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Empowering Part-Time Students to Deliver Peer Health Support through Self-Efficacy-Based Intervention

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Abstract: Indonesian students in Japan who engage in part-time employment face multiple health risks, including physical complaints associated with non-ergonomic work postures, work-related exhaustion and burnout, and psychosocial stress. This community service program aims to empower these students to provide peer health support by enhancing their self-efficacy through targeted intervention modules. The program was implemented in two phases. Phase 1 was conducted offline in collaboration with the Indonesian Students Association (PPI) in Chiba, Japan, and *Pimpinan Cabang Istimewa Muhammadiyah* (PCIM) Japan. The sessions covered burnout, physical activity and stretching, and occupational health and safety (OHS). Phase 2 was delivered online and addressed stress management, workplace ergonomics, and physical activity. Program outcomes were evaluated using pretest and posttest assessments. Descriptive analysis was used to compare mean self-efficacy and behavioral scores before and after the intervention. In Phase 1 (n = 10), the mean total self-efficacy score increased from 17.9 to 26.75. The greatest improvements were observed in participants' perceived ability to recognize signs of stress and burnout and to address concerns related to workers' rights and OHS. In Phase 2 (n = 4), participants reported improvements in their self-efficacy regarding their ability to encourage peers to engage in stretching exercises and remind them to maintain ergonomically appropriate sitting postures. These topic-specific improvements in self-efficacy may strengthen participants' confidence in providing peer support and sharing health-related information through their routine organizational activities. Further evaluation is needed to determine whether these improvements translate into sustained behavioral changes and stronger social support networks.

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Pg : 1267-1278

Introduction

Indonesian students pursuing their education in Japan constitute a migrant group with unique characteristics, as they fulfill dual roles as both students and part-time workers. These roles offer opportunities to gain work experience, develop personal capabilities, and enhance international exposure (Herawati & Wijayanti, 2024). However, students simultaneously face academic demands, work commitments, the challenges of cultural adaptation, and time constraints that can impact their health (Anindya et al., 2026). Consequently, these part-time working students are a group potentially susceptible to various physical and psychosocial health issues.

Indonesian citizens are the fastest growing migrant group in Japan, with the main composition coming from productive age and students (Kedutaan Besar Republik Indonesia, 2025). This trend is in line with the other study which found that 90% of Indonesian nursing students have the intention to work in Japan, driven by economic factors, career opportunities and international experience (Efendi et al., 2021). In this case, Indonesian students in Japan carry out academic activities with work simultaneously, causing students to be able to adjust their time for studying, working, resting, and meeting their daily health needs.

The health problems faced by migrant students are not only related to physical conditions, but also psychosocial health. There were 58.1% of international students in Japan experienced severe stress, 74.4% experienced anxiety, and 47.3% experienced depression during the Covid-19 pandemic (Hu et al., 2026). The main risk factors are young, male, and limited social support. Limited social interaction in the living environment increases the risk of psychological distress in international students (Day et al., 2025). Apart from psychosocial aspects, Indonesian students in Japan face intercultural adjustment obstacles such as language barriers, difficulties socializing, climate differences, and limited access to halal food which has an impact on the emergence of feelings of loneliness and acculturation stress (Govinda & Hanami, 2023).

Apart from psychosocial problems, part-time students also have the potential to experience physical health problems. Students who work in sectors such as restaurants and factories may face the risk of musculoskeletal disorders due to less ergonomic work postures and repetitive work activities. Ergonomics training is known to increase awareness of body posture and help prevent musculoskeletal problems in students (Atalı & Terzioğlu, 2026). Based on these conditions, Indonesian students in Japan need health support that can be applied contextually according to life as students and part-time workers. However, health promotion efforts cannot always be carried out through health workers or professional assistants on an ongoing basis. Limited time, location of residence, and student work schedules are challenges in implementing direct and sustainable health assistance. Therefore, an approach is needed that can utilize the resources and social relationships that already exist in the student environment.

One potential that can be developed is relationships between students in Indonesian student communities and organizations in Japan. Students have relatively similar experiences as students and migrants so they can understand each other's challenges faced in everyday life. This social closeness can be an asset in developing peer-based health support. The peer support approach is relevant because peer-based interventions can provide social support, increase the ability to deal with stress, and strengthen individual self-efficacy. In Indonesia, other research shows that peer education can increase self-efficacy and has the potential to be applied in various community groups (Bengu Ndona et al., 2025).

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Vol. 7, No. 4 (November 2026)
E-ISSN : 2722-5097
Pg : 1267-1278

In empowerment, students are not only positioned as recipients of health information, but also as individuals who have the potential to provide support to their peers. Increasing self-efficacy is an important aspect because an individual's belief in their abilities can encourage self-management, motivation to change behavior, and the ability to face various physical and psychological challenges (Wahyuni & Al Hafidz, 2023). Therefore, empowering students as peer health support is aimed at increasing students' confidence and ability to recognize health problems in their peers, provide emotional support, remind them of healthy behavior, and encourage the implementation of simple health activities in daily life.

Strengthening self-efficacy not only enhances students' capacity to support their peers' health but also plays a role in preventing academic procrastination. Higher student self-efficacy correlates with a lower tendency toward academic procrastination, whereas low self-efficacy increases the risk of delaying academic tasks. These findings underscore that peer-support interventions focused on boosting self-efficacy can serve as an effective strategy to help working students manage the dual demands of their academic and work responsibilities (Rohmatun & Taufik, 2014).

This community service program was developed as a form of community-based health promotion through collaboration between Universitas Muhammadiyah Surakarta and *Pimpinan Cabang Istimewa Muhammadiyah* (PCIM) Japan. Based on discussions held with the PCIM Japan, it was noted that part-time students in Japan face significant pressure, stemming from strict requirements regarding punctuality, work performance, operational protocols, and performance targets which leads to stress. Consequently there is a need for enhanced support and the development of skills for managing such stress. PCIM Japan suggested implementing the activities in Chiba and Fukuoka. As the initiative in Fukuoka also aimed to reach the general public, an online platform was required for its implementation and the activities were designed through tiered education which were carried out offline and online. Material at the offline stage includes the introduction and prevention of burnout, physical activity or stretching, as well as occupational safety and health (Abil Fida Muhammad Qois Al Hadi et al., 2025; Ramadhanti & Pratisti, 2023). Meanwhile, the material provided at the online stage includes stress management, ergonomics when studying and working, and sustainability of physical activity. The program is also supported by health promotion media in the form of pocket books, educational videos and discussion materials tailored to the needs of part-time students (Octania et al., 2023).

Through this approach, students are expected to not only gain health knowledge, but also experience strengthening their capacity as health advocates for their peers. Empowerment is carried out by emphasizing students' ability to identify signs of stress or burnout, providing support to friends, encouraging physical activity and stretching, and reminding them to apply ergonomic postures when studying or working. The goal of this community service program was to enhance participants' self-efficacy and their ability to engage in physical activity, adopt ergonomic postures during tasks, and practice self-management for stress prevention. Program evaluation was carried out through measuring self-efficacy before and after the intervention to describe changes in participants' beliefs in providing health support to peers. The results of the activity are expected to show the contribution of the peer empowerment approach in supporting strengthening the capacity and health behavior of part-time students.

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Vol. 7, No. 4 (November 2026)
E-ISSN : 2722-5097
Pg : 1267-1278

Method

This community service program consisted of education combined with training, aimed at enhancing participants' self-efficacy in stress management, physical activity, and the maintenance of ergonomic body posture. This community service activity was carried out with the target of Indonesian students in Japan who carry out activities as students and part-time (10 participants in the offline stage and 4 participants in the online stage). Implementation of activities were carried out through several stages:

a) Preparation Stage

The preparation stage begins with identifying health problems related to the condition of Indonesian students who carry out dual roles as students and part-time workers in Japan. Problems that are the focus of community service activities include the risk of physical and mental fatigue or burnout, occupational safety and health, as well as ergonomics in learning and work activities.

Based on these problems, the team prepared health promotion materials and media that were tailored to the target needs. The activity material is directed at strengthening students' understanding and capacity in maintaining their own health and providing health support to their peers. The preparation stage also includes preparing educational materials and evaluation instruments to be used before and after the implementation of the activity.

The health promotion media developed in this activity consists of pocket books, educational videos and presentation materials to support the education and discussion process. The digital pocket book was prepared for one month in April 2026 with A5 size, the book was made using simple language and adapted to the context of part-time student life. The material contained in the pocket book includes mental health, occupational safety and health, as well as literacy regarding the health system in Japan. The digital pocket book is used as an independent educational medium that students can use to access health information outside of carrying out activities. Apart from the pocket book, the team also prepared a health promotion video which can be accessed online. The use of digital media is intended to expand the reach of information and adapt the delivery of health promotion to the limited time of students who carry out academic activities and part-time jobs. Presentation and discussion materials are also used during activities to support interaction between the community service team and participants.

b) Stages of Implementation of Tiered Educational Interventions

Implementation of community service activities is carried out through two educational stages with different material focuses, namely direct activities (offline) and online activities (online).

1) Offline Stage Education

The first stage will be held directly in Japan on Sunday, May 17 2026, at the Nishi-Chiba CCIC Mosque, Chiba, Japan. The material presented at this stage includes the introduction and prevention of burnout, encouragement of physical activity and independent stretching, as well as occupational safety and health.

Material regarding burnout is provided to increase participants' understanding of the signs of physical and mental fatigue that can arise due to the demands of their roles as students and part-time workers. Physical activity and stretching material is directed at increasing awareness about the importance of maintaining fitness amidst academic and work activities. Meanwhile, OHS material is provided to increase understanding of safety and health while carrying out work activities.

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Vol. 7, No. 4 (November 2026)
E-ISSN : 2722-5097
Pg : 1267-1278

2) Online Stage Education

The second stage was carried out online via the Zoom platform. The material provided includes stress management techniques, ergonomics when studying and working, and sustainability of physical activity.

At this stage, students receive material regarding stress management as an effort to maintain psychological health. Ergonomics material is directed at understanding body posture when studying and working to help prevent the risk of musculoskeletal disorders. Physical activity material is also provided to encourage the continued application of physical activity and stretching in daily life. The material provided at both stages is not only directed at increasing individual understanding, but also at strengthening students' confidence in providing health support to peers in accordance with the context of peer health support.

3) Measurement Stage

The evaluation carried out in the instrument is prepared in the form of a pretest and posttest questionnaire. Self-efficacy measurement used a 4-point Likert scale. To see the effectiveness of the intervention with precision, the self-efficacy variable is described based on the question indicators for each material, as follows:

In topic 1 (offline stage) there are 3 indicators, including:

a) Burnout Prevention: Confidence helps friends identify signs of stress or burnout.
b) Peer Support: Confidence in providing emotional support to friends who need support, confidence in providing a positive response when friends convey their complaints.
c) OHS: Confidence in listening to friends' complaints about work fatigue or college assignments, confidence in listening to friends' complaints about their rights at work or on campus.

In topic 2 (online stage) there are 3 indicators, including:

a) Stress Management: Confidence in inviting friends to do simple relaxation activities to reduce stress, confidence in providing emotional support to friends who are facing stress.
b) Physical Activity: Confidence reminds friends to stretch when studying or working for a long time, confidence motivates friends who are reluctant to stretch to want to try.
c) Ergonomics: Confidence in reminding friends to maintain the correct sitting position (ergonomics) when studying or working, confidence in inviting friends to take a break when sitting for too long.

4) Data Analysis and Impact Identification Stage

The data that has been collected from the questionnaire were then processed and analyzed descriptively for each self-efficacy and health behavior question with descriptive parameters used to show mean improvement in self-efficacy and behavioral capability before and after community service program.

Result and Discussion

Based on Table 1, the number of students who took part in the offline stage was 10 people, while the number of participants in the online stage was 4 people because the shift work schedule is high. At the offline stage, the majority were in the 24-28 years age group, namely 8 people (80%). Meanwhile, the online stage is spread across several age groups and the 34-37 years age group is the group with the largest proportion, namely 2 people (50%).

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Vol. 7, No. 4 (November 2026)
E-ISSN : 2722-5097
Pg : 1267-1278

Based on gender, the offline stage was dominated by 7 people (70%) women, while the online stage participants were dominated by 3 men (75%). The characteristics of education at the offline stage show diverse backgrounds. This community service conducted offline and online and the characteristics of students who take part in community service activities are presented in Table 1 below:

Table 1. Results of Analysis of Respondent Characteristics

Variable	Offline Stage		Online Stage	
	N	%	N	%
Age (years old)				
24-28	8	80	1	25
29-33	1	10	1	25
34-37	1	10	2	50
Gender				
Male	3	30	3	75
Female	7	70	1	25
Level of Education				
S1 (undergraduate)	2	20	-	-
S2 (master's)	5	50	2	50
S3 (doctoral)	3	30	2	50
Work				
Student	9	90	3	75
Worker	1	10	1	25



Figure 1. Education Session



Figure 2. Implementation Program

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Vol. 7, No. 4 (November 2026)
E-ISSN : 2722-5097
Pg : 1267-1278



Figure 3. Sample media

Differences in student characteristics show that the two groups have different compositions. Apart from differences in characteristics, the relatively small number of online stages also limits the generalization of activity results.

Table 2. Results of Pre-Test and Post-Test Self-Efficacy Analysis

Stage	N	Pretest Mean	Postest Mean	Mean Change
Offline	10	17,9	26,75	8,85
Online	4	26,5	26,75	0,25

Based on Table 2, the offline group showed an increase in self-efficacy scores descriptively. The average score increased from 17.9 on the pre-test to 26.75 on the post-test with a change of 8.85 point. These results show that after participating in offline activities, students' confidence scores regarding abilities related to health support to peers increased. In the context of this activity, self-efficacy is related to participants' confidence to recognize health problems and provide responses or support to friends according to the material provided. In the online group, the average self-efficacy score increased from 26.5 to 26.75 with a change of 0.25 point. The relatively small average increase indicates descriptive change, but not as large as the change seen in the offline group. The difference in score changes between the two stages cannot be directly used to conclude that one method is more effective than the other because the number of participants in the activities from the two groups is different and the characteristics of the participants are not completely the same. However, based on this community service, the self-efficacy items that showed improvement include participants feeling more capable of providing emotional support to friends in need, helping friends identify signs of stress, listening to friends' concerns regarding their rights in the workplace or on campus, and recognizing signs of stress in themselves.

Table 3. Results of Health Behavior Analysis

Step	N	Mean Pre-Test	Mean Post-Test	Changing of Mean
Offline	10	91,3	100,0	8,7
Online	4	22,5	25,0	2,5

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Vol. 7, No. 4 (November 2026)
E-ISSN : 2722-5097
Pg : 1267-1278

Based on Table 3, the offline group has an increase of behavior mean score 8.7 point and the online step also there was increase 2.5 point of mean behavior score. The difference in nominal values between the two groups cannot be compared directly because the instruments used have different number of items and topic. The data available in Table 3 illustrates that students' commitment or awareness of health behavior after participating in educational activities. Implementing health behavior consistently requires a longer process and time. For students who carry out academic activities as well as part-time, their implementation of healthy behavior is influenced by various conditions, such as work schedules, fatigue, rest time, and academic demands.

The results of community service activities show an increase in student self-efficacy scores after participating in the educational series, especially at the offline implementation stage. In the offline group, the average self-efficacy score increased by 8.85 points. These results indicate a positive change in students' confidence in their ability to provide health support to peers after participating in the activity. Regarding behavioral aspects, the community service initiative led to an improvement in stress-prevention behaviors among participants—such as scheduling breaks during work, taking time off when feeling overwhelmed, and reducing activity levels when experiencing physical fatigue.

In the activities that have been carried out, self-efficacy is not only directed at students' ability to maintain their own health, but also at the confidence to take health support actions for their peers. Indicators used include the ability to help friends recognize signs of stress or burnout, provide emotional support, provide positive responses to friends' complaints, listen to complaints related to work and academic activities, remind friends to stretch, and remind them to apply ergonomic body positions when studying or working. This measurement is in line with the concept of health self-efficacy which is related to an individual's belief in their ability to take actions that support health (Ni et al., 2026).

Increasing self-efficacy at the offline stage is in accordance with the aim of community service activities, namely not only providing health information to part-time students, but also strengthening students' capacity to have the confidence to provide health support in their social environment. In the empowerment process, the information provided needs to be directed so that participants are ready to apply the knowledge gained in everyday life. This belief is important because students have to face academic and work demands simultaneously. There is a relationship between self-efficacy and motivation and the ability to learn independently. These findings show that belief in one's abilities is one aspect that is related to an individual's ability to organize and carry out activities independently (Alfiyah & Habiby, 2025).

Strengthening self-efficacy is very important in helping students face the double burden (academic and part-time work) because it often makes them trapped in procrastination behavior (Rohmatun & Taufik, 2014). Students who have low self-efficacy will tend to feel unable to manage academic and work demands, thus making them postpone promotive and preventive activities such as stretching or stress management. By strengthening self-efficacy through this community service activity, students are not only encouraged to overcome delays in healthy behavior for themselves, but also have the confidence to intervene and motivate their peers not to stop practicing ergonomics and preventing fatigue.

At the online stage, the average self-efficacy also increased from 26.5 to 26.75. The changes that occurred were relatively small, mainly in changes in scores, which occurred unevenly among all students. The difference in score changes between the offline and online stages cannot be used directly to conclude that offline activities are more effective than online

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Vol. 7, No. 4 (November 2026)
E-ISSN : 2722-5097
Pg : 1267-1278

activities. This happened because the number of participants at the two stages was different and the characteristics of the participants were not completely the same, and also the topic was different.

The results of this community service activity are an illustration of the potential for strengthening student capacity through direct peer support by improving student mental health. In line with the results of a systematic review, it shows that various forms of peer support have been implemented in higher education environments, including peer mentoring, peer learning, and peer led support groups. Several forms of peer monitoring and peer learning show positive results on aspects of stress and anxiety (Pointon-Haas et al., 2024).

One of the main aspects of this activity is the implementation of a peer health support approach. This approach was developed by utilizing social relationships between students as one of the potentials that already exist in the community environment. Indonesian students living in Japan have relatively similar experiences as students and part-time. They can face academic demands, work, and the process of adjusting to a new environment. This common experience becomes the basis for building communication and support between peers. The importance of a peer support-based approach presents a warm, equal and non-judgmental form of social support). Informal communication and participatory encouragement from peers have been proven to be more accepted by part-time students, so they are able to create a safe space without causing psychological pressure (Rohmatun & Taufik, 2014).

In this community service, students are not positioned as health workers or formal health cadres because activities are more directed at strengthening the ability to provide health support in everyday life. This form of support can take the form of listening when friends complain, providing positive responses and emotional support, helping to recognize signs of fatigue or stress, reminding friends to stretch, and paying attention to body position when studying or working. The peer approach is quite relevant because social relationships are a medium for conveying health messages closer to the target's lives. Peer education can work through several mechanisms, including closeness, credibility, and informal communication between peers. The results of this research support the use of a peer health support approach in this activity because students have the opportunity to provide health reminders and support in daily interactions (Widnall et al., 2024).

The results of this community service activity are also in line with the development of the peer education program. One of them is the GENHEALTH program which uses a peer education approach to increase literacy in preventing non-communicable diseases in students. Although the goals and topics of the activities are different for these programs, both activities demonstrate that peers can be involved as part of the health promotion process (Leonita et al., 2026).

However, increasing self-efficacy in this activity cannot directly show that participants have carried out the role as peer health support consistently in daily life. The evaluation carried out still focused on changes in participants' beliefs after education. Therefore, follow-up is needed to find out whether this belief develops into real action, such as providing support, reminding friends to stretch, or helping friends who are experiencing pressure due to academic and work activities. Face-to-face interactions in peer support not only increase emotional support, but also encourage students to reflect on their work and study experiences, thereby strengthening their self-confidence (Crismono et al., 2026). Interaction and dialogue between students can be developed as part of efforts to strengthen social and emotional capacity. Interaction between participants becomes the initial space to build attention to the health conditions of themselves and their peers. However, the role of

Vol. 7, No. 4 (November 2026)
E-ISSN : 2722-5097
Pg : 1267-1278

peer health support still needs to be understood as a form of social support and health promotion, not as a substitute for professional assistance when someone faces health problems that require special treatment (Deng et al., 2026).

The synergy of internal factors (self-efficacy) and external factors in the form of social support has been proven to make a significant contribution to student success. Haryati et al. (2026) found that higher self-efficacy and greater social support were significantly associated with better self-care behavior, highlighting the importance of integrating individual and environmental factors in health interventions (Haryati et al., 2026). Therefore, strengthening individual confidence while providing adequate social support may encourage individuals to adopt and maintain healthier behaviors more effectively.

The material provided in this activity is also adapted to the conditions of students who carry out academic activities as well as part-time work, namely regarding the prevention of stress or burnout, physical activity and stretching, occupational safety and health, and ergonomics. Students who carry out study and work activities can be in a sitting or standing position for a certain time and carry out repetitive activities. Therefore, attention to ergonomics and physical activity is a relevant form of promotive and preventive effort (Atalı & Terzioğlu, 2026). In this activity, physical activity and stretching material is directed at increasing participants' awareness to pay attention to their body condition in the midst of busy activities. Meanwhile, ergonomics material provides an understanding of the importance of appropriate body position when studying or working (Bettany-Saltikov et al., 2026).

Material regarding stress and burnout is also provided because part-time students face various demands that come from their activities. In this activity, one of the indicators used is the participant's confidence in helping friends recognize signs of stress or burnout and providing emotional support. This approach is not intended to make students professionals in dealing with mental health problems, but as an effort to increase attention and social support among peers. Self-efficacy is a key factor in empowering part-time students because, it not only encourages health behavior, but independent learning and critical reflection on daily experiences. Thus, peer health support based on education on stretching, ergonomics, and stress prevention can be a sustainable intervention model to increase the capacity of part-time students (Alfiyah & Habiby, 2025; Crismono et al., 2026).

Conclusion

Community service activities through a peer health support approach have strengthened the capacity of Indonesian students in Japan who carry out activities as students and part-time workers. The evaluation results show an increase in self-efficacy descriptively, especially at the offline stage. These results show that education regarding preventing stress or burnout, physical activity and stretching, occupational safety and health, and ergonomics has the potential to strengthen participants' confidence in providing health support to peers.

The peer health support approach is implemented by utilizing social relationships between students as one of the potentials in community-based health promotion activities. However, the results of this activity were still limited by the relatively small number of participants and the evaluation carried out after the education was implemented. Changes in self-efficacy cannot directly demonstrate the sustainability of participants' implementation of their role as peer health support in everyday life. So, further activities need to be carried out in the form of mentoring or monitoring to see the implementation of health support among peers and the sustainability of student health behavior.

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Vol. 7, No. 4 (November 2026)
E-ISSN : 2722-5097
Pg : 1267-1278

Recommendation

Future community service activities are recommended to the community partner (PCIM Japan and PPI) to conduct regular activities that include sessions for personal strengthening in stress management. For UMS can expand larger participants and implement community service to local community in Japan and for future community service teams to follow-up mentoring and monitoring to assess the sustainability of students' roles as peer health supporters. Evaluation should not only focus on changes in self-efficacy immediately after education, but also assess the implementation of health support behaviors in daily life. Periodic online mentoring can be utilized to accommodate the academic and part-time schedules of Indonesian students in Japan. In addition, collaboration with Indonesian student organizations and communities in Japan is recommended to support the continuity of peer health support programs and strengthen a sustainable community-based health promotion system.

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