Digital Health and Population Research Journal

Type (Original Research, Brief Communication, Review, Perspective, Commentary)

Type the title of your paper, capitalize the first letter

First Author[a], Second Author[b*], Third Author[c]

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Abstract

Background: The abstract should provide a clear and structured summary of the manuscript. It must briefly describe the background and rationale of the study, the specific aim, the methods used, the main results, and the principal conclusions. The abstract should be understandable without reference to the full text and should avoid citations and undefined abbreviations.

Aim: To provide clear statement of the study objective(s).

Methods: Should briefly state the study design, setting, data sources, participants, key variables or interventions, and main analytical methods.

Results: Should report the most important quantitative or qualitative findings. Data presented in this section include effect estimates with corresponding confidence intervals and exact p-values where applicable.

Conclusion: Main conclusions and implications for research, policy, or practice. Maximum 300 words.

Keywords: Provide 5–7 keywords, separated by semicolons (;). Keywords should reflect the core concepts of the study, should not duplicate or closely repeat wording used in the article title, and authors are encouraged to use Medical Subject Headings (MeSH) terms where applicable.

INTRODUCTION

The Introduction should provide sufficient scientific and conceptual background to allow readers to understand the context, relevance, and motivation of the study. It should summarize the current state of knowledge on the topic, focusing on evidence that is directly related to the research question. Key concepts should be introduced clearly, and claims should be supported by relevant and up-to-date literature. The Introduction should also identify limitations, inconsistencies, or gaps in existing evidence and explain why the present study is needed, particularly in relation to public health impact, clinical implications, or health system decision-making.

The section should follow a logical and coherent progression from general to specific. It usually begins with a broad overview of the problem or phenomenon under study, followed by a more focused discussion of prior research, methodological limitations, or unresolved issues in the literature. Redundancy should be avoided, and excessive detail more appropriate for the Discussion should not be included. The final paragraph of the Introduction must clearly state the aim, objective, or hypothesis of the study, providing a concise justification for the research and a clear link to the methods and analyses that follow.

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All body text in the Introduction must be written in Cambria, 10-point font, with single line spacing and fully justified alignment. The first paragraph should not be indented, while all subsequent paragraphs should use a standard first-line indent. Paragraph spacing before and after should be consistent throughout the section, and no extra spacing should be added between paragraphs. Manual line breaks, tabs within lines, or decorative formatting should be avoided to ensure consistency and readability.

Abbreviations should be used sparingly and only when necessary. All abbreviations must be defined in full at first mention, followed by the abbreviation in parentheses. Standard scientific units and terminology should be used consistently. The writing style should be clear, concise, and formal, avoiding colloquial expressions and unnecessary jargon.

METHODS

The Methods section must provide sufficient detail to allow readers to understand and assess how the study was conducted and how the results were generated. At a minimum, this section must include a clear description of the study design, ethical considerations, and data synthesis procedures. Authors should ensure that these core components are explicitly reported, even in brief or exploratory studies.

Study Design

This subsection must clearly state the study design and overall methodological approach. Authors should specify whether the study was observational, experimental, qualitative, mixed-methods, or a secondary analysis, and provide a brief justification for the chosen design. The study setting, geographic location, and timeframe of data collection must be reported. When applicable, registration details for clinical trials or systematic reviews should be included.

Study Population and Data Sources

This subsection should describe the study population, participants, or data sources in sufficient detail to allow assessment of representativeness and potential bias. Eligibility criteria, inclusion and exclusion criteria, and recruitment or sampling procedures must be clearly explained. For secondary or routinely collected data, the origin of the dataset, key characteristics, and any linkage procedures should be described.

Variables and Measurements

This subsection must define all outcomes, exposures, predictors, and covariates used in the analysis. Authors should explain how each variable was measured, categorized, or transformed. The validity and reliability of measurement instruments should be reported where relevant. For digital health or computational studies, details on data preprocessing, feature extraction, and data quality control should be included.

Data Synthesis

Data synthesis methods must be described in sufficient detail to allow replication. For quantitative studies, this includes the statistical analyses performed, effect measures used, handling of missing data, and criteria for statistical significance, with reporting of confidence intervals and exact p-values where applicable. For qualitative studies, authors must describe the analytical approach used, such as thematic analysis or content analysis, including coding procedures, development of themes, and strategies used to ensure rigor and trustworthiness. Mixed-methods studies should clearly explain how quantitative and qualitative findings were integrated.

Ethical Considerations

This subsection must explicitly address ethical approval and participant protection. For studies involving human participants, authors must state whether ethical approval was obtained, identify the approving ethics committee or institutional review board, and provide the approval number when available. Informed consent procedures should be described, or a justification provided if consent was waived. For studies using publicly available, anonymized, or secondary data, this should be clearly stated.

RESULTS

The Results section should strictly reflect the analyses described in the Methods section. Results must be reported without interpretation or discussion, and the order of reporting should follow the predefined study objectives or research questions. Descriptive characteristics of the study population or data should be presented first, followed by primary and secondary outcomes as appropriate.

Quantitative results must be reported using appropriate summary measures and effect estimates, accompanied by corresponding confidence intervals and exact p-values where applicable. P-values should be reported to a maximum of three decimal places; values smaller than 0.001 should be reported as $p < 0.001$. Selective reporting of outcomes must be avoided, and all analyses presented should have been prespecified in the Methods section. For qualitative studies, results should be presented as clearly defined themes or categories supported by representative quotations or excerpts,

with sufficient contextual detail to demonstrate analytical rigor. Mixed-methods studies should report quantitative and qualitative findings separately before describing their integration.

Data Presentation

Table

All tables should be numbered with Arabic numerals. Headings should be placed above tables and left justified. Leave one line space between the heading and the table. Only horizontal lines should be used within a table to distinguish the column headings from the body of the table and immediately above and below the table. Tables must be embedded into the text and not supplied separately. Below is an example (**Table 1**) that the authors may find helpful.

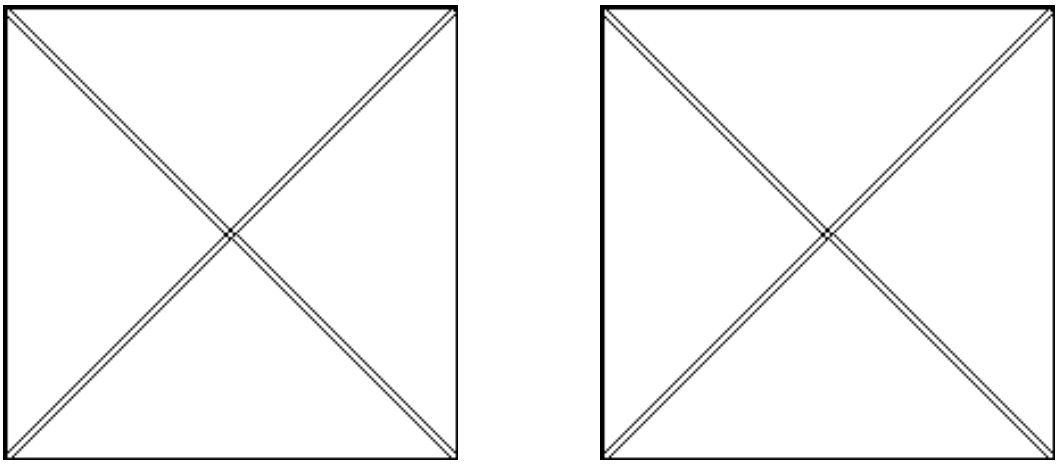
Table 1. An example of a table

An example of a column heading	Column A (m)	Column B (m^3)
And an entry	1	2
And another entry	3	4
And another entry	5	6

Author Artwork

All figures should be numbered with Arabic numerals (1,2,...n). All photographs, schemas, graphs, and diagrams are figures. Line drawings should be good-quality scans or original electronic output. Low-quality scans are not acceptable. Figures must be embedded into the text and not supplied separately. Lettering and symbols should be clearly defined in the caption or a legend provided as part of the figure. Figures should be placed at the top or bottom of a page wherever possible, as close as possible to the first reference to them on the paper.

The figure number and caption should be typed below the illustration in 8pt and left justified. The artwork has no text along the side of it in the main body of the text. However, if two images fit next to each other, these may be placed next to each other to save space, as presented in **Figure 1**. They must be numbered consecutively, all figures and all tables, respectively.



(a) (b)

Figure 1. Prevalence of non-communicable diseases in urban (panel A) and rural (panel B) settings, expressed as percentages of the study population during the 2015–2022 period. Solid lines represent model-based estimates, while markers indicate observed (experimental) data. Shaded areas denote 95% confidence intervals. Line colors indicate sex, with blue representing males and red representing females, across age groups.

Equations and formula should be typed and numbered consecutively with Arabic numerals in parentheses on the right-hand side of the page (if referred to explicitly in the text) (**Equation 1**).

$$\rho = \frac{\vec{E}}{J_C(T = const.) \cdot \left(P \cdot \left(\frac{\vec{E}}{E_C} \right)^m + (1 - P) \right)} \quad (1)$$

They should also be separated from the surrounding text by one space.

DISCUSSION

The Discussion section should interpret the study findings in relation to the research objectives and the existing body of evidence. It should begin with a concise summary of the principal findings, without repeating numerical results already presented in the Results section. The interpretation should be balanced and evidence-based, avoiding overstatement of the findings or claims that are not directly supported by the data. The Discussion should place the results in the context of prior studies, highlighting consistencies and discrepancies with existing literature and offering plausible explanations for observed differences. Where relevant, potential biological, behavioral, social, or system-level mechanisms should be discussed. The implications of the findings for public health, clinical practice, policy, or future research should be clearly articulated, while maintaining appropriate caution regarding causality, especially for observational or exploratory studies.

Study limitations must be explicitly acknowledged and discussed in a transparent manner. This includes methodological constraints, potential sources of bias, measurement error, residual confounding, and issues related to generalizability. Authors should explain how these limitations may have influenced the results and interpretation. Strengths of the study may be noted but should not overshadow a critical assessment of the limitations.

In-text citation

Citations in the text must be indicated using Arabic numerals in square brackets and should correspond to the numbered reference list in the order in which the sources first appear in the manuscript. Reference numbers must be placed before the punctuation mark (before the period or comma), not after it. Each number should be used consistently for the same source throughout the text and should not be reassigned. When citing a single source, include one number in square brackets. When citing multiple sources, separate non-consecutive references with commas and no spaces [1,2], while consecutive references should be presented as a range using an en dash [3–6]. A combination of both formats may be used when appropriate [2,4–7,9].

Citations should be placed at the most appropriate location in the sentence, immediately following the relevant information. They are typically placed after the statement they support, not in the middle of author names or between grammatical elements that would interrupt the flow of the text. If the author's name is part of the narrative, the reference number should still be provided in square brackets. Examples:

In-text use at the end of a sentence:

"Major contributors to the burden of non-communicable diseases include tobacco use, unhealthy diets, physical inactivity, and air pollution [1]."

Citing multiple non-consecutive sources:

"Several studies have reported a strong association between vitamin D deficiency and cardiovascular risk [2,5,8]."

Citing a range of consecutive references:

"This mechanism has been widely described in previous experimental and clinical studies [3–6]."

CONCLUSION

The Conclusion section should provide a concise and focused summary of the main findings of the study and their overall significance. It should restate the primary contribution of the work without repeating detailed results or numerical data already presented in the Results section. The conclusion should clearly explain what the findings add to existing knowledge and why they matter in the context of public health, clinical practice, health systems, or policy. Additionally, the section should be based strictly on the evidence generated by the study and should avoid introducing new data, analyses, or interpretations. Where appropriate, brief implications or recommendations may be stated, but these should be proportional to the study design and strength of the evidence. Overgeneralization and causal claims should be avoided.

Author Contributions

Authors must describe individual contributions using the CRediT (Contributor Roles Taxonomy). Each author should be listed with their corresponding roles. All authors must have made a substantial contribution to the work and approved the final manuscript. Artificial intelligence tools may not be listed as authors.

Example 1: Two authors
A.B. conceptualized the study, conducted the analysis, and drafted the manuscript. C.D. contributed to data interpretation and critically revised the manuscript. Both authors approved the final version.

Example 2: Multiple authors
A.B. and C.D. conceptualized the study. E.F. and G.H. performed data collection. A.B. conducted the statistical analysis. C.D. and I.J. interpreted the results. E.F. drafted the initial manuscript. All authors reviewed, revised, and approved the final manuscript.

Example 3: Equal contribution
A.B. and C.D. contributed equally to the conceptualization, analysis, and drafting of the manuscript. All authors reviewed and approved the final version.

Acknowledgements

The Acknowledgements section should be used to recognize individuals, institutions, or organizations that contributed to the study but do not meet the criteria for authorship. This may include technical support, administrative assistance, language editing, data access facilitation, or general advisory input. Written or documented consent must be obtained from all individuals named in this section prior to submission.

Ethics Approval

Authors must select one of the following statements and include it verbatim in the manuscript. All placeholders should be replaced with the appropriate information. Only one option should be reported.

Option 1: Ethical approval obtained with informed consent
This study was approved by the Institutional Review Board (IRB) or equivalent research ethics committee of [Institution Name] (approval number [XXXXX]). Written informed consent was obtained from all participants prior to participation in the study. The study was conducted in accordance with the Declaration of Helsinki (2013) and the Council for International Organizations of Medical Sciences (CIOMS) International Ethical Guidelines.

Option 2: Ethical approval obtained with waiver of consent
This study was approved by the Institutional Review Board (IRB) or equivalent research ethics committee of [Institution Name] (approval number [XXXXX]). The requirement for informed consent was waived by the IRB or ethics committee due to [reason]. The study was conducted in accordance with the Declaration of Helsinki (2013) and the CIOMS International Ethical Guidelines.

Option 3: Ethical approval obtained for secondary or anonymized data
This study was approved by the Institutional Review Board (IRB) or equivalent research ethics committee of [Institution Name] (approval number [XXXXX]) and used secondary data that were fully anonymized. Informed consent was not required in accordance with the ethics approval. All

procedures complied with the Declaration of Helsinki (2013) and the CIOMS International Ethical Guidelines.

Option 4: Ethical approval not required
Ethical approval was not required for this study because it did not involve human participants and used publicly available or fully anonymized data, in accordance with institutional and national regulations and internationally accepted ethical standards, including the CIOMS International Ethical Guidelines and the Declaration of Helsinki (2013), where applicable.

Option 5: Animal study ethical approval
All experimental procedures involving animals were approved by the Institutional Animal Care and Use Committee or equivalent ethics committee of [Institution Name] (approval number [XXXXX]) and were conducted in accordance with relevant international and national standards for animal care and use.

Availability of Data and Materials

Authors must select **one** of the following statements and include it verbatim in the manuscript. If applicable, placeholders should be replaced with the appropriate repository name, accession number, or data source. Only one option should be reported.

Option 1: Publicly available data
The datasets generated and/or analyzed during the current study are publicly available in the [name of repository] [ref].

Option 2: Data available upon reasonable request
The datasets generated and/or analyzed during the current study are not publicly available due to ethical or privacy restrictions but are available from the corresponding author upon reasonable request.

Option 3: Restricted data
The datasets generated and/or analyzed during the current study are subject to restrictions imposed by the data provider and are not publicly available. Access to the data may be granted upon approval from the data owner and the relevant ethics committee.

Option 4: Secondary or publicly accessible databases
This study used publicly available data obtained from [name of database or repository]. No new datasets were generated during the current study.

Option 5: No data generated or analyzed
No datasets were generated or analyzed during the current study.

Funding

Authors must select **one** of the following statements and include it verbatim in the manuscript. All placeholders should be replaced with the appropriate funding body name and grant number where applicable. Only one option should be reported.

Option 1: Single funding source
This study was funded by the [Funding Body Name] under grant number [XXXXX].

Option 2: Multiple funding sources
This work was supported by the [Funding Body Name] (grant number [XXXXX]) and the [Funding Body Name] (grant number [XXXXX]).

Option 3: Institutional or internal funding
This study received internal funding from the [Institution Name]. No external funding was received.

Option 4: Fellowship or scholarship support

The study was supported by a research fellowship from the [Funding Body Name], grant number [XXXXX].

Option 5: No specific funding
This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Competing Interests

Authors must select one of the following statements and include it verbatim in the manuscript. Only one option should be reported.

Option 1: Competing interests declared
The authors declare the following financial and/or non-financial competing interests: [brief description].

Option 2: No competing interests
The authors declare that they have no competing interests.

Use of Artificial Intelligence (AI)

Authors must select one of the following statements and include it verbatim in the manuscript. When applicable, the name of the AI tool, version, and producing company (including city and country) must be reported. Only one option should be selected.

Option 1: AI used for writing and language editing
Artificial intelligence tools were used to assist with writing, language editing, and improving the clarity and coherence of the manuscript (e.g., *[AI tool name]*, version *[X.X]*, *[Company Name]*, *[City, Country]*). All AI-assisted content was reviewed, edited, and verified by the authors, who take full responsibility for the integrity and accuracy of the final manuscript.

Option 2: AI used for data analysis or modeling
Artificial intelligence tools were used in data analysis and/or model development (e.g., *[AI tool name]*, version *[X.X]*, *[Company Name]*, *[City, Country]*). The AI methodology, input data, validation procedures, and limitations are fully described in the Methods section. The authors take full responsibility for the results and interpretations.

Option 3: AI used for multiple purposes
Artificial intelligence tools were used for data analysis and for assisting with writing and language editing (e.g., *[AI tool name]*, version *[X.X]*, *[Company Name]*, *[City, Country]*). All AI-assisted content and outputs were reviewed and verified by the authors, who take full responsibility for the integrity and accuracy of the work.

Option 4: No AI used
No artificial intelligence tools were used in the conduct of this study or in the preparation of this manuscript.

Cited as:

Author X, Author Y, Author Z, *et al*. Type the title of your paper, capitalize the first letter. Digital Health Popul Res J. 2026;1(1):eXX.

REFERENCES

The reference list must be prepared in a Vancouver-adopted style using a uniform structure and punctuation throughout. Each reference should be written in the following order: author names, article title in sentence case, abbreviated journal name, year of publication, volume number followed by the issue in parentheses, and the first page number. The general format is:

Author Last Name Initial(s). Title of the article in sentence case. Abbreviated Journal Name. Year;Volume(Issue):FirstPage.

Author names must be written with the family name followed by the initials without periods. Multiple authors should be separated by commas, and no conjunction (such as "and") should be used before the last author. When the number of authors exceeds the journal's permitted limit (> 4 authors), "et al." should be used after the third listed author. All names must retain their original spelling and any diacritical marks.

The article title must be written in sentence case. Only the first word and proper nouns are capitalized, while standard abbreviations and scientific terms retain their conventional capitalization. The title should end with a period and should not be enclosed in quotation marks or formatted in italics or bold. Journal names must be presented using the official NLM abbreviated form and followed by a period. No additional styling such as italics, bold, or underlining should be applied. The year of publication should be followed by a semicolon, then the volume number. The issue number must be placed in parentheses immediately after the volume without a space. A colon should follow, after which the first page number (or article number, if applicable) is written. Each reference must end with a period.

All references must use consistent punctuation and spacing. A period should follow the author list, article title, and journal name. The year must always be followed by a semicolon, the issue enclosed in parentheses, and the page number preceded by a colon. Special characters, hyphenated terms, and en dashes in scientific expressions (e.g., CKD–MBD, U-shaped) must be preserved as in the original publication. If needed, this format can also be applied to articles with electronic article numbers in place of page numbers, using the same structure and punctuation.

Examples of the reference list:

[1] Murray CJ. Findings from the global burden of disease study 2021. Lancet. 2024;403(10440):2259.

[2] Fay MP, Tiwari RC, Feuer EJ, Zou Z. Estimating average annual percent change for disease rates without assuming constant change. Biometrics. 2006;62(3):847.

[3] Zhang T, Chen M, Yu Z, *et al*. Global, regional, and national burden of disease analysis on paralytic ileus and intestinal obstruction in adults aged 65 and over from 1990 to 2021, with projections for 2030: a Global Burden of Disease Study 2021 analysis. BMC Gastroenterol. 2025;25(1):299.

[4] Murni IK, Wibowo T, Arafuri N, *et al*. Feasibility of screening for critical congenital heart disease using pulse oximetry in Indonesia. BMC Pediatr. 2022;22(1):369.

[5] Bachnas MA, Andonotopo W, Pribadi A, *et al*. Fetal cardiac diagnostics in Indonesia: a study of screening and echocardiography. J Perinat Med. 2025;53(5):561.

[6] Syairaji M, Nurdiati DS, Wiratama BS, *et al*. Trends and causes of maternal mortality in Indonesia: a systematic review. BMC Pregnancy Childbirth. 2024 2024/07/30;24(1):515.

[7] Amelia P, Yosephine AG, Tobing TC, *et al*. Association between type of congenital heart disease with child growth and development status: A cross-sectional study in Medan, Indonesia. Narra J. 2023;3(3):e414.