

Challenges And Opportunities Of Blind Masseurs In Increasing Competency Through Implementation Business Standards Of Massage Parlor

AJRI



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Abstract

The purpose of this study was to analyze the challenges and opportunities of Indonesian blind *masseurs* in improving competency through the implementation of the business standards of massage parlor. The research method is a descriptive-qualitative, theoretical approach on competency in human resource management. Primary data sources selected by purposive sampling. The informants involved were representatives of blind massage entrepreneurs. Secondary data sources in this study is PERMENPAR No.20 of 2015 concerning Business Standards of Massage Parlor. Data analysis techniques by means of data triangulation. The results of the study indicate the challenges faced by the blind *masseurs* namely: 1) requirements of massage business licenses have not been fulfilled; 2) aspects of the organization, management, and human resources have not been maximized. Increasing the competency of the *masseur* as a traditional health practitioner is an innovation, and it can extend their opportunities to work in the center of public health and hospitals.

Keywords: competency, standards, blind, masseur

I. INTRODUCTION

World disability reaches one billion or 15 percent of the world's population, and it is the largest minority. WHO states in developing countries, 82% of Person with Disabilities (PwDs) are still living in poverty, and facing limited access to education, health, and employment opportunities. Nearly 785 million women and men with disabilities are in working age, but the majority of them do not work.

LPEM FEB UI states that only 51.12% of Indonesian PwDs participate in the labor market. This amount is very low when compared with non-disabled workers which reach 70.40%. In fact, only 20.27% of people with disabilities in the heavy category are working (1).

WHO released data on the number of blind persons in 2010, which reached 285 million people worldwide with visual impairments and 39 million were experiencing blindness. Data showed that

90% of vision problems occur in developing countries, and cataracts are the cause of global blindness.

Prevalence of women who are blind or having vision loss are higher than men related to factors of gender, geography, social, economic injustice, especially income factors (regional, state and continental income). It affects decision of the authorities to provide access and services (2). General Chairperson of the Indonesian Blind Union (PERTUNI) Indrawati states that there are 3.6 million blind people and the three –quarters are low vision person in Indonesia (3).

Some of the literature analyzes the existence of Persons with Disabilities (PwDs) including blind people or people with visual impairments from several countries, from a labor perspective, and human resource management that encounter many obstacles and discrimination. These literatures are important to be referred in order to give a better understanding about barriers and opportunities about Person with Disability, as well as the change of regulation that can improve their quality of life.

Research shows that discrimination occurs because of several dilemma factors, including 1) low education and skills of persons with disabilities; 2) it is difficult to get persons with disabilities to work because they are not confident enough to be accepted as workers; 3) the employer has a less accurate assumption because of limited knowledge about disability; 4) there are obstacles to public facilities, especially transportation that does not support accessibility (4).

Persons with disabilities also face obstacles 1) education in Special Schools cannot fulfill the readiness of Person with disability at work; 2) many companies do not have a work system design for workers with disabilities; 3) The appearance of Person with Disability that is not in accordance with the request; 4) the facilities that do not support accessibility; 5) the unavailability of work designs that can meet the needs of people with disabilities (5).

The practice and inclusion of human resources from Persons with Disabilities in the hotel industry in Brazil shows a picture; 1) the main reason for the placement of persons with disabilities solely to fulfill the quota for fulfilling the rights of persons with disabilities to work; 2) the placements for PwDs are exclusive and tend to be in hidden sectors; 3) the low career development of companies for people with disabilities; 4) there is still a belief that PwDs do not have the ability to carry out different activities (6).

Research with a human resource development perspective shows that people with disabilities in America actually can do the same work as those without disabilities if supported by accommodation and services in a full range of capacities (7). Even so, their chances of being accepted and promoted in employment are very small. Social discrimination is considered to be one of the factors causing low participation of PwDs at work. Blind people in Tokyo experience discrimination at work, and are excluded socially. There is no choice to works in accordance with the education they have outside the field of massage and acupuncture (8).

These kind of situations makes blind people or people with visual impairments tend to choose professions by using hand skills. The tradition of blind *masseurs* in Asia including Indonesia have existed for several centuries. Blind schools and massage associations have existed throughout Southeast Asia as a way for them to shape communities and work goals. The initial text indicates that blind people in China, Japan, and Korea were formally trained in massage therapy and acupuncture since the Middle Ages. Now more than 50,000 blind people or those who have visual impairments in Southeast Asia earn a living from the profession as *masseurs* (9).

The term of *masseur* and *masseuse* is an adaptation of the French language. *Masseur* is for male and *masseuse* are used to refer to female who give massage service. These terms were used in America in the 19th century for professional *masseurs*. The absorption of French in America was due to the phenomenon of Sweden Massage which was popular at that time. Per Hendrik Ling was known in developing Sweden massage as a modern massage technique with a systematic method based on physiology in 1700s (10). In the 1950s, the prostitutes in America began to use

the term of *masseuse* or *masseuses* as a code for their profession as sex workers. So, the term *masseuse* in America is no longer used because it has a negative connotation, it is identical to prostitution, and now the term of massage therapist is used (11).

Research in the UK was carried out to analyze the socio-political relations involving a massage scandal that occurred in 1894 by forming a trained masseuse community to legitimize massage businesses that had been tainted by prostitution (12).

Research shows that in America absorbed 37% blind workers or people with visual impairments. Gender disparities are found mainly in the annual income of men and women. The higher education is associated with better employment results. The individuals who are trained in structured training, use of white sticks and the ability to read braille receive a higher income than those who do not use sticks (13).

Blind *masseurs* are often marginalized in society as a result of disability, discrimination, and harassment that degrade the profession and demean the degree of *masseurs's* dignity. In 2006, the group of blind person in South Korea protested and three blind people had committed suicide to get the right to work as a *masseur* and get a massage license so that they can work legally. This struggle was happened due to a large number of covert prostitution under the guise of illegal massage businesses also took care of the legality for their business. The claim of recognition for massage business permits was finally won by blind people and it is recognized as the only massage business licensed and admitted in South Korea (14).

The law has changed in Indonesia, the quota regulation on the absorption of Indonesian people with disabilities to promote at work in which previously 1% based on Law No. 4 of 1997 concerning Handicapped Person (*Penyandang Cacat*) increased to 2% in Law No. 8 of 2016 concerning Persons with Disability (*Penyandang Disabilitas*). But in the practice, the private companies, state-owned enterprises (BUMN, *Badan Usaha Milik Negara*), regional-owned enterprises (BUMD, *Badan Usaha Milik Daerah*), and government have not maximized the used of resources of Persons with Disabilities. Their existence is still considered to be a hindrance at work and less useful (15).

The business of massage parlor is mushrooming along with the development of individual managed massage businesses, beauty salons, and spas. In Indonesia, the business of massage parlors and SPAs are regulated in different regulations. The Business Standard of Massage Parlor is regulated in Tourism Regulation No.20 of 2015, and Spa Business Standards in the Minister of Tourism Regulation No.24 of 2014. In these regulations, the massage and spa business are classified as tourism service business. Massage parlors and spas in the forms of somatic institutions are aimed to satisfying physical needs, in the form of body care for fitness and beauty.

However, the business of massage parlor is considered synonymous with spa, and the both of two fields are not immune from the negative image with the proliferation of prostitution services under the guise of massage parlors and spas. Information about massage parlors on social media is very much associated with prostitution services under the guise of massage or spa with a sign (++) or "plus-plus". This phenomenon is proven in research on prostitution under the guise of massage parlors in Tanjung Pinang (16), and has affected the business image and profession of the blind who rely on their livelihood as a *masseur*. In fact, there are blind men or women with visual impairments who experience abuse due to bad images like this.

The position of this research is to analyze the challenges and opportunities of the blind or visually impaired *masseurs* in improving competence through the implementation of standard massage parlor. This policy from the Ministry of Tourism and Creative Economy has not touched the business of blind *masseur* in Bali.

Identifications on issues relating to Persons with Disabilities plays important role in the design and implementation of social inclusion and the achievement of sustainable development goals,

especially in terms of economic growth, decent work and partnerships to achieve goals. The success of Person with Disability is determined by the involvement, empowerment and social inclusion. And other supporting factors such as the type of disability, law, social justice, and technology, social support, increased performance, and complete self-care.

II. METODE

The research method is descriptive-qualitative, using theoretical approach on competency in human resource management (HRM). Competency is an important part of human resource management. The concept of Integrated Competency-Based Human Resource Management (ICBHRSM) formulates the competency model of an organization that is integrated with the company's vision and strategy to be implemented in various HRM systems that apply in the organization (17). A competency is an approach in HR management that integrates an organization's business strategy with an HR management system, such as selection, career planning, succession planning, assessment of educational work, and training and organizational development.

The HRM approach refers to training and development of the workforce to develop knowledge, skills, and abilities, including career development, tracking, and performance development, coaching and mentoring (18). The primary data source was selected from a purposive sampling in which the informants involved were representatives of Indonesian blind massage entrepreneurs, namely: 1) Joint Business Group (KUBE, Kelompok Usaha Bersama) Darma Bakti; 2) Balinese Blind *Masseur* Union (PERMATUBA, Persatuan *Masseur* Tunanetra Bali); 3) The *masseur* representatives from the Indonesian Blind Union (PERTUNI) from Branch Management Board (DPC) of Denpasar City. The location of the study was conducted in Denpasar Bali.

The secondary data sources in this study are Law No. 8 of 2016 concerning Persons with Disabilities, Minister of Tourism Regulation or *Peraturan Menteri Pariwisata* (PERMENPAR) No. 20 of 2015 concerning Business Standards of Massage Parlor and Republic of Indonesia Government Regulation No. 103 of 2014 concerning Traditional Health Services. These regulation are based on aspects of human resource management (HRM) assessment. Methods of collecting data by means of participatory observation, interviews and document studies. Data analysis techniques by means of triangulation. Secondary data from the Bali Provincial Social Service in 2019 showed that there were 2,889 persons with disabilities in Bali consisting of 1,701 men and 1,188 women. The Regional Blind Board (DPD, *Dewan Pengurus Daerah*) of the Indonesian Blind Union states that the number of members spread across 8 regencies/cities in Bali is about 320, and 65.3% work as *masseurs*.

III. RESULT AND DISCUSSION

Blind *Masseurs*

In the KBBI dictionary, the word of blind is interpreted as being unable to see or being blind. Blind people in Law No. 8 of 2016 concerning Persons with Disabilities are referred to as blind and sensory disabilities, namely people who have disturbances in the five sensory functions. The Indonesian Blind Union (PERTUNI) defines blind people as those who have no vision at all and who still have a residual vision but can not use the remaining vision to read standard of 12-point letters even in normal light conditions and assisted by glasses (19). The Indonesian Blind Union (PERTUNI) is one of the Organizations of Person with Disability (OPDs) in Indonesia whom majority of their member work as *masseurs*.

At the National Conference of Pertuni on October 26Th to 28th 2017, it stated that the blind *masseur* profession in Indonesia as the majority in the field of work was in the first rank, and then followed by other fields such as musicians, teachers, civil servants and so on. The majority of blind people are members of the Indonesian Blind Union (PERTUNI) organization, preferring the term of *masseur* (which is pronounced as *masseur*) as their profession.

Data collected shows that 65.3% of the 320 PERTUNI members in Bali Province in 8 regencies/cities but Bangli district are excluded because the organization has not been set up in this area. Massage business from blind *masseur* in Bali can be categorized as individual and group businesses. In entrepreneurship, the business is running as an individual and independent massage business, and as “on call” *masseurs* (traveling *masseurs*). Blind *masseurs* who provide services by becoming on call *masseurs* are carried out individually by serving customers at home or at the customer's designated location. And there are some blind *masseurs* work in a company or hotel that has a spa business.

Business Category	Business Form	Business Place	Total Member
Individual	Entrepreneur	<i>Rumah kos or rumah kontrakan</i> (rented room/rented house)	60
Individual	Worker	Hotel	3
Individual	On call/ Travelling masseurs	As requested by customers	80
Group	PERMATUBA	Hotels around Diponegoro street Denpasar	27
		Government building	29
Group	KUBE DARMA BAKTI		
Group	Buleleng Masseurs	Government buiding	10
Total			90
Percentage			65,3%

Tabel I. Characteristics of Blind *Masseur* in Bali 2019.

Some blind *masseurs* are totally blind and the others have low vision or still have a residual vision. Some blind families are married blind couples and both of them are also having the same skills or profession as *masseurs*. Kube Darma Bakti is joint business group in the field of massage services. Kube Darma Bakti is facilitated including massage business rooms and other facilities with government through the Department of Social Service, in regional technical service unit (UPTD, *Unit Pelayanan Teknis Daerah*).

The Bali Blind *Masseur* Union (PERMATUBA, *Persatuan Masseur Tunanetra Bali*) run their “on call” massage business that had been carried out since the 1980s to present to serve guests who stay in hotels around Diponegoro Street Denpasar. The characteristics of the blind *masseur* in Indonesian Blind Union (PERTUNI) Bali are those who serve their customers at home, or at their rented house.

The majority of blind *masseurs* in Denpasar are urban who come from various villages in Bali. They move around and stay in Denpasar by renting rooms or house, and at the same time they use it as a room for their massage business. In running a business, blind people involve families, but they are not counted or considered as employees.



Figure 1. Product dan Fasilitas of KUBE Darma Bakti Denpasar.

Competency

Law No. 13 of 2003 concerning labor, states that competency is the workability of each individual which includes aspects of knowledge, skills and work attitudes that are in accordance with the standards set. Competency is a skill, knowledge diary, experience of motivation and others that can be observed, measured from the characteristics that underlie a person to prove his desire and willingness to show effective and superior performance in one job (20).

McClelland defines competency as a fundamental characteristic possessed by someone who has a direct effect on excellent performance (21). The element of competency includes: 1) skills; 2) knowledge; 3) social role or projected image of someone to another person, self-image or individual perception about their, trait (constant characteristics), constant motives or basic intentions that encourage individuals to act and behave.

Competency-based systems that benefit employers and workers who build blueprints in recruitment, job expectations, performance evaluations, and progression pathways. In this case, personal conversations and subjectivity are minimized to create better employment and employer and worker relations (22). The categories of competency in Massage Therapy Competencies in Ontario includes 1) the area of knowledge; 2) Professional development; 3) Clinical knowledge and health knowledge. The area of knowledge needed is the scientific knowledge to do the task. The study of massage practices carried out in Canadian hospitals shows that the challenge of competency facing by the licensed massage therapist that they must negotiate their professional boundaries and advocate for competencies, areas of expertise, and ability to work effectively in the same room. Therapist massage who have not been educated in a conventional health education environment are required to have competencies regarding the understanding of culture, language, protocols and operational safeguards of hospitals which are very important for negotiations at work (23).

The formation of blind person in groups such as KUBE Darma Bakti, PERMATUBA and involvement in PERTUNI are based on group solidarity that manifest their motivation to live independently, to work, to support to support themselves and their families by becoming *masseur*.

The massage skills of blind masseur in Bali have been introduced while they were attending an education at the Special School (SLB). In addition, they also attended massage training organized by the Ministry of Social Affairs through Social Coaching Parlor for Blind People (PSBN, Panti Sosial Bina Netra) Mahatmiya in Tabanan for two to three years. Blind masseurs also receive regular massage and spa training held by PERTUNI Bali whom having partnership with other business companies and stakeholders.

Massage training is a vocational education that is economic self-development skills education and oriented to market needs. Massage training such as massage therapy is given to improve the skills of analysis, thinking and acting in serving clients. In addition, the training also trains blind people about psychosocial skill and economic independence (24).

Massage therapy is the assessment or manipulation of soft tissues including muscles, tendons, ligaments and joints that have a therapeutic effect on health, especially in the muscles, nerves and blood circulation. This therapeutic massage is serving to develop, maintain, rehabilitate, increase physical function, and relieve pain. Massage techniques performed by blind *masseur* in Bali are: Sport massage, Thai massage, Shiatsu and reflexology.

Massage services are stated on Traditional Health Services, which are regulated in articles 1, 48, 59, 60 and 61 in Law No. 36 of 2009 concerning Health. In article 1 point 16 mentioned, Traditional Health Services are treatments and/or treatments that refer to experiences and skills inherited empirically which can be accounted for and applied according to the norms applicable in the community.

The massage skills possessed by blind *masseurs* are classified as traditional skills in health services in accordance with article 59 on this regulation. Traditional Health Treatments is part of the Health Efforts sub-system, stated on Decree of the Minister of Health of Republic of Indonesia No.1076/Menkes/SK/VII/2003 concerning the Implementation of Traditional Health Treatments. Four factors that cause people to choose the traditional massage services (BATTRA, *Pengobatan Tradisional*) from blind masseurs are: 1) the threat of illness or disease; 2) characteristics of individuals who are comfortable with blind services; 3) trigger factors such as information or opinions from friends and family, and promotions; 4) the benefits and risks of the services provided are deemed not harmful (25).

Every day a *masseur* works from 09.00 - 21.00 WITA, and they can serve one to five clients with massage services costing to Rp.70,000 for 120 minutes. The on call *masseur* offers their massage services for Rp.120,000 to Rp.150,000 per person depending on the distance and also the length of time massage that required by the client or their users.

The average of time involved by blind people to be experienced as a professional *masseur* was about 15 to 20 years. The age category of the *masseur* is around 40-56 years old. The mobility of blind *masseurs* are helped by the existence of motorcycle taxi services, and online transportation such as *grabs* and *gojek*. *Masseur* expenditure for this transportation fee is at least Rp.50,000 and the price is depends on distance. The income of the blind *masseur* ranges from Rp. 70,000 - Rp. 350,000/day. Blind *masseur* who work in hotels get a salary about two to three million per month.

A *masseur* who worked in groups were charged a fee of Rp. 3,000 for the group management used for the maintenance of shared facilities. In addition, each member is also subject to social contributions Rp.25, 000 /month. Members are also charged a fee of Rp.5, 000 for saving in which it is deducted from the income of each client/shift. Blind *masseur* can fulfill their family needs, sending their children to school and even to college or university. But, it does not come entirely from their own income. They are also recipients of social assistance from the government and the

private sector who carry out Community Social Responsibility (CSR) whom regularly donating rice, cooking oil and sugar etc.

The blind *masseur* business is classified as a micro-enterprise. The definition of micro-enterprise is a small-scale and traditional and informal economic activities in the sense that it is not registered, and has no legal entity, generally does not have a Tax Identification Number, and has not yet access to banking even though they have access to non-banking financial institutions (26).

Another characteristic of micro-enterprises namely 1) human resources such as entrepreneurs who do not have adequate entrepreneurial spirit; 2) they are having very low education level; 3) the place of business is not always settled, can move at any time; 4) the commodities that tend to change; 4) it has not carried out financial administration, and it does not separate family finances from business finance.

Based on Law No. 20 of 2008 concerning Micro, Small and Medium Enterprises, article 1 number (1) stated, micro-enterprises are productive businesses owned by individuals and/or individual business entities that meet the criteria of micro-enterprises as stipulated in this law. In article three (3) of this law, it is stated that the objectives of micro and small businesses are to grow and develop their business in order to build a national economy based on equitable economic democracy.

Micro businesses according to the decision of the Minister of Finance No.40 / KMK.06 / 2003 dated January 29, 2003, are productive businesses owned by families or individuals of Indonesian citizens who have sales of at most one hundred million rupiahs (Rp.100, 000, 000) per year.

The Business Standards of Massage Parlor

Minister of Tourism Regulation No. 20 of 2015 regulates the Business Standard of Massage Parlor. This regulation is prepared in accordance with aspects of the assessment of human resource management. In this regulation, it stated that massage parlors is businesses that provide massage places and facilities with certified *masseurs*, including traditional *masseurs* and/or reflexology for the purpose of relaxation. Business Standards of Massage Parlors in this regulation regulate the formulation of qualifications and/or classifications that cover aspects of products, services, and management of massage parlors.

Assessment certification is in the form of the basic requirements and standards. Basic requirements include a registered sign on tourism business. Meanwhile, the standard requirements of massage parlors include three aspects of assessment, namely; 1) products; 2) services and 3) management of massage parlors. Assessment of standard requirements includes: a) Product Aspects consisting of 4 elements and 10 sub-elements; b) the service aspect includes 1 and 8 sub-elements; c) aspects of managing massage parlors include 4 elements and 18 sub-elements.

Product Aspects

Product aspects in the business standards of massage parlor consist of four elements, namely: a) massage room (explanation No. 1 and No. 2); b) massage techniques (explanation No. 3); c) massage material (explanation No. 4), and d) supporting facilities (explanation No.5-10), which are described in the following sub-elements as mentioned bellow.

1. Massage rooms, namely: a) an area of at least 5 square meters separate between men and women. b) Or, a massage place with an area of at least 3.75 square meters.
2. Lighting and air circulation in accordance with standards and/or statutory provisions.
3. Types of Massage, namely: a) traditional Indonesian massage; and/or b) relaxation reflection message.

4. Massage material, which consists of a) a. BPOM registered oil / cream and / or; b). Own processed ingredients that get permission from the City District Health Office (home industry products) and are used in their own environment. The oil that is widely used *masseur* is like baby oil and massage oil.
5. The clean and well-maintained reception area is equipped with tables and chairs.
6. Clean and well-maintained bathrooms and toilets for men or for women.
7. Massage cots (bed massage) at least 2 meters long and 0.8 meters wide.
8. Closed bins consisting of a) organic waste bins; and; b) non-organic waste places. Trash can on all *masseur* practice sites is still mixed with private property.
9. Provision of beverages that meet health standards.
10. Nameplate: a) made of safe and strong material with writing that is visible, legible, clear and uses good and correct language, and: b) installed in accordance with the provisions of the legislation.



Figure 2. The *Masseur*, Product and Service at a Rented House.

In facts, the blind *masseurs* have not fulfilled the product aspects, especially in the letters (a) massage

rooms, and letters (d) supporting facilities elements which can be explained as follows.

- a) The massage room at KUBE Darma Bakti has three beds separated by curtains as bulkheads for female and male clients. The *Masseur* who works at home usually only has one room so that clients are accepted in turns or at different times.
- b) At KUBE Darma Bakti, facilities at the reception area are still often used for sleeping breaks by the *masseurs* or their accompanying families, including infants and children. The existence of children from *masseurs* often bring difficulty for managers. The *masseurs* often take their children to work even though the rules are regulated regarding the prohibition of bringing children, but in reality still violated. Meanwhile in individual business, the facilities mix with family.
- c) The availability of clean bathrooms for customers have not been fulfilled by KUBE Darma Bakti. Even though in reality, there is a division of tasks within the group to clean the bathroom in turns, but because of limited vision and blindness, so that the quality of cleanliness of the bathroom has not meet the element of cleanliness. In individual businesses, the bathroom is public.
- d) Customers also have not been provided by drinking water facilities as stated in the regulations. It has not been fulfilled by KUBE Darma Bakti. Meanwhile, a *masseur* who

work at their private home sometimes provides coffee or tea. There is also a *masseur* who has a side business by selling herbal drinks.

- e) There is only one garbage bin is available for mixed waste. And even then it is used together with family waste. Garbage at KUBE Darma Bakti is still mixed with other organizations
- f) The nameplate owned by the *masseur* has not fulfilled the requirements of the health office that set rules so that should be written in white color the word of *Rumah Sehat* or Healthy House with green background, and optional size is 60 cmx40cm or 80 x 100 cm.

Service Aspects

The Service aspect regulates the Service Standard Operating Procedure (SOP) which includes eight sub-elements as follows.

1. Services for guests before the massage, namely: a) Welcoming the arrival of guests; b) Registration of guests; c) providing information about the implementation, consultation on the type of treatment and the price of massage provided.
2. Services during a massage, including a) traditional Indonesian massage; b) and/or reflexology.
3. Post-massage services about confirming the message that has been given.
4. Cash and/or non-cash payments.
5. Massage rules.
6. Safety and First Aid in Accident.
7. Implementation of cleanliness in the massage business.
8. Handling guest complaints.

In the aspect of service, KUBE Darma Bakti has not fully implemented the standard operating procedure elements, especially in carrying out massage procedures (no. 5), providing first aid facilities, and fire extinguishers (no. 6).

Based on the field of observations, it was found some *masseurs* not focused on working, such as using mobile phones while serving customers. It was also found the *masseurs* often chatting with fellow who carry out tasks in the room at the same time.

The cleanliness of the room in the KUBE Darma Bakti and other individual massage business places are sufficient well. It just on the time of observation was found a customer/client complained about a pillow that smelled of sweat due to the pillowcase not being replaced for the next client. This event is relatively rare because most *masseurs* have clean pillow and bed linens.

Management Aspects

Management aspects consist of three elements, namely a) organization (discussed in description No.1-No 4); b) management (discussed in description No. 5); c) human resources (discussed in description No.6-No.9); d) facilities and infrastructure (discussed in description No.10-18) with the following description.

1. Business profile consisting of a) documented organizational structure, and b) clear job descriptions and functions for each position and documented.
2. Complete, measurable and documented business plan.
3. Operational Procedure Documents Standard (standard operating procedure) or instructions for implementing work.
4. Code of Conduct of organization.
5. Documented employee performance evaluation. At KUBE Darma Bakti the evaluation of the performance of workers in the management element was implemented in the form of reprimand until excluded from the group. The organization had ever issued 2 million severance payment for member who are excluded from organization in 2011.

6. Employees use uniform clothes that are clean and polite by stating their identities. KUBE Darma Bakti and PERMATUBA's *masseur* have uniforms but they don't use name tag. The blind *masseurs* who work at home don't wear uniform.
7. Having and implementing competency certification especially for *masseurs*.
8. Having a registered traditional health practitioner certificate (STPT), it is abbreviation from *Surat Terdaftar Penyehat Traditional*.
9. Having career development.
10. The Administrative area equipped with equipment and tools.
11. Place the area of linen.
12. Closed bins consisting of a) organic waste bins; b) non-organic waste bins.
13. First aid kit and light fire extinguishers in accordance with the provisions of the laws and regulations.
14. Electrical installations in accordance with the provisions of the legislation.
15. Clean water installations in accordance with the law.
16. Emergency lights function properly.
17. The communication equipment consisting of telephone and/or facsimile.
18. Place of worship/prayer with its clean and well-maintained.

The requirements for this management aspect have not yet been met by the blind *masseurs*. The challenges in the aspect of managing massage parlors include two elements: organization, human resources (HR) and infrastructure that can be identified as follows.

- a) In this organizational element, business profiles, business plans, customer documents and company rules have not been found in individual and group massage efforts.
- b) In the HR element, it is found that blind *masseurs* do not have a registered letter as a traditional health practitioner (STPT).



Figure 3. Profile of Blind *Masseurs* in KUBE Darma Bakti with Uniforms.

Provisions to have STPT are also related to Government Regulation No. 103 of 2014 concerning Traditional Health Services. Registered Letter as Traditional Health Practitioner (STPT, *Surat Terdaftar Sebagai Penyehat Tradisional*) is a written evidence given to Traditional Health Practitioner who have registered to provide empirical traditional health services based on government regulations of the Republic of Indonesia No.103 of 2004 concerning Traditional Health Services. In this regulation, STPT is given to traditional health practitioners who hold traditional empirical health services. Empirical Traditional Health Services are the application of traditional

health whose benefits and safety are proven empirically. Blind *masseurs* based on this government regulation can be categorized as traditional empirical health practitioner.

Challenges

The challenges face by blind *masseurs* are in fulfilling the basic requirements and standard requirements set out in PERMENPAR No. 20 of 2015 concerning the Business Standards for Massage Parlor. The basic requirements is a registered sign of massage parlor in tourism business. The other challenges can be describe as mentioned bellow.

1. The business place does not meet the basic requirements because of several factors, namely
a) Blind *masseurs* live in a renting room or renting house so that the place of business and place of residence is uncertain; b) The business place is using government facilities. The massage room and massage facilities used by KUBE Darma Bakti are belong to the UPTD. The majority of members of PERMATUBA and PERTUNI mostly manage their businesses in rented room or rented house. They are struggling in facing reality that they often stay and move around.
2. During this time, the lines of communication, development of blind *masseur* resources were carried out by the Social Service Ministry. Unfortunately, this communication system has not been integrated with the Ministry of Tourism and Creative Economy, the Ministry of Health, and the traditional health practitioner association so that the standard policy of the massage parlor have not touched the blind *masseurs*.
3. The Ministry of Tourism and Creative Economy regulation No. 20 of 2015 in which is integrated with Government Regulation No. 103 of 2014 concerning traditional health services have not socialized and touched the blind *masseur* so that they have not yet been certified in the STPT to meet the standards requirements.

Opportunities

Some opportunities that can be considered as efforts to increase the competence of blind masseur as mentioned bellow.

1. The Ministry of Health of the Republic of Indonesia has set a step forward in line with the establishment of an alternative and complementary Directorate of Traditional Health Services through Minister of Health Regulation No. 1144 in 2010. In the Strategic Plan of the Ministry of Traditional Health in 2015-2019, this directorate carries out the main tasks: a) development of traditional health service education for community empowerment with independent care, b) empowerment of traditional health service promotion; c) increasing screening of public health services; d) and so on. It means that blind *masseurs* can get support and assistant to improve their competency at work and business through the partnership program with this directorate.
2. Some functions of this directorate are a) implementation of activities in the field of traditional health service skills development; b) foster traditional herbal health services; c) developing alternative and complementary health services; d) Establish screening and partnerships. Screening according to KBBI means it can state the name of a person, place or all objects and everything that is blocked. Screening is intended for identification, especially in the selection process, which requires an analysis of the activity plan whether or not an Environmental Impact Analysis (EIA) is needed or not. Thus, blind masseurs can work together by getting assistance and guidance from the directorate in an effort to improve competence.
3. The Governor of Bali, I Wayan Koster has provided an opportunity for traditional health professionals and practitioners (in Balinese language it is called *Balian*) to work in community health centers and hospitals. This governor's policy is a change and step forward innovation in regulations that provide opportunities for blind *masseurs* to develop their business and income. It had also been done by governments in China and Korea that give priority to blind people. This opportunity needs to be responded by blind *masseur* in Bali by immediately having a Registered Letter as Traditional Health Practitioner, and other supporting provisions.

4. Data from the Ministry of Health in 2013 showed that the proportion of households utilizing traditional health services was 30.4 with the most widely used types of services skills without tools is 77.8% and potions are 49%. Thus, blind *masseur* have the opportunity to develop business and income by increasing their competency through basic requirements and standard requirements in massage business.

IV. CONCLUSION

The implementation of the Minister of Tourism Regulation No.20 of 2015 concerning the Business Standards of Massage Parlor has not been widely known by blind *masseur*. This regulation regulates two objects, namely, the businessman and management of the massage parlor who manage massage parlor. This regulation involves the ministry of tourism and creative economy, ministry of health as well as traditional health practitioners association. While, the communication channels of blind *masseur* in developing their competencies are still under the social ministry.

The challenges in increasing the competency for blind *masseur* in implementing Business Standards of Massage Parlor, namely: 1) lack of socialization regarding this regulation; 2) limited knowledge and access to administrative arrangements; 3) standard requirements in the form of business licenses have not been fulfilled; 4) standard requirements have not been fully met. The ministry of Tourism and Creative Economy as well as the Ministry of Health, and Traditional Health Practitioners Association of Bali Province need to facilitate the blind *masseur* to get the Registered Letters as Traditional Health Practitioners (STPT). By these licenses, qualifications and certifications, the blind *masseur* can be given opportunities to work in community health centers and hospitals.

This effort in partnership is innovation that can expand employment opportunities and increase family income. This synergy is in line with the goals of sustainable development, especially in aspects of economic growth and decent work and partnerships to achieve a better life goal for blind *masseur* in Indonesia.

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