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## Implementation of CHSE Based Health Protocol Policies in Yogyakarta Culinary Tourism

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Abstract: In order to increase the confidence of tourists and national tourism, the Ministry of Tourism and Creative Economy (Kemenparekraf) has developed a protocol called the Cleanliness, Health, Safety & Environmental Sustainable (CHSE) Protocol in the tourism and creative economy sectors. The research objective is to determine the application of CHSE to the tourism sector and the creative economy, especially in the culinary sector. The type of research used in this study is qualitative. The data collection method in this study was carried out using a literature study or library study, which is a data collection technique carried out by studying the literature and conducting in-depth interviews with culinary tourism actors. Participant taking technique using snowball sampling technique. The result of the research can be identified that the local government has formulated, informed and monitored culinary stakeholders to implement standard health protocols according to predetermined points. According to the CHSE guidelines, the implementation of health protocols for Yogyakarta culinary tourism has been carried out, but there are some minor points that less implemented, but in general the players in the restaurant sector have properly and thoroughly implemented the health protocol based on the CHSE.

Keywords: culinary tourism, health protocol, CHSE, Covid-19, Yogyakarta.

Abstrak: Dalam rangka meningkatkan kepercayaan wisatawan dan pariwisata nasional, Kementerian Pariwisata dan Ekonomi Kreatif (Kemenparekraf) telah mengembangkan protokol bernama Protokol Kebersihan, Keselamatan & Lingkungan Berkelanjutan (CHSE) di sektor pariwisata dan ekonomi kreatif. Pada masa covid-19 setiap usaha atau fasilitas pariwisata harus memiliki sertifikat CHSE. Tujuan penelitian adalah untuk mengetahui penerapan CHSE pada sektor pariwisata dan ekonomi kreatif khususnya pada sektor kuliner. Jenis penelitian yang digunakan dalam penelitian ini adalah kualitatif. Metode pengumpulan data dalam penelitian ini dilakukan dengan menggunakan studi kepustakaan atau studi kepustakaan yaitu teknik pengumpulan data yang dilakukan dengan cara mempelajari literatur dan melakukan wawancara mendalam dengan pelaku wisata kuliner. Teknik pengambilan partisipan menggunakan teknik snowball sampling. Hasil penelitian dapat diidentifikasi bahwa pemerintah daerah telah merumuskan, menginformasikan dan memantau pemangku kepentingan kuliner untuk menerapkan standar protokol kesehatan sesuai dengan poin yang telah ditetapkan. Sesuai pedoman CHSE, penerapan protokol kesehatan wisata kuliner Yogyakarta sudah dilakukan, namun ada beberapa poin minor yang kurang dilaksanakan, namun secara umum para pelaku di sektor restoran telah menerapkan protokol kesehatan dengan baik dan menyeluruh sesuai dengan pedoman yang ada berdasarkan pedoman CHSE Kata kunci: wisata kuliner, protokol kesehatan, CHSE, Covid-19, Yogyakarta.

### INTRODUCTION

The recent outbreak of the Covid-19 pandemic has ravaged economies around the world. In particular, the restaurant sector considered a high-risk industry (Song et al., 2021) has been badly affected by Covid-19. In recent years, the share of the tourism industry has grown significantly (Utami & Kafabih, 2021). Domestic tourist visits have also decreased, especially Indonesian people who are reluctant to travel because they are worried about the impact of Covid-19 (Kartiko, 2020). The decline in the tourism industry has affected business and employment in small and medium enterprises. So far, the tourism industry is a labor-intensive industry that absorbs a large number of workers (Sanaubar et al., 2017)

The pandemic has accelerated the digital transformation of the food service industry, forcing restaurant owners to apply digital technology to survive (Esposito et al., 2022). The tourism industry is one of the strategic sectors that must be utilized in tourism development as part of national development whose ultimate goal is to increase people's income to improve people's welfare and economic growth Mandasari, 2021).

Several regions in Indonesia have made tourism and food the backbone of the economy because they can generate positive inflows for service businesses (Hidayat, 2020). Gastronomy is a science that discusses the relationship between cultures in enjoying food and drink in an area. Examined in terms of regional culinary as a cultural aspect and an asset for the region in developing the tourism industry, increasing regional income, and improving people's welfare

(Pramezwary et al., 2022). Culinary tourism must consider the perspective of visitor experience because, like other forms of tourism, culinary tourism depends on demand (Pramezwary et al., 2021). Part of this is the food service industry which has increased its presence over the last few years. In the hospitality industry, there are various types of businesses, like street food which is not properly sanitized but is affordable and delicious (Albattat et al., 2022). The study included five components covering the street food experience: local guide attributes, perceived food authenticity, local culture, perceived hygiene or cleanliness (Cifci et al., 2021). Previous research on sustainability in the food service industry has emphasized its environmental, social, economic dimensions which are mostly studied in the context of the West or in developed countries (Batat, 2021).

Based on the research problem, a research question can be formulated about how was the application of CHSE in culinary tourism in Yogyakarta? The research objective is to find out the application of CHSE in the tourism sector and the creative economy, especially in the culinary sector.

## LITERATURE REVIEW

## Yogyakarta Culinary Tourism

The growth and development of halal tourism is greatly helped by the conditions in Indonesia. In a country where the majority of the population is moslem, this industry can accept the wider community. Along with the increasing number of productive people who do tourism as a hobby, the added value of halal tourism is one of the country's potential currencies Juliana et al.,

2021). With increasing awareness of the importance of communication for sustainable development, strategic issues such as institutional alliances, public participation, and media integration have emerged as indispensable tools in any environmental campaign (Dash & Dash, 2021).

Hall et al. (2003), The division of culinary tourism into three levels of tourist interest in visiting a tourist destination, namely: Gastronomic Tourism. This type of tourism is managed by tourists who have a very high motivation for certain foods or drinks in certain places. The desire to visit is usually related to high-end food, five-star restaurant categories, wineries or culinary festivals. Willingness to visit local festivals, markets or farms as part of an outing. Rural/Urban Tourism. This type of tourism sees food as a necessity of life. Tourists don't care about food, but if it doesn't taste good, they are still interested in trying it.

As the trend develops, now many Youtubers have culinary tourism content such as Nex Carlos, Ken and Grat as well as Koko Culinary. Yogyakarta is one of the cities in Indonesia which is the most popular cultural tourism destination. The people of Yogyakarta City who are known to be friendly and down to earth make tourists feel comfortable being here, plus the reputation of the City of Yogyakarta which is famous for pocket-friendly tourism. Several types of Yogyakarta culinary tourism are legendary, including: gudeg, klathak satay, catfish mangut, lethek noodles, stir-fried fireworks, kipo cake, soto bathok, PK fruit ice and many more.

## CHSE-Based Health Protocol in Tourism (Cleanliness, Health, Safety, and Environment)

The CHSE Protocol is a guideline issued by the Ministry of Tourism and Creative Industries that guides entrepreneurs and/or managers, local tour guides and destination staff to adapt to new habits in the form of guidelines for tourism businesses, destinations and other tourism products that ensure. implementation of cleanliness, health, safety, and environmental sustainability for tourists.

Implementation of Hygiene, Health, Safety and Environmental Sustainability (CHSE) or based on the Guidelines for Implementation of Cleanliness, Health, Safety and Environmental Sustainability in Tourist Attractions is an operational guideline from the Decree of the Minister of Health HK.01.07/Menkes/382/Public Health Year 2020 in places public and places related to the prevention and control of Coronavirus Disease 2019 (Covid-19). This guide is addressed to entrepreneurs and/or managers, employees and local tour guides to handle visitors for clean, healthy, safe and green tourism products and services during the Covid-19 pandemic.

## RESEARCH METHOD

This study uses a qualitative method where the data presented is in the form of words, and descriptions (Creswell, 2016). In this case the qualitative data in question is how to implement health protocols according to CHSE standards in culinary tourism in Yogyakarta. In addition, researchers will also develop standard culinary tourism health protocols in Yogyakarta. The technique for taking participants in the interview

used the snowball sampling technique by selecting 5 selected restaurants with Yogyakarta culinary specialties. Snowball sampling can help to expose groups of respondents who previously received little or no attention and are hard to find.

The approach used in this research is descriptive qualitative with the research location namely the City of Yogyakarta, Special Region of Yogyakarta. This area was chosen because Yogyakarta is one of the cities that has culinary tourism potential which can be used as a tourist attraction. The type of data used in this study is qualitative data or in the form of a description.

The data sources used are primary data obtained through field observations, CHSE standard check-lists, in-depth interviews with several key informants who are experts in the culinary and gastronomic fields in the City of Yogyakarta. Primary data, secondary data is also used in this research. Secondary data was obtained from online documents, literature and scientific journals. Data collection is carried out through observation or directly observing tourism activities related to culinary and gastronomy. Furthermore, the data were analyzed in several stages, namely data selection (data reduction, data presentation (data dispay) and conclusion) which were then elaborated and studied using the theories, concepts and strategies that had been determined

### RESULT AND DISCUSSION

Based on the CHSE standard of the Ministry of Tourism and Creative Economy which can be used as a reference in carrying out the implementation of health protocols, in this study 14 general questions (related to CHSE) were

determined, 5 questions for cleanliness (cleanliness), 7 points for health questions, 5 points for safety questions) as well as 5 point questions related environmental sustainability (environmental sustainability). The culinary tourism objects studied in this study include Jolotundo Sogan Coffee, Gudeg Sagan, Pak Pele's Food Warung, Soto Kadipiro Warung and Bakso Ito Yogyakarta.

## Ministry of Tourism and Creative Economy CHSE Table Standard

In this study, there were 14 general questions that were discussed with relevant stakeholders, including: 1. Service personnel use masks and gloves, 2. Seating and distance between guests are arranged at least one meter or there is a partition on the table, 3. List of food menus and drinks are prepared online, 4. Written menus are prepared with ingredients that are easy to clean or use only once, 5. Facilities for hand washing with soap or hand sanitizer are available, 6. Public areas and items are cleaned with a safe and orderly disinfectant or cleaning fluid, 7. The restaurant is free from vectors (insects) and disease-carrying animals, 8. Toilets are hygienic, clean, dry, odorless and functioning properly, 9. There is a toilet cleaning schedule, 10. Trash cans are closed, 11. Takeaway food is packaged in a tightly closed, safe condition and the materials used environmentally friendly materials, 12. There is a map of the location of evacuation routes and collection points ul, 13. There is a fire extinguisher in an easy-to-reach location, as well as equipped with instructions on how to use it, 14. There is a means of non-cash payment (debit, qris, barcode scan, transfer).

Followed by 5 questions related to including: 1. cleanliness, Availability handwashing facilities and soap, 2. The condition of public rooms and goods is clean, neat and in accordance with their placement, 3. There are no vectors (insects) and disease-carrying animals, 4. Clean and fragrant toilets, 5. Clean and closed trash cans. Then 7 points of questions related to health (health), including: 1. There is a safe distance setting (no crowding in the restaurant area), 2. Employees do not touch their faces, especially their eyes, nose, mouth while working, 3. There are checks and inspections body temperature, 4. Wearing PPE if needed, 5. Providing counseling on coughing and sneezing ethics, 6. Availability of simple medical equipment and supplies, 7. Provision of good air circulation in public spaces and work spaces.

5 points of questions related to safety, including: 1. There are procedures for selfevacuation from disasters, 2. Availability of first aid kits, 3. Availability of fire extinguishers, 4. Availability of gathering points and evacuation routes, 5. Availability of media and emergency response communication mechanism. And finally the question related to environmental sustainability, formulated in 5 points, including: 1. The use of environmentally friendly equipment and materials (packaging), 2. The efficient and healthy use of water and energy sources in order to maintain the balance of the ecosystem, 3. There is waste and liquid waste treatment (carried out thoroughly, healthy and environmentally friendly), 4. The environmental conditions, both natural and technical, are beautiful and pleasant. 5. We monitor and evaluate the implementation of instructions. and SOP for CHSE implementation.

**Table 1. CHSE Implementation Analyses** 

	Jolotundo Sogan	Gudeg Sagan	Warung Pele	Soto Kadipiro	Bakso Ito
GENERAL	8				
Service personnel use masks and gloves	X	X	X	X	X
2. Employees do not touch their faces	V	V	V	V	V
3. List of food menus and drinks are prepared online	V	X	X	X	X
4. Written menus are easy to clean or use only once	V	V	V	V	V
5. Facilities for hand washing with soap or hand sanitizer	V	V	V	V	V
6. Public areas and items are cleaned with a safe and orderly disinfectant	V	V	V	V	V
7. The restaurant is free from vectors (insects)	X	V	X	X	V
8. Toilets are hygienic, clean, dry, odorless, and functioning properly	V	X	X	X	X
9. There is a toilet cleaning schedule	V	V	V	V	V
10. Trash cans are closed	V	V	V	V	V
11. Takeaway food is packaged in a tightly closed, safe and the materials used are environmentally friendly materials	V	V	V	V	V
12. There is a map of the location of evacuation routes and collection points	V	V	V	V	V
13. There is a fire extinguisher in an easy-to-reach location	X	X	X	X	X
14. There is a means of non-cash payment	V	V	V	V	V

1. Availability of handwashing facilities and	V	V	V	V	V
soap	V	v	v	v	v
2. The condition of public rooms and goods is	V	V	V	V	V
clean, neat and in accordance with their					
placement					
3. There are no vectors (insects) and disease-	X	V	X	X	V
carrying animals					
4. Clean and fragrant toilets	V	V	X	V	V
5. Clean and closed trash cans	V	V	V	V	V
HEALTH					
1. There is a safe distance setting	V	V	V	V	V
2. Employees do not touch their faces	V	V	V	V	V
3. There are checks and inspections body	V	V	X	V	V
temperature					
4. Wearing PPE if needed	X	X	X	X	X
5. Providing counseling on coughing and	V	V	X	V	V
sneezing ethics					
6. Availability of simple medical equipment	V	V	X	V	V
and supplies					
7. Provision of good air circulation in public	V	V	V	V	V
spaces and workspaces					
SAFETY	37	37	37	37	X
1. There are procedures for self-evacuation	X	X	X	X	X
from disasters  2. Availability of first aid kits	17	<b>T</b> 7	17	17	17
•	V	V	V	V	V
3. Availability of fire extinguishers	X X	X X	X X	X X	X X
4. Availability of gathering points and evacuation routes	Λ	Λ	Λ	Λ	Λ
5. Availability of media and emergency	X	X	X	X	X
response communication mechanism	Λ	Λ	Λ	Λ	Λ
ENVIRONMENTAL SUSTAINABILITY					
1. The use of environmentally friendly	V	X	X	X	X
equipment and materials (packaging)	•	21	21	21	21
2. The efficient and healthy use of water and	V	V	V	V	V
energy sources in order to maintain the	•	•	•	·	•
balance of the ecosystem					
3. There is waste and liquid waste treatment	X	X	X	X	X
4. The environmental conditions, both natural	V	V	V	V	V
and technical, are beautiful and pleasant					
5. We monitor and evaluate the implementation	V	X	X	X	X
of instructions					
Source: Data analyses 2022					

Source: Data analyses, 2022

V sign: available X sign: not available

Based on observations and interviews with 5 culinary tourism spots on the implementation of CHSE, there are some points that are rarely applied and 1 point that has not been implemented. General points that are not applied yet include: service staff using masks and gloves (point 1), online list of

menus (point 3), there are no insects (point 7) and toilets in a hygienic condition, clean, dry, odorless, and functioning properly (points 8). For Cleanliness points, also we can see that no insects are not applied yet. As well as points that have not been implemented, among others: there is a map of the location of evacuation

routes and gathering points. Safety aspects are lack of availability of fire extinguisher, gathering point, and availability of media and emergency response communication mechanism. Environmental Sustainability aspects which are not applied yet are the use of environmentally friendly equipment materials (packaging), the restaurant still use plastic packaging, no availability of waste and liquid waste treatment, and there is no monitor and evaluate the implementation of CHSE instructions. From the observations and interviews conducted, the reason there are still some aspects of CHSE that are not applied because of the restaurants surveyed are included in the Micro Small Medium Enterprises category, some of which are still in open buildings. With that situation, the restaurant felt that it did not need a fire extinguisher, and insects were still present in the environment.

## **Obstacles to Implementing Health Protocols** in Selected Restaurants

In implementing the CHSE protocol at the 5 selected restaurants, of course there are

## **CONCLUSIONS**

Based on the formulation of the problems that have been formulated and the results of the interviews that have been conducted, the following conclusions can be drawn: 1. In Yogyakarta culinary tourism, the local government has formulated and informed stakeholders to implement health protocol standards according to predetermined points, 2. According to guidelines CHSE, the

several factors that become obstacles to implement which can cause customers are hesitated to come or revisit, therefore this research can be used as material for evaluation and development by relevant stakeholders. These factors include: 1. Lack of concern from managers about health protocols which results in guests not caring about health protocols, 2. Lack of awareness of service personnel in using masks and gloves, 3. Lack of awareness of service personnel in changing gloves at least every 2 hours, 4. Lack of maintenance to keep restaurants free from insects and diseasecarrying animals, 5. Lack of maintenance to keep toilets clean, hygienic, clean, dry, odorless and functioning properly, 6. There is no map of the location of evacuation routes and gathering points.

It can be concluded that Yogyakarta culinary tourism has 6 CHSE points that still need to be improved in order to maintain the implementation of CHSE protocols in the Yogyakarta culinary tourism area, but these deficiencies are minor deficiencies and can be resolved quickly.

implementation of the implementation of the health protocol for culinary tourism in Yogyakarta has been carried out, but there are some minor points that have not been implemented, but in general the actors in the restaurant sector have implemented the Health protocol based on the CHSE properly and thoroughly. Limitations in this study are limited to one city, namely Yogyakarta with

limited restaurants. Future research can review the application of CHSE to more other cities, for example Medan City, Lombok City, Padang City, Pontianak City, Tangerang City with various types of restaurants to obtain generalizable research results

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