

THE TITLE OF ARTICLE IN ENGLISH, FONT TIMES NEW ROMANS, CAPITALIZE EACH WORD, FONT SIZE 14, MAXIMUM 20 WORDS, 1.15 SPACING, AND JUSTIFIED ALIGNMENT

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Abstract

The abstract should be written in a single paragraph without section headings such as Background, Methods, Results, or Conclusion. However, it must still clearly cover all four components: the background or rationale of the study, the methods used, key findings or results, and the main conclusion. Use font size 10, 1.15 spacing, with a minimum of 200 words and a maximum of 250 words.

Keywords: Quality Parameter Wastewater...(Maximum of 5 words)

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This template is designed to assist authors in preparing articles that follow the journal's publishing standards. Articles should be formatted on A4-sized paper and must not exceed 12 pages. The article should be written in Times New Roman, size 12, with 1.15 line spacing. Citations must follow the Vancouver style (using Mendeley), and the article layout is recommended to be in 1 column. The manuscript should include a minimum of 40 references, with 80% of those references sourced from primary literature published within the last 5 years and books published within the last 10 years. In addition, at least one citation must be sourced from Jurnal Kesmas Jambi (JKMJ). References from unreliable sources such as blogspot, wordpress, or personal websites are not permitted. However, references from official websites, such as WHO, Ministry of Health, or other government websites, are allowed. The entire article text should be aligned with justify to ensure a polished and consistent appearance.

Here are examples of citation usage in this journal:

The highest percentage of short birth intervals (< 24 months) comes from the Philippines, with 25.5%, where 10.7% of births occurred with an interval of less than 18 months. The high percentage of short birth intervals is attributed to the fact that the majority of mothers in this study are Roman Catholic, accounting for 76.6%. Although women in the Philippines generally desire to limit the number of children in their families, this desire is hindered by the Catholic Church's prohibition on the use of contraception and cultural norms that discourage women from discussing sexual matters with their husbands (1).

On the other hand, it has also been found that the risk of infant mortality is associated with short birth intervals (2). Since 2005, the WHO has recommended that the interval between births should be at least 24 months before attempting the next pregnancy to reduce

the risks that may arise during pregnancy. A minimum birth interval of 24 months after a previous live birth is recommended because it allows the mother sufficient time to recover from pregnancy and childbirth and enables her to breastfeed her baby adequately (3,4).

INTRODUCTION (UPPERCASE, FONT 12, and 1.15 SPACING)

The introduction should explain the background of the literature review and clearly state the objectives of the literature review. This section helps readers understand why the literature review is important and what it aims to achieve. The Introduction can be described for maximum 20% of total pages

METHODS (UPPERCASE, FONT 12, AND 1.15 SPACING)

This section should provide a comprehensive description of how author looks for references related to the problem discussed, including inclusion or exclusion criteria for references

RESULTS (UPPERCASE, FONT 12, and 1.15 SPACING)

The results are contains of the output of the literature review, it should be clear and concise. The results explain about the reference that the author found, such as how many reference that the author got from the inclusion criteria, what the author found on that reference based on the problem, etc.

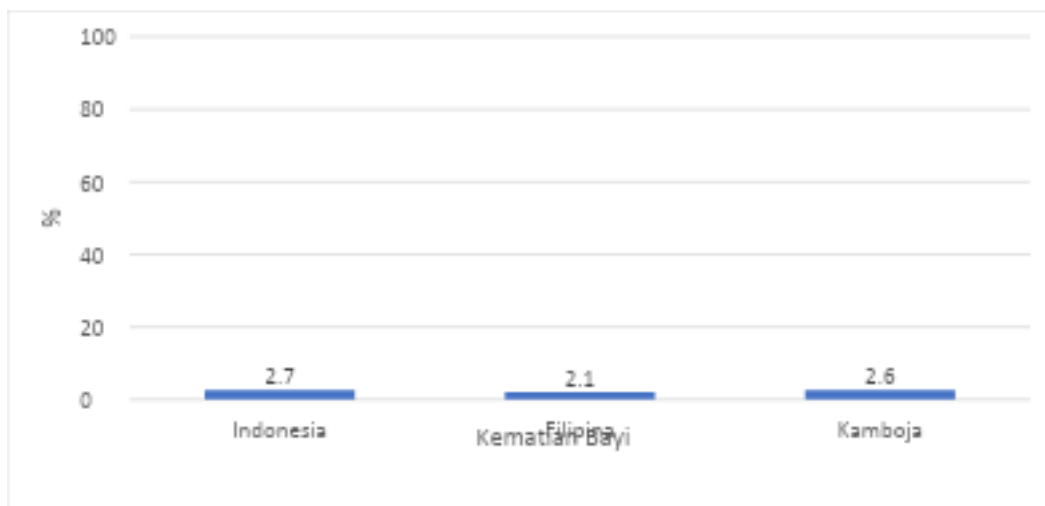


Figure 1. Figure titles should be numbered sequentially, placed below the figure with centered alignment, font size 12 and 1.15 spacing, and a maximum of 5 figures are allowed.

Tabel 1. Table titles should be numbered sequentially, placed above the table and centered alignment, font size 12 and 1.15 spacing, and a maximum of 5 tables are allowed.

Variable	Indonesia			The Philippines			Cambodia		
	OR	95 % CI	<i>p</i>	OR	95 % CI	<i>p</i>	OR	95 % CI	<i>p</i>
Birth Interval									
< 18 months	2,34	1,22 – 4,48	0,010	1,18	0,64 – 2,18	0,592	4,46	1,98 – 10,04	0,005
18 – 23 months	1,11	0,58 – 2,11	0,749	0,99	0,57 – 1,73	0,965	2,23	1,05 – 4,76	0,038
	Ref			Ref			Ref		
24 – 35 months	0,76	0,47 – 1,24	0,277	0,61	0,38 – 0,99	0,045	1,10	0,63 – 1,91	0,736
≥ 36 months									

Tables should be formatted using font size 11, single spacing (1.0), and should include the following borders: Top Border, Bottom Border, and Inside Horizontal Border to ensure clarity and consistency in presentation. Images must be of high resolution. Table or image reference sources are placed 1 space under tables/images using font size 9. Diagram of either a bar or a circle diagram, use a borderless 2 dimensional diagramming. Legend or caption is placed below the diagram. The source image (if not the result of the research) is placed under the legend / description of the diagram. The title of the diagram is under the description or source of the diagram in question. The diagram is included in the image category.

DISCUSSION (UPPERCASE, FONT 12, and 1.15 SPACING)

The Discussion section should be written in font size 12 with 1.15 spacing. This section should present a critical analysis and synthesis of the literature reviewed. Authors are expected to identify key themes, patterns, and trends across the studies, highlighting areas of agreement, contradiction, and uncertainty. The discussion should go beyond mere description by evaluating the quality, consistency, and relevance of the existing literature. Authors should also point out gaps in knowledge, methodological limitations, or populations that have been underrepresented. Where applicable, theoretical or conceptual insights should be discussed to help explain the findings. Additionally, the relevance of the reviewed literature to current practice, policy, or future research should be addressed. This section should reflect the author's analytical thinking and position within the ongoing scholarly conversation.

CONCLUSION AND RECOMMENDATION (UPPERCASE, FONT 12, and 1.15 SPACING)

The Conclusion and Recommendations section should be written in font size 12 with 1.15 spacing. This section should summarize the main findings from the literature review and highlight the key insights or contributions derived from the analysis. Authors should concisely restate the central themes, trends, and gaps identified in the discussion. It is important to emphasize the significance of these findings in advancing knowledge, guiding practice, or informing future research. The conclusion should not introduce new information,

but rather reinforce the main messages of the article. Where relevant, authors may suggest directions for future studies or policy recommendations based on the reviewed literature.

REFERENCES (UPPERCASE, FONT 12, and 1.15 SPACING)

1. Wallerstein C. Philippines colour-code family planning. *The Lancet*. 1999;354(14 August):579.
2. Awang H. Determinants of waiting time to third pregnancy using censored linear regression. *Journal of Biosocial Science*. 2003;35(1):59–70.
3. Kabano IH, Broekhuis A, Hooimeijer P. The Effect of Pregnancy Spacing On Fetal Survival and Neonatal Mortality in Rwanda : A Heckman Selection Analysis. 2016;358–73.
4. Katz J, West KP, Khattry SK, Christian P, LeClerq SC, Pradhan EK, et al. Risk factors for early infant mortality in Sarlahi district, Nepal. *Bulletin of the World Health Organization*. 2003;81(10):717–25.