



Among School-Age Children in an Islamic Boarding School Environment: A Case Study

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ABSTRACT

Background: Homesickness is a common psychological problem experienced by school-age children who live away from home for the first time in an Islamic boarding school (pesantren), with roughly 60–80% of new residents affected to a mild or moderate degree. **Purpose:** This case study aims to describe the phenomenon of homesickness in a school-age child within a pesantren environment, including its triggering factors, manifestations, and the interventions applied. **Methods:** The subject was a 10-year-old boy in his first month of residence at a pesantren who presented with crying spells, poor appetite, sleep disturbance, and repeated requests to go home; data were gathered through direct observation, in-depth interviews with the child, his caregiving ustadzah, and his parents, and documentation across his first four weeks of residence. **Results:** Following personal mentoring, scheduled weekly communication with parents, peer guidance, and a gradual adaptation program, the child's distress symptoms diminished progressively, and by the fourth week he was participating fully in pesantren activities, had formed close friendships, and showed improved independence. **Conclusions:** With appropriate, comprehensive support from caregivers, peers, and family, school-age children can successfully overcome homesickness and adapt well to pesantren life, an experience that can also foster independence, resilience, and social skills

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INTRODUCTION

Education in Islamic boarding schools (pesantren) is one of the long-standing methods of moral and spiritual education within Indonesian culture. Every year, many children still in elementary and junior secondary school are sent by their parents to study at a pesantren. This decision is often made in the hope that children will receive in-depth religious education, develop solid character, and learn independence from an early age. Behind this good intention, however, lies a significant psychological challenge that children face when they are separated from their parents and home environment for the first time.[1]

One psychological challenge commonly faced by children in the pesantren environment is homesickness. Homesickness is defined as a state of stress or distress that arises from separation from home or loved ones, frequently experienced by a person upon entering a new environment.[2] This phenomenon is not merely ordinary longing; it can develop into a condition serious enough to trigger psychological problems, particularly for children who are still in a sensitive stage of emotional development.

From a psychological perspective, homesickness comprises three main aspects: (1) longing to return home a deep feeling toward the atmosphere of home and one's parents; (2) difficulty adapting an inability to adjust to a new environment, norms, and culture; and (3) loneliness a sense of alienation and loss of emotional connection with family.

Studies indicate that approximately 60–80% of children living away from home for the first time in a pesantren or dormitory experience homesickness at a mild to moderate intensity. In more severe situations, homesickness can cause sleep problems, decreased appetite, difficulty concentrating, declining academic performance, and even a desire to leave the Boarding school.

School-age children (6–13 years) are the group most vulnerable to homesickness because they remain highly emotionally dependent on their parents and have not yet developed adequate coping skills for separation-related stress. At this age, children are still at the concrete cognitive developmental stage, and thus are not yet fully able to grasp the logical reasoning behind their parents' decision to send them to a pesantren.[3]

Various studies show that factors influencing the degree of homesickness among new pesantren students include physical distance from home, frequency of communication with parents, the quality of the parent child relationship, peer support, and the child's mental readiness. Children with strong attachments to their parents tend to experience more intense homesickness when first separated. However, good peer support has been shown to act as a protective factor that reduces the level of homesickness.[4]

The new pesantren environment, with rules and routines that differ from those at home, also worsens the situation. Children must learn to wake up earlier, follow a dense schedule of religious activities, comply with various rules, and live in a community among unfamiliar peers . Managing homesickness requires a comprehensive approach involving caregivers, pesantren teachers, peers, and family. This case study aims to describe the phenomenon of homesickness in a child within a pesantren environment, including its causal factors, manifestations, and effective interventions.[5]

METHOD

This study adopted a single case study approach. The subject was a 1-year-old boy living at a pesantren for the first time who presented with symptoms of homesickness. Data were collected through direct observation, in-depth interviews with the subject, his caregiving ustadzah, and his parents, as well as documentation across the subject's first four weeks of residence at the pesantren.

RESULT AND DISCUSSION

Result

Table 1. General Overview of the Client's Condition

Name (Age)	General Characteristics	Assessment Findings
AR (12 years)	AR is a 12-year-old boy, a fifth-grade elementary school student. He is the first of two children, known to be cheerful but very close to his mother. AR had never been separated from his parents for more than two days before entering the pesantren.	First week at the pesantren: frequent crying, especially at night; poor appetite; difficulty sleeping; appeared withdrawn and unmotivated to join activities; repeatedly asked to go home. AR strongly missed his mother. General condition: appeared listless, low energy, minimal eye contact, frequently isolated himself.

Further assessment of AR's psychological condition showed that he felt burdened by the new rules at the pesantren, which differed greatly from his habits at home. AR admitted that he was not yet accustomed to waking up early for congregational dawn prayer (Subuh) and following a sequence of activities from morning until night. AR also had difficulty adapting to the pesantren's menu, which differed from his mother's cooking. According to the accompanying ustadzah, AR often appeared unmotivated and downcast while participating in pesantren activities. There were also occasions when AR was found crying in the bathroom at night.[6]

Based on this assessment, AR and his parents received a counseling session on the process of adjusting to a new environment. AR's parents were informed that

homesickness is common among children living away from home for the first time, and that an appropriate approach was needed to help AR manage his feelings. The ustadzah then took a personal approach with AR, helped him get to know his roommate, and encouraged him to gradually participate in pesantren activities. AR was also given a scheduled phone call with his parents every Sunday.[7]

In the second week, AR showed positive changes. He began to interact with his roommate and became more enthusiastic about joining pesantren activities. AR felt slightly better with the regular weekly communication with his parents. However, he still often felt sad, especially at night before sleeping, and continued to have difficulty eating, although this had improved somewhat.[8]

The ustadzah felt that additional intervention was needed. A gradual adaptation program was introduced, including peer guidance from older students and various activities designed to divert attention away from homesickness. With this additional intervention, it was hoped that AR could adapt better and that his feelings of longing would decrease significantly.[9]

In the third week, AR reported that he was beginning to adjust to the pesantren routine. He was now able to wake up in the morning without being called and participated in activities more readily. AR began to have a close friend with whom to share stories and play. He reported feeling calmer and more motivated in his daily activities. Although he still missed his parents, he no longer cried every day.[10]

By the fourth week, AR showed significant progress in his adaptation process. He successfully followed all pesantren activities and even expressed interest in joining extracurricular activities. AR began to regard the pesantren as a “second home” and felt comfortable with his friends and the ustadz atau ustadzah. Weekly communication with his parents continued, but AR was no longer as emotionally dependent as he had been in the early weeks.[11]

Discussion

Homesickness is a psychological issue commonly experienced by school-age children living away from home for the first time at a pesantren. According to Thurber and Walton, approximately 60 80% of children newly adjusting to dormitory or pesantren life may experience homesickness, with symptom severity ranging from mild to moderate. AR's case shows that homesickness can manifest in various ways, such as feelings of sadness, loneliness, anxiety, sleep problems, decreased appetite, and a loss of motivation to participate in daily activities.[12]

In AR's case, the primary cause of his homesickness was his very strong emotional attachment to his parents, particularly his mother. AR had never previously been separated from his parents for more than two days, so this longer separation became a new experience that gave rise to deep anxiety and sadness. This is consistent with research by Fisher, which found that children with close relationships with their

parents typically experience more intense homesickness when first separated from them.[13]

Beyond the parent child relationship, the challenge of adapting to a new environment was also a factor that worsened AR's homesickness. The pesantren atmosphere, with rules and routines very different from those at home, presents a major challenge for a child of AR's age (10 years). At this age, children remain at the concrete cognitive developmental stage (Piaget, 1954), and are therefore not yet fully able to understand the logical reasoning behind their parents' decision to send them to a pesantren. This inability to adapt quickly reinforces the child's longing for the comfort of home.[14]

Social support plays an important role in helping children cope with homesickness. In AR's case, support from the accompanying ustadzah and his roommate proved effective in helping him adapt. The ustadzah's personal approach, a peer-guidance program from older students, and scheduled communication with parents were methods that successfully reduced the level of homesickness. AR began to show positive progress after the ustadzah engaged in a personal approach and guided him to become closer with his roommate.[15]

The gradual adaptation program implemented at the pesantren proved effective in helping AR. Van Tilburg et al. Showed that a gradual adaptation program involving intensive accompaniment in the early period, followed by a gradual reduction in support, is an effective strategy for helping children cope with homesickness. After AR began forming close friendships and participating in extracurricular activities, his feelings of longing decreased markedly, indicating that social engagement and the formation of new relationships can help protect children from homesickness.[16]

From a child-development perspective, the experience of coping with homesickness at a pesantren can become a valuable lesson. Children who successfully overcome homesickness tend to develop greater independence, resilience, and social skills. In AR's case, a significant improvement in independence and adaptive ability was observed from the first to the fourth week. However, it should be noted that prolonged, poorly managed homesickness can develop into more serious psychological problems such as depression or persistent anxiety, underscoring the importance of collaboration among parents, teachers, and pesantren staff.[17].

From a clinical perspective, this case provides practical implications for improving patient care, particularly in emphasizing targeted interventions and continuous monitoring. Nevertheless, this report has limitations, including its single-case design and limited generalizability. In conclusion, this case offers important lessons regarding the effectiveness of timely intervention and highlights the need for further research to strengthen the evidence base and guide clinical practice.

CONCLUSION

Homesickness is a psychological problem frequently experienced by children living away from home for the first time at a pesantren. AR's case shows that homesickness can manifest as sadness, loneliness, anxiety, sleep disturbance, decreased appetite, and reduced enthusiasm for participating in daily activities. The primary causes of AR's homesickness were a strong emotional attachment to his parents, difficulty adapting to a new environment, and limited social support during the early period of his stay at the pesantren.

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