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Development of Peer Educators as the Empowerment of Santri Husada in Islamic Boarding Schools Towards a Healthy and Marriage Age Maturity (PUP)

Mursyidul Ibad[1], *Dwi Handayani*[1], *Kuuni Ulfah Naila El Muna*[1]

[1]*Department of Public Health, Faculty of Health, Universitas Nahdlatul Ulama Surabaya, Surabaya, Indonesia*

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CORRESPONDENCE

E-mail: mursyidul.ibad@unusa.ac.id

A B S T R A C T

Marriage is conducted with the aim of establishing a household between partners, requiring maturity and responsibility both physically and mentally. According to the 2017 Indonesian Demographic and Health Survey (SDKI) for East Java Province, 17 percent of women of reproductive age (20–24 years) were married by the age of 18, while two percent reported marrying at the age of 15. Islamic boarding schools (Pesantren) face similar issues regarding early marriage. Many students are forced to drop out of both formal schools and Pesantren due to the constraints of a still-conservative socio-cultural environment. The community service program was conducted from May to September 2024 at Pondok Pesantren X, located in Krembung District, Sidoarjo Regency. A total of 17 Santri Husada participated in the activities. Strengthening the role of Santri Husada and improving their knowledge and attitudes toward the maturation of marriage age (Pendewasaan Usia Perkawinan or PUP) are essential. Education through peer educators has been shown to positively impact Santri Husada knowledge on stunting (88.2%), reproductive health (82.4%), and the maturation of marriage age (88.2%). Additionally, this initiative has encouraged behavioral changes among students, particularly in managing the cleanliness and organization of their sleeping environment.

INTRODUCTION

Marriage is conducted with the aim of building a household between partners, requiring both physical and mental maturity and responsibility. Therefore, regulations have been established to set age limits for marriage. According to the 2017 Indonesian Demographic and Health Survey (IDHS) for East Java Province, 17 percent of women of reproductive age (20–24 years) were married by the age of 18, while 2 percent reported marrying at the age of 15. Among the 15–19 age group, 1 percent also stated they were married at the age of 15 (BPS, 2016).

Islamic boarding schools (*Pesantren*) also face similar issues regarding early marriage. Many students are forced to drop out of both formal schools and *Pesantren* due to constraints in the still-conservative socio-cultural environment, where education is not always a family priority. In the past, many children would marry immediately after completing elementary school. As a result, it was common for students who had just entered junior high school or Islamic junior high school to be taken out by their parents and married off (BKKBN, 2020).

Islamic boarding schools recognize discussions on reproductive health, even incorporating them into classical Islamic texts (*kitab kuning*) that specifically address sex education. One such classical text is

Qurratu al-'Uyun bi Syarh Nazham Ibnu Yamun, commonly referred to as Qurratul 'Uyun (meaning "The Comfort of the Eyes"). This book discusses marriage and the responsibilities of building a household. Sex education in *Pesantren* is always linked to both the fundamental principles and practical aspects of the subject.

Pondok Pesantren X is in Krembung District, Sidoarjo Regency. In 2024, the Pesantren had approximately 700 students, with around 380 residing on campus (mukim). Additionally, the Pesantren has a health post (Poskestren), staffed by a midwife. Every Sunday morning, a communal cleaning activity (Ro'an) is conducted, where all Pesantren members participate in cleaning the environment. The Pesantren's organizational structure includes various divisions, such as the core management team (chairperson, secretary, treasurer), security, activities, education, congregation affairs, food and health, hygiene, ta'mir (mosque management), and infrastructure.

Pondok Pesantren X also has 10 Santri Husada (student health cadres). Additionally, the Pesantren provides meals twice a day for both male and female students. With its structured organization and activities, Pondok Pesantren X is committed to delivering high-quality Islamic education while ensuring the well-being and cleanliness of its environment.

Observations conducted at Pondok Pesantren X identified several issues, including poor personal hygiene, inadequate environmental sanitation, lack of Clean and Healthy Living Behavior, improper food processing and nutrition management, inefficient waste management, overcrowded dormitory rooms, and substandard living conditions for students. Furthermore, the health post (*Poskestren*) was found to be underutilized, and the most common health issues reported were gastritis, flu, and scabies. Reports also indicated past cases of food poisoning outbreaks and the use of untreated drinking water. Additionally, many students lacked awareness regarding marriage planning, such as consuming iron supplement tablets, understanding the minimum legal age for marriage, and other essential preparations.

To address these issues, a proposed solution is to strengthen the role of students, particularly *Pesantren* administrators, as peer educators to disseminate information on marriage age maturity (read: Pendewasaan Usia Perkawinan or PUP). These peer educators would serve as facilitators for their peers, providing guidance on appropriate marriage age planning. The goal is that by increasing students' knowledge, positive changes in attitudes and behaviors will follow. Based on the background and issues identified at *Pondok Pesantren* X, a community engagement initiative is needed to empower students as peer educators to spread awareness. Topics covered by peer educators would include appropriate marriage age preparation and proper planning through balanced nutrition, healthy eating habits, and proper reproductive health care.

METHOD

The community service program was conducted from May to September 2024 at *Pondok Pesantren* X, located in Krembung District, Sidoarjo Regency. A total of 17 Santri Husada participated in the activities. The program was carried out by six individuals (four lecturers and two students) and was further supported by 10 additional students during its implementation at the *Pesantren*. The roles of all team members were distributed as follows:

1. Lecturers were responsible for preparing presentation materials and executing activities according to the designated topics.
2. Students assisted with administrative tasks and served as technical facilitators for the community service activities.

The stages of the community service program were as follows:

1. Problem and Needs Identification: The first stage involved assessing the issues raised in the proposed community service initiative.
2. Formation and Strengthening of Student Cadres (Peer Educators): In this stage, peer educators were selected and trained. The selection focused on Santri leaders to minimize obstacles during the intervention phase.
3. Peer-to-Peer Information Dissemination: Peer educators shared knowledge with their fellow students.
4. Evaluation: The success of the program was assessed by measuring the increase in Santri Husada's knowledge and observing behavioral changes among students.

RESULT AND DISCUSSION

The implementation of the health cadres strengthening program at *Pondok Pesantren* X was successfully conducted and received positive feedback from the participants. A total of 17 santri who joined as health cadres actively participated in the activities with enthusiasm and dedication.

The program began with a pre-test to assess the participants' initial understanding of various health-related topics. They then attended presentations covering essential subjects such as stunting, reproductive health, and gender concepts in planning a healthy generation. To conclude the program, participants completed a post-test to evaluate their knowledge improvement after engaging in the full series of activities.

1. Improvement in Stunting Knowledge

In this activity, health cadres at *Pondok Pesantren* X received educational sessions on stunting. Additionally, participants were required to complete a pre-test and post-test to measure their knowledge before and after the session. The changes in pre-test and post-test results are presented in Table 1.

Table 1. Changes in Pre-Test and Post-Test Scores on the Topic of Stunting

No	Category	Frequency	Percentage
1	Knowledge Remained the Same	2	11,8%
2	Knowledge Increased	15	88,2%
Total		17	100%
Score Mean Pre		Mean ± Std. Dev	63 ± 11,3
Score Mean Post		Mean ± Std. Dev	86 ± 6,8
Delta Score Pre and Post		Mean ± Std. Dev	23 ± 2,1

2. Improvement in Reproductive Health Knowledge

In this activity, health cadres at *Pondok Pesantren* X were given a pre-test to assess their initial knowledge of reproductive health. They then received an introduction to the reproductive system and learned about proper reproductive health maintenance. Additionally, participants were given time for discussion, followed by a post-test to evaluate their knowledge improvement. The results of the pre-test and post-test changes are presented in Table 2.

Table 2. Changes in Pre-Test and Post-Test Scores on the Topic of Reproductive Health

No	Category	Frequency	Percentage
1	Knowledge Remained the Same	3	17,6%
2	Knowledge Increased	14	82,4%
Total		17	100%
Score Mean Pre		Mean ± Std. Dev	68 ± 12,1
Score Mean Post		Mean ± Std. Dev	89 ± 9,6
Delta Score Pre and Post		Mean ± Std. Dev	21 ± 4,5

3. Improvement in Knowledge of Marriage Age Planning and Environment

In this activity, health cadres at *Pondok Pesantren* X were given a pre-test to assess their initial knowledge of marriage age planning and environmental awareness. They then received educational sessions on these topics. Additionally, interactive games were conducted to help participants review the material in an engaging way. The cadres participated with great enthusiasm. The results of the pre-test and post-test for this topic are presented in Table 3.

Table 3. Changes in Pre-Test and Post-Test Scores on the Topic of Marriage Age Planning and Environment

No	Category	Frequency	Percentage
1	Knowledge Remained the Same	2	11,8%
2	Knowledge Increased	15	88,2%
Total			17
Score Mean Pre		Mean ± Std. Dev	64 ± 10,2
Score Mean Post		Mean ± Std. Dev	88 ± 8,6
Delta Score Pre and Post		Mean ± Std. Dev	24 ± 3,8

4. Changes in the *Pesantren* Environment

The evaluation was not limited to cognitive aspects but also included behavioral changes, assessed through observations of the *Pesantren*'s environmental conditions. Before the intervention, the initial condition of the environment was documented, as shown in Figure 1.

Fg 1. Condition of Dormitory Room Before Intervention
Source: Personal documentation (2024)

The condition illustrated in Figure 1 indicates that santri's cleanliness behavior in the dormitory was inadequate. Therefore, the peer educators' presentation included materials on environmental cleanliness. After the educational session and monitoring by peer educators, improvements in santri behavior can be observed in Figure 2.

Fg 2. Condition of Dormitory Room After Intervention (same room)
Source: Personal documentation (2024)

The condition depicted in Figure 2 shows that santri have begun to develop awareness of healthy behaviors, particularly regarding dormitory cleanliness. This indicates that the education provided by peer educators has had a positive impact on behavioral changes among santri.

The improvement in santri knowledge regarding Clean and Healthy Living Behavior (PHBS) through peer educator-led education plays a strategic role in creating a healthier *Pesantren* environment. Peer educators are santri who receive specialized training to deliver health information to their peers. This

method is more effective due to the social and cultural closeness among santri, which facilitates smoother communication and enhances message retention (Ibad, 2023).

Research findings indicate that peer educator-led education significantly enhances santri knowledge about PHBS. This aligns with previous studies, which state that peer education approaches are effective in raising health awareness and improving behaviors within community settings (Santrock, 2018). Additionally, involving santri as peer educators fosters a sense of responsibility and leadership in maintaining the *Pesantren*'s health environment (Rahmatullah & Prayono, 2016).

Peer educator-led education on PHBS covers several key aspects, including proper handwashing habits, food hygiene, and the importance of good sanitation. According to WHO (2020), health education delivered through peer-to-peer approaches is more effective in behavioral change than conventional methods, owing to emotional involvement and social closeness. However, despite its effectiveness, the peer educator approach faces challenges such as lack of support from *Pesantren* administrators and limited resources for peer educator training. Therefore, collaboration among *Pesantren* administrators, healthcare professionals, and government institutions is crucial to ensure the sustainability of this educational program (Afridah et al., 2023).

As an additional strategy, the use of educational media such as posters, educational videos, and hands-on simulations can enhance the effectiveness of the peer educator program. Visual and interactive media have been proven to strengthen comprehension and increase participant engagement in learning (Ibad, 2023). By leveraging technology and community-based approaches, the effectiveness of PHBS education programs in *Pesantren* can be optimized.

Thus, peer educator-led education can serve as an effective strategy for enhancing santri awareness and behavior regarding PHBS. The implementation of this method in *Pesantren* requires broader support to contribute to the creation of a healthier and higher-quality environment.

CONCLUSION

Educational activities through peer educators have a change impact on increasing knowledge about stunting, reproductive health, and the maturation of marriage age (PUP) among Santri Husada. Additionally, this initiative has also led to behavioral changes among santri in organizing and maintaining their dormitory environment. It is hoped that this program will be sustained and continued by peer educators, *Pesantren* administrators, and caretakers to ensure long-term benefits and a healthier *Pesantren* environment.

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