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Development and Implementation of a Lifestyle-First Workplace Intervention for Weight and Metabolic Health Management Among Public Officers in Putrajaya

Siti Munirah Abdul Basir¹, Barakatun Nisak Mohd Yusof¹, Firdaus Mukhtar², Zalina Abu Zaid¹, Hazizi Abu Saad³, Shafiqah Rahamat¹, Zuriati Ibrahim¹, Siti Nur'asyura Adznam¹, Noraida Omar¹, Nor Baizura Md Yusop¹, Ng Ooi Chuan⁴, Rohana Abdul Ghani⁵

¹Department of Dietetics, Faculty of Medical and Health Sciences, Universiti Putra Malaysia, 43400, Serdang, Selangor, Malaysia

²Department of Psychiatry, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, 43400, Serdang, Selangor, Malaysia

³Department of Nutrition, Faculty of Medical and Health Sciences, Universiti Putra Malaysia, 43400, Serdang, Selangor, Malaysia

⁴Department of Medicine, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, 43400, Serdang, Selangor, Malaysia

⁵Faculty of Medicine, Universiti Teknologi MARA, KS359 Pintu Utama UiTM, 42300 Puncak Alam, Selangor, Malaysia

Corresponding Author email: sitimunirah.abdulbasir@gmail.com

Introduction:

Obesity among Malaysian public officers is increasingly recognised as a significant occupational health concern. Structured workplace interventions integrating lifestyle modification with clinical escalation pathway at workplace remain limited. This study describes the development and implementation of a 12-week lifestyle-first workplace intervention tailored for public officers with obesity.

Methods:

Public officers with BMI ≥ 27 kg/m² were enrolled in a 12-week treat-to-target programme aiming for 3 - 5% weight loss. The intervention integrated the Stepwise Care Model, Socio-Ecological Model, and RE-AIM framework. The intervention adopted a treat-to-target approach with predefined review at Week 12. The module consisted of 5 components: (1) **Clinical Education Module** framing obesity as a chronic, multifactorial disease (2) **6-Dietary Modules** supported by 3 individual counselling sessions, (3) **2-Physical Activity Modules** and 6 supervised muscle-strengthening sessions, (4) **3-Behavioral Modules** addressing sleep, stress management, habit formation, and mobile-based self-monitoring, and (5) **Workplace Environmental Alignment** through healthy meeting practices, cafeteria optimisation, and sedentary interruption strategies.

Results:

Of 189 public officers screened, 166 enrolled in the program. High retention rate was recorded with 83.7% participants completed post-assessment, with the majority completing core modules and scheduled counselling sessions. Attendance for supervised exercise sessions averaged 32.8%. A structured clinical reassessment was conducted at Week 12, 14 participants (10.1%) were escalated to clinical management and initiated GLP-1 receptor agonist therapy as adjunct treatment. Module delivery fidelity was maintained across participating departments. Overall, 92% of participants were satisfied with the module content and delivery.

Conclusion: This comprehensive, multi-component workplace intervention provides personalised support while addressing individual, organisational, and clinical determinants of obesity. The program demonstrates feasibility within a public-sector setting and offers a scalable framework that bridge workplace health priorities with preventive and clinical obesity care.