ACKNOWLEDGEMENT

Acknowledgments and awards are given to experts/knowledgeable partners/equivalent partners who have been invited as reviewers by Jurnal Keperawatan Indonesia in Volume 26 of 2023. The following is a list of participating experts/knowledgeable partners/equivalent partners:

Dr. Eric Umar, Ph.D.

Dr. Ni Made Riasmini, S.Kp., Ns., M.Kes., Sp.Kom.

Ns. Bayhakki, S.Kep., M.Kep., Sp.KMB, Ph.D.

Prof. Hamdoni K. Pangandaman, RN, MAN, LPT, Ph.D.

AUTHOR INDEX

All article authors published in Jurnal Keperawatan Indonesia Volume 26 of 2023 are listed below alphabetically, complete with numbers and pages.

Abdullah, O(3): 163–169	Lathifah, O.I(1): 57–67
Afiyah, R.K(1): 11–19	Mamat, R(3): 163–169
Afiyanti, Y(1): 20–35	Merlin, N.M(2): 128–134
Ahmad, A(3): 153–162	Mokhtar, H.H.M(3): 153–162
Ainiyah, N(1): 11–19	Muitaba, M(3): 163–169
Ambarwati, E.R(2): 89–96	Musa, M(3): 163–169
Andriany, M(1): 57–67	Musila, D(2): 119–127
Anggorowati, A(2): 128–134	Nurrahima, A(1): 57–67
Arofiati, F(3): 153–162	Oducado, R.M.F(3): 170-179
Balaria, C.J(3): 170–179	Oktavianto, E(1): 46–56
Budiyati, G.A(1): 46–56	Paidius, V.A(3): 163–169
Budury, S(1): 11–19	Palunggi, S(1): 36–45
Calong, K.C(3): 170–179	Pascual, H.G(3): 170–179
Damawiyah, S(1): 11–19	Prasetya, F.D.R.W(2): 119–127
Debora, C(1): 36–45	Rachma, N(1): 57–67
Dewi, N.S(1): 57–67	Rahim, S.S.A(3): 163–169
Fahrizal, Y(1): 68–77	Rahman, W.N.A.W.A(3):129–141
Fitch, M.I(1): 20–35	Ramdzan, A.R(3): 163–169
Fitriasari, A(1): 11–19	Rochmawati, E(2): 107–118
Frisca, S(2): 97–106	Rochmawati, E(2): 89–96
Fuentebella, J.E(3): 170–179	Rosa, E.M(2): 89–96
George, A.M(3): 163–169	Sa'at, S.F(3): 163–169
Ghani, N.F.A. (3): 153–162	Saifudin, I.M.M.Y(1): 46–56
Hanan, A(2): 79–88	Shahadan, S.Z(3): 142–152
Harefa, L(1): 36–45	Siregar, D(1): 36–45
Hartati, E(1): 57–67	Soriano, G.P(3): 170–179
Hasan, M.K.C(3): 129–141	Sundari, S(2): 89–96
Hassan, H(3): 163–169	Surigao, A.M(3): 170–179
Hatta, N.N.K.N.M(3): 129–141	Suryandari, G(2): 89–96
Hidayah, N(2): 79–88	Suryanto, F(2): 89–96
Indriani, M.A.F(2): 119–127	Tatiyaworawattanakul, K.H(1): 1–10
Irmawan, H.S(1): 68–77	Tolimba, C(1): 36–45
Ismail, M.F.M(3): 142–152	Vanchapo, A.R(2): 128–134
Jafaar, S.N.I(3): 129–141	Wahyuningsih, S(1): 20–35
Jafaar, S.N.I(3): 153–162	Waluyo, A(1): 20–35
Josef, A.B(3): 170–179	Widiani, E(2): 79–88
Kamaruzaman, K.N(3): 142–152	Widyastuti, R.H(1): 57–67
Kartika, L(2): 119–127	Wiechula, R(2): 107–118
Kemathad, C(1): 1–10	Zahroh, C(1): 11–19
Koerniawan, D(2): 97–106	Zakaria, S.S(3): 129–141
Kusumawati, D.R(1): 11–19	Zuhriyah, N(1): 11–19
Lamtiur, A(2): 119–127	•

SUBJECT INDEX

addiction (1), 60 'I'
addiction(1): 68–77
adherence to medication(1): 11–19
adolescent(1): 68–77
adolescent(3): 153–162
adolescents(1): 57–67
adults(1): 36–45
aging(3): 129–141
anxiety(2): 79–88
Asian culture(1): 1–10
attitude(2): 119–127
blood pressure(1): 36–45
breast cancer(1): 1–10
bullying(1): 57–67
cancer(1): 20–35
care burden(1): 1–10
cognitive_(2): 89–96
commitment behavior_(2): 97–106
community dwelling_(3): 129–141
cooperation(2): 89–96
COVID-19(2): 128–134
COVID-19(3): 170–179
death and dying(2): 107–118
depression(2): 79–88
depression(3): 129–141
distance learning_(2): 119–127
elderly patient(1): 1–10
elderly(3): 129–141
end-of-life(2): 107–118
ethnography(2): 107–118
factor (3): 129–141
factor(3): 129–141 family caregiver (1): 1–10
family caregiver(1): 1–10
family caregiver(1): 1–10 family caregiver(2): 107–118
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88 management(1): 20–35
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88 management(1): 20–35 matching card(2): 89–96
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88 management(1): 20–35 matching card(2): 89–96 mental health(1): 46–56
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88 management(1): 20–35 matching card(2): 89–96 mental health(1): 46–56 mental health(3): 129–141
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88 management(1): 20–35 matching card(2): 89–96 mental health(1): 46–56 mental health(3): 129–141 nausea(1): 20–35
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88 management(1): 20–35 matching card(2): 89–96 mental health(1): 46–56 mental health(3): 129–141 nausea(1): 20–35 new normal(2): 97–106
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88 management(1): 20–35 matching card(2): 89–96 mental health(1): 46–56 mental health(3): 129–141 nausea(1): 20–35 new normal(2): 97–106 non-pharmacological(1): 20–35
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88 management(1): 20–35 matching card(2): 89–96 mental health(1): 46–56 mental health(3): 129–141 nausea(1): 20–35 new normal(2): 97–106 non-pharmacological(1): 20–35 nurses(3): 142–152
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88 management(1): 20–35 matching card(2): 89–96 mental health(1): 46–56 mental health(3): 129–141 nausea(1): 20–35 new normal(2): 97–106 non-pharmacological(1): 20–35 nurses(3): 142–152 nursing graduates(3): 170–179
family caregiver(1): 1–10 family caregiver(2): 107–118 health promotion model(2): 97–106 health promotion(2): 97–106 healthworkers(1): 46–56 healthy lifestyle(1): 36–45 hope(1): 57–67 hypertension patients(1): 11–19 hypertension(1): 36–45 intervention(1): 20–35 learning card(2): 89–96 locus of control(1): 11–19 loneliness(2): 79–88 management(1): 20–35 matching card(2): 89–96 mental health(1): 46–56 mental health(3): 129–141 nausea(1): 20–35 new normal(2): 97–106 non-pharmacological(1): 20–35 nurses(3): 142–152

online class__(3): 163–169 online engagement__(3): 163–169 online game__(1): 68–77 pandemic__(1): 46–56 pandemic__(3): 163–169 parents__(2): 119–127 peer influence__(3): 153–162 psychological wellbeing__(3): 142–152 quality of life__(1): 68–77 religion/spirituality__(2): 107–118 resilience__(1): 46–56 resilience__(1): 57–67 ritual practice__(2): 107–118 rural areas__(3): 153–162 self-care__(3): 163–169 self-motivation__(1): 11–19 sleep quality__(3): 142–152 smoking__(3): 153–162 social support__(2): 79–88 spirituality__(2): 79–88 stress__(2): 119-127 stress__(2): 128-134 students__(3): 153–162 vomiting__(1): 20–35 willingness__(3): 170–179 work performance__(2): 128-134

SUBMISSION GUIDE

JURNAL KEPERAWATAN INDONESIA SUBMISSION GUIDE

Jurnal Keperawatan Indonesia (JKI), or Nursing Journal of Indonesia in English, is a media that can be used to register, to disseminate, and to archive the works of researchers who concern on nursing field in Indonesia. The article published in JKI will also be acknowledged as an intellectual work in the field of nursing. The articles of JKI are categorized based on the sub-fields of nursing science, including basic nursing care, adult nursing care, child nursing care, maternity nursing care, mental-health nursing care, gerontic nursing care, family nursing care, community nursing care, nursing care management, and nursing education. The types of articles accepted by editors are the results of research. The writing of each type of article must follow the JKI Author Guidelines.

Manuscripts or manuscripts sent to JKI are original works and have never been previously published or are not being submitted for publication in other journals. The author submitting the manuscript must have sufficient rights to publish the manuscript. There must be a statement of agreement from all authors for the publication of the manuscript. The manuscripts submitted must have the approval of the ethics committee and written permission needs to be obtained for experimental studies involving humans. Manuscripts that have been published become the property of the editor and the manuscript may not be published again in any form without the approval of the editor. The manuscript has been published will not be considered by the editor. During the manuscript in the editing process, the author is not allowed to enter the manuscript in another journal until there is a stipulation that the manuscript is accepted or rejected by the editor. The author is asked to send the original copyrighted form that has been signed to the Editor along with the submission of the manuscript. For ease of communication, the author is asked to provide correspondence or e-mail address, telephone number and fax that should be contacted.

Authors must send manuscripts through the online journal system to the JKI journal page (website) at http://jki.ui.ac.id on the "online submission" page. Guidelines for using the online journal system for authors are available on the journal page. The author's guide can be accessed on page http://jki.ui.ac.id/index.php/jki/about/submissions#authorGuidelines. For further information, please contact:

JKI Editorial Secretariat:
Faculty of Nursing
4th floor, E Building, Health Sciences, Universitas Indonesia
Jl. Prof. Dr. Bahder Djohan, UI Campus Depok, West Java - 16424
or the e-mail address to jurnal.keperawatan@ui.ac.id

Manuscripts are written in Indonesian or English. For titles, abstracts and keywords are written in English as well. The minimum length of a manuscript is 8 pages or a minimum of 3500 words on A4 size paper (210 mm x 297 mm). The boundary/margin of writing on the upper side is 3.5 cm, the bottom is 2.5 cm and the remaining 2 cm. The manuscript is made in the form of 1 (one) column without indenting and using spaces between paragraphs. Figures and tables are not grouped separately but rather integrated with the text of manuscripts. The complete guide can be seen in the author's guideline and manuscript template on the website. The Editorial Board has the right to make format adjustments for uniformity purposes.

SUBMISSION GUIDE

All submitted manuscripts will go through a feasibility assessment by Reviewer and Editor. The assessment system is anonymous and independent. The editor will determine the final decision of the manuscript, whether accepted, given time for revision, or rejected. The author will receive notification from the editor via correspondence by e-mail. If given time for revision, the editor will determine when the longest time for submission/return of the manuscript after revision. If the author returns the manuscript after the time limit specified, the author must perform steps such as the initial submission.

Changes made to the revised manuscript must be written in the revised list. The author is asked to examine carefully the wording, editing, correctness and completeness of the text, tables, and figures and how to write sources or references. Manuscripts had been acceptable, but the writing is not in accordance with the JKI guideline, will have publishing delay. Rejected manuscripts will not be returned to the author unless stated earlier.

Reprint of 3 copies and JKI print a complete article of 1 copy will be given at the cost of Rp150,000.00 (not including shipping costs). Additional reprints can be ordered with special fees after the manuscript is declared accepted. Reprint orders after the manuscript are published in a journal (printed) will incur an additional fee of 50% of the regular fee. A reprint order form will be sent to the author together with the revised notice of the manuscript or can order via e-mail address: jurnal.keperawatan@ui.ac.id or redaksi_jki@yahoo.com.

ARTICLE TITLE (all caps, 14 point font, boldface, centered, max 16 words) (One blank single space line, 14 pt)

Abstract (10 pt, bold, center)

(One blank single space line, 10 pt)

Article Title. Abstract should be written using Times New Roman font, size 10pt, not-italics, right justify, and one paragraph-unstructured with single spacing, completed with English title written in bold at the beginning of the English abstract. It should be around 100–250 words. The abstract should state the problem, the purposes of the study or investigation, basic procedures (research design, selection and size of study subjects; observational and analytical methods), main findings (OR/RR, CI or themes in qualitative research), and the principal conclusions. Recommendation and implication of the study must be clear. It should not contain any references or displayed equations. For the article in English, Indonesian abstract will be provided by the editors.

(One blank single space line, 10 pt)

Keywords: up to 6 words/ phrase in English, alphabetically order (10 point font, italics), give commas between words/phrase.

(One blank single space line, 12 point font, boldface)

Abstrak (10 pt, bold, italic)

(One blank single space line, 10 pt)

Judul Artikel. Abstrak ditulis menggunakan bahasa Indonesia dan Inggris, dengan jumlah kata sekitar 100–250 kata. Menggunakan tipe abstrak satu paragraf tidak berstruktur, huruf 10 pt, cetak miring, spasi tunggal, rata kanan-kiri, tidak ada kutipan dan singkatan/ akronim. Abstrak harus berisi pendahuluan atau masalah yang diteliti termasuk tujuan penelitian, jika memungkinkan buat dalam satu kalimat. Desain penelitian, cara pengambilan dan besar sampel, cara dan pengumpulan data, serta analisis data. Penemuan utama (OR/RR, CI atau tema dalam riset kualitatif). Tuliskan satu atau dua kalimat untuk mendiskusikan hasil dan kesimpulan. Rekomendasi dan implikasi hasil penelitian dituliskan dengan jelas.

(One blank single space line, 10 pt)

Kata Kunci: Kata kunci ditulis menggunakan bahasa Indonesia dan Inggris. Berisi kata atau frasa tiga sampai enam kata dan diurutkan berdasarkan abjad (10pt, italics). Antar kata kunci dihubungkan dengan koma.

(Three blank single space lines, 12 point font, boldface)

Introduction (14 point font, boldface, cap in the first letter of headings)

(One blank single space line, 10 point font)

The manuscript is written with Times New Roman font size 12pt, single-spaced, left and right justified, on one-sided pages, paper in one column and on A4 paper (210 mm x 297 mm) with the upper margin of 3.5 cm, lower 2.5 cm, left and right each 2 cm. The manuscript including the graphic contents and tables should be around 3500–4500 words (exclude references). If it far exceeds the prescribed length, it is recommended to break it into two separate manuscripts. Standard English grammar must be observed. The title of the article should be brief and informative and it should not exceed 16 words. The keywords are written after the abstract. (Between paragraphs are spaced one blank, single spaced, without indentation)

The title should contain the main keyword and do not use abbreviations, numbering around 20 words. Authors need to write a short title is also desirable to be written as a page header on each journal page. Authors should not just write words such as study/ relationship/ influence in the title because the title should indicate the results of the study, for example, "Reduction of blood sugar through exercises diabetes in the elderly".

The full name of the author (without academic title) is placed below the manuscript title. The order of the author based on his contribution to the writing process. After the authors name is written with superscript numbers to mark the affiliation author. One author, affiliates can be more than one, for example Ananda Anandita¹, Ahmad Taufik², Josephine³

Affiliates and address of the authors. Give the number according to the name of the author, for example 1. Department of Maternal and Women's Health Nursing, Faculty of Nursing, Universitas Indonesia, Prof. Dr. Bahder Djohan Street, Depok, West Java – 16424. Correspondence address is email address of the one of the author, for example anandita12@ui.ac.id.

The use of abbreviations is permitted, but the abbreviation must be written in full and complete when it is mentioned for the first time and it should be written between parentheses. Terms/Foreign words or regional words should be written in italics. Notations should be brief and clear and written according to the standardized writing style. Symbols/signs should be clear and distinguishable, such as the use of number 1 and letter 1 (also number 0 and letter 0). Avoid using parentheses to clarify or explain a definition. The organization of the manuscript includes **Introduction, Methods** or **Experimental, Results, Discussion, Conclusions,** and **References**. **Acknowledgement** (if any) is written after **Conclusion** and before **References** and narratively, not numbered. The use of subheadings is discouraged. Between paragraphs, the distance is one space. Footnote is avoided.

This manuscript uses *American Psychological Association (APA)* manual style as citation. When using APA format, follow the author-date method of in-text citation. This means that the author's last name and the year of publication for the source should appear in the text, for example, (Jones, 1998), and a complete reference should appear in the reference list at the end of the paper. Citation can be put at the beginning of the sentence, for example Johnson (2005) states that ... or the source put at the end of a sentence for examples ... (Purwanto, 2004). See the complete format on this link https://owl.english.purdue.edu/owl/resource/560/02/

Introduction contains justification of the importance of the study conducted. Novelty generated from this study compared the results of previous studies or the umbrella of existing knowledge needs to be clearly displayed. Complete it with main reference used. State in one sentence question or research problems that need to be answered by all the activities of the study. Indicate the methods used and the purpose or hypothesis of the study. The introduction does not exceed five paragraphs. (One blank single space line, 12 point font)

Methods (14 point font, boldface, cap in the first letter of headings)

(One blank single space line, 10 point font)

Method contains the design, the size, criteria and method of sampling, instruments used, and procedures collecting, processing, and analysis of the data. When using a questionnaire as instrument, explain the contents briefly and to measure which variables. Validity and reliability of instruments should also be explained. In the experimental or intervention studies need to be explained interventional procedure or treatment is given. In this section it should explain how research ethics approval was obtained and the protection of the rights of the respondents imposed. Analysis of data using computer programs needs not be written details of the software if not original. Place/location of the study is only mentioned when it comes to study. If only as a research location, the location details not worth mentioning, just mentioned vague, for example, "... at a hospital in Tasikmalaya."

For the qualitative study, in this section needs to explain how the study maintain the validity (trustworthiness) data obtained. The methods section written brief in two to three paragraphs. (One blank single space line, 12 point font)

Results

(One blank single space line, 10 point font)

The findings are sorted by the objectives of the study or the research hypothesis. The results do not display the same data in two forms namely tables/ images /graphics and narration. No citations in the

results section. The average value (mean) must be accompanied by a standard deviation. Writing tables using the following conditions.

Table only uses 3 (three) row lines (do not use a column line), the line heading, and the end of the table (see example). Table is written with Times New Roman size 10pt and placed within a single space below the title table. Table titles is written with font size 9pt bold, capital letters at the beginning of the word and placed on the table with the format as shown in the examples that do not use the column lines. Numbering tables are using Arabic numerals. The table framework is using lines size 1 pt. If the table has many columns, it can use one column format at half or full page. If the title in each table column is long and complex, the columns are numbered and its description given at the bottom of the table. Mean, SD, and t-test values should include value of 95% CI. Significance value is put with not mention P at first. Example: The mean age 25.4 years intervention group (95% CI). Based on the advanced test between intervention and control groups showed significant (example: p= 0.001; CI= ... - ...).

Images are placed symmetrically in columns within a single space of a paragraph. Pictures are numbered and sorted by Arabic numerals. Captions placed below the image and within one single space of the image. Captions are written by using 10pt font size, bold, capital letters at the beginning of the word, and placed as in the example. The distance between the captions and paragraphs are two single spaced.

Images which have been published by other authors should obtain written permission from the author and publisher. Include a printed image with good quality in a full page or scanned with a good resolution in the format {file name}.jpeg or {file name}. tiff. When the images are in the photograph format, include the original photographs. The image will be printed in black and white, unless it needs to be shown in color. The author will be charged extra for color print if more than one page. The font used in the picture or graphic should be commonly owned by each word processor and the operating system such as Symbol, Times New Roman, and Arial with size not less than 9 pt. Image files which are from applications such as Corel Draw, Adobe Illustrator and Aldus Freehand can give better results and can be reduced without changing the resolution.

Table and image are not integrated with the contents of the manuscript, put after reference or at the end of the manuscript.

For the qualitative study, the findings commonly are written in the form of participants quotes. Table format is rarely used except to describe the characteristics of the participants, or recapitulation of the themes or categories. If the quote is not more than 40 words, then use quotation marks (") at the beginning and at the end of a sentence and include participants/ informants which give statements without the need to create separate paragraphs. Ellipsis (...) is only used to change a word that is not shown, instead of a stop sign/pause. See the following example.

Due to the ongoing process, the women experiencing moderate to severe pain in the knees, ankles, legs, back, shoulders, elbows, and/or their fingers, and they are struggling to eliminate the pain. To alleviate pain, they look for the cause of the pain. One participant stated that, "... I decided to visit a doctor to determine the cause of the pain is. Now I'm taking medication from the doctor in an attempt to reduce this pain" (participant 3)

Here is an excerpt example of using block quotations if the sentences are 40 or more. Use indentation 0.3"

As discussed earlier, once the participants had recovered from the shock of the diagnosis of the disease, all participants decided to fight for their life. For most of them, the motivation for life is a function of their love for their children; namely child welfare, which being characteristic the pressure in their world. Here is an example of an expression of one of the participants:

I tried to suicide, but when I think of my children, I cannot do that [crying]. I thought, if I die, no one will take care of my children. Therefore, I decided to fight for my life and my future. They (children) were the hope of my life (participant 2).

Discussion

Describe the discussion by comparing the data obtained at this time with the data obtained in the previous study. No more statistical or other mathematical symbols in the discussion. The discussion is directed at an answer to the research hypothesis. Emphasis was placed on similarities, differences, or the uniqueness of the findings obtained. It is need to discuss the reason of the findings. The implications of the results are written to clarify the impact of the results the advancement of science are studied. The discussion ended with the various limitations of the study.

Conclusion

Conclusions section is written in narrative form. The conclusion is the answer of the hypothesis that leads to the main purpose of the study. In this section is not allowed to write other authors work, as well as information or new terms in the previous section did not exist. Recommendation for further research can be written in this section.

Acknowledgement (if any)

Acknowledgement is given to the funding sources of study (donor agency, the contract number, the year of accepting) and those who support that funding. The names of those who support or assist the study are written clearly. Names that have been mentioned as the authors of the manuscripts are not allowed here.

References (14pt, *boldface*, Capital letter in the beginning of the Word)

Use the most updated references in the last 10 years. Reference is written with Times New Roman font size 11 pt, single space, the distance between the references one enter. The references use the hanging, which is on the second line indented as much as 0.25", right justified. The references only contain articles that have been published, and selected the most relevant to the manuscript. It prefers primary references. The references format follows the "name-years" citation style (APA style 7th edition). All sources in the reference must be referenced in the manuscript and what was in the manuscript should be in this reference. The author should write the family/last name of sources author and year of publication in parentheses use, for example (Potter & Perry, 2006) or Potter and Perry (2006). Write the first author's name and "et al.", if there are three or more authors.

Examples:

Journal

Author, A.A., Author, B.B., & Author, C.C. (year). Article title: Sub-title. *Journal Title*, *volume* (issue number), page numbers.

Wu, S.F.V., Courtney, M., Edward, H., McDowell, J., Shortridge-Baggett, L.M., & Chang, P.J. (2007). Self-efficacy, outcome expectation, and self-care behavior in people with type diabetes in Taiwan. *Journal of Clinical Nursing*, 16 (11), 250–257.

References with two or more authors (up to 20 authors) write all author's names. If an article has 21 authors or more, list the first 19 authors, then insert an ellipsis (...) and then the last name and first initials of the last author. Example:

Wolchik, S.A., West, S.G., Sandler, I.N., Tein, J., Coatsworth, D., Lengua, L., Johnson, A., Ito, H., Ramirez, J., Jones, H., Anderson, P., Winkle, S., Short, A., Bergen, W., Wentworth, J., Ramos, P., Woo, L., Martin, B., Josephs, M., ... Brown, Z. (2005). Study of the brain. Psychology Journal, 32 (1), 1–15. doi: 10.1037/1061-4087.45.1.11.

Conference Proceeding

Schnase, J.L., & Cunnius, E.L. (Eds.). (1995). Proceedings from CSCL '95: *The First International Conference on Computer Support for Collaborative Learning*. Erlbaum.

Newspaper (no author's name)

Generic Prozac debuts. (2001, August 3). The Washington Post, pp. E1, E4.

It's subpoena time. (2007, June 8). New York Times. https://www.nytimes.com/2007/06/08/opinion/08fri1. html

Book

Author, A.A. (Year). Source title: Capital letter in the beginning of the subtitle. Publisher.

Peterson, S.J., & Bredow, T.S. (2004). *Middle range theories: Application to nursing research*. Lippincott Williams & Wilkins.

Book chapter

Author, A.A. (Year). Chapter title: Capital letter in the beginning of the subtitle. In Initial, Surname (Author's name/book editor) (eds), *Book title*. Publisher.

Hybron, D.M. (2008). Philosophy and the science of subjective well-being. In M. Eid & R.J. Larsen (Eds.), *The science of subjective well-being* (pp.17–43). Guilford Press.

Translated book

Ganong, W.F. (2008). *Fisiologi kedokteran* (Ed ke-22). (Petrus A., trans). McGraw Hill Medical. (Original book published 2005).

Thesis/Dissertation

If available in the database

Rockey, R. (2008). An observational study of pre-service teachers' classroom management strategies (Publication No. 3303545) [Doctoral dissertation, Indiana University of Pennsylvania]. ProQuest Dissertations and Theses Global.

Gerena, C. (2015). Positive thinking in dance: The benefits of positive self-talk practice in conjunction with somatic exercises for collegiate dancers [Master's thesis, University of California Irvine]. University of California, Scholarship. https://escholarship.org/uc/item/1t39b6g3

If not published

Last-name, A.A. (year). *Dissertation/thesis title*. (Unpublished doctoral dissertation/master thesis). Institution Name, Location.

Considine, M. (1986). *Australian insurance politics in the 1970s: Two case studies*. (Unpublished doctoral dissertation). University of Melbourne, Melbourne, Australia.

Database Article

Author, A.A., Author, B.B., & Author, C.C. (Year pub). Title of article. *Title of Journal*, Volume (Issue), pppp. doi: xx.xxxxxxxx [OR] Retrieved from URL of publication's home page

Borman, W.C., Hanson, M.A., Oppler, S.H., Pulakos, E.D., & White, L.A. (1993). Role of early supervisory experience in supervisor performance. *Journal of Applied Psychology*, 78 (8), 443–449. Retrieved from http://www.eric.com/jdlsiejls/ supervisor/early937d

Database article with DOI (Digital Object Identifier)

Brownlie, D. (2007). Toward effective poster presentations: An annotated bibliography. *European Journal of Marketing*, 41 (11/12), 1245–1283. doi: 10.1108/03090560710821161.

Other online source

Author, A.A. (year). Title of source. Retrieved from URL of publication's home page

Article from website

Exploring Linguistics. (1999, August 9). Retrieved from http://logos.uoregon.edu/explore/orthography/chinese.html#tsang

Online article

Becker, E. (2001, August 27). Prairie farmers reap conservation's rewards. *The New York Times*, pp. 12–90. Retrieved from http://www.nytimes.com

Appendices

Appendices are only used when absolutely necessary, placed after the references. If there is more than one attachment/appendix then sorted alphabetically.

Here is an example of a table

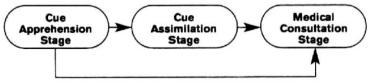
Table 1. The Characteristics of the Respondents (capital letters at the beginning of the word 11 pt, left justify)

(One blank single space line, 10 pt)

Client's Initial	Age	Major Problem
Mr. BN	56	Aggressiveness
Mr. MA	40	Withdrawal
Mr. AS	45	Swing Mood

^{*}table footnotes (if necessary)

Here is an example of an image



(One blank single space line, 10 pt)

Figure 1. The Process of Cardiac Sensitivity Cues (Capital Letters in the Beginning of the Words, 11pt)

ARTICLE TITLE (all caps, 14-point font, boldface, centered, Maximum 16 words) (One blank single space line, 14 pt)

Abstract (10-pt, bold, italics) (One blank single space line, 10 pt)

Article Title. Abstract should be written using Times New Roman font, size 10pt, not-italics, right justify, and one paragraph-unstructured with single spacing, completed with English title written in bold at the beginning of the English abstract. The Abstract should be "short and sweet". It should be around 100–250 words. Abbreviations or references within the Abstract should not be used. The Abstract should include background, case illustration, and conclusion. Background includes an introduction about why this case is important and needs to be reported. Please include information on whether this is the first report of this kind in the literature. Case illustration includes brief details of what the patient(s) presented with, including the patient's age, sex and ethnic background. Conclusions is a brief conclusion of what the reader should learn from the case report and what the clinical impact will be. Is it an original case report of interest to a particular clinical specialty of nursing or will it have a broader clinical impact across nursing? Are any teaching points identified? If manuscripts are not from Indonesia, the Indonesian abstract will be assisted by the editor.

(One blank single space line, 10 pt)

Keywords: This section consists of three to six keywords/phrases representing the main content of the article. It is important for indexing the manuscript and easy online retrieval. It is written in English, alphabetical order (10-point font), and gives commas between words/phrases.

(One blank single space line, 12-point font)

Abstrak (10 pt, bold, senter)

(One blank single space line, 10 pt)

Judul Artikel. Abstrak harus ditulis menggunakan huruf Times New Roman, ukuran 10pt, huruf miring, rata kanan, dan satu paragraf-tidak terstruktur dengan spasi tunggal. Abstrak harus "pendek dan manis". Seharusnya sekitar 100–250 kata. Singkatan atau referensi dalam Abstrak tidak boleh digunakan. Abstrak harus mencakup latar belakang, ilustrasi kasus, dan kesimpulan. Latar belakang mencakup pengantar tentang mengapa kasus ini penting dan perlu dilaporkan. Harap sertakan informasi tentang apakah ini adalah laporan pertama dari jenis ini dalam literatur. Ilustrasi kasus mencakup rincian singkat tentang apa yang pasien sajikan, termasuk usia pasien, jenis kelamin dan latar belakang etnis. Kesimpulan merupakan kesimpulan singkat dari apa yang pembaca harus pelajari dari laporan kasus dan dampak klinisnya. Apakah laporan kasus asli yang menarik bagi area spesialis keperawatan tertentu atau apakah itu berdampak klinis yang lebih luas?

(One blank single space line, 10 pt)

Kata Kunci: Bagian ini terdiri dari tiga sampai enam kata kunci/frase yang mewakili konten utama artikel. Kata kunci ini penting untuk indeksasi manuskrip dan pencarian daring dengan mudah. Itu ditulis dalam bahasa Inggris, diurutkan berdasarkan abjad (font 10 huruf, huruf miring), memberikan koma di antara kata-kata/frasa.

(Three blank single space lines, 12-point font)

Introduction (14-point font, boldface, cap in the first letter of headings)

(One blank single space line, 10-point font)

The manuscript is written with Times New Roman font size 12pt, single-spaced, left and right justified, on one-sided pages, paper in one column and on A4 paper (210 mm x 297 mm) with the upper margin of 3.5 cm, lower 2.5 cm, left and right each 2 cm. The manuscript including the graphic contents and tables should be around 3500–4500 words (exclude references). If it far exceeds the prescribed length, it is recommended to break it into two separate manuscripts. Standard English grammar must be observed. The title of the article should be brief and informative and it should not exceed 16 words. The keywords are written after the abstract.

(Between paragraphs are spaced one blank, single spaced, without indentation)

The title should contain the main keyword and do not use abbreviations, numbering around 16 words. Authors need to write a short title is also desirable to be written as a page header on each journal page. Authors should not just write words such as study/ relationship/ influence in the title because the title should indicate the results of the study, for example, "Reduction of blood sugar through exercises diabetes in the elderly".

The information about the author(s) such as full name (without academic title), affiliates, and address are wrote on the separate file (tittle page). Affiliates and address of the authors. Give the number according to the name of the author, for example 1. Department of Maternal and Women's Health Nursing, Faculty of Nursing, Universitas Indonesia, Prof. Dr. Bahder Djohan Street, Depok, West Java – 16424. Correspondence address is email address of the one of the author, for example anandita12@ui.ac.id.

The use of abbreviations is permitted, but the abbreviation must be written in full and complete when it is mentioned for the first time and it should be written between parentheses. Terms/Foreign words or regional words should be written in italics. Notations should be brief and clear and written according to the standardized writing style. Symbols/signs should be clear and distinguishable, such as the use of number 1 and letter 1 (also number 0 and letter 0). Avoid using parentheses to clarify or explain a definition. The organization of the manuscript includes **Introduction, Case Illustration, Discussion, Conclusions,** and **References**. **Acknowledgement** (if any) is written after **Conclusion** and before **References** and narratively, not numbered. The use of subheadings is discouraged. Between paragraphs, the distance is one space. Footnote is avoided.

This manuscript uses *American Psychological Association (APA)* manual style as citation. When using APA format, follow the author-date method of in-text citation. This means that the author's last name and the year of publication for the source should appear in the text, for example, (Jones, 1998), and a complete reference should appear in the reference list at the end of the paper. Citation can be put at the beginning of the sentence, for example Johnson (2005) states that ... or the source put at the end of a sentence for examples ... (Purwanto, 2004). See the complete format on this link https://owl.english.purdue.edu/owl/resource/560/02/

The Introduction or Background section should explain the background of the case, including the disorder or nursing problems, usual presentation and progression, and an explanation of the presentation if it is a new disease or disorder. If it is a case discussing an adverse intervention the Introduction should give details of intervention's common use and any previously reported side effects. It should also include a brief literature review. This should introduce to the case report from the stand point of those without specialist knowledge in the area, clearly explaining the background of the topic. It should end with a very brief statement of what is being reported in the article.

The Introduction should be in brief, stating the purpose of the study. Provide background that puts the manuscript into context and allows readers outside the field to understand the significance of the study. Define the problem addressed and why it is important and include a brief review of the key literature. Note any relevant controversies or disagreements in the field. Conclude with a statement of the aim of the work and a comment stating whether that aim was achieved.

(One blank single space line, 12-point font)

Case Illustration (14-point font, boldface, cap in the first letter of headings)

(One blank single space line, 10-point font)

This should present all relevant details concerning the case. This section can be divided into separate sections presented with appropriate subheading, such as history and presenting conditions, intervention, outcome, etc. This should provide concerned details of the case with relevant demographic information of the patient concealing their identification (without adding any details that could lead to the identification of the patient), medical history, observed symptoms and describe any tests or treatments done on the patient. If it is a case series, then details must be included for all patients. Discuss the significance and rarity of findings with referencing to the previous studies.

If it is need to present table(s) and or image(s), some rules should be followed. Table only uses 3 (three) row lines (do not use a column line), the line heading, and the end of the table (see example). Table is written with Times New Roman size 10-pt and placed within a single space below the title table. Table titles is written with font size 9-point bold, capital letters at the beginning of the word and placed on the table with the format as shown in the examples that do not use the column lines.

Numbering tables are using Arabic numerals. The distance between table and the paragraph is a single space. The table framework is using lines size 1 pt. If the table has many columns, it can use one column format at half or full page. If the title in each table column is long and complex, the columns are numbered and its description given at the bottom of the table. The table is placed in the highest or the very bottom of each page and do not flanked by sentence. Avoid interrupted the table by page.

Images are using a single space of a paragraph. If the size of the image passes through the column width then the image can be placed with a single column format. Pictures are numbered and sorted by Arabic numerals. Captions placed below the image and within one single space of the image. Captions are written by using 10pt font size, bold, capital letters at the beginning of the word, and placed as in the example. The distance between the captions and paragraphs are two single spaced.

Images which have been published by other authors should obtain written permission from the author and publisher. Include a printed image with good quality in a full page or scanned with a good resolution in the format {file name}.jpeg or {file name}. tiff. When the images are in the photograph format, include the original photographs. The image will be printed in black and white, unless it needs to be shown in color. The author will be charged extra for color print if more than one page. The font used in the picture or graphic should be commonly owned by each word processor and the operating system such as Symbol, Times New Roman, and Arial with size not less than 9-pt. Image files which are from applications such as Corel Draw, Adobe Illustrator and Aldus Freehand can give better results and can be reduced without changing the resolution.

Table and image are not integrated with the contents of the manuscript, put after reference or at the end of the manuscript.

Discussion

The discussion section should contain major interpretations from the findings and results in comparison to past studies. The significance of the findings and case presentation should be emphasized in this section against previous findings in the subject area.

This section should evaluate the patient case for accuracy, validity, and uniqueness and compare or contrast the case report with the published literature. The authors should briefly summarize the published literature with contemporary references.

Conclusion

Conclusions section is written in narrative form. This section should conclude the Case reports and how it adds value to the available information. Explain the relevance and significance of their findings to the respective field in a summary briefly. This section is not allowed to write other authors work, as well as information or new terms in the previous section did not exist. Recommendation for further study can be written in this section.

Acknowledgements

Acknowledgement is given to the funding sources of study (donor agency, the contract number, the year of accepting) and those who support that funding. The names of those who support or assist the study are written clearly. Names that have been mentioned as the authors of the manuscripts are not allowed here.

References (14pt, boldface, Capital letter in the beginning of the Word)

Use the most updated references in the last 10 years. Reference is written with Times New Roman font size 11 pt, single space, the distance between the references one enter. The references use the hanging, which is on the second line indented as much as 0.25", right justified. The references only contain articles that have been published, and selected the most relevant to the manuscript. It prefers primary references. The references format follows the "name-years" citation style (APA style 7th edition). All sources in the reference must be referenced in the manuscript and what was in the manuscript should be in this reference. The author should write the family/last name of sources author and year of publication in parentheses use, for example (Potter & Perry, 2006) or Potter and Perry (2006). Write the first author's name and "et al.", if there are three or more authors.

Examples:

Journal

Author, A.A., Author, B.B., & Author, C.C. (year). Article title: Sub-title. *Journal Title*, *volume* (issue number), page numbers.

Wu, S.F.V., Courtney, M., Edward, H., McDowell, J., Shortridge-Baggett, L.M., & Chang, P.J. (2007). Self-efficacy, outcome expectation, and self-care behavior in people with type diabetes in Taiwan. *Journal of Clinical Nursing*, 16 (11), 250–257.

References with two or more authors (up to 20 authors) write all author's names. If an article has 21 authors or more, list the first 19 authors, then insert an ellipsis (...) and then the last name and first initials of the last author. Example:

Wolchik, S.A., West, S.G., Sandler, I.N., Tein, J., Coatsworth, D., Lengua, L., Johnson, A., Ito, H., Ramirez, J., Jones, H., Anderson, P., Winkle, S., Short, A., Bergen, W., Wentworth, J., Ramos, P., Woo, L., Martin, B., Josephs, M., ... Brown, Z. (2005). Study of the brain. Psychology Journal, 32 (1), 1–15. doi: 10.1037/1061-4087.45.1.11.

Conference Proceeding

Schnase, J.L., & Cunnius, E.L. (Eds.). (1995). Proceedings from CSCL '95: *The First International Conference on Computer Support for Collaborative Learning*. Erlbaum.

Newspaper (no author's name)

Generic Prozac debuts. (2001, August 3). The Washington Post, pp. E1, E4.

It's subpoena time. (2007, June 8). New York Times. https://www.nytimes.com/2007/06/08/opinion/08fri1. html

Book

Author, A.A. (Year). Source title: Capital letter in the beginning of the subtitle. Publisher.

Peterson, S.J., & Bredow, T.S. (2004). *Middle range theories: Application to nursing research*. Lippincott Williams & Wilkins.

Book chapter

- Author, A.A. (Year). Chapter title: Capital letter in the beginning of the subtitle. In Initial, Surname (Author's name/book editor) (eds), *Book title*. Publisher.
- Hybron, D.M. (2008). Philosophy and the science of subjective well-being. In M. Eid & R.J. Larsen (Eds.), *The science of subjective well-being* (pp.17–43). Guilford Press.

Translated book

Ganong, W.F. (2008). *Fisiologi kedokteran* (Ed ke-22). (Petrus A., trans). McGraw Hill Medical. (Original book published 2005).

Thesis/Dissertation

If available in the database

- Rockey, R. (2008). An observational study of pre-service teachers' classroom management strategies (Publication No. 3303545) [Doctoral dissertation, Indiana University of Pennsylvania]. ProQuest Dissertations and Theses Global.
- Gerena, C. (2015). Positive thinking in dance: The benefits of positive self-talk practice in conjunction with somatic exercises for collegiate dancers [Master's thesis, University of California Irvine]. University of California, Scholarship. https://escholarship.org/uc/item/1t39b6g3

If not published

- Last-name, A.A. (year). *Dissertation/thesis title*. (Unpublished doctoral dissertation/master thesis). Institution Name. Location.
- Considine, M. (1986). *Australian insurance politics in the 1970s: Two case studies*. (Unpublished doctoral dissertation). University of Melbourne, Melbourne, Australia.

Database Article

- Author, A.A., Author, B.B., & Author, C.C. (Year pub). Title of article. *Title of Journal*, Volume (Issue), ppppp. doi: xx.xxxxxxxx [OR] Retrieved from URL of publication's home page
- Borman, W.C., Hanson, M.A., Oppler, S.H., Pulakos, E.D., & White, L.A. (1993). Role of early supervisory experience in supervisor performance. *Journal of Applied Psychology*, 78 (8), 443–449. Retrieved from http://www.eric.com/jdlsiejls/ supervisor/early937d

Database article with DOI (Digital Object Identifier)

Brownlie, D. (2007). Toward effective poster presentations: An annotated bibliography. *European Journal of Marketing*, 41 (11/12), 1245–1283. doi: 10.1108/03090560710821161.

Other online source

Author, A.A. (year). Title of source. Retrieved from URL of publication's home page

Article from website

Exploring Linguistics. (1999, August 9). Retrieved from http://logos.uoregon.edu/explore/orthography/chinese.html#tsang

Online article

Becker, E. (2001, August 27). Prairie farmers reap conservation's rewards. *The New York Times*, pp. 12–90. Retrieved from http://www.nytimes.com

Appendices

Appendices are only used when absolutely necessary, placed after the references. If there is more than one attachment/appendix then sorted alphabetically.

Here is an example of a table

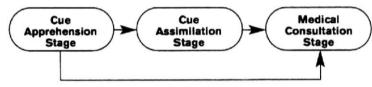
Table 1. The Characteristics of the Respondents (capital letters at the beginning of the word 11 pt, left justify)

(One blank single space line, 10 pt)

Client's Initial	Age	Major Problem
Mr. BN	56	Aggressiveness
Mr. MA	40	Withdrawal
Mr. AS	45	Swing Mood

^{*}table footnotes (if necessary)

Here is an example of an image



(One blank single space line, 10 pt)

Figure 1. The Process of Cardiac Sensitivity Cues (Capital Letters in the Beginning of the Words, 11pt)

For Customers

SUBSCRIPTION FORM JURNAL KEPERAWATAN INDONESIA

Name	:		
	□ Student	□ non-Student	☐ Institution
Address	:		
	Phone:	Mobile:	E-mail:
Will subscrib	e JKI		
	Vol	: No up to	
	Amount	: copies	
For that I am willing to pay all cost of printing and delivery service:			
	Amount	: Rp	
	Via	: BNI branch office UI Depok	
		Acc. No. 127 3000 535 UI FI	IK Non BP
	(Copy of proof of payment attached)		

For JKI

SUBSCRIPTION FORM JURNAL KEPERAWATAN INDONESIA

	JURNAL	REPERAVAIA	AN INDONESIA	
Name				
	□ Student	□ non-Student	Institution	
Address	:			
	Phone:	Mobile:	E-mail:	
Will subscrib	e JKI			
	Vol	.: No	. up to	
	Amount	:	copies	
For that I am	n willing to pay a	all cost of printing and de	elivery service:	
	Amount	: Rp		
	Via	: BNI branch office UI	Depok	
		Acc. No. 127 3000 5	35 UI FIK Non BP	

(Copy of proof of payment attached)