

# Improving the Lifeskills of the PROLANIS Group Through the Android-Based Application SIPEGI: Chronic Kidney Disease Information System in Kidney Disease Prevention

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## ABSTRACT/

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Chronic Kidney Disease (CKD) increases every year, so life skills are needed in preventing kidney disease. Prevention needs to be done in risk groups who already have chronic diseases. PROLANIS is a Chronic Disease Management Program, a group of people with hypertension and diabetes mellitus. These diseases are the biggest risk factors for CKD. An educational approach requires appropriate methods and means to improve Life Skills by maximizing Android facilities through the SIPEGI application (Chronic). This study aims to improve the life skills of the PROLANIS group through the SIPEGI Android-based application: Chronic Kidney Disease Information System in preventing kidney disease. The study used a pre-experimental design. The sample was the PROLANIS group with the following criteria: PROLANIS members from Kepanjen District, Malang, cooperative, able to read and write, and own an Android. The sample size was 30 people with a purposive sampling technique. The variables studied were life skills in preventing kidney disease. The instrument used a pre- and post-test questionnaire with intervention in the form of SIPEGI education. The Wilcoxon statistical test obtained a p value of 0.001, meaning that there was an increase in the life skills of the PROLANIS (Chronic Disease Management Program) group through the SIPEGI Android-based application.

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## ABSTRAK

Penyakit Ginjal Kronis (PGK) meningkat setiap tahun sehingga dibutuhkan kemampuan *lifeskill* dalam pencegahan penyakit ginjal. Pencegahan perlu dilakukan pada kelompok resiko yang sudah mengalami penyakit kronis. PROLANIS merupakan Program Pengelolaan Penyakit Kronis, kelompok penderita penyakit hipertensi dan diabetes mellitus. Penyakit tersebut merupakan faktor resiko terbesar PGK. Pendekatan edukasi diperlukan metode dan sarana yang sesuai untuk meningkatkan *Life Skill* dengan memaksimalkan fasilitas android melalui aplikasi SIPEGI (Sistem Informasi Pencegahan Penyakit Ginjal Kronis). Penelitian ini bertujuan meningkatkan *life skill* kelompok PROLANIS melalui aplikasi berbasis android SIPEGI: Sistem Informasi Penyakit Ginjal Kronis dalam pencegahan penyakit ginjal. Penelitian dengan desain *pre experimental*. Sampel adalah kelompok PROLANIS dengan kriteria: Anggota PROLANIS Kecamatan Kepanjen Malang, kooperatif, bisa membaca dan menulis, memiliki android. Besar sampel 30 orang dengan teknik *purposive sampling*. Variabel yang diteliti yaitu *lifeskill* dalam pencegahan penyakit ginjal. Instrumen menggunakan kuesioner *pre* dan *post test* dengan intervensi berupa edukasi SIPEGI. Uji statistik *Wilcoxon* didapatkan *p value* 0.001 artinya terdapat peningkatan *lifeskill* kelompok PROLANIS (Program Pengelolaan Penyakit Kronis) melalui aplikasi berbasis android SIPEGI.



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## A. INTRODUCTION

Chronic kidney disease is a pathological condition characterized by structural and functional abnormalities that last more than three months, as well as kidney damage and decreased kidney function (KDIGO 2026 Clinical Practice Guideline for the Management of Anemia in Chronic Kidney Disease (CKD) SUPPLEMENT TO, n.d.). Chronic Kidney Disease (CKD) is a progressive kidney damage that can be fatal (Anutrakulchai et al., 2025). The most common risk factors for chronic kidney disease include diabetes and hypertension. Chronic kidney disease (CKD) cannot be cured and carries the risk of decreased quality of life due to the need for lifelong dialysis therapy (Hamler, 2018). Chronic Kidney Disease (CKD) can be prevented by proper management of high-risk diseases through PROLANIS (Chronic Disease Management Program) (Chrysostomou et al., 2026). PROLANIS is a Chronic Disease Management Program, the most common cases of which are hypertension and Diabetes Mellitus. Most patients do not return for check-ups and feel cured when their blood pressure or blood sugar improves. Uncontrolled chronic diseases will increase the risk of dangerous chronic kidney disease (CKD). Penyakit Ginjal Kronis (PGK) merupakan kerusakan ginjal progresif yang berakibat fatal (He et al., 2025)

CKD is one of the chronic diseases that causes the highest mortality rate and continues to increase (Shi et al., 2026). The Global Burden of Disease (2017) data obtained 9.1% (700 million cases) of the world's population suffers from CKD. Data in Indonesia shows a consistent increase in the number of new patients and active patients, active patients are the number of patients undergoing regular hemodialysis. The number of patients doubled from 2020 to 2021 (from 77,892 to 132,142) with the largest group in the 45-54 year age range (30%) (Tsuchida et al., 2025). Hypertension is responsible for 8.5 million deaths due to stroke, ischemic heart disease, other blood vessel diseases and kidney disease (Razavi et al., 2025).

Currently, the patient education system at PROLANIS in Kepanjen, Malang Regency, primarily relies on conventional Information and Education Communication (IEC) methods, such as printed leaflets. However, this model presents several critical shortcomings. First, the static and text-heavy nature of leaflets often fails to engage participants, leading to low interest and poor retention of complex health information. Second, the delivery is passive and one-way, limiting opportunities for interaction, reinforcement, and personalized understanding, which is crucial for managing chronic conditions like hypertension and Diabetes Mellitus. Third, as a result, the effectiveness of this model in motivating behavioral change and improving control compliance among high-risk patients who are vulnerable to complications such as Chronic Kidney Disease (CKD) remains suboptimal (Herrington et al., 2026).

Given that almost all PROLANIS members now own Android smartphones, there is a significant opportunity to address these gaps through technology-enhanced learning. An Android-based educational application, such as the proposed SIPEGI (Chronic Kidney Disease Information System), can directly mitigate the existing model's weaknesses. Firstly, it can deliver content dynamically using multimedia (videos, animations, interactive graphics) to

increase engagement and improve comprehension. Secondly, it can facilitate interactive and two-way communication, featuring modules for self-assessment, reminders for medication or check-ups, and quizzes that reinforce learning thereby promoting active participation (Razavi et al., 2025). Finally, it allows for accessible, on-demand learning tailored to individual pace and schedule, which is essential for sustaining patient education and fostering the life skills necessary for proactive kidney disease prevention (Xu et al., 2025). This study aims to develop and evaluate this Android-based educational model to bridge the gap between traditional IEC methods and the need for more effective, engaging, and sustainable patient education in chronic disease management.

## **B. METHODS**

The research will be conducted offline by adjusting the meeting schedule in the PROLANIS group. The implementation was attended by the PROLANIS group of Kepanjen, Malang Regency. The research was conducted in 1 stage with a pre-experimental design. The sample was the PROLANIS group with the following criteria: Members of PROLANIS (Chronic Disease Management Program) Kepanjen, cooperative, able to read and write, and have an android. The sample size was 30 people, taken using a purposive sampling technique. The lifeskill variable in preventing kidney disease. Data were collected using a questionnaire that had been tested for validity and reliability. Data were collected using a questionnaire that had been tested for validity and reliability. Content validity was evaluated by experts, and a reliability test using Cronbach's alpha showed a coefficient of 0.85, indicating a high level of internal consistency. The calculation is done by correlating each item score with the total score using product moment correlation, which is said to be valid if the p value  $\leq 0.05$  or the calculated r value  $> r$  table. Validity testing was conducted on 20 questions, with all results being valid. The questionnaire is considered reliable if the Cronbach's alpha value is equal to or greater than 0.6 and is reliable. The intervention was carried out offline by adjusting the PROLANIS group meeting schedule. The intervention was in the form of education using the android-based application SIPEGI: Chronic Kidney Disease Information System. The research instruments were: demographic data, lifeskills in the form of CERDIK: Regular health checks, Eliminate cigarette smoke, Diligent physical activity, Healthy diet with balanced calories, Adequate rest, Manage stress. The Wilcoxon signed rank test was used to test the effectiveness before and after the intervention was given with a significance level of 95%. Data collection began after the study passed the Health Research Ethics Committee's ethics at Universitas Kepanjen number 707.1/S.Ket/KEPK/UK/VI/2025 at Potential respondents who met the inclusion criteria were given consent to participate in the study. Those who agreed were then asked to complete a questionnaire (Bragg-Gresham et al., 2025).

## C. RESULT AND DISCUSSION

### 1. Result

**Table 1.** Demographic Data

Variable	Frequency (n)	Percentage (%)
Age		
26-35	8	26.7
36-45	12	40.0
46-55	7	23.3
>55	3	10.0
Education		
Primary school	4	13.3
Junior high	22	73.3
High school	4	13.3
Marriage		
Married	28	93.3
Not married	2	6.7
Occupation		
Not working	26	86.7
Private sector	1	3.3
Civil servant	3	10
Total	30	100

Table 1 shows that most respondents were aged 36-45 years (40%), with a small proportion aged >55 years (10%). Most respondents had junior high school education (73.3%), almost all were married (93.3%), and most were unemployed (86.7%).

**Table 2.** Lifeskill preventing chronic kidney disease

Criteria	Frequency (n)	Pre test Percentage (%)	Frekuensi Frequency (n)	Post test Percentage (%)
Good	7	23.4	27	90
Enaugh	22	73.3	3	10
Not enaugh	1	3.3	0	0
Total	30	100	30	100

Based on Table 2, the pre-test data shows that most life skills are in the enaugh category (73.3%). The post-test data shows that most life skills are in the good category (90%).

**Table 3.** Test Analysis Wilcoxon

Lifeskill	N	Min-Max	P value
Pre test	30	4 - 19	0.001
Post test	30	13 - 20	

Based on table 3, the results of the Wilcoxon test obtained pretest min-max data (4-19), while the post test min-max (13-20) with a p-value (for all) of 0.001,

### 2. Discussion

Before the SIPEGI (Sistem Informasi Pencegahan Penyakit Ginjal) intervention, data showed that 3.3% of respondents had poor chronic kidney disease prevention life skills

and 73.3% had sufficient chronic kidney disease prevention life skills. This was due to respondents having never received information about chronic kidney disease prevention before. Health education provided by health workers in the PROLANIS group was still about NCDs (Non-Communicable Diseases) such as hypertension and diabetes mellitus (Bragg-Gresham et al., 2025). These diseases are risk factors for chronic kidney disease, but the implementation of prevention that must be carried out was not provided in detail using simple learning media in the form of leaflets.

After receiving health education about SIPEGI, there was a change in respondents' life skills. This can be seen from the results of the questionnaire given after the health education (post-test), which showed a significant increase in life skills ( $p=0.001$ ). The majority of respondents (90%) had good life skills, and none had life skills in the chronic kidney disease prevention category that were considered poor. This indicates that there was an increase in respondents' life skills before and after receiving health education about SIPEGI.

Improving life skills in chronic kidney disease prevention is influenced by the media and health education methods provided, namely Android applications, discussions, and group sessions (Yang et al., 2026). Tools in the form of applications can help respondents understand the information provided. The success of health education is influenced by tools that can facilitate understanding of the target. Discussions about the SIPEGI application will help respondents recall the material that has been presented. Group discussions can achieve cognitive and psychomotor objectives. Group education methods will help respondents engage in discussions with other participants so they can understand the material presented. Health education is given a break because this is based on the theory of the learning process, where individuals experience a process of internalization into habits after 21 days (Smoyer et al., 2026). Efforts to improve life skills can be done by providing information through health education while taking into account the respondents' internal conditions, namely readiness to learn, in this case, owning and being able to operate an Android device

Based on general respondent data, the majority are housewives. This allows mothers sufficient time to improve life skills to prevent chronic kidney disease. Age also influences a person's life skills, especially in late adulthood. At this age, a person becomes responsible for carrying out their role. Maturity is an internal individual factor that influences the learning process. The more mature a person is, the more experience they gain, which influences their mindset. Furthermore, life skill development can be influenced by the social environment, as each family member constantly interacts with others, enabling them to gain new insights (Zambeli-Ljepović et al., 2025).

The results of the statistical test using the Wilcoxon Sign Rank Test showed a p-value of 0.001. This means that there is an effect of health education about SIPEGI on life skills for preventing chronic kidney disease. Health education is a process of planned behavior change in individuals, groups, and communities to be more independent in achieving healthy living goals (Gudsoorkar et al., 2026). This can be interpreted as an appropriate effort to improve a person's behavior for the better. Providing correct information continuously and sustainably will help accelerate changes in a person's abilities towards

the better. In this study, health education. Hypertension life skills can be improved by providing health education (Razavi et al., 2025). Health education or education is one way that can be used to improve a person's life skills. Previous research on the effect of health education using poster media on hypertension management life skills in hypertension sufferers. The results obtained were that the use of poster media had a significant influence on family life skills regarding hypertension management (Herrington et al., 2026).

Efforts to control and prevent non-communicable diseases (NCDs) have been socialized by the government through the Health Office to the public so that they can adopt CERDIK behaviors. CERDIK behaviors include regular health checks, eliminating cigarette smoke, diligent, balanced diets, adequate rest, stress management, and physical activity. Physical activity is included in the implementation of CERDIK. Carrying out physical activity regularly and adopting a healthy lifestyle will prevent hypertension. These activities can be done by all ages (KDIGO 2026 Clinical Practice Guideline for the Management of Anemia in Chronic Kidney Disease (CKD) SUPPLEMENT TO, n.d.). This proves that the SIPEGI application has a positive impact on the PROLANIS group in improving life skills for preventing chronic kidney disease. SIPEGI, as one of the digital health technologies (DHT), is expected to improve life skills for preventing chronic kidney disease. The use of digital technology in health is a good approach to solving health problems, one of which is chemotherapy (Chrysostomou et al., 2026).

SIPEGI application, which provides education on chronic kidney disease prevention, is a beneficial innovation in the healthcare sector. The convenience provided by the SIPEGI application is tailored to the needs of respondents, families, and healthcare professionals. This application provides direct information and educational materials that can be accessed independently by respondents or families. Education that previously had to be delivered verbally at healthcare facilities can now be accessed directly by patients and families at home, at a more flexible timeframe tailored to their individual circumstances.

The results of this study demonstrate a significant improvement in life skills for chronic kidney disease (CKD) prevention following the SIPEGI application-based intervention ( $p=0.001$ ). While health education itself is a known effective strategy, the novel contribution of this study lies in its specific context, methodology, and the integration of a tailored digital tool within a structured community health program. The key novel findings and implications are as follows:

First, this study successfully operationalized and measured the national "CERDIK" health promotion framework typically delivered as general advice into a structured, measurable outcome for CKD prevention within a high-risk PROLANIS group. The transition of participants from having primarily "sufficient" (73.3%) to predominantly "good" (90%) life skills after the intervention indicates that the Android-based SIPEGI application served as an effective, concrete tool for translating broad health principles into actionable, personalized knowledge for a specific disease complication (CKD).

Second, the research design uniquely addressed a critical gap in existing care. Prior to the intervention, education in the PROLANIS group focused broadly on hypertension

and diabetes, with CKD risk mentioned only implicitly through leaflets. The novelty of SIPEGI was its targeted, multi-modal approach: it provided dedicated, detailed, and interactive CKD prevention content (bridging a specific knowledge gap) via a familiar medium (Android smartphones), and was delivered within the trusted, social context of the existing PROLANIS group meetings. This combination of targeted digital content + community-based discussion likely catalyzed the significant improvement, moving beyond the limitations of passive, generic leaflet-based education.

Third, the study highlights the unique receptivity of the PROLANIS demographic predominantly housewives to this digital intervention. Contrary to assumptions that older adults or certain demographics may struggle with technology, this group's ownership of Android devices and the intervention's integration into their schedule facilitated high engagement. The finding suggests that community health programs for chronic disease management can effectively leverage digital tools even among non-tech-savvy populations when the tool is simple, directly relevant, and socially embedded.

Finally, this research contributes to the emerging field of Digital Health Technology (DHT) in Indonesia by demonstrating its practical application at the primary care level for preventive education. While DHT often focuses on hospital-based care or telemedicine, SIPEGI represents a novel application for proactive, community-based prevention. It empowers patients with on-demand access to specialized knowledge, extending healthcare education beyond the walls of the clinic and into daily life, thereby supporting the sustainability of health behaviors as suggested by learning process theory (e.g., internalization over 21 days).

In conclusion, the novelty of this study is not merely in confirming that health education works, but in demonstrating *how* a contextually designed, Android-based application (SIPEGI) can effectively address specific educational gaps, enhance a nationally endorsed health framework (CERDIK), and be successfully implemented within an existing community health structure (PROLANIS) to significantly improve preventive life skills in a high-risk population. This model presents a scalable and adaptable strategy for enhancing preventive education in similar chronic disease management programs.

#### **D. CONCLUSION AND SUGGESTIONS**

There was an increase in the life skills of the PROLANIS (Program Pengelolaan Penyakit Kronis) group through the Android-based SIPEGI (Sistem Informasi Pencegahan Penyakit Ginjal) application in Kepanjen District, Malang Regency. The SIPEGI application, which contains education on preventing chronic kidney disease, is a useful innovation in the health sector as an effort to prevent chronic disease.

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