



Empowerment strategy for people with disabilities through nonformal batik education program

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ABSTRACT

A fitness instructor is critical in preventing severe injuries and providing the best care for members at fitness centers. This study aimed to discover whether fitness trainers' understanding of injury prevention and treatment is related to the trainees' injury histories. Furthermore, this study was also conducted to determine the fitness trainers' understanding of preventing and treating injuries in fitness centers in the Special Region of Yogyakarta. This study is cross-sectional and applies a survey approach. The data collection technique utilized in this study was multiple-choice questions, with 70 trainers and their 233 trainees as the research subjects. The results showed that the fitness trainers' understanding of injury prevention and treatment at the fitness center in the Special Region of Yogyakarta fell into the poor category. Meanwhile, the results showed that the fitness trainers' understanding of injury prevention and treatment have a strong negative relationship with trainee's injury histories ($r = -0.700$, $p < 0.001$). The higher the fitness trainers' understanding of injury prevention and treatment score obtained by the trainer, the lower the potential for the trainee to experience injury ($\text{Exp (B)} 0.968 < 1$). On the other hand, weekly trainee exercises have a good relationship with the trainees' injury chances ($p < 0.001$, $\text{Exp (B)} 1.062 > 1$). Thus, fitness trainers' injury prevention and treatment knowledge and weekly trainees exercise are strong predictors for predicting trainee's injury histories. Although other predictors were unable to predict trainee's injury histories in this study, we propose that these predictors may have potential.

Keywords: Comprehension, prevention, treatment of injuries, fitness instructor

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INTRODUCTION

Indonesia carries out national development in various fields, including social welfare. Social welfare is carried out in a plan, directed through multiple forms of intervention, in the form of social services to fulfill human integrity, prevent and solve social problems, and strengthen social institutions. The goal of social welfare development covers the whole community, including people with social welfare problems, such as people with disabilities (Sudiatmaka et al., 2020). Realizing this welfare is a way to reduce poverty among people with disabilities. Welfare and disability have a mutual attachment. People with disabilities have lower education and income levels than the rest. They are likelier to have an income below the poverty level and less likely to have savings and other assets than non-disabled people. This finding applies to developing and developed countries (Elwan, 1999). The link between poverty and disability and

its consequences explains why disability and poverty are often called a "vicious circle". It makes poverty cause disability and vice versa (Barnes & Sheldon, 2010; Campbell, 2010; Elwan, 1999; Lustig & Strauser, 2007; Palmer, 2011; Peterson et al., 2011; Skiba et al., 2005).

Efforts to improve the welfare of people with disabilities are the focus of the state as one of the ways to achieve equitable national welfare. Government Regulation of the Republic of Indonesia Number 52 of 2019 concerning the Implementation of Social Welfare for people with disabilities provides information on the implementation of social welfare for them to meet their basic needs, guarantee the implementation of their social functions, improve dignified social welfare for them, and create an inclusive society. One way to make it happen is by empowering. Empowerment strengthens the presence of people with disabilities through climate growth and potential development to grow and develop into strong and independent individuals or groups of people with disabilities.

Empowerment refers to the ability of people to do for vulnerable and weak groups so that they have the power or ability to fulfill their basic needs and have freedom (Sidiq & Achmad, 2020). This freedom means not only expressing opinions but freedom from hunger, ignorance, and pain. This freedom enables them to access productive resources that increase their income, obtain the goods and services they need, and participate in the development process and the decisions that affect them. Empowerment is a process of community awareness carried out in a transformative, participatory, and sustainable manner by increasing the ability to deal with various fundamental problems they face and to improve living conditions according to the goals (Singh et al., 2019). The concept of empowerment is closely related to two main concepts: power and disadvantage. Community empowerment must be based on the understanding that people feel powerless because they do not have power. In essence, empowerment is the creation of an atmosphere or climate that allows community potential to develop (van Hoof et al., 2021). This logic is based on the assumption that no society is entirely powerless. Every community basically has power, but sometimes they are not aware of it or do not know it explicitly. People with disabilities also need efforts to know their strengths so that they can deal with the various problems they face to improve their welfare and even realize their goals.

A model for developing community empowerment strategies for disabilities must be built to facilitate the empowerment of people with disabilities (Balcazar & Keys, 2021). Education and training are options that facilitate community empowerment. Education and training are appropriate collaborations and provide knowledge about something in the form of skills and, at the same time, an understanding of behavior for its application. Education and training are a systematic learning process outside the formal (nonformal) education to acquire knowledge and skills or how to behave, which impacts improving performance. Moro'oka (in Sudjana, 2001) classifies the types of educational learning activities into five categories: (a) free independent learning activities at home or other places using remote program facilities; (b) learning activities based on environmental care in various learning activity centers using available multimedia approaches; (c) learning activities in human relations training; (d) spontaneous voluntary learning activities according to their interests and needs; (e) learning activities oriented to community life.

People with disabilities need to be empowered to have abilities, both knowledge and skills (Jacobs & Wright, 2018). The concept of empowerment in community development is always associated with the concept of independence, participation, networking, and justice (Nieusma & Riley, 2010). Empowerment is placed on the strength of the individual and social levels. Meanwhile, empowerment of disabilities or people with disabilities is a group that is often marginalized. Therefore, efforts to empower disabilities to improve their welfare require the concern of the community and government. For people with disabilities to be equal to society in general, it is necessary to empower them to have the skills to support their next life (Ofuani, 2011). The topic of empowerment strategies for people with disabilities is very interesting for further study.

The study of disability is not only a problem for people with disabilities but is also closely related to parents' behavior. Parents who have children with disabilities tend to feel inferior. Lecholetova et al. (2020) reveal the stages of parents' emotional experience when they know their child has developmental problems are shock, denial, fear and anxiety, realistic adaptation activities, and seeking help. Parents' behavior will direct the children's behavior. It is also essential to consider when inviting children with disabilities to participate in activities in society. Yavuz et al. (2021) revealed that children with special needs cause their parents to reconsider their expectations of life.

A preliminary study was carried out in Boyolali Regency, which in 2021 will have a population of 98,573 People who Need Social Welfare Services (Pemerlu Pelayanan Kesejahteraan Sosial/PPKS) for the poor and 3,031 people with disabilities. The reason for choosing Boyolali Regency was batik training for people with disabilities in 2021. Most of the training was carried out in Teras District, which was the location of this research. Teras District is one of the areas in Boyolali Regency, Indonesia. The Teras sub-district has 13 villages, including Bangsalan, Dopleng, Gumukrejo, Kadireso, Kopen, Krasak, Mojolegi, Nepen, Randusari, Salakan, Sudimoro, Tawang Sari and Teras. The results of initial observations in Teras District showed that 17 people with disabilities hoped to gain skills that could be used as a source of livelihood so that they would no longer burden their families or the surrounding community.

Empowerment for people with disabilities through batik in the Teras district was chosen because it continues the program that has been carried out. The selected batik model is batik with the eco-print technique. The eco-print technique transfers colors and shapes to fabric through direct contact (Flint, 2008). The eco-printing technique utilizes materials that are easy to get, such as plant parts that contain color pigments such as leaves, flowers, bark, and its kind. Making eco-print batik is easy and does not take long time, but the results can be seen immediately. For entrepreneurial potential, eco-printed batik also has excellent competitiveness. It provides information that this research aims to develop empowerment strategies through nonformal batik education programs for people with disabilities.

METHOD

The population of this study included people with disabilities in Teras District, Boyolali Regency. This district was chosen because batik training has been carried out a lot here, and this research at the same time continued the program. The following is a more detailed description of the data collection and analysis methods.

Research design

This research used Developmental Research and Utilization Model (DR&U Model) (Grinnell, 1981) with a mixed qualitative and quantitative approach. This model includes analysis, development, evaluation, distribution, and acceptance (Roux, 2002; Strydom et al., 2007). The qualitative research process is more contextually dependent (Creswell, 2014). In other words, researchers coded and described their research which became research reality because it was based on observation even though it only dealt with the problems they experience. The mixed method design was implemented in connection with the disability empowerment process carried out by the organizers. A qualitative approach mixed with a quantitative approach has complementary strengths (Baumgartner & Williams, 2014; Delport & Fouche, 2011). This mixed method was used to explain, describe, analyze, and formulate the formation of community groups and develop community empowerment strategies through batik education and training for people with disabilities.

Respondent

The sample in this study was spread over 13 sub-districts, totaling 87 people with disabilities in

Teras District. The selection of sub-district was carried out purposively, based on education and training participants.

The instrument

The instrument consisted of a questionnaire and an interview guide. Questionnaires are used to see the success rate of education and training. Interview guides are used to obtain an overview of the background of social life or knowledge or experience about an object to be studied. Interviews were also used for Focus Group Discussion (FGD).

Data collection

Observation

Observations were made for data collection to develop a model for developing community empowerment strategies targeting people with disabilities who receive education and training. The following are points of observation: (a) geographical conditions and the population at the research location; (b) the social, cultural, and economic conditions of the community; (c) daily activities of people with disabilities; (d) the interest of people with disabilities in doing their own business; (e) independent business in research locations; (f) the relationship of socio-economic interaction in the research area; (g) the problems of people with disabilities and their solutions.

Interview

Interviews with participants and informants were conducted to obtain an overview of the background of social life, description of knowledge, and experience of the object to be studied. Interviews were conducted with nine research participants, seven people with disabilities from education and training, two tutors, and four informants (1 field officer, two heads of training organizers, and one village head). The age of participants in batik training was 17-40 years. The interviews were not entirely conducted directly. Some were conducted online via Zoom. The implementation of this interview also carried out an FGD attended by stakeholders: Academics, Businessmen, Government, and Community (A, B, G, C).

Focus Group Discussion (FGD)

Focus Group Discussion (FGD) was carried out by brainstorming and dialogue with competent parties with research issues, such as academics, disabilities, government, training providers, and related funders. FGD benefits by discovering the truth of the data on people outside the respondents or participants. The results of the FGD provided a solution for the community and facilitators to obtain a regional disability community empowerment model.

Next was the reconstruction of the strategy from the FGD results. Empowerment strategies in this study included general strategies and partial strategies (according to the respondent's typology). In each typology, the level of empowerment, strategies for empowerment, actions with related parties, and priorities that must be carried out are determined in the short and long term. This FGD obtained issues and problems regarding awareness, the formation of community groups, disability education and training, and the design of models for developing empowerment strategies to empower people with disabilities.

Questionnaire

A questionnaire was used to see the level of success of education and training and how much influence community empowerment strategies have on graduation rates so that people with disabilities have skills as livelihoods and improve the community's economy after training.

Data analysis

Data analysis in this study was qualitative and quantitative (mixed methods). Qualitative analysis is used to support and enrich the quantitative analysis. Data were collected through FGDs and in-

depth interviews to obtain qualitative information. In addition, quantitative analysis was carried out using descriptive statistical analysis to describe the respondents' profile in forming empowered community groups and to see the influence of the empowerment strategy model through education and training in improving skills and livelihoods, especially for people with disabilities. A normality test was carried out to assess the distribution of normally distributed data. Next, competency test measurements were carried out with the ANOVA test to determine significant differences from the data group.

FINDING AND DISCUSSION

Finding

Empowered people with disabilities have a poor economy. Their parents could not afford to send them to special schools for the disabled. On average, their parents work as low-income sharecroppers or farmers without land and construction workers. The implementation of the empowerment of people with disabilities in the Teras district is supported by the local government and State-Owned Enterprises (BUMN).

Empowerment of people with disabilities starts from data on 87 people in the Teras district who do not have the skills but have the desire to become entrepreneurs. The people with disabilities in Teras District include 10 vision-impaired people, 31 physically-impaired people, 37 mentally-impaired people, and 9 hearing-impaired people. Empowering people with disabilities faces challenges from their parents because there is still a negative stigma from society towards people with disabilities, and their existence is still considered a disgrace and a burden to their families. Having a child with a disability puts the family to shame.

Community empowerment in Teras District begins with disability awareness, followed by disability awareness for parents. The awareness process is carried out through outreach, mapping the number of disabilities, and mapping the types of disabilities. After obtaining accurate data, field officers visited for discussions, provided guidance, and motivated awareness. The second stage is to form a disability community group. The third stage is conducting education and training to instill valuable skills to support the lives of people with disabilities.

Disability Awareness

The initial strategy for disability empowerment by field officers (facilitators) is disability awareness by outreach and recording the number of people with disabilities in the Teras district. Socialization was carried out from house to house, and field officers and village officials collected data. As stated by Mr. JWD, as a disability empowerment officer:

"What I did before empowering people with disabilities was socializing them, sir. I went from house to house first to record who and how many people with disabilities in this village."

The facilitator comes to the house individually to provide awareness through discussion, directing, and motivation regarding their whereabouts or lives in the future. The focus of disability awareness is to change the mindset so that people with disabilities are no longer dependent on their parents or family. Next, awareness is given so that people with disabilities have the will to attend education and training and have benefits for themselves, their families, and society.

Several mindset changes for efforts to raise awareness for people with disabilities are (a) not depending on their parents anymore; (b) having the desire to change; (c) not feeling ashamed and shutting themselves up at home; (d) increasing self-confidence; (e) having productive activities through skills. Field workers carry out awareness with psychological reinforcement by providing motivation and examples of successful people with disabilities. Disability awareness is not an easy job. This process takes almost three months and requires patience.

This awareness process formed nine disability community groups in Teras District, divided into ten vision-impaired people, 31 physically impaired people, 37 mentally impaired people, and

nine hearing-impaired people. This group aims to facilitate the provision of awareness and implementation of batik education and training because the participants are homogeneous. In addition, this grouping will also make it easier to determine the batik trainer. Trainers have expertise in the science of batik and the ability to understand the characters of people with disabilities. The trainer chosen is a successful person with disabilities. Trainers provide training and motivation to achieve success in life, as stated by the disability empowerment officer, Mr. JWD:

"Awareness is important, sir. Because if they are not aware, it is difficult to give them skills. One of my strategies for raising awareness is to provide motivation and examples of successful disabilities, and then I ask them to train them too."

The implementation of disability awareness technically ran smoothly. However, it also encountered problems with parents' approval. Parents do not support their children to interact with the community because they feel sorry and inferior, and it will be troublesome or difficult if their children leave the house. The village head of Tawang Sari in Teras district, who was involved in the activity, said that it was not easy to raise disability awareness because there is still a stigma from the community and parents of people with disabilities that people with disabilities are considered taboo or a disgrace to the family.

The interview result with Mr. SPN as a parent of people with disabilities:

"I do not allow my child to leave the house. At that time, I told the officer, 'Don't do it, sir (facilitator). Please do not take my child out of the house. It will bother me. Besides, I feel sorry for my child,' I told the officer"

A similar was stated by another parent of people with disabilities, Mr. MRN:

"Excuse me, sir. Where do you want to take my child? My child is shy, and he is doing well at home. We are ashamed of our neighbors if we invite my child out of the house and feel sorry for my child."

Efforts are being made to overcome this by inviting parents to discuss the understanding that disabilities can support themselves, develop, and earn money to improve their welfare. Discussions with parents are significant to get a new mindset gradually. Efforts to make parents understand were well-responded. Parents finally understand and are aware of their role in the development of their child with a disability, as stated by Mr. IMN, as a parent of RKM, people with disabilities:

"Thank God, sir. Now I am no longer ashamed of my neighbors. I am grateful for the directions from the officer (facilitator). Now my child has become more confident. I am ready to follow all directions from the officer."

The statement was supported by RKM, a person with disabilities and the son of Mr. IMN:

"Now I am happy, sir. After following the directions of the Field Officer (facilitator), I could socialize with other people with disabilities and interact with the wider community. I am now not shy anymore and finally have self-confidence. Moreover, my father now allows me to leave the house."

Forming Disability Community Group

After disability awareness, community groups were formed. The disability community is grouped by type of disability. The purpose of grouping the disability community is (a) to facilitate interaction; (b) to facilitate the implementation of education and training; (c) to increase self-confidence; (d) to provide a sense of security and comfort; (e) to give the courage to interact with the general public; (f) to form a solid mentality.

The statement is in line with Mr. JWD, the field officer:

"Right, sir. After we formed a disability community group, they were able to interact well with each other and even had high self-confidence. Furthermore, I also want them to participate in batik education and training."

The people with disabilities himself, NLM, also stated a similar:

"Forming a disability community group means a lot to me, sir. Because by gathering friends with disabilities, my confidence increases. I am no longer insecure or down. Furthermore, I have many friends."

The field officer, Mr. JWD, added some:

"This disability community group aims to form their mentality, so they have courage because they hang out with many people with disabilities. It is not easy to form a disability community group. Apart from living far apart, they are embarrassed to go out alone. Therefore, the field officers provide transportation facilities. They are picked up first, then collected at the district hall on the budget from the government. From there, people with disabilities interact with each other."

As stated by the head of the disability community group, Mrs. SPR:

"Yes, sir. I was recorded by officers and also village officials and then given an understanding of community empowerment, especially for people with disabilities. After that, a disability community was formed under the name Sriekandi. My friends with disabilities and I gather in a community, and now I am more confident."

After the disability community group was formed, the field officers continued to provide awareness-raising materials so that people with disabilities have strong principles and are not easily shaken. In forming a disability community, awareness is always conveyed through strengthening by motivating so that people with disabilities dare to interact with the broader community and have a strong mentality. The disability group community from batik education and training in Teras District is a *disabledpreneur* named Sriekandi (*Sanggar Inspirasi Karya Inovasi*). After the community was formed, several times, people with disabilities shared with their friends, officers, and village officials at the house of one of the field officers.

Batik Education and Training

Batik education and training for people with disabilities in Teras District was conducted for six months, twice a week. The stage starts with preparation for implementation, including preparing the venue, preparing tools and materials, and making a training schedule. The technical implementation of the training consists of 30% theory and 70% practice. Evaluation is carried out during and at the end of the training. The training results in batik skills of trainees, as expressed by a disabled participant named MKD:

"I am happy, sir. After I attended the batik training, I now have skills and am no longer insecure. Now I also start to have self-confidence."

A fellow disabled participant, PYT, also stated a similar:

"Yes, sir. The results of batik training gave me a job. Because I can work and have income, my life no longer depends on my parents or siblings."

The trainer, RHN, supported the previous statement:

"What PYT said is true. Now, people with disabilities who complete batik training finally have the skills and can work. Some are self-employed. In the end, the money is theirs, sir."

In addition, batik training ran smoothly. There were no significant obstacles because the trainees had a high desire and enthusiasm to learn. Based on the results of batik training in Teras District for six months, out of 87 participants with disabilities, 83 (95.40%) of the training participants were passed, two (2.30%) were sick, and two (2.30%) moved house to follow their parents. More detailed training results on quantitative analysis are presented in Table 1.

Table 1. Descriptive Analysis
Descriptive Statistics

	Competency Test Score
Valid	87
Missing	0
Mean	79.322
Std. Deviation	7.202
Minimum	60.000
Maximum	90.000

According to Table 1, the 87 data shows the average is 79.322, and the sample standard deviation is 7.202.

Table 2. Frequency Distribution
Binomial Test

Variable	Level	Significant	Total	Proportion	p
Condition	Passed	83	87	0.954	< .001
	Do not pass	4	87	0.046	< .001

Note. Proportion tested against the value: 0,5.

The frequency of pass refers to Table 2. The proportion of passes is 95.4%. The balance of do not pass is 4.6% at a ratio coefficient of 0.5.

Table 3. Normality Test
Appropriate Statistics

Test	Statistic	p
Kolmogorov-Smirnov	0.113	0.214

In the Kolmogorov-Smirnov normality test in Table 3, the data are distributed by means with a p-value of 0.214.

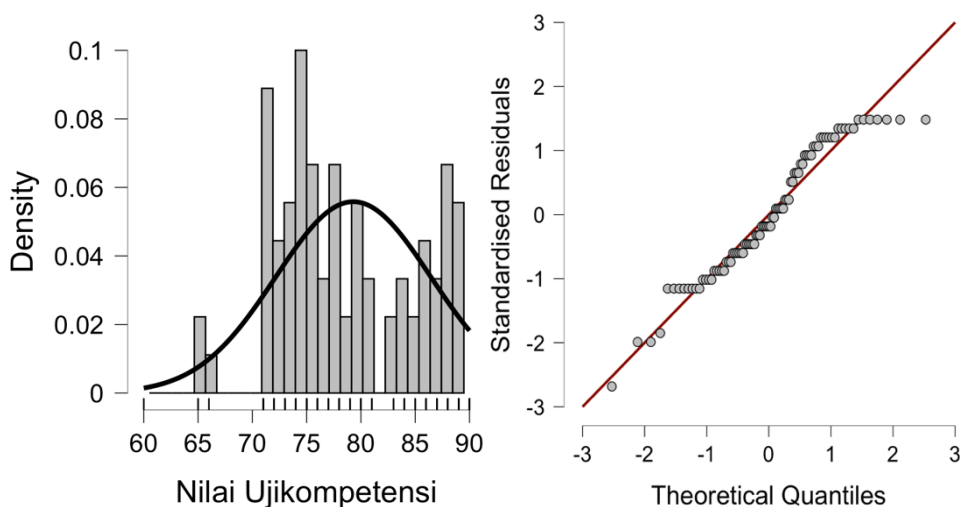


Figure 1. Histogram of Data Distribution

According to Figure 1, the competency test data is normalized with the dots following the line.

Table 4. ANOVA Test

ANOVA – Competency Test Score					
Case	Sum of Square	Df	Mean Square	F	p
Work	3.134	1	3.134	0.075	0.784
Condition	1004.911	1	1004.911	24.198	< .001
Work * Status	16.332	1	16.332	0.393	0.532
Residual	3446.839	83	41.528		

Note. Sum of Square Tipe III

Based on Table 4, the F value is 0.075, so the competency test score significantly influences the work accomplished.

Table 5. Linear Regression Test

Summary Model (competency test score)

R	R Square	Adjusted R Square	Std. Error of the Estimate
.00	.00	-.01	7.24

ANOVA (competency test score)

	Sum of Squares	df	Mean Square	F	Sig.
Regression	.07	1	.07	.00	.971
Residual	4460.92	85	52.48		
Total	4460.99	86			

Coefficients (competency test score)

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
Constant	79.21	3.22	.00	24.62	.000
conversion_work	.07	1.79	.00	.04	.971

Based on the regression test in Table 5, the value of the variable competency test positively influences the achievement of disability work with a regression coefficient of 0.07. These results indicate that if the competency test scores increase by 1%, the work performance of people with disabilities will increase by 0.07.

Table 6. Frequency

Origin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Working in Industries	65	74.7%	74.7%	74.7%
	Entrepreneur	22	25.3%	25.3%	100%
Total		87	100.0%		

Based on Table 6, the frequency of people with disabilities working in industries is 74.7%. In comparison, those becoming entrepreneurs accounted for 25.3%. People with disabilities who pass the competency test and participate in empowerment get jobs.

Discussion

Disabilities can limit a person's abilities in various ways (Campbell et al., 2021). Disability, commonly referred to as disability, is the impairment of the ability to live and work caused by injury, disease, or congenital disabilities (Ca & Dc, 2016). Law of the Republic of Indonesia Number 8 of 2016 Article 1 paragraph 1 states that people with disabilities are any person who experiences physical, intellectual, mental and/or sensory limitations for a long time and may experience obstacles and difficulties in interacting with the environment to participate fully and effectively with other citizens based on equal rights. The World Health Organization (WHO) describes disability as the inability to carry out activities at the level of normal human activity due to an impairment condition. Damage to certain parts or all of the body causes a person to become powerless to carry out normal human activities, such as bathing, eating, drinking, climbing stairs, or going to the toilet without the help of others. Impairment is a person who is physically powerless due to psychological abnormalities in the structure of his organs. This level of weakness becomes an obstacle that results in the non-functioning of other limbs, such as mental function. This category of impairment includes blindness, deafness, paralysis, amputation of limbs, mental disorders (mental retardation), or abnormal vision. In order to achieve self-change, humans should get to know their environment and themselves more closely. Sometimes what is in mind is also what happened.

In the awareness process, people with disabilities are given knowledge about life, independence, and tips on countering negative stigma. Research by Richards et al. (2018) in the United States concludes that the general public is embarrassed to interact with people with disabilities because the disability their conditions are inappropriate or their psychological and physical conditions are different. Human limitations make thinking narrow as if the truth is what is in our minds. Towards self-understanding requires awareness. This awareness can arise from oneself or external factors through other people. Awareness is defined as a condition of being aware of something. Therefore, expressions of self-awareness indicate a state of awareness of self (e.g., Silvestri et al., 2008). Self-awareness is fundamental in disabled people with limited physical movement or having a child with a disability. It is needed to foster enthusiasm and prosperity in life. This process requires support from parents because of their essential role in forming children's mental and behavior. Religiosity and positive parenting directly affect parents' involvement in children's character education (Dian et al., 2021).

After awareness is the selection of a suitable environment. In this study, it is called the formation of community groups. The reference for forming community groups is used as a 'new' comfortable environment for people with similar disabilities. The environment is essential for someone to develop their potential without feeling ashamed. The environment is physical and non-physical, for example, people, words, and nuances, which will affect the condition of a person's feelings. Children's social behavior depends on several factors, both human and physical environment (Obaki, 2017). In this study, the environment is defined as anything that can stimulate a person to experience a conscious behavior change. Limitations of physical activity require adjustments in the provision of skills. Eco-print batik skills are relevant to practice because they do not require much energy, are easy to work on, have easy-to-find equipment, and have high selling power. Developing the entrepreneurial potential of people with disabilities requires different methods according to the characteristics of the type of disability.

The model for developing a community empowerment strategy for people with disabilities in this study is built from research on disability empowerment in Teras district, Boyolali Regency, Central Java, in 2020. This disability empowerment strategy starts with the disability issue, followed by community empowerment by forming disability community groups and disability awareness in implementing batik education and training to improve life skills and livelihoods (Mulyono et al., 2018). The selection of trainers from successful people with disabilities is a benchmark for the success of the training. The trainer understands the condition of the disability so that they also understand the character and behavior patterns. Components supporting character

education implementation include potential input (teachers and education staff), school curriculum and instrumental input for character education, finance, adequate facilities and infrastructure, and educational and parenting processes (Sukendar et al., 2019).

Furthermore, education is carried out in the cognitive, affective, and psychomotor domains (Sudiatmaka et al., 2020). Training in life skills supports life in sewing skills so that the economy can improve and impact the welfare of life and the family (Sudiatmaka et al., 2020). The results of this study are a model of empowerment strategy for people with disabilities and new findings in the form of raising disability awareness for parents.

CONCLUSION

From the research results, it is concluded that there are three main strategies for empowering people with disabilities: (1) awareness of people with disabilities and their parents of people by providing direction and motivation so that people with disabilities have the skills to support their future and are no longer dependent on their parents and families; (2) the formation of disability community groups to facilitate interaction among people with disabilities or with society and increase self-confidence; (3) implementation of education and training so that people with disabilities have skills for a livelihood by working in industries or entrepreneur. This research also produces a model for developing community empowerment strategies for people with disabilities by adding the disability awareness of parents.

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