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Kuş Gribinin Sosyal Etkileri:
Türkiye ve Endonezya Karşılaştırması

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KUŞ GRİBİNİN SOSYAL ETKİLERİ: TÜRKİYE VE ENDONEZYA KARŞILAŞTIRMASI

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Öz

"Risk Toplumu" ve "Dünya Risk Toplumu" kavramlarına dayanılarak bu çalışmada, Türkiye ve Endonezya'da gözlemlenen kuş gribi salgını özelinde her iki toplumun söz konusu salgına yönelik tutum, davranış ve bilgi seviyelerinin karşılaştırması yapılmaktadır. Çalışmanın sonuçlarına göre, her iki toplum içinde ve arasındaki demografik, sosyo-ekonomik ve kültürel farklılıkların afet riskinin anlaşılması ve ona yönelik tutum ve davranışların geliştirilmesinde etkili olduğu ortaya çıkmaktadır.

Anahtar Kelimeler: Risk Toplumu, Dünya Risk Toplumu, Kuş Gribi, Afet Yönetimi

SOCIAL EFFECTS OF AVIAN INFLUENZA: A COMPARISON OF TURKEY AND INDONESIA

Abstract

In this paper, by depending on the concepts of "risk society" and "world risk society" it is aimed to compare the attitudes, behaviors and level of knowledge of respondents from Turkey and Indonesia with respect to case of avian influenza in order to establish effective disaster management program. According to the results of this study, it is revealed that demographic, socio-economic, and cultural differences within and between societies lead to various way of understanding risks and attitudes and behaviors related to them.

Key words: Risk society, world risk society, avian influenza, disaster management

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Introduction

The concepts of "risk" and "risk society" are started to be used more commonly in sociology and in other social sciences than before. Particularly, Beck (1992) and Giddens (1999) have made important contributions to these concepts. According to Beck (1992), there exists risk society but at present there is more comprehensive concept that explain new kinds of risks that is called as "world risk society". These global risks are characterized by three features (Beck, 2006): Firstly *de-localisation*: the causes of concequences of risk are not limited to one space. Secondly, *incalculableness*: Its consequences are in principle incalculable. Thirdly, *non-compensatibility*: contrary to modernity's "security" principle in world risk society, there are new risks which can not be compensated. In other words, if climate change can not be controlled and become irreversible, it is possible to talk about world risk society.

Another conceptualization of these new problems is made by Tan and Enderwick(2006). They claim that, recent environmental disruptions such as SARS, avian influenza are called as uncertainties instead of risks. According to them, these events can be considered as jolts that occur randomly and probability of emergence of them can not be calculated. Secondly, the nature and form of them can be evolved or changed and finally, the impact of these uncertainties tends to be concentrated, either by sector or by geographical location. But this does not mean that these disruptions can not become a global issue; however, their global spread is clearly traceable to well-established patterns of personal, governmental and business contact.

A deeper analysis of these two conceptualization reveals that in spite of little differences they focused on similar characteristics: incalculableness, traceability or controllability. However,

Beck(2006:1) claims that in modern society there is a tendency towards ignorance which leads to failure in controllability of disruptions. In different saying, the more these events are ignored, the more their existence is increased. For example in the case of avian influenza, ignorance accelerates the globalization of the danger of infection. Failure of governments to manage risks accelerates the development of them as in the case of SARS in China (Tan and

Enderwick, 2006). Other factors that lead to insufficient intervention to risks or uncertainties are the socio economic and cultural compositions of societies that affect people's attitudes, knowledge and behaviors towards risks. Because of this reason, information about societies' characteristics can be considered as one of the basic source to decrease negative effects of these events on given societies.

Avian influenza or widely known as bird flu, first emerged in China in 1996 in poultry animals. A year after that first human cases were reported in China and until 2003 this country was the only one that this disease continued to be existed. According to Tan and Enderwick(2006) this phase can be accepted as the accidental of emergence. However, from 2003, it started to be reported in different countries such as Republic of Korea, Thailand, Viet Nam, Japan, Cambodia, Lao PDR, Indonesia, Malaysia, Russia, Kazakhstan, Mongolia, Turkey, Romania, Taiwan, Croatia, United Kingdom, Kuwait, Ukraine, Iraq, Bulgaria, Nigeria, Greece, Italy, Slovenia, Iran, Germany, Egypt, France, Austria, Bosnia-Herzegovina, Slovakia, Hungary West Bank/Gaza Strip, Azerbaijan, Georgia, Niger, Pakistan, Serbia-Montenegro, Switzerland, Poland, Albania, Cameroon, Denmark, Afghanistan Israel Sweden Kazakhstan Jordan, Czech Republic, Burkina Faso, Sudan, Spain, USA, Myanmar, Bangladesh, Saudi Arabia, Ghana, Togo, India, Romania, Benin (WHO, 2008b). This means that geographical borders was broken or crossed borders and disease became international even global issue. It is believed that Asian birds and their migration routes have a major role in the spread of the disease. Furthermore, the geographic spread of the disease does not correlate with migratory routes and seasons. The pattern of outbreaks follows major road and rail routes by which the national and international transportation of winged animals is made, not flyways (Leading Edge, 2006).

At the beginning it was just seen as an epidemic among wild fowl and poultry, and then it spread to domestic winged animals. Close contact with poultry that already got these viruses, caused to spread of avian influenza to human. The interaction of different viruses and flues with avian influenza resulted in death of humans. The worst scenario about transmission of viruses from human to human has not been reported yet. But changeable feature of this virus still very strong threat to all world. Because of this potential avian influenza can be considered as disaster

(August, 2004) and it requires effective disaster management programs. In order to manage to avian influenza national and international organizations prepared some plans and programs which are depended on the assumption that this disease is preventable. In these programs, the role of national governments and their coordination with international organizations such as WHO, FAQ, WB carry great importance. In this paper it is assumed that particularly at national level, bottom up strategies which are taken into consideration local people's socio-economic and cultural features and their contributions to decision making processes are very important components of disaster management. In other words, for an effective management of avian influenza, people's socio-economic and cultural characteristics and their attitudes, knowledge levels and behaviors related to this illness should be known by local and national authorities. Although there is a big geographical distance between Turkey and Indonesia the main objective of this paper is to compare differences first regarding people's perceptions about social problems (within the last five years) and their predictors such as age, gender and education. Secondly relationships between demographic characteristics and other variables like knowledge, responsible behavior and worries are compared for two countries. Finally comparisons of their suggestions to solve these problems both national and international levels are aimed.

In accordance with universal model on risk management it is assumed that to use a model which contains/includes local differences would be beneficial to show unique futures of both societies. In this paper based on this assumption, and focusing on the problem of spread of avian influenza in the world, comparisons of the findings of two researches conducted in Turkey and Indonesia are presented

Method

Indonesia is one of the Asian countries in which high level of both poultry and human deaths from avian influenza are reported. According to World Bank statistics (2008), the first outbreak happened in August 2003. At that time disease was seen only among winged animal but in July 2005, first human infection was documented. During February 2006 and March

2006, high numbers of poultry deaths continued to be recorded in Central and East Java. In May 2006 five people dead because of bird flue and this number increased to 63 at the end of March 2007. By the date June 2008, total number of people who dead from avian influenza 110 (WHO a, 2008).

Turkey is the only non-Pacific country in which human deaths from bird flu are reported. The first cases of avian influenza in Turkey were seen in October 2005 at Manyas Lake,which is a migrant bird habitat in the Marmara Region. After the outbreak, the region was quarantined and nearly 10,000 winged animals were killed by local agents of the Ministry of Agriculture. In December 2005 and January 2006, other cases of avian influenza were seen in Turkey, especially in the eastern parts, and four people from this region died because of H5N1 (FAO, 2007). After this case was made public by the Ministry of Agriculture and Ministry of Health, there was a large panic among the people and a sharp drop in poultry consumption in Turkey. By the help of the media, almost every part of Turkey was affected by these cases.

Precautions taken by the government against avian influenza are as follows: during the initial outbreak of disease regions were quarantined, winged animals were killed, and transportation of animals was forbidden for a while; the state imported medicine; and for the long term, the state prepared informative programs for public education to increase awareness of H5N1. Three years after the outbreak, January and February 2008 saw more dead birds because of this virus, but there have been no human deaths, yet.

The data belong to Turkey were collected in February 2006 (between the dates of February 10-19) right after the health authorities in the world have warned that humanity could face the first global influenza pandemic (global outbreak of flue) and virus had been confirmed in Turkey. **Convenience sampling which is a** non probability method, is used in this empirical research and because of this reason the results of this study can not be generalized to all Turkey. This study was carried out in 21 provinces within the six regions of Turkey (Central Anatolia, Mediterranean, Thrace, Aegean, Eastern and Southeastern Anatolia). These regions were purposively selected from the country's entire regions in order to take into account differences in regional development. The questionnaires were administered to participants from

different socioeconomic statuses   in 21 provinces (Ankara, Istanbul, Bursa, Kocaeli, Yalova, Eskişehir, Adana, Antalya, Mersin, Gaziantep, Bingöl, Kars, Erzurum, Sivas, Şanlıurfa. Elazığ, Hakkari, Hatay, Batman, and Şırnak).Data were collected by face to-face interviews using a questionnaire.

The data belong to Indonesia were collected between March 2006 and April 2006. Similar to sample of Turkey, convenience sampling is used and the result of study can not be generalized to all Indonesia. Study was conducted in two cities in Central Java, Solo and Jogjakarta. Main reason behind the selection of these cities is the present of Avian Influenza Referral Hospitals. Data were collected by face to-face interviews using a questionnaire.

The sample of Turkey was consisted of 488 people of whom 56.6% (247) was female and 45.7% (223) was male. .The mean age was 33.28 (std:11.8). The sample of Indonesia was consisted of 172 people of whom 49.4% (85) was female and 50.6% (87) was male. The average mean age was 37.19 (std: 12.949).

 It should also be noted that the type of study was mainly descriptive rather than explanatory. Participants voluntarily responded to the questionnaires in line with the instructions provided. Researchers informed participants about the objectives of the study and assured them that their answers would remain confidential.

Statistical Package Program for Social Sciences (SPSS) was used for the statistical analysis and findings were discussed in terms of parametric (regression) and non-parametric (Chi-square) statistical test results. In other words, findings were   discussed   in detail using cross-tabulation results which are not taken place as tables in the manuscript. The reason for this type of presentation was to reduce the length of   paper.

Measures

Two phases were undertaken in this empirical study; a pilot study followed by the main survey. The pilot study helped to refine the methods for measuring participant attitudes and behaviors using a five-page questionnaire. In order to see participants' evolutions about whether

the status of several problems (economic, health, political, terror and security, environment, educational, and migration and urbanization) changed or not three –point Likert scale was used. "More" was scored three points, "same" was scored two points and "less" was sored one points. Whether participants expected things from a powerful other, which is termed internal locus of control, was an important psychological variable in this study (Kasapoglu and Ecevit, 2003) that was measured by a single statement, "the state should bear the greatest responsibility for the problem", on a three-point Likert scale; "completely agree" was scored as one point, "moderately agree" two points, and "not agree" three points.

The question, "how does avian influenza mainly spread?" was used to measure the knowledge variable. Potential answers were classified as scientific or true definitions, which included 'by contact with sick or dead winged animals or eating them'; false or wrong definitions, which included 'by contact with people suffering from the disease' and 'by consuming winged animal products'; and other answers to be specified. For regression and correlation analyses, the scientific answer was accepted as a valid answer and scored as one point. The rest were considered as invalid and scored as zero.

Responsible behavior was the most important dependent variable (Hines et al. 1986; Kasapoglu and Ecevit, 2002) and the following statements were used to measure it based on the question, "Which of the following have you done so far, and how frequently?: "I avoided eating certain foods (like chicken and eggs)"; "I warned others not to eat winged animal products"; "I was vaccinated"; "I was careful about personal hygiene"; "I acquired drugs for curing the disease"; "I carefully searched for symptoms of the disease on myself and others". Higher scores were given for a higher frequency of responsible behavior and lower scores for more irresponsible behavior (Hines et al. 1986). Therefore, questions about the participants' behaviors were designed as three-point Likert-type scales, and "always" was scored three points, "sometimes" two points; and "never" one point.

As another independent variable in this paper, there were asked some Likert type of questions to the survivors about their worries (Kamano, 1999) towards various problems such as unemployment, the occurrence of disaster and environmental problems, establishment

of nuclear plants, the possibility of war breaking out, illness, and traffic accidents, being unemployment, gasp and starvation.

Since, a negative correlation has been reported between fatalism and responsible behavior (Karanci and Aksit, 1999; Kasapoglu and Ecevit, 2003), fatalistic attitude was taken as another psychological variable in this study. The statement, "what is happening is divine providence and we can not do anything about it" was used to measure this attitude on a three-point Likert-type scale; each "completely agree" was scored three points, "moderately agree" two points, and "not agree" one point. The question, "how does avian influenza mainly spread?" was used to measure the knowledge variable. Potential answers were classified as scientific or true definitions, which included 'by contact with sick or dead winged animals or eating them'; false or wrong definitions, which included 'by contact with people suffering from the disease' and 'by consuming winged animal products'; and other answers to be specified. For regression and correlation analyses, the scientific answer was accepted as a valid answer and scored as one point. The rest were considered as invalid and scored as zero.

In order to determine prevention measures at the national level the following statements were used: **"**Strict prohibitions rather than warnings should be introduced (i.e. prohibitions of personal poultry growing, marketing and transportation)"; "A quarantine should be implemented"; "Government should pay more attention to public health measures than those of the economy"; "Scientific studies and research should be increased"; "We should benefit from global experiences"; "People should get better education"; "The quantity of specialized personnel should be increased"; "Effective communication should be provided among related state organizations such as the ministries of Environment, Health and Agriculture"; "The economic wealth of the society should be improved"; "Health as a human right should be guaranteed by the State"; "International assistance should be asked (i.e. WHO)".

For policy suggestions at the international level, the following statements were used: "all nations/countries should make contributions to the scientific investigation of this disease"; "developed countries should contribute by supplying medication"; "the harm of a pandemic on the global economy should be calculated and precautions must be taken"; " international

funds should be raised in order to compensate for economic losses"; " all countries should coordinate their efforts in order to develop sustainable environmental policies"; " information about the dissemination of a pandemic should be shared"; " international standards should be determined for poultry and winged animal production". Respondents again were asked to mark their answers on a three-point Likert-type scale;" completely agree" was scored three points, "moderately agree" two points, and "not agree" one point. Later in the questionnaire, respondents were asked the question, "according to you, which of the above solutions is the most important?", and told to specify by writing the number of the solution.

Questions about the demographic characteristics of participants, such as sex, educational level, and age, were designed as forced-choice questions. In this study, linear regression analysis was performed to analyze the factors contributing to the defined several problems. In addition to this zero order correlation analysis was used to measure the relation among age, gender, education, Locus of Control, Responsible Behavior, Worry, and Fatalism.

The researchers were interested in looking at the possible relationships among participants' demographic characteristics and psychological variables in relation to avian influenza. For data analysis, the Statistical Package Program for Social Sciences (SPSS) was used. The findings are presented on the basis of parametric, including regression analysis and correlation coefficients, and a non-parametric statistical test (chi-square,) based on cross tabulations.

Results

The results of comparison of respondents regarding several problems' status within five years are presented in Table 1.

Table 1.Comparisons of several problems between Turkey and Indonesia plus-minus five years (%).

Problems	Degree	Turkey N=488 %	Indonesia N= 172 %
Economic	More Same Less	57,3 21,3 21,4	83,2 8,4 8,4
Health	More Same Less	64,6 25,1 0,3	73,9 17,6 8,5
Political	More Same Less	35,0 37,7 27,3	69,6 21,1 9,3
Terror and security	More Same Less	44,7 27,8 27,7	72,7 16,4 10,9
Environmental	More Same Less	64,6 25,1 10,3	81,9 15,7 2,4
Educational	More Same Less	50,4 35,5 14,1	52,3 29,7 18,0
Migration and urbanization	More Same Less	48,9 30,1 21,0	52,5 40,5 7,0

According to respondents (Table 1) from Turkey, during the last five years problems both related to health (64.6%) and environmental (64.6%) increased more. In case of Indonesia respondents indicate that there is an increase in mostly economical (83.2%) and environmental (81.9%) problems. Health (73.9%) and terror and security (72.7%) are the following problems. In general, it can be said that, problems asked to respondents are more increased within five years in Indonesia than in Turkey. This kind of increase in several worries may resulted in many

physiological disturbances among respondents. Average mean of several worries in Indonesia (mean: 14.74; std. 3.93) case is little higher than Turkey (Mean: 12,49; Std:3,28

Table 3. Zero order correlation for Turkey

Variables	1	2	3	4	5	6	7	8
1.Age	-							
2.Gender	-,177***							
3.Education	-,285***	-,056						
4.Locus of control	-,144**	-,153***	,119**					
5. Knowledge	-,045	-,032	,290***	,092*				
6.Responsible Behavior	-,007	,114**	,084	,098*	,090*			
7.Worries Mean: 12,49 Std:3,28 Alfa:,78	,010	-,185***	,195***	,122**	,007	,195***		
8. Fatalism	-,110*	-,011	,310***	,230***	,275***	,128**	,114*	

According to Table 3, there are significant but negative relations between gender and age (-.177), education and age (-.285), locus of control and age (-.144), locus of control and gender (-.153). worries and gender (-.185) fatalism and age (-.110), Furthermore there are positive relations between locus of control and education (.119), knowledge and educational level (.290), knowledge and locus of control (.092), responsible behavior and gender (.114), responsible behavior and locus of control (.098), responsible behavior and knowledge (.090), , worries and education (.195), worries and locus of control (.122), worries and responsible behavior (.195), fatalism and education (.310),fatalism and locus of control(.230), fatalism and knowledge (.275), fatalism and responsible behavior (.128), and fatalism and worries (.114).

Table 4. Zero order correlation for Indonesia

Variables	1	2	3	4	5	6	7	8
1.Age								
2.Gender	,078							
3.Education	,269***	,074						
4Locus of control	-,096	-,152*	-,124					
5. Knowledge	-,155*	,108	-,013	-,046				
6.Responsible Behavior	-,183*	,058	,029	-,056	,100			
7.Worries Mean:14,74 Std.3,93 Alfa: ,8467	,006	-,107	,206**	-,049	,089	,205**		
8. Fatalism	-,024	,164*	,033	-,019	,093	,188**	,217**	

According to Table 4, there are significant but negative relations between, locus of control and gender (-.152), knowledge and age (.-155), responsible behavior and age (-.183). There are positive relations between educational level and age (.269)several worries and education (.206), worries and responsible behavior (.205), fatalism and gender (.164), fatalism and responsible behavior (.188) and fatalism and worries(.217).

Table 5. Comparisons of national suggestions between Turkey and Indonesia

Suggestions		Turkey %	Indonesia %
Strict prohibitions rather than warnings should be introduced	Completely	53,1	5,8
	Moderate	24,8	21,5
	None/nil	7,4	70,3
	Don't know	14,8	2,3
A quarantine should be implemented	Completely	49,4	16,9
	Moderate	34,8	65,7
	None/nil	7,8	15,1
	Don't know	8,0	2,3
Government should pay more attention to public health measures than those of the economy	Completely	76,4	30,2
	Moderate	16,8	50,6
	None/nil	3,7	17,4
	Don't know	3,1	1,7
Scientific studies and research should be increased	Completely	81,1	63,4
	Moderate	13,7	33,7
	None/nil	2,7	1,2
	Don't know	2,5	1,7
We should benefit from global experiences	Completely	76,6	64,5
	Moderate	16,8	33,1
	None/nil	2,9	,6
	Don't know	3,7	1,7
People should get better education	Completely	84,0	50,0
	Moderate	12,5	41,9
	None/nil	1,2	5,8
	Don't know	2,3	2,3
The quantity of specialized personnel should be increased	Completely	77,9	43,0
	Moderate	15,6	48,8
	None/nil	3,1	2,9
	Don't know	3,5	5,2
Effective communication should be provided among related state organizations	Completely	75,6	66,9
	Moderate	18,2	30,8
	None/nil	2,0	,6
	Don't know	4,1	1,7
The economic wealth of the society should be improved	Completely	74,8	65,1
	Moderate	19,5	30,8
	None/nil	1,8	2,3
	Don't know	3,9	1,7
Health as a human right should be guaranteed by the State	Completely	78,5	64,5
	Moderate	16,6	28,5
	None/nil	1,4	4,1
	Don't know	3,5	2,9
International assistance should be asked	Completely	59,2	56,4
	Moderate	28,1	40,7
	None/nil	5,7	1,2
	Don't know	7,0	1,7

Respondents from Turkey (Table 5), say that in order to solve problem of avian flu in Turkey, mostly "completely agree" with "People should get better education"(84.0%); "Scientific studies and research should be increased" (81.1%); "Health as a human right

should be guaranteed by the State" (78.5%); "The quantity of specialized personnel should be increased" (77.9%); "We should benefit from global experiences" (76.6%) "Government should pay more attention to public health measures than those of the economy"(76.4%); "Effective communication should be provided among related state organizations such as the ministries of Environment, Health and Agriculture"(75.6%) and "The economic wealth of the society should be improved"(74.8%).

For the respondents of Indonesia, the most effective ways to manage to disease at national level are "Effective communication should be provided among related state organizations such as the ministries of Environment, Health and Agriculture" (66.5%); "The economic wealth of the society should be improved"(65.1%); "We should benefit from global experiences" (64.5%); Health as a human right should be guaranteed by the State" (64.5%); and "Scientific studies and research should be increased" (63.4%);

Table 6. Comparisons of international suggestions between Turkey and Indonesia

Suggestions		Turkey %	Indonesia %
all nations/countries should make contributions to the scientific investigation of this disease	Completely	81,1	58,5
	Moderate	11,3	38,0
	None/nil	,6	,6
	Don't know	7,0	2,9
developed countries should contribute by supplying medication	Completely	79,1	61,6
	Moderate	17,4	34,9
	None/nil	1,2	,6
	Don't know	2,3	2,9
the harm of a pandemic on the global economy should be calculated and precautions must be taken	Completely	75,2	57,6
	Moderate	16,8	39,0
	None/nil	2,3	,6
	Don't know	5,7	2,9
international funds should be raised in order to compensate for economic losses	Completely	69,1	30,8
	Moderate	19,7	50,0
	None/nil	3,9	13,4
	Don't know	7,4	5,8
all countries should coordinate their efforts in order to develop sustainable environmental policies	Completely	74,6	55,8
	Moderate	19,1	41,3
	None/nil	1,4	-
	Don't know	4,9	2,9
" information about the dissemination of a pandemic should be shared	Completely	80,1	58,1
	Moderate	13,7	39,0
	None/nil	1,2	-
	Don't know	4,9	2,9
international standards should be determined for poultry and winged animal production	Completely	82,6	41,3
	Moderate	10,9	47,1
	None/nil	2,9	8,7
	Don't know	3,7	2,9

For respondents from Turkey, the most effective international solutions are "international standards should be determined for poultry and winged animal production"(82.6%); "all nations/ countries should make contributions to the scientific investigation of this disease" (81.1%); " information about the dissemination of a pandemic should be shared" (80.1%); "developed

countries should contribute by supplying medication" (79.1%); "the harm of a pandemic on the global economy should be calculated and precautions must be taken" (75.2%) and " all countries should coordinate their efforts in order to develop sustainable environmental policies" (74.6%).

Respondent from Indonesia generally agree on the ideas such as "developed countries should contribute by supplying medication" (61.6%); "all nations/countries should make contributions to the scientific investigation of this disease" (58.5%); "information about the dissemination of a pandemic should be shared"(58.1%); "the harm of a pandemic on the global economy should be calculated and precautions must be taken" (57.6%) and " all countries should coordinate their efforts in order to develop sustainable environmental policies"(55.8%). As evident from Tables 5 and 6, Indonesian respondents are less likely to indicate and involve ideas about both national and international solutions. Although the percentage of being agree with(51.2) the preposition measuring locus of control, such as "Government is the primarily responsible to solve bird flu problem" is little higher than being not agree(48.8%), this unwillingness might be explained to concept of locus of control.

Conclusion

In this study of which the main aim is to compare the attitudes, behaviors and level of knowledge of respondents from Turkey and Indonesia with respect to case of avian influenza in order to establish effective disaster management program, it is revealed that differences in demographic, socio-economic, and cultural differences within and between societies lead to various way of understanding risks and attitudes and behaviors related to them. So, by depending on the results of data, it can be asserted that, in addition to disaster management plans prepared at global level, local disaster management programs considering local differences should be taken into consideration. In addition to this, process of preparing of these plans, bottom up model should be used in order to achieve to success in disaster management.

Increase in several problems in both societies within five years show the existence of inequalities and vulnerable groups in both Turkey and Indonesia. In addition to this, the

level of being effected by these issues can change according to characteristics of individuals. Blaike and et al. (1994), state that there is close (cited in Fordham, 1998:127) relation between vulnerability in daily life and vulnerability in disaster. According to them underlying main reasons are structural inequalities in both national and international socioeconomic systems. In other words, vulnerability has close connection with income, education level, gender, minority groups, language, citizenship status, and social capital. Besides the concept of social vulnerability, one can add psychological vulnerability which has close connection with the former. In different saying, increase in several problems may affect individuals at different level in social context and in addition to this there might be physiological disturbances among peoples such as worry and anxiety .

According to regression analysis there are many significant relations between independent variables and several problems in case of Turkey: between gender and economic problems, between gender and health problems, between gender and terror and security and between gender and environmental problems are the most significant negative ones. The positive relations in case of Turkey are between age and health, between age and education, between education and economical problems, and between education and political problems. The only significant relation in Indonesia's case is between gender and educational issues. According to Yeniçeri et al.(2002), in case of a disaster women are more likely to be traumatized than men. Similarly they feel more stressed and more fatalistic (Karancı et. al, 1999; Fişek et al.,2003) They also assert that as the education level increases the level of preparedness activities which also consist of responsible behavior and locus of control increases too.

One of the most important finding of this study is the unwillingness of Indonesian respondents to indicate and involve ideas about both national and international solutions.

Özet

"Risk Toplumu" ve "Dünya Risk Toplumu" kavramlarına dayanılarak bu çalışmada, Türkiye ve Endonezya'da da gözlemlenen kuş gribi salgınının sosyal etkileri karşılaştırılmaktadır. Diğer bir ifade ile, bu çalışmanın temel amacı, etkili bir afet yönetimi

program oluşturabilmek için her iki toplumun kuş gribi salgınına yönelik tutum, davaranış ve bilgi seviyelerinin karşılaştırmasını yapmak olarak belirlenmiştir. Çalışmanın sonuçlarına gore, her iki toplum içinde ve arasındaki demografik, sosyo-ekonomik ve kültürel farklılıkların afet riskinin anlaşılması ve ona yönelik tutum ve davranışların geliştirilmesinde etkili olduğu ortaya çıkmaktadır. Bununla birlikte araştırma sonuçlarına gore, küresel özellik gösteren bu tür salgınların çözümüne yönelik olarak yapılacak çalışmalar, ulusal sınırların da ötesine geçerek uluslararası boyutta olması gerekmektedir.. Söz konusu uluslararası ölçekteki çalışmalarda ise, yerel topluluğun kırılganlık ve kapasitelerinin de dikkate alınarak gerçekleştirilmesi, sürdürülebilir afet yönetimin temel bileşeni olaark kabul edilmektedir.

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