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Identifying the Role of Stakeholders in Occupational Safety and Health of Beauty Salon Business

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Abstract

Beauty salon business continuously developing in the community. Beauty salon is a public place that has risk of disease transmission, environmental pollution or other health problems. In order to make a healthy environment in terms of physical, chemical, biological and social aspects that enable people to achieve the highest level of health, the role of stakeholders is needed to improve Occupational Safety and Health (OSH) in the beauty salon business. This research aimed to identify the role of stakeholders in improving OSH in the beauty salon business in Semarang Regency. This study was an observational study with qualitative method. In-depth interviews with stakeholders on the improvement of OSH in beauty salons in Semarang Regency were conducted in March-May 2019. Based on the result of the study, the stakeholder roles and status could be divided into main stakeholders (primary), supporting stakeholders (secondary) and key stakeholders. OSH in beauty salon business in Semarang Regency needs to be improved. This requires participation from related stakeholders, including the Health Office, Tourism Office, Food and Drug Control Agency, beauty salon organizations, beauty salon owners, employees and customers.

Introduction

Beauty salon business in the community is developing from time to time and across multiple generation (Widiana, Hubeis and Raharja, 2013). In 2015, the beauty salon business in Indonesia increased by 10-15% (Prayogo Albert and Kartina Ritzky, 2017). The high public interest in lifestyle and the importance of appearance make beauty treatments in salons considered as one of the basic needs for some people (Nurfatriani et al., 2016).

A good beauty salon must have a standardized implementation for business practitioner, managers and responsible staff,

therefore, the consumers can use the service safely and comfortably (Audina and Budiastuti, 2017). However, it is undeniable that there are still many beauty salons which in their operation are prone to cause harm to the workers and the customers. Several previous studies revealed that hairdressers, makeup artists, barbers, nail care technicians and aestheticians had the most dangerous occupational factors for their health that could cause work-related illnesses such as repetitive movements, uncomfortable work posture, long-time standing posture, musculoskeletal disorders, uncomfortable temperature, reproductive hazards, mental stress, and exposure to chemicals that could

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cause respiratory problems, lung cancer, allergies (Olsson et al., 2013; Mayer et al., 2015). More serious health problems were revealed in several studies conducted in South Australia and Italy which mentioned the issue of exposure to HIV/AIDS and Hepatitis through equipment used by salon workers such as acupuncture, electrolysis, tattoos, and makeups (Amodio ² al., 2010; Garbaccio and de Oliveira, 2013) do tipo survey, em salões de beleza e em uma escola técnica de podologia em Minas Gerais, considerando adesão e conhecimento adequados quando houve acerto mínimo nas questões de 75%. Foram entrevistadas 84 mulheres manicures/pedicures. Houve baixa adesão aos equipamentos de proteção individual (45%). According to Dr. David A. Johnson, a researcher, if the tools were not sterilized, they could become ²³aces for germs and also transmitted blood diseases such as hepatitis B and C. The key was in the compliance of salon owners to clean and use disinfectants to prevent spread of disease. Infection through a salon tool is a common case. Evaluation was carried out after a case of transmission of acute hepatitis C which was allegedly caused by manicure / pedicure treatment. In his research, he analyzed ²⁴18 studies that mentioned the possibility of transmission of hepatitis B and C from salon equipment. Ensuring the sterility of salon equipment was a bit difficult and Dr. Johnson suggests the customers to bring their own manicure or pedicure tools, especially for people who like to do treatments at the salon (Lestari, Indriyawati and Ulfiana, 2013). The increasing variety of health hazards sources for salon workers is unavoidable and this poses a threat to workers' safety and health.

Indonesian Government has issued a policy on Occupational Health as outlined in Law No. 36 of 2009 concerning Health in article 164 which explains ⁵that Occupational Health Efforts are intended to protect workers to live healthily and free from health problems as well as the adverse effects caused by work. Occupational related diseases still become work health problems that need to be attended by various stakeholders (Ramdan, Ilmiah and F Rahmat, 2018).

The Indonesian Ministry of Health (1999) has also established requirements and

conditions for sanitation in public ¹⁰places. Beauty salons are public places that are prone to disease transmission, environmental pollution or other health problems (Rahin and Rahmiati, 2018). For this reason, the implementation and supervision of Occupational Safety and Health (OSH) in the beauty salon business needs to be conducted regularly and is the responsibility of the local government by involving relevant stakeholders (Quach et al., 2015).

Stakeholders are individuals or groups that influence company's achievement and have correlated relationships (Yerah Melita, 2017; Sari, 2018). Stakeholders can be categorized into several groups, which are the main stakeholders (primary), supporting stakeholders (secondary) and key stakeholders ³(Andriyanto and Purnaweni, 2017). The role of stakeholders in the beauty salon business which are to promote adoption of best practices, provide knowledge and improve the attitude of owners and workers of beauty salons can minimize the risk of accidents and health problems due to beauty salons works (Quach et al., 2015). So far, occupational health efforts in the informal industry sector still experience various obstacles. Not all micro-scale informal sectors receive the attention, particularly the beauty salons (Prayogo Albert dan Kartina Ritzky, 2017). The role of government and stakeholders in fostering and supervising beauty salons are not yet optimal. In addition, there is also no specific policy related to OSH in the beauty salon business, therefore the commitment and good coordination and communication from all parties, namely the government and related stakeholders, are needed to create a comfortable, safe and healthy beauty salon.

⁷Based on the issues above, this study aimed to identify the role of stakeholders in an effort to improve OSH in the beauty salon business. Meanwhile, the specific purposes were 1) to describe the OSH of the beauty salon business; 2) to describe stakeholders who play roles in improving safety and health in the beauty salon business; 3) to explain the role of stakeholders in a way to improve the occupational safety and health of beauty salon business. The results of the identification of the stakeholders' role in increasing the OSH in the

beauty salon business can be used as a basis for reference recommendations to formulate policies regarding efforts to increase the beauty salon business OSH in Semarang Regency.

Method

This research was an observational study with qualitative method i.e. we conducted observations or data collection at one time. The qualitative approach method used for this research was in-depth interviews with the stakeholders regarding the improvement of occupational safety and health in the beauty salon business in Semarang Regency. Data collection was carried out from March 2019 until May 2019. The data sources used were interviews and observations from (4) four main informants, namely: the Health Office, the Tourism Office, Food and Drug Control Agency (BPOM), the beauty salon organization, and 13 (thirteen) triangulation informants which consisted of: 3 (three) beauty salon owners, 5 (five) beauty salon employees and 5 (five) beauty salon customers. Meanwhile, the secondary data were gained from written documents to serve as complement to primary data. The research instrument was internal objective, which meant that the researcher used tools in the form of in-depth interview guidelines. The research was conducted using in-depth interviews with the main and triangulation informants. The data processing technique used in this study was qualitative data analysis using an interactive analysis model which consisted of three components, namely data reduction, data presentation, and conclusion drawing.

Stakeholder identification is an effort aimed at finding and recognizing the stakeholders of a project/ issue. We introduce OSH activities/issues of the beauty salon business in this study by describing knowledge of the activities, circumstances and/or processes that occur, tools, materials, mechanisms used and the results and impacts that arise. The identification of stakeholders in this study was conducted through structured interviews with related parties (stakeholders) to explore their knowledge / experience based on the profile, role, status and position of each stakeholder involved in efforts to improve occupational safety and health in the beauty salon business.

Results and Discussion

Beauty salon is a business which engaged in the field of beauty services by providing facilities to improve appearance through makeup and maintenance of skin and hair beauty using cosmetics manually, special health care for skin and hair without media materials (preparative) and beauty services using makeup cosmetics (decorative) carried out by beauty experts according to their competencies (Nildawati, 2016)

Salon is a media for gathering of people from various communities to do beauty care services (Arum and Maspiyah, 2015). Not only women, but men also come to salons for various maintenance needs, from barber, toning, facial care, to spa (Widiana, Hubeis and Raharja, 2013). During the work, the beauty salon staff need to make contact with the customers, verbally and physically, in various needs for beauty care services. Therefore, beauty salon workers are required to maintain health in order to work optimally and provide professional care services (Yuliandari, 2018)

OSH in beauty salon businesses is often underestimated, and disregarded by some people who do not understand the dangers of working in salons or for the customers. If people who have not taken account of OSH elements in choosing a beauty salon pay more attention to everything that is done or the activities in it, they would see that if various activities carried out in beauty salon services are not done according to procedures can result in accidents and health problems due to work (Mayer *et al.*, 2015). Therefore, it is necessary to improve occupational safety and health in the beauty salon business.

Work safety is a safety aspect which is related to machinery, aircraft, work tools, materials, processing, workstations, working materials, environment, working methods, and production processes. Meanwhile, Occupational Health Problem is a condition of a worker who is limited by physical and mental disorders as side effect of work and environmental interactions (Kani *et al.*, 2013). OSH in the beauty salon business aims to prevent accidents and health problems in work, to ensure safety in the work process, and to improve the quality of worker's life through inspection of work areas, tools, workers' personal safety devices, and beauty salon customers' conditions (Martin, 2016).

OSH in beauty salon businesses can be implemented by regular guidance and supervision by the local government in coordination with relevant stakeholders.

Stakeholders are people who have interests and are influenced by developing strategic/policy issues, including those who have the power to influence these issues/problems. They are also those who have the information, resources and expertise needed to formulate and implement strategies and policy choices (Mausumi, 2017; Isni, 2019). Based on the strength, important position and influence of stakeholders on an issue, stakeholders can be categorized into several groups, namely: a) main stakeholders (primary) which are stakeholders who have direct interest with a policy, program and project; b) supporting stakeholders are those who do not have direct connection (such as intermediary and implementing institutions in the process of policy formulation and implementation) towards a policy, program and project, but have concern and care so that they share their voices and influence the attitudes of the community and government's legal decisions; c) key stakeholders are those who have interests in power or authority to influence expected changes or policies (Andriyanto and Purnaweni, 2017). Stakeholders in this study include Tourism Office, Health Office, Food and Drug Control Agency (BPOM), beauty salon organizations, beauty salon owners, employees and customers in Semarang Regency.

In order to maintain and improve the implementation of OSH in the regency/city area in Indonesia, on September 21-23, 2015, the Directorate of Occupational Health and Sports conducted visits and guidance in Semarang Regency area as a pilot area for implementing occupational health efforts in Indonesia. The development of this pilot area was carried out both in formal and informal workplaces (Direktorat Kesehatan Kerja dan Olahraga, 2015). Beauty salons are informal industrial sectors engaged in beauty care. At present, the number of beauty salons in Semarang Regency that have been registered into the Online Tourism Information System (SIPARTO) is 95. Meanwhile, the number of beauty salons who are members of the beauty salon organization "Tiara Kusuma" Semarang Regency in 2019 is

only 54 salons.

The level of stakeholder knowledge on OSH in the beauty salon business in Semarang Regency is still lacking. Most respondents never got information about OSH of beauty salon businesses. They do not know and are not aware of the dangers in the activities carried out in the beauty salon, as revealed by the results of the following interview.

"I do not know what the occupational safety and health of the salon is... nobody ever told me about it. But I had experienced a long bloody cough... the doctor said it was not tuberculosis, since the laboratory examination result did not sign any problem. I often had clients who want to perm and color their hair and never had a mask on, and I ended up coughing a lot...then the doctor suggested me to try to wear a mask when doing hair coloring and perming... After I followed the suggestion, I never coughed again. It would be good if anyone informed me that. The Tourism Office and the Health Office had never given the information"(R06)

"What is it?... I never knew. When there was a salon meeting, no one taught that. The Tourism Office also never gave information about OSH... They once invited beauty salons but it was not about that but tourist attractions in Semarang district. I once experienced this, when I didn't have my own salon and was still an employee, I often did the coloring... until my hands were blistered, and I often coughed... but I did not feel it... because I had to handle many customers and must work quickly... if you wore gloves and masks, it would take a long time and uncomfortable. Now that I have my own salon, there are employees who help so I rarely do it. However, I would be willing and happy if I was taught about OSH, so I can teach my employees too" (R09).

"I have never heard of that ... but now I often have back pain, because when I work, I will stand in a long

time, especially when doing a bridal makeup... maybe because I am getting old ... when I was young, I never felt this, just a simple sore muscles which would be better if I got my body massaged. If anyone can inform me about OSH, I would be very happy, since it must be useful" (R11).

coolness, beauty, hospitality and memories). However, we do not know about the OSH particularly for beauty salons because there are no guidelines. It might belong to the Health Office. So far, we have never coordinated with the Health Office ... this could be an input for us". (R01)

In order to increase knowledge and prevent the accidents and health problems in work, to ensure work safety, and to improve the life quality of the workers, the roles of the relevant stakeholders are needed (Quach *et al.*, 2015). The roles of related stakeholders in this study in increasing OSH in the salon business are as follows:

Based on Regional Regulation of Semarang Regency Number 4 Year 2014, the Semarang Regency Tourism Office has full responsibility for the implementation of maintenance and supervision of beauty salon businesses in Semarang Regency area, as well as the coordination with other related Regional Work Units. Guidance and supervision carried out by the Department of Tourism have been based on *Sapta Pesona* (security, order, cleanliness, coolness, beauty, hospitality and memories) which are still general (Widiyana & Andri Sulistyani, 2018). The element of security is aimed to create a tourist destination environment that is calming, and free the tourists from the feeling of fear and anxiety. The monitoring of tourism security in beauty salons mainly focuses on preventing fire incident and criminal acts towards tourists, while the efforts to improve occupational safety and health for the tourism service owners (owners and employees of beauty salons) have not been noticed by the Tourism Office. Coordination with the relevant Regional Work Units has not been well proceeded. This is mentioned in the interview results as follows:

"Yes, the guidance and supervision of beauty salons and SPA in Semarang Regency based on the 2014 Regional Regulation is indeed under control and responsibilities of the Tourism Office, to conduct the guidance and supervision based on *Sapta Pesona* tourism (security, order, cleanliness,

The Tourism Office is strongly authorized in guiding and supervising beauty salons. However, so far, the guidance and supervision related to occupational safety and security for the beauty salon business has not been implemented properly due to coordination issue with the relevant Regional Work Units/SKPD, namely the Health Office. The Tourism Office is categorized as the main stakeholder which has direct connection with the supervision and guidance of beauty salons according to the Regional Regulation No. 4 of 2014 concerning the implementation of tourism in Semarang Regency.

Guideline of health for beauty salons issued by the Director General of Nutrition and Health of Mother and Child HK.01.01/BI.4/4051/2011 explains that the guidance and supervision of beauty salons is the responsibility of the Region/City/Provincial Health Office and the Ministry of Health and involving related stakeholders namely: National Agency of Drug and Food Control (*BPOM*), Ministry of National Education, Ministry of Trade, Local Government and Cosmetology Organizations. This guideline is still general which explains the terms and conditions of beauty salons.

So far, Semarang Regency Health Office has carried out Occupational Health Efforts (*UKK*) in formal and informal sectors based on Minister of Health Regulation No. 100 Year 2005 on Integrated Occupational Health Post, that the tasks of the central and regional governments in implementing OSH policies include: 1) create and develop laws and regulations related to OSH; 2) develop national policies and strategies in OSH; 3) facilitate the implementation of OSH; 4) carry out guidance and technical guide for programs at the provincial, regency or city level; 5) establish partnerships and communication forums with government institutions and non-

governmental organizations or community organizations; 6) conduct arrangements and facilities for handling national referral cases; 7) conduct an assessment of the efficiency and effectiveness of OSH implementation; 8) conduct training and seek education for health workers in order to improve insight, analytical skills and development of implementation; 9) develop a model for implementing OSH policies; 10) conduct socialization and advocacy on cross-program and OSH policy sectors; 11) compile communication, information and education media material related to OSH. Based on the study results, it was found that Semarang Regency Health Office did not carry out occupational health efforts in the informal sector optimally. It was found that not all informal industry sectors have been engaged in the integrated occupational health posts, particularly beauty salons. Guidance and supervision of beauty salons have not been conducted by the Health Office due to lack of OSH human resources and coordination from the Tourism Office. The following were the quotes mentioned during research interviews:

"Yes, as far as I know, beauty salons in Semarang Regency is managed by the Tourism Office, but we do not really understand about the issues, It is probably related to tourism..., and for OSH, actually, the Health Office has established several integrated health posts in the formal and informal sectors. The informal sector, for example, include agriculture, welding workshops, ojek (motorcycle taxi) drivers, water hyacinth craftsmen, etc. ... but we have not reached for beauty salons since we have limited human resources for OSH, so in the meantime, we are continuing what has been running first. The Tourism Office has never contacted us to provide guidance and supervision of beauty salons ... because beauty salons, according to the regional regulation, is under their guidance. "(R02)

The Health Office is classified as a key stakeholder because it has the competence in

OSH field and is the holder of the Competence Skill Test program. They have legal authority in influencing expected changes or policies.

BPOM (Food and Drug Control Agency) has the authority to regulate policies and regulations regarding cosmetic supervision. The Head of BPOM issued Regulation Number 18 Year 2015 concerning the technical requirements for cosmetic ingredients, where cosmetic ingredients circulating in Indonesia territory must meet the requirements of safety, quality and benefits. The citizens need to be protected from the use of cosmetics that do not meet safety, quality and benefit requirements. Below are the results of interviews during the study:

"For beauty salon, BPOM only regulates the use of cosmetics used in the beauty salons activities, such as shampoos, conditioners, makeups, hair colors, chemicals for curling and hair straighteners, etc. ... The cosmetic labels must show the requirements of safety, quality and benefits which are indicated by the number from BPOM. If there are numbers, it means that it has passed the BPOM test and can be used in beauty salon activities. We should also check the expiration date of the product used. For the inspection in beauty salons, we usually get reports from the public or are invited by the Health Office or Tourism Office to do a joint check. We have done this in several salons in Semarang City area, but for Semarang Regency, we have never coordinated with the Tourism Office or the Health Office to inspect the beauty salons".

Cheong *et al.*, 2016 in "Asia personal care and cosmetics market guide" explained that all cosmetic products circulating in Indonesia must go through permission from BPOM by fulfilling all the criteria of safety, quality and usage benefits that are informed in cosmetic labels. BPOM is considered as a supporting stakeholder because as they are involved in the cosmetic supervision policy as a form of support and concern for the safety of cosmetic use in the beauty salon business.

The Beauty Salon Organization is a community of beauty salon owners whose management is formed, chosen and trusted by the member of organization. The OSH guidelines of beauty salon issued by Hair Co-op Australia, 2015, mention some responsibilities of beauty salon organization in applying OSH to salon businesses, namely: 1) manage, monitor and resolve OSH problems; 2) provide appropriate information, training and supervision; 3) comply with the requirements relating to OSH for beauty salons. The research results showed that beauty salon organizations in Semarang Regency which are members of "Tiara Kusuma" have the following roles: 1) socialization, where the organizers of beauty salon organization have provided beauty knowledge and skills related to activities carried out in beauty salons to the beauty salon employees or owners, for example, knowledge of making modern bun, makeup, hair coloring trends, and so on. The socialization of OSH for beauty salons has never been carried out by the management of Tiara Kusuma; 2) management of the beauty salon organization acts as a control/supervision where they supervise and control and guide salon owners and employees to improve their skills according to the current beauty trends; 3) management of the beauty salon organization can conduct an evaluation by informing or reminding beauty salon owners to be willing to improve their competence by having a certificate of competence. According to Quach *et al.*, 2015, beauty salon organizations have a big impact on its members' attitudes to influence changes in members' behavior and beauty salon workers by providing interventions to increase knowledge aimed at reducing accidents and health problems, and increasing self-confidence especially for beauty salon owners. Beauty salon organizations are categorized as main stakeholders (primary) because they can control and evaluate and socialize the implementation of OSH in beauty salon businesses.

Beauty salon owners are responsible to provide and maintain a safe work environment, as well as to provide welfare facilities for employees. Salon owners are also responsible to develop operational standard policies and procedures (SOPs) to guide the

implementation of activities in beauty salons safely (Manual, 2016). The provision of a safe working environment is sufficiently carried out by salon owners in Semarang Regency area. However, many beauty salon owners have not developed policies and SOPs. In addition, coordination between salon owners and employees in terms of occupational safety and health are not yet synergistic, and still related to the improvement of the beauty salon business. According to Quach *et al.* (2015), salon owners are very complex, and have great control over the salon environment. The relationship between salon owners and employees also needs to be improved to develop a strategy for more collaborative work towards a healthy workplace so that it can attract many businesses without compromising their health. This is an investment that must be made in the future. In this case, beauty salon owners are classified as main stakeholders (primary) because salon owners are the subject or business practitioner, thus their role in the implementation of OSH is very important in the technical sense. Salon owners have the authority to regulate and manage everything they have, including the development of OSH policies which are controlled and socialized directly to employees for the proper implementation of the planned OSH programs. Salon owners are also required to conduct an OSH evaluation in order to find out the weaknesses and minimize the risk of possible accidents and health problems due to work, thus the implementation of OSH in the beauty salon business is improving.

To improve the OSH for beauty salon, the employees are responsible to comply with the instructions (policies and SOP) from the beauty salon organizations and beauty salon owners in all matters related to OSH, to use all personal protective equipment (PPE) provided, to participate in OSH training, to take steps in protecting their own occupational health and safety and beauty salon customers, to report every accidents and health problems that occur in the workplace to the person in charge or beauty salon owner (Hair Co-op Australia, 2015). The results of the study show that the role of beauty salon employees in Semarang Regency in implementing OSH is still lacking because their knowledge and understanding

of OSH are still low. Many salon employees do not have competence certificates. The use of personal protective equipment (PPE) is still low due to lack of PPE availability and poor self-protection awareness. There is still no coordination between employees and salon owners in terms of reporting events. According to Marfuah (2017), beauty salon employees are the actors who are directly involved in the implementation of OSH so they have a role as active actors in activities in the business place. Therefore, beauty salon employees are categorized as main stakeholders (primary) in increasing OSH in beauty salon business.

The participation of beauty salon customers in maintaining occupational safety and health (K3) is very important. For example, salon customers can follow instructions from the signs provided, such as not stepping on the wet floor with a sign displayed. Salon customers can also take part in assessing the implementation of OSH in beauty salons, for example by assessing the cleanliness of the equipment used and the environment in beauty salons, so that they feel comfortable when entering the salon area and even become regular customers of the salons. Furthermore, the customers can also put complaints to employees, business owners or other parties when their safety and health are threatened during or after the service (Manual, 2016). In this study, it was found that there were still a few salon customers who took part in increasing OSH, so its implementation at beauty salons were not good and well monitored. According to Quach *et al.*, 2015, the role of customers in the salon business sector is very important because it can encourage to positive and negative things to increase the salon's income and can also influence beauty product manufacturers. Beauty salon customers are categorized as supporting stakeholders (secondary) because they can act as providers of aspirations and assess the implementation of OSH in the beauty salon business.

From the description of the roles of each stakeholder above, there are three classifications of stakeholder groups that are involved in improving the occupational safety and health in beauty salon business. The first one is the primary stakeholders which is stakeholders who have direct links to policies, programs

and projects. In this study, they are: 1) Tourism Office, which is directly linked with the policy of monitoring and supervising the beauty salon businesses in Semarang Regency area, based on Semarang Regency Regulation Number 4, 2014; 2) Beauty salon organizations, which are directly linked in socialization, control/supervision and evaluation of occupational safety and health in beauty salon businesses; 3) The owner of beauty salons, in this case they have direct connection to OSH implementation planning, OSH practitioners, OSH socialization to employees, and OSH supervision in beauty salons; 4) Beauty salon employees, which have a direct role as OSH practitioners in beauty salon businesses. The second group is supporting stakeholders which is the stakeholders who are not directly connected (intermediary and implementing agencies in the process of policy formulation and implementation) to a policy, program and project. In this study, they are: 1) BPOM, which is the supporting agency in improving occupational safety and health in beauty salon business by conducting cosmetic supervision used and marketed by beauty salons; 2) Beauty salon customers, which are the stakeholders who do not have a direct connection in increasing OSH in beauty salon businesses, but can participate in assessing OSH implementation at beauty salons which potentially raise positive and negative things to increase OSH at beauty salons and can also influence the increase of beauty salon income and also influence beauty salon producers. This group shows concern and apprehension thus they voice it and are able to influence public attitudes and government legal decisions. The third group, namely key stakeholders, are those with power or authority to act to influence expected changes or policies. In this study, the Health Office is a key stakeholder because it has legal authority as the holder of the Occupational Health Work Program (UKK), and has competent human resources in OSH aspects so that it can affect changes or make policies expected in the UKK program in Semarang Regency.

The implementation of socialization, supervision and guidance on occupational safety and health in beauty salon business has not yet been carried out by government agencies,

either the Health Office, the Tourism Office and BPOM, which each of them has authority and policies that can support the implementation of OSH at salons beauty. However, so far, their involvement were still passive so that based on the description of stakeholder identification, there should be more efforts to increase the capacity of stakeholders who own position as “sleeping giants”. Therefore, they need to be included and encouraged to be more involved in increasing OSH in beauty salon businesses. Beauty salon organizations, beauty salon owners, employees and customers were also currently not actively involved. Their roles in increasing OSH in beauty salon businesses were also low because they did not have the authority and policies to support. So, they are positioned as “the acquaintance” that need to be encouraged to communicate and provide information to maintain relationships.

There needs to be support and coordination, as well as good communication between stakeholders to provide knowledge, promote best practices, and improve the attitude of beauty salon owners through a specific OSH policy at the beauty salon businesses. According to Quach *et al.*, 2015, the collaboration of various stakeholders in beauty salon businesses is important to reduce and minimize the occupational accidents, and the risk of diseases transmission that is dangerous for their health. It can be done by providing knowledge and improving the attitude of owners and employees of beauty salons.

Conclusions

Occupational safety and health in the beauty salon businesses in Semarang Regency area is still relatively low. This was proven by the lack of knowledge, understanding and implementation of OSH in the beauty salon business. Coordination and commitment from the main stakeholders (primary), key stakeholders, and supporting stakeholders (secondary) had not been well implemented. The Health Office, the Tourism Office and the BPOM were not actively involved in efforts to increase OSH in the beauty salon business so they had position as “sleeping giant.” Meanwhile, beauty salon organizations, beauty salon owners, beauty salon employees and beauty salon customers have positions

as “acquaintances”. In order to maintain and improve the implementation of occupational safety and health efforts in the beauty salon business in the Semarang Regency region as one of the OSH pilot area in Indonesia, it is necessary to optimize the role and function of coaching and supervision of beauty salon business in Semarang Regency area, by building joint participation between stakeholders, so that a joint commitment is strengthened along with the issuance of policies related to the OSH of the beauty salon business.

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