

Conceptual analysis of the intersection of media advocacy and health security in Nigeria

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ABSTRACT: Health security emerged as a significant concept during the outbreak of epidemics and pandemics in Nigeria. The main objective of the study was to analyse the intersection of media advocacy and health security. The study employed a qualitative research method, drawing on relevant literature, and conceptually analysed the significance of media advocacy for health security. Different approaches were explored to determine what constitutes health security. In doing so, the study establishes the intersection between media and health security, and the need for media advocacy for pro-health behaviour as fundamentals for health security. The determinants of health security do not only depend on the planning and implementation of health policies, but significantly, on public enlightenment and advocacy on pro-health behaviour. Media advocacy is necessary to promote pro-health behaviour and generally, for the execution or implementation of health security plans. The media need to be included from the stage of planning, mobilization, and implementation of health security activities in any given community and the nation. It is expected that health security should be treated the same way human security is treated because people's health is fundamental to the attainment of security.

Keywords: Advocacy, health, health behaviour, health security, media advocacy.

INTRODUCTION

The concept of security has gone beyond the protection of lives and properties and now includes environmental security, social security, food security, health security, educational security, and other forms of security (Ikeke, 2020). The issue of health security dates back to the late 1980s (McCoy *et al.*, 2023). However, health security became a global issue when linked to the widespread of infectious diseases (Lawal *et al.*, 2022; Katz and Singer, 2007). Health security's origin is also linked to bio-terrorism (WHO, 2002; Scharoun *et al.*, 2002). As a result of widespread infectious diseases, the concept of health security was first described by the United Nations in 1994 (UNDP, 1994).

A timeline of historical pandemics shows that the world has experienced Cholera outbreaks, Yellow fever, different Flus, and HIV/AIDS to date. There was also Severe Acute Respiratory Syndrome (SARS), which occurred in 2002, and then Ebola occurred in 2014, causing fears and deaths among the public. In 2019, the Coronavirus (COVID-19) pandemic occurred. These various diseases affected

millions of people all over the world, causing deaths (Akpoghiran, 2021).

Studies show that health security has an impact on the poor, women, and children (UNDP, 1994; Aldis, 2008; Chan, 2009). McCoy *et al.* (2023) had shown that discourses on health security are a result of infectious diseases. People become more conscious of securing their health due to infectious diseases. A 2002 study by the WHO on health and security in the Eastern Mediterranean Region showed that health security is deeply rooted in the people's culture. Fukuda-Parr (2003) considered health security as one consequences of globalization that has helped pandemic diseases spread quickly; and has an impact on public health, trade, tourism, food and transportation (Chiu *et al.*, 2009). There is also growing evidence showing that investing in health could benefit economic growth and promote health security concerns during outbreaks of infectious disease (Chiu and Lee, 2006). For instance, it was during the outbreak of SARS that the European Centre for Disease Prevention and

Control (ECDC) was established in 2005 with the aim of dealing with infectious diseases not only by treatment but also by prevention through public enlightenment. Chiu and Lee's study showed that health security had made an impact on both people and economies of the Asia Pacific region of Taiwan by directing attention to HIV/AIDS issues, infectious diseases, environmental change, and humanitarian emergencies or crises.

In view of this, Chiu *et al.* (2009) in their study found that pandemic disease was the most significant risk to health security. To them, infectious diseases pose a menace to global health in addition to conflicts, terrorism, and other factors that cause humanitarian emergencies. Added to the above, a study had revealed that infectious disease outbreaks have been increasing over time (Smith *et al.*, 2014), and have the potential to threaten the GDP of developing countries. The West African Ebola outbreak is a high-impact example of the human and economic devastation that can result from an infectious disease outbreak (NAPHS, 2018).

Given the definition by the World Health Organization in its health report in 2007, that, global public health security is the activities required, to minimize vulnerability to acute public health risk that endanger the health of people across geographical boundaries, health security in Nigeria for instance, is not treated as part of the same treatment given to security of lives except on the outbreak of epidemics or pandemics. In June 2017, the government of Nigeria set up the Joint External Evaluation (JEE) as a blueprint to assess and detect how the country can respond to public health threats. This led to the establishment of the National Action Plan for Health Security (NAPHS) in 2018. The NAPHS activities were based on Nigeria's specific health risks, the existing resources available to timely respond to public risk, as well as strategic plans for implementing the MDAs (NAPHS, 2018). However, the country's capacities to prevent, detect, and respond timely to public health threats is far from practice without engaging the media. This is why engaging media advocacy to promote health security is significant for health security.

Justification, aims and method

Media advocacy is necessary for the execution or implementation of health security plans. The media need to be included from the stage of planning, mobilization, and implementation of health security activities. Health security has been linked to different topics. However, the significance of media advocacy to health security has not been adequately engaged in the academic fields of health and media in Nigeria. The intersection of media advocacy and health security might be underresearched in Nigeria. This provides the primary basis for the study. The study, therefore, among other things, will contribute to the existing concepts, theories, and knowledge on health security. Using the analytical review of the literature, the

aim of this study is to analyse the significance of media advocacy to promote health security in Nigeria. This paper is exploratory and explanatory as it adopts relevant literature on the subject with the aim of analyzing the relevant literature to achieve the aim of the study.

CONCEPTUAL ANALYSIS

Human Security and Health Security

Nations have integrated public health as a component of security agendas. For example, the COVID-19 pandemic represents a critical evolution of the health-security nexus (McCoy *et al.*, 2023). Land borders were closed by countries and international flights were suspended during the heart-and-heat of the pandemic. International trades and businesses were put on hold. There were global panics. The worst side of pandemics is always fear. Fear could be aggravated by the framing of media coverage on the pandemic (Akpoghiran, 2021). Panic is always evident during reporting public health risks. It seems anxieties and fears cause more deaths than the pandemic itself (Wahl-Jorgensen, 2020).

The link between security and health is not a discovery, says Augustynowicz (2022). But the relationship between security and health in the past was connected to armed conflicts on human health and health care (McInnes, 2014). Health security has always been tied to human security (WHO, 2002; Khagram *et al.*, 2003; Chiu *et al.*, 2009; Alumona and Onwuanabile, 2019; Lawal *et al.*, 2022; McCoy *et al.*, 2023). It is, however, believed to remain the cause of 91% of deaths by disease worldwide despite the perception of terrorism as being the biggest threat to security (Rokvić and Jeftić, 2015). Health, as the Commission on Human Security (2003) maintains, is not just the absence of disease, but also a state of complete mental, physical, and social well-being of an individual, which is intrinsic to human security since security is about protecting human lives.

The United Nations Development Programme (UNDP) Reports on Human Development in 1994, provided seven clear components of human security to include: economic security; food security; health security; environmental security; personal security; community security; (cultural identity); and political security (provision and protection of basic human rights). This means, according to the UNDP, human security is a people-centered and universal framework which revolves around health and, "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States" (WHO, 2002). In this wise, health security aim is to guarantee protection from diseases and unhealthy lifestyles (Chiu *et al.*, 2009). Invariably, health security is also part of human security because a healthy environment devoid of infectious diseases is a secure environment to stay. Human lives are not secure in an

environment of infection and dangerous diseases. This is why Augustynowicz *et al.* (2022) maintain that proper health is synonymous with health security.

While the UNDP highlighted seven dimensions of human security, Nef (1999) presented five dimensions to include: environmental/personal/physical security; economic security; social security; political security; and cultural security. These dimensions of human security by Nef and the UNDP point to the provision and protection of human rights. Health is one of the fundamental rights of every human being (WHO, 2002). WHO says the right to health means that governments must generate conditions such as the provision of health services, healthy and safe working conditions, and nutritious food in which everyone can be as healthy as possible. The right to health and safety is what connects human security and health security. However, the nexus between human security and health is a matter of common or public good.

Approaches to analysing health security

Approaches for analysing health security have been identified by various studies (McCoy *et al.*, 2023; Zhang *et al.*, 2023). McCoy *et al.* (2023) identified two contrasting approaches as neo-colonial health security and universal health security. The neo-colonial health security sees health security as the well-being and interests of poor countries. They identified populations as the threat source, usually via the vector of naturally occurring disease outbreaks (Bhattacharya, 2007; Aldis, 2008). Neocolonial health security focuses on curative measures and less effort on preventing future or potential threats. One feature of the neocolonial approach to health security is often negligence of social interventions required to reduce the heightened vulnerability of poorer and more marginalised communities (Holst and Razum, 2022; Holst and Pas, 2023). The neocolonial approach to health security is represented by poor health facilities, poor access to healthcare and widespread health threats, as evident in Africa.

According to McCoy *et al.* (2023), the universal health security approach echoed the concept of 'human security' promoted by the UNDP in the 1990s, to counter the dominant state-centric discourse of national security and focus instead on the protection of human life and dignity. The authors argued that universal health security placed emphasis on social and health needs of low-income populations in under-resourced settings and sees this as fundamental to eradicating the root causes of health insecurity. This approach focuses more on rights to health and human security as the benchmark for health security. The dominant feature in universal health security is presenting health as a good global security for the benefits of all people and countries. The global security agenda is evident in the Millennium Development Goals in Africa.

The universal health approach also takes the dimension

of the One Health approach by Zhang *et al.* (2023). This approach focused on the interface of humans, animals, and the environment. It is aimed to promote the health and sustainable development of humans and the environment through multi-approaches and cross-border collaborations (Adisasmito *et al.*, 2022). The One Health approach sees health security not just as an effort only for individual countries but as a concern for the international community. The One Health is designed to respond to global public health threats. The advocates of this approach argued that since the world is a global community, health should be a global interest. The One Health approach requires countries to develop and implement policies that support health as a universal concern (Li *et al.*, 2023). The One Health approach is mainly focused on policy planning and implementation by countries for global health. The approach has been adopted by the World Health Organisation and some nations to address health problems in a global approach.

All these approaches can be explained from the sociology and anthropology perspectives (Węgrzyn-Odzioba *et al.*, 2019). Several factors, such as people's behaviour, pro-health attitudes, pro-health social initiatives and social way of life, contribute to health security and health insecurity. People's belief system, cultural values and personal values largely formed health consciousness, health values and pro-health behaviours. A belief system of individuals on a healthy environment translates into health security. From the sociology and anthropology perspectives, health security is associated with people's cultures, values and behaviours. This can be associated with the Value Change Theory. This postulation as drawn from Dewey's theory of valuation in 1903, and articulated by different scholars and theorists like G. Debreu in 1972, David Detmer in 1988 and other writers like Max Weber, Talcott Parsons and Jurgen Habermas depending on their perspectives (Ifegbesan, 2009), employs the social techniques to induce attitudinal and behavioural change (Folarin, 2005). The theory states that since values underlie attitudes, which in turn underlie behaviour, it is assumed that a change in value will lead to corresponding changes in attitude and behaviour. Attitude and behaviour to health values always correspond to health provision, services and thus, security.

The concept of attitude and its relationship with human behaviour has been a topic of interest among researchers for years (Akpoghiran and Echaranini, 2020). The theory of Reasoned Action (TRA) by Ajzen and Fishbein (1980), the theory of planned behaviour (Ajzen, 1985), and that of the extended parallel-process model (Witte, 1994) in determining individual attitude towards an intention, and action have been claimed to be the dominant theoretical approaches in health communication campaigns (Gibson, 2010). According to Gibson, these approaches focused primarily on the origins of and influences on individual behaviour, how patterns of behaviour are established, and, more importantly, how they can be changed. For instance,

the TRA views a person's intention to perform (or not perform) as the immediate determinant of the action. Intention, therefore, is a very important component of value change. It is only when an individual has the intention (self-consciousness) to maintain health, for example, that value can be added to health security. This behavioural intention has two determinants: beliefs and attitudes. Beliefs lead to attitude, which in turn, leads to behavioural beliefs, and this brings about value change by reasoned action. The extent we place value on our health, the extent of our health behaviour and, thus, health security.

The theory of reasoned action is strongly connected to the theory of planned behaviour since both are centred on changing behaviour. The World Health Organisation (WHO, 2012) posits that the intent of the theory of planned behaviour is not only influenced by attitude towards behaviour but also the perception of social norms and the degree of perceived behavioural control. Behaviour has been the key factor for pro-health security. Behaviour could be said to be a product of values. The value change postulation also rests on the expectancy-value and value belief norm, which are used as the framework to explain attitude-behaviour in health and environmental studies (Akpoghiran and Echaranini, 2020). Individual choice about pro-environmental and pro-health actions can be driven by expected and personal norms. Norms are in operation when an individual believes that violating them would have adverse effects on the individual and society. The processes in the value change system are that norms lead to beliefs, and beliefs lead to values and change. This is why the value change theory is significant for explaining health security. Health security to this postulation starts from the individual, to the local community and the state as a nation.

Again, the keyword in these studies points to health-behaviour. Some studies have shown behaviour as the key determinant of health. In their findings of health determinants, Ramirez *et al.* (2021) state that of the ten leading causes of death, eight have significant behavioural components. To them, health-promoting behaviours and health-related risk behaviours are shaped by biological factors, socio-economic and environmental factors. Behaviour towards these factors constitutes the state of health.

What constitutes health security?

A generally accepted definition of health security has not emerged, but what constitutes health security exists and has been used to make meanings of health security. On the contrary, Davies (2010) is of the view that 'security' may not be the right term for describing health security. Davies opined that scholars draw the concept of health security from the proliferation of nuclear arms and terrorism, which, to him, is inconsistent with the term

'security'. To Augustynowicz *et al.* (2022), the concept of health security was drawn from freedom from fear (conflicts/war) and freedom from wants (health care). To them, freedom from diseases and fear of armed conflicts that cause diseases underlined what constitutes health security. To Chiu *et al.* (2009), health security exists when health emergencies pose large-scale threats to people and the economies.

The UNDP, WHO and EU clearly state the basic components that constitute what could be termed as health security (Table 1). These, as cited by Chiu *et al.* (2009) include: Emerging diseases (eg. SARS, avian influenza, COVID 19); Infectious diseases (eg. HIV/AIDS); Deliberate uses of chemical and biological materials by organized terrorist groups (eg. anthrax released in the United States; bio-terrorism is a global threat to human health); Violence, conflict, and humanitarian emergencies (eg. Boko haram and banditry attacks on communities in Nigeria); Environmental change and natural disasters (eg. the 2024 flood in Maiduguri, Borno state in Nigeria affected the lives and health of about one million people); Chemical accidents and radioactive danger (oil spills, oil pipeline vandalisation in the Niger-Delta, chemical waste in Koko in 1988 in Nigeria); Food insecurity (environmental disasters that affect farmlands and crops, and Fulani herdsmen and farmers clash in Nigeria reduces food production); and poverty (poverty leads to poor health care). The Commission on Human Security (2003) highlights health threats to human security as: global infectious disease, conflict and humanitarian emergencies, and impoverishment and inequity.

MEDIA ADVOCACY FOR HEALTH SECURITY

Studies exist to show the intersection of public health and mass advocacy. For instance, media advocacy has served as a major source of information to induce changes in behaviour in issues pertaining to health news (Viswanath *et al.*, 2007). The media have been used in delivering preventive health messages since they have the potential to influence people's behaviour (Carson-Chahhoud *et al.*, 2017). A study had also shown that media advocacy has played a leading role in disseminating health news (McCauley *et al.*, 2013) due to the importance of health news reports (Keshvari *et al.*, 2018). Media advocacy affects the knowledge and health beliefs of the public (McCombs, 2013). Media advocacy is found to be associated with health development and social causes (Wallack, 1994). To Gibson (2010), media advocacy focuses on the social, natural, and economic context of poor health and health risk. According to Gibson, media advocacy is not just to raise awareness on health issues but to draw and influence mainstream media coverage to pressure the powerful into advancing healthy public policies.

The volume and speed of the same information repeatedly

Table 1. Components of health security.

Components of health security	Consequence
Emerging diseases	The consequences of the diseases such as human life. — such as the outbreaks of SARS, avian influenza, and influenza A (H1N1) suggest that emerging diseases are serious threats to global health security. Other new diseases include Ebola virus and Coronavirus.
Infectious diseases	Infectious diseases such as AIDS have affected millions of people all over the world, as well as social and economic upheaval.
Deliberate uses of chemical and biological materials	An act of chemical or biological terrorism could range from the dissemination of aerosolized material to food-product contamination like organized terrorist groups (eg. anthrax released in the United States);
Violence, conflict, and humanitarian emergencies	Direct effect of individual harm, violence may lead to fear, coercion, and deprivation of food and health care. Violent events may result from conflicts, wars, crimes, domestic and even self-inflicted violence. For example, the Boko haram terrorist group and banditry attacks on communities and farmlands in Nigeria.
Environmental change and natural disasters	Hundreds of natural disasters like tsunamis, earthquakes, and floods. For instance, the 2024 flood in Maiduguri in Borno state in Nigeria affected the lives and health of about one million people. The flood displaced millions of people, leading to food and health crises.
Chemical accidents and radioactive danger	The spill, leakage, and dumping of chemicals or radioactive waste affect farmlands and aquatic lives. For example, oil spills, oil pipeline vandalism in the Niger-Delta, and chemical waste in Koko in 1988 in Nigeria.
Food insecurity	Food insecurity causes hunger, malnutrition, leading to health complications. Food insecurity carries a potential risk to global health. Also, environmental disasters that affect farmlands and crops, and Fulani herdsmen and farmers clash in Nigeria, reduce food production.
Poverty	Poverty leads to poor health care.

Source: Chiu *et al.* (2009) but updated and tabled by Akpoghiran (2025).

on a particular issue, received by a particular person or society, has a way of inducing a myriad of psychological effects, especially when it has to do with public health risk emergencies during an information pandemic or infomedic (Akpoghiran, 2021). Invariably, the repeated volumes of the same information can influence behavioural change.

As a tool for organizing a community through strategic engagement of the media to promote the adoption of public policy (Eze, 2014), media advocacy is concerned with how public opinion is formed and how behaviour is influenced (Dorfman and Krasnow, 2014). The concept of media advocacy, therefore, calls for social change (Waibord, 2006). Studies on media advocacy have also been on child rights issues (Oyesomi *et al.*, 2014), participatory agriculture (Agba *et al.*, 2017), climate change (Okaka and Nagasha, 2017), election, family planning, water development (Eze, 2014), environmental management and so on. Dorfman and Krasnow argued that the target of media advocacy was policymakers to transform the social and natural environment of the target individuals. However, Gibson (2010) posits that media advocacy focused on behaviour, not policy. Fayoyin (2014) says media advocacy is part of the broader health promotion and development communication programme intended to shape media coverage and ultimately affect the public agenda. The agenda for health security is effective when the mainstream news media's agenda-setting framing of news.

Media advocacy serves as a tool for health security discourse. The different global environmental disasters happening every year in many parts of the world are

undoubtedly causing serious public health threats or risks to human and animal lives. For instance, in September 2024 in Borno State, Nigeria, over one million persons were displaced from their homes as a result of rain floods. The Internally Displaced Persons (IDP) were sent to primary and secondary school classrooms as camps. A television station (TVC) on the 4th October reported of cholera outbreak in the camps, where over 451 persons were affected. Many health agencies quickly responded when the news was reported by the television station. Media advocacy for health security is a consistent enlightenment and sensitization campaign to inform in order to change people's attitudes and behaviour towards achieving specific goals or objectives. It is a campaign programme strategized to change attitude and behaviour on a social course (Akpoghiran and Echaranini, 2020). As Eze (2014) notes, strategic uses of news created through mass media can promote public debate and generate public support for changes in attitudes, beliefs, norms, and practices relating to social issues affecting health and the environment.

Therefore, the interface between health security and media advocacy is health education. WHO (2012) says health education is a form of communication consciously designed to improve health literacy and skills, which are conducive to individual and community health. The purpose of health education is not only for the dissemination of health-related information but also to increase knowledge about personal health behaviour (WHO, 2012). The nexus here is health behaviour. Invariably, health security starts with personal change of health behaviour, and at the larger

level, it involves strategic plans by the government using media advocacy as the channel of change. Pro-health behaviour is a core part of health security.

In the determinants of health, WHO (2024) identifies the state of the environment, genetics, income and education level, and our relationships with friends and family, and access and use of health care services as main factors. All these factors point to health behaviour. On what constitutes health behaviour, Irvine *et al.* (2006) identified eight key factors, namely: safety, social security, education, food security, income, ecological environment, sustainable resources, and social justice. These factors mentioned are the macro determinants of health security, while health security starts with the individual's health behaviour, which is the micro determinant of health security. As such, health writers have advocated for health-protective behaviour (Ping *et al.*, 2018), or health-promoting behaviour (Pender and Murdaugh, 2014) or sustainable behaviour (Clayton and Myers, 2009) as basic steps and determinants for health security at the individual level where health security starts from.

Media advocacy for health security is designed, therefore, to change and improve people's health behaviour and at the larger level, advocate for the regular and sustainable provision of public health facilities and care.

CONCLUSION

Health security is to prevent and reduce vulnerability to public health risk that endangers people's health. This starts with media advocacy to change individuals' health behaviour. The study establishes the intersection between media and health security, and the need for media advocacy for pro-health behaviour as fundamentals for health security. The determinants of health security do not only depend on the planning and implementation of health policies but significantly, on public enlightenment and advocacy on pro-health behaviour. Media advocacy is necessary to promote pro-health behaviour and generally for the execution or implementation of health security plans. The media need to be included from the stage of planning, mobilization, and implementation of health security activities in any given community and the nation. It is expected that health security should be treated the same way human security is treated because people's health is fundamental to the attainment of peace and security.

CONFLICT OF INTEREST

The author declares no conflict of interest.

REFERENCES

Adisasmito, W. B., Almuhaire, S., Behraves, C. B., Bilivogui, P., Bukachi, S. A., Casas, N., Becerra, N.C., Charron, D.F., Chaudhary, A., Zanella, J. R. C. & Zhou, L. (2022). One Health:

- A new definition for a sustainable and healthy future. *PLoS Pathogens*, 18(6), e1010537.
- Agba, J. U., Abang, O., & Ugor, O. E. (2017). Strategic media advocacy in enhancing sustainable economic development through active youths' participation in agriculture in Nigeria. *International Journal of International Relations, Media and Mass Communication Studies*, 3(5), 1-18.
- Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In: Kuhl, J., & Beckmann, J. (eds.). *Action control: From cognition to behaviour*. New York: Springer-Verlag.
- Ajzen, I., & Fishbein, T. J. (1980). *Understanding attitudes and predicting social behaviour*. Englewood Cliffs, N. J. Prentice-Hall.
- Akpoghiran, I. P. (2021). Public health risk: Public views on panic reporting and media framing of the COVID-19 pandemic. *New Media and Mass Communication*, 100, 11-17.
- Akpoghiran, I. P., & Echaranini, K. J. (2020). Media advocacy for social environmental change in Nigeria. *Lapai International Journal of Management and Social Sciences*, 12(1), 251-260.
- Aldis, W. (2008). Health security as a public health concept: a critical analysis. *Health Policy and Planning*, 23(6), 369-375.
- Alumona, I. K., & Onwuanabile, K. M. (2019). Environmental insecurity in Nigeria. In: Oshita, O. O. (ed). *Internal Security Management in Nigeria: Perspectives, Challenges and Lessons*. p. 181. Singapore: Palgrave Macmillan.
- Augustynowicz, A., Opolski, J., & Waszkiewicz, M. (2022). Health security: definition problems. *International journal of Environmental Research and Public Health*, 19(16), 10009.
- Bhattacharya, D. (2007). An exploration of conceptual and temporal fallacies in international health law and promotion of global public health preparedness. *Journal of Law, Medicine & Ethics*, 35(4), 588-598.
- Carson-Chahhoud, K. V., Ameer, F., Sayehmiri, K., Hnin, K., van Agteren, J. E., Sayehmiri, F., Brinn, M. P., Esterman, A. J., Chang, A. B., & Smith, B. J. (2017). Mass media interventions for preventing smoking in young people. *Cochrane Database of Systematic Reviews*, 6, Article number CD001006
- Chan, M. (2009). Primary health care as a route to health security. *The Lancet*, 373(9675), 1586-1587.
- Chiu, Y. W., & Lee, M. L. (2006). An Investigation of Taiwan's participation in the global health system: The World Health Organization and Asia-Pacific Economic Cooperation. *Taiwan Journal of Public Health*, 25(6), 405-418.
- Chiu, Y. W., Weng, Y. H., Su, Y. Y., Huang, C. Y., Chang, Y. C., & Kuo, K. N. (2009). The nature of international health security. *Asia Pacific Journal of Clinical Nutrition*, 18(4), 679-683.
- Clayton, S., & Myers, G. (2009). *Conservation Psychology: Understanding and Promoting Human Care for Nature*. Wiley-Blackwell,
- Commission on Human Security (2003). *Human security now*. New York: Commission on Human Security by the United Nations.
- Davies, S. E. (2010). What contribution can international relations make to the evolving global health agenda? *International Affairs*, 86(5), 1167-1190.
- Dorfman, L., & Krasnow, I. D. (2013). Public health and media advocacy. *Annual Review of Public Health Publication*, 35, 293-306.
- Eze, C. C. (2014). Media advocacy for sustainable water management in Africa: A study of Nigeria. *Sustainable Irrigation and Drainage V: Management, Technologies and Policies*, 185, 235.
- Fayoyin, A. (2014). Media advocacy approaches of development

- agencies: Implications for journalism practice in developing countries. *Asia Pacific Journal of Research* 1(18), 50-62.
- Folarin, B. (2005). *Theories of mass communication: an introductory text* (3rd edition). Lagos: Bakinfol Publications.
- Fukuda-Parr, S. (2003). New threats to human security in the era of globalization. *Journal of Human Development*, 4(2), 167-179.
- Gibson, T. A. (2010). The limits of media advocacy. *Communication, Culture & Critique*, 3(1), 44-65.
- Holst, J., & Razum, O. (2022). Global health and health security—conflicting concepts for achieving stability through health? *Global Public Health*, 17(12), 3972-3980.
- Holst, J., & Van de Pas, R. (2023). The biomedical securitization of global health. *Globalization and Health*, 19, Article number 15.
- Ifegbesan, A. (2010). Exploring Secondary School Students' Understanding and Practices of Waste Management in Ogun State, Nigeria. *International Journal of Environmental and Science Education*, 5(2), 201-215.
- Ikeke, M. O. (2020). Environmental ethics and environmental governance for security in Africa. *European Journal of Sustainable Development*, 9(3), 67-67.
- Irvine, L., Elliott, L., Wallace, H., & Crombie, I. K. (2006). A review of major influences on current public health policy in developed countries in the second half of the 20th century. *The journal of the Royal Society for the Promotion of Health*, 126(2), 73-78.
- Katz, R., & Singer, D. A. (2007). Health and security in foreign policy. *Bulletin of the World Health Organization*, 85(3), 233-234.
- Keshvari, M., Yamani, N., Adibi, P., & Shahnazi, H. (2018). Health journalism: Health reporting status and challenges. *Iranian Journal of Nursing and Midwifery Research*, 23(1), 14-17.
- Khagram, S., Clark, W., & Raad, D. F. (2003). From the environment and human security to sustainable security and development. *Journal of Human Development*, 4(2), 289-313.
- Lawal, M. O., Oyaromade, R., Ogunleye, A. G., Akinrinde, O. O., & Irehue, Y. K. (2022). Health security and the challenge of social and environmental vulnerabilities in Nigeria. *Jurnal Pertahanan*, 8(1), 22-40.
- Li, O. Y., Wang, X., Yang, K., Liu, D., & Shi, H. (2023). The approaching pilot for One Health governance index. *Infectious Diseases of Poverty*, 12(1), 16.
- McCaughey, M. P., Blake, K. D., Meissner, H. I., & Viswanath, K. (2013). The social group influences of US health journalists and their impact on the newsmaking process. *Health Education Research*, 28(2), 339-351.
- McCombs, M. (2013). *Setting the agenda: The mass media and public opinion*. John Wiley & Sons.
- McCoy, D., Roberts, S., Daoudi, S., & Kennedy, J. (2023). Global health security and the health-security nexus: principles, politics and praxis. *BMJ Global Health*, 8(9), e013067.
- McInnes, C. (2014). The many meanings of health security. In: Rusthon, S., & Youde, J. (eds.). *Handbook of Global Security*. Taylor & Francis: London. Pp. 7-17.
- National Action Plan for Health Security (2018--2022) (NAPHS), (2018). For a safer and more prosperous Nigeria. The Federal Republic of Nigeria.
- Nef, J. (1999). Human security and mutual vulnerability. The global political economy of development and underdevelopment. *International Research Development Centre*, Canada 2nd ed.
- Okaka, W., & Nagasha, I. J. (2017). Media advocacy communication campaign for effective climate change policy and research information service in Africa. *A Research Gate Publication*.
- Oyesomi, K. O., Oyero, O., & Okorie, N. (2014). Media advocacy, development journalism and child right issues in Nigeria. *Scholars Journal of Arts, Humanities and Social Sciences*, 2(2B), 261-265.
- Pender, N. J., & Murdaugh, C. L. (2014). *Health Promotion in Nursing Practice*. 7th Edition)
- Ping, W., Cao, W., Tan, H., Guo, C., Dou, Z., & Yang, J. (2018). Health protective behavior scale: Development and psychometric evaluation. *PLoS one*, 13(1), e0190390.
- Ramirez, A. G., Chalela, P., Sabado-Liwag, M. D., & Choi, K. (2021). Behavioral determinants in population health and health disparities research. *The Science of Health Disparities Research*, 59-76.
- Rokvić, V., & Jeftić, Z. (2015). Health issues as security issues. *Vojno delo*, 67(6), 53-69.
- Scharoun, K., Van Caulil, K., & Liberman, A. (2002). Bioterrorism vs. health security—crafting a plan of preparedness. *The Health Care Manager*, 21(1), 74-92.
- Smith, K. F., Goldberg, M., Rosenthal, S., Carlson, L., Chen, J., Chen, C., & Ramachandran, S. (2014). Global rise in human infectious disease outbreaks. *Journal of the Royal Society Interface*, 11(101), 20140950.
- UNDP (1994). Human Development Report 1994. *New dimensions of human security*. New York: Oxford University Press.
- Viswanath, K., Ramanadhan, S., & Kontos, E. Z. (2007). Mass media in macro-social determinants of population health. Springer. Pp. 275-294.
- Wahl-Jorgensen, K. (2020). *Coronavirus: how media coverage of epidemics often stokes fear and panic*. Cardiff University: Australia and The Conversation Africa, Inc.
- Waibord S. (2006). Advocacy journalism in a global context. In: Wahl-Jorgensen, K., & Hanitzsh, T. (eds). *The Handbook of Journalism Studies*, Routledge. New York. Pp. 371-385.
- Wallack, L., Dorfman, L., Jernigan, D., & Themba-Nixon, M. (1993). *Media Advocacy and Public Health: Power for Prevention*. Newbury Park, CA: Sage.
- Węgrzyn-Odzioba, L. (2019). Zagrożenia bezpieczeństwa zdrowotnego związane z technologiami informatyczno-komunikacyjnymi. *Teka Komisji Politologii i Stosunków Międzynarodowych*, 14(1), 13-29.
- Witte, K. (1994). Fear control and danger control: A test of the extended parallel process model (EPPM). *Communications Monographs*, 61(2), 113-134.
- World Health Organisation (WHO) (2002). Health and Human Security. Regional Committee for the Eastern Mediterranean. Forty-ninth Session. August. EMIRC4917. 1-13
- World Health Organisation (WHO) (2012). Health education: theoretical concepts, effective strategies and core competencies. World Health Organization. Regional Office for the Eastern Mediterranean.
- World Health Organisation (WHO) (2024). Determinants of health. Questions and Answers Forum.
- World Health Organization (WHO) (2007). The World Health Report 2007: a safer future: global public health security in the 21st century. Geneva: World Health Organization.
- Zhang, X. X., Li, X. C., Zhang, Q. Y., Liu, J. S., Han, L. F., Lederman, Z., Schurer, J. M., Poeta, P., Rahman, M. T., Li, S. Z., & Zhou, X. N. (2023). Tackling global health security by building an academic community for One Health action. *Infectious Diseases of Poverty*, 12(04), 93-98.