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Preparing Santri Husada Cadres through Academic Stress Education and Peer Educator Training: A Community Engagement Program

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A B S T R A C T

Background: *Students in Islamic boarding schools face academic, religious, and social demands that may contribute to academic stress. Peer support can provide an accessible source of support within the pesantren environment.* ***Objective:*** *This community engagement program aimed to prepare Santri Husada cadres through academic stress education and peer educator training at Pondok Pesantren Burhanul Hidayah, Sidoarjo.* ***Methods:*** *The program involved 20 Santri Husada cadres in two one-day activities held on 20 August and 3 October 2026. The activities covered academic stress, communication, active listening, sharing, and peer educator practice. The program was delivered by lecturers and students through presentations, discussions, and practical simulations. Knowledge was evaluated during the second activity using pretest and posttest questions developed based on the educational materials.* ***Results:*** *The mean knowledge score increased from 51 before the second activity to 59 afterward, representing an 8-point descriptive increase. Peer educator practice reached the training and simulation stage. No assessment of students' academic stress or implementation of routine peer counseling was conducted.* ***Conclusion:*** *Academic stress education and peer educator training provided an initial preparation for Santri Husada cadres to offer peer support. Further activities are needed before routine peer counseling can be implemented.*

INTRODUCTION

Students in Islamic boarding schools participate in academic, religious, and social activities within a shared living environment. These activities are part of daily pesantren life and require students to adapt to different expectations and responsibilities. The combination of academic demands, religious activities, and social interactions may become a source of stress for students. Academic stress is therefore an important issue to address as part of efforts to support students' well-being in Islamic boarding schools. Previous studies have reported an association between academic pressure and mental health problems among adolescents, although the available evidence does not necessarily establish a causal relationship (Brinsley et al., 2025) (Salsabila et al., 2022) (Steare et al., 2023). Research has also shown that school-based interventions addressing academic stress and related mental health concerns vary in their approaches and outcomes (Jagiello et al., 2025) (van Loon et al., 2020) (Wuthrich et al., 2020) (Calear & Christensen, 2010; Neil & Christensen, 2009).

Pondok Pesantren Burhanul Hidayah, located in Sidoarjo, Indonesia, has approximately 700 students, including around 380 students who reside at the pesantren. These figures describe the general student population and not the participants in the activities reported in this article. The community engagement activities specifically involved 20 Santri Husada cadres. The pesantren had previously conducted peer counseling-related activities through Training of Trainers (ToT) for Santri Husada cadres. However, the cadres who had received the previous training subsequently graduated and left the pesantren. New cadres therefore needed to receive basic education and training before being prepared to take on peer educator roles. This situation provided a basis for conducting further educational activities for the current cadres.

Understanding academic stress is important so that students can recognize its causes, identify common signs and symptoms, and learn appropriate ways to manage it. In the pesantren environment, support from peers may also provide an accessible opportunity for students to share their concerns and receive initial support. Students who interact in the same daily environment may have an understanding of the challenges experienced by their peers. However, peer support requires basic knowledge and communication skills to ensure that assistance is provided appropriately. Student cadres should understand the limits of their roles and know when concerns need to be referred to responsible adults or qualified professionals (King & Fazel, 2021) (Hart et al., 2020) (Margaretha et al., 2023). Peer educators should not diagnose or treat mental health conditions. Their role is limited to listening without judgment, recognizing situations beyond their competence, and encouraging students to seek assistance when necessary (Fazel et al., 2014; Gulliver et al., 2010; Kutcher et al., 2016; Rickwood et al., 2005).

Based on these considerations, this community engagement program was conducted at Pondok Pesantren Burhanul Hidayah to prepare Santri Husada cadres through academic stress education and peer educator training. The activities included an introductory session on academic stress, followed by further education, communication skills development, active listening, sharing sessions, and peer educator practice. This article describes the implementation of these activities and presents the descriptive pretest and posttest results from the second activity. The program was intended as an initial preparation for cadres to support their peers in facing the academic and social demands of pesantren life. It did not involve routine peer counseling service delivery or measure changes in students' academic stress.

METHOD

Setting and participants

The activities were conducted at Pondok Pesantren Burhanul Hidayah, Sidoarjo, Indonesia. The pesantren had approximately 700 students, of whom around 380 resided at the pesantren. These figures represent the general student population. The target participants in this program were 20 Santri Husada cadres. The

same 20 cadres participated in both activities: the first activity on 20 August 2026 and the second activity on 3 October 2026. All 20 cadres attended both activities. Permission to conduct the activities was obtained from the pesantren. No separate ethics approval was reported for this community engagement activity.

Activities

The program consisted of two one-day activities facilitated by a team of lecturers and students. The educational materials were prepared by the lecturer team based on established theoretical concepts and general knowledge concerning academic stress, including its definition, causes, common signs and symptoms, and management. The first activity, conducted on 20 August 2026, introduced academic stress. The second activity, conducted on 3 October 2026, provided follow-up education on academic stress and basic peer educator training. The training covered communication, active listening, sharing, and peer educator practice through simulation. Both activities used presentations and discussions, while practical exercises and peer educator simulation were conducted during the second activity.

Evaluation and analysis

No pretest or posttest was administered during the first activity. Therefore, this article describes that activity in terms of its implementation and participation, without reporting a measured change in participants' knowledge or skills.

During the second activity, participants completed the same set of knowledge-test questions before and after the educational and training session. The questions were developed by the community engagement team based on the educational materials delivered during the activity. No standardized questionnaire or previously validated measurement instrument was used. The test was intended only to provide a simple assessment of participants' understanding of the material.

The implementation of peer educator activities was also described based on the activities conducted. The communication, active listening, sharing, and peer educator practice through simulation were conducted during the second activity only.

RESULT AND DISCUSSION

Implementation and participation

The first activity was conducted on 20 August 2026 and involved 20 Santri Husada cadres. It introduced the definition of academic stress, its causes, signs and symptoms, and ways to manage it. The second activity was conducted on 3 October 2026 and involved the same 20 cadres. This session included further education on academic stress, communication skills, active listening, sharing, and peer educator practice. Both activities were delivered as one-day sessions by a team of lecturers and students through

presentations and discussions. Practical exercises and peer educator simulation were conducted only during the second activity. All 20 cadres participated in both activities. The consistent participation indicates that the planned educational activities reached the intended cadre group. However, attendance alone does not demonstrate mastery of peer educator skills or changes in students' academic stress. School-based mental health promotion is generally understood as a broader effort involving supportive environments, prevention, early support, and links to services rather than a single training event (Margaretha et al., 2023) (O'Connor et al., 2018) (Weare & Nind, 2011) (World Health Organization [WHO], 2025).

The activities were designed around the needs of students living in a pesantren environment, where academic, religious, and social responsibilities are part of everyday life. Studies involving santri in Indonesia have also discussed the relationship between academic stress and students' adjustment to pesantren life, indicating the importance of considering the specific learning and residential context when preparing student support activities (Sujadi et al., 2022).

Available pretest–posttest scores

Table 1. Descriptive summary of knowledge scores before and after the second activity.

Assessment	*Records*	*Mean score*	*Observed range*
Pretest	20	51	20–90
Posttest	20	59	30–90

As shown in Table 1, the mean knowledge score increased from 51 before

the second activity to 59 afterward, representing an 8-point descriptive increase. The observed score range was 20–90 at pretest and 30–90 at posttest. The same 20 cadres participated in both activities, and the 20 pretest and 20 posttest records were treated as matched for this descriptive report. The difference in mean scores suggests that the group's knowledge scores were higher after the educational and training session. However, this finding should be interpreted cautiously. The assessment did not include a comparison group or follow-up measurement, and the outcome was a knowledge score rather than a direct measure of peer educator competence or students' academic stress. Accordingly, the 8-point difference is reported as a descriptive change and should not be interpreted as evidence that the program reduced academic stress or established the effectiveness of peer counseling. Previous reviews have also found that outcomes of school-based prevention and education programs vary according to program content, delivery, outcome measures, and study design (Caldwell et al., 2019) (Calear & Christensen, 2010) (Cilar

et al., 2020) (Neil & Christensen, 2009) (P. A. Werner-Seidler et al., 2017) (A. Werner-Seidler et al., 2021)

The knowledge assessment provides an initial indication of the learning outcome of the second activity. Because the questions were developed by the implementation team from the educational materials and were not a standardized or validated instrument, the scores should be interpreted only as a simple descriptive measure of participants' responses to the material. The assessment does not establish the validity or reliability of a formal measurement instrument.

Peer educator practice and role boundaries

Peer educator practice during the second activity reached the training and simulation stage. The cadres were introduced to communication and active listening and took part in sharing and practice activities. Routine peer counseling services were not delivered as part of the program described in this article. This distinction is important because participation in a training simulation does not establish that cadres are ready to manage real peer concerns without further guidance, supervision, and a clear referral process.

The role of a peer educator should remain limited to providing initial support. Cadres may listen without judgment, acknowledge a peer's concerns, and encourage the student to seek help from a responsible pesantren staff member or qualified professional when needed. They should not diagnose mental health conditions, provide treatment, promise absolute confidentiality, or manage high-risk situations alone. School mental health literacy programs have been used to improve knowledge, reduce stigma, and support help-seeking (Kutcher et al., 2016). However, young people may delay help-seeking when they anticipate stigma or do not know where to obtain assistance (Gulliver et al., 2010) (Rickwood et al., 2005). Peer support should therefore complement, rather than replace, professional assessment or treatment (Fazel et al., 2014) (Hart et al., 2020) (Organization, 2025).

The activities provide an initial opportunity for Santri Husada cadres to understand academic stress and practice basic peer educator skills. For the pesantren, this approach may help prepare student cadres to respond more appropriately when peers share everyday concerns. Any future move from simulation to routine peer support would require agreement with the pesantren, clear role boundaries, responsible adult supervision, and an accessible referral pathway. These arrangements were not evaluated as operational services in the present activities.

Limitations

This report has several limitations. First, the first activity was not evaluated using a pretest and posttest, so its learning outcomes cannot be quantified. Second, the pretest and posttest questions used in the second activity were developed by the team based on the educational materials and were not standardized or formally validated. The analysis was limited to a descriptive comparison of mean scores. Third, the

assessment measured knowledge scores only; it did not measure students' academic stress, well-being, or the cadres' counseling competence in real situations. Fourth, there was no comparison group or follow-up assessment to determine whether the observed difference in knowledge scores was retained. Fifth, peer educator practice remained at the training and simulation stage, and routine peer counseling was not implemented. Therefore, the findings should be interpreted as descriptive information about participation and initial learning, not as evidence of reduced stress or service effectiveness.

Further activities may include additional practice using realistic peer-support scenarios, feedback from facilitators, and guidance on when and how to refer concerns to responsible adults or professional services. If routine peer support is later introduced, its implementation should be evaluated separately from the training process. Evaluation may include knowledge, observed communication and listening skills, appropriate referral decisions, participant feedback, and supervision. Any assessment of changes in students' academic stress would require a suitable stress measure and an appropriate evaluation design. These steps would provide a clearer basis for assessing the contribution of peer educator activities to student support.

CONCLUSION

Two one-day community engagement activities were conducted at Pondok Pesantren Burhanul Hidayah on 20 August and 3 October 2026. The same 20 Santri Husada cadres participated in both activities. The first activity introduced academic stress, while the second combined further education with communication, active listening, sharing, and peer educator practice. The mean knowledge score in the second activity increased from 51 before the session to 59 afterward, a descriptive difference of 8 points. This result reflects knowledge scores only and does not indicate a reduction in students' academic stress.

The activities provided initial preparation for Santri Husada cadres to offer basic peer support within the pesantren environment. Peer educator practice remained at the training and simulation stage, and routine peer counseling services were not implemented. Further practice, supervision, and clear referral arrangements would be needed before such support could be delivered as a routine activity.

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