AUTHOR INFORMATION PACK

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I. DESCRIPTION

IJNMS- International journal of Nursing and Midwifery Science provides a forum for original research and scholarships relevant to nursing and other health-related professions. IJNM is a scientific peer-reviewed nursing and midwifery journal which is published semi-annually (April Agustus Desember) facilitated by the Departement Research an Social Engagement Bina Sehat PPNI Institute Of Health Science and network of nursing and midwifery school across country US, Australia, Thailand, Filipine, Malysia.

The journal particularly welcomes studies that aim to evaluate and understand the complex nursing and midwifery care interventions which employ the most rigorous designs and methods appropriate for the research question of interest. This journal used ARJUNA kemenristek DIKTI standarization.

IJNMS will be indexen soon in:

- DOAJ, Index Copernicus International, .
- It is indexed in major databases: Science and Technology Index (SINTA), Indonesian Publication Index (IPI), Google Scholar, Bielefeld Academic Search Engine (BASE).
- Rapid initial screening for suitability and editorial interest.

II. FOCUS AND SCOPE

The scope of this journal includes, but is not limited to the research results of:

- Fundamentals of Nursing
- Management in Nursing
- Medical-surgical Nursing
- Critical Care Nursing
- Emergency and Trauma Nursing
- Oncology Nursing
- Community Health Nursing
- Occupational Health Nursing
- Mental Health Nursing
- Holistic Nursing
- Geriatric Nursing
- Family Nursing
- Maternity Nursing
- Women's Health
- Pediatric Nursing
- Education in Nursing
- Midwifery Science
- Legal Nursing
- Advanced Practice Nursing
- Nursing Informatics

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We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper into a 'correct format' for acceptance and provide the items required for the publication of your article.

Selection of papers for publication is based on their scientific excellence, distinctive contribution to knowledge (including methodological development) and their importance to contemporary nursing, midwifery or related professions. Submission to this journal proceeds fully online, and you will be guided stepwise through the creation and uploading of your files.

The manuscript should be written in Ms. Word format. Figure, illustration, and picture are included in manuscript file. Submit manuscript directly to http://ijnms.net/index.php/ijnms/about/submissions. IJNMS will automatically reject any manuscript submitted via email or hardcopy.

The Editorial Board determines feasible manuscript after obtaining recommendations from peer reviewers. Manuscript revision is author responsibility, and manuscripts that are not feasible will be returned to the author.

TYPES OF MANUSCRIPT

Original Articles

Original Articles should report on original clinical studies or research not previously published or being considered for publication elsewhere. The text should not exceed 7000 words, including a list of authors and their affiliations, corresponding author, acknowledgements and figure legends, with an abstract of a maximum of 250 words, a list of a minimum of 25 references primarily from international journals indexed by Scopus or Web of Science, and a maximum 5 figures/tables (see below for more details on the layout).

Systematic Reviews

Systematic Reviews are exhaustive, critical assessments of evidence from different data sources in relation to a given subject in the area of nursing and midwifery. A systematic search of the relevant data sources should be carried out and the items collected should be carefully evaluated for inclusion based on apriori defined inclusion/exclusion criteria. A description and an analytical graphic representation of the process should be provided. The specific features of the participants' or patients' populations of the studies included in the review should be described as well as the measures of exposure and the outcome with indication towards the corresponding data sources. A structured abstract is required (the same as for short reviews). The text must not exceed 7,000 words including the acknowledgments, with no more than four tables and/or figures and a minimum of 40 references.

Meta-analyses

Meta-analyses should follow the same guidelines for systematic reviews. They are expected to provide exhaustive information and statistical assessment of the pooled estimates of pre-defined outcomes, study heterogeneity and quality, possible publication bias, meta-regression, and subgroup analyses when and where appropriate. Depending on the type of study, the authors are invited to submit PRISMA flow diagrams or MOOSE checklists. Both systematic reviews and meta-analyses will be dealt with as original articles are, as far as the editorial process is concerned.

TITLE AND AUTHORSHIP

The title should describe the summary of the research (concise, informative, no abbreviations, and a maximum of 12 words).

The authorship of articles should be limited to those who have contributed sufficiently to take on a level of public responsibility for the content. Provided should be full names of authors (without academic title); author's affiliation [name(s) of department(s) and institution(s)]; the corresponding author's name, mailing address, telephone, and fax numbers, and e-mail address. The corresponding author is the person responsible for any correspondence during the publication process and post-publication.

ABSTRACT

Abstracts should be less than 250 words, and should not include references or abbreviations. They should be concise and accurate, highlighting the main points and importance of the article. In general, they should also include the following:

- ***Introduction:*** One or two sentences on the background and purpose of the study.
- ***Method:*** Describe the research design, settings (please do not mention the actual location, but use geographic type or number if necessary); Participants (details of how the study population was selected, inclusion and exclusion criteria, numbers entering and leaving the study, and any relevant clinical and demographic characteristics).
- ***Results*****:** Report the main outcome(s)/findings including (where relevant) levels of statistical significance and confidence intervals.
- ***Conclusions:*** Should relate to the study aims and hypotheses.
- ***Keyword:*** Provide between three and five keywords in alphabetical order, which accurately identify the paper's subject, purpose, method, and focus.

TEXT

The text should be structured as follows: introduction, methods, results, discussion, and conclusion. Footnotes are not advisable; their contents should be incorporated into the text. Use only standard abbreviations; the use of nonstandard abbreviations can be confusing to readers. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on the first mention unless the abbreviation is a standard unit of measurement. If a sentence begins with a number, it should be spelled out.

ACKNOWLEDGMENT (OPTIONAL).

Acknowledgments should be limited to the appropriate professionals who contributed to the paper, including technical help and financial or material support, as well as any general support by a department chairperson.

TABLES AND FIGURES

Tables should be numbered in Arabic numerals; and any captions should be brief, clearly indicating the purpose or content of each table. If your manuscript includes more than five tables in total, or for very large tables, these can be submitted as Supplementary Data and will be included in the online version of your article.

REPORTING GUIDELINE

The reporting guidelines endorsed by the journal are listed below:

- Observational cohort, case control, and cross sectional studies - STROBE - Strengthening the Reporting of Observational Studies in Epidemiology, http://www.equator-network.org/reporting-guidelines/strobe/
- Qualitative studies - COREQ - Consolidated criteria for reporting qualitative research, http://www.equator-network.org/reporting-guidelines/coreq
- Quasi-experimental/non-randomised evaluations - TREND - Transparent Reporting of Evaluations with Non-randomized Designs, http://www.cdc.gov/trendstatement/
- Randomized (and quasi-randomised) controlled trial - CONSORT - Consolidated Standards of Reporting Trials, http://www.equator-network.org/reporting-guidelines/consort/
- Study of Diagnostic Accuracy/assessment scale - STARD - Standards for the Reporting of Diagnostic Accuracy Studies, http://www.equator-network.org/reporting-guidelines/stard/
- Systematic Review of Controlled Trials - PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses, http://www.equator-network.org/reporting-guidelines/prisma/
- Systematic Review of Observational Studies - MOOSE - Meta-analysis of Observational Studies in Epidemiology, http://www.ncbi.nlm.nih.gov/pubmed/10789670

PUBLICATION FEE

IJNMS charges the author a publication fee amounted to IDR 00 (Indonesian author) and USD 00 (non-Indonesian author) / FREE for each manuscript published in the journal.

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Regarding the double blind peer review policy, the author must separate any information about the author's identity from the main manuscript. Thus, all information related to the author(s) should be mentioned only on the title page. The title page must be uploaded in the Open Journal System (OJS) as **supplementary file**.

The format of the title page is described below :

TITLE PAGE FORMAT

Must be written in Times New Roman Font 12

A. Manuscript Title

B. First Author *, Second Author and Third author*****

The manuscript has main author and co-authors. Author names should not contain academic title or rank. Indicate the corresponding author clearly for handling all stages of pre-publication and post-publication. Consist of full name author and co-authors. A corresponding author is a person who is willing to handle correspondence at all stages of refereeing and publication, also post-publication.

C. First author:

1. Name : (Author names should not contain academic title or rank)
2. Affiliation :
3. E-mail :
4. Orchid ID : (if the author doesn't have the ID please register at https://orcid.org/)
5. Contribution to this Manuscript:

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4. Orchid ID : (if the author doesn't have the ID please register at https://orcid.org/)
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G. Acknowledgement

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H. Funding Source

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You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s) in the whole research process.

TITLE PAGE EXAMPLE

MODELING PARTICIPANT TOWARD SELF-CARE DEFICIT ON SCHIZOPHRENIC CLIENTS

Ah Yusuf*, Hanik Endang Nihayati*, Krisna Eka Kurniawan*

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5. Contribution to this Manuscript:
   Study conception and design; study supervision; critical revisions for important intellectual content.

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4. Orchid ID : (if the author doesn't have the ID please register at https://orcid.org/)
5. Contribution to this Manuscript:
   Study conception and design; study supervision; critical revisions for important intellectual content.

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5. Contribution to this Manuscript:
   Data collection; literature review/analysis; manuscript writing; references.

Corresponding Author

1. Name : Ah Yusuf

Acknowledgement

We thank Mr. W and Ms. X for their assistance in data acquisition and cleaning, Mrs. Y for her assistance with statistical measurement and analysis, and Mr. Z for his assistance with study administration.

Funding Source

RKAT Faculty of Nursing Universitas Airlangga

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Regarding the double blind peer review policy, the author must separate any information about the author's identity from the main manuscript. Thus, all information related to the author(s) should be removed from your manuscript document. The author must upload the main manuscript document into the upload submission page.

The format of the main manuscript template is described below :

MAIN MANUSCRIPT FORMAT

Must be written in Times New Roman Font 12

TITLE (Times New Roman 12)

The title of the paper should be concise and informative. Avoid abbreviations and formula where possible. It should be written clearly and concisely describing the contents of the research.

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ABSTRACT (Times New Roman 11)

The abstract comes after title page in the manuscript. Abstract must be integrated and independent which is consist of introduction and purpose, methods, results, conclusion and suggestion. However, the abstract should be written as a single paragraph without these headers. For this reason, references should be avoided. Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself. Abstract must be written using 150 until 250 words which has no reference and accompanied keywords.

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KEYWORDS (Times New Roman 11)

The keywords should be avoiding general and plural terms and multiple concepts. Do not use words or terms in the title as keywords. These keywords will be used for indexing purposes. Keywords should not more than 5 words or phrases *in alphabetical order*.

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INTRODUCTION (Times New Roman 11)

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results. Explain how you addressed the problem and clearly state the aims of your study. As you compose the introduction, think of readers who are not experts in this field. Please describe in narrative format and not using sub-chapter.

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MATERIALS AND METHODS (Times New Roman 11)

Explain in detail about the research design, settings, time frame, variables, population, samples, sampling, instruments, data analysis, and information of ethical clearance fit test.

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RESULTS (Times New Roman 11)

Result should be presented continuously start from main result until supporting results. Unit of measurement used should follow the prevailing international system. It also allowed to present diagram, table, picture, and graphic followed by narration of them.

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Equation:

$$\mathbf{H'} = -\sum_{i=1}^{s}(P_i)(\log_2 P_i) \quad \text{..... (1)}$$

Remarks: .....

Figures and Tables placed separated in last page of manuscript and must be as follow:
Figures, tables, and diagram should be **editable** ones.
Figures's remarks placed in bottom with before 4pt. The title of figures placed after the remarks with single space.
The title of tables should be written first with Times New Roman 11, single space and after 6pt. Content of the tables should be written using Times New Roman 10 single space and the remarks of tables placed in the bottom with Times New Roman 10, single space and before 4pt.

Table 1. Effects of plant growth regulator types and concentrations on embryogenic callus induction from leaf tip explants of *D. lowii* cultured in ½ MS medium supplemented with 2.0 % (w/v) sucrose under continuous darkness at temperature of 25 ± 2 °C after 60 days of culture

Table 3. Maternal and child health care-seeking behaviour for the last pregnancy in women aged 15 – 45 years old

Type of care	Age Groups (Years)							
	<30		30 - 39		0 - 45		All Age	
	n	%	n	%	n	%	n	%
Place for antenatal care								
Village level service (Posyandu, Polindes or Poskesdes)	1	9.1	1	4.6	1	3.5	3	4.8
District Level service (Puskesmas/Pustu)	2	18.2	7	31.8	1	3.5	10	16.1
Hospital, Clinics, Private Doctor or OBGYN	1	9.1	4	18.2	2	6.9	7	11.3
Private Midwife	7	63.6	10	45.5	25	86.2	42	67.7
Place of Birth								
Hospital	5	50.0	5	22.7	4	13.8	14	23.0
Birth Clinic/Clinic/Private health professional	5	50.0	15	68.2	21	72.4	41	67.2
Puskesmas or Pustu	0	0.0	2	9.1	0	0	2	3.3
Home or other place	0	0.0	0	0	4	13.8	4	6.6
Ever breastmilk								
No	1	9.1	1	4.6	1	3.5	3	4.8
Yes	10	90.9	21	95.5	28	96.6	59	95.2
Exclusive breastfeeding								
No	4	36.4	10	45.5	18	62.1	32	51.6
Yes	7	63.6	12	54.6	11	37.9	30	48.4

DISCUSSION (Times New Roman 11)

Describe the significance of your findings. Consider the most important part of your paper. Do not be verbose or repetitive, be concise and make your points clearly. Follow a logical stream of thought; in general, interpret and discuss the significance of your findings in the same sequence you described them in your results section. Use the present verb tense, especially for established facts; however, refer to specific works or prior studies in the past tense. If needed, use subheadings to help organize your discussion or to categorize your interpretations into themes. The content of the discussion section includes: the explanation of results, references to previous research, deduction, and hypothesis.

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CONCLUSIONS (Times New Roman 11)

Conclusion should be explained clearly related to hypothesis and new findings. Suggestion might be added contains a recommendation on the research done or an input that can be used directly by consumer.

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REFERENCES (Times New Roman 11)

The author-year notation system is required and completed. All reference mentioned should be written down in reference using American Psychological Association (APA) 6th edition style and arranged from A to Z. Articles have minimal 25 recent references (last 10 years) and 80% is journal. References from journal publication should be provided by DOI. **All cited references must be mentioned in in-text citation.** If you are Mendeley user, please download the reference style here https://www.zotero.org/styles?q=apa

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Reference to a Journal Publication:
Efendi, F., Chen, C. M., Nursalam, N., Indarwati, R., & Ulfiana, E. (2016). Lived experience of Indonesian nurses in Japan: A phenomenological study. Japan Journal Nursing Science, 13(2), 284-293. doi:10.1111/jjns.12108

Reference to a Book:
Kurniati, & Efendi, F. (2013). Human Resources for Health Country Profile of Indonesia. New Delhi: WHO South-East Asia Region.

Reference to a Website:
MoH. (2013). Sosialisasi Global Code of Practice on The International Recruitment of Health Personnel [Dissemination Global Code of Practice on The International Recruitment of Health Personnel]. Retrieved December 2, 2014, from http://bppsdmk.depkes.go.id/tkki/data/uploads/docs/workshop-sosialisasi-gcp.pdf

Reference in Conference:
Nursalam, Efendi, F., Dang, L. T. N., & Arief, Y. S. (2009). Nursing Education in Indonesia: Todays and Future Role. Paper presented at the Shanghai International Conference, Shanghai.

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The format of the copyright transfer agreement is described below

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STROBE Statement—Checklist of items that should be included in reports of ***cross-sectional studies***

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed
		(*d*) If applicable, describe analytical methods taking account of sampling strategy
		(*e*) Describe any sensitivity analyses
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders
		(b) Indicate number of participants with missing data for each variable of interest
Outcome data	15*	Report numbers of outcome events or summary measures
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(*b*) Report category boundaries when continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses

Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

Table. **CONSORT 2010 Checklist of Information to Include When Reporting a Randomized Trial***

Section/Topic	Item Number	Checklist Item	Reported on Page Number
Title and abstract	1a	Identification as a randomized trial in the title	
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance, see CONSORT for abstracts [21, 31])	
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	
	2b	Specific objectives or hypotheses	
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial), including allocation ratio	
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	
Participants	4a	Eligibility criteria for participants	
	4b	Settings and locations where the data were collected	
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	
Outcomes	6a	Completely defined prespecified primary and secondary outcome measures, including how and when they were assessed	
	6b	Any changes to trial outcomes after the trial commenced, with reasons	
Sample size	7a	How sample size was determined	
	7b	When applicable, explanation of any interim analyses and stopping guidelines	
Randomization			
Sequence generation	8a	Method used to generate the random allocation sequence	
	8b	Type of randomization; details of any restriction (such as blocking and block size)	
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	
	11b	If relevant, description of the similarity of interventions	
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analyzed for the primary outcome	
	13b	For each group, losses and exclusions after randomization, together with reasons	
Recruitment	14a	Dates defining the periods of recruitment and follow-up	
	14b	Why the trial ended or was stopped	
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	
Numbers analyzed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing prespecified from exploratory	
Harms	19	All important harms or unintended effects in each group (for specific guidance, see CONSORT for harms [28])	
Discussion			
Limitations	20	Trial limitations; addressing sources of potential bias; imprecision; and, if relevant, multiplicity of analyses	
Generalizability	21	Generalizability (external validity, applicability) of the trial findings	
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	
Other information			
Registration	23	Registration number and name of trial registry	
Protocol	24	Where the full trial protocol can be accessed, if available	
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	

* We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration (13) for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomized trials (11), noninferiority and equivalence trials (12), nonpharmacologic treatments (32), herbal interventions (33), and pragmatic trials (34). Additional extensions are forthcoming: For those and for up-to-date references relevant to this checklist, see www.consort-statement.org.

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: **www.prisma-statement.org**.

STROBE Statement—Checklist of items that should be included in reports of ***case-control studies***

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls
		(*b*) For matched studies, give matching criteria and the number of controls per case
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed
		(*d*) If applicable, explain how matching of cases and controls was addressed
		(*e*) Describe any sensitivity analyses
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders
		(b) Indicate number of participants with missing data for each variable of interest
Outcome data	15*	Report numbers in each exposure category, or summary measures of exposure
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(*b*) Report category boundaries when continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period

Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for cases and controls.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported
Objectives	3	State specific objectives, including any prespecified hypotheses
Methods		
Study design	4	Present key elements of study design early in the paper
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	9	Describe any efforts to address potential sources of bias
Study size	10	Explain how the study size was arrived at
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy
		(*e*) Describe any sensitivity analyses

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Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders
		(b) Indicate number of participants with missing data for each variable of interest
		(c) *Cohort study*—Summarise follow-up time (eg, average and total amount)
Outcome data	15*	*Cohort study*—Report numbers of outcome events or summary measures over time
		Case-control study—Report numbers in each exposure category, or summary measures of exposure
		Cross-sectional study—Report numbers of outcome events or summary measures
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(*b*) Report category boundaries when continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No.	Recommendation	Page No.	Relevant text from manuscript
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract		
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found		
Introduction				
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported		
Objectives	3	State specific objectives, including any prespecified hypotheses		
Methods				
Study design	4	Present key elements of study design early in the paper		
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection		
Participants	6	(*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants		
		(*b*) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed *Case-control study*—For matched studies, give matching criteria and the number of controls per case		
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable		
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group		
Bias	9	Describe any efforts to address potential sources of bias		
Study size	10	Explain how the study size was arrived at		

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Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding
		(*b*) Describe any methods used to examine subgroups and interactions
		(*c*) Explain how missing data were addressed
		(*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed *Case-control study*—If applicable, explain how matching of cases and controls was addressed *Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy
		(*e*) Describe any sensitivity analyses
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed
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Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders
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Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included
		(*b*) Report category boundaries when continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period

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Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	21	Discuss the generalisability (external validity) of the study results
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

TREND Statement Checklist

Paper Section/ Topic	Item No	Descriptor	Reported? ✓	Reported? Pg #
Title and Abstract				
Title and Abstract	1	• Information on how unit were allocated to interventions		
		• Structured abstract recommended		
		• Information on target population or study sample		
Introduction				
Background	2	• Scientific background and explanation of rationale		
		• Theories used in designing behavioral interventions		
Methods				
Participants	3	• Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects)		
		• Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented		
		• Recruitment setting		
		• Settings and locations where the data were collected		
Interventions	4	• Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:		
		○ Content: what was given?		
		○ Delivery method: how was the content given?		
		○ Unit of delivery: how were the subjects grouped during delivery?		
		○ Deliverer: who delivered the intervention?		
		○ Setting: where was the intervention delivered?		
		○ Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?		
		○ Time span: how long was it intended to take to deliver the intervention to each unit?		
		○ Activities to increase compliance or adherence (e.g., incentives)		
Objectives	5	• Specific objectives and hypotheses		
Outcomes	6	• Clearly defined primary and secondary outcome measures		
		• Methods used to collect data and any methods used to enhance the quality of measurements		
		• Information on validated instruments such as psychometric and biometric properties		
Sample Size	7	• How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules		
Assignment Method	8	• Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)		
		• Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization)		
		• Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)		

TREND Statement Checklist

Blinding (masking)	9	• Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to study condition assignment; if so, statement regarding how the blinding was accomplished and how it was assessed.		
Unit of Analysis	10	• Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)		
		• If the unit of analysis differs from the unit of assignment, the analytical method used to account for this (e.g., adjusting the standard error estimates by the design effect or using multilevel analysis)		
Statistical Methods	11	• Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data		
		• Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis		
		• Methods for imputing missing data, if used		
		• Statistical software or programs used		
Results				
Participant flow	12	• Flow of participants through each stage of the study: enrollment, assignment, allocation, and intervention exposure, follow-up, analysis (a diagram is strongly recommended)		
		○ Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study		
		○ Assignment: the numbers of participants assigned to a study condition		
		○ Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention		
		○ Follow-up: the number of participants who completed the follow-up or did not complete the follow-up (i.e., lost to follow-up), by study condition		
		○ Analysis: the number of participants included in or excluded from the main analysis, by study condition		
		• Description of protocol deviations from study as planned, along with reasons		
Recruitment	13	• Dates defining the periods of recruitment and follow-up		
Baseline Data	14	• Baseline demographic and clinical characteristics of participants in each study condition		
		• Baseline characteristics for each study condition relevant to specific disease prevention research		
		• Baseline comparisons of those lost to follow-up and those retained, overall and by study condition		
		• Comparison between study population at baseline and target population of interest		
Baseline equivalence	15	• Data on study group equivalence at baseline and statistical methods used to control for baseline differences		

TREND Statement Checklist

Numbers analyzed	16	• Number of participants (denominator) included in each analysis for each study condition, particularly when the denominators change for different outcomes; statement of the results in absolute numbers when feasible		
		• Indication of whether the analysis strategy was "intention to treat" or, if not, description of how non-compliers were treated in the analyses		
Outcomes and estimation	17	• For each primary and secondary outcome, a summary of results for each estimation study condition, and the estimated effect size and a confidence interval to indicate the precision		
		• Inclusion of null and negative findings		
		• Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any		
Ancillary analyses	18	• Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory		
Adverse events	19	• Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and confidence intervals)		
DISCUSSION				
Interpretation	20	• Interpretation of the results, taking into account study hypotheses, sources of potential bias, imprecision of measures, multiplicative analyses, and other limitations or weaknesses of the study		
		• Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations		
		• Discussion of the success of and barriers to implementing the intervention, fidelity of implementation		
		• Discussion of research, programmatic, or policy implications		
Generalizability	21	• Generalizability (external validity) of the trial findings, taking into account the study population, the characteristics of the intervention, length of follow-up, incentives, compliance rates, specific sites/settings involved in the study, and other contextual issues		
Overall Evidence	22	• General interpretation of the results in the context of current evidence and current theory		

From: Des Jarlais, D. C., Lyles, C., Crepaz, N., & the Trend Group (2004). Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: The TREND statement. *American Journal of Public Health*, 94, 361-366. For more information, visit: http://www.cdc.gov/trendstatement/