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### EVALUATION OF THE IMPLEMENTATION OF SANITATION AT THE MUARO TEMPLE TOURISM IN 2022

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#### Abstract

Public places have the potential to become places for disease transmission and environmental pollution, for example, tourist spots. Muaro Jambi Temple is one of the cultural heritage complexes of the largest Hindu-Buddhist temple complex in Southeast Asia. It is also the most visited tourist spot in Muaro Jambi Regency. This study aims to evaluate the implementation of sanitation at the Muaro Jambi Temple tourist area. The method used in this research is qualitative research with an evaluation approach. There were 8 informants in this study who were taken by purposive sampling. Data collection was carried out by means of in-depth interviews, observation, and document review. Data analysis with content analysis method. The validity test of the research was carried out using the triangulation method. The results showed that the human resources of the Jambi Kecil health center had not met the standards, the cleaning staff or caretakers at the temple were sufficient in quantity but had not been assigned specifically to implement standardization of sanitation for tourist attractions. Funds for the implementation of the program from the Public health center come from BOK, while the tourism management has not prepared funds for implementing sanitation. The facilities and infrastructure of the Public health center are adequate, but the sanitation facilities in the temples are not up to standard. There is no policy that regulates STTU. Examination and assessment of sanitation in the temple had never been done before. When a sanitary inspection was carried out, it was found that the Muaro Jambi temple did not meet health requirements, namely 42.63%. It is hoped that the regional government will make regional regulations regarding the application of STTU and tourism managers will start implementing standardization of sanitation as a necessity. Public places can potentially become places for disease transmission and environmental pollution, for example, tourist spots. Muaro Jambi Temple is one of the cultural heritage complexes of the largest Hindu-Buddhist temple complex in Southeast Asia. It is also the most visited tourist spot in Muaro Jambi Regency. . This study aims to evaluate the implementation of sanitation at the Muaro Jambi Temple tourist area. The method used in this research is qualitative research with an evaluation approach. There were 8 informants in this study who were taken by purposive sampling. Data collection was carried out by means of in-depth interviews, observation, and document review. Data analysis with content analysis method. The validity test of the research was carried out using the triangulation method. The results showed that the human resources of the Jambi Kecil health center had not met the standards, the cleaning staff or caretakers at the temple were sufficient in quantity but had not been assigned specifically to implement standardization of sanitation for tourist attractions. Funds for the implementation of the program from the Public health center come from BOK, while the tourism management has not prepared funds for implementing sanitation. The facilities and infrastructure of the Public health center are adequate, but the sanitation facilities in the temples are not up to standard. There is no policy that regulates STTU. Examination and assessment of sanitation in the temple had never been done before. When a sanitary inspection was carried out, it was found that the Muaro Jambi temple did not meet health

*requirements, namely 42.63%. It is hoped that the local government will make local regulations regarding the application of STTU and the tourism management will start implementing sanitation standardization as a necessity.*

**Keywords:** evaluation, sanitation, tourist attractions

## **Introduction**

Government Regulation Number 66 of 2014 concerning Environmental Health states that environmental health is an effort to prevent disease or health problems that arise from environmental risk factors in order to create a quality healthy environment, both from the physical, chemical, biological and social aspects<sup>1</sup>.

Henrik L. Has not expressed empathy in determining the degree of public health. The four determinants are environment, behavior, health services, and genetics. The achievement of optimal health status can only be felt when the four determinants are also in optimal conditions. Environment and behavior are two factors that play a major role in influencing the health status of people in developing countries<sup>2</sup>.

A healthy environment can prevent nearly a quarter of the global disease burden, 24% of the 13.7 million global deaths in 2016 were caused by environmental factors that could have been avoided. This means that almost 1 in 4 total deaths in the world are closely related to the environment<sup>3</sup>. Indonesia itself ranks third in the country with the highest or inappropriate sanctions in 2017, while India ranks first and China ranks second<sup>4</sup>. This condition causes Indonesia to still have to deal with the incidence of diseases, especially those related to environmental sanitation.

Sanitation is defined as an effort to prevent disease that focuses on efforts to improve the quality of the human environment<sup>5</sup>. Poor sanitation conditions will have a negative impact on many aspects of life, such as decreasing the quality of the community's environment, polluted drinking water sources, increased cases of diarrhea, and other diseases that have also emerged<sup>6</sup>. Poor sanitation is also associated with the transmission of diarrheal diseases such as cholera and dysentery, typhoid, intestinal worm infections, and polio<sup>7</sup>.

One of the urgent sanitation problems is the sanitation of public places<sup>8</sup>. A public place is a place to gather or carry out an activity that can be accessed by everyone. Public places are meeting places for people with various backgrounds and various illnesses. Thus, public places can become areas for the spread of disease, especially diseases that are easily transmitted through food, drink, air, and air<sup>9</sup>.

One of the areas of public sanitation that needs to be considered is the sanitation of tourist attractions. Sanitation of tourist attractions is defined as an effort to prevent the disease from occurring in tourist attractions, which focuses on environmental health efforts. The comfort and health of tourists must be a priority in tourist attractions. For this reason, it is necessary to have adequate sanitation facilities to support community activities in tourist attractions. Sanitation facilities include the availability of clean water, Waste Water Disposal (SPAL), latrines, and waste management<sup>8</sup>.

Muaro Jambi Regency is one of the regencies in Jambi Province which has a variety of tourist attractions. BPS Muaro Jambi Regency recorded at least six tourist objects in Muaro Jambi Regency. These tourist objects consist of Muaro Jambi Temple, Tangkas Lake, Lubuk Penyengat, Sebapo Nature Tourism, Waterboom Citra Raya City, and ACI Park<sup>10</sup>.

Muaro Jambi Temple is a natural, historical and cultural tourist attraction located in the Maro Sebo sub-district, Muaro Jambi Regency. Muaro Jambi Temple is the largest tourist destination and is managed directly by the Jambi Cultural Heritage Preservation Center (BPCB) and the Muaro Jambi District Tourism, Youth, and Sports Office. The Muaro Jambi Temple is the most visited tourist object in 2020, namely 60,600 visits (57.4% of the total tourist visits in Muaro Jambi Regency)<sup>10</sup>. The motivation for tourists visiting the temple, in general, is to enjoy the beauty of the temple, take pictures, cycle, travel, pick duku and enjoy durian during the season, worship, go around by pedicab, do research, and shop for souvenirs<sup>11</sup>. Meanwhile, the motivation of foreign tourists to visit Muaro Jambi Temple is to worship. Since 2002, the Regional Government of Muaro Jambi and Jambi Province have regularly held festivals and events at the Muaro Jambi Temple to celebrate Muaro Jambi's birthday and celebrate Vesak day<sup>12</sup>.

The Muaro Jambi Temple is included in the work area of the Jambi Kecil Health Center, so temple sanitation is part of the responsibility of the Jambi Kecil Health Center as the holder and implementer of the program. Temple sanitation is included in the environmental health program at the Jambi Kecil Community Health Center, namely in the inspection of public places that meet the requirements. However, based on the statement of the Jambi Kecil Community Health Center sanitarian officer, sanitary inspection/inspection of the Muaro Jambi Temple tourist spot has not yet been carried out.

Based on the preliminary survey, it is known that the sanitation conditions at the Muaro Jambi Temple tourist attraction are still not good. The problems found in the field included trash in the temple area, the distance between the trash cans being too far, there being no public faucet available, there were dirty water tanks, and several toilets were dirty, there were toilets that were damaged, and not yet available. TPSS that meet the requirements.

Based on the description above, researchers feel the need to conduct a study that aims to evaluate the application of sanitation to the Muaro Jambi temple tourism area.

## Method

The method used in this research is qualitative research with an evaluation approach. There were 8 informants in this study who were taken by purposive sampling. Data collection was carried out by means of in-depth interviews, observation, and document review. Data analysis was performed through content analysis. The validity test of the research was carried out using the triangulation method.

## Results and Discussion

### 1. Human Resources

*Human resources (HR) in the implementation of sanitation for Muaro Jambi Temple tourist attractions are divided into 2, namely HR from the Puskesmas as program implementers and HR from tourist site managers as cleaning workers.*

*The Jambi Kecil Health Center has 1 environmental health officer with an educational background in D3 Nursing and has undergone training in the field of environmental health. The training is carried out in the form of meetings, giving materials or seminars and practice, with a frequency of twice a year.*

*"...Because I am the field officer myself, there is training from the district, the training is at least twice a year. A kind of meeting, seminars." (IU-1)*

One of the factors that influence the success of an organization is the availability of sufficient human resources, both in terms of quantity and quality<sup>14</sup>. Based on Permenkes Number 13 of 2015 concerning the Implementation of Environmental Health Services at Community Health Centers, an environmental health worker is anyone who has graduated with a minimum education of Diploma Three in the field of environmental health in accordance with statutory provisions. In terms of quantity, each health center must be supported by at least 1 Environmental Health Worker who has a license in accordance with the provisions of laws and regulations, in carrying out environmental health activities<sup>15</sup>.

In an effort to maintain the cleanliness of the environment at Muaro Jambi Temple, there are cleaning officers or commonly called caretakers (caretakers). Cleaning staff at the Muaro Jambi Temple tourist attraction are managed by two agencies, namely the Muaro Jambi District Youth and Sports Tourism Office and the Jambi Cultural Heritage Preservation Agency (BPCB). There are 11 janitors from Disarpura, with details of 3 temple cleaners, 3 environmental temple cleaners, 3 mosque and guest house cleaners, and 2 open stage attendants. While the cleaning staff from the BPCB numbered 50 people with a division of tasks, namely courtyard/environmental caretaker, cultural heritage caretaker, brick fence caretaker, as well as office and toilet caretaker.

*"...The cleaning staff of the temple was 3 people. For that, clean the temple. Cleanliness of the temple 3 people, cleanliness of the temple environment 3 people, cleanliness of the prayer room and guest house 3 people, cleanliness of the open stage 2 people. (IK-1)*

*"... for caretakers, there are more or less 50 people... there are those who clean the yard, there are those who clean up the cultural heritage..." (IU-2)*

Caretakers have diverse backgrounds, with a minimum of elementary school graduation. Most of the caretakers are people who live around the temple. This is because both Tourism and BPCB are trying to renew and create jobs for the surrounding community.

Based on the Regulation of the Minister of Culture and Tourism Number 49 of 2009 concerning Guidelines for the Preservation of Cultural Heritage Objects and Sites it is said that the arrangement of the number of caretakers must be adjusted to the area of the cultural heritage area, the level of difficulty of maintenance, and the number of cultural heritage visits. The characteristics of a caretaker are that they are not civil servants, are people who live around cultural heritage, have a minimum educational background of elementary school, are young or physically strong, and have high dedication to preserving cultural heritage<sup>16</sup>.

The results showed that the availability of human resources in cleaning efforts at Muaro Jambi Temple was quite good. However, the mandate of the custodian of the cultural heritage is not specific to implementing sanitation. The caretaker has broader duties and responsibilities, including cleaning and caring for cultural heritage and its sites, caring for plants, maintaining the security of cultural heritage objects and their sites, carrying out emergency measures to secure cultural heritage, making reports on damage to cultural heritage and its sites, and making a monthly report on the implementation of maintenance.

Therefore, coordination and cooperation should be carried out between the Jambi Kecil Health Center and the Muaro Jambi District Health Office with the Muaro Jambi temple tourism management in the form of appeals, directions, and outreach regarding the TTU supervision program from the health center and the importance of implementing sanitation in tourist attractions. Thus, the tourism manager can optimize existing human resources for environmental sanitation efforts and the application of sanitation for tourist attractions.

## **2. Fund**

Funds are money or budget provided for a purpose<sup>17</sup>. Funding for the Jambi Kecil Health Center's TTU supervision program came from Health Operational Assistance (BOK). Funding is allocated for each program. In the implementation of the monitoring program for public places, funds are allocated for transportation officer expenses.

Based on the Health Center's Budget Implementation Document (DPA), it is known that the wristband for monitoring the TTU program is Rp. 2,400,000,-/quarter. The funds were disbursed for transportation costs for officers in TTU inspection activities.

In the Decree of the Minister of Health Number 288 of 2003 concerning Guidelines for the Sanitation of Public Facilities and Buildings, it is also stated that the financial sources needed for the implementation of the sanitation of public facilities and buildings can be obtained from the APBN, APBD, Foreign Assistance, and Other Non-binding Assistance<sup>18</sup>. Then, in Permenkes Number 13 of 2015 concerning the Implementation of Environmental Health Services at Puskesmas, environmental health activities at Puskesmas must be supported with adequate funding. The financing is borne by the government budget, regional government, and other legal sources in accordance with statutory regulations<sup>15</sup>.

Meanwhile, the Muaro Jambi Regency Disparpora did not prepare a special fund for the implementation of sanitation and hygiene at the Muaro Jambi Temple. Recovery of funds is only in the form of payment of salaries or honorarium for officers at the Muaro Jambi Temple. The funds come from the APBD.

*"...As for sanitation, there is none. But our expenses, yes, for the payment of honorarium for our officers, that is, for the honorarium, for the officers at the temple." (IK-1)*

Then, the funds managed by the BPCB come from the APBN. The funds are used for the purposes of restoration of cultural heritage and payment of caretaker salaries. The following is the information provided by the informant.

*...If the funding comes from the APBN, all central. Erm, what cleaning, Uhm, there's also one for restoration, caretakers, for payment of honorary caretakers' salaries, there's also one for temple restoration, that's it." (IU-2)*

Based on Law Number 11 of 2010 concerning Cultural Conservation, it is stated that funding for Cultural Conservation Preservation is a shared responsibility between the government, local government, and the community. The financing comes from the APBN, APBD, results of utilization of cultural heritage, as well as other legal sources in accordance with statutory regulations. Therefore, the costs for cleaning and maintaining the Muaro Jambi temple are in accordance with existing regulations. It's just that, at this time there is no budget aimed at implementing sanitation in public places or tourist attractions.

The funds prepared by the Jambi Kecil health center for TTU monitoring activities are quite good. These funds are used for transportation costs for officers when carrying out TTU inspections. On the other hand, the temple tourism organizers have not prepared funds for sanitation. This causes the activities that take place in the temple only in the form of preservation and maintenance of cleanliness, not efforts to meet the standardization of sanitation for tourist attractions.

Therefore, it is better for the management of the Muaro Jambi temple tour to prepare a budget specifically intended for the implementation of sanitation for tourist attractions. The budgeted funds can later be used to equip and carry out maintenance of sanitation facilities at the Muaro Jambi temple so that they can meet health requirements.

### 3. Facilities and Infrastructure

Facilities and infrastructure in the application of sanitation at the Muaro Jambi Temple tourist area are divided into two, namely infrastructure in the implementation of the Public health center program and infrastructure in the form of sanitation facilities at the Muaro Jambi Temple.

The facilities for implementing the TTU supervision program are sufficient. The facilities available at the Puskesmas are in the form of sanitation kits, computers, and printers. The available facilities are in good and proper condition. Facilities maintenance has been carried out properly and equipment calibration is carried out by the officers themselves. However, the vehicles normally used by officers to inspect and supervise TTU are the officers' private vehicles, namely motorbikes. The infrastructure in the TTU supervision program is in the form of Standard Operating Procedures (SOP) for TTU inspection and STTU inspection forms.

"...Actually, if you say a vehicle, definitely, a vehicle. The checklist has a format, it's normal for the checklist to have been given that way, right? The SOP already exists. If you already have a computer and printer. For now, that's enough, that's enough... There's a sanitation kit here, right? If that's complete for TTU inspection, right, for the water, that's how it is. As for maintenance, it's good. It's usually calibrated, if we have training for calibration, don't you do it yourself." (IU-1)

Based on Permenkes Number 13 of 2015 it is also said that the implementation of environmental health service activities in Public health centers must be supported by the availability of the necessary facilities and infrastructure. Referring to these regulations, the facilities and infrastructure provided by the Jambi Kecil Health Center in implementing the TTU supervision program are adequate. Officers provide sanitary equipment and inspection forms to support their work in inspecting public places.

The application of sanitation in tourist places must also be supported by the existence of adequate sanitation facilities<sup>9</sup>. The provision of sanitation facilities at the Muaro Jambi Temple was carried out by the Disparpora, BPCB, and Disperkim. The facilities include clean water facilities, latrines, sewage treatment channels, and landfills. In addition, in an effort to clean the temple, cleaning tools are also provided to facilitate the caretaker's work. The cleaning tools include brooms, stick brooms, palm fiber brooches, hoes, lawn machines, and three-wheeled vehicles for transporting garbage.

*"...Eee, yes, from BPCB, from Perkim, we also have some like that. If so... in terms of efficiency, it's not enough, not enough. But what are we trying to do, to streamline what is there to keep the cleanliness there, that's it." (IK-1)*

*"...Yes, the cleanliness of the infrastructure here, yes, like the trash cans, the trash bins, yes brooms, yes, for cleaning, there is also this palm fiber brooch (brush). Eee for the management, aaa this was, what, like clothes for caretakers were given from BPCB, now for the tools yes from jupel itself, some from BPCB gave them like brooms, there are also palm fiber brooches, there are also It's like the old hoe, yes, there are those that are given, yes, the facilities are there, right? There are shoes like that, yes. Viar, all BPCB." (IU-2)*

The source of clean water used at the Muaro Jambi temple currently comes from the Regional Drinking Water Company (PDAM) and drilled wells. However, the distribution of clean water in temples is currently still uneven, so access to clean water is only available in a few locations, such as around offices, museums, prayer rooms, toilets, and canteens behind the museum. Meanwhile, other locations have not yet had access to clean water because it is not yet available. In addition, there is currently no public faucet available for the hygiene and sanitation needs of visitors in the temple tourism area.

The number of toilets available at the Muaro Jambi temple is 7 toilets. The toilets are located in different locations, namely 2 toilets in the parking lot, 2 toilets in the prayer room, and 3 others behind the museum. Each toilet is connected to a septic tank. But the toilet in the parking lot is no longer used because it is damaged. In addition, some of the toilets behind the museum are rarely opened, so visitors often use the toilet in the prayer room. Draining the water reservoir in the toilet is only done when it feels dirty or depending on the condition of the water.

The next sanitation facility is the sewerage. Wastewater in the environment can be channeled through ditches and culverts. However, these channels are only found in a few locations and are not evenly distributed throughout the temple tourism area. Some traders admit that they immediately throw the used water on the ground because there are no ditches in the area where they sell their goods.

Then, sanitation facilities in the form of trash cans at the Muaro Jambi temple were provided by the Disparpora, BPCB, and Disperkim. The number of trash bins available in the temple cannot be known with

certainly because they are constantly being reduced. This results in a lot of waste that is not accommodated by the trash.

Researchers found that the trash box in the temple was quite large, orange in color, and had 2 holes to put trash in, but there was no partition inside. The litter box is given a cover with a different color, namely yellow and green. The trash cans are placed at several points such as parking lots, offices, prayer room toilets, the center area in front of the stage, and several other points.

In addition, at the time the Muaro Jambi temple did not have a Temporary Waste Storage Site (TPS), so the waste generated would be collected and immediately disposed of in the TPA. Garbage collection in the field is carried out by caretakers by putting it in sacks. Then, the waste that has been put in the sack will later be transported by the caretaker along with the waste in the trash using a three-wheeled vehicle to be taken directly to the TPA. According to the conservation technician, garbage collection should be done every day. However, caretakers and traders at the temple said that garbage collection was not always carried out every day due to problems related to the vehicles used to transport the garbage which was often damaged, thus hindering the process of transporting waste.

Previously, the management of the temple had provided a hole for garbage disposal in the temple area. The hole was made around the stage and functioned to accommodate and process waste by burning it. However, over time the hole filled up, and trash piled up in that location. Therefore, currently, the waste generated is immediately disposed of in the TPA so that it does not accumulate in the temple environment.

In terms of quality, the available sanitation facilities are also poorly maintained and maintained, such as broken trash cans, inconsistent air quality, and two toilets in the parking lot that cannot be used because they are damaged.

Compared to the certification of sanitation inspections for tourist attractions, some sanitation facilities in temples are still lacking. These facilities include not having public faucets available, the number of toilets not keeping up with the number of visitors, the lack of trash cans, the absence of signs of sanitation (both posters and slogans), the absence of loudspeakers to provide counseling, the absence of medical clinics, and there are no first aid kits containing simple medicines yet.

#### **4. Policy**

In essence, the policy is a decision that contains goals, principles, and rules. Policy formats are generally recorded and written down as guidelines for doing something by leaders, staff, members of the organization, and their interactions with the external environment<sup>19</sup>. The results of the study show that there is no policy at the regional level that regulates the sanitation of public places (STTU).

"...There is no policy yet. Usually a policy is similar to a law, right, a decision. There is no local government yet..." (IU-1)

The researcher also reviewed the SOP documents for TTU inspection at the Jambi Kecil Health Center to find out the policies and references used in carrying out TTU supervision. Based on these documents, it can be seen that TTU supervision carried out by the Jambi Kecil health center refers to the Minister of Health of the Republic of Indonesia Number 13 of 2015 concerning the Implementation of Environmental Health Services at Community Health Centers and the Minister of Health of the Republic of Indonesia Number 43 of 2019 concerning Community Health Centers.

Based on Government Regulation Number 66 of 2014 concerning Environmental Health, it is explained that the provincial regional government must establish a national policy for implementing environmental health at the provincial level based on policies and strategies. Then, the district/city regional government must also establish policies in the implementation of environmental health, environmental health quality standards, and health requirements at the district/city level based on the policies and strategies, and policies set by the provincial government<sup>1</sup>.

In addition, policies for the implementation of a program can also come from the agency concerned. For example, the researchers found the SOP for Sanitation Inspection of Public Places at the Takeran Health Center, Magetan Regency, which contained information that the policy used in implementing the TTU supervision program at the Health Center was in the form of a Decree of the Head of the Takeran Health Center Number 18 of 2016 concerning Management and Implementation of the UKM Program at Takeran Health Center.

Thus, the Jambi provincial government and the Muaro Jambi district government have the authority to establish policies regarding the implementation of environmental health, including under TTU supervision. However, until now there is still no policy at the provincial or district level that can be used as a reference in implementing TTU supervision. Meanwhile, Sandy (2020) in his research also found that

one of the factors supporting the implementation of sanitation policies is the existence of policy products as a legal umbrella and reference in sanitation development<sup>20</sup>.

Therefore, it is best for the Puskesmas, the Muaro Jambi District Health Office, the Jambi Provincial Health Office, or other related parties to be able to consider the formulation and preparation of a policy related to the Sanitation of Public Places. The policy is later expected to become a reference and guide in program implementation so that it is more structured to obtain more optimal results. In addition, it is necessary to disseminate this policy to TTU officers and managers so they can understand the importance of implementing sanitation in public places.

## **5. Examination, Assessment, Recording, Reporting, and Monitoring**

Inspection and assessment of the sanitation of public places are carried out through sanitary inspections. Sanitation inspections of public places in the Jambi Kecil health center are carried out once every three months or quarterly. Inspection is carried out using a checklist sheet or sanitation certification form in public places. However, sanitation certification at the Muaro Jambi temple tourist spot has never been carried out, so there is also no recording, reporting, or monitoring process.

"... For all temples, for environmental health, it hasn't been done yet." (IU-1)

The results of this study are in line with Marinda's research (2018) which also found that sanitation inspections of tourist attractions are carried out on a non-routine and unscheduled basis. This is because the TTU inspection only focuses on examining schools, hotel hotels, restaurants, and others. These results may illustrate that sanitation inspections of tourist attractions are currently not a priority in the implementation of the TTU supervision program.

Based on Kepmenkes Number 288 of 2003 it is stated that supervision of the health of public facilities and buildings in residential areas, public places, work environments, public transportation, public service facilities, health facilities, and other environments is carried out regularly, at least twice a year<sup>18</sup>. Therefore, the researchers together with the Public health center environmental health officers conducted a sanitation inspection at the temple to find out the score and eligibility status.

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## **6. STTU Coverage and results of Muaro Jambi Temple Sanitation assessment**

Researchers together with environmental health officers at the Jambi Kecil Community Health Center conducted a sanitation inspection of the Muaro Jambi temple tourist spot. The inspection results showed that the tourist attractions of the Muaro Jambi temple only obtained a score of 428 (42.63%) with a score of each variable I 80 (100%), variable II 300 (49.67%), and variable III 48 (15%). While a tourist object can be said to meet health requirements if it obtains a score of at least 65% with a record minimum score of variable I 70%, variable II 65.5%, and variable III 60%. Thus it can be seen that the Muaro Jambi Temple tourist attraction still does not meet the health requirements and has not been declared fit for health.

The management of tourist attractions only carries out general cleaning efforts without any guidelines and targets to be achieved.

In Marinda's research (2018), public places in Palembang City are required to have a health certificate (SLS). This is based on the Palembang City Regional Regulation Number 20 of 2011 concerning Sanitation Hygiene Guidance and Supervision. SLS is valid for three years and can be extended by submitting a new application. SLS is given by the City Government to public places that have been declared to meet health

requirements. With this policy in place, every public place will try to improve and increase the application of sanitation so that it meets health requirements.

### Conclusion

Based on a series of studies that have been carried out, in general, it can be interpreted as follows.

1. The number of human resources at the Public health center is 1 person, and they do not meet the standard for environmental health officers because they do not come from an educational background in the field of environmental health. Then, there are 61 cleaning staff or caretakers at the temple with backgrounds that meet the caretaker criteria.
2. Funds from the health center come from Health Operational Assistance (BOK) in a sufficient amount. Meanwhile, the management of tourist attractions has not prepared special funds for implementing sanitation in tourist attractions.
3. The facilities and infrastructure used in the Jambi Kecil Health Center TTU supervision program are well available. Meanwhile, the temple is still inadequate and not up to standard to support the implementation of sanitation for tourist attractions.
4. There is no policy that regulates the sanitation of public places or TTU supervision at the Regency or Jambi Province levels.
5. Examination, assessment, recording, reporting, and monitoring of the sanitation of the Muaro Jambi temple tourism sites have never been carried out.
6. The Muaro Jambi Temple has not met the health requirements with a sanitation score obtained of 428 or 42.63%. While the minimum score for tourist attractions that are said to be healthy or fulfill health requirements is 65%.

### Suggestion

It is hoped that the health center and the Muaro Jambi Health Service will provide advice and socialization to the managers of the Muaro Jambi Temple tourist attractions regarding their obligations to implement sanitation in public places, especially tourist attractions, to be able to carry out supervision and inspection of all public places in the area work. It is also hoped that the Disparpora Muaro Jambi and BPCB Jambi will be able to complete sanitation facilities at the Muaro Jambi Temple, such as public taps, TPS that meet the requirements, health facilities, and counseling facilities. In addition, it is necessary to increase the number of trash cans and toilets to support visitor activities at the temple.

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