



01 INTRODUCTION

Childhood obesity can be a risk factor for disease development in adulthood which may impact psychological, and cognitive functions(1)(2). School-based intervention offers great promise to curb this situation using online intervention as an innovative option to treat obesity(3)(4)(5). Thus, CoPT Nutri Trail was designed to be used as an online platform for conducting obesity intervention for primary school children. However, various factors need to be considered during the implementation. Therefore, pilot testing is required before measuring the effect on the actual population.

02 OBJECTIVES

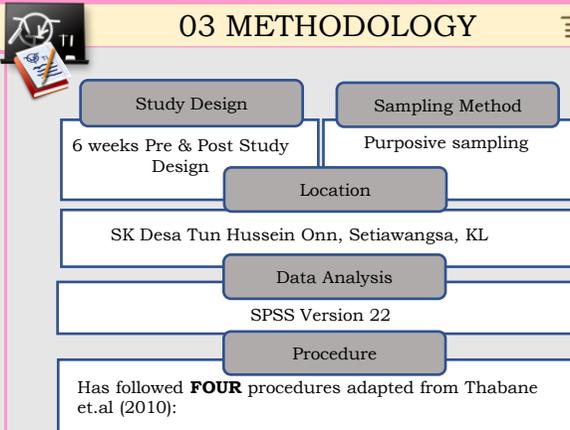
- 1) To identify the appropriate method for conducting interventions using CoPT Nutri Trail focusing on teachers as users and children as participants
- 2) To use an adapted and validated WHO-5 questionnaire to highlight the impact of the social well-being among obese children.

- All the activities were conducted by one teacher and two researchers as an observer in this study. The completion of the participant in this study was quite convincing with 94.4% of children are complete all the activities with pre and post-assessment.
- The online module was initially designed to be delivered through hybrid teaching, but since all students are allowed to attend school and teachers are able to gather them at once, the blended approach is used to facilitate all the activities and it allows more social interaction process.
- Time constraints appear to be the main challenging factors in implementing the intervention activities in the school setting because the school's existing curriculum and activities have been dense and burdened teachers with additional programs implemented in the school. (7) In addition, participants spend a lot of time exploring the device alongside poor internet connection.
- All these factors need to consider when designing any intervention activities involving a school setting. In our finding, we found that the average time spent on each activity was 33.8 minutes and which suits with allocation given. The post-assessment impact showed that there was a positive impact on social well-being among obese children after the activities. However, the limitation of this design as there's no control group, and this study is relatively conducted in a short duration period.

06 CONCLUSION

Copt Nutri Trail has the potential to be implemented in the school setting via appropriate delivery methods using the blended mode to facilitate the activities conducted by teachers to improve the impact on social well-being among obese children.

03 METHODOLOGY



- 1) participant's recruitment process
- 2) resources assessing time in conducting and completing the activities, mode of conducting the activities, problem occurs during activities
- 3) management of the feasibility of instruments (WHO-5).
- 4) scientific evaluation of the intervention's impact on social well-being among obese children.

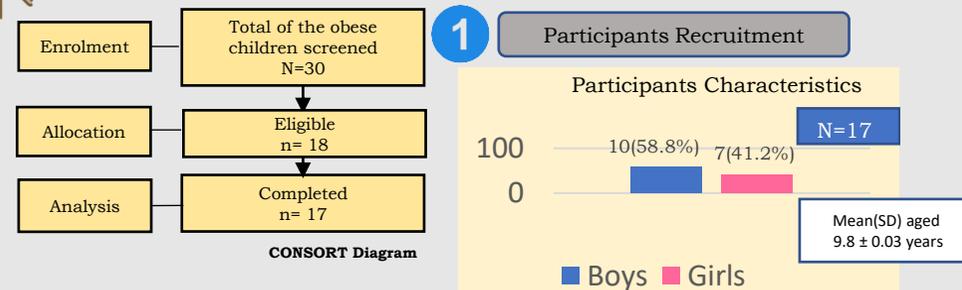


05 DISCUSSION

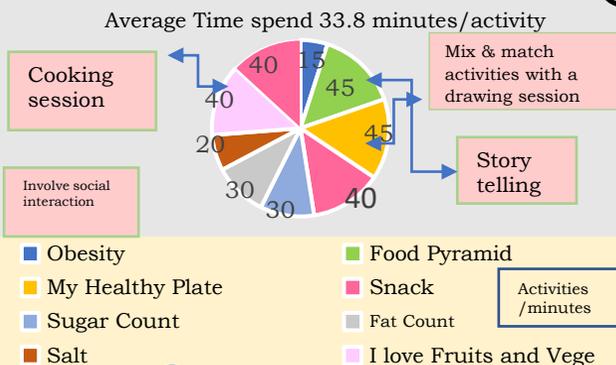
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04 RESULTS



2 Time completing & Mode Conducting activities



Blended mode

Combination of online/digital & face-to-face teaching

3 Feasibility Instrument

Involves two aspects: WHO-5 reliability and suitability among participants, and the Nutri Trail's reliability as a Nutri Game comprising nine activities.

1) The back translation of the WHO-5 questionnaire was used to assess the impact on children's social well-being. With a Cronbach alpha score of 0.75, and 94.1% children found that this WHO-5 was simple. This questionnaire is considered acceptable to use for target participants and adequate for study purposes.

2) a test-retest was conducted in a (1 week) pre and post interval to assess the reliability of Nutri Game activities using Pearson correlation analysis. The results reveal that there is a significant correlation with $p < 0.01$, confirming that the activities are appropriate for the objective purposes and thus are ready to be used in actual research.

4 Impact evaluation on social well-being

Assessment of Social Well-Being WHO-5 (n=17)

	Total score	Score (%)	Min score	Max score
Pre-test	1208	71.1%	16	100
Post-test	1240	72.9%	20	100