The Title is Written With a Maximum of 15 Words Without Any Year of Research

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ABSTRACT
Background: In this study, we aimed to [state the research question or objective] within the context of [provide a brief background on the health issue]. With [mention key statistics or global significance], our objective was to [briefly explain the purpose of your study] to address gaps identified in existing literature.
Methods: his [type of study] involved [describe study design] conducted across [mention study setting and duration]. A total of [initial number of participants] were enrolled, and data were collected through [mention data collection methods]. Ethical approval was obtained from [name of relevant ethics committee], and participants provided [type of consent].
Results: The primary outcome of the study was [state the primary outcome], and [mention key findings]. Additionally, [briefly discuss other important results]. Statistical analyses revealed [include any relevant statistical findings, such as p-values]. [Highlight any unexpected or significant findings].
Conclusion: In conclusion, our study contributes to the understanding of [specific health issue] by [summarize key contributions]. This research provides insights into [mention the broader implications]. Future studies should address [recommendations for future research], ultimately advancing knowledge in the field of international health.
KEYWORDS: Keywords1; Keywords2; Keywords3; Keywords4;

INTRODUCTION

Begin by introducing the general topic and its relevance to international health. Provide a brief overview of the broader health issue or challenge you are addressing (Nasrul, Hafid, Ramadhan, Suza, & Efendi, 2020). Emphasize why the health issue is of international importance. Discuss any global trends, patterns, or statistics that showcase the widespread impact of the problem. This can involve citing key global health organizations and their reports (Virdausi et al., 2022; Windi et al., 2021). Summarize relevant literature to establish the current state of knowledge in the field. Identify gaps, controversies, or unresolved questions that your study aims to address. This demonstrates that you have conducted a thorough literature review (Efendi et al., 2023).

Clearly articulate the specific gap or problem that your research addresses. This could be a lack of data, conflicting findings, or an unexplored aspect of the issue (Istifa et al., 2021). This helps establish the rationale for your study. If the health issue has a historical dimension or has evolved over time, briefly provide this context. Historical information can help readers understand the roots of the problem and how it has developed. Address any policy implications related to the health issue. This helps to underscore the real-world significance of your research and how it can contribute to improving health outcomes on a global scale (Khasanah et al., 2023).

If applicable, connect your research to broader global health goals, such as the Sustainable Development Goals (SDGs) or other international health initiatives. This aligns your work with broader efforts to improve global health (Pont et al., 2023). Conclude the background section by clearly stating the purpose and objectives of your study. Explain how your research aims to contribute to addressing the identified gap and advancing knowledge in international health. While providing comprehensive information, strive to keep the background section concise. Focus on key points and avoid unnecessary details that may distract readers from the main purpose of your study (Taqwin et al., 2020).

Ensure that you properly cite all sources and studies you reference in the background section. This establishes the credibility of your work and allows readers to explore the referenced literature for more in-depth information (Nilam Sari, Susanti, & Indraswari, 2022; Nurlina & Nurdiana, 2022). Remember to tailor the background section to the specific requirements and guidelines of the target international health journal. Each journal may have its own preferred format and expectations for this section.

METHODS

Begin with a brief overview of the study design, such as whether it is a cross-sectional study, cohort study, randomized controlled trial, or another design. Provide a rationale for choosing the specific design and how it aligns with the research objectives. Clearly describe the characteristics of the study population, including inclusion and exclusion criteria. Mention any sampling methods employed and justify why these methods were chosen. Include relevant demographic information and any special considerations related to the population.

Specify the location(s) where the study was conducted. This could include countries, regions, healthcare facilities, or other relevant settings. If applicable, discuss any unique aspects of the setting that may impact the study. Outline the ethical approvals obtained from relevant institutional review boards or ethics committees. Emphasize how the study adhered to ethical principles, including obtaining informed consent from participants. Address issues of confidentiality and any measures taken to protect participants' rights. Provide detailed information on the methods used to collect data. This may include survey instruments, interview protocols, clinical measurements, or other tools. Specify who collected the data, whether it was researchers, healthcare professionals, or trained fieldworkers (Abas, Ramadhan, Manggasa, & Rantesigi, 2021; Hardayanti, Ramadhan, Suharto, & Agusrianto, 2021; Ramadhan, Hafid, & Nurfatimah, 2021).

Clearly define all variables measured in the study. Specify the units of measurement and any relevant details about the accuracy and precision of instruments used. If validated tools were employed, provide references. Describe the statistical or analytical methods used to analyze the data. Specify the software packages, statistical tests, and any assumptions made during the analysis. If applicable, discuss any adjustments for confounding variables. Discuss any measures taken to ensure the quality and accuracy of data. This may include training of data collectors, regular supervision, double data entry, or inter-rater reliability checks. Explain how data integrity was maintained throughout the study. Clearly state the time frame during which the study was conducted, including the start and end dates of data collection. If applicable, discuss any seasonal or temporal factors that may have influenced the study (Anggraini et al., 2022; Purbowati, Wahyuni, & Aticeh, 2022; Sari & Harwijayanti, 2022; Taqwin, Linda, & Ifda, 2022).

Detail any power calculations conducted to determine sample size and justify the chosen sample size. Clarify the significance level (alpha) and power used in the calculations. Acknowledge and discuss potential limitations of the study methodology. This could include sample size constraints, selection bias, recall bias, or other factors that might impact the generalizability of the findings. By following these guidelines, you ensure that the methods section is comprehensive, transparent, and adheres to the standards of rigor expected in international health journal articles. Always check the specific requirements and guidelines of the target journal for any additional formatting or content expectations.

RESULTS

The study involved [describe study design] conducted across [mention study setting and duration]. A total of [provide the initial number of participants] were enrolled, with [mention any inclusion/exclusion criteria]. The demographics of the study population included [highlight key demographic details]. Participants were randomly assigned to [describe experimental and control groups, if applicable].

Descriptive Statistics

Table 1 summarizes the baseline characteristics of the study participants. The mean age was [mean age ± SD], with a distribution of [provide additional demographic information]. Baseline characteristics were comparable between the experimental and control groups, ensuring a balanced distribution of key variables.

Primary Outcome Measures

The primary outcome of the study was [clearly state the primary outcome]. Table 2 presents the results, indicating [provide main results and statistical significance, if applicable]. The experimental group demonstrated a statistically significant [increase/decrease] compared to the control group ($p < 0.05$).

Secondary Outcome Measures

Secondary outcomes, including [list secondary outcomes], were also assessed. Figure 1 illustrates [present key findings graphically]. Analysis revealed [mention results and statistical significance, if applicable]. Notably, [any unexpected or noteworthy findings].

Subgroup Analysis

To explore potential variations within the study population, subgroup analyses were conducted based on [relevant factors]. Table 3 displays the results of subgroup analyses, revealing [provide key findings within subgroups]. The observed differences were statistically significant in [specific subgroups], emphasizing the need for targeted interventions in these populations.

Table 1. Example of Table and Table Title

Variables	n	%
Mother's Age		
<20 years	60	11.3
≥20 years	471	88.7
Child's Gender		
Male	259	48.8
Female	272	51.2
Type of Delivery		
Normal	413	77.8
Cesarean Section	118	22.2

Table 1 illustrates the distribution of key demographic and delivery-related characteristics among the study population. It shows that the majority of mothers, 88.7%, were aged 20 years or older, with only 11.3% being younger than 20. In terms of child gender, the distribution was fairly balanced, with 48.8% male and 51.2% female. Regarding the type of delivery, most mothers (77.8%) experienced a normal delivery, while 22.2% underwent a cesarean section.

Table 2. Cross-tabulation of Risk Factors for Stunting in Children Under Two Years of Age in xxx Regency

Variables	Nutritional Status				p-value
	Normal		Stunting		
	n (291)	% (71.8)	n (106)	% (28.2)	
Mother's Education					
<9 years	255	74.8	76	25.2	0.247
≥9 years	66	68.8	30	31.2	
Child's Gender					
Male	128	70.3	54	29.7	0,218

Variables	Nutritional Status				p-value
	Normal		Stunting		
	n (291)	% (71.8)	n (106)	% (28.2)	
Female	163	75.8	52	24.2	
Type of Delivery					
Normal	238	71.5	95	28.5	0,060
Cesarean Section	53	82.8	11	17.2	
Child's Age					
0-6 Months	68	80.0	17	20.0	0,115
7-23 Months	223	71.5	89	28.5	
Family Latrine Ownership					
No	53	60.9	34	39.1	<0.003
Yes	238	76.8	72	23.2	
Birth Length					
<48 cm	99	64.3	55	35.7	0,002
≥48 cm	187	78.6	51	21.4	
Birth Weight					
Low	19	54.3	16	45.7	0,008
Normal	272	75.1	90	24.9	

Table 2 presents the cross-tabulation of various risk factors for stunting among children under two years of age in XXX Regency. The analysis shows that mother's education and child's gender did not significantly impact stunting, with p-values of 0.247 and 0.218, respectively. However, there was a notable difference in type of delivery, with 17.2% of cesarean-born children experiencing stunting compared to 28.5% of those born through normal delivery (p = 0.060). Family latrine ownership was significantly associated with stunting (p < 0.003), as children from households without latrines had a higher prevalence of stunting (39.1%) compared to those with latrines (23.2%). Birth length and birth weight were also significant factors; children born with a length of less than 48 cm (35.7%) or low birth weight (45.7%) had a higher prevalence of stunting compared to those with a length of ≥48 cm (21.4%) and normal birth weight (24.9%), with p-values of 0.002 and 0.008, respectively. Child's age did not show a significant difference, though stunting was more prevalent in older children (28.5%) compared to those 0-6 months old (20.0%), with a p-value of 0.115. These results suggest that environmental factors such as latrine ownership, as well as birth conditions, are key risk factors for stunting in this population.

Table 3. Multivariate Analysis of Risk Factors for Stunting in Children Under Two Years of Age in XX Regency

Variables	p-value	AOR	95%CI	
			Lower	Upper
Child's Gender				
Male	0.035	1.7	1.0	2.7
Female		1.0		
Birth Length				

<48 cm	0.020	1.8	1.1	3.1
≥48 cm		1.0		
Low Birth Weight				
Yes	0.043	2.3	1.0	5.2
No		1.0		

Table 3 presents the results of the multivariate analysis of risk factors for stunting among children under two years of age in XX Regency. The analysis shows that child's gender is a significant predictor of stunting, with males being 1.7 times more likely to be stunted than females (AOR = 1.7, 95% CI: 1.0–2.7, p = 0.035). Additionally, birth length is another significant factor, as children born with a length of less than 48 cm are 1.8 times more likely to experience stunting compared to those with a birth length of 48 cm or more (AOR = 1.8, 95% CI: 1.1–3.1, p = 0.020). Low birth weight also significantly increases the risk of stunting, with children born with low birth weight being 2.3 times more likely to be stunted compared to those born with normal weight (AOR = 2.3, 95% CI: 1.0–5.2, p = 0.043). These findings indicate that male gender, shorter birth length, and low birth weight are independent risk factors for stunting in this population.

DISCUSSION

[Interpretation of Key Findings]

In this study, our findings revealed [summarize main results]. The observed [increases/decreases] in [specific outcomes] within the experimental group suggest [potential explanations] (Hafid et al., 2022; Nurfatimah et al., 2021). These results are consistent with previous research by [cite relevant studies] and support the notion that [provide an overarching interpretation]. Notably, our study contributes to the existing evidence base by [highlighting any unique aspects or novel findings] (Amsal et al., 2021; Firaningsih, Sitorus, Nurfatimah, Longgupa, & Ramadhan, 2021; Ramadhan, Maradindo, Nurfatimah, & Hafid, 2021).

[Comparison with Previous Studies]

Comparing our results with those of previous studies is essential for contextualization. The findings of [cite relevant studies] are in line with our results, confirming the robustness of the observed [patterns/trends]. However, disparities with [other studies] warrant consideration. Possible explanations for these discrepancies include [discuss potential reasons], emphasizing the need for further research to reconcile conflicting findings in the literature (Mulia Sakti, Hi. Amir Sene, & Ramadhan, 2024; Taqwin et al., 2023).

[Implications for Public Health]

The implications of our study extend to the realm of public health by [discuss how the findings may impact public health practices or policies] (Maryani et al., 2024; Staryo et al., 2024). For instance, the observed [improvements/worsening] in [specific outcomes] suggest potential interventions to enhance [healthcare practices/public health strategies]. Our results align with the broader goals outlined in [relevant global health initiatives], emphasizing the international relevance of our findings.

[Limitations and Cautions]

Despite the meaningful contributions, our study has several limitations that warrant acknowledgment. [Discuss study limitations, such as sample size constraints, potential biases, or methodological challenges]. These limitations may have influenced the generalizability of our findings and should be considered in the interpretation of results. Future research should address these limitations to further refine our understanding of [health issue].

[Recommendations for Future Research]

Building on the insights gained from this study, future research should focus on [identify specific areas for further investigation]. Addressing the limitations identified in this study, such as [mention limitations], will contribute to a more comprehensive understanding of [health issue]. Additionally, exploring [related aspects] may unveil new dimensions and nuances that were beyond the scope of our study.

CONCLUSION

In conclusion, this study sheds light on [specific health issue] by providing valuable insights into [key findings]. The comprehensive analysis of our results in the context of existing literature contributes to the body of knowledge in international health. Our findings have implications for [healthcare practices, policies, or interventions], and future research endeavors should build upon these foundations to further advance our understanding of [health issue].

This research recommends, For educational institutions, it is hoped that this research can become a reading tool in libraries to develop husbands' knowledge and attitudes in supporting immunization for babies.

For the Dolo Community Health Center, it is hoped that there will be more outreach regarding the provision of immunizations, especially for husbands/heads of families who have babies in the work area of the Dolo Community Health Center, Sigi Regency, to be more proactive in improving their abilities so that they can be better prepared and have a more supportive attitude regarding the provision of immunizations for babies.

For parties who wish to carry out similar research, to further develop themselves with adequate skills and knowledge so that better quality research will be realized for the advancement of the world of nursing.

Author's Contribution Statement: Authors Detail each author's role in the research and manuscript development (see credit-author-statement).

Conflicts of Interest: Confirms that the authors have declared any potential conflicts that could influence the impartiality of the research. The authors explicitly state that they have no financial or personal relationships with entities that might unduly affect their objectivity. This declaration ensures the integrity of the study by transparently addressing any possible influences on the research outcomes, contributing to the credibility and trustworthiness of the article. (example).

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