>
A shelter or safe room	49	15,7
Food and water for emergency use	43	13,7
Indoor sealing and fixing equipment	14	4,5
First aid medications and equipment	61	19,5
Disaster and Emergency Bag	42	13,4
None	104	33,2
Total answers*	313	100

* Multiple choice question

When the answers to the question about the people currently at home are examined; 15.7% a shelter or safe room, 13.7% food and water for emergency use, 4.5% indoor sealing and fixing equipment, 19.5% first aid medications and equipment, 13.4% said it was a disaster and emergency kit and 33.2% said it was neither.

3.2 Exploratory Factor Analysis (EFA)

10 items were developed for Community Resilience Scale. In explanatory factor analysis, basic component Principal Axis Analysis method and Varimax Rotation Technique were applied to calculate factor loadings. Factors with eigenvalues greater than 1 were taken into consideration. Additionally, Factor Loadings were selected as 0.50. As a result of the explanatory factor analysis, the KMO (Kaiser-Meyer-Olkin) value was found to be 0.856, and the result of Bartlett's test was found to be $p < 0.001$ (Table 1). The lowest value recommended for a good factor analysis is 0.6 (Tabachnick and Fidell, 2013). The KMO value obtained in the study shows that the sample size is sufficient for factor analysis. Since $p = 0.000 < 0.01$, the result of Bartlett's test is also significant. This result shows that there is a high correlation between the items used in the factor analysis and that the data comply with multiple normal distributions. According to both results obtained, the data is suitable for factor analysis.

Table 3. KMO and Bartlett's Test of Community Resilience Scale

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,859
Bartlett's Test of Sphericity	Approx. Chi-Square	661,26
	df	45
	Sig.	,000

The eigenvalues and variances of the 10-item Community Resilience Scale are shown in Table 4. As a result of factor analysis, the eigenvalue of the 1st factor is 4.09 and the eigenvalue of the 2nd factor is 1.40. The variance of the 1st factor is 30.94% and the variance of the 2nd factor is 13.95%. It was observed that the total variance of the 10-item scale was 54.84%.

Table 4. Eigenvalues and Variances of the Community Resilience Scale

Factor	Eigen Value	Variance (%)	Cumulative Variance (%)
1	4,09	40,89	40,89
2	1,40	13,94	54,84

Item factor loadings, reliability and item-total correlation analysis results of the Community Resilience Scale are shown in Table 3. The item factor loadings of the 1st factor are 0.610-0.830 and the item factor loadings of the 2nd factor are 0.577-0.721. The expected factor loading of each item is .03 and above. It was observed that all factor loading values in this study were quite high. It was observed that the item-total correlation of the 1st factor varied between 0.565-0.616 and the item-total correlation of the 2nd factor varied between 0.284-0.534.

When the reliability coefficients are examined according to the correlation values; It indicates that the scale between 0.00-0.40 is unreliable, between 0.40-0.60 indicates that the reliability of the scale is low, between 0.60-0.80 indicates that the scale is highly reliable, and between 0.80-1.00 indicates that the scale is highly reliable (Karagöz, 2021). When the reliability analysis results regarding the factors in this study are examined; the overall score on the Community Resilience Scale was 0.834, Unity in Collaboration was 0.808, and Social Preparedness was 0.731. According to the findings; it was found that the reliability of the scale and its sub-factors was sufficient.

While calculating the score of each factor, the average scores of the items were taken. The increase in the scores of Unity in Collaboration and Social Preparedness, which are the general sub-factors of the Community Resilience Scale, indicates that the levels of social resilience, social activity and social preparation are increasing.

It was observed that the Adult Resilience Measure-Revised (ARM-R) consisted of 17 items in its original form. For this study, 13 items in the original form were subjected to exploratory factor analysis. In explanatory

factor analysis, basic component Principal Axis Analysis method and Varimax Rotation Technique were applied to calculate factor loadings. Factors with eigenvalues greater than 1 were taken into consideration. Additionally, Factor Loadings were selected as 0.50. Since the original structure of the scale was two-factor, a two-factor structure was desired in the 13-item scale. As a result of repeated factor analysis, items M8, M9, M10, M12 and M13 were removed from the study due to low factor loading and overlapping items. As a result of the explanatory factor analysis conducted with the remaining 8 items, the KMO (Kaiser-Meyer-Olkin) value was found to be 0.780, and the result of Bartlett's test was found to be $p < 0.001$. The fact that the KMO value was higher than 0.6 and the result of Bartlett's test was significant showed that the data was suitable for factor analysis.

Table 5. KMO and Bartlett's Test of ARM-R

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,780
Bartlett's Test of Sphericity	Approx. Chi-Square	471,12
	df	28
	Sig.	,000

The eigenvalues and variances of the 8-item ARM-R are shown in Table 6. As a result of factor analysis, the Eigen value of the 1st factor is 3.29 and the eigenvalue of the 2nd factor is 1.36. The variance of the 1st factor is 41.10% and the variance of the 2nd factor is 17.02%. It was observed that the total variance of the 8-item scale was 58.12%.

Table 6. ARM-R Eigen Values and Variances

Factor	Eigen Values	Variance (%)	Cumulative Variance (%)
1	3,29	41,10	41,10
2	1,36	17,02	58,12

Item factor loadings, reliability and item-total correlation analysis results of the ARM-R are examined. The item factor loadings of the 1st factor are 0.671-0.792 and the item factor loadings of the 2nd factor are 0.615-0.813. The expected factor loading of each item is .03 and above. It was observed that all factor loading values in this study were quite high.

It was observed that the item-total correlation of the 1st factor varied between 0.381-0.573 and the item-total correlation of the 2nd factor varied between 0.462-0.546. When the reliability analysis results are examined in this study; ARM-R was found to have an overall score of 0.793, individual resilience to 0.754, and Social Resilience to 0.746. According to the findings; it was found that the reliability of the scale and its sub-factors was sufficient.

While calculating the score of each factor, the average scores of the items were taken. The increase in the scores of the individual and social resilience, which are the general sub-factors of the ARM-R, indicates that the levels of social and social resilience have increased.

An 11-item question pool was created for the Psychosocial Resilience Scale (PSRS). In explanatory factor analysis, basic component Principal Axis Analysis method and Varimax Rotation Technique were applied to calculate factor loadings. Factors with eigenvalues greater than 1 were taken into consideration. Additionally, Factor Loadings were chosen as 0.40. A single-factor structure of the scale was desired. As a result of repeated factor analysis, item M8 (I spend time browsing social media to distract myself during difficult times.) was removed from the study due to low factor loading. As a result of the explanatory factor analysis conducted with the remaining 10 items, the KMO (Kaiser-Meyer-Olkin) value was found to be 0.848, and the result of Bartlett's test was found to be $p < 0.001$. The fact that the KMO value was higher than 0.6 and the result of Bartlett's test was significant showed that the data was suitable for factor analysis.

Table 7. KMO and Bartlett's Test of PSRS

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		,848
Bartlett's Test of Sphericity	Approx. Chi-Square	554,325
	df	45
	Sig.	,000

The eigenvalues and variances of the 10-item PSRS are shown in Table 8. As a result of factor analysis, it was seen that the Eigen value of the single- factor structure was 3.90 and the total variance was 38.98%.

Table 8. PSRS Eigen Values and Variances

Factor	Eigen Value	Variance (%)	Cumulative Variance (%)
1	3,90	38,98	38,98

Item factor loadings, reliability and item-total correlation analysis results of the PSRS are examined. PSRS factor loadings were found to vary between 0.443-0.755. The expected factor loading of each item is .03 and above. It was observed that all factor loading values in this study were quite high. It was observed that the item-total correlation of the scale varied between 0.351-0.651. The reliability coefficient of the scale was found to be 0.811, and its reliability was found to be sufficient.

The average scores of the items of PSRS were taken. Increasing average scores indicate that psychosocial resilience levels are increasing.

3.3 Confirmatory Factor Analysis (CFA)

Confirmatory factor analysis was used to test the accuracy of the two-factor model determined according to the results of the exploratory factor analysis conducted to determine the validity of the Community Resilience Scale. As a result of confirmatory factor analysis, Chi Square ($\chi^2=58.588$), degree of

freedom (df=34, p=0.05) ratio was $\chi^2/df=1.72$; RMSEA= 0.058; It was found that CFI = 0.961. A chi-square degree of freedom ratio of less than 3, RMSEA between 0.05 and 0.08, and CFI values greater than .90 indicate acceptable goodness of fit (Gürbüz, 2021). In this regard, it can be said that the two-factor model of the Community Resilience Scale is appropriate. Standardized beta values (item factor loadings) calculated by confirmatory factor analysis are presented in Figure 1.

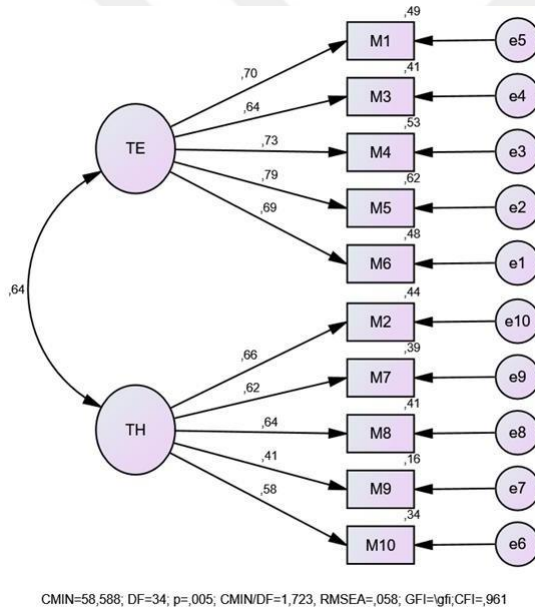


Figure 1. Confirmatory Factor Analysis Results of the Community Resilience Scale (TE: Unity in Collaboration, TH: Social Preparedness)

It was observed that the factor loadings of the items under the Unity in Collaboration factor varied between 0.64-0.79, the factor loadings of the items under the social preparedness factor varied between 0.41-0.66, and these factor loadings were significant ($p<0.05$). The correlation between both factors was found to be 0.642.

Confirmatory factor analysis was used to test the accuracy of the two-factor model determined according to the results of the exploratory factor

analysis conducted to determine the validity of the ARM-R. As a result of confirmatory factor analysis, Chi Square ($\chi^2=39.618$), degrees of freedom ($df=17$, $p=0.001$) ratio $\chi^2/df=2.33$; RMSEA= 0.079; It was found that CFI = 0.950. A chi-square degree of freedom ratio of less than 3, RMSEA between 0.05 and 0.08, and CFI values greater than .90 indicate acceptable goodness of fit (Gürbüz, 2021). In this regard, it can be said that the two-factor model of the ARM-R is appropriate. Standardized beta values (item factor loadings) calculated by confirmatory factor analysis are presented in Figure 2.

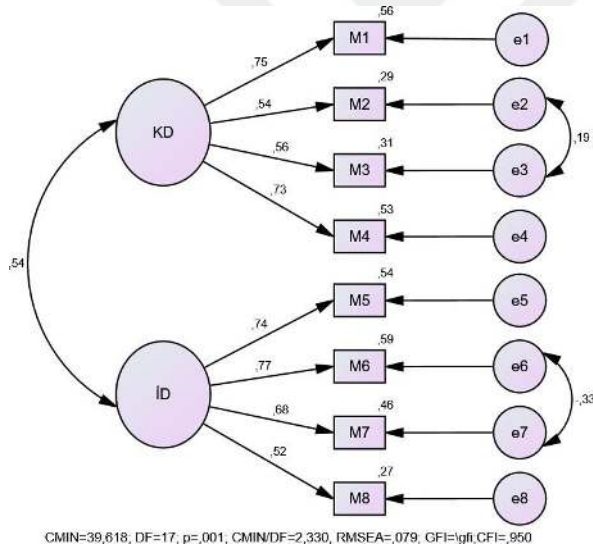


Figure 2. Confirmatory Factor Analysis Results of the ARM-R (PI: Individual resilience, RQ: Social Resilience)

It was observed that the factor loadings of the items under the individual resilience factor varied between 0.54-0.75, the factor loadings of the items under the social resilience factor varied between 0.52-0.77, and these factor loadings were significant ($p<0.05$). The correlation between both factors was found to be 0.542.

Confirmatory factor analysis was used to test the accuracy of the single-factor structure determined according to the results of the exploratory factor analysis conducted to determine the validity of the PSRS. As a result of confirmatory factor analysis, Chi Square ($\chi^2=74.164$), degrees of freedom ($df=34$, $p=0.000$) ratio $\chi^2/df=2.181$; RMSEA= 0.074; It was found that CFI = 0.927. A chi-square degree of freedom ratio of less than 3, RMSEA between 0.05 and 0.08, and CFI values greater than .90 indicate acceptable goodness of fit (Gürbüz, 2021). In this regard, it can be said that the single-factor structure regarding the personal and relational resilience scale is appropriate. Standardized beta values (item factor loadings) calculated by confirmatory factor analysis are presented in Figure 3. It was observed that the factor loadings of the items under the psychosocial resilience scale varied between 0.36-0.72 and these factor loadings were significant ($p < 0.05$).

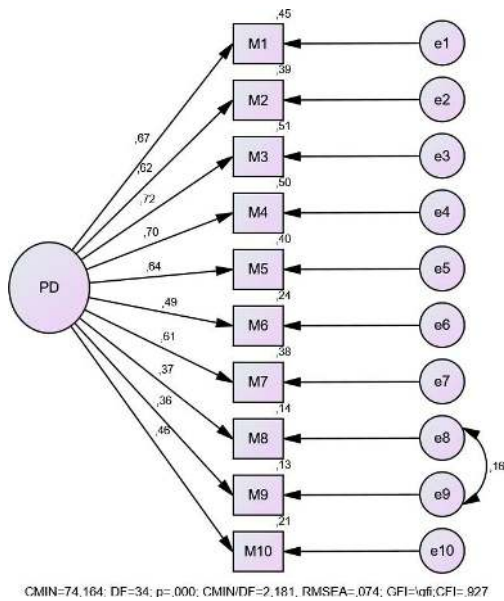


Figure 3. Confirmatory Factor Analysis Results of the PSRS

3.4 Descriptive Statistics Findings

Descriptive statistical findings of the Community Resilience Scale, ARM-R, PSRS, Disaster-awareness Scales applied to the participants are shown in Table 9.

Table 9. Descriptive Statistical Findings of Community Resilience Scale, ARM-R, PSRS, Disaster Awareness Scales

Scales and factors	Mean	SD	Min.	Max.
Disaster Awareness Scale (DAS)	3,98	,46	3,00	4,96
Disaster Education Awareness (DEA)	4,30	,51	3,00	5,00
Pre-Disaster Awareness (PDA)	4,20	,53	3,00	5,00
False Disaster Awareness (FDA)	1,90	,70	1,00	5,00
Post Disaster Awareness (PDA)	3,33	,67	1,43	5,00
Community Resilience Scale	2,84	,63	1,00	4,90
Unity in Collaboration	3,13	,78	1,00	5,00
Social Preparedness	2,54	,68	1,00	4,80
ARM-R	4,28	,43	2,75	5,00
Individual resilience	4,26	,49	2,75	5,00
Social Resilience	4,29	,53	2,25	5,00
PSRS	3,99	,51	2,20	5,00

SD.: Standart Deviation, Min.: Minimum, Max.: Maximum

The average scores of the participants on the Disaster Awareness Scale (DAS), Disaster Education Awareness (DEA), Pre-Disaster Awareness (PDA), False Disaster Awareness (FDA) and Post-Disaster Awareness (PDA) factors are respectively; 3.98; 4.30; 4.20; It is 1.90 and 3.33. The average score of the participants between 0 and 2.5 indicates a low factor participation rate, between 2.5 and 3.5 indicates a medium level of participation, and between 3.5 and 5

indicates a high level of participation in the factor. According to the findings; It was observed that the participants' general disaster awareness, disaster education awareness, pre-disaster awareness score levels were high, post-disaster awareness scores were medium, and false disaster awareness scores were low.

The average scores of the participants on the Community Resilience Scale, Unity in Collaboration and Social Preparedness factors are; 2.84; are 3.13 and 2.54. The average score of the participants between 0 and 2.5 indicates a low factor participation rate, between 2.5 and 3.5 indicates a medium level of participation, and between 3.5 and 5 indicates a high level of participation in the factor. According to the findings; it was observed that the participants' levels of Community Resilience, Unity in Collaboration and social preparedness scores were moderate.

The mean scores of the participants on the ARM-R, Individual resilience and Social Resilience factors are; 4.28; are 4.26 and 4.29. The average score of the participants between 0 and 2.5 indicates a low factor participation rate, between 2.5 and 3.5 indicates a medium level of participation, and between 3.5 and 5 indicates a high level of participation in the factor. According to the findings; it was observed that the participants' score levels for Community Resilience, individual resilience and social resilience factors were high.

The average score of the participants on the PSRS is 3.99. The average score of the participants between 0 and 2.5 indicates a low factor participation rate, between 2.5 and 3.5 indicates a medium level of participation, and between 3.5 and 5 indicates a high level of participation in the factor. According to the findings; it was observed that the score levels of the participants' psychosocial resilience were high.

3.5 Comparison of Data

Comparison of the scores of the participants according to their gender is shown in Table 10.

Table 10. Comparison of the Data According to Gender

Scales and Factors			Gender	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Disaster Awareness (DAS)	Awareness	Scale	Female	133	3,94	0,47	-1,707	0,089
			Male	82	4,05	0,43		
Disaster Education Awareness (DEA)	Awareness	Education	Female	133	4,26	0,54	-1,22	0,224
			Male	82	4,35	0,46		
Pre-disaster Awareness (PDA)			Female	133	4,19	0,55	-0,599	0,549
			Male	82	4,23	0,50		
False Disaster Awareness (FDA)	Awareness	Disaster	Female	133	1,92	0,72	0,636	0,525
			Male	82	1,86	0,67		
Post-disaster Awareness (PDA)				133	3,24	0,69	-2,599	0,01*
				Female				
				Male	82	3,48	0,62	
Community Resilience Scale			Female	133	2,86	0,61	0,587	0,558
			Male	82	2,80	0,66		
Unity in Collaboration			Female	133	3,17	0,76	0,805	0,422
			Male	82	3,08	0,80		
Social Preparedness			Female	133	2,54	0,65	0,167	0,867
			Male	82	2,53	0,73		
ARM-R			Female	133	4,31	0,42	1,194	0,234
			Male	82	4,23	0,45		
Individual resilience			Female	133	4,29	0,46	1,152	0,25
			Male	82	4,21	0,54		
Social Resilience			Female	133	4,32	0,50	0,873	0,384
			Male	82	4,25	0,56		

PSRS	Female	133	3,98	0,51	-0,202	0,840
	Male	82	4,00	0,52		

* $p < 0,05$, ** $p < 0,01$, *t*: Independent Sample T Test

There was no significant difference between the factor scores except post-disaster awareness of Disaster Awareness Scale according to the gender of the participants ($p > 0.05$). However, there was a significant difference between the post-disaster awareness scores of the participants according to their gender ($p < 0.05$). It was observed that male participants' post-disaster awareness scores were higher than female participants.

There was no significant difference between the participants' Community Resilience, Unity in Collaboration and social preparedness scores according to their gender ($p > 0.05$).

There was no significant difference between the resilience, personal resilience and social resilience scores of the ARM-R according to the gender of the participants ($p > 0.05$).

There was no significant difference between the general scores of the psychosocial resilience scale according to the gender of the participants ($p > 0.05$).

Comparison of disaster awareness, Community Resilience Scale, ARM-R and PSRS scores of the participants according to their ages is shown in Table 11.

Table 11. Comparison of Data According to the Age

Scales and factors	Age	N	Mean	SD	F	p	Diff
Disaster Awareness Scale (DAS)	18-29 ^A	128	4,02	0,46	0,865	0,422	-
	30-39 ^B	54	3,95	0,43			
	40+ ^C	33	3,91	0,50			

Disaster Education Awareness (DEA)	18-29 ^A	128	4,29	0,51	0,013	0,987	-
	30-39 ^B	54	4,31	0,51			
	40+ ^C	33	4,29	0,55			
Pre-disaster Awareness (PDA)	18-29 ^A	128	4,24	0,54	0,94	0,392	-
	30-39 ^B	54	4,13	0,51			
	40+ ^C	33	4,16	0,55			
False Disaster Awareness (FDA)	18-29 ^A	128	1,87	0,72	1,561	0,212	-
	30-39 ^B	54	1,84	0,60			
	40+ ^C	33	2,09	0,73			
Post-disaster Awareness (PDA)	18-29 ^A	128	3,40	0,65	1,508	0,224	
	30-39 ^B	54	3,21	0,66			
	40+ ^C	33	3,29	0,74			
Community Resilience Scale	18-29 ^A	128	2,90	0,60	7,866	0,001*	B< A,C
	30-39 ^B	54	2,56	0,64			
	40+ ^C	33	3,04	0,59			
Unity in Collaboration	18-29 ^A	128	3,18	0,72	7,524	0,001*	B< A,C
	30-39 ^B	54	2,83	0,86			
	40+ ^C	33	3,45	0,71			
Social Preparedness	18-29 ^A	128	2,62	0,71	4,648	0,011*	B< A,C
	30-39 ^B	54	2,30	0,57			
	40+ ^C	33	2,62	0,66			
ARM-R	18-29 ^A	128	4,31	0,44	1,017	0,363	
	30-39 ^B	54	4,21	0,43			
	40+ ^C	33	4,27	0,39			
Individual resilience	18-29 ^A	128	4,33	0,51	4,514	0,012*	B< A
	30-39 ^B	54	4,10	0,47			
	40+ ^C	33	4,26	0,39			

Social Resilience	18-29 ^A	128	4,29	0,51	0,131	0,877	
	30-39 ^B	54	4,32	0,54			
	40+ ^C	33	4,27	0,59			
PSRS							B<C
	18-29 ^A	128	4,00	0,54	3,366	0,036*	
	30-39 ^B	54	3,87	0,46			
	40+ ^C	33	4,15	0,45			

**p<0,05, **p<0,01, F: One Way ANOVA, Difference: Post Hoc Test*

There was no significant difference between the general disaster awareness, disaster education awareness, pre-disaster awareness, false disaster awareness and post-disaster awareness scores according to the participants' ages ($p>0.05$).

A significant difference was observed between the participants' Community Resilience, Unity in Collaboration and social preparedness scores according to their ages ($p<0.05$). It was observed that participants aged 18-29 and over 40 had higher Community Resilience assessment general, Unity in Collaboration and social preparedness scores than participants aged 30-39.

There was no significant difference between ARM-R, individual resilience and social resilience scores according to the participants' ages ($p>0.05$). However, there was a significant difference between the individual resilience scores of the participants according to their ages ($p<0.05$). It was observed that the individual resilience scores of participants aged 18-29 were higher than those of participants aged 30-39.

There was a significant difference between the general scores of the psychosocial resilience according to the participants' ages ($p<0.05$). It was observed that the psychosocial resilience scores of participants aged 40 and over were higher than those of participants aged 30-39.

Comparison of disaster awareness, Community Resilience Scale, ARM-R and PSRS scores according to the region where the participants reside is shown in Table 12.

Table 12. Comparison of Data According to Residence Region

Scales and Factors	Residence Region	N	Mean	SD	F	p	Diff
Disaster Awareness Scale (DAS)	Metropolis ^A	169	3,98	0,47	0,004	0,996	-
	City ^B	25	3,99	0,38			
	District/Village/Other ^C	21	3,98	0,44			
Disaster Education Awareness (DEA)	Metropolis ^A	169	4,29	0,53	0,297	0,743	-
	City ^B	25	4,36	0,45			
	District/Village/Other ^C	21	4,25	0,42			
Pre-disaster Awareness (PDA)	Metropolis ^A	169	4,20	0,55	0,034	0,966	-
	City ^B	25	4,23	0,48			
	District/Village/Other ^C	21	4,21	0,46			
False Disaster Awareness (FDA)	Metropolis ^A	169	1,87	0,71	0,527	0,591	-
	City ^B	25	1,93	0,72			
	District/Village/Other ^C	21	2,04	0,63			
Felaket Sonrası Farkındalık (FSF)	Metropolis ^A	169	3,32	0,69	0,677	0,509	-
	City ^B	25	3,31	0,53			
	District/Village/Other ^C	21	3,50	0,68			
Community Resilience	Metropolis ^A	169	2,81	0,64	0,463	0,63	-
	City ^B	25	2,92	0,61			
	District/Village/Other ^C	21	2,91	0,57			
Unity in Collaboration	Metropolis ^A	169	3,09	0,78	1,152	0,318	-
	City ^B	25	3,33	0,82			
	District/Village/Other ^C	21	3,23	0,71			
Social Preparedness	Metropolis ^A	169	2,53	0,69	0,12	0,887	-
	City ^B	25	2,50	0,63			
	District/Village/Other ^C	21	2,60	0,68			
ARM-R	Metropolis ^A	169	4,29	0,45	3,275	0,040*	C<A,B
	City ^B	25	4,36	0,35			
	District/Village/Other ^C	21	4,06	0,34			
Individual Resilience	Metropolis ^A	169	4,28	0,52	0,724	0,486	-
	City ^B	25	4,25	0,41			
	District/Village/Other ^C	21	4,14	0,37			
Social Resilience	Metropolis ^A	169	4,31	0,52	5,324	0,006**	C<A,B
	City ^B	25	4,46	0,40			
	District/Village/Other ^C	21	3,98	0,60			
PSRS	Metropolis ^A	169	4,00	0,52	1,146	0,32	-
	City ^B	25	4,06	0,41			
	District/Village/Other ^C	21	3,84	0,53			

* $p < 0,05$, ** $p < 0,01$, F: One Way ANOVA, Difference: Post Hoc Test

There was no significant difference between the general disaster awareness, disaster education awareness, pre-disaster awareness, false disaster awareness and post-disaster awareness scores according to the region of residence of the participants ($p>0.05$).

There was no significant difference between the Community Resilience, Unity in Collaboration and social preparedness scores depending on the region where the participants reside ($p>0.05$).

There was no significant difference between ARM-R scores according to the region of residence of the participants ($p>0.05$). However, there was a significant difference between the general and social resilience scores of the ARM-R scale depending on the region of residence of the participants ($p<0.05$). It was observed that the ARM-R scale general and social resilience scores of the participants living in districts/villages/other regions were lower than the participants living in metropolitan and city areas.

There was no significant difference between the general scores of the psychosocial resilience scale according to the region of residence of the participants ($p>0.05$).

Comparison of disaster awareness, Community Resilience Scale, ARM-R, PSRS scores according to the participants' presence in the earthquake-affected provinces during the February 6 earthquake is shown in Table 13.

Table 13. Comparison of Data According to the Presence in Provinces Affected from 6 February Kahramanmaraş Earthquake

Scales and Factors	Presence in province affected by the earthquake	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>p</i>
Disaster Awareness Scale (DAS)	Evet	49	4,07	0,42	1,492	0,137
	Hayır	166	3,96	0,47		
Disaster Education Awareness (DEA)	Evet	49	4,41	0,40	1,693	0,092
	Hayır	166	4,26	0,54		
Pre-disaster Awareness (PDA)	Evet	49	4,30	0,45	1,399	0,163
	Hayır	166	4,17	0,55		

False Disaster Awareness (FDA)	Evet	49	1,89	0,59	-0,028	0,977
	Hayır	166	1,90	0,73		
Post Disaster Awareness	Evet	49	3,47	0,64	1,638	0,103
	Hayır	166	3,29	0,68		
Community Resilience Scale	Evet	49	2,86	0,61	0,347	0,729
	Hayır	166	2,83	0,64		
Unity in Collaboration	Evet	49	3,22	0,79	0,834	0,405
	Hayır	166	3,11	0,77		
Social Preparedness	Evet	49	2,51	0,69	-0,31	0,757
	Hayır	166	2,54	0,68		
ARM-R	Evet	49	4,26	0,50	-0,421	0,674
	Hayır	166	4,28	0,41		
Individual Resilience	Evet	49	4,28	0,54	0,205	0,838
	Hayır	166	4,26	0,48		
Social Resilience	Evet	49	4,23	0,64	-0,881	0,379
	Hayır	166	4,31	0,49		
PSRS	Evet	49	3,94	0,50	-0,761	0,447
	Hayır	166	4,00	0,52		

* $p < 0,05$, ** $p < 0,01$, *t*: Independent Sample T Test

There was no significant difference between the participants' general disaster awareness, disaster education awareness, pre-disaster awareness, false disaster awareness and post-disaster awareness scores depending on whether they were in the earthquake-affected provinces ($p > 0.05$).

There was no significant difference between the participants' Community Resilience, Unity in Collaboration and social preparedness scores depending on their location in the earthquake-affected provinces ($p > 0.05$).

There was no significant difference between the ARM-R, individual resilience and social resilience scores of the ARM-R, depending on the participants' location in the provinces affected by the earthquake ($p > 0.05$).

There was no significant difference between the general scores of the psychosocial resilience scale according to the participants' location in the earthquake-affected provinces ($p > 0.05$).

Comparison of disaster awareness, Community Resilience Scale, ARM-R, PSRS scores according to the educational status of the participants is shown in Table 14.

Table 14. Comparison of Data According to Education Status

Scales and Factors	Education Status	<i>N</i>	<i>Ort.</i>	<i>S.S</i>	<i>F</i>	<i>p</i>	<i>Diff</i>
Disaster Awareness Scale (DAS)	High school and below	56	3,97	0,51	0,039	0,962	-
	Associate or Bachelor's degree	120	3,99	0,45			
	Graduate Degree	39	3,98	0,42			
Disaster Education Awareness (DEA)	High school and below	56	4,30	0,54	0,005	0,995	-
	Associate or Bachelor's degree	120	4,30	0,51			
	Graduate Degree	39	4,29	0,49			
Pre-disaster Awareness (PDA)	High school and below	56	4,27	0,55	0,697	0,499	-
	Associate or Bachelor's degree	120	4,17	0,54			
	Graduate Degree	39	4,19	0,48			
False Disaster Awareness (FDA)	High school and below	56	1,97	0,76	0,498	0,608	-
	Associate or Bachelor's degree	120	1,88	0,68			
	Graduate Degree	39	1,83	0,67			
Post Disaster Awareness	High school and below	56	3,28	0,75	0,574	0,564	-
	Associate or Bachelor's degree	120	3,38	0,67			
	Graduate Degree	39	3,28	0,56			
Community Resilience Scale	High school and below	56	2,91	0,66	0,662	0,517	-
	Associate or Bachelor's degree	120	2,80	0,61			
	Graduate Degree	39	2,85	0,66			
Unity in Collaboration	High school and below	56	3,17	0,74	0,377	0,687	-
	Associate or Bachelor's degree	120	3,10	0,79			
	Graduate Degree	39	3,21	0,81			
Social Preparedness	High school and below	56	2,65	0,82	1,049	0,352	-
	Associate or Bachelor's degree	120	2,50	0,63			
	Graduate Degree	39	2,50	0,62			
ARM-R	High school and below	56	4,31	0,49	0,234	0,791	-
	Associate or Bachelor's degree	120	4,26	0,43			
	Graduate Degree	39	4,29	0,35			
Individual Resilience	High school and below	56	4,33	0,54	1,607	0,203	-
	Associate or Bachelor's degree	120	4,27	0,48			
	Graduate Degree	39	4,15	0,45			

Social Resilience	High school and below	56	4,28	0,57	1,824	0,164	-
	Associate or						
	Bachelor's degree	120	4,25	0,54			
	Graduate Degree	39	4,44	0,40			
PSRS	High school and below	56	4,00	0,64	0,315	0,73	-
	Associate or						
	Bachelor's degree	120	3,97	0,47			
	Graduate Degree	39	4,04	0,45			

**p<0,05, **p<0,01, F: One Way ANOVA, Difference: Post Hoc Tests*

According to the educational status of the participants, there was no significant difference between general disaster awareness, disaster education awareness, pre-disaster awareness, false disaster awareness and post-disaster awareness scores ($p>0.05$).

There was no significant difference between the Community Resilience, Unity in Collaboration and social preparedness scores according to the educational status of the participants ($p>0.05$).

There was no significant difference between the ARM-R, individual resilience and social resilience scores of the ARM-R scale according to the educational status of the participants ($p>0.05$).

There was no significant difference between the general scores of the psychosocial resilience scale according to the educational status of the participants ($p>0.05$).

Comparison of participants' disaster awareness, Community Resilience Scale, ARM-R, PSRS scores according to their employment status is shown in Table 15.

Table 15. Comparison of Data According to Employment Status

Scales and Factors	Employment Status	N	Ort.	S.S	F	p	Fark
Disaster Awareness Scale (DAS)	Unemployed ^A	17	3,82	0,44	2,439	0,036*	A,C,F<B,D,E
	Student ^B	55	3,99	0,51			
	Private Sector ^C	64	3,91	0,44			
	NGO Worker ^D	38	4,13	0,40			
	Public Sector ^E	31	4,10	0,41			
	Retired ^F	10	3,80	0,49			
Disaster Education Awareness (DEA) Pre-disaster Awareness (PDA)	Unemployed ^A	17	4,23	0,52	1,081	0,372	-
	Student ^B	55	4,26	0,55			
	Private Sector ^C	64	4,23	0,53			
	NGO Worker ^D	38	4,46	0,43			
	Public Sector ^E	31	4,34	0,46			
	Retired ^F	10	4,27	0,59			
Disaster Education Awareness (DEA)	Unemployed ^A	17	4,08	0,53	1,333	0,252	-
	Student ^B	55	4,26	0,59			
	Private Sector ^C	64	4,09	0,54			
	NGO Worker ^D	38	4,29	0,46			
	Public Sector ^E	31	4,30	0,49			
	Retired ^F	10	4,18	0,57			
False Disaster Awareness (FDA)	Unemployed ^A	17	2,03	0,66	1,127	0,347	-
	Student ^B	55	1,95	0,75			
	Private Sector ^C	64	1,87	0,67			
	NGO Worker ^D	38	1,81	0,74			
	Public Sector ^E	31	1,77	0,63			
	Retired ^F	10	2,28	0,62			
Post Disaster Awareness (PDA)	Unemployed ^A	17	2,98	0,47	3,97	0,002**	A,C,F<B,D,E
	Student ^B	55	3,37	0,71			
	Private Sector ^C	64	3,19	0,59			
	NGO Worker ^D	38	3,59	0,69			
	Public Sector ^E	31	3,54	0,61			
	Retired ^F	10	3,01	0,81			

* $p < 0,05$, ** $p < 0,01$, F: One Way ANOVA, Fark: Post Hoc Testleri

There was no significant difference between the participants' disaster education awareness, pre-disaster awareness and false disaster awareness scores according to their employment status ($p > 0.05$). However, there was a significant difference between the general and post-disaster awareness scores of the participants according to their employment status ($p < 0.05$).

It was observed that the general disaster awareness and post-disaster awareness scores of unemployed, private sector and retired participants were lower than students, NGO workers and public employees.

There was no significant difference between the Community Resilience and social preparedness scores according to the employment status of the participants ($p>0.05$). However, there was a significant difference between the Unity in Collaboration scores of the participants according to their employment status ($p>0.05$). It was observed that the Unity in Collaboration scores of public sector and retired participants were higher than those of participants in other employment.

There was no significant difference between the resilience, individual resilience and social resilience scores of the ARM-R scale according to the employment status of the participants ($p>0.05$).

There was no significant difference between the participants' overall psychosocial resilience scale scores according to their employment status ($p>0.05$).

Comparison of participants' disaster awareness, Community Resilience Scale, ARM-R, PSRS scores according to the income level of the participants is shown in Table 16.

Table 16. Comparison of Data According to Participant's Income Level

Factors	Income	<i>N</i>	<i>Ort.</i>	<i>S.S</i>	<i>F</i>	<i>p</i>	<i>Diff</i>
Disaster Awareness Scale (DAS)	High ^A	58	4,05	0,51	0,991	0,373	-
	Medium ^B	120	3,97	0,45			
	Low ^C	37	3,93	0,41			
Disaster Education Awareness (DEA)	High ^A	58	4,35	0,54	0,739	0,479	-
	Medium ^B	120	4,26	0,50			
	Low ^C	37	4,33	0,50			

Pre-disaster Awareness (PDA)	High ^A	58	4,25	0,56	0,374	0,689	-
	Medium ^B	120	4,18	0,55			
	Low ^C	37	4,18	0,45			
False Disaster Awareness (FDA)	High ^A	58	1,84	0,66	0,712	0,492	-
	Medium ^B	120	1,89	0,70			
	Low ^C	37	2,01	0,76			
Post Disaster Awareness	High ^A	58	3,44	0,71	1,256	0,287	-
	Medium ^B	120	3,31	0,64			
	Low ^C	37	3,23	0,68			
Community Resilience Scale	High ^A	58	3,00	0,64	5,823	0,003**	C<A,B
	Medium ^B	120	2,84	0,60			
	Low ^C	37	2,56	0,64			
Unity in Collaboration	High ^A	58	3,33	0,80	4,812	0,009**	C<A,B
	Medium ^B	120	3,13	0,75			
	Low ^C	37	2,83	0,76			
Social Preparedness	High ^A	58	2,67	0,67	3,773	0,025*	C<A,B
	Medium ^B	120	2,55	0,67			
	Low ^C	37	2,28	0,68			
ARM-R	High ^A	58	4,42	0,43	7,44	0,001**	C<B<A
	Medium ^B	120	4,27	0,39			
	Low ^C	37	4,08	0,47			
Individual Resilience	High ^A	58	4,32	0,51	0,617	0,54	-
	Medium ^B	120	4,25	0,48			
	Low ^C	37	4,21	0,51			
Social Resilience	High ^A	58	4,53	0,48	14,784	0,000**	C<B<A
	Medium ^B	120	4,28	0,45			
	Low ^C	37	3,96	0,63			
PSRS	High ^A	58	4,16	0,45	6,873	0,001**	C<B<A
	Medium ^B	120	3,97	0,50			
	Low ^C	37	3,78	0,58			

* $p < 0,05$, ** $p < 0,01$, F: One Way ANOVA, Fark: Post Hoc Test

There was no significant difference between the participants' general disaster awareness, disaster education awareness, pre-disaster awareness, false disaster awareness and post-disaster awareness scores according to their income status ($p > 0.05$).

A significant difference was observed between the Community Resilience, Unity in Collaboration and social preparedness scores of the participants according to their income status ($p < 0.05$). It was observed that the

Community Resilience, Unity in Collaboration and social preparedness scores of the participants with low-income levels were lower than the participants with medium and high-income levels.

There was no significant difference between the participants' social resilience scores according to their income levels ($p>0.05$). However, there was a significant difference between the resilience scores according to the income level of the participants ($p<0.05$). It was observed that as the income level of the participants decreased, there was a decrease in the resilience and social resilience of the ARM-R.

There was a significant difference between the general scores of the psychosocial resilience scale according to the income status of the participants ($p < 0.05$). It was observed that as the income level of the participants decreased, their psychosocial resilience scores decreased.

Comparison of participants' disaster awareness, Community Resilience Scale, ARM-R, PSRS scores according to participants' participation in an activity voluntarily is shown in Table 17.

Table 17. Comparison of Data According to Participation to Voluntary Activities

Scales and Factors	Voluntary Activity Participation	N	Mean.	S.D	t	p
Disaster Awareness Scale (DAS)	Evet	151	4,05	0,43	3,196	0,002**
	Hayır	64	3,83	0,49		
Disaster Education Awareness (DEA)	Evet	151	4,36	0,47	2,935	0,004**
	Hayır	64	4,14	0,57		
Pre-disaster Awareness (PDA)	Evet	151	4,24	0,51	1,385	0,168
	Hayır	64	4,13	0,59		
False Disaster Awareness (FDA)	Evet	151	1,84	0,70	-1,951	0,052
	Hayır	64	2,04	0,69		
Post Disaster Awareness	Evet	151	3,45	0,68	3,835	0,000**
	Hayır	64	3,07	0,58		

Community Resilience Scale	Evet	151	2,83	0,65	-0,191	0,849
	Hayır	64	2,85	0,57		
Unity in Collaboration	Evet	151	3,10	0,78	-1,03	0,304
	Hayır	64	3,22	0,76		
Social Preparedness	Evet	151	2,56	0,72	0,821	0,413
	Hayır	64	2,48	0,59		
ARM-R	Evet	151	4,31	0,41	1,531	0,127
	Hayır	64	4,21	0,47		
Individual Resilience	Evet	151	4,32	0,47	2,467	0,014*
	Hayır	64	4,14	0,52		
Social Resilience	Evet	151	4,30	0,49	0,213	0,832
	Hayır	64	4,28	0,60		
PSRS	Evet	151	4,03	0,52	1,919	0,056
	Hayır	64	3,89	0,48		

* $p < 0,05$, ** $p < 0,01$, t : Independent Sample T Test

There was no significant difference between the participants' pre-disaster awareness and false disaster awareness scores depending on whether they participated in a voluntary activity ($p > 0.05$). There was a significant difference between the participants' general disaster awareness, disaster education awareness and post-disaster awareness scores depending on whether they participated in a volunteer activity ($p < 0.05$). It was observed that the general disaster awareness, disaster education awareness and post-disaster awareness scores of the participants who participated in a volunteer activity were higher than the participants who did not participate in a volunteer activity.

There was no significant difference between the participants' Community Resilience, Unity in Collaboration and social preparedness scores depending on whether they participated in a voluntary activity ($p < 0.05$).

There was no significant difference between the resilience scores of the Community Resilience Scale, depending on whether the participants participated in a voluntary activity ($p > 0.05$). There was a significant difference between the participants' social resilience scores depending on whether they participated in a voluntary activity ($p < 0.05$). It was observed that the social resilience scores of participants who participated in a voluntary activity were higher than those who did not participate in a voluntary activity.

There was no significant difference between the participants' overall psychosocial resilience scale scores depending on whether they participated in a voluntary activity ($p>0.05$).

Comparison of the scores of the disaster awareness, Community Resilience Scale, ARM-R, PSRS scores according to the frequency of participants' use of social media is shown in Table 18.

Table 18. Comparison of Data According to Social Media Usage

Scales and Factors	Frequency of using social media	N	Mean	SD	F	p	Diff
Disaster Awareness Scale (DAS)	Always	73	3,94	0,49	0,321	0,81	-
	Often	101	4,01	0,46			
	Sometimes	33	3,99	0,43			
	Never	8	3,97	0,31			
Disaster Education Awareness (DEA)	Always	73	4,27	0,56	0,245	0,865	-
	Often	101	4,31	0,49			
	Sometimes	33	4,28	0,51			
	Never	8	4,40	0,35			
Pre-disaster Awareness (PDA)	Always	73	4,22	0,58	0,164	0,921	-
	Often	101	4,20	0,51			
	Sometimes	33	4,15	0,54			
	Never	8	4,23	0,52			
False Disaster Awareness (FDA)	Always	73	2,01	0,83	1,191	0,314	-
	Often	101	1,81	0,66			
	Sometimes	33	1,91	0,53			
	Never	8	1,92	0,42			
Post disaster Awareness (PDA)	Always	73	3,29	0,74	0,496	0,686	-
	Often	101	3,34	0,68			
	Sometimes	33	3,44	0,53			
	Never	8	3,18	0,37			
Community Resilience Scale	Always	73	2,75	0,70	1,506	0,214	-
	Often	101	2,91	0,59			
	Sometimes	33	2,87	0,59			
	Never	8	2,54	0,53			
Unity in Collaboration	Always	73	3,03	0,86	2,295	0,079	-
	Often	101	3,24	0,70			
	Sometimes	33	3,18	0,84			
	Never	8	2,63	0,41			

Social Preparedness	Always	73	2,48	0,75	0,347	0,791	-
	Often	101	2,58	0,65			
	Sometimes	33	2,56	0,60			
	Never	8	2,45	0,74			
ARM-R	Always	73	4,31	0,49	0,328	0,805	-
	Often	101	4,27	0,40			
	Sometimes	33	4,25	0,42			
	Never	8	4,17	0,31			
Individual Resilience	Always	73	4,31	0,55	0,744	0,527	-
	Often	101	4,26	0,44			
	Sometimes	33	4,20	0,51			
	Never	8	4,09	0,55			
Social Resilience	Always	73	4,30	0,57	0,042	0,989	-
	Often	101	4,28	0,51			
	Sometimes	33	4,30	0,47			
	Never	8	4,25	0,60			
PSRS	Always	73	3,99	0,58	1,701	0,168	-
	Often	101	4,00	0,49			

According to the participants' frequency of using social media, there was no significant difference between general disaster awareness, disaster education awareness, pre-disaster awareness, false disaster awareness and post-disaster awareness scores ($p>0.05$).

There was no significant difference between the Community Resilience Scale, Unity in Collaboration and social preparedness scores of the participants according to the frequency of social media use ($p>0.05$).

There was no significant difference between the resilience, individual resilience and social resilience scores of the ARM-R according to the participants' frequency of using social media ($p>0.05$).

There was no significant difference between the general scores of the psychosocial resilience scale according to the frequency of participants' use of social media ($p>0.05$).

Comparison of disaster awareness, Community Resilience Scale, ARM-R, PSRS scores according to the high level of individual resilience of the participants is shown in Table 19.

Table 19. Comparison of Disaster Awareness, Community Resilience Scale, ARM-R, PSRS Scores According to Participants' High Level of Individual Resilience

Scales and Factors	High Individual Resilience	N	Mean.	SD	F	p	Diff
Disaster Awareness Scale (DSA)	Disagree ^A	35	3,89	0,50	2,229	0,11	-
	Neither agree nor disagree ^B	52	3,92	0,38			
	Agree ^C	128	4,04	0,47			
Disaster Education Awareness (DEA)	Disagree ^A	35	4,20	0,62	0,809	0,446	-
	Neither agree nor disagree ^B	52	4,30	0,45			
	Agree ^C	128	4,32	0,51			
Pre-disaster Awareness (PDA)	Disagree ^A	35	4,10	0,61	0,713	0,491	-
	Neither agree nor disagree ^B	52	4,22	0,46			
	Agree ^C	128	4,22	0,54			
False Disaster Awareness (FDA)	Disagree ^A	35	1,88	0,69	2,416	0,092	-
	Neither agree nor disagree ^B	52	2,08	0,70			
	Agree ^C	128	1,83	0,69			
Post Disaster Awareness (PDA)	Disagree ^A	35	3,12	0,53	3,889	0,022*	A<C
	Neither agree nor disagree ^B	52	3,24	0,64			
	Agree ^C	128	3,43	0,70			
Community Resilience	Disagree ^A	35	2,65	0,56	2,954	0,054	-
	Neither agree nor disagree ^B	52	2,77	0,64			
	Agree ^C	128	2,92	0,63			
Unity in Collaboration	Disagree ^A	35	2,84	0,71	4,226	0,016*	A<C
	Neither agree nor disagree ^B	52	3,06	0,75			
	Agree ^C	128	3,25	0,79			
Social Preparedness	Disagree ^A	35	2,46	0,58	0,777	0,461	-
	Neither agree nor disagree ^B	52	2,47	0,76			
	Agree ^C	128	2,58	0,68			
ARM-R	Disagree ^A	35	4,13	0,45	4,846	0,009**	A,B<C
	Neither agree nor disagree ^B	52	4,20	0,48			
	Agree ^C	128	4,35	0,39			
Individual Resilience	Disagree ^A	35	4,14	0,49	3,575	0,03*	A,B<C
	Neither agree nor disagree ^B	52	4,16	0,52			
	Agree ^C	128	4,34	0,47			

Social Resilience	Disagree ^A	35	4,11	0,59	3,49	0,032*	A,B<C
	Neither agree nor disagree ^B	52	4,24	0,61			
	Agree ^C	128	4,36	0,46			
PSRS	Disagree ^A	35	3,68	0,56	13,417	0,000**	A,B<C
	Neither agree nor disagree ^B	52	3,87	0,43			
	Agree ^C	128	4,12	0,48			

* $p < 0,05$, ** $p < 0,01$, *F: One Way ANOVA, Difference: Post Hoc Test*

According to the high level of individual resilience of the participants, there was no significant difference between general disaster awareness, disaster education awareness, pre-disaster awareness and false disaster awareness scores ($p > 0.05$). A significant difference was observed between post-disaster awareness scores depending on whether the participants' individual resilience level was high ($p < 0.05$). It was observed that the post-disaster awareness scores of the participants who thought their individual resilience level was high were higher than the participants who did not think their individual resilience level was high.

There was no significant difference between Community Resilience and social preparedness scores depending on whether the participants' individual resistance level was high ($p > 0.05$). There was a significant difference between the Unity in Collaboration scores of the participants depending on their high level of individual resilience ($p < 0.05$). It was observed that the Unity in Collaboration scores of the participants who thought their individual resistance level was high were higher than the participants who did not think their individual resilience level was high.

Depending on whether the participants' individual resilience level was high, a significant difference was observed between the ARM-R general, individual resistance and social resilience scores ($p < 0.05$). It was observed that the ARM-R, individual resilience and social resilience scores of the participants who thought their individual resilience level was high were higher than the participants who did not think their individual resilience level was high or were neither agree or disagree.

There was a significant difference between the general scores of the psychosocial resilience scale according to the high level of individual resilience of the participants ($p < 0.05$). It was observed that the psychosocial resilience scores of the participants who thought their individual resilience level was high were higher than the participants who did not think their individual resilience level was high or were neither agree nor disagree.

Comparison of disaster awareness, Community Resilience Scale, ARM-R, PSRS scores according to the participants' high level of Community Resilience is shown in Table 20.

Table 20. Comparison of Disaster Awareness, Community Resilience Scale, ARM-R, PSRS Scores According to Participants' High Level of Community Resilience

Scales and Factors	High Community Resilience	N	Mean	SD	F	p	Diff
Disaster Awareness Scale (DSA)	Disagree ^A	87	3,97	0,45	0,426	0,654	-
	Neither agree nor disagree ^B	61	3,96	0,43			
	Agree ^C	67	4,03	0,50			
Disaster Education Awareness (DEA)	Disagree ^A	87	4,32	0,52	0,204	0,816	-
	Neither agree nor disagree ^B	61	4,26	0,47			
	Agree ^C	67	4,30	0,54			
Pre-disaster Awareness (PDA)	Disagree ^A	87	4,19	0,52	0,054	0,948	-
	Neither agree nor disagree ^B	61	4,20	0,52			
	Agree ^C	67	4,22	0,57			
False Disaster Awareness (FDA)	Disagree ^A	87	1,84	0,59	0,723	0,486	-
	Neither agree nor disagree ^B	61	1,98	0,73			
	Agree ^C	67	1,89	0,79			
Post Disaster Awareness (PDA)	Disagree ^A	87	3,21	0,69	3,016	0,051	-
	Neither agree nor disagree ^B	61	3,35	0,63			
	Agree ^C	67	3,48	0,66			
Community Resilience	Disagree ^A	87	2,52	0,59	28,142	0,000**	A<B<C
	Neither agree nor disagree ^B	61	2,88	0,53			
	Agree ^C	67	3,20	0,56			

Unity in Collaboration	Disagree ^A	87	2,82	0,77	16,531	0,000**	A<B<C
	Neither agree nor disagree ^B	61	3,18	0,68			
	Agree ^C	67	3,50	0,71			
Social Preparedness	Disagree ^A	87	2,22	0,57	23,723	0,000**	A<B<C
	Neither agree nor disagree ^B	61	2,58	0,61			
	Agree ^C	67	2,91	0,68			
ARM-R	Disagree ^A	87	4,23	0,40	1,922	0,149	-
	Neither agree nor disagree ^B	61	4,25	0,46			
	Agree ^C	67	4,36	0,43			
Individual Resilience	Disagree ^A	87	4,22	0,43	1,439	0,239	-
	Neither agree nor disagree ^B	61	4,23	0,53			
	Agree ^C	67	4,35	0,53			
Social Resilience	Disagree ^A	87	4,24	0,56	1,307	0,273	-
	Neither agree nor disagree ^B	61	4,27	0,54			
	Agree ^C	67	4,38	0,47			
PSRS	Disagree ^A	87	3,89	0,48	4,748	0,01**	A,B<C
	Neither agree nor disagree ^B	61	3,98	0,44			
	Agree ^C	67	4,14	0,58			

* $p < 0,05$, ** $p < 0,01$, F: One Way ANOVA, Difference: Post Hoc Test

According to the participants' high level of Community Resilience, there was no significant difference between general disaster awareness, disaster education awareness, pre-disaster awareness, false disaster awareness and post-disaster awareness scores ($p > 0.05$).

Depending on whether the participants' level of community resilience was high, a significant difference was observed between the Community Resilience assessment general, Unity in Collaboration and social preparedness scores ($p < 0.05$). The Community Resilience evaluation general, Unity in Collaboration and social preparedness scores of the participants who think that the level of Community Resilience is high are higher than the participants who are undecided compared to the participants who are undecided about the level of Community Resilience. It was found to be higher than the participants.

According to the participants' high level of Community Resilience, there was no significant difference between the Community Resilience Scale scores of the individual and social resilience scale ($p>0.05$).

There was a significant difference between the general scores of the psychosocial resilience scale according to the high level of Community Resilience of the participants ($p < 0.05$). It was observed that the psychosocial resilience scores of the participants who thought that the level of Community Resilience was high were higher than the participants who did not think that the level of Community Resilience was high or were undecided.

3.6 Examining the Correlations Between Variables

Examination of the relationships between disaster awareness, Community Resilience Scale, ARM-R, PSRS scores is shown in Table 21.

Table 21. The Correlations Between Disaster Awareness Community Resilience Scale, ARM-R, PSRS Scores

Variables	Co effi cie nt	DAS	DEA	PDA	FDA	PDA	CR	UC	SP	AR M	IR	SR
Disaster Awareness Scale (DAS)	r	1,000										
	p											
Disaster Education Awareness (DEA)	r	,858**	1,000									
	p	0,000										
Pre-disaster Awareness (PDA)	r	,860**	,848**	1,000								
	p	0,000	0,000									
False Disaster Awareness (FDA)	r	-	-	-	1,00							
	p	,742**	,566**	,511**	0							
Post Disaster Awareness (PDA)	r	,617**	,312**	,371**	-	1,000						
	p	0,000	0,000	0,000	,144*							
Community Resilience Scale	r	,162*	0,059	0,102	0,050	,367**	1,000					
	p	0,018	0,392	0,135	0,469	0,000						
Unity in Collaboration	r	,161*	0,124	,162*	0,037	,252**	,882**	1,000				
	p	0,019	0,070	0,017	0,593	0,000	0,000					
Social Preparedness	r	0,116	-0,033	0,004	0,050	,390**	,843**	,489**	1,000			
	p	0,090	0,631	0,951	0,467	0,000	0,000	0,000				

ARM-R	r	,286**	,282**	,246**	-	,264**	,225**	,249**	0,131	1,00		
	p	0,000	0,000	0,000	0,101	0,000	0,001	0,000	0,054	0		
Individual Resilience	r	,280**	,276**	,272**	-	,267**	,151*	,187**	0,067	,833**	1,00	
	p	0,000	0,000	0,000	0,068	0,000	0,026	0,006	0,328	0,000	0	
Social Resilience	r	,205**	,202**	,148*	-	,182**	,226**	,232**	,152*	,855**	,427**	1,00
	p	0,002	0,003	0,030	0,102	0,007	0,001	0,001	0,026	0,000	0,000	0
PSRS	r	,252**	,220**	,221**	-	,310**	,298**	,297**	,213*	,596**	,576**	,435**
	p	0,000	0,001	0,001	0,032	0,000	0,000	0,000	0,002	0,000	0,000	0,000

* $p < 0,05$, ** $p < 0,01$, r: Correlation coefficient

A moderate and high positive correlation was found between disaster education awareness scores and pre-disaster awareness and post-disaster awareness scores ($p < 0.05$). These findings; It shows that as participants' disaster education awareness scores increase, their pre-disaster awareness and post-disaster awareness scores will increase. A moderate negative relationship was found between disaster education awareness scores and false disaster awareness scores ($p < 0.05$). These finding shows that as participants' disaster education awareness scores increase, their false disaster awareness scores will decrease.

A low-level positive relationship was found between disaster awareness scores and Community Resilience Scale, Unity in Collaboration, individual and social resilience general, individual resilience, social resilience and psychosocial resilience scores ($p < 0.05$). These findings show that as participants' disaster awareness scores increase, their pre-disaster awareness and post-disaster awareness scores will increase. A moderate negative relationship was found between disaster education awareness scores and false disaster awareness scores ($p < 0.05$).

These finding shows that as the participants' Community Resilience Scale, Unity in Collaboration, ARM-R, individual resilience, social resilience and psychosocial resilience scores increase, their disaster awareness scores will increase.

A low-level positive relationship was found between the general scores of the Community Resilience Scale and disaster awareness general, post-disaster awareness, ARM-R, individual resilience, social resilience and psychosocial resilience scores ($p < 0.05$). These findings; It shows that as the participants' Community Resilience Scale, Unity in Collaboration, ARM-R, individual resilience, social resilience and psychosocial resilience scores increase, their disaster awareness and post-disaster awareness scores will increase.

A low-level positive relationship was found between the ARM-R and disaster awareness general, post-disaster awareness, disaster education awareness, Community Resilience Scale, Unity in Collaboration and psychosocial resilience scores ($p < 0.05$). These findings; It shows that as the participants' general disaster awareness, post-disaster awareness, disaster education awareness, Community Resilience Scale, Unity in Collaboration and psychosocial resilience scores increase, their ARM-R scores will increase.

3.7 Examining the Effect of Disaster Awareness, ARM-R and PSRS on Participants' Community Resilience Scores

The results of multiple regression analysis for the effect of participants' individual and social resilience, psychosocial resilience and disaster awareness scores on community resilience are shown in Table 22. The established multiple regression analysis model was found to be statistically significant, $R = 0.315$; $R^2 = 0.099$; $F(3,211) = 7.724$; $p = 0.000$; $p < 0.05$. The independent variables in the regression model explain 9.9% of the changes in community resilience scores.

Table 22. Multiple Regression Analysis Results for the Effect of Disaster Awareness, Personal and Social Resilience, and Psychosocial Resilience on Participants' Community Resilience Scores

Variable	B	S.E.	β (Beta)	T	<i>p</i>	%95 CI	
						Lower	Upper
Dependent Variable	0,83	0,49		1,71	0,09	-0,13	1,79
ARM-R	0,08	0,12	0,06	0,66	0,51	-0,16	0,32
Psychosocial Resilience	0,30	0,10	0,25	2,99	0,00	0,10	0,50
Disaster Awareness	0,12	0,09	0,08	1,23	0,22	-0,07	0,30

Dependent Variable: Community Resilience

When Table 22 is examined; It was observed that the effect of individual and social resilience scores on community resilience scores was insignificant, while the effect of psychosocial resilience and disaster awareness scores was significant. This model shows that as psychosocial resilience and disaster awareness scores increase, community resilience scores will increase.

Socio-demographic characteristics of the participants are given as numbers and percentages, and numerical variables are given as mean and standard deviation. Normal distribution in numerical variables was found by calculating skewness and kurtosis values and is shown in Table 23. It has been observed that disaster awareness, individual and social resilience, psychosocial resilience and community resilience scores comply with normal distribution rules. The reference value taken is between ± 1.96 (Kalaycı, 2005).

Table 23. Skewness and Kurtosis Values of Disaster Awareness Scale, Community Resilience Scale, ARM-R, PSRS

Factor	Skewness		Kurtosis	
Disaster Awareness Scale (DAS)	-0,54	0,17	-0,14	0,33
Disaster Education Awareness (DEA)	-1,28	0,17	1,13	0,33
Pre-disaster Awareness (PDA)	-0,66	0,17	0,00	0,33
False Disaster Awareness (FDA)	1,17	0,17	2,48	0,33
Post-Disaster Awareness (PDA)	0,24	0,17	0,10	0,33
Community Resilience Scale	-0,08	0,17	0,08	0,33
Unity in Collaboration	-0,30	0,17	-0,08	0,33
Social Preparedness	0,22	0,17	0,07	0,33
ARM-R	-0,24	0,17	0,13	0,33
İndividual resilience	-0,24	0,17	-0,09	0,33
Social Resilience	-0,70	0,17	0,75	0,33
PSRS	-0,28	0,17	0,43	0,33

Independent Sample T test was used to compare participants' scale scores with variables with two groups, such as gender, and One Way ANOVA Test was used to compare scale scores with variables with three groups or more. Post Hoc Tests were used to determine which group component caused the values that differed between groups. Pearson Correlation Analysis was used to examine the relationship between the scales. Correlation coefficient; A relationship between 0.00 and 0.30 was considered low, between 0.30 and 0.70 as a medium relationship, and between 0.70 and 1.00 as a high level of relationship (Büyüköztürk, 2020).

DISCUSSION AND CONCLUSIONS

The study presents a comprehensive exploration of a diverse participant group who are constituted of people living in different regions in Türkiye accessed via social media, shedding light on various factors influencing disaster awareness and multiple resilience perceptions. The discussion below synthesizes key findings, explores implications, and suggests avenues for future research and practical interventions.

The varying levels of preparedness among participants underscore the need for targeted interventions. While a significant portion exhibits commendable emergency preparations, the presence of respondents lacking essential items indicates room for improvement. This information can inform community resilience assessments, enabling tailored educational efforts to enhance preparedness and resilience.

Community Resilience Scale emerges as a dominant contributor, highlighting its pivotal role in shaping community resilience perceptions. The alignment of items with strong factor loadings and the high reliability of the scale emphasizes its robust psychometric properties, providing a solid foundation for future resilience research and interventions.

The Community Resilience Scale is one of the main contributors, emphasizing how important it is in influencing how people perceive community resilience. Future resilience research and treatments may have a firm basis by means of the scale's substantial psychometric features, which are highlighted by the alignment of items with significant factor loadings and high reliability.

The ARM-R scale, capturing both Individual and Social Resilience, demonstrates strong factor loadings and internal consistency. Similarly, the PSRS, focusing on presumed significant results, exhibits high validity and

reliability. The confirmation of the proposed two-factor model for the Community Resilience Scale further strengthens the evidence supporting the accuracy of resilience measurements. These findings contribute to the growing body of literature on psychosocial resilience, reaffirming the importance of addressing both individual and social dimensions.

The study unravels regional variations in resilience perceptions, with Metropolis residents showing lower scores in individual and social resilience. These disparities suggest the influence of environmental, cultural, or socioeconomic factors on how individuals perceive and respond to resilience factors. Additionally, income levels emerge as significant determinants, with higher-income individuals reporting higher community and individual resilience scores. These findings underscore the importance of tailoring interventions to specific regional and socioeconomic contexts.

Moreover, the 6th of February Kahramanmaraş earthquake's impact on provinces does not seem to have a significant effect on participants' disaster awareness, community resilience perceptions, or individual and social resilience. It is surprising when the magnitude of the disaster was considered. This result, which contrasts with expectations based on existing literature indicates insights on decreasing levels of resilience after crises (Norris et al., 2002; Galea et al., 2005; Kaniasty & Norris, 2009), prompts a nuanced discussion regarding the possible factors contributing to these outcomes and their implications for disaster resilience research and practice. There can be various reasons behind this nuance. The findings may also be a reflection of the resilience-building elements found in the communities affected. It has been demonstrated that Türkiye's extensive heritage of social cohesion and community support systems increases resilience in the face of adversity (Yıldırım et al., 2020). These tight-knit social bonds and mutual aid systems may have facilitated effective coping mechanisms and post-disaster recovery efforts among both the earthquake-affected and unaffected groups, mitigating potential differences in resilience levels between the two. The related issue

should be examined in more detail. Furthermore, the absence of significant differences in resilience levels post-earthquake may indicate a psychological adjustment process among those affected. According to research on post-traumatic growth and resilience, people who have experienced traumatic events may have psychological changes that eventually enable them become more resilient (Tedeschi & Calhoun, 2004). It's probable that people who were directly impacted by the earthquake had already started to adjust to their post-disaster situations and were just as resilient as others who weren't. Finally, the study's findings might have been impacted by methodological elements including sample makeup and data collecting date. In the event that the data were gathered 10 months have passed after the earthquake, so participants' levels of resilience might have stabilized or changed, reducing the differences across groups. Furthermore, the study's conclusions and their generalizability may have been impacted by the sample's demographic makeup and geographic distribution. In conclusion, although it may appear paradoxical at first that there are no appreciable variations in the levels of resilience between groups affected and unaffected by earthquakes, a closer look reveals a number of reasonable explanations grounded in resilience theory, socio-cultural dynamics, and methodological issues. These results emphasize the intricacy of resilience as a multifaceted concept impacted by a wide range of variables and the significance of contextually grounded research in expanding comprehension of resilience to disasters.

Age-related differences highlight those younger individuals tend to perceive higher levels of resilience, both individually and socially. This finding underscores the impact of socio-cultural factors or life experiences on resilience perceptions. Gender differences are notable in post-disaster awareness, suggesting a need for gender-sensitive programs. Age-appropriate and gender-sensitive disaster response strategies are consistent with the literature's recognition of the impact of socio-cultural factors on resilience perceptions (Fothergill and Peek, 2004; Patel et al., 2017). The absence of significant differences based on education levels implies that disaster-related perceptions

are not solely influenced by educational backgrounds.

The overall model indicates that Psychosocial Resilience significantly contributes to participants' Community Resilience scores. While ARM-R exhibit limited statistical effects, the substantial influence of Disaster Awareness and Psychosocial Resilience underscores its paramount role. This finding emphasizes the importance of addressing disaster awareness psychosocial factors in community resilience-building initiatives.

Positive correlations between various dimensions of disaster awareness, individual resilience, and community resilience highlight their interconnected nature. Higher levels of awareness correlate with increased community and individual resilience, emphasizing the need for holistic disaster education programs. Social Preparedness, ARM-R, Personal Resilience, Social Resilience, and PSRS exhibit strong positive associations with different aspects of disaster awareness, offering insights into the multifaceted nature of resilience.

The findings of the study align with the earlier research, which emphasizes the importance of factors such as disaster awareness, socio-ecological resilience and psychosocial resilience for increasing community resilience. The study's exploration of diverse participant groups in Türkiye sheds light on various factors influencing disaster awareness and resilience perceptions, contributing to the growing body of literature on community resilience. The study's identification of varying levels of preparedness among participants underscores the need for targeted interventions, consistent with the literature's emphasis on tailored educational efforts to enhance preparedness and resilience. Findings regarding the varying levels of preparedness among participants align with existing literature emphasizing the importance of targeted interventions to enhance community resilience (Cutter et al., 2008; Berkes & Ross, 2013; Hawkins et al., 2019). This underscores the need for tailored educational efforts, consistent with frameworks such as the Hyogo Framework for Action and the Sendai Framework for Disaster Risk Reduction (UNISDR, 2015).

The emergence of the Community Resilience Scale as a dominant

contributor highlights its pivotal role in shaping community resilience perceptions, consistent with the literature's emphasis on the multifaceted nature of resilience. The findings echo previous research highlighting the multifaceted nature of resilience (Lee et al, 2013; Norris et al., 2008). The emphasizes on the importance of addressing both individual and social dimensions of resilience parallel with research regarding factors including resilience (Berkes & Folke, 1998; Adger, 2000; Bonanno, 2004; Obrist et al., 2010; Bonanno & Gupta, 2012; Berkes & Folke, 2013; Greene, 2017; Liu et al, 2017). This underscores the importance of addressing both individual and social dimensions of resilience, as emphasized in the ARM-R and PSRS scales.

The study's exploration of regional variations in resilience perceptions and the influence of socioeconomic factors aligns with the literature's recognition of the environmental, cultural, and socioeconomic determinants of resilience. This points up the importance of tailoring interventions to specific regional and socioeconomic contexts, as highlighted in the Sendai Framework (UNISDR, 2015).

The study's emphasis on the interconnected nature of disaster awareness, individual resilience, and community resilience aligns with the literature's recognition of the holistic approach needed for effective disaster risk reduction. This underlines the importance of comprehensive disaster awareness raising programs that address various dimensions of resilience.

In conclusion, the study enriches our understanding of disaster awareness and resilience perceptions among diverse populations. The findings highlight the interconnected nature of disaster awareness, individual resilience, and community resilience resonates with literature recognizing the holistic approach needed for effective disaster risk reduction (Manyena et al., 2011). This underscores the importance of comprehensive disaster risk reduction programs addressing various dimensions of resilience, as supported by previous research (Paton et al., 2010).

The nuanced insights into regional variations, demographic influences, and the intricate interplay of psychosocial factors contribute to the evolving

discourse on community resilience. These findings provide a foundation for targeted interventions, informing policymakers, researchers, and community leaders as they navigate the complex landscape of disaster preparedness and response. As communities continue to face diverse challenges, the study's implications pave the way for adaptive strategies that resonate with the specific needs and dynamics of different populations.

Although the study provides useful information, several limitations should be noted. The cross-sectional nature of the data should be considered in future research efforts to further explore these issues using longitudinal designs (Birkmann et al., 2017). Longitudinal designs might be used in future study to investigate how resilience beliefs change over time. Also, the limited time period and duration of the survey affected participant's size. Therefore, future research should examine the issue with broader and more diverse sample and in wider time interval. Additionally, the study relies on self-reported measures to assess individual and community resilience. Self-report measures are subject to response bias, social desirability bias, and memory recall errors, which may affect the accuracy and reliability of the data (Pfefferbaum et al., 2015). Participants may overestimate their levels of resilience, especially in the aftermath of a disaster, leading to inflated results. Additionally, self-report measures may not capture the full complexity of resilience, which encompasses psychological, social, and environmental dimensions (Windle, 2011). Future research should consider employing multi-method approaches, such as observational assessments, and interviews to provide a more comprehensive understanding of resilience.

REFERENCES

- Adger, W. N. (2000). Social and ecological resilience: Are they related? *Progress in Human Geography*, 24(3), 347-364.
- Aitsi-Selmi, A., Egawa, S., Sasaki, H., Wannous, C., & Murray, V. (2015). The Sendai framework for disaster risk reduction: Renewing the global commitment to people's resilience, health, and well-being. *International journal of disaster risk science*, 6, 164-176.
- Aitsi-Selmi, A., Murray, V., Heymann, D., McCloskey, B., Azhar, E. I., Petersen, E., & Dar, O. (2016). Reducing risks to health and wellbeing at mass gatherings: the role of the Sendai Framework for Disaster Risk Reduction. *International journal of infectious diseases*, 47, 101-104.
- Aldrich, D. P. (2012). Building resilience: Social capital in post-disaster recovery. University of Chicago Press.
- Berkes, F., & Folke, C. (1998). Linking social and ecological systems: Management practices and social mechanisms for building resilience. Cambridge University Press.
- Berkes, F., & Ross, H. (2013). Community Resilience: Toward an integrated approach. *Society&NaturalResources*, 26(1), 5–20.
<http://doi.org/10.1080/08941920.2012.736605>
- Birkmann, J., Cardona, O. D., Carreño, M. L., Barbat, A. H., Pelling, M., Schneiderbauer, S., & Kienberger, S. (2017). Framing vulnerability, risk and societal responses: the MOVE framework. *Natural Hazards*, 86(2), 789-804.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive

- events? *American Psychologist*, 59(1), 20-28.
- Bonanno, G. A., & Gupta, S. (2012). Resilience after disaster. In Y. Neria, S. Galea, & F. H. Norris (Eds.), *Mental health and disasters* (pp. 145–160). Cambridge University Press.
- Büyüköztürk, Ş. (2020). Sosyal Bilimler İçin Veri Analiz El Kitabı (27. Baskı). Ankara: PEGEM Yayınları.
- Cao J., Zhu L., Han H., Zhu X. (2018). *Modern Emergency Management*, Springer Singapore. doi.org/10.1007/978-981-10-5720-5.
- Cloyd, E., Knabb, R. D., & Rhome, J. R. (2018). Tropical Cyclone Report: Hurricane Harvey. National Hurricane Center.
- Cutter, S. L., Burton, C. G., & Emrich, C. T. (2008). Disaster resilience indicators for benchmarking baseline conditions. *Journal of Homeland Security and Emergency Management*, 5(1), 1-22.
- Cutter, S. L., Barnes, L., Berry, M., Burton, C., Evans, E., Tate, E., & Webb, J. (2008). A place-based model for understanding Community Resilience to natural disasters. *Global Environmental Change*, 18(4), 598–606. <https://doi.org/10.1016/j.gloenvcha.2008.07.013>
- Cutter, S. L., Burton, C. G., & Emrich, C. T. (2010). Disaster Resilience Indicators for Benchmarking Baseline Conditions. *Journal of Homeland Security and Emergency Management*, 7(1). <https://doi.org/10.2202/1547-7355.173z>
- Cutter, S. L. (2014). Building Disaster Resilience: Steps toward Sustainability. *Challenges in Sustainability*, 1(2), 72–79. <https://doi.org/10.12924/cis2013.01020072>
- Dikmenli, Y.; Yakar, H.; Konca, A. (2018). Development of Disaster Awareness Scale: A Validity and Reliability Study. *Review of International Geographical Education Online (RIGEO)*, 8(2), 206-220. Retrieved from <http://www.rigeo.org/vol8no2/Number2Summer/RIGEO-V8-N2-2.pdf>
- Disaster risk and resilience - (2102). الأمم المتحدة.

https://www.un.org/en/development/desa/policy/untaskteam_undf/think_pieces/3_disaster_risk_resilience.pdf

Fothergill, A., & Peek, L. A. (2004). Poverty and disasters in the United States:

A review of recent sociological findings. *Natural hazards*, 32, 89-110.

Furedi, F. (2007). The changing meaning of disaster. *Area*, 39(4), 482-489.

Galea, S., Nandi, A., & Vlahov, D. (2005). The epidemiology of post-traumatic stress disorder after disasters. *Epidemiologic Reviews*, 27(1), 78-91.

Greene, R. R. (2017). Risk and resilience theory: A social work perspective. In *Human behavior theory and social work practice* (pp. 315-342). Routledge.

Hallegatte, S., Vogt-Schilb, A., Bangalore, M., & Rozenberg, J. (2017).

Unbreakable: Building the resilience of the poor in the face of natural disasters. World Bank Publications.

Harrison, C. G., & Williams, P. R. (2016). A systems approach to natural disaster resilience. *Simulation Modelling Practice and Theory*, 65, 11-31.

Hawkins, R. L., Maurer, K., Bond, C. A., Hansen, H. G., & Pentilla, D. (2019). Building resilience: A comprehensive framework to address disaster-related vulnerabilities. *International Journal of Disaster Risk Reduction*, 37, 101171.

Holling, C. S. (1973). Resilience and stability of ecological systems. *Annual Review of Ecology and Systematics*, 4, 1-23.

IASC (Inter-Agency Standing Committee). 2015. *Guideline: Emergency response preparedness: Draft for field testing*. New York: IASC.

https://interagencystandingcommittee.org/system/files/iasc_emergency_response_preparedness_guidelines_july_2015_draft_for_field_testing.pdf.

IFRC Psychosocial Centre. (2023, February 28). *Kahramanmaraş earthquake – situation report II - psychosocial support IFRC*. Psychosocial Support
IFRC - Mental Health Matters.

<https://pscentre.org/?resource=kahramanmaras-earthquake-situation-report-ii&selected=single-resource>

- Jefferies, P., McGarrigle, L., & Ungar, M. (2018). The CYRM-R: a Rasch-validated revision of the Child and Youth Resilience Measure. *Journal of Evidence-Informed Social Work*, 1-24.
<https://doi.org/10.1080/23761407.2018.1548403>
- Karagöz, Y. (2021). *SPSS ve AMOS 24 Uygulamalı İstatistiksel Analizler*, 3. Baskı, Ankara: Nobel Yayıncılık.
- Kaniasty, K., & Norris, F. H. (2009). Distinctions that matter: Received social support, perceived social support, and social embeddedness after disasters. In R. J. Ursano, C. S. Fullerton, & L. Weisaeth (Eds.), *Textbook of Disaster Psychiatry* (pp. 175–200). Cambridge University Press.
- Kousky C. (2014). *Informing climate adaptation: A review of the economic costs of natural disasters*. *Energy Economics*, 46, 576-592.
- Lee, J. H., Nam, S. K., Kim, A. R., Kim, B., Lee, M. Y., & Lee, S. M. (2013). Resilience: a meta - analytic approach. *Journal of counseling & development*, 91(3), 269-279.
- Liu, J. J., Reed, M., & Girard, T. A. (2017). Advancing resilience: An integrative, multi- system model of resilience. *Personality and Individual Differences*, 111, 111-118.
- Lovell, E., Bahadur, A., Tanner, T. and Morsi, H. (2016) *Resilience: The big picture – Top themes and trends*. London: Overseas Development Institute.
- Magis, K. (2010). Community Resilience: An indicator of social sustainability. *Society & Natural Resources*, 23(5), 401–416.
<http://doi.org/10.1080/08941920903305674>
- Maini, R., Clarke, L., Blanchard, K., & Murray, V. (2017). The Sendai framework for disaster risk reduction and its indicators—where does

- health fit in?. *International Journal of Disaster Risk Science*, 8(2), 150-155.
- Mami, M. (2020). Reflections on the Sendai Framework for disaster risk reduction: five years since its adoption. *International Journal of Disaster Risk Science*, 11(2), 147-151.
- Manyena, S. B. (2006). The concept of resilience revisited. *Disasters*, 30(4), 434–450. <http://doi.org/10.1111/j.0361-3666.2006.00331.x>
- Martin-Breen, P. and Anderies, J.M. (2011). *Resilience: A literature review*. <https://opendocs.ids.ac.uk/opendocs/handle/123456789/3692>
- Masten, A. S., & Obradovic, J. (2008). Disaster preparation and recovery: Lessons from research on resilience in human development. *Ecology and society*, 13(1).
- Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, 23(2), 493-506.
- Mileti, D. S., & Sorensen, J. H. (1990). Communication of emergency public warnings: A social science perspective and state-of-the-art assessment. Oak Ridge National Lab., TN (USA).
- Ministry of Development. (2013). *10th Development Plan 2014-2018*. Retrieved from <https://www.sbb.gov.tr/wp-content/uploads/2018/11/Onuncu-Kalk%C4%B1nma-Plan%C4%B1-2014-2018.pdf>
- Nelson, D. R., Adger, W. N., & Brown, K. (2007). Adaptation to environmental change: Contributions of a resilience framework. *Annual Review of Environment and Resources*, 32(1), 395–419. <http://doi.org/10.1146/annurev.energy.32.051807.090348>
- Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981-2001. *Psychiatry*, 65(3), 207-239.
- Norris, F. H., & Stevens, S. P. (2007). Community Resilience and the principles of mass trauma intervention. *Psychiatry*, 70(4), 320-328.

- Norris, F. H., Stevens, S. P., Pfefferbaum, B., Wyche, K. F., & Pfefferbaum, R. L. (2008). Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. *American journal of community psychology*, 41(1-2), 127–150. <https://doi.org/10.1007/s10464-007-9156-6>
- Obrist, B., Pfeiffer, C., & Henley, R. (2010). Multi - layered social resilience: A new approach in mitigation research. *Progress in development studies*, 10(4), 283-293.
- Oktari, R. S., Kamaruzzaman, S., Fatimahsyam, F., Sofia, S., & Sari, D. K. (2021). Gender mainstreaming in a Disaster-Resilient Village Programme in Aceh Province, Indonesia: Towards disaster preparedness enhancement via an equal opportunity policy. *International Journal of Disaster Risk Reduction*, 52, 101974.
- PAHO (Pan American Health Organization). (2012). *Mental Health and Psychosocial Support in Disaster Situations in the Caribbean*. Washington, D.C.: PAHO. ISBN: 978-92-75- 11664-7
- Patel, S. S., Rogers, M. B., Amlôt, R., & Rubin, G. J. (2017). What do we mean by 'community resilience'? A systematic literature review of how it is defined in the literature. *PLoS currents*, 9.
- Paton, D., & Johnston, D. (2001). Disasters and communities: vulnerability, resilience and preparedness. *Disaster Prevention and Management: An International Journal*, 10(4), 270-277.
- Paton, D., Smith, L., & Johnston, D. (2005). *When good intentions turn bad: promoting natural hazard preparedness*. Australian Journal of Emergency Management, 20(1), 25-30
- Paton, D. (2006a). Disaster resilience: Building capacity to co-exist with natural hazards and their consequences. In D. Paton & D. Johnston (Eds.), *Disaster resilience: An integrated approach*. Springfield: Charles C Thomas.

- Paton, D., & Johnston, D. (2006). *Disaster resilience: An integrated approach*. Springfield: Charles C Thomas.
- Paton, D., Johnston, D. M., & Mamula-Seadon, L. (2010). Community resilience to volcanic hazard consequences. *Natural Hazards*, 54(2), 389-410.
- Perry, R. (2018). *Hand Book of Disaster Research*. (H. Rodríguez, W. Donner, & J. Trainor, Eds.) Cham, Switzerland: Springer International Publishing AG
- Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*, 383(6), 510-512.
- Principles for Responsible Investment. (2023). *Assessing country risk, simplified*. CountryRisk.io. <https://www.countryrisk.io/>
- Quarantelli, E. L., & Dynes, R. R. (1977). Response to social crisis and disaster. *Annual review of sociology*, 3(1), 23-49.
- Quarantelli, E. L. (2001). Statistical and conceptual problems in the study of disasters. *Disaster Prevention and Management: An International Journal*, 10(5), 325-338.
- Resilience Research Centre. (2018). CYRM and ARM user manual. Halifax, NS: Resilience Research Centre, Dalhousie University. Retrieved from <http://www.resilienceresearch.org/>
- Schmid E., Bohn J. (2018). *Natural catastrophes and man-made disasters in 2017: a year of record-breaking losses*, Swiss Re Institue, Zurich, Switzerland.
- Stallings, R. A. (2002, June). Weberian political sociology and sociological disaster studies. In *Sociological forum* (Vol. 17, pp. 281-305). Kluwer Academic Publishers-Plenum Publishers.
- Stevenson, J. R., Vargo, J., Ivory, V., Bowie, C., & Wilkinson, S. (2015). *Resilience benchmarking & monitoring review. Resilience to nature's challenges*. Wellington: Ministry of Business, Innovation and Employment.

- Şimşek, Ö.F. (2007). Yapısal eşitlik modellemesine giriş - Temel ilkeler ve LISREL uygulamaları. Ankara: Ekinoks Yayıncılık.
- Tabachnick, B. G., & Fidell, L. S. (2013). Using Multivariate Statistics (6th ed.). Boston, MA: Pearson.
- Tatah L., Delbiso T.D., Rodriguez-Llanes, J.M., Cuesta J., Guha-Sapir D. (2016). *Impact of refugees on local health systems: A difference-in-differences analysis in Cameroon*, *PLOS one*, 11(12): e0168820.doi:10.1371/journal.pone.0168820.
- Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18.
- Tugade, M. M., Fredrickson, B. L., & Barrett, L. F. (2004). Psychological resilience and positive emotional granularity: Examining the benefits of positive emotions on coping and health. *Journal of Personality*, 72(6), 1161–90. <http://doi.org/10.1111/j.1467-6494.2004.00294.x>
- Turnbull, M., Sterrett, C., & Hilleboe, A. (2013). *Toward resilience: A guide to disaster risk reduction and climate change adaptation*. Practical Action Publishing.
- UNGA (United Nations General Assembly). (2008). *Annual report of the Secretary General on the implementation of the International Strategy for Disaster Reduction*. <http://www.unisdr.org/files/resolutions/N0850245.pdf>.
- UNGA (United Nations General Assembly)., (2009). *Annual report of the Secretary General on the implementation of the International Strategy for Disaster Reduction*. <http://www.unisdr.org/files/resolutions/N0945314.pdf>.
- United Nations General Assembly Resolution. (1970). *Assistance in cases of natural disaster*. Retrieved from: <http://www.preventionweb.net/files/resolutions/NR034982.pdf>.
- United Nations General Assembly Resolution. (1971). *Assistance in cases of*

- natural disaster and other disaster situations*. Retrieved from:
<http://www.preventionweb.net/files/resolutions/NR032832.pdf>.
- United Nations General Assembly Resolution. (1978). Office of the United Nations disaster relief coordinator. Retrieved from:
<http://www.preventionweb.net/files/resolutions/NR036040.pdf>.
- United Nations General Assembly Resolution 42/ 169. (1987). *International decade for natural disaster reduction*. Retrieved from: http://www.preventionweb.net/files/resolutions/42_169.pdf
- United Nations General Assembly Resolution 56/ 195. (2002). *International strategy for disaster reduction*. <http://www.preventionweb.net/files/resolutions/N0149261.pdf>.
- UNISDR. (2005). *Hyogo framework for action 2005-2015: building the resilience of nations and communities to disasters*. In Extract from the final report of the World Conference on Disaster Reduction (A/CONF. 206/6) (Vol. 380).
- UNISDR (United Nations International Strategy for Disaster Reduction). (2015). *Sendai framework for disaster risk reduction 2015-2030*. http://www.wcdrr.org/uploads/Sendai_Framework_for_Disaster_Risk_Reduction_2015-2030.pdf.
- Ursano, Robert J. *et al.* 2007. Textbook of disaster psychiatry. Cambridge University Press, New York. ISBN 978-0-521-29487-4
- USAID. (2011, August). *Introduction to disaster risk reduction - preventionweb*. PreventionWeb.
https://www.preventionweb.net/files/26081_kp1concepdisasterrisk1.pdf
- Varol, N., & Kırıkkaya, E. B. (2017). Afetler karşısında toplum dirençliliği. *Resilience*, 1(1), 1-9.
- Von Winterfeldt, D. 2013. Bridging the gap between science and decision making. Proceeding of the National Academy of Sciences of the United States of America 110(S3): 14055–14061

- WHO. (2023, July 20). *Kahramanmaraş earthquakes – Türkiye and Syria, 31 May 2023 – Türkiye*. ReliefWeb. <https://reliefweb.int/report/turkiye/kahramanmaras-earthquakes-turkiye-and-syria-31-may-2023#:~:text=As%20a%20direct%20result%20of,than%2045%20000%20confirmed%20dead.>
- WHO (World Health Organization). (2016). International health regulations (2005), 3rd edn. Geneva: WHO. <https://www.who.int/ihr/publications/9789241596664/en/>.
- Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology*, 21(2), 152-169.
- World Conference on Natural Disaster Reduction. (1994). *Yokohama strategy and plan of action for a safer world: Guidelines for natural disaster prevention, preparedness and mitigation*. Geneva, Switzerland: United Nations.
- Wu, G., Feder, A., Cohen, H., Kim, J. J., Calderon, S., Charney, D. S., & Mathé, A. A. (2013). Understanding resilience. *Frontiers in behavioral neuroscience*, 7, 10.
- Yıldırım, N., Şahin, M. K., Yıldırım, M., & Tezer, E. (2020). Investigation of the relationship between psychological resilience, psychological well-being, and subjective happiness of teachers. *Journal of Positive School Psychology*, 4(1), 80-92.
- Zulyadi, T. (2017). *Community empowerment in disaster risk reduction*.

APPENDICES

Appendix A: Data Collection Instruments

1. Bu çalışmaya tamamen kendi rızamla, istediğim takdirde çalışmadan ayrılabilceğimi

bilerek verdiğim bilgilerin bilimsel amaçlarla kullanılmasını kabul ediyorum

Evet

Hayır

2. Yaşınız:

3. Cinsiyetiniz

4. İkamet ettiğiniz ili belirtiniz

5. İkamet ettiğiniz bölge

Büyükşehir

Şehir

İlçe

Köy

Kasaba

Diğer (lütfen belirtin)

6. 6 Şubat depremi sırasında depremde etkilenen illerde bulunuyor muydunuz?

Evet

Hayır

7. Bir önceki soruya yanıtınız EVET ise hangi ilde depremde etkilendiniz?

8. Son mezuniyet belgeniz hangi derecededir?

Okur-yazar değil

İlköğretim

Lise

Ön lisans

Lisans

Yüksek Lisans

Doktora ve üzeri

9. İstihdam durumu

Çalışmıyor

İş arıyor

Öğrenci

Part-time çalışan

Tam zamanlı kamu

Tam zamanlı özel sektör

STK Çalışanı

Serbest çalışan

Emekli

10. Sosyo-ekonomik durumunuzu nasıl tanımlarsınız?

Yüksek

Ortanın üstü

Orta

Ortanın altı

Düşük

11. Şu anda evinizde aşağıdakilerden hangisi mevcut? (Birden fazla seçebilirsiniz)

Bir barınak veya güvenli bir oda

Acil durumlarda kullanılacak yiyecek ve su

İç mekan sızdırmazlık ve sabitleme ekipmanı

İlk yardım ilaçları ve ekipmanları

Afet ve Acil Durum Çantası

Hiçbiri

12. Hayatınız boyunca herhangi bir gönüllülük aktivitesine dahil oldunuz mu?

Evet

Hayır

13. Sosyal medyayı ne sıklıkla kullanırsınız?

Sürekli

Sık sık

Bazen

Hiçbir zaman

Diğer (lütfeñ belirtin)

14. Yaşadığım yerde insanların birbirine karşı yardımsever olduğunu ve birbirini önemseydiğini düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

15. Yaşadığım yerde insanların acil bir duruma karşı hazırlıklı olduğunu düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

16. Yaşadığım yerde acil bir durum yaşandığında çevremde yaşayan insanlara bana yardım

edecekleri konusunda güvenirim.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

17. İçinde yaşadığım topluluğa ait hissediyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

18. İçinde yaşadığım toplulukta insanlar birbirine güvenir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

19. İçinde yaşadığım toplulukta çocukların ihtiyaçlarına gereken ilgi gösterilir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

20. İçinde yaşadığım toplulukta acil durumlarla nasıl baş edileceği noktasında yardımcı olabilecek kişiler vardır.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

21. Yaşadığım yerde insanların korunabilmesi için yeterli tesisler bulunmaktadır.

(geçici

barınma merkezleri vb.)

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

22. Ailem ve ben, yaşadığım yerde acil durumlarda devreye girecek sistemlerin işleyişi hakkında bilgi sahibiyiz.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

23. Yaşadığım yerde mahalle sakinleri toplumsal faaliyetlere büyük ölçüde katılıyor.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

24. Yaşadığım yerde mahallemün sakinlerinin acil durumlarda dahi Belediye hizmetlerinden

yararlanmaya devam edeceklerini düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

25. Yaşadığım yerde kendimi güvende hissediyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

26. Acil bir durumda ikamet ettiğim yerden ayrılmayı planlıyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

27. Kişisel dirençliliğimin yüksek olduğunu düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

28. Toplumsal dirençliliğimizin yüksek olduğunu düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

29. Çevremdekilerle iyi anlaşırım.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

30. Yeni beceriler kazanmak veya becerilerimi geliştirmek benim için önemlidir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

31. Farklı sosyal durumlarda nasıl davranacağımı bilirim (örn. işte, evde veya diğer halka

açık yerlerde).

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

32. Ailem beni destekler.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

33. Ailem benim hakkımda yeterince bilgi sahibidir (arkadaşlarımın kim olduğu, neleri

sevdiğim veya sevmediğim gibi).

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

34. Acıktığımda yeterince yemeğe erişebilirim.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

35. İnsanlar benimle vakit geçirmekten hoşlanır.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

36. Arkadaşlarım tarafından desteklendiğimi hissedirim.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

37. Ailem, partnerim veya arkadaşlarım zor zamanlarda yanımda olur.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

38. Yaşadığım toplum içerisinde bana adil bir şekilde davranılır.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

39. Ailemle, arkadaşlarımla veya partnerimle beraberken güvende hissedirim.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

40. Becerilerimi hayatta uygulama fırsatlarına sahibim (becerilerimi kullanmak, bir işte çalışmak veya başkalarına bakmak gibi).

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

41. Ailemin/partnerimin kültürünü ve ailemin bazı şeyleri kutlama şeklini (tatiller veya bayramlar gibi) seviyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

42. Bir şekilde beni zorlayan olaylar ile baş edebildiğime inanırım.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

43. Kendimi tanıdığımı düşünüyorum (ilgi alanları, beceriler, iyi hissettirenler, zorlayanlar,

sevdiklerim, sevmediklerim gibi).

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

44. Hayatta tamamladığım veya başardığım şeyler için kendimi takdir ederim.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

45. Daha önce de zorluklarla baş ettiğim için şimdi zorluklarla baş etmem daha kolaydır.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

46. Hayatımın bir anlamı olduğuna inanıyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

47. Yakın ilişkilerim (aile içi, partner veya yakın arkadaşlar) güvene dayalıdır.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

48. Kararlıyım. Eğer bir konuda değişiklik yapmak istiyorsam zor olsa bile yaparım.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

49. Zorlu zamanlarımda kafamı dağıtmak için sosyal medyada gezinerek vakit geçiririm.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

50. Duygularımın farkındayım ve onları yaşamak için kendime izin veririm. (Örn.

Üzgünken

o duyguda kalıp eğer dinlenmek istiyorsam dinlerim, duygularımdan kaçmam).

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

51. Mizah anlayışım zorluklarla baş etmemde bana yardımcı olur.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

52. Tehlikede olduğum bir durumda hızlıca o durumdan kurtulmak için hareket edebilirim.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle katılmıyorum

53. Afet sonrasında güvende olduğumu en yakınlarıma bildirmem gerekir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

54. Afet eğitimi kapsamında ilk yardım eğitiminin önemli olduğunu düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

55. Afetler her yerde ve her an meydana gelebilir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

56. Afetlerin yıkıcı boyutları öğrencilere gösterilmelidir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

57. Genel olarak afet türlerini bildiğimi düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

58. Afetin tanımını yapabilirim.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

59. Afete neden olabilecek potansiyel riskler önceden belirlenmelidir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

60. Her an bir afetin olabileceğinin farkındayım.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

61. Bazı afetler karşısında binalar çok büyük risk iken, bazı afetler karşısında ise binaların

büyük bir koruma sağladığını düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

62. Nükleer ve kimyasal kazalar aslında teknolojik afetlerdir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

63. Okullarda verilen afet eğitimlerinin kapsamını yetersiz buluyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

64. Afet olaylarında bir buluşma noktası belirlemeyi gereksiz buluyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

65. Afetler hakkında bazı genel bilgilere ihtiyacım olduğunu düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

66. Bir afet riskine karşı aile bireyleri ile planlama ve hazırlık yapılmalıdır.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

67. Yetkililerin hoparlör, radyo gibi çeşitli iletişim araçlarından yapacağı uyarılar doğrultusunda hareket etmek en doğrusudur.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

68. Afetlere karşı toplumun örgütlenmesi gerektiğini düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

69. Afet sonrasında haberleşmeyi sağlamak için bölge dışından bir bağlantı kişisi tespit etmek çok önemlidir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

70. Afet ve Acil Durum Çantası her evde hazır bulunmalıdır.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

71. En çok maddi hasara ve can kaybına neden olan afet türlerini biliyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

72. Afet türlerinden bazılarının meydana geliş zamanı önceden tahmin edilebilir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

73. Yaşadığım bölgedeki riskli afet türünün farkındayım.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

74. Bir afetten zarar görmek kaderimde varsa, tedbirli davranmak gereksizdir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

75. Deprem sırasında “çök-kapan-tutun” yöntemini uygulamayı zaman kaybı olarak görüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

76. Afetlerin yıkıcı etkisini azaltmak mümkün değildir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

77. Doğal afet kavramı bana sadece depremi çağrıştırıyor.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

78. Afet eğitimi tüm bireyler için gerekli değildir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

79. Alınması gereken önlemlerden ziyade afetin sonuçlarını konuşmak daha doğrudur.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

80. Kaderde varsa afetlerden kaçmak mümkün değildir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

81. Tahliye anında elektrik, su ve doğalgaz vanalarının kapatılması çok zaman kaybettirir.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

82. Afet sonrasında uygulanacak ilk yardım hakkında yeterli olduğumu düşünüyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

83. Afet sonrasında hangi devlet kurumu ile iletişime geçeceğimi biliyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

84. Acil durumlardan nasıl haberdar edileceğimizi ve nerede barınacağımızı biliyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

85. Bir afet meydana geldiğinde hangi acil numaraları arayacağımı biliyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

86. Bir afetin meydana gelme olasılığına karşı yeterli düzeyde hazırlıklı olmalıyım.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

87. Yaşadığım yerin afet sonrası “toplanma yerinin” neresi olduğunu biliyorum.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum*

88. Afetlerin zararlarını azaltmak için çalışan kuruluşların farkındayım.

Kesinlikle katılıyorum

Katılıyorum

Ne katılıyorum ne katılmıyorum

Katılmıyorum

Kesinlikle Katılmıyorum

Appendix B: Social Sciences University of Ankara Institutional Ethics Committee Of Social Sciences And Humanities Research And Publication Ethical Approval

Karar: 86372

KARAR(ISSUE NUMBER): 24.08.2023/



T.C.
ANKARA SOSYAL BİLİMLER ÜNİVERSİTESİ REKTÖRLÜĞÜ
SOSYAL VE BEŞERİ BİLİMLER ARAŞTIRMALARI
VE
BİLİMSEL YAYIN ETİK KURULU
(SOCIAL SCIENCES UNIVERSITY OF ANKARA
INSTITUTIONAL ETHICS COMMITTEE OF SOCIAL SCIENCES AND
HUMANITIES RESEARCH AND PUBLICATION)

ETİK ONAY BELGESİ
(CERTIFICATE OF ETHICS APPROVAL)

Araştırma Yöntemi (Research Method)	Anket Çalışması
Araştırmanın Adı (Study Title)	Sendai Çerçevesi Işığında Türkiye'de Afet Farkındalığı, Direnç ve Psikolojik Direnç Öncüllerinin İncelenmesi
Sorumlu Araştırmacının Adı Soyadı (Principal Researcher Name Surname)	MEHLİKA TELLİOĞLU
Karar (Committee Decision)	UYGUNDUR

e-imzalıdır
Prof. Dr. M. Hakan TÜRKÇAPAR
Başkan (Chair)

e-imzalıdır
Prof. Dr. Ejder OKUMUŞ
Üye(Member)

e-imzalıdır
Prof. Dr. Sutay YAVUZ
Üye(Member)

e-imzalıdır
Prof. Dr. Mehmet Emin BİLGE
Üye(Member)

e-imzalıdır
Prof. Dr. Aşlı AKAY
Üye(Member)

e-imzalıdır
Prof. Dr. Mustafa ÇEVİK
Üye(Member)

e-imzalıdır
Prof. Dr. İsmail ÇAKIR
Üye(Member)

Belge Takip Adresi : <https://turkiye.gov.tr/ebd?eK=5451&eD=BSF449D48Z&eS=86372>

Bu belge 5070 sayılı Elektronik İmza Kanununun 5. Maddesi gereğince güvenli elektronik imza ile imzalanmıştır.

Appendix C: Informed Consent

ARAŞTIRMA GÖNÜLLÜ KATILIM FORMU

Bu çalışma, Sendai Çerçevesi Işığında Türkiye'de Afet Farkındalığı, Direnç ve Psikolojik Direnç Değişkenlerinin İncelenmesi başlıklı bir araştırma çalışması olup afet risk azaltımında sosyal farkındalık planlarının oluşturulabilmesi için ihtiyaç analizi yapmaktır. Çalışma, Ankara Sosyal Bilimler Üniversitesi (ASBÜ) Afet ve İnsani Yardım Yönetimi yüksek lisans öğrencisi MEHLİKA TELLİOĞLU tarafından yürütülmekte ve sonuçları ile Türkiye'de yaşayan katılımcıların esnek dayanıklılıklarının öncülleri ve afet farkındalıklarına dair kapsamlı araştırmanın sağlanmasını amaçlamaktadır.

Bu çalışmaya katılımınız gönüllülük esasına dayanmaktadır.

Çalışmanın amacı doğrultusunda sizden veriler toplanacaktır.

İsminizi yazmak ya da kimliğinizi açığa çıkaracak bir bilgi vermek zorunda değilsiniz.

Araştırma kapsamında toplanan veriler, sadece bilimsel amaçlar doğrultusunda kullanılacak, araştırmanın amacı dışında ya da bir başka araştırmada kullanılmayacaktır.

İstemeniz halinde sizden toplanan verileri inceleme hakkınız bulunmaktadır.

Sizden toplanan veriler kodlama yöntemi yöntemi ile korunacak ve araştırma bitiminde arşivlenecek veya imha edilecektir.

Veri toplama sürecinde/süreçlerinde size rahatsızlık verebilecek herhangi bir soru/talep olmayacaktır. Yine de katılımınız sırasında herhangi bir sebepten rahatsızlık hissederseniz çalışmadan istediğiniz zamanda ayrılabilirsiniz. Çalışmadan ayrılmanız durumunda sizden toplanan veriler çalışmadan çıkarılacak ve imha edilecektir.

Gönüllü katılım formunu okumak ve değerlendirmek üzere ayırdığınız zaman için teşekkür ederim. Çalışma hakkındaki sorularınızı ASBÜ Afet ve İnsani Yardım Yönetimi Yüksek Lisans öğrencisi MEHLİKA TELLİOĞLU'na

(mail) yöneltebilirsiniz.

* 1. Bu çalışmaya tamamen kendi rızamla, istediğim takdirde çalışmadan ayrılabilceğimi bilerek verdiğim bilgilerin bilimsel amaçlarla kullanılmasını kabul ediyorum

☐ Evet

☐ Hayır