

DISASTER FEAR AND INDIVIDUAL RESILIENCE AMONG ADULTS LIVING IN A HIGH EARTHQUAKE-RISK CITY IN TURKEY

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Abstract

This study aimed to determine the level of disaster fear and earthquake resilience among adults living in a high-risk earthquake city in Turkey and to identify factors influencing individual resilience. This cross-sectional field study was conducted with 392 adults aged 20–65 years using an online survey. Data were collected through a Descriptive Questionnaire and the Individual Disaster Resilience Assessment Scale (BADD). Descriptive statistics, independent samples t-test, one-way ANOVA, and linear regression analysis were used. More than half of the participants (75.8%) had experienced at least one disaster, and 19.1% had lost a relative due to a disaster. Only 34.9% reported having a personal or family disaster plan, and 28.8% had an emergency kit. The mean disaster fear score was 5.91 ± 2.51 , with 30.4% reporting high fear levels (≥ 8). The mean resilience score was 61.18 ± 9.64 . Regression analysis revealed that educational status, previous disaster experience, and prior first aid training were significant predictors of individual disaster resilience. Despite high disaster exposure and moderate fear levels, individual preparedness and resilience remain insufficient. Interventions focusing on disaster education and skill-based training may enhance individual and community resilience in earthquake-prone regions.

Keywords: Disaster resilience; Disaster Fear; Earthquake Preparedness; Public Health.

TÜRKİYE’DE YÜKSEK DEPREM RİSKİ TAŞIYAN BİR KENTTE YAŞAYAN YETİŞKİNLERDE AFET KORKUSU VE BİREYSEL DAYANIKLILIK

Öz

Bu çalışma, Türkiye’de yüksek deprem riski taşıyan bir kentte yaşayan yetişkinlerde afet korkusu ve deprem dayanıklılığı düzeyini belirlemeyi ve bireysel dayanıklılığı etkileyen faktörleri ortaya koymayı amaçlamaktadır. Bu kesitsel alan çalışması, 20–65 yaş aralığında 392 yetişkin ile çevrim içi anket yöntemi kullanılarak gerçekleştirilmiştir. Veriler, Tanımlayıcı Bilgi Formu ve Bireysel Afet Dayanıklılığı Değerlendirme Ölçeği (BADD) aracılığıyla toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, bağımsız örneklem t-testi, tek yönlü varyans analizi (ANOVA) ve doğrusal regresyon analizi kullanılmıştır. Katılımcıların %75,8’i yaşamları boyunca en az bir afet deneyimi yaşadığını, %19,1’i ise bir afet nedeniyle bir yakını kaybettiğini belirtmiştir. Katılımcıların yalnızca %34,9’u kişisel ya da aileye yönelik bir afet planına sahip olduğunu, %28,8’i ise evinde acil durum afet çantası bulunduğunu ifade etmiştir. Ortalama afet korkusu puanı $5,91 \pm 2,51$ olup, katılımcıların %30,4’ü yüksek düzeyde afet korkusu (≥ 8) bildirmiştir. Bireysel afet dayanıklılığı ortalama puanı $61,18 \pm 9,64$ ’tür. Regresyon analizi sonuçlarına göre; eğitim durumu, daha önce afet yaşama ve ilkyardım eğitimi alma durumu bireysel afet dayanıklılığının anlamlı yordayıcılarıdır. Yüksek düzeyde afet maruziyeti ve orta düzeyde afet korkusuna rağmen, bireysel hazırlık ve dayanıklılık düzeylerinin yetersiz olduğu görülmektedir. Afet eğitimi ve beceri temelli müdahalelere odaklanan uygulamalar, deprem riski yüksek bölgelerde bireysel ve toplumsal dayanıklılığın artırılmasına katkı sağlayabilir.

Anahtar Kelimeler: Afetlere Karşı Dayanıklılık; Depreme Hazırlık; Halk sağlığı.

1. INTRODUCTION

Disasters are major public health problems that cause significant physical, psychological, and social consequences worldwide. According to the World Health Organization (1), disasters are events that exceed the coping capacity of affected communities and require external assistance. In recent decades, natural disasters such as earthquakes, floods, landslides, heatwaves, and storms have increased in both frequency and severity, largely due to climate change, rapid urbanization, and unplanned settlement patterns (2, 3). These events not only result in physical injuries and loss of life but also lead to long-term disruptions in social structures, health systems, and community well-being.

Recent global disaster statistics indicate that the number of people affected by disasters has increased substantially over the last two decades, with millions of individuals experiencing displacement, economic loss, and health-related consequences each year (4,5).

Earthquakes, in particular, represent one of the most destructive natural hazards due to their sudden onset and large-scale impact. They often cause mass casualties, structural collapse, displacement, and substantial economic losses. Beyond physical damage, earthquakes are associated with profound psychological consequences, including anxiety, depression, and post-traumatic stress disorder (PTSD), which may persist long after the event (6,7). These mental health effects can significantly impair individuals' coping capacities and quality of life.

Previous research has demonstrated that exposure to disasters may lead to various psychological responses such as fear, uncertainty, perceived vulnerability, and chronic stress, which may influence individuals' risk perception and preparedness behaviors (8, 9, 10).

Turkey is located on one of the world's most active seismic belts, and a large proportion of its population resides in earthquake-prone areas. Previous studies indicate that disaster risk awareness in Turkey is relatively high; however, this awareness does not always translate into adequate preparedness behaviors (11,12). Following recent large-scale earthquakes, disaster-related fear has become more visible in daily life and public discourse. Disaster fear, when excessive or chronic, may negatively affect psychological resilience, decision-making processes, and adaptive behaviors (13).

At the same time, a moderate level of perceived risk and fear may encourage individuals to adopt protective behaviors, such as preparing emergency kits, developing family disaster plans, and seeking disaster preparedness training (14, 15).

In contrast, disaster resilience refers to the capacity of individuals and communities to anticipate hazards, adapt to risks, cope with adverse effects, and recover after disasters (16). Individual disaster resilience is considered a critical component of community resilience, as resilient individuals contribute to collective preparedness and recovery processes (17, 18). Factors influencing individual resilience include sociodemographic characteristics, disaster experience, education level, preparedness behaviors, social support, and access to information (19).

Studies conducted in different countries have emphasized that education, disaster experience, and participation in preparedness training programs play a significant role in strengthening individual resilience and adaptive capacity during disasters (14, 20).

Despite the growing emphasis on resilience-based approaches in disaster management, most existing studies focus on post-disaster outcomes rather than pre-disaster preparedness and resilience, particularly at the individual level. Moreover, empirical evidence examining disaster fear and individual resilience together in high-risk regions of Turkey remains limited. Understanding how fear, experience, and preparedness interact is essential for designing effective public health interventions aimed at reducing disaster-related harm.

Therefore, this study aimed to assess the level of disaster fear and individual earthquake resilience among adults living in a high earthquake-risk city in Turkey and to identify factors

associated with individual disaster resilience. By addressing this gap, the study seeks to contribute to the development of evidence-based disaster preparedness and resilience strategies within the field of health sciences.

The research questions guiding this study were as follows:

1. What are the socio-demographic characteristics of individuals that may influence earthquake resilience?
2. What are the disaster experiences of the individuals included in the study?
3. What is the level of disaster fear among participants?
4. What is the level of individual disaster resilience?
5. Which factors predict individual disaster resilience?

2. METHODOLOGY

2.1 Study Design

This research was conducted as a cross-sectional field survey. Considering the type of study, the reporting process of the research was facilitated by adhering to STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) criteria.

2.2 Sample and Setting

The study was conducted in the city center of a province located in Eastern Anatolia, a region characterized by high earthquake risk due to its proximity to major fault lines. The target population consisted of adults aged 20–65 years who had been residing in the city center for at least one year.

Sample size was calculated using G*Power software with an alpha level of 0.05, effect size of 0.50, and power of 0.80, resulting in a required sample of 393 participants (21). The study was completed with 392 participants, ensuring balanced representation in terms of age and gender.

2.3 Inclusion Criteria

Participants were included in the study based on the following criteria:

- Being between 20 and 65 years of age
- Residing in the city center for at least the past year
- Not having any acute psychiatric issues
- Willingness to participate in the study

2.4 Data Collection Tools

The data for this study were collected using the Descriptive and Disaster Resilience-Influencing Characteristics Questionnaire and the Individual Disaster Resilience Assessment Scale.

Descriptive and Disaster Resilience-Influencing Characteristics Questionnaire: The questionnaire consists of two parts. The first part includes eight questions related to the participants' demographic characteristics, such as age, gender, marital status, housing characteristics, and health history. The second part comprises 14 questions regarding variables that might influence individual earthquake resilience, including housing conditions, past experiences, education, loss of loved ones, news following habits, and preparedness levels. Additionally, participants were asked to rate their level of disaster fear on a scale from 1 to 10, with 1 indicating "not afraid at all" and 10 indicating "very afraid."

Individual Disaster Resilience Assessment Scale (BADD): The Individual Disaster Resilience Assessment Scale (BADD), developed by DiTirro (2018) and adapted into Turkish by Şen

(2022), has a Cronbach's Alpha coefficient of 0.895. The scale consists of 20 items measured on a 5-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree. BADD scale consists of four subscales: Coping with Experience, Coping with Knowledge, Coping Sociologically, Coping with Emotions. For this study, the Cronbach's Alpha coefficient was calculated as 0.725, indicating acceptable internal consistency reliability (3,22).

Assessment of Disaster Fear

Disaster fear was measured using a numerical rating scale adapted from the commonly used pain intensity scale. Participants were asked to rate their level of disaster-related fear on a scale ranging from 1 to 10, where 1 indicated "no fear" and 10 indicated "extreme fear." Numerical rating scales are widely used in health research to assess subjective perceptions and emotional responses because they are simple, easy to understand, and allow individuals to express the intensity of their feelings quantitatively.

For the interpretation of the results, disaster fear scores were categorized into three levels: low (1-3), moderate (4-7), and high (8-10). This categorization was used to determine the general distribution of disaster fear among participants and to facilitate the interpretation of disaster fear levels within the study population.

2.5. Data Collection Procedure

Data were collected online using Google Forms by researchers between March and April 2024. Participants who met the study criteria were approached via email, WhatsApp, Instagram, and other social media platforms, requesting their voluntary participation to fill out the form provided via a link. When sending out the forms, considerations were made based on age and gender demographics to ensure representation across these categories. To enhance data quality, participants were provided with explanatory information before proceeding to answer the survey questions.

2.6. Data Analysis

In this study, the collected data were transferred to the SPSS software package and restructured before analysis. Descriptive statistics (frequencies, percentages, percentiles, means, and standard deviations) were used for data evaluation. Prior to comparative analyses, the normality of the data distribution was assessed using skewness and kurtosis values. Subsequently, Student's t-test, One-Way ANOVA, and Linear Regression analysis were applied where appropriate. The results were interpreted with a 95% confidence interval, and findings were considered statistically significant at $p < 0.05$.

3. RESULTS

The findings obtained from the study conducted to examine disaster fear and individual earthquake resilience among adults living in a high-risk region are presented below.

Table 1. Participants' Descriptive Characteristics (n= 392)

Variables		n	%
Age (Mean $\pm$ SD) 36.53 $\pm$ 8.81 (Min.: 20 Max.: 65)	20-30	95	24.2
	31-40	170	43.4
	41 ve üzeri	127	32.4
Gender	Female	196	50.0
	Male	196	50.0
Marital Status	Married	235	59.9
	Single	157	40.1
Educational Level	Primary School	49	12.5
	Middle School	73	18.6
	High School	107	27.3
	University and above	163	41.6

The person lived with	Alone	60	15.2
	Parents	70	17.9
	Spouse	63	16.1
	Spouse and Children	174	44.4
	Other	25	6.4
Perceived income-expenditure balance	Low	127	32.4
	Middle	248	63.3
	High	17	4.3
Smoking Status	Using	211	53.8
	Not using	181	46.2
Alcohol Use Status	Using	174	44.4
	Not using	218	55.6
Type of Residence	Own house	193	49.2
	Rental house	164	41.8
	Public housing	23	5.9
	Other*	12	3.1
Floor of Residence	Detached house	88	22.4
	Basement	22	5.6
	1st floor	46	11.7
	2nd floor	70	17.9
	3rd floor	71	18.1
	4th floor	49	12.5
	5th floor and above	46	11.8

*Dormitory, apartment

The mean age of the participants was 36.53 ± 8.81 years (range: 20–65), and half of the sample consisted of women. More than half of the participants were married (59.9%), and 41.6% had a university degree or higher. Nearly half of the participants lived with their spouse and children, and the majority perceived their income–expenditure balance as moderate. Regarding habits, 53.8% of participants reported smoking, while 44.4% reported alcohol use. Nearly half of the participants lived in their own homes, with 22.4% residing in detached houses (Table 1).

Table 2. Participants' Individual Characteristics Influencing Earthquake Resilience and Preparedness (n=392)

Characteristics	n	%
Disaster Experience	Yes	297
	No	95
Loss of Relatives in Disasters	Yes	75
	No	317
Known Mental Health History	Yes	39
	No	353
Awareness of the City's Preparedness for Disasters	Yes	224
	No	168
Existence of Personal or Family Disaster Plan	Yes	137
	No	255
Presence of Home Emergency Disaster Kit	Yes	113
	No	279
Meeting Point Plan in Case of an Earthquake	Yes	218
	No	174
Frequency of Following Disaster News	Not following	25
	Occasionally	299
	Regularly	68
Past First Aid Training Status	Received	121
	Not received	271
Desire to Receive Disaster Preparedness Training	Yes	296
	No	96

In the study, 75.8% of the participants reported experiencing a disaster, with 19.1% having lost a relative or acquaintance in disasters. 9.9% had a diagnosed history of mental illness. Regarding disaster preparedness, 57.1% indicated awareness of the city's preparedness, 34.9% reported having a personal or family disaster plan, and 28.8% stated they have a home emergency kit. Additionally, 55.6% had made a meeting point plan in case of an earthquake. In terms of disaster news, 17.4% always followed earthquake news, while 76.2% did so occasionally. Furthermore, 30.9% had received first aid training in the past, and 75.5% expressed a desire to receive disaster preparedness training (Table 2).

Table 3. Participants' Level of Disaster Fear and Sources (n=392)

Characteristics	n	%
Disaster Fear (Mean $\pm$ SD) 5.91$\pm$2.51 (Min.-Max.; 1-10)		
1-3 score	77	9.5
4-7 score	196	50.9
8 score and above	119	30.4
Disaster Fear Sources (n=795)*		
Fear of Losing Loved Ones	259	32.6
Fear of Being Trapped Under Debris	178	22.4
Fear of Death	128	16.1
Building Safety Concerns	67	8.4
Fear of Property and Shelter Loss	58	7.3
Fear of Becoming Disabled	38	4.8
Fear of Being Caught Unprepared	16	2.0
Other**	51	6.4

* Multiple answers have been given.** Fear of societal chaos, fear of sexual assault, fear of cultural extinction, fear of inability to help others, fear of child abduction.

In the study, participants' level of disaster fear was calculated as 5.91 out of a maximum of 10 points. Among the sources of disaster fear, fear of losing loved ones (32.6%), fear of being trapped under debris (22.4%), and fear of death (16.1%) were among the top concerns. Less commonly reported fears included fear of sexual assault, fear of cultural extinction, and fear of child abduction (Table 3).

Table 4. Individual Earthquake Resilience Assessment Scale Scores Distribution (n=392)

	MD $\pm$ SD	Min.- Max
General Score Average	61.179 $\pm$ 9.644	28-88
Coping with Experience	14.365 $\pm$ 4.210	5-25
Coping with Knowledge	13.347 $\pm$ 3.644	5-25
Coping with Sociological Factors	18.952 $\pm$ 3.506	5-25
Coping with Emotional Factors	14.515 $\pm$ 3.557	6-24

When looking at the distribution of scores obtained from the Individual Earthquake Resilience Assessment Scale, the overall score average was calculated as 61.179 $\pm$ 9.644. Among the sub-dimensions, the average scores were: Coping with Experience: 14.365 $\pm$ 4.210, Coping with Knowledge: 13.347 $\pm$ 3.644, Coping with Sociological Factors: 18.952 $\pm$ 3.506, Coping with Emotional Factors: 14.515 $\pm$ 3.557 (Table 4).

Table 5. Results of Multiple Linear Regression Analysis Predicting Individual Disaster Resilience (n = 392)

Variables	B	Std. Error	β	t	p
Constant	72.088	3.689	—	19.543	< .001
Educational status	0.629	0.263	0.132	2.390	.017
Marital status	-1.167	0.972	-0.059	-1.201	.230
Previous disaster experience	-2.528	1.097	-0.112	-2.304	.022
Willingness to receive disaster preparedness training	-1.073	1.098	-0.048	-0.977	.329
First aid training experience	-4.069	1.146	-0.195	-3.552	< .001

Dependent variable: Total score of the Individual Disaster Resilience Assessment Scale (BADD).

The results of the multiple linear regression analysis indicate that educational status, previous disaster experience, and first aid training experience are significant predictors of individual disaster resilience ($p < .05$). Educational status was positively associated with resilience, whereas previous disaster experience and first aid training showed negative standardized beta coefficients. These negative coefficients are attributable to the categorical coding of the variables (e.g., yes/no), rather than indicating a true negative effect. Marital status and willingness to receive disaster preparedness training did not significantly predict individual disaster resilience ($p > .05$) (Table 5).

4. DISCUSSION

A review of the literature reveals a limited number of studies evaluating community and individual disaster resilience. Existing studies often focus predominantly on post-disaster phases, with insufficient attention to preventive approaches. This study, conducted in a high earthquake-risk province, underscores the importance of measuring individual disaster resilience for effective disaster management. However, the data obtained are limited to a local community within the Eastern Anatolia Region.

Due to the unpredictable timing of disasters, preparedness and disaster resilience at both individual and community levels have become crucial. Reducing disaster risk is a global strategy embedded within sustainable development goals, aimed at enhancing effective management of disasters at individual, family, community, and societal levels. Individual disaster resilience is defined as the ability of an individual to make appropriate and rational decisions, identify and mobilize relevant resources for coping with disaster-related risks, obtain, process, and understand information about disasters (22). Findings from this study suggest that in a high earthquake-risk city, individual earthquake preparedness and resilience may not be adequate. Within the study, only one-third of participants reported having an emergency kit and a personal or family disaster plan, while nearly half showed a lack of cognitive or behavioral preparedness. Similarly, a study conducted in Erzincan Province, facing similar risks, indicated moderate levels of disaster preparedness despite past experiences (12). Dorasamy et al. highlighted that obtaining insurance policies increases disaster preparedness, while Muthaiyah pointed out insufficient knowledge-based preparedness for facing disasters (23, 24). A study in New Zealand also indicated challenges in motivating households to prepare and activate cognitive resources (15).

In this study, which predominantly consists of women, many of whom belong to the lower-middle class, it is noteworthy that a significant portion of participants residing in detached houses does not necessarily indicate housing security, particularly given the presence of adobe and aged structures throughout the city, including the urban center where the study was conducted. As a result, approximately 3,600 buildings across the province have been earmarked for demolition by gubernatorial decree and are in the process of implementation. These structures include public buildings (25). Consequently, alongside administrative efforts for earthquake preparedness in the city,

it is essential to conduct foundational work aimed at enhancing individual resilience.

The finding that more than half of the participants included in the study have experienced at least one disaster, with one in five having lost a relative or acquaintance in disasters, is a significant observation. This underscores the profound impact of disasters on our lives in Turkey. Particularly due to its proximity to the region and migration dynamics, the Maraş Earthquake is thought to increase this likelihood. During the Maraş Earthquake, it was observed that many bodies were brought to the city where the study was conducted. However, individually, these variables do not necessarily make individuals more resilient to disasters. More than half of the participants in the study indicated they have knowledge about the city's disaster preparedness situation. It is believed that the sharing of preparations through local government officials, the governorship, local press, and institutional news sources via media platforms plays an influential role in information management and as a social effort in the city to prepare for earthquakes. Despite participants mostly stating they are knowledgeable, their individual preparations for disasters appear inadequate. This raises the critical point that being knowledgeable or perceiving oneself as knowledgeable about disasters may not translate into practical preparedness. Although a significant number of participants express awareness, very few households have developed family disaster plans or emergency kits. Despite an average fear level score exceeding 5 and this fear becoming a local agenda, the inadequacy of preparations suggests that fear of disasters does not necessarily prompt precautionary measures. Similar experiences have been reported in less developed regions with high disaster susceptibility (13). However, it is significant that one-third of participants express interest in receiving disaster preparedness training, a demand that should be met. Increasing awareness among individuals locally about disaster risks is crucial not just for observing preparations but actively participating in and safeguarding the process.

The study aimed to measure the level of disaster resilience among the individuals included. Resilience, generally described as the capacity to predict hazards, adapt to risks, and recover from their impacts, involves developing these capabilities (16). Communities that can perceive and act upon risks are considered resilient in the face of disasters. Individual resilience implies that if individuals are resilient, it can extend to resilience across the entire community (18). It is emphasized that resilient communities play a pivotal role in preventing disasters or at least reducing potential damages (17). Individual and societal resilience should be integral parts of disaster preparedness efforts to absorb the impacts of hazards in a timely and effective manner. When defining urban resilience, it's crucial to consider not just housing security but also the collective political, economic, ideological, cultural structures of the community, which together form a comprehensive framework for urban resilience (26). In this study, the average score on the Individual Earthquake Resilience Assessment Scale, a significant indicator of urban resilience, was calculated as 61.179 ± 9.644 . A study in Erzincan found participants to exhibit moderate levels of resilience (12). Disaster resilience is influenced by both internal and external factors. Internal factors include personal and familial characteristics such as resilience, age, gender, education level, experiences, stress responses, coping mechanisms, and support levels. External factors encompass geographical features, socio-economic status, housing characteristics, institutional conditions, transportation, and infrastructure status (19).

Regression analysis revealed that **educational status**, previous disaster experience, and prior first aid training were significant predictors of individual disaster resilience. The association between training and resilience is consistent with previous research demonstrating that education and skill acquisition enhance coping capacity and adaptive behaviors during disasters (13, 20). Interestingly, disaster experience and loss of relatives were not significant predictors, suggesting that exposure alone may not foster resilience without supportive learning environments.

Tercan identified age, marital status, education level, and participation in disaster-related training as predictors affecting disaster preparedness levels (12). In a study conducted in Korea, predictors of household disaster preparedness included occupation, economic status, previous disaster

experience, anxiety levels, disaster preparedness knowledge, readiness in the forefront, and community resilience (20). Community resilience emerged as the strongest determinant of household disaster preparedness. Interestingly, no relationship was found between earthquake experience or loss of a loved one and disaster preparedness in this study. Similar findings have been reported in other studies. However, research among local communities in Malaysia indicated that previous experiences contribute significantly to disaster preparedness (27). In Japan, a study involving 20,000 families revealed a positive relationship between earthquake experience and preparedness levels (28). Despite being in the medium-risk category for disasters, it is desirable for individuals residing in areas prone to large-scale earthquakes in our country to be more prepared. This underscores the importance of enhancing awareness of disaster risks within communities and undertaking measures to mitigate potential damages. Hoffmann and Muttarak highlight the critical role of education in promoting disaster preparedness among individuals (13). Similarly, the "Development of education and public awareness activities on earthquakes and other disasters" is defined as Axis C objectives by AFAD (29).

These findings emphasize the importance of shifting disaster management strategies from a predominantly structural and reactive approach to a preventive, individual-centered model. Integrating disaster preparedness education into primary health care services and community health programs may strengthen individual resilience and contribute to broader community resilience (17,18).

6. CONCLUSION AND SUGGESTIONS

This study demonstrates that adults living in a high earthquake-risk region experience moderate to high levels of disaster fear; however, their individual preparedness and resilience remain insufficient. The findings indicate that disaster preparedness should not be addressed solely through structural measures or awareness campaigns, but rather as a behavioral, educational, and psychosocial process.

Disaster fear alone does not appear to motivate protective behaviors unless it is accompanied by appropriate knowledge, skills, and supportive community structures. Therefore, strengthening individual disaster resilience requires systematic and sustainable interventions that focus on education, empowerment, and participation.

Based on the findings of this study, the following recommendations are proposed:

- Disaster preparedness programs should prioritize household-level preparedness behaviors. Public education initiatives can encourage individuals to prepare emergency kits and develop family disaster plans.
- Disaster awareness and preparedness education should be integrated into school curricula and adult education programs. Local governments and disaster management institutions can organize community-based training to improve disaster literacy.
- Simulation-based drills and scenario-based training programs should be expanded. These activities can help individuals develop practical coping skills and increase preparedness for future disasters.
- Access to first aid training should be increased for the general public. Municipalities, health institutions, and non-governmental organizations can collaborate to provide regular and accessible first aid training programs.
- Risk communication strategies should provide clear and reliable information about disaster preparedness. Such approaches may help transform disaster-related fear into constructive preparedness behaviors.

Research and Ethical Statement Information of the Article Titled ‘Disaster Fear and Individual Resilience Among Adults Living in a High Earthquake-Risk City in Turkey’

This study has been prepared in accordance with the principles of **Research and Publication Ethics** and has been checked using plagiarism detection software. All responsibility for the study belongs to the author(s).

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Permission for the Scale	The scale used has been properly cited.

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