



Empowerment strategy for people with disabilities through nonformal Batik education program

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ABSTRACT

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. 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. This research aims to develop a strategy for empowering people with disabilities through non-formal batik education programs. This research used Developmental Research and Utilization Model (DR&U Model) with a mixed qualitative and quantitative approach through analysis, development, evaluation, distribution, and acceptance. 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. 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. The implication of this research is the formation of groups of people with disabilities who passed education and training with skills and livelihoods to make batik can carry out the entrepreneur and a model for developing community empowerment strategies for people with disabilities.

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. The management strategy for developing the nonformal education program includes the following aspects; 1) current program conditions, 2) ideal conditions for planned programs, 3) gaps between ideal conditions and current conditions, 4) the right way to accelerate the achievement of the ideal program, 5) the influencing environment (Widodo et al., 2021)

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, Doplang, Gumukrejo, Kadireso, Kopen, Krasak, Mojolegi, Nepen, Randusari, Salakan, Sudimoro, Tawang Sari and Teras. The results of initial observations in Teras District showed that 87 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. They are physically still able to carry out activities, in this case, vision-impaired people, physically-impaired people, mentally-impaired people and hearing-impaired people.

The reason in choosing the sample in Teras district as it has many disabilities who need education and training to improve their skill. Furthermore, the disabilities in Teras district obtain the Community empowerment program assistance by Pertamina Persero. 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 convenient for people with disabilities because eco-print batik is easy and does not take long time, but the results can be seen immediately. 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.. 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) with a mixed qualitative and quantitative approach. This model includes analysis, development, evaluation, distribution, and acceptance. The qualitative research process is more contextually dependent. 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. 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 population in this study were thirteen villages i.e. Bangsalan, Doplang, Gumukrejo, Kadireso, Kopen, Krasak, Mojolegi, Nepen, Randusari, Salakan, Sudimoro, Tawang Sari, and Teras. While, the sample in this research was Teras District as it has the highest people with disabilities such as 10 vision-impaired people, 31 physically-impaired people, 37 mentally-impaired people and 9 hearing-impaired people.

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

This study applied qualitative and quantitative data. Qualitative data was used to investigate the process of socialization, awareness and group formation, meanwhile, quantitative data was utilized to observe the success rate of graduates and the influence of education and training on economic improvement

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 was carried out from collecting data, displaying data, reduction, and confirmation. 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

The implementation of disability community empowerment in Teras District is supported by the local government and by the State-Owned Enterprise of Pertamina Persero. Disability empowerment begins with data from 87 people with disabilities in Teras District and do not have the skills but having desire to become entrepreneurs. There were 10 vision-impaired people, 31 physically-impaired people, 37 mentally-impaired people and 9 hearing-impaired people in Teras district. The process of disability empowerment is challenged by their parents. It is occurred because of the negative stigma from society toward the disabilities. They thought that the existence of disabilities is still considered a disgrace and burden on their families. The society feel ashamed to have children with disability.

Empowering the disabled community in Teras District uses several stages, i.e., by raising awareness of disabilities and by raising awareness of parents with disabilities. The awareness process is conducted by doing socialization, mapping the number of disabilities, and mapping the type of disabilities. After obtaining the accurate data, the researchers visited the field officers to discuss, provide briefing and motivate the awareness. After that, the researchers formed a disability community group and the last stage is conducting education and training to instill useful skills to support their lives.

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 awareness is managed by having discussion, briefing, and giving motivation on the existence of disabilities or their life in the future. The pivotal thing in disability awareness is changing the mindset of disabilities so that they are no longer depend on their parents or family for their lives. Some changes in their mindset are (a) no longer depend on their parents; (b) has the desire to change themselves; (c) do not feel embarrassed and lock themselves at home; (d) increasing of self-confidence; (e) have productive activities through skills. Psychological strengthening by providing motivation and providing examples of successful disabilities are the awareness activity conducted by the field officers. Disability awareness is challenging and it takes a long time almost three months and it requires patience as well.

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 results 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

The next step in disability awareness is the formation of community groups. The similar disabilities are put in one group to (a) aid the communication; (b) ease the education and training implementation; (c) improve the self-confidence; (d) provide the safety and comfort; (e) encourage the interaction with wider community; (f) build strong 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."

After creating disability community groups, the field officers still provide materials about awareness so that the disabilities assuredly possess high-principal mind. In the process of forming a disability community, awareness is always conveyed through strengthening and motivating people with disabilities so that they have the courage to interact with the wider community. Besides that, it also aims to ensure that people with disabilities have a strong mentality. The disability group community formed from batik education and training in Teras District is difablepreneur and it is named as Sriekandi (sanggar inspirasi karya Inovasi). After the community was formed, the disabilities were invited to share their stories with others, officers, and village officials at one of the field officers' homes.

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

| | 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 passing 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.

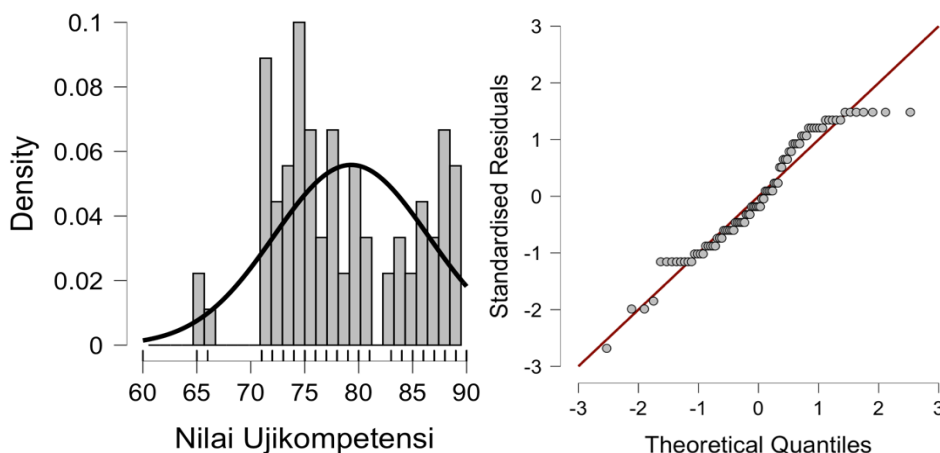


Figure 1. Histogram of Data Distribution

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.

Socialization is carried out prior to empowerment activities in order to see and find out the number of people with disabilities in Teras District and to see the type of training or skills needed by people with disabilities. Then, the awareness stages of motivation, explanation, and success story are given to disabilities and their parents. Motivation is the complex of forces starting and keeping a person at work in an organization so that they want to cooperate with each other, work effectively, and be integrated with all their efforts to achieve satisfaction (Hasibuan, 2012). The motivation given is to increase knowledge about life, independence, and also ward off the negative stigma attached to oneself, as stated in research conducted by Richards et.al (2018) in the United States 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 process of implementing batik education and training went smoothly and there were no significant obstacles. It was proven by the high graduation rate reaching 95.40% of the total 87 participants. The result can be achieved because the training participants have a high desire and enthusiasm to learn, apart from that the education and training applied andragogy approach. Based on the results of the batik training held in Teras District for 6 months, there were 83 (95.40%) disabilities successfully passed the batik training out of 87 disabilities, while 2 (2.30%) disabilities were sick and 2 (another 2.30%) disabilities moved outside the city to follow their parents.

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).

The model of disability empowerment strategy developed in this research starts from the issue of disability, then followed by conducting community empowerment in the form of education and training with a disability awareness approach. The main development of this model is to raise awareness of parents, the previous model of which has not been found, then proceed to the formation of groups according to the type of disability. Further education and training are carried out in the cognitive, affective, and psychomotor domains (Sudiatmaka et al., 2020). Furthermore, training in the realm of life skills can support life so that the economy can improve and have an impact on the welfare of life and family (Sudiatmaka et al., 2020). The results of this research obtained a model of empowerment strategy for people with disabilities which also became a new finding, specifically awareness of parents with disabilities.

CONCLUSION

From this research, it can be concluded that there are three main strategies in disabilities empowering that are increasing awareness for people with disabilities and parents of people with disabilities, by providing briefing, motivation, and role models for people with disabilities and parents, so that they are willing to take part in education and training. Creating education and training groups for people with disabilities with the aim of facilitating people with disabilities to interact with each other or other communities and have high self-confidence. In addition, conducting batik education and training with a graduation rate of 95.40% results the improving skills of disabilities and they can use it for a living by working in the business world or industrial world, as well as running independent businesses and improving their economy. This research

also produces a model for developing community empowerment strategies for people with disabilities by adding variable parent awareness. Hence, further research is required to see the effectiveness of the model developed. Further study of the disability community empowerment strategy model in other regions is needed, to provide recommendations for other regions. Comparative studies are needed as well in other areas that have different characteristics.

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