

## UNVEILING TRENDS: HALAL MEDICINE CHOICES AMONG STUDENTS IN GREATER JAKARTA (JABODETABEK)

Meilina Wati<sup>1</sup>, Anita Priantina<sup>2</sup>

<sup>1</sup>Institut Agama Islam Tazkia, Indonesia

<sup>2</sup>Universiti Sains Islam Malaysia, Malaysia

Corresponding email: [meyy1665@gmail.com](mailto:meyy1665@gmail.com)

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### Abstract

*Over the counter and restricted over-the-counter medications are commonly used by students because they are easily accessible and can be purchased when feeling unwell. The aim of this study is to understand the purchasing behaviour of over the counter and restricted over-the-counter medicines labelled as halal among students in the Jabodetabek region. This study examines the influence of the theory of planned behaviour (TPB), which includes behavioural control, subjective norms and attitudes, on the purchasing behaviour of halal labelled medicines. The research results show that behavioural control and subjective norms significantly influence the purchasing behaviour of halal medicines among students in the Jabodetabek region. However, contrary to initial expectations, no significant influence of the attitudinal variable was found on halal medicine purchasing behaviour among students in the Jabodetabek region.*

**Keywords:** *Medicine, purchase behaviour, behavioural control, subjective norms, attitude*

**JEL Classification:** *I12, I18, L66, Z12*

## 1. INTRODUCTION

Health plays a paramount role in the fabric of human existence. People faced with physical ailments make a sincere effort to restore their well-being by consulting healthcare professionals or taking care of themselves (Mediastini *et al.*, 2019). In Law No. 23 of 2023, the Ministry of Health defines health as a state that encompasses the normal and successful condition of a person in physical, social and mental terms. This state enables uninterrupted participation in activities and emphasises the interconnectedness of physical health, mental well-being, and social health with the individual's interaction in their environment.

Against the backdrop of this holistic health paradigm, the State of the Global Islamic Report notes that Muslim spending on medicines totalled \$2.29 trillion in 2022, catapulting Indonesia to third place in The Global Islamic Economy Indicator (Dinar Standard, 2023). In a country where the majority profess Islam, namely Indonesia, with 240.62 million believers in 2023, representing 86.7% of the total population according to RISSC, it is crucial to establish a link between health considerations and adherence to halal standards in the consumption of food, beverages and medicines, especially in times of illness.

Pratama and Hartati (2020) emphasise the importance of literacy in an individual's decision-making ability, especially in the area of halal product consumption. A high level of literacy empowers individuals to understand concepts and theories

related to halal products - a crucial aspect for Muslims who want to decide whether to consume such products. In Islam, the emphasis on consuming halal and quality products, as prescribed in the Quran and Hadith, emphasises the central role of halal literacy in shaping consumption patterns (Nurhasanah *et al.*, 2023).

Halal certification is proving to be a powerful factor influencing consumer intentions and behaviour, providing both Muslim and non-Muslim individuals with safety in the consumption of products, including medicines (Legowati *et al.*, 2019). The certification, which is supported by the Indonesian Ulema Council (MUI), serves to provide certainty about the halal status of food, medicines, cosmetics and other consumer products. To ensure the integrity of halal production processes, manufacturers are required to apply the Halal Assurance System. The overarching goal of the halal certification programme is to increase consumer confidence in the halal status of products and thus give them peace of mind (Afronyati, 2014).

Halal labelling, a cornerstone in the food industry, not only confirms manufacturers' belief in the halal status of their products, but also serves as proof of confirmation of this status to consumers. The halal label not only ensures compliance with Islamic dietary regulations, but also offers consumers convenience, safety and confidence. It facilitates choice and creates added value for businesses by boosting confidence and competitiveness in the market (Mardiyati & Hijrah, 2020). Considering that about 90% of the Indonesian population is Muslim, focusing on food safety for this population group ensures a safe environment for non-Muslim consumers as well (Mayasari, 2019).

The decision to conduct the research in the Jabodetabek area, the economic centre of Indonesia, is due to the influx of newcomers such as workers and students from various regions. This choice aims to gain a more nuanced and diverse understanding of the research landscape (Nurhasanah & Kesuma, 2023). The significant presence of the Muslim population in the area influences evolving behaviours and cultural dynamics, affecting aspects ranging from food preferences and clothing styles to travel destinations and entertainment options. This research focuses on the Muslim community in Greater Jakarta (Jabodetabek), which is characterised by its interconnectedness, diversity and interdependence, and aims to analyse the determinants that influence students' choices in purchasing over-the-counter and restricted over-the-counter medicines with halal labelling. The study focuses on how subjective norms, attitudes and perceived behavioural control, which are summarised in the Theory of Planned Behaviour (TPB), influence students' decisions to purchase halal-certified medicines.

## **2. LITERATURE REVIEW**

### **2.1. Halal Certification and Halal Labelling**

Halal certification is an official endorsement from the Indonesian Ulema Council (Majelis Ulama Indonesia or MUI) that confirms that a product complies with halal standards in accordance with Islamic teachings. This authoritative decree assures consumers that the product complies with the principles of halal in Islam. The MUI, which is recognised as the legitimate representative of the Muslim community, administers this certification through the Institute for the Study of Food, Drugs and Cosmetics (Lembaga Pengkajian Pangan, Obat-obatan, dan Kosmetika or LPPOM), which is responsible for food, beverages, drugs and cosmetics. The wide acceptance of halal certification by the public builds trust and signals that products comply with halal standards as prescribed in Islamic teachings (Afronyati, 2019; Amelia *et al.*, 2022). Sari

(2018), Devi and Mutoharoh (2024) further explains that halal certification involves a systematic testing process to determine whether a product fulfils the criteria for halal. If the product successfully fulfils the specified requirements, a halal certificate is issued.

Halal labelling, on the other hand, involves affixing the term 'halal' to the product packaging to confirm its halal status. In this way, consumers are informed that the product fulfils the criteria and standards for halal set by the authorities or institutions of the Islamic faith. The overall objectives of halal certification and labelling include providing legal certainty and protection to consumers, improving the competitiveness of products in the marketplace, attracting a broader consumer base, especially those who prioritise halal considerations, and contributing positively to national economic growth through increased sales of halal products domestically and around the world. The presence of halal information or labelling helps Muslim consumers to make informed choices that are in line with their religious beliefs and serves as a guide for product selection (Sari, 2018; Maliha & Devi, 2023).

## **2.2. Over-the-Counter Medicine and Restricted Over-the-Counter Medicine**

According to Ansel (1985), medicines include substances used to diagnose, relieve pain and treat or prevent disease in humans or animals (Sanjoyo, 2009). Act No. 36 of 2009 defines drugs as substances or mixtures, including biological products, that affect physiological systems or pathological conditions for purposes such as diagnosis, prevention, treatment, recovery, health promotion and contraception in humans. As explained by the Department of Pharmacology, Faculty of Medicine, University of Indonesia, pharmaceuticals are any chemical substance that is capable of affecting life processes, with a focus on understanding pharmaceuticals for the prevention, diagnosis and treatment of diseases in medical practise (Sanjoyo, 2009).

Medicines are categorised into over-the-counter medicines and prescription medicines. Over-the-counter medications, which you can recognise by a green circle with a black border on the packaging, include vitamin and mineral supplements, topical medications, certain pain relievers, antipyretics and certain antacids. You can buy these medicines without a prescription from various retail outlets. Prescription medications, indicated by a blue circle with a black border, include cough suppressants, flu remedies, antipyretics and analgesics, some vitamin and mineral supplements, antiseptic medications and mild irritant eye drops. These medicines are only available in licenced pharmacies and authorised drugstores (Sanjoyo, 2009).

Muslim Scholars of the Hanafi, Maliki, and Hambali schools consider seeking medical treatment permissible because it aligns with the hadith, as follows:

لِكُلِّ دَاءٍ دَوَاءٌ، فَإِذَا أُصِيبَ دَوَاءُ الدَّاءِ بَرَأَ بِإِذْنِ اللَّهِ

*"Every illness surely has a cure. If a remedy corresponds to the ailment, healing will occur with the permission of Allah SWT."* (Narrated by Muslim)

In the hadith, it is explained that every illness has its remedy, thus seeking medical treatment is permissible. In another hadith, it is clarified that seeking treatment is allowed as long as one does not use forbidden medication, either in terms of its substance or the means of obtaining it.

عَنْ أَبِي الدَّرْدَاءِ قَالَ قَالَ رَسُولُ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ إِنَّ اللَّهَ أَنْزَلَ الدَّاءَ وَالذَّوَاءَ وَجَعَلَ لِكُلِّ دَاءٍ دَوَاءً

From Abu Ad-Darda, he said, “*The Messenger of Allah (peace and blessings be upon him) said: 'Indeed, Allah has sent down diseases and cures, and for every disease, there is a cure. So seek treatment, and do not seek treatment with something forbidden.'*” (Narrated by Abu Daud, Number 3376).

### 2.3. Theory of Planned Behaviour (TPB)

The Theory of Planned Behaviour (TPB) is employed to elucidate changes in consumer behaviour. TPB encompasses three fundamental factors: attitude, subjective norm, and perceived behavioural control, which impact purchase intention or behaviour (Ajzen, 1991). According to this theory, an action begins with an intention, where the intention is heavily influenced by three internal factors: attitude, subjective norm, and behavioural control (Edris, 2020).

Attitude, according to Kotler and Armstrong (2007), refers to a person's evaluation, feeling and consistent tendency to like or dislike something. This evaluation is reinforced by the person's positive or negative feelings towards an object after the evaluation. Attitude has several functions, including an adaptive, an ego-defensive, a value-oriented and a knowledge function (Binalay *et al.*, 2016). The influence of attitude on purchasing behaviour becomes clear when individuals, especially in the role of product promoters, express a positive attitude towards a brand and thus significantly influence perception and purchasing interest (Susanto & Sahetapy, 2021).

Subjective norm, as defined by Vankatesh and David (2000), refers to an individual's perception of the approval or disapproval of an object by important people in their lives. In contrast to attitude, subjective norm is externally influenced by the social or organisational environment and largely determines how a Muslim consumer perceives a product. The more people the consumer considers important who are in favour of using or buying halal-labelled medicines, the higher the likelihood that the consumer will intend to buy such medicines. The subjective norm gains strength when it is reinforced by social control or a strong environmental influence (Edris, 2020).

Perceived behavioural control reflects an individual's perception of how easy or difficult it is to engage in a particular behaviour, which is shaped by previous experiences and the expectation of possible obstacles. (Setiawan, 2015). According to Alam and Sayuti (2011), this perception includes the individual's ability to control the behaviour and the belief in their ability to perform or refrain from performing that behaviour (Mardiyati & Hijrah, 2020).

Existing research highlights the importance of subjective norm in influencing purchase intention and attitudes towards halal medicines and emphasises the crucial role of key person support in shaping purchase intentions and consumer attitudes (Edris, 2020). Other studies also confirm the significant influence of subjective norm and behavioural control on halal food purchasing behaviour, further highlighting their influential role (Priantina & Safeza, 2022; Khalek, 2014). Attitude, which is recognised as a key element in predicting human behaviour, has a great influence on consumer behaviour or actions. (Widiyarini & Gunawan, 2017; Garcia *et al.*, 2020).

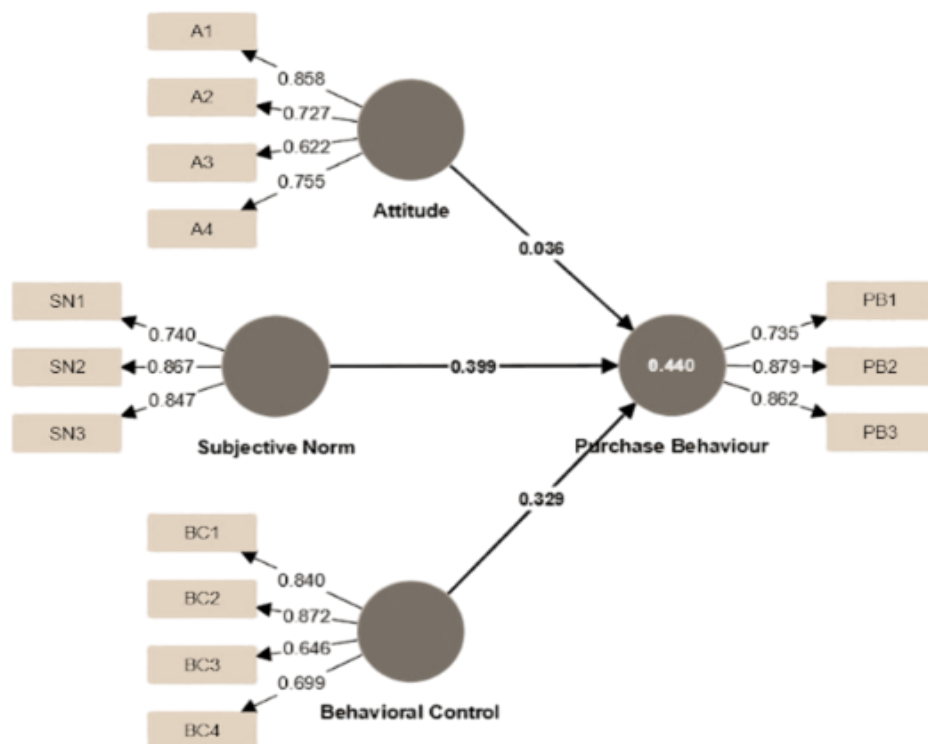
## 3. METHODOLOGY

This study follows a quantitative research approach using descriptive analysis to uncover features and structural equation modelling (SEM) with SmartPLS 4 software

for data analysis. As outlined by Latan (2013), SEM, a second-generation multivariate analysis technique, seamlessly combines factor analysis and path analysis. This advanced method allows researchers to examine and evaluate the simultaneous relationships between different exogenous and endogenous variables, considering a variety of influencing factors. SEM enables the direct measurement of latent variables, i.e., those that are not directly observable, and measures both the direct and indirect influences acting between these variables (Nurhasanah *et al.*, 2020).

The focus of this study is on Muslim students living in the Jabodetabek region, which includes Jakarta, Bogor, Depok, Tangerang and Bekasi. Following Cooper and Emory (1997), the sampling strategy used was non-probability sampling, using purposive sampling techniques. This deliberate approach allows the researcher to select samples based on predetermined criteria that are aligned with the research objectives. Purposive sampling allows for the inclusion of respondents who are thought to possess information or characteristics that are critical to the research topic. Consequently, this technique enables the collection of data from individuals or groups who are believed to provide insights or experiences that make an important contribution to the research (Nurhasanah *et al.*, 2017). The research took place over a three-month period, from October to December 2023, and involved an online questionnaire distributed via social media platforms using the Google Forms application. The questionnaire used the Likert scale to measure respondents' agreement with each indicator in the survey, with scores ranging from one to six (1-6).

#### 4. RESULT AND DISCUSSION



**Figure 1.** Model Specification and Outer Loading

Figure 1 illustrates the complex relationships between the individual variables.

Attitude, subjective norm and behavioural control together serve as central determinants for the procurement of halal medicine. These three variables are interdependent and act as exogenous factors that influence the endogenous variable, i.e. behaviour in the procurement of halal medicine.

**Tabel 2.** Construct Reliability and Validity

	<b>Cronbach's Alpha</b>	<b>Rho_A</b>	<b>Composite Reliability</b>	<b>Average Variance Extracted</b>
Behavioural Control	0.768	0.808	0.852	0.593
Subjective Norm	0.754	0.765	0.860	0.672
Attitude	0.745	0.860	0.832	0.556
Purchase Behaviour	0.766	0.768	0.866	0.685

The presented table (Table 2) shows that all Cronbach's Alpha values exceed the threshold value of 0.6. In terms of reliability, the Cronbach's alpha values obtained above 0.6 mean that the data are reliable, as confirmed in previous studies (Latumeten *et al.*, 2018). In addition, the Rho\_A coefficient is above 0.6 and the composite reliability coefficient is above 0.7. However, while the AVE coefficient shows that two variables, namely behavioural control and attitude, are below the threshold of 0.6, the remaining variables exceed this benchmark. It is worth noting that according to the criterion of the AVE value, a value above 0.5 is considered acceptable (Latumeten *et al.*, 2018). It can be deduced from this that all variables analysed in this study demonstrate both validity and reliability.

**Table 3.** Variance Inflation Factor (VIF)

	<b>Behavioural Control</b>	<b>Subjective Norm</b>	<b>Behaviour of Purchasing Halal Medicine</b>	<b>Attitude</b>
Behavioural Control			1.591	
Subjective Norm			1.550	
Attitude			1.154	
Purchase Behaviour				

Table 3 shows that the VIF values for behavioural control are 1.591, for subjective norm are 1.550, and for attitude is 1.154. It can be concluded that all VIF values for the exogenous latent variables are less than 5, indicating that there is no multicollinearity in the structural model (Hair *et al.*, 2017).

**Table 4.** Model Estimation Result

Endogenous Variable	Exogenous variable	Original Sample (O)	Sample Mean (M)	T Statistics ( O/STD EV )	P Values	Conclusion
Purchase Behaviour	Behavioural Control	0.329	0.333	3.414	0.001	Significant
Purchase Behaviour	Subjective Norm	0.399	0.391	3.456	0.001	Significant
Purchase Behaviour	Attitude	0.036	0.076	0.366	0.714	Not Significant

Table 5 shows that the variables of behavioural control and subjective norm have an influence on the purchase of halal medicine. Conversely, the attitude is found to have no influence on halal medicine purchasing behaviour. In particular, the first and second exogenous variables show significance, with P-values below the threshold of 0.05. The values of behavioural control and subjective norm show path coefficients and t-statistics indicating a positive and significant influence on halal medicine purchasing behaviour. The findings of this research are in line with the results of a study (Edris, 2020), where an individual's perspective on what is considered important or recommended by others in their environment has a significant impact or influence on a person's decision to purchase halal medicines. Furthermore, an individual may be inclined to buy halal medicines if they feel they have good control or behavioural control over their purchasing actions, and if they believe that people around them or their valued family members encourage or consider it important to choose halal medicine products, then they will also follow suit.

Conversely, the attitudinal variable has no significant influence on halal medicine purchasing behaviour, with P-values exceeding 0.05. This means that a person's overarching attitude or belief in halal products generally has no direct influence on their decision to purchase medicines that are considered halal.

## 5. CONCLUSION & RECOMMENDATIONS

The results of the above study suggest that two variables significantly influence halal medicine purchasing behaviour, while one variable has no influence on this behaviour. Behavioural control and subjective norm are found to be influential determinants of halal medicine purchasing behaviour among Muslim students in Jabodetabek. Conversely, the attitude variable was found to have no significant influence on halal medicine purchasing behaviour, suggesting that individual attitudes or judgments do not influence the decision-making process of halal medicine purchase.

It is strongly recommended to advocate for the inclusion of halal labelling or ensuring halal certification of products in the food and beverage sector. Empowering individuals to make halal medicine purchasing decisions can be achieved through educational initiatives that emphasise behavioural control and the cultivation of social norms that promote positive halal medicine purchasing behaviour. In addition, more effective educational campaigns are needed to raise awareness of the importance of choosing halal medicine, even though no direct effect of attitude on purchasing behaviour was found. Further research is proposed to explore additional factors that influence halal

medicine purchasing behaviour within the student demographic or wider population group.

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