Original Article

A Study of Implementation of Special Autonomy Law: An Evidence from Post Peace Conflict of Aceh, Indonesia

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Abstract: After the Tsunami in Aceh, the conflict between the Free Aceh Movement (GAM) and the Government of Indonesia, which had persisted for over three decades, was resolved. This resolution was achieved when both parties agreed to implement asymmetric decentralization or special autonomy in Aceh. The implementation of Special Autonomy is governed by Law Number 11 of 2006 concerning the Government of Aceh, specifically regarding the use of the Flag and Emblem for Aceh. This study investigates the factors contributing to the divergence in opinions between the Central Government and the Government of Aceh concerning Qanun No. 3 of 2013 regarding the Aceh Flag and Coat of Arms. This research employed a qualitative approach and conducted in-depth interviews with 15 participants. The findings revealed that the conflict between the Central Government and the Aceh Government regarding the Aceh Flag and Coat of Arms stems from differing perceptions and interpretations of the Crescent Star flag and Bouraq-Lion symbol, which bear resemblance to the flag and logo used by the Aceh Movement. Merdeka (GAM) and Government Regulation Number 77 of 2007 concerning Regional Emblems. Conflict resolution has reached an impasse, as both parties involved maintain their respective positions. This deadlock resulted in the unauthorized display of the crescent and star flag by Acehnese citizens, a decline in Acehnese support for the Aceh Party, and the strengthening of potential regional disintegration in Aceh. This study suggests that the implementation of special autonomy as part of the consensus on conflict resolution may be compromised if the previous agreement is not upheld.

Keywords: Post peace, conflict, policy implementation, special autonomy law, Memorandum of Understanding, Aceh Context

1. Introduction

Policies related to cigarettes are always covered by long debates such as smoking is a human right, relating to national economic issues, to halal-haram fatwas from the Indonesian Ulema Council (MUI). However, the study of cigarettes shows that policy is the most effective way to control and reduce smoking (Levy et al., 2008). The government has tried to formulate various regulations and policies that can later be implemented in overcoming the dangers of smoking, including through Health Act No.36 article 115 of 2009. The prohibition of smoking in public places such as in

health institutions, education, where children play, places of worship, public transportation, workplaces, and designated public places or No-Smoking Zones (KTR). The mandate of the Health Law requires each region to establish a Smoke-Free Zone, one of which is the West Aceh District with the Regulations of the West Aceh Regent through Qanun Number 14 of 2015 concerning Smoke-Free Areas.

Several studies on Non-Smoking Areas (KTR) appreciate KTR as an effective way to control smoking and indirectly reduce the negative impact on the health of passive smokers due to cigarette smoke (Brown et al., 2014); (Nurhasana et al., 2020). However, this policy has not been fully implemented in Aceh Barat District. Various reasons are outlined in other studies, such as lack of socialization, the half-hearted commitment of stakeholders, sponsorships and intense advertising from cigarette producers, lack of funds, lack of human resources, to the lack of community participation (especially youth) in the success of the smoking ban policy in public places. The hypothesis in this research is that not all Dayah Santri adhere to the smoking ban regulations in public areas. The question in this study is how is the students' perception of Mecca Serambi Mecca to the government policy on smoking bans in public places? This study aims to identify the perceptions of students of Mecca Serambi Mecca related to the smoking ban policy in public places.

2. Concept of Perception Smoke

Perception is the process of organizing and interpreting the stimulus received to become an integrated activity in the individual. With the perception of humans, humans can be aware of the state of the surrounding environment and the state of the individual concerned (Wyer & Srull, 2014). At the same time, (Hunt et al., 2008) gives a different opinion, which defines perception as a process that involves prior knowledge and obtains and interprets the stimulus shown by the senses. Luthans groups the factors of attention in perception as follows: (1) intensity, namely the greater the stimulus, the greater the effect; (2) size, i.e., the greater the object, the more likely it is felt; (3) contrast, namely external stimulus against the background; (4) repetition, namely repetitive external stimulus that receives more attention than only one time; (5) movement, that is, people will pay more attention to moving objects in the visual environment than immovable objects; (6) new and familiar i.e., new and familiar external situations can attract greater attention. Thus, perception is a form of assessment of one person in the face of the same stimulation, but in other conditions will lead to different perceptions (Farah et al., 1998).

Smoking is smoking tobacco smoke that is burned into the body and exhaling it back out and the smoke is bad for the people around him. Smoking can also mean an action done by someone in the form of burning and smoking and can cause smoke that others can suck. Smoking behavior is harmful to the health of self and others around him, but there are still many who do smoke (Haddad & Malak, 2002). A study says that most smokers start their habit at the age of 11-13 years. WHO data also confirms that the total number of smokers globally is 30% and as many as 12.3% of adolescents in Indonesia are active smokers (Soesyasmoro et al., 2016). Based on these data, it can be concluded that young people are very vulnerable to the temptation to smoke but at the same time also do not understand their responsibilities as a smoker for themselves and the surrounding environment (Purniti et al., 2008). Several reasons trigger the desire to smoke. According to Palaskar & Jindal, (2010), each individual has different smoking habits and usually follows their goals when smoking.(Mohammadnezhad et al., 2015) emphasize socio-cultural factors as a cause of smoking, such as psychological factors, social environment, demographics, socio-cultural conditions, and socio-political conditions. Smoking has become something considered normal in the association of young people. Usually, this smoking habit will go through three phases, namely trying, sometimes using, and using every day (Rezayatmand et al., 2015).

The policy is a choice the government makes to do or not do something (whatever the government chooses to do or not to do). In other words, government policy can be said to be the power to allocate values as a whole, and policies can be formed with encouragement or support from those who need to overcome problems in their social environment (Phelan et al., 2010). The policy is one of the effective ways to overcome a problem (Gamson & Lasch, 1983). With strong support, the party needs the policy to overcome problems in its social environment (Wilkinson & Marmot, 2003). A non-smoking area (KTR) is a room or area that is declared prohibited for production, sale, advertisement, promotion and use of cigarettes, namely health facilities, teaching and learning places, children's playgrounds, places of worship and public transportation. The benefits of establishing a KTR are efforts to protect the public against the risk of threats to health problems due to the environment polluted by cigarette smoke. Determination of the No Smoking Area needs to be held in health service facilities, places for teaching and learning process, children's playgrounds, places of worship, public transportation, workplaces, public places and other places determined by the Sugiono et al., (2021). The objectives of establishing the KTR include (1) reducing morbidity and/or mortality by changing people's behavior for healthy living; (2) increasing optimal work productivity; (3) realizing a healthy and clean air quality, free from cigarette smoke; (4) reduce the number of smokers and prevent novice smokers; (5) creating a healthy young generation.

KTR policy is an effective way to control tobacco or reduce smoking. Tobacco Control Support Center-Indonesian Society of Health Experts Association (TCSC-IAKMI), in collaboration with the Southeast Asia Tobacco Control Alliance (SEATCA) and the World Health Organization (WHO), Indonesia reported four best policy alternatives for tobacco control. It consists of raising taxes (65% of the retail price), prohibiting the form of all cigarette advertisements,

implementing 100% of non-smoking areas in public places, workplaces, and educational sites, enhancing smoking warnings and adding images due to smoking habits on cigarette packages. The KTR policy issued by the local government is an effort to provide effective protection from the dangers of cigarette smoke. Also, provide a clean and healthy space and environment for the community and protect public health from the adverse effects that cigarettes can cause and indirectly reduce the number of smokers (Cohen & Lichtenstein, 1990); (Norbeck J, 1988).

There are several stages in the implementation of regional regulations on no-smoking zones (KTR), including (1) establishing regulations for implementing non-smoking zones (through regent regulations or mayor regulations); (2) formulating guidelines on the implementation and enforcement of regional regulations on No Smoking Areas and distribute them to all relevant stakeholders and organizations; (3) coordination mechanisms are formed to create KTR enforcement and enforcement teams are formed consisting of community organizations (with the Health Service as the initiator), universities, religious organizations, hotel and restaurant associations, sports associations, transportation associations, government elements, units civil service police and others. The function is that law enforcement can run well and if violations occur, action can be taken immediately.

The effectiveness of non-smoking policies in Indonesia has never been reported, which results in the non-serious implementation in the field sporadic and not comprehensive (Napirah et al., 2021). For example, establishing a No-Smoking Zone (KTR) is expected to reduce cigarette consumption by controlling smoking through restrictions on the places that may or may not smoke (Kaufman et al., 2015). Regional government regulations, in this case, the Regents of West Aceh through Qanun Number 14 the Year 2015 Regarding Smoke-Free Zones, refer to facilities that must implement KTR, including health institutions, government offices, educational institutions, houses of worship, entertainment venues, and children's playgrounds.

3. Materials and Methods

This research is quantitative research with a survey method. Survey research does not give any treatment to respondents and only collects data using predetermined instruments. In survey research, the focus is very important to limit the problems to be studied, namely the comparison of students' perceptions and Santris Dayah towards government policies on smoking bans in non-smoking areas. The goal is that the problem under study can be limited. The information obtained can be adjusted to the research and avoid unnecessary data that may arise during the study (Arikunto, 2010). The unit of analysis in this study is the respondent asked to provide information about a fact or opinion. This information can be given in written form when filling out the questionnaire and answering interviews. Thus, the respondent in this study is the population of Mecca Dayah students of the Veranda of Mecca, amounting to 50 people aged between 18 and 25 years and are male. The study location was in the Meccan Serambi Dayah in Meulaboh City, Johan Pahlawan District, West Aceh Regency, Aceh Province, because it represented educated young people responding to the regent's regulation on the prohibition of smoking in public places.

Data collection techniques using questionnaires, study documentation through books, journal articles, qanun, and other supporting documents. Respondents to questionnaires were selected by snowball sampling of students and Dayah students who were of productive age between 18-25 years and were taking informal (Santris Dayah / pesantren) (Arikunto, 2010). The technique was chosen so that the respondents surveyed truly understood and aligned with the research objectives. Then the data collection technique is done by using a questionnaire in the form of a list of questions to collect the respondents' views. The questionnaire compiled is closed means that the respondent only needs to choose one of the answers that have been provided with a tiered answer model. This study uses a Likert scale. Thus, statements made on a Likert scale are based on supporting theories and indicators that are considered to represent research variables. Likert scale answer classifications (1) strongly agree (ss) score of 5; (2) agree (s) score 4; (3) doubtful (r) score 3; disagree (ts) score 2; and strongly disagree (sts) score 1.

This study's data processing techniques are through the stages of editing and coding. After obtaining the data, the information received will be processed by re-editing (editing) the data that has been collected and then classifying (coding) the respondent's answer according to the criteria and characteristics that have been determined. Classification is done by marking each answer with a specific code mark (usually a number). In conducting data analysis, the researchers conducted (1) data reduction, namely sorting, simplifying, and abstracting data that emerged from questionnaires and interviews that had been conducted; (2) data presentation, namely systematic data preparation to explain the problem examined, (3) and concluding. The goal is that testing of hypotheses can be done. The hypothesis in this study is that there are differences in perceptions between students and Dayah students of the smoking ban regulations in public places. The perception of students and Dayah students is influenced by (1) age; (2) education; (3) motivation; (4) experience; (5) social environment; (6) access to information; (7) knowledge of cigarettes.

4. Results and Discussion

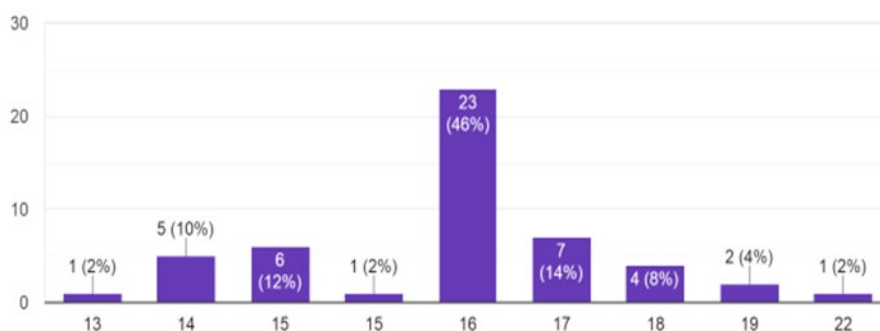### 4.1. Characteristics of Respondents

Figure 1. Age of respondents

Figure 1 shows that the informants numbered 50 people: Santris Dayah Serambi Mecca, Johan Pahlawan District, West Aceh Regency. Of the 50 respondents, 23 people (46%) were 16 years old, 7 people (14%) were 17 years old, 7 people (14%) were 15 years old, 5 people (10%) were 14 years old, 4 people (8%)) 18 years old, 2 people (4%) are 19 years old, 1 person (2%) is 13 years old, and 1 person (2%) is 22 years old.
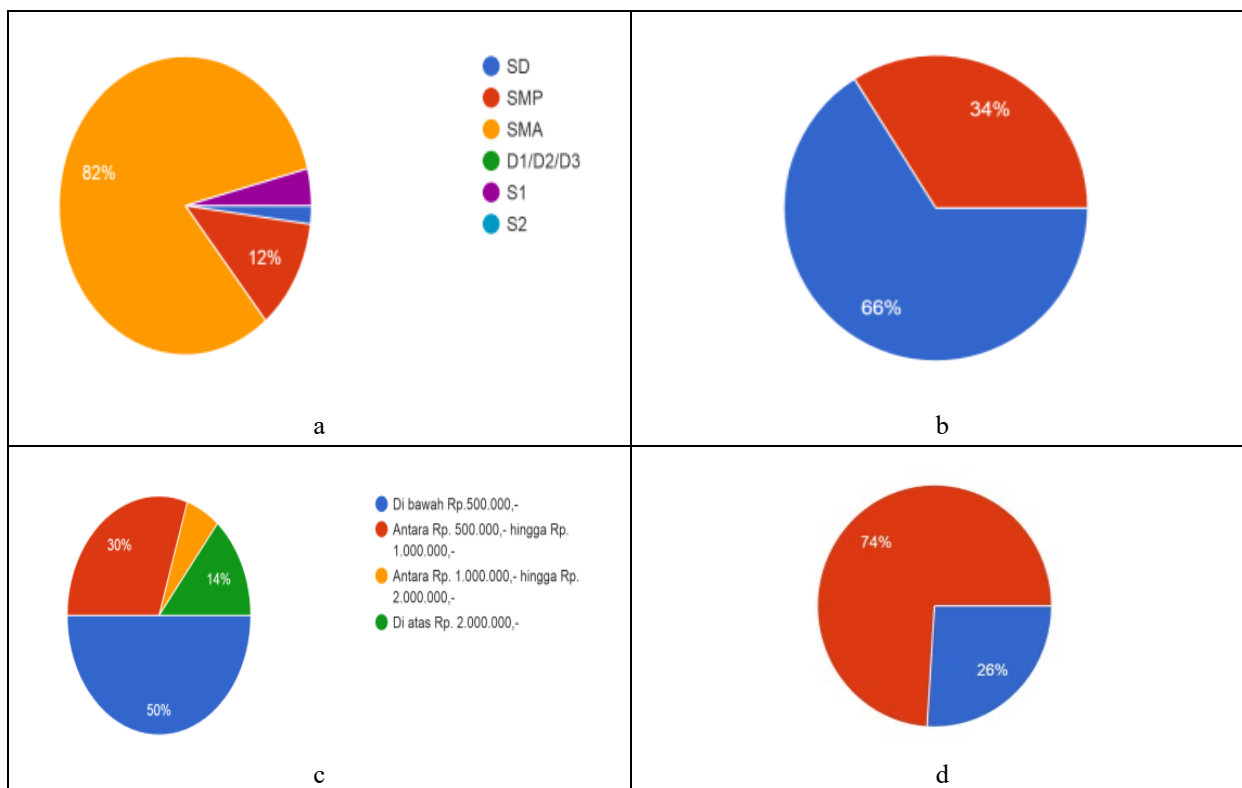

Figure 2. Respondents Demography Profiles

Figure 2 shows that 41 people (82%) have a high school education equivalent, 6 people (12%) have an equivalent junior high school education, 2 people (4%) have an undergraduate education (S1) and 1 person (2%) have an equivalent elementary school education. Figure 2b shows that 33 people (66%) are male and 17 people (34%) are female. Figure 2c displays a total of 25 people (50%) who have monthly money below Rp. 500,000, 15 people (30%) have monthly money between Rp. 500,000 to Rp. 1,000,000, 7 people (14%) have monthly money over Rp. 2,000,000, and 3 people (6%) have a monthly allowance of between Rp. 1,000,000 to Rp. 2,000,000. Figure 2 d captures the majority of Santris Dayah by 74% did not smoke or were not smokers. Only 26% of Santri Dayah smoked or smoked. Although Santri Dayah smoke knows the area prohibited from smoking, research results show that there are still

Santris Dayah who smoke in the prohibited area. As explained in the graph below, 76.9% of Santri Dayah used to smoke in restaurants or cafes and 7.7% smoked in schools / Dayah.

These places are places that are forbidden to smoke. The custom of the Santris Dayah to smoke in these places does not indicate the ignorance of the Santri Dayah of the no-smoking zone policy. The results showed that for most Santris Dayah, 64% had heard of a policy on smoking bans in public places. Others have not or have never heard of a policy on smoking bans in public places. 41.7% of Santri Dayah heard information about the smoking ban policy in public places from social media (Facebook, Instagram, Twitter, and other social media), 30.6% from banners and billboards, 22.2% from community associations and organizations, and 5.5% of other media (Television, Radio and Newspapers). When viewed from the percentage obtained, information about the smoking ban policy in public places reached 64%. But not all Santris Dayahs understand the policy. Based on the study results, 54% of Santri Dayah understood the smoking ban in public places and 46% of Santri Dayah did not understand the smoking ban in public places. However, 92% of Santri Dayah can accept the enactment of a policy on smoking bans in public places and only 8% In general, the results of the study showed that most respondents, 62% were of the view that the application of the smoking ban policy in public places had gone well. While 32% of Santri Dayah did not know about the implementation of the policy and another 6% were of the view that the application of the smoking ban policy in public places did not go well.

5. Conclusions

In conclusion, this study found that most Santris Dayah views that the prohibition of smoking policies in public places has gone well. Even so, Santri Dayah still does not comply with this policy. It can be seen from the habits of Santri Dayah, who smoke in places that are prohibited from smoking.

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