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

Fisrt Author¹, Second Author², Third Author², Fourth Author³

¹Environmental Health Study Program, Universitas Sriwijaya, Indralaya, South Sumatera

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 an(d a maximum of 250 words.

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

Corresponding Author : Bunga Mawar Email Bunga Mawar@gmail.com

This template is designed to assist authors in preparing manuscripts that follow the journal's publishing standards. Manuscripts should be formatted on A4-sized paper and must not exceed 12 pages. The manuscript should be written in Times New Roman, size 12, with 1.15 line spacing. Citations must follow the Vancouver style (using Mendeley), and the manuscript layout is recommended to be in 1 column. The manuscript should include a minimum of 20 and a maximum 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. 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 manuscript 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

²Public Health Study Program, Universitas Jambi, Jambi

³Epidemiology Study Program, Universitas Indonesia, Depok, West Java

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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 study, describe the research gap, and clearly state the objectives. This section helps readers understand why the research is important and what it aims to achieve.

METHODS (UPPERCASE, FONT 12, AND 1.15 SPACING)

This section should provide a comprehensive description of the research design, including the type of study conducted. It should detail the population and sample, specifying how they were selected. Additionally, the data sources should be clearly described, along with the techniques or instruments used for data collection. The procedures for data analysis should also be explained, ensuring that the methodology is transparent and replicable.

RESULTS (UPPERCASE, FONT 12, and 1.15 SPACING)

The Results section should present the findings of the study without interpretation or reference to previous research. It should focus solely on the data and outcomes derived from the research, providing clear and objective information. This section may include tables, figures, and statistical analyses, but should not include discussions, conclusions, or comparisons with prior studies. All findings should be reported in a logical sequence, and the emphasis should be on the results of the current study.

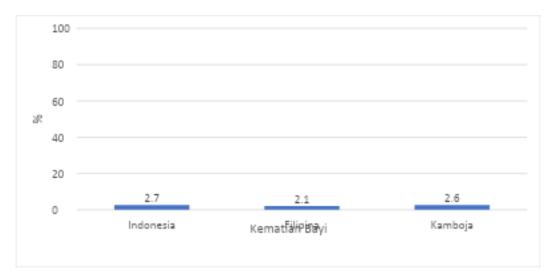


Figure 1. Figure titles should be numbered sequentially, placed below the figure with centered alignment, font size 12 and 1.15 spacing, and a maximum of 5 figures are allowed.

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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.

	Indonesia			The Philippines			Cambodia		
Variable	OR	95 % CI	p	OR	95 % CI	p	OR	95 % CI	p
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	1,11	0.58 - 2.11	0,749	0,99	0,57-1,73	0,965	2,23	1,05-4,76	0,038
months	Ref		•	Ref		-	Ref		-
24 – 35	0,76	0,47 - 1,24	0,277	0,61	0,38 - 0,99	0,045	1,10	0,63 - 1,91	0,736
months									
\geq 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.

DISCUSSION (UPPERCASE, FONT 12, and 1.15 SPACING)

The Discussion section should be written in font size 12 with 1.15 spacing. It should provide a clear, critical, and comprehensive interpretation of the study's findings. Authors are expected to support their arguments with references to previous research, highlighting both consistencies and discrepancies. This section should also address the implications of the findings, acknowledge the study's limitations, and, if relevant, propose recommendations for practice or future research.

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 must directly address the research questions by referring to the study's objectives. The conclusion should summarize the key findings clearly and concisely without repeating detailed results. It should highlight the significance of the study and its contribution to knowledge or practice. The recommendations should be constructive, relevant, and based on the findings, offering practical suggestions for stakeholders, policy, or further research.

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, Khatry 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.