



Level of Knowledge on Hygiene Sanitation on Food Vendors in Traditional Markets in Tarikolot Village, Sumedang

Nenden Rosana, Karpin, Yulia Rahmawati*

Program Studi Pendidikan Tata Boga, Universitas Pendidikan Indonesia, Bandung, Indonesia

Correspondence: E-mail: Nendenrosana98@gmail.com

ABSTRACTS

Knowledge of hygiene sanitation is one of the basics of a clean healthy lifestyle. The purpose of the study was to determine the implementation of a healthy market, and the level of knowledge about sanitation and hygiene among food market sellers in the traditional market of Tarikolot Village, Sumedang. The research method is using descriptive research with a quantitative approach. The population and sample of the study were the sampling technique using the census technique, namely sellers of foodstuffs such as staple foods, meat, meatballs, eggs, vegetables, and grocery with a total of 23 people. Research instruments are observation and questionnaires. The results of the level of knowledge of hygiene, sanitation for food sellers in the traditional market of Tarikolot Village are still lacking, because most of the sellers of food ingredients in the market do not know the term sanitation hygiene.

ARTICLE INFO

Article History:

Received 30 Mar 2021

Revised 10 Apr 2021

Accepted 11 Apr 2021

Available online 11 Apr 2021

Keyword:

*Hygiene Sanitation Knowledge,
Market Seller,
Healthy Market.*

1. INTRODUCTION

Knowledge is needed in all actions, such as choosing healthy foods and determining a healthy lifestyle. According to Notoatmodjo (2007) states that "Knowledge is a very important domain for the formation of a person's action, if someone has good knowledge then his behavior will be followed". People in buying basic needs that are complete and affordable, namely in traditional markets.

According to the Regulation of the [Indonesian Ministry of Health No. 17 of 2020](#) concerning healthy markets, it states that "Healthy markets are clean, safe, comfortable, and healthy people's market conditions through the fulfillment of environmental health quality standards, health requirements, and supporting infrastructure facilities by emphasizing community independence. market ".

A clean and healthy lifestyle is very good for market sellers, besides that they must have knowledge of personal hygiene and hygiene sanitation of a food handler. According to [Anwar \(1990\)](#) "In seeking healthy food and drinks, the principles of hygienic sanitation are applied, namely food security, storage of raw food ingredients, food processing, food transportation, storage of processed food and food presentation".

At the raw food storage stage, cross-contamination can occur, such as the use of unwashed storage areas, shared storage of raw materials, thereby inviting flies, caterpillars and rotting insects. Food sellers must have knowledge of hygiene sanitation so that there are no health problems for consumers.

The situation in the market at some vegetable stalls is that there is inappropriate storage of vegetables and materials, such as the unification of fresh and non-fresh vegetable ingredients in one container, vegetables or garbage scattered along the side of the aisle so that it invites insects such as flies and tools for storing materials that are not paid attention to such as suitability and suitability of merchandise.

According to [Djarismawati, Bambangdan Sugiharti, \(2004\)](#) "Food handlers must be healthy and fit to work as food providers, because cross-contamination will easily occur". In overcoming the presence of cross-contamination in raw materials, therefore hygienic sanitation is applied such as the principle of storing raw materials.

According to [Brownell \(in the book Sri Rejeki 2015\)](#) suggests that the notion of hygiene is "how people maintain and protect their health, food handlers who want to come into direct contact with food must of course be in a clean and healthy condition so that nothing happens". The spread of disease can be prevented by a food handler who has knowledge and applies sanitation hygiene to his food. The benefits of hygienic sanitation according to [Fortune \(2015: 4\)](#) are as follows:

1. Prevent disease transmission.
2. Prevent work accidents.
3. Preventing air pollution, namely bad odors.
4. Prevent pollution.
5. Reducing the percentage of disease incidence.
6. Make the environment healthy, clean and comfortable.

The purpose of implementing hygiene sanitation in daily life as one of the initial prevention, self-discipline so that they have a clean and healthy life that can protect

themselves from viruses. The personal hygiene of a food handler, one of which is a food seller in the market, is strived to have good personal hygiene. According to Tarwoto and Wartonah (2010), the definition of personal hygiene is as follows:

Personal hygiene comes from the Greek, namely personal which means individual and hygiene means healthy, which when combined means personal hygiene. Personal hygiene is an action to maintain the cleanliness and health of a person for physical and psychological well-being.

According to [Tarwoto and Wartonah \(2006\)](#), "Personal hygiene includes health care and hygiene of the scalp, hair, nose, eyes, toenails and hands, ears, skin and genital area". Hygiene and health for food vendors and markets by implementing hygiene sanitation and implementing healthy markets. In the Regulation of the Ministry of Health of the Republic of Indonesia No. 17 of 2020 concerning Healthy Markets, they are as follows:

1. Water Media

In the supervision of water media in the market environment, water quality standards include physical, biological, chemical and radioactivity qualities in accordance with statutory regulations. In terms of water health, it includes requirements such as for each seller in a water supply kiosk of at least 15L per day, water quality must be considered and checked then the water source is 10 meters away from the pollutant source.

2. Air Media

Clean air conditions are very necessary in the market environment so that smoke pollution such as cigarette smoke and smoke from burning waste is not recommended. As well as air quality must comply with quality standards such as physical, biological, chemical quality in accordance with statutory regulations.

3. Soil Media

Water quality standards include physical, biological, chemical and radioactivity qualities in accordance with statutory regulations. Previously, land for market buildings was required to have land restoration carried out, namely on ex-mining excavations, landfills for waste. Solid and liquid waste management is well managed.

4. Food

Quality standards such as physical, biological, chemical quality are in accordance with statutory regulations. The requirements for food traded by sellers in the market include fresh, clean food, processed food that already has a label or certificate with BPOM standards, so that the quality and quality is guaranteed.

5. Facilities and Buildings

General, management offices, spatial planning (wet, dry and finished food zones) and construction, namely:

- 1) Floors are made of non-slip, strong, and easy-to-clean materials.
- 2) Walls are made of sturdy, strong materials, have a minimum height of 10 m, painted in bright colors, waterproof in the wet zone, and easy to clean.
- 3) Roof/ceiling, which is made of strong, sturdy material, has rainwater distribution, and is free from animal nests.
- 4) Doors are made of strong, sturdy and durable materials.
- 5) Toilets and Bathrooms, namely having a place to wash hands with soap, segregation between genders, specifically for sellers of at least 1:25-40 sellers, specifically for consumers of at least 1:100-500 consumers, and specifically for people with disabilities.

- 6) Kiosk, namely the division according to zones including facilities, lighting and air ventilation.
 - 7) Ventilation, which is to have at least 20% of the width of the floor facing each other.
 - 8) Lighting, which has a minimum of 100 lux lighting.
 - 9) Stairs are made of sturdy, strong, durable materials, easy to clean, have lighting, have handles on both sides, and anti-slip steps.
 - 10) Drainage, which has a drainage channel for rainwater, in the wet zone and covered with iron railings, cement all drains go to IMPAL.
 - 11) Handwashing facilities, which are facilities for running water, soap and are placed within easy reach.
 - 12) Parking area which has a flat surface, no puddles, has green land, there is a separation of types of vehicles, and has a trash can according to the type of waste.
6. Control of Disease-Carrying Animals and Vectors
Temporary trash can (TPS) and maintained so that it does not become a breeding ground for disease-transmitting animals, then waste transportation is carried out 1x24 hours. Cleaning the market can be done like disinfecting one day a month with disinfectants that do not pollute the environment.

Based on the background of the problem above, the formulation of the problem in this study is:

1. How to implement the implementation of a healthy market in accordance with Minister of Health Regulation No. 17 of 2020 at the traditional market of Tarikolot Village, Sumedang?
2. What is the level of knowledge on hygiene sanitation among food vendors at the traditional market of Tarikolot Sumedang Village?

In the research objectives achieved, namely knowing the application of hygiene sanitation to food vendors such as personal hygiene and the implementation of healthy markets.

2. METHODS

The use of a quantitative approach with descriptive research methods in this study to solve problems that occur in the present. This descriptive research method is intended to describe more clearly the implementation of healthy market implementation and hygiene sanitation knowledge in the market of Tarikolot Sumedang Village. According to [Husein, Umar \(2007, p.6\)](#) suggests that the research design is:

A work plan that is structured in terms of the relationships between variables comprehensively in such a way that the research results can provide answers to the research questions. The plan is what research will do, starting from making hypotheses and their operational implications to the final analysis.

According to [Sugiyono, \(2010\)](#) "The research method is a scientific way to obtain data with certain goals and uses". According to [Sugiyono \(2010, p. 29\)](#) as follows,

Descriptive method is defined as a method used to describe or analyze a research result but is not used to make broader conclusions. Based on this understanding, it can be said that the descriptive analysis method is a research method to create an overview of the existing situation or event, so that this method must be carried out data accumulation.

The research approach used in this study is a quantitative approach. The quantitative assessment approach according to [Hamid and Bahruddin \(2014, p.5\)](#) "Emphasizes objective phenomena that are studied quantitatively, so that in this study numbers, statistical processing, structures and controlled experiments are usually used".

According to the Big Indonesian Dictionary (KBBI) "Participants are people who take part in an activity such as seminars, meetings, and so on".

Table 1. Number of Participants

Number	Participant	Total	Description
1.	Lecturer	2	Supervisor
2.	Tarikolot village staff	1	Regional secretary
3.	Food vendors	23	Respondent
Total		25	

Participants in this study are parties involved in providing information related to research, and giving permission to conduct research.

According to [Moh, Nazir \(2005, p.271\)](#) suggests that the population is "a collection of individuals with predetermined qualities and characteristics". According to [Arikunto \(2012, p. 104\)](#) "If the population is less than 100 people, the total sample is taken, but if the population is more than 100 people, 10-15% or 20-25% of the total population can be taken". Sampling technique the author chooses a sample by not sampling.

Table 2. Population and Research Sample

Number	Description	Total
1.	Population	23
2.	Sample	23

The population and sample in this study consisted of food sellers. Measurements on the results of questionnaires and observations in this study, namely using the Guttman scale

Table 3. Guttman Scale

Number	Answer	Answer Category	
		Positive	Negative
1.	Yes	1	0
2.	No	0	1

The research instrument according to [Riduwan \(2013, p.25\)](#) is a "researcher's tool in data collection, the quality of the instrument will determine the quality of the data collected, so it is appropriate that the relationship between the instrument and the data is the heart of interrelated research". The data collection technique in this study used a questionnaire for the problem of understanding sanitation and hygiene and observation for the problem of implementing a healthy market. The research procedure is the stage of selecting problems, formulating problems, seeking information, conducting data studies, compiling data, distributing instruments, processing data and making reports.

According to [Sugiyono \(2004, p.169\)](#) suggests that descriptive analysis is "Statistics used to analyze data by describing or describing the data that has been collected as it is without the intention of making generally accepted conclusions or generalizations". Descriptive analysis

data is then displayed in the form of tables and diagrams, making it easier to read the data results. Data processing in the Ms. application. Excel uses the basic calculation formula and the addition of the IF formula.

According to [Arikunto \(2006\)](#) the formula for finding the percentage is as follows:

$$P = \frac{F}{N} \times 100\%$$

Description is :

- P = Percentage of Answers
- F = Frequency/number of Answers
- N = Number of Respondents
- 100% = Fixed Number

3. RESULTS AND DISCUSSION

Tarikolot Village Market is a traditional market that is used from several villages in the surrounding environment, such as Sarimekar Village, Sirnasari Village, Paauthori Village, Tarikolot Village, Banjarsari Village. The market is located on the wado-kirirsik highway which is right across from the main road, has a two-story building with around 50 ksarena kiosks, some of which are still under construction, has facilities for one public toilet for men and women, one prayer room and one temporary garbage dump.



Figure 1. Tarikolot Village Market

3.1. Implementation of Healthy Market Implementation

The data findings from the observation instrument are divided into several parts according to the Regulation of the Ministry of Health of the Republic of Indonesia No. 17 of 2020 concerning Healthy Markets.

3.1.1. Water Media

In water supply there is no water flow at every kiosk and not every seller provides clean water to support hygiene sanitation, this is not in line with water media in Permenkes No. 17 of 2020 concerning healthy markets. Water checks are not carried out regularly, checking only when there are obstacles and using springs, so that it can be seen that the application in water media in the market is not being considered properly.

3.1.2. Air Media

In the air media in the market zone, whether wet, dry to the prayer room area, there is no smoke, it is in line with the Minister of Health Regulation No. 17 of 2020 concerning healthy

markets, that in the market area, especially indoors, there is no air pollution, so it can be seen the application of the media. the air in the market is well applied.

3.1.3. Soil Media

In the land media, namely the place where the building stands, it is aligned with the Regulation of the Minister of Health No. 17 of 2020 concerning healthy markets, while for the placement of the waste bins it is not well placed, because it is close to the food stalls, so it can be seen that the application of waste places is not placed in appropriate place.

3.1.4. Food

17 of 2020 concerning healthy markets, namely the food sold already has good packaging, there is BPOM information, and the placement of the type of food is appropriate, so it can be seen that market sellers pay attention to and treat ingredients food well.

3.1.5. Facilities and Buildings

In the application of market facilities and buildings, it is in line with the Minister of Health Regulation No. 17 of 2020 concerning healthy markets, namely the building is not in a hazard zone, waste disposal zone, or accident pathway zone, but there are several things that are not in line with Permenkes No. 17 of 2020 concerning healthy market, namely the unavailability of a management room, the unavailability of disabled toilets, the construction on the second floor has not been completed, and the lighting of the room is not bright enough so that it seems dim.

3.1.6. Wet Food Zone Facilities and Buildings

In the application in the wet food zone, there are several points that are not aligned with the Minister of Health Regulation No. 17 of 2020 concerning healthy markets, such as the absence of a place for washing materials or equipment, the absence of a hand washing place, the absence of a health post, and still using material cutting mats. wood. It can be seen that in the wet food zone there is very little application of Minister of Health Regulation No. 17 of 2020 concerning healthy markets.

3.1.7. Dry Food Zone Facilities and Buildings

In the application to the dry food zone, there are appropriate and inappropriate applications in the Minister of Health Regulation No. 17 of 2020 concerning healthy markets, in addition to places that are still mixed with the wet zone then most of the dry zones are kiosks with inappropriate application in several points, namely the absence of suitable trash cans, unavailability of hand washing stations, so it can be seen that the application in the dry food zone is not being paid attention to.

3.1.8. Food Zone Facilities and Buildings

In the application to the ready-to-eat food zone, in the Tarikolot village market, where in the application the place is still united or mixed with the dry food zone, then there are several points that are not in accordance with the application, namely the unavailability of a hand washing place, washing food ingredients, washing equipment, and not having a place to wash hands. appropriate waste in this zone, so that it can be seen that the application is not in accordance with Permenkes No. 17 of 2020 concerning healthy markets.

3.1.9. Parking Facilities and Buildings

In the application of building facilities in the parking lot in Tarikolot Village, there are very few points that are not in harmony with Permenkes No. 17 of 2020, namely the absence of reforestation, the absence of trash cans, and the absence of distribution of parking spaces according to the type of vehicle. It can be seen that the implementation is very lacking and almost in part not in accordance with Permenkes No. 17 of 2020 concerning healthy markets.

3.1.10. Construction Facilities and Buildings

In the application of building construction at the Tarikolot Village market. Most of the construction facilities and buildings are in line with Permenkes No. 17 of 2020 concerning healthy markets. On the first floor, the condition of the construction height is a little short and narrow with merchandise, so it can be seen that in terms of building construction facilities, it is almost in accordance with the application contained in the Minister of Health Regulation No. 17 of 2020 concerning healthy markets.

3.1.11. Facilities and Wall Building

In the application to the construction of building walls, most of them are in harmony with Permenkes No. 17 of 2020 concerning healthy markets, but on clean and moist surfaces they are not in harmony, in this case the cleaning on the walls is lacking so that there are cobwebs and dust in some places, the condition damp walls due to lack of circulation or ventilation, so it can be seen that the application on wall construction is still not good.

3.1.12. Facilities and Floor Building

The application of floor construction in the Tarikolot Village market is in accordance with the application of the Minister of Health Regulation No. 17 of 2020, namely the surface is not slippery, and easy to clean, so it can be seen that the application of floor construction in the Tarikolot Village market is in accordance with the application of the Minister of Health No. 17 of 2020.

3.1.13. Door Facilities and Buildings

In the application of the construction of the door of the Tarikolot Village market building according to the application in the Minister of Health No. 17 of 2020 concerning healthy markets, namely made of sturdy, strong and odorless materials like market doors made of iron, then for door bulkheads made of plastic in the form of curtains and in the market it is not use it because most use a rolling door, as a kiosk door. so that it can be seen that the application of door construction is almost in line with the application of Minister of Health Regulation No. 17 of 2020 concerning healthy markets.

3.1.14. Stairs and Facilities

In the application of staircase construction in the Tarikolot Village market, the application is almost appropriate, such as the use of strong materials such as iron, steel, on the footing so that it is not slippery, the iron surface used has a prominent pattern, there are handles on both sides of the stairs and the footing on the steps is quite wide. However, it does not have lighting because the stairs are outside the building, so the lighting only uses the sun. so that it can be seen that the implementation is almost in accordance with the application of the Minister of Health Regulation No. 17 of 2020.

3.1.15. Ventilation Facilities and Buildings

The implementation of construction on ventilation in the Tarikolot Village market is still lacking. Air duct ventilation in the middle of the building relies on the side doors of the market, for circulation windows in the toilets are very small and improvised, so it can be seen that the implementation of ventilation construction in the Tarikolot Village market is not in harmony with Permenkes No. 17 of 2020 concerning healthy markets.

3.1.16. Drainage Facilities and Buildings

The implementation of drainage construction in the Tarikolot Village market is almost in accordance with the application of the Minister of Health Regulation No. 17 of 2020 concerning healthy markets, namely in market rooms that do not smell, there are no puddles in the drainage, drainage is well closed and no buildings are built on drainage, so that it can be seen that the drainage construction is quite good in its application.

3.1.17. Toilet Facilities and Building

On the application of toilet buildings in the Tarikolot Village market. At some points it almost fits, the sizes used are modest, and there is no separate toilet for sellers or buyers. In this case, it is not aligned with the use of toilets in Permenkes No.17 of 2020 concerning healthy markets, then there is no place for washing hands with soap and no toilets for the disabled, so it can be seen that the application of toilet buildings is not in accordance with Permenkes No.17 of 2020 about healthy markets.

3.1.18. Waste Management and Disease Control

The table above explains that the implementation of waste management and disease control in the Tarikolot Village market is almost in accordance with the application of Minister of Health Regulation No. 17 of 2020 concerning healthy markets. There are several points, namely in this case waste management is managed by a special field, insect spraying is rarely carried out, the placement of temporary trash cans is not good because they are near food stalls, and the provision of trash bins in public places is very lacking.

The provision of trash bins at each kiosk is very lacking, only using plastic bags or ordinary trash beds. In the market environment there are 3 cats roaming outside and in the front aisle of the market, the market environment is close to residential areas, the condition of the temporary trash can is filled with garbage, it is slightly scattered and if it rains it will smell, so it can be seen that the application of waste and disease control is lacking. good and not in accordance with Permenkes No. 17 of 2020 concerning healthy markets.

3.1.19. Recapitulation of Implementation of Healthy Markets Based on Healthy Market Classification Permenkes No.17 of 2020

The implementation of the implementation is guided by Peremenkes No. 17 of 2020 regarding healthy markets with research stages from water media, air media, soil media, food, building facilities, and waste management and disease control.

In determining the market, the criteria for a healthy market are based on the results of the number of Yes, which is 65 statements, then divided by the number of questions, which is 110 and the percentage is as follows:

$$P = \frac{65}{110} \times 100\% = 59\%$$

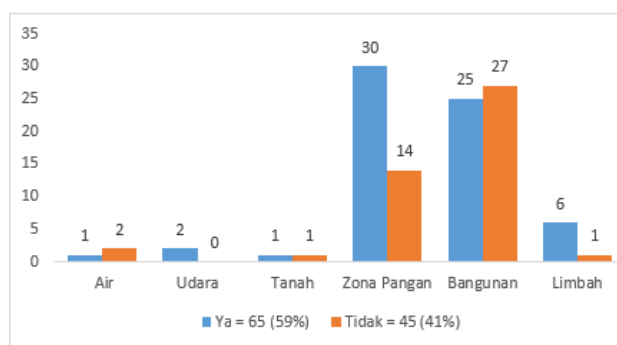


Figure 2. Bar Diagram of Healthy Market Implementation

The picture above is the result of the recapitulation of calculations from the implementation of the implementation of a healthy market in the Traditional market of Tarikolot Village. In the graphic image the bar chart is divided into several parts, namely water media, air media, soil media, food zones (wet, dry, and finished foods), buildings (facilities) and waste and disease control.

The results obtained are the total number of Yes as much as 65 with a percentage of 59%, and a total number of No as much as 45 with a percentage of 41%, therefore in line with the calculations and interpretations through the Minister of Health Regulation No. 17 of 2020 concerning healthy markets, a total of Yes as much as 59% including classification Does not Qualify as a healthy market.

3.2. Organizing a Healthy Market at the Traditional Market of Tarikolot Village, Sumedang

The findings from the questionnaire instrument are divided into several parts of the statement of understanding as follows:

3.2.1. Understanding Sanitation Hygiene

The understanding of sanitation includes statements number 1-3 regarding the statement of understanding of the meaning, benefits and objectives of hygiene sanitation, that is, most respondents answered No. The answer Yes 22% included a small part of the criteria, while No 78% included the most criteria, and the reason was that most of the respondents had never heard the language, so that most of the respondents did not know the meaning of hygiene sanitation.

3.2.2. Understanding of Food Hygiene

The understanding of sanitation includes statements number 4-6 regarding the meaning, benefits and objectives of food hygiene sanitation, namely more respondents answered No, the number of Yes 30% included less than half of the criteria, while No 70% included more than half of the criteria, and the reasons were more than half respondents have never heard the language, so that more than half of the respondents do not know about food hygiene.

3.2.3. Understanding Personal Hygiene and Environmental Sanitation

Sanitation understanding includes statements number 7-10 regarding the application of personal hygiene such as washing hands, maintaining nail hygiene, maintaining hair hygiene and bathing routines, i.e. all respondents answered Yes, the results of the data Yes 100%

included all criteria, while No 0% included no one criteria. , and the reason why all respondents wash their hands, maintain cleanliness of nails, hair and bathing routines to maintain cleanliness, so that all respondents know the importance of good personal hygiene.

The understanding of sanitation includes statement number 12 regarding smoking activity, namely the respondents answered more No, with Yes 9% including the criteria for a small part, while No 91% including the criteria for the majority, and the reason most of the respondents are non-smokers, so that most respondents know the importance of clean air or good air pollution.

The understanding of sanitation includes statement number 13 regarding the use of masks, namely the majority of respondents answered Yes, 96% of the number of Yes included the criteria for the most part, while No 4% included the criteria for a small part, and the reason most respondents used masks to maintain cleanliness, so that most of the respondents knew the importance of using masks properly and correctly.

The understanding of sanitation includes statements number 14-20 regarding the attitude of covering the mouth when coughing or sneezing, cleaning the kiosk or equipment, using clean clothes, applying the FIFO system to their merchandise, using gloves, and disposing of garbage in its place. Yes 100% includes all the criteria, while No 0% includes the criteria for no one, and the reason why all respondents apply the understanding well, so that all respondents know the importance of cleanliness in trading.

3.2.4. Recapitulation of Hygiene Sanitation Understanding of Food Vendors Based on Score Interpretation

This table includes the answers of respondents choosing Yes, except for statement number 12 which is smoking when selling the appropriate answer is No. In determining the interpretation of the score using the formula, namely:

$$P = \frac{F}{N} \times 100\%$$

Table 7. Interpretation of Scores

Number	F	P%	Criteria
1.	5	22%	less
2.	5	22%	less
3.	5	22%	less
4.	7	30%	fair
5.	7	30%	fair
6.	7	30%	fair
7.	23	100%	high
8.	23	100%	high
9.	23	100%	high
10.	23	100%	high
11.	7	30%	fair
12.	21	91%	high
13.	22	96%	high
14.	23	100%	high
15.	23	100%	high

16.	23	100%	high
17.	23	100%	high
18.	23	100%	high
19.	23	100%	high
20.	23	100%	high

The following bar chart illustrates the results of the recapitulation of answers from respondents to the understanding of sanitation and hygiene in trading activities carried out by market sellers at the traditional market of Tarikolot Village, Sumedang, as follows:

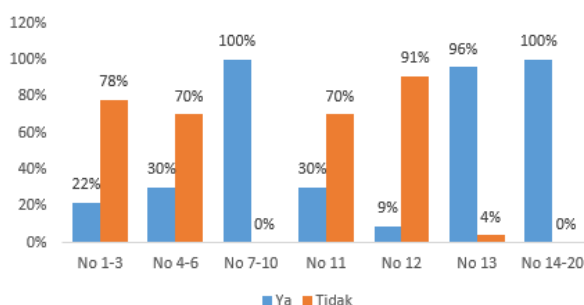


Figure 8. Bar Diagram of the Application of Hygiene Sanitation

The graphic image is the result of the recapitulation of the application of sanitation and personal hygiene, so that a more detailed comparison can be seen. From the results of the answers, the knowledge that the respondent already has is High and Sufficient, while the knowledge that the respondent does not have is Less.

In No. 1-3 regarding the understanding of hygiene sanitation, it shows that most of the respondents' answers do not know the meaning of sanitation hygiene. so that respondents are still lacking in understanding the meaning, purpose and benefits of hygiene sanitation.

In No. 4-6 regarding the understanding of hygiene sanitation in food, more than half of respondents do not know the meaning of food hygiene sanitation, so that respondents are still lacking in understanding the meaning, purpose and benefits of hygiene sanitation in food.

In No. 7-10 regarding personal hygiene, it shows that all respondents know about personal hygiene, so that respondents are high in knowing about personal hygiene when selling.

In No. 11 regarding the use of the apron, it shows that less than half of the respondents know the use, so that the respondents are still lacking in understanding the importance of using the apron in maintaining personal hygiene.

In No. 12 regarding smoking activities, it shows that most respondents do not smoke in activities, so that respondents have a high understanding in knowing the importance of smoking activities that lack health, cleanliness and good air quality characteristics.

In No. 13 regarding the use of masks, it shows that most respondents know the use of masks, so that respondents have a high understanding in knowing the application of using masks to maintain health and prevent transmission of pandemic virus diseases.

In No. 14-20 regarding personal hygiene and environmental sanitation, it shows that all respondents know personal hygiene, so that respondents have a high understanding of personal hygiene and environmental sanitation actions.

4. CONCLUSION

The implementation of the implementation of a healthy market in the traditional market of Tarikolot Sumedang Village does not qualify as a healthy market, because there are still many components that are not managed properly, one of which is the absence of market managers on the cleanliness of the place, as well as the application of food zones that are still not regular, the application of room lighting that is not well managed. still not bright, ventilation is not applied to buildings, waste control is still lacking, namely temporary trash cans that are too close to food stalls with small capacities, so in this case it is not in accordance with the regulations of the Minister of Health No. 17 of 2020 concerning healthy markets. The level of knowledge on hygiene sanitation among food vendors in the traditional market of Tarikolot Sumedang Village is still lacking because most of them do not know the term hygiene sanitation but in hygiene measures include personal hygiene and high environmental hygiene. Recommendations for future researchers in similar problems are that the first thing needs to be further improved on the factors that can influence the occurrence of cross-contamination from the point of view of a food handler such as using qualitative methods so that they are more broadly described. The second is about a deeper improvement in the conditions of healthy market operations, especially in terms of waste, implementation of building facilities and disease vector control. The third is an effort to improve on the same problem but in collecting data, namely conducting counseling on sanitation understanding and then doing a test.

7. REFERENCES

- Anwar, H. (1990). *Sanitasi Makanan Minuman Pada Institusi Pendidikan Tenaga Sanitasi Kemenkes RI No. 1098/Menkes/SK/VIII/2003 Tentang Pesyaratan Jasa Boga*, Jakarta: Depkes RI
- Arikunto, Suharsimi. (2012). *Prosedur Penelitian Suatu Pendekatan Praktek*. Jakarta : Rineka Cipta
- Arikunto. (2006). *Prosedur Penelitian*. Jakarta: Rineka Cipta
- Hamid, Asep S dan Bahruddin, E. (2014). *Metode Penelitian Kuantitatif Aplikasi Dalam Pendidikan*. Yogyakarta: CV. Budi Utama
- Husein, Umar. (2007). *Metode Penelitian Untuk Skripsi dan Tesis Bisnis*. Jakarta: PT.Raja Grafindo Persada
- Rejeki, Sri. (2015). *Sanitasi Higiene dan Kesehatan dan Keselamatan Kerja*. Bandung: Rekayasa Sains
- Riduwan, dan Sunarto.(2011). *Pengantar Statistik: Untuk Penelitian Pendidikan, Sosial, Ekonomi, Komunikasi dan Bisnis*. Bandung: Alfabeta
- Sugiyono. (2010). *Metode Penelitian Pendidikan Kuantitatif, Kualitatif dan R&D*. Bandung: Alfabeta.

- Tarwoto dan Wartonah. (2006). *Kebutuhan Dasar Manusia dan Proses Keperawatan*. Jakarta: Salemba Medika
- Tarwoto dan Wartonah. (2010). *Kebutuhan Dasar Manusia dan Proses Keperawatan*. Jakarta: Salemba Medika
- Nazir, Moh. (2005). *Metode Penelitian*, Jakarta: Ghalia Indonesia.
- Notoatmodjo. (2003). *Prinsip-Prinsip Dasar Ilmu Kesehatan Masyarakat*. Cet.2 Jakarta: Rineka Cipta
- Notoatmodjo. (2007) *Promosi Kesehatan, Teori dan Aplikai*. Jakarta: Rineka Cipta
- Kusmayadi, Ayi dan Dadang. (2008). *Cara Memilih dan Mengolah Makanan Untuk Perbaikan Gizi Masyarakat*. Jakarta: Deptan
- Departemen Kesehatan RI, (2009). *Tugas Petugas Kebersihan Tiap Kota*. Ditjen PPM dan PL:Jakarta Diakses pada tanggal 9 April 2020. [Online]<https://journal.stikeshb.ac.id/index.php/jurkessia/article/view/179>
- Djarismawati, Bambang S, Sugiharti, (2004). *Pengetahuan dan Perilaku Penjamah Tentang Sanitasi Pengolahan Makanan Pada Instalasi Gizi Rumah Sakit di Jakarta*. Diakses Pada tanggal 14 Agustus 2020 [Online] <https://e-journal.unair.ac.id>
- Partisipan (Def.1) (n.d). *Dalam Kamus Besar Bahasa Indonesia (KBBI)*[Online] Diakses melalui <https://kbbi.web.id/partisipan>
- Permenkes. (2020). *Peraturan No.17 tahun 2020 tentang Pasar Sederhana*