



Audrezara Journal of Communication and Social Research (AJCSR), Vol. 2(2), 141-151, 2026.



AUDREZARA JOURNAL OF COMMUNICATION AND SOCIAL RESEARCH (AJCSR)

Vol. 2, Issue 2, pp. 141-151, August, 2026.

DOI: <https://doi.org/10.5281/zenodo.22155828>

E-ISSN: 3121-9721

Advancing One Health Communication in Nigeria: Lessons from the South-South Region

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History: Received: July 29, 2026; Revised: August 18, 2026; Accepted: August 22, 2026.

Abstract

This study investigates the role of broadcast media in advancing One Health Communication in South-South Nigeria with a focus on the types of issues covered, level of coverage, challenges affecting the coverage of One Health issues and the most effective dissemination channels. Adopting a mixed-method approach, data for the study were collected through content analysis of One Health-related radio and television programmes aired on six radio stations and six television stations between February 2023 and February 2024 as well as survey of 384 respondents including journalists and residents of the South-South region of Nigeria. Findings indicate that broadcast media coverage of One Health issues were generally low, irregular and largely reactive. The most reported issues were those related to human health and environmental health reflecting an imbalance in coverage. The study also identifies several challenges affecting the coverage of One Health issues in the region, including limited knowledge of the One Health concept among journalists and unavailability of experts for media appearances. Despite these constraints, the radio emerged as the most appropriate medium for disseminating One Health messages due to its wide reach, followed by social media for their vast audience reach on the digital space. The main lesson is that Nigeria's One Health communication challenge is not simply a shortage of media channels but a shortage of sustained, integrated and technically supported content. A stronger communication structure/framework should prioritise journalist capacity, expert-media linkages, editorial support, routine coverage and convergence between broadcast and digital media.

Keywords: One Health, Broadcast media, South-South Nigeria, Zoonosis, Media coverage.

Introduction

Emerging infectious diseases, environmental degradation, antimicrobial resistance and climate-related health risks have intensified global recognition of the interconnectedness of human, animal and



environmental systems and calls for a new way of dealing with diseases. This need for cooperation among different experts, resulting in the One Health concept. The One Health approach is premised on the belief that effective risk communication on public health issues can help curb the outbreak of infectious diseases and influence the personal attitudes and social behaviour patterns that help disease transmission. This approach provides a collaborative and transdisciplinary framework for addressing these interconnected threats with the aim to sustainably balance and optimise the health of people, animals and the ecosystem (World Health Organisation, 2023). The Global Health Security Agenda (GHSA) advocates for a One Health approach to mitigate the risks posed by zoonotic diseases transmitted from animals to humans resulting in epidemics and unnecessary deaths. The interconnectedness of humans, animals, plants and the environment was highlighted at the 2014 launch of the Global Health Security Agenda in Washington DC (GHSA 2020). Globally, approximately 60% of emerging infectious diseases are zoonotic in origin (World Organisation for Animal Health, 2023), underscoring the need for integrated health governance and communications systems. Nigeria faces recurrent outbreaks of zoonotic and environmentally-linked diseases including Lassa fever, mpox, cholera and avian influenza (Nigeria Centre for Disease Control, 2024). The South-South geopolitical zone, characterised by biodiversity, oil exploration activities and flooding presents a particularly complex One Health environment as environmental pollution from oil spills, climate-related flooding and wildlife-human interactions amplify public vulnerabilities.

Communication plays a pivotal role in operationalising One Health. Broadcast media, especially radio and television remain influential in shaping public awareness in Nigeria. Despite the growth of digital media platforms, radio remains highly accessible across rural and low-literacy populations. However, empirical evidence examining how broadcast media cover and advance the One Health agenda in South-South-South Nigeria remains limited. This study addresses that gap by examining media coverage patterns of One Health in South-South Nigeria, challenges affecting the coverage of One Health in the region and audience preferences related to One Health. Broadcast media, comprising television and radio, are powerful tools for disseminating information to a widely dispersed audience. Television and radio have over time been the primary sources of information for the majority of the population. These media have been saddled with the responsibility of performing several functions including reporting, providing the platform for public debate, being a critic, an ombudsman and a watchdog. Several studies including Sinaga and Larasati (2024) emphasise the importance of media in influencing behaviours and raising awareness about health-related issues. In spite of several challenges and sometimes unfriendly and hostile environments even in the present democratic dispensation, the media have endeavoured to carry out all these functions, albeit not without constant harassment from the government of the day.

The figure below illustrates that One Health Approach is a collaborative multisectoral initiative that recognises the interdependence of humans, animals, plants and the environment and aims to mitigate risks of infection across different sectors and disciplines in the society through collaboration, communication, coordination and capacity building.

The One Health Approach

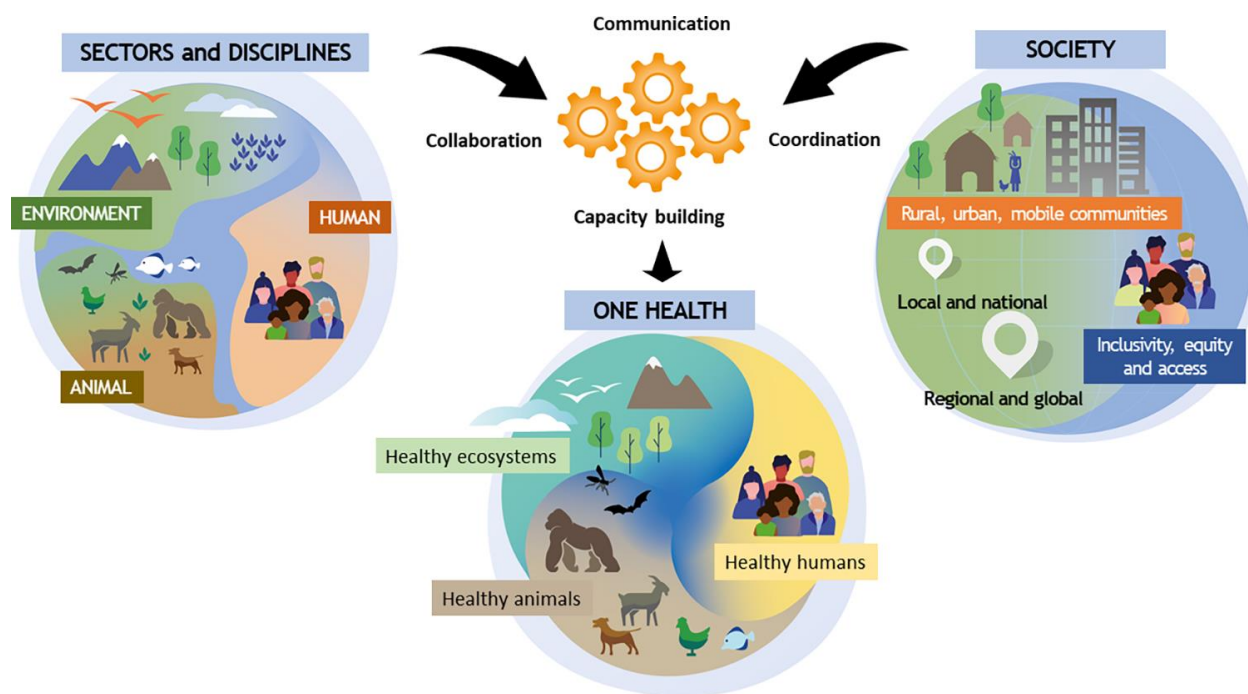


Figure 1. One Health toward a sustainable healthy future as developed by the OHHLEP (One Health High-Level Expert Panel, 2022).

One Health issues include:

- a) emerging, re-emerging, and endemic zoonotic diseases
- b) neglected tropical diseases,
- c) vector-borne diseases,
- d) antimicrobial resistance,
- e) food safety and food security
- f) environmental contamination
- g) climate change (Centre for Disease Control, 2023)

The One Health Communication Agenda holds that it is crucial to have a plan in place to handle public health crises before they occur and poor communication can put the public at risk by creating misunderstandings or panic. Therefore, the One Health Communication Agenda, stated as the third objective of the One Health Strategic Plan seeks to achieve the following:

- a) focus on raising the awareness of One Health among every segment of the Nigerian society;
- b) strive to eliminate myths and misconceptions about zoonotic diseases at a public level; and
- c) develop and standardise an effective communication plan and establish a group of technical experts and communication experts from various fields to develop and standardise key One Health messages across media platforms. (Federal Ministry of Health et al, 2019).

In 2019, Nigeria was the pioneer country in the African continent to adopt a five-year One Health Strategic Plan which was to be implemented between 2019 and 2023. The initiative was built by the collaboration of Federal Ministries of Health, Agriculture and Rural Development, and Environment and also with the contribution of some other institutions (Nigeria Centre for Disease Control and Prevention (NCDC), 2019). The plan aimed at increasing awareness of One Health for all stakeholders (Federal Ministry of Health et al, 2019). Notable diseases classified under the One Health agenda include Lassa



fever, Ebola, Monkeypox, H5N1, cholera, rabies, etc. With the expiration of the plan, it is imperative to assess the media's role in increasing awareness of One Health in the South-South Nigeria. It is anticipated that the results of this investigation will help promote the One Health concept and draw the attention of broadcast media practitioners to the Global One Health Communication Agenda, thus promoting science reporting and health communication and contributing to knowledge in these fields. As at 2023-2024, Nigeria was responding to a large Lassa fever outbreak in the country, only a few months after battling with anthrax and mpox. Data from the Nigeria Centre for Disease Control indicates that in 2023, a total of 1270 confirmed cases of Lassa fever with 227 deaths were recorded and between January and March 2024, there were 766 confirmed cases of In Nigeria, there were a total of 142 reported cases of Lassa fever.

Nigeria has a robust media community, with a diverse media landscape comprising state-owned and private broadcast stations. Broadcast media, comprising television and radio, are powerful tools for disseminating information to a widely dispersed audience. Radio and television can operate in local languages and create opportunities for public dialogue. However, media organisations also operate under commercial, editorial and resource constraints. Health stories compete with politics crime, business and other topics that may attract immediate attention. The National One Health Strategic Plan identifies communication as one of its core implementation areas and calls for awareness creation, standard communication plans, advocacy, multilingual communication materials, social media dissemination, regular radio and television content, identification of health-related programmes and training of media professionals in One Health reporting (Federal Ministry of Health et al, 2019) These provisions establish a policy expectation that media organisations should contribute systematically to One Health. However, the existence of a national strategic One Health framework does not necessarily translate into routine media implementation. Hence this study sought to find out the types of One Health issues covered by the broadcast media in South-South Nigeria, how frequently those issues were covered, the challenges journalists encounter while covering One Health issues and which channels are preferred for One Health message dissemination.

Objectives of the Study

This study sought to:

1. Identify the types of One Health issues most frequently covered by broadcast media in South-South Nigeria.
2. Determine the frequency of coverage of One Health-related issues by broadcast media in South-South Nigeria.
3. Examine challenges affecting implementation of One Health communication strategies.
4. Ascertain preferred media platforms for disseminating One Health messages.

Theoretical Framework

The study is anchored on the Agenda-setting theory and the Health Belief Model. The Agenda-setting theory posits that the media significantly influence what people think about through repetition, frequency and prominence, thereby shaping public policy discourse and public priorities (McCombs and Shaw, 1972). The theory is directly consequential for this study's first two objectives since patterns of coverage frequency and issue type distribution are treated as the mechanisms through which broadcast media shape public understanding of what One Health is and which of its dimensions matter. Beyond its original first-



level function, the Agenda setting theory has been extended to a second level, attribute agenda setting, which holds that the media do not merely tell audience what to think about, but also shape how those issues are understood, by emphasising certain attributes of a topic over others. This extension is directly relevant to this study's findings regarding One Health, as the salience given to infectious diseases compared to animal or environmental health issues determines the public's perception of health risks. However, the findings of this study shows that broadcast content coded under the One Health was overwhelmingly viewed through a human health lens, with animal and environmental attributes almost entirely absent. Attribute agenda setting suggests that the imbalance does more than under-report two of the three One Health pillars; it actively trains the public to understand One Health primarily as a human disease issue. Because human health dominates airtime, it becomes the salient face of One Health in the public mind, while the other two components remain publicly invisible, thus narrowing the very interconnectedness the One Health concept is meant to convey.

In Nigeria, broadcast coverage often spikes dramatically during outbreaks and other public emergencies but declines once the crises are abated. The Health Belief Model explains how individuals adopt preventive behaviours based on perceived susceptibility, severity, barriers, benefits, efficacy and cues to action (Rosenstock, 1988). The model assumes that communication interventions work by adjusting these perceptions. For instance, a media campaign on One Health issues functions as a cue to action and can determine whether audiences perceive a given health threat as personally relevant and a given protective behaviour as both worthwhile and achievable. In the context of this study, the near-total absence of animal health content identified by the content analysis is significant not only as a gap in topic coverage, but as a gap in the cues audiences receive regarding zoonotic transmission pathways originating from animal contact, as without such cues, perceived susceptibility to this route of transmission is unlikely to be raised, regardless of how audience judge overall health coverage to be. The model further implies that the limited journalists' knowledge of One Health identified in this study as the leading constraint on coverage, has downstream behavioural consequences since journalists who do not understand One Health disease transmission and prevention are poorly positioned to construct messages that accurately calibrate audience perceptions of risk, benefit and self-efficacy. Effective One Health Communication must influence these perceptions by highlighting zoonotic transmission pathways, environmental risks, and preventive practices that can shape public behaviour.

Methods

A mixed-methods approach was adopted for this study, combining content analysis of radio and television programs and survey. The total population of the six South-South states, 28,154,029 as obtained from the National Bureau of Statistics (2023). A multistage sampling procedure was used to select Akwa Ibom, Delta and Rivers States from the six states that make up the South-South Nigeria. The states were first clustered into former geopolitical blocks (Cross River/ Akwa Ibom, Rivers/Bayelsa and Edo/Delta) from which one state was purposively selected from each block. The population was further reduced to 17,123,147, being the combined population of the three selected states (Akwa Ibom, Delta and Rivers States). A sample size of 386 was thereafter calculated from the combined population of the three selected states using the Cochran's Openbook sample size calculator and proportionately allocated across the states using the Levi Stratified Sampling computation as follows Akwa Ibom (108), Delta (120), Rivers (158). The questionnaire was administered to 386, however at the point of analysis, two copies of the questionnaire were unfit for analysis making the total number of respondents 384 including 57 journalists and 327 audience members across the South-South region. The questionnaire was administered in the capital cities of each state using the available sampling method, whereby individuals encountered at their duty posts, offices, broadcast stations or business premises and who indicated willingness, participated in the survey. The questionnaire was a 21-item close-ended questionnaire designed to be



straightforward and easy to complete. The survey questionnaire was face-validated by subject experts, including the research supervisor, to confirm that it measured the intended variables adequately. The reliability for the survey instrument was established through a pilot study administered to 30 respondents and analysed using Cronbach's Alpha, yielding a coefficient of 0.85, which is rated good internal consistency according to George Mallery's (2003) benchmark.

For the content analysis, the study purposively selected six public and six private broadcast stations across the South-South states. The population comprised all One Health-related programme content and news items aired on the twelve selected radio and television stations which were Atlantic FM, Delta Broadcasting Service (radio), Inspiration FM, Rhythm FM, Treasure FM and Trend FM, Advocate Broadcasting Network (ADBN) TV, Delta Rainbow Television, NTA Port Harcourt, NTA Uyo, Trend TV and Wazobia TV. The stations were selected through a purposive multistage procedure that ensure representation of ownership type (three government-owned and three privately owned stations per medium. Because the object of analysis was One Health-related content specifically, a total enumeration (census) sampling procedure was applied to the population. Programmes analysed included talk shows, documentaries, news bulletins, features and special reports aired over a 12-month period (February 2023-February 2024). This yielded a content analysis sample of 197 coded items in total (see Table 2 below). The content analysis categorised One Health issues into human health, animal health and environmental health and every identifiable unit of One Health content was coded. The units of analysis for radio and television were news broadcasts and programmes, where contents of radio/television programmes were analysed in order to identify patterns in the contents aired. Intercoder reliability for the content analysis instrument was assessed using two independent coders who were trained to code an overlapping subset of 30 items each with agreement using Holsti's (1969) coefficient of reliability. This yielded a co-efficient of 0.66, which is rated substantial agreement according to Landis and Koch's (1977) benchmark for intercoder reliability.

Participation in the study was voluntary, confidentiality was protected and participants could withdraw at any stage. Data from both the survey and the content analysis coding sheets were analysed descriptively using frequency counts and percentages computed with Google Analytics and presented in tabular form corresponding to each research objective.

Findings

Table 1. One Health Issues that Attract Media Attention

Percentages in the table below exceeded 100% because respondents could select more than one response on the questionnaire.

Response	Number of Responses	Percentage
Zoonotic Diseases	261	68
Antibiotic use/ abuse	20	5.2
Environmental health	75	19.5
Food safety and security	42	10.9
Total	398	103.6

Source: Field survey, 2025.

The survey result shows that media attention was heavily concentrated on zoonotic diseases. This indicates the public's perception of where broadcast attention concentrates across radio and television

When it comes to issues related to One Health.



Table 2. Frequency and Composition of One Health Broadcast Coverage

Medium/ category	Programmes	News	Other types of media content	Total
Radio (Human health)	28	13	0	41
Radio (Animal health)	1	0	0	1
Radio (Environmental health)	9	5	0	14
Television (Human health)	49	34	3	86
Television (Animal health)	0	1	0	1
Television (Environmental health)	40	14	0	54
Total	127	67	3	197

Source: Content Analysis of broadcast media, 2025.

Across the selected stations, 197 coded items were identified in the three broad One Health categories. Contents on human health accounted for 127 items, environmental health contents were 68 and animal health contents were two. Strikingly, animal health contents were just two, one radio program and one television news item within the period, rendering one of the three foundational One Health pillars invisible to broadcast audiences in the region.

Table 3. Challenges faced by broadcast journalists when covering One Health issues in

South- South Nigeria

Because respondents could select more than one option, percentages exceeded 100%.

Response	Number of Responses	Percentage
Limited knowledge of One Health	21	36.8
Limited access to information or sources	16	28.1
Unavailability of experts for media appearances	19	33.3
Reluctance by health officials to grant interviews and other media engagements	19	33.3



Station management's resistance to health programmes	4	7
Others	1	1.7
Total	57	140.2

Source: Field survey, 2025.

The key challenge identified was limited knowledge of One Health due to inadequate training, weak collaboration between ministries and media houses, poor access to scientific data, as well as commercial pressures. This indicates that increase in journalists' knowledge of the One Health Communication agenda would result in increased coverage, reinforcing the survey evidence that knowledge constraints, rather than resource constraints alone are a central bottleneck to the implementation of One Health.

Table 4. Preferred media platforms for One Health messages

Response	Number Responses	of Percentage
Radio	147	38.3
Television	72	18.8
Online news websites	45	11.7
Podcasts	9	2.3
Social media	211	54.9
Total	484	126

Source: Field survey, 2025

Despite the striking imbalance, Table 3 shows that a clear majority of the public rated broadcast coverage of One Health issues as adequate or very adequate. This suggests that audiences may be judging adequacy on the basis of human health content encountered rather than the tripartite framework of One Health.

Discussions

Survey respondents identified zoonotic diseases as the One Health issue receiving the greatest media attention, as well as environmental health, food safety/security and antibiotic use/abuse, respectively. The content analysis revealed a strong imbalance, as human health issues dominated the media within the period of study. Among the coded items identified across the three broad content categories, animal health accounted for only two items. This imbalance weakens the integrative characteristic of One Health communication. Reporting a zoonotic outbreak without explaining animal reservoirs, environmental drivers, food systems or preventive practices can produce fragmented public understanding. The data gathered show that most media stations did not have programmes dedicated specifically to health. Rather One Health issues were incorporated into the different programmes in the stations. Apparently, there was no media content on One Health Day, which further corroborates the findings of this study. One Health Day is observed every 3rd November globally to raise awareness about the interconnectivity of animal, human and environmental health, highlighting the need for interdisciplinary collaboration to address emerging infectious diseases. This result relates to the findings of Effiong (2019) which showed that the media gave minimal coverage and low prominence to malaria (a One Health related issue) and most of



the stories on malaria were paid for. Another study by Lucas *et al* (2022) revealed a low level of broadcast media coverage of Lassa fever, concluding that the broadcast media have not done enough to inform rural communities about the control, prevention, causes, symptoms and management of Lassa fever which consequently did not make much influence on the people towards combating Lassa fever. This result is incongruent with the Agenda Setting Theory which asserts that how much prominence is given to a news item by the media sets the agenda for discussion among the public. In this case, however, the broadcast media in South-South Nigeria have done very little in terms of their agenda setting role, as the broadcast media chose to give more focus and attention to issues of politics, crime and business, rather than health protection, prevention and awareness. In alignment with this is Shih *et al*'s (2008) submission that the media coverage of epidemic hazards were given low coverage, rather political news, policy announcements, and new scientific discoveries seemed to be driving the high amount of news coverage in the news. This fragmented representation in coverage was also observed in a study by Erubami *et al* (2022). Thus, "the mass media have been deployed as independent and complementary interventions against the spread of Lassa fever infection, however, often lacked integration of environmental and animal health dimensions." The frequency findings also expose a distinction between perceived adequacy and observed content. In the survey, 43.3% described coverage as very adequate or adequate, while the content analysis identified only two animal health related contents and no content for One Health Day. This difference suggests that audiences may interpret general health coverage as One Health coverage, or that the concept itself is not sufficiently understood to allow respondents to distinguish integrated One Health content from conventional health reporting.

Among media professionals, the leading challenge was limited One Health knowledge, followed by unavailability of experts for media appearances, reluctance of health officials to grant interviews and limited access to information/sources. These findings indicate that the One Health communication problem is both a capacity problem and a systems problem, thus reinforcing the need to treat capacity building of journalists as an institutional component of the One Health implementation. Without specialised capacity and technical knowledge, journalists may rely on outbreak announcements, press releases or general health narratives instead of producing explanatory, investigative and preventive content. The shortage of experts and reluctance of officials to grant interviews further demonstrates that One Health communication cannot be solved by just training journalists because training journalists alone cannot solve a situation in which journalists cannot easily obtain verified information or access technical experts. Communication requires functioning relationships between journalists, epidemiologists, veterinarians, environmental health experts, policy makers and community actors.

The purpose of One Health Communication is to empower people with the right information and help them make informed health choices. Understanding risk and increased risk perception through effective risk communication of One Health issues can lead to increased media coverage. Outcomes of this study reveal that social media was the most preferred channel for disseminating One Health messages in South-South Nigeria, leading with 54.9%, followed by radio (38.3%) and television (18.8%). The preference for social media is another important lesson. Viewing the findings of this study through the lens of media convergence buttresses the transformative potential of media convergence revealing deeper insights into how broadcast media can evolve to better promote the One Health Communication Agenda in South-South Nigeria. By embracing converged media strategies and adopting a multiplatform approach broadcast media can extend the reach of One Health messages by repurposing content for digital platforms such as Facebook, YouTube, Instagram and X (formerly known as Twitter). Broadcast stations in the study were already extending some content to Facebook and YouTube. This suggests that the strongest strategy may be convergence: using radio for credibility, immediacy and mass reach, then repurpose the same content for social platforms, short videos, WhatsApp circulation and audience feedback. The objective is not to abandon broadcasting but increase the lifespan, discoverability and interactivity of broadcast content. This demonstrates the expanding power of the media with the



advancement of new technologies, where old and new media intersect as highlighted by the concept of media convergence proposed by Jenkins (2006) in his study.

Conclusions and Recommendations

This study set out to investigate the role of the broadcast media in advancing One Health communication in South-South Nigeria with a focus on the types of issues covered, level of coverage, challenges affecting the coverage of One Health issues and the most effective dissemination channels.

The results of this study show that One Health coverage is heavily skewed towards human health and zoonotic diseases attracting media attention most. On the frequency of coverage, results from the content analysis shows a frequency too sparse to sustain the agenda-setting influence anticipated. Journalists' limited technical knowledge of One Health emerged as the leading constraint, as well as the unavailability of experts, reluctance of health officials to grant interviews. The public's preference for social media over the national radio and television channels through which One health is currently produced.

These findings suggest that advancing One Health communication in Nigeria requires a communication ecosystem rather than isolated media campaigns. It also requires a shift from episodic health reporting to systematic One Health Journalism. The media need to make One Health a routine editorial concern and ensure that they report not only outbreaks but prevention, environmental drivers, animal health, antimicrobial resistance, food safety, community practices and health systems responses. This would strengthen agenda-setting, improve diffusion of One Health knowledge and provide audiences with responses with the cues, perceived benefits and practical information necessary for positive health outcomes. To address the knowledge constraint identified in the study, stakeholders should institute structured periodic training on One Health for broadcast journalists and incorporate One Health communication modules into journalism curricula and establish access channels for journalists to reach out to health experts for fact checking and interviews. Also, broadcast stations should intentionally adopt a multiplatform dissemination strategy and repurpose One Health content aired on radio and television for social media and other digital platforms.

Acknowledgments: The authors sincerely appreciate the individuals and institutions whose contributions made this study possible.

Funding: No external funding was received for this research.

Conflicts of Interest: The authors declare no conflict of interest.

How to Cite: Ashong C. & Umoh N. U. (2026) Advancing One Health Communication in Nigeria: Lessons from the South-South Region. *Audrezara Journal of Communication and Social Research (AJCSR)*, 2(2), 141-151. <https://doi.org/10.5281/zenodo.22155828>

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