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## INTEGRATING LIFESTYLE MODIFICATION INTO PUBLIC HEALTH PROGRAMS FOR BREAST CANCER PREVENTION

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### **ABSTRACT**

Breast cancer remains one of the leading causes of morbidity and mortality among women worldwide. While genetic and environmental factors contribute to risk, lifestyle factors such as diet, physical activity, alcohol consumption, and obesity have emerged as modifiable determinants that significantly influence incidence and prognosis. Integrating lifestyle modification into public health programs offers a proactive approach to breast cancer prevention by targeting these modifiable risk factors at the population level. This narrative review explores the evidence supporting lifestyle interventions, including dietary patterns, exercise, weight management, and behavioral counseling, and examines strategies for incorporating them into national and community-based public health initiatives. The review highlights successful programs, identifies barriers to implementation, and underscores the potential of lifestyle-focused interventions to reduce breast cancer risk and improve overall population health.

Keywords: Breast cancer, Lifestyle modification, Public health programs, Prevention, Health promotion

#### Introduction

Breast cancer remains the most commonly diagnosed cancer in women and a leading cause of cancer-related mortality worldwide. In 2020, over 2.3 million new cases were reported globally, with substantial variation in incidence and outcomes across regions. While genetic predisposition, age, and hormonal factors contribute to risk, an increasing body of evidence highlights the critical influence of modifiable lifestyle behaviors on both the development and progression of breast cancer [1-2].Lifestyle factors—including dietary habits, physical activity, body weight, alcohol consumption, and tobacco use—have emerged as key determinants that can be addressed public health interventions. through Unhealthy dietary patterns, physical inactivity, obesity, and excessive alcohol intake are associated with increased breast cancer risk, whereas reaular exercise, balanced nutrition, and weight management confer protective effects. These behaviors interact with biological pathways such as hormonal regulation, inflammation, and oxidative stress, underlining the potential of lifestyle modification influence disease to trajectory [3-5].

Integrating lifestyle interventions into public health programs provides a proactive, population-level strategy for reducing breast cancer risk. Such programs can encompass nutritional education, physical activity promotion, behavioral counseling, and community-based initiatives, all tailored to cultural, social, and economic

contexts. The need for these interventions is particularly pressing in low- and middleincome countries (LMICs), where limited healthcare infrastructure and late-stage diagnosis amplify the burden of disease [6-8].This narrative review aims to synthesize current evidence on lifestyle modification for breast cancer prevention and to explore strategies for incorporating these interventions into public health frameworks. examinina the effectiveness. By challenges, and implementation strategies dietary, exercise, and behavioral programs, the review emphasizes the critical role of lifestyle-focused initiatives in reducing breast cancer incidence and promoting sustainable improvements in population health.

# The Role of Lifestyle Factors in Breast Cancer Risk

Lifestyle factors play a pivotal role in modulating breast cancer risk, offering a unique opportunity for prevention through targeted public health interventions. Among these, diet, physical activity, body weight, alcohol consumption, and tobacco use are the most extensively studied and modifiable determinants [9-10].

Dietary habits profoundly influence breast cancer risk. Diets rich in fruits, vegetables, whole grains, legumes, and fiber are associated with lower incidence, likely due to their high content of antioxidants, phytochemicals, and micronutrients that reduce oxidative stress, inflammation, and cellular damage. Conversely, high

consumption of red and processed meats,

and

**Nutrition** 

Diet

saturated fats, refined carbohydrates, and sugary beverages has been linked to increased breast cancer risk. Excessive caloric intake and poor nutrient balance contribute to obesity and metabolic dysregulation, further elevating risk through hormonal and inflammatory pathways. Public health initiatives that promote balanced, plant-based diets can therefore serve as a cornerstone of breast cancer prevention [11-13].

### Physical Activity

Regular physical activity is consistently associated with a reduced risk of breast particularly cancer, among postmenopausal women. Exercise modulates levels. systemic hormone improves insulin sensitivity, reduces inflammation, adiposity-related and enhances immune function—all of which contribute to a lower likelihood of tumor initiation and progression. Communitybased and workplace exercise programs, active commuting initiatives, and structured physical activity campaigns have demonstrated success in fosterina sustained behavior change and can be integrated into broader public health strategies [14-16].

Management Weight and Obesity Obesity is a well-established risk factor for breast cancer. Excess adipose tissue promotes higher circulating levels of insulin, and inflammatory estrogen, cytokines, creatina а pro-tumoriaenic environment. Weight management through diet, exercise, and behavioral interventions is therefore critical reducing breast cancer risk. Public health programs that incorporate nutritional counseling, physical activity promotion, and structured weight-loss programs have shown potential in mitigating obesityrelated cancer risk [17-19].

Alcohol and Tobacco Use consumption Alcohol is positively associated with breast cancer risk, even at moderate levels. Ethanol metabolism produces acetaldehyde, a carcinogenic compound, and increases estrogen levels, contributing to tumorigenesis. Tobacco use, though more strongly linked to other cancers, can exacerbate breast cancer risk through exposure to carcinogens and promotion of oxidative stress. Public health campaigns targeting alcohol reduction and tobacco cessation are essential components of comprehensive lifestylebased breast cancer prevention [20-22].

Synergistic Effects of Lifestyle Factors
It is important to recognize that these
lifestyle factors often interact
synergistically. For example, poor diet and
physical inactivity contribute to obesity,
which in turn amplifies hormonal and
inflammatory mechanisms that promote
breast carcinogenesis. Effective public
health programs address these factors
holistically, combining dietary guidance,
exercise promotion, weight management,
and behavioral counseling to achieve
maximum preventive impact [23-24].

# Integrating Lifestyle Modification into Public Health Programs

Integrating lifestyle modification into public health programs offers a practical and scalable approach to breast cancer prevention by targeting modifiable risk factors at the population level. Successful integration requires coordinated strategies that encompass policy development, community engagement, healthcare

system support, and education campaigns [25-26].

Policy and System-Level Interventions Government policies form the foundation for sustainable lifestyle-focused prevention programs. National cancer control plans can incorporate clear guidelines for promoting healthy diets, physical activity, weight management, and reduction of alcohol and tobacco consumption. Policy initiatives may include subsidizing access to nutritious foods, creatina urban physical infrastructure that supports activity, implementing taxation of alcohol and regulation tobacco lifestyle products, and integrating counseling into primary care services. By institutionalizing these interventions, policies create environments that facilitate healthy choices and reduce breast cancer risk across populations [27-29].

Community-Based **Initiatives** Community engagement is central to the effectiveness of lifestyle interventions. Programs led by local health workers, peer educators, survivor networks, or community organizations enhance cultural relevance, accessibility, and acceptance. Examples include nutrition workshops, exercise groups, school-based health education, and workplace wellness initiatives. Such programs not only provide knowledge but also foster social support, accountability, and motivation for behavior change. Mobile health clinics and community outreach events can further extend access to preventive services in underserved or rural areas [30-31].

**Healthcare**System Integration
Primary care providers are pivotal in implementing lifestyle interventions.

Routine consultations can incorporate counselina exercise, on diet, weight management, and alcohol moderation, supported by tailored resources follow-up mechanisms. Digital health tools, mobile including applications telehealth platforms, offer scalable solutions for tracking progress, delivering educational content, and providina remote support. Integrating lifestyle counseling into routine healthcare ensures that preventive measures are personalized, evidence-based, and sustainable [32-33].

Education and Awareness Campaigns Public education campaigns are essential to increase knowledge about the link between lifestyle factors and breast cancer risk. Mass media campaigns, culturally tailored informational materials, and social media platforms can messages disseminate widely, encouraging behavior change and early detection promoting practices. Awareness campaigns should emphasize practical steps women can take to reduce risk, empowering them to adopt healthier behaviors while linking them to available healthcare services [34].

Monitoring and Evaluation Successful integration of lifestyle interventions requires continuous monitoring and evaluation. Key metrics include behavioral changes, screening participation, adherence to dietary and recommendations, exercise and reductions in obesity and other modifiable risk factors. Feedback mechanisms enable programs to adapt strategies, address barriers, and enhance effectiveness over time [35].

Conclusion



Lifestyle modification represents a vital strategy in the prevention of breast cancer, addressing modifiable risk factors such as diet, physical activity, body weight, alcohol consumption, and tobacco use. Integrating these interventions into public health programs provides a populationlevel approach that complements treatment initiatives. screening and fostering early prevention and long-term benefits.Effective integration requires coordinated efforts across policy, community healthcare engagement, systems, and education campaians. Policies create supportive environments facilitate access to preventive resources, while community-based programs ensure cultural relevance and participation. Healthcare providers play a crucial role in delivering personalized lifestyle counseling, and public education enhance campaigns awareness and motivation for behavior change.

### References

- Arnold, M., Morgan, E., Rumgay, H., Mafra, A., Singh, D., Laversanne, M., Vignat, J., Gralow, J. R., Cardoso, F., Siesling, S., &Soerjomataram, I. (2022). Current and future burden of breast cancer: Global statistics for 2020 and 2040. Breast (Edinburgh, Scotland), 66, 15–23. https://doi.org/10.1016/j.breast.2022.08.010
- Lei, S., Zheng, R., Zhang, S., Wang, S., Chen, R., Sun, K., Zeng, H., Zhou, J., & Wei, W. (2021). Global patterns of breast cancer incidence and mortality: A population-based cancer registry data analysis from 2000 to 2020. Cancer communications (London, England), 41(11), 1183–1194. https://doi.org/10.1002/cac2.12207

 Obeagu E. I. (2025). N2 Neutrophils and Tumor Progression in Breast Cancer: Molecular Pathways and Implications. Breast cancer (Dove Medical Press), 17, 639–651.

### https://doi.org/10.2147/BCTT.S542787

- Obeagu, E. I., &Obeagu, G. U. (2024). Exploring the profound link: Breastfeeding's impact on alleviating the burden of breast cancer - A review. Medicine, 103(15), e37695. https://doi.org/10.1097/MD.0000000000037 695
- 5. Wheeler, S. B., Reeder-Hayes, K. E., & Carey, L. A. (2013). Disparities in breast cancer treatment and outcomes: social, and health biological, system determinants and opportunities for research. The oncologist, 18(9), 986-993. https://doi.org/10.1634/theoncologist.2013-0243
- 7. Obeagu, E. I., &Obeagu, G. U. (2024). Exploring neutrophil functionality in breast cancer progression: A review. Medicine, 103(13), e37654. https://doi.org/10.1097/MD.0000000000037654
- Bradley, C. J., Kitchen, S., Bhatia, S., Bynum, J., Darien, G., Lichtenfeld, J. L., Oyer, R., Shulman, L. N., & Sheldon, L. K. (2022). Policies and Practices to Address Cancer's Long-Term Adverse Consequences. Journal of the National Cancer Institute, 114(8), 1065–1071. https://doi.org/10.1093/jnci/djac086

- Obeagu E. I. (2025). Neutrophil-driven tumor inflammation in breast cancer: Pathways and therapeutic implications: A narrative review. Medicine, 104(25), e43024. https://doi.org/10.1097/MD.00000000000043 024
- 10. Gbenonsi, G. Y., Martini, J., & Mahieu, C. (2024). An analytical framework for breast cancer public policies in Sub-Saharan Africa: results from a comprehensive literature review and an adapted policy Delphi. BMC public health, 24(1), 1535. https://doi.org/10.1186/s12889-024-18937-5
- 11. Espina, C., Soerjomataram, I., Forman, D., & Martín-Moreno, J. M. (2018). Cancer prevention policy in the EU: Best practices are now well recognised; no reason for countries to lag behind. *Journal of cancer policy*, 18, 40–51. https://doi.org/10.1016/j.jcpo.2018.09.001
- 12.Obeagu E. I. (2025). The selenium paradox friend or foe in breast cancer? Annals of medicine and surgery (2012), 87(9), 5569–5577. https://doi.org/10.1097/MS9.0000000000003464
- 14. Shetty M. K. (2010). Screening for breast cancer with mammography: current status and an overview. *Indian journal of surgical oncology*, 1(3), 218–223. https://doi.org/10.1007/s13193-010-0014-x
- 15. Ponce-Chazarri, L., Ponce-Blandón, J. A., Immordino, P., Giordano, A., & Morales, F.

- (2023). Barriers to Breast Cancer-Screening Adherence in Vulnerable Populations. Cancers, 15(3), 604. https://doi.org/10.3390/cancers15030604
- 16.Obeagu E. I. (2025). The nutritional equation: decoding diet's influence on breast cancer risk and progression a perspective. Annals of medicine and surgery (2012), 87(9), 5528–5534. https://doi.org/10.1097/MS9.0000000000003 612
- 17. Gbenonsi, G. Y., Martini, J., & Mahieu, C. (2024). An analytical framework for breast cancer public policies in Sub-Saharan Africa: results from a comprehensive literature review and an adapted policy Delphi. BMC public health, 24(1), 1535. https://doi.org/10.1186/s12889-024-18937-5
- 18. Obeagu, E. I., & Maibouge Tanko, M. S. (2025). Iron metabolism in breast cancer: mechanisms and therapeutic implications: a narrative review. Annals of medicine and surgery (2012), 87(6), 3403–3409. https://doi.org/10.1097/MS9.0000000000003 173
- 19. Wilkinson, L., &Gathani, T. (2022). Understanding breast cancer as a global health concern. The British journal of radiology, 95(1130), 20211033. https://doi.org/10.1259/bjr.20211033
- 20. Obeagu E. I. (2025). Thromboinflammatory pathways in breast cancer: clinical and molecular insights into venous thromboembolism risk a narrative review. Annals of medicine and surgery (2012), 87(9), 5822–5828. https://doi.org/10.1097/MS9.000000000003 644
- 21. Kitaw, T. A., Tilahun, B. D., Zemariam, A. B., Getie, A., Bizuayehu, M. A., & Haile, R. N. (2025). The financial toxicity of cancer:

- unveiling global burden and risk factors a systematic review and meta-analysis. *BMJ global health*, 10(2), e017133. https://doi.org/10.1136/bmjgh-2024-017133
- 23. Bhatia, S., Landier, W., Paskett, E. D., Peters, K. B., Merrill, J. K., Phillips, J., &Osarogiagbon, R. U. (2022). Rural-Urban Disparities in Cancer Outcomes: Opportunities for Future Research. Journal of the National Cancer Institute, 114(7), 940–952.
  - https://doi.org/10.1093/jnci/djac030
- 24. Malope, S. D., Norris, S. A., & Joffe, M. (2024). Culture, community, and cancer: understandings of breast cancer from a non-lived experience among women living in Soweto. *BMC* women's health, 24(1), 594. https://doi.org/10.1186/s12905-024-03431-2
- 25. Sítima, G., Galhardo-Branco, C., & Reis-Pina, P. (2024). Equity of access to palliative care: a scoping review. International journal for equity in health, 23(1), 248. https://doi.org/10.1186/s12939-024-02321-1
- 26. Kreuter, M. W., Thompson, T., McQueen, A., & Garg, R. (2021). Addressing Social Needs in Health Care Settings: Evidence, Challenges, and Opportunities for Public Health. Annual review of public health, 42, 329–344. https://doi.org/10.1146/annurev-publhealth-090419-102204
- 27. Aslam, A., Mustafa, A. G., Hussnain, A., Saeed, H., Nazar, F., Amjad, M., Mahmood,

- A., Afzal, A., Fatima, A., &Alkhalidi, D. K. (2024). Assessing Awareness, Attitude, and Practices of Breast Cancer Screening and Prevention Among General Public and Physicians in Pakistan: A Nation With the Highest Breast Cancer Incidence in Asia. International journal of breast cancer, 2024, 2128388. https://doi.org/10.1155/2024/2128388
- 28. Alrosan, A. Z., Alwidyan, T., Heilat, G. B., Rataan, A. O., Madae'en, S., Alrosan, K., Awwad, F. S., & Ali, T. (2025). Knowledge and awareness of breast cancer signs and symptoms among Jordanian women. Future science OA, 11(1), 2510871. https://doi.org/10.1080/20565623.2025.2510 871
- 30. Wakefield, M. A., Loken, B., &Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. Lancet (London, England), 376(9748), 1261–1271. https://doi.org/10.1016/S0140-6736(10)60809-4
- 31. AlMutawah, K., Taqi, G., Radhwan, S., AlMutairi, A., AlHussainan, A., Faraj, M., &AlBaloul, A. H. (2025). Knowledge and awareness of breast cancer symptoms, risk factors, and screening barriers among women in Kuwait: a cross-sectional study. BMC women's health, 25(1), 448. https://doi.org/10.1186/s12905-025-03994-8

- 32. Gbenonsi, G. Y., Martini, J., & Mahieu, C. (2024). An analytical framework for breast cancer public policies in Sub-Saharan Africa: results from a comprehensive literature review and an adapted policy Delphi. BMC public health, 24(1), 1535. https://doi.org/10.1186/s12889-024-18937-5
- 33. Al Hasan, S. M., Bennett, D. L., &Toriola, A. T. (2025). Screening programmes and breast cancer mortality: an observational study of 194 countries. Bulletin of the World Health Organization, 103(8), 470–483. https://doi.org/10.2471/BLT.24.292529
- 34. Iqbal J. (2025). Women-Centric Breast Cancer Care in Low- and Middle-Income Countries: Challenges, Solutions, and a Roadmap for Equity. Cancer control: journal of the Moffitt Cancer Center, 32, 10732748251378804.
  - https://doi.org/10.1177/10732748251378804
- 35. Caldwell, H. A. T., Yusuf, J., Carrea, C., Conrad, P., Embrett, M., Fierlbeck, K., Hajizadeh, M., Kirk, S. F. L., Rothfus, M., Sampalli, T., Sim, S. M., Tomblin Murphy, G., & Williams, L. (2024). Strategies and indicators to integrate health equity in health service and delivery systems in high-income countries: a scoping review. *JBI evidence synthesis*, 22(6), 949–1070. https://doi.org/10.11124/JBIES-23-00051