Public perception of halal medicine certification

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ABSTRACT

The trend of the halal industry has increased, both in the world and in Indonesia. The development of halal industry trend has developed in all fields, one of which is halal certification of drugs. Drug products are now also a special concern in the halal product category because, in terms of treatment, society demands that the health products used must be of high quality and halal. The purpose of the study was to find out how the public's perception of halal drug certification and whether there was a relationship between the level of knowledge and the perception of drug halal certification. This type of research is an analytic observational research survey section with a cross-sectional approach. Obtained 102 respondents, then the data were analyzed using the SPSS application, both univariate and bivariate analysis. The results showed that the level of knowledge was moderate (63.7%), the level of perception was good (64.7%) and the level of behavior was good (64.7%). Knowledge has a linear relationship (sig value $0.168 > 0.05$) significantly (f value $1.557 < 2.20$) to respondents' perceptions of halal certification of drugs, and perceptions of drug halal certification also have a linear relationship (sig value $0.119 > 0.05$) significantly (f value $1.805 < 2.31$) on the respondent's drug consumption behavior. Public perception of drug halal certification is good (64.7%) and the better the level of knowledge, the better the perception of drug halal certification (significantly linear).

Keywords: *Halal certification of drugs, halal trends, halal industry*

INTRODUCTION

The big Moslem Population is the nickname given by the world to Indonesia, this is evidenced by the number of Muslims in Indonesia more than 207 million people (87.2%) (Badan Pusat Statistik, 2019) The trend of the halal industry in Indonesia is increasing rapidly even though it is still far behind other countries that have long made this trend. This is evidenced by data from indicator values from the Global Islamic Economy in 2018/2019 which states that Indonesia ranks 10th, which was previously 11th. The Indonesian government supports the realization of the halal industry trend, namely with the existence of Law No. 33 of 2014 concerning Guaranteed Halal Products and Government Regulation No. 31 of 2019 where on October 17, 2019, all products in circulation are required to have a halal certificate. And this gradually begins with the food product first stages and will be continued with medicinal products at the next stage.

The development of this halal industry trend has developed in all fields, this is proven in research (Hanzaee and Ramezani, 2011) which states that the need for halal products has entered the world market (global) and has an effect on business development because all aspects of daily life are important in the global market. halal such as toilet needs, food, medicines, cosmetics, and even banking. The process to gain consumer trust is one of them with a halal certificate, where the process to get halal certificate is also very concerned and adapted to Islamic religious law such as halal certificates for food products, from the beginning of planting raw materials to the consumer's table everything is supervised by an institution. who will issue the halal certificate? Even developed countries such as Canada and Australia have even gone through the development process for a halal drug certification system for Muslim consumers, the

availability of halal medicines is still limited in various countries, even research in Malaysia states that in the world of health education such as medicine and pharmacy it is necessary to add a curriculum on understanding halal medicine so that health practitioners who will graduate better understand the patient's wishes in determining treatment options for Muslim patients in line with Islamic religious law.

Drug products are now also a special concern in the halal product category because for the community (consumers) halal is present in all aspects of life, in terms of medical treatment, society demands that the health products used must be of high quality and halal, therefore the pharmaceutical industry must immediately prepare appropriate procedures for the manufacture of halal drugs.

The knowledge factor is one of the factors that influence the perception of halal drug certification and the perception of halal certification of this drug will affect consumer behavior, this is proven in research (Sadeeqa *et al.*, 2013) which states that the better the respondent's knowledge of halal pharmaceutical preparations, the better the perception about halal pharmaceutical preparations (there is a weak correlation (0.1-0.3) significantly ($p = 0.001 < 0.05$) and positive $r = 0.271$) and will affect the behavior of respondents towards halal pharmaceutical preparations (there is a moderate correlation (0, 3-0,7) significantly ($p=0.001<0.05$) and positive $r=0.542$. Research on the perception of halal certification in Indonesia has been widely carried out, especially on food products, but there is also research (Syahrir, Rahem and Prayoga, 2019) on halal pharmaceutical preparations, in the study, it was stated that pharmacists in the city of Malang accepted and strongly agreed with halal labeling on pharmaceutical preparations. pharmacy.

In Indonesia, the halal status of pharmaceutical preparations still needs to be reviewed, one of which is the pharmaceutical industry's raw materials, 90% of which are imported materials and there is no halal guarantee system (Syahrir, Rahem and Prayoga, 2019). One of the institutions that are already well-known for dealing with the problem of the halal system in Indonesia is MUI, but with the existence of the JPH Law (Halal Product Guarantee Act) there are changes such as the main authorized institution called BPJPH (Halal Product Guarantee Agency) and the certificate is valid for 4 years and has had a strong guarantee of legal certainty (Faridah, 2019). One of the ingredients in the pharmaceutical industry that is still controversial is alcohol (ethanol) which is widely used in producing drugs, especially liquid drugs. According to the MUI Fatwa number 11 of 2009, it is stated that every khamr contains alcohol but not all alcohol is categorized as khamr. Alcohol used in medicine must not come from the khamr industry for both liquid and non-liquid drugs, the law may be on the condition that it does not endanger health, is not misused, is safe and by the dose, and is not used intentionally to intoxicate. Therefore, to ensure that pharmaceutical preparations are halal, halal certification of drugs can be carried out (Majelis Ulama Indonesia, 2018)

Medicines are expected to meet the health needs of the Muslim community in Indonesia, but with so many industries creating medicinal products, this certainly causes competition. The inclusion of a halal label on a product can affect people's perceptions, such as buying decisions. Muslim communities will feel calm and safer in using these products (Endah, 2014). Public perception of halal certification of drugs is expected to illustrate that halal certification is important in all fields and can provide an overview for the public to be more careful in buying products, especially drugs.

The purpose of the study was to find out how the public's perception of halal drug certification and whether there was a relationship between the level of knowledge and the perception of drug halal certification.

MATERIALS AND METHOD
Methods
1.   Validate the online questionnaire

A structured (online) questionnaire consisting of 4 parts, namely the identity of the respondent, knowledge of alcohol in drugs, public perception of drug halal certification, and drug consumption behavior. There are 3 factors analyzed for validation, namely validity, reliability, and normality. Based on the results of the study, for the validity of the knowledge about alcohol section there are 5 questions, the

perception section of drug halal certification has 3 questions and the drug consumption behavior section has 6 questions that have an r value > r table, so the questions on the questionnaire are declared valid. Furthermore, the reliability of the questionnaire for the 3 parts of the questionnaire obtained an alpha coefficient value exceeding 0.6 then the questionnaire was declared reliable. And the last is normality which compares the knowledge and perception variables as well as perception and behavior variables from the research results obtaining a significance value of more than 0.05 then the data is declared normally distributed (Ghozali, 2011).

2. Sampling

The sampling technique used was the purposive sampling technique with certain considerations. The sample size according to Roscoe (Sugiyono, 2012) is more than 30 and less than 500 appropriate for research. The research subjects were obtained as many as 102 respondents with the criteria of male or female respondents aged 15-64 years, Muslim, the last education was at least SMA/SMK because the respondents already had good knowledge and experience in consuming drugs, could use the internet well and had experience using OTC drugs.

Data Analysis

1. Univariate analysis

It is an analysis that has the purpose of explaining the characteristics of each research variable (Notoatmodjo, 2014). This analysis resulted in the distribution of the frequency and percentage of each variable, both independent variables (knowledge and perception), the dependent variable (behavior), and the controlled variable (social demographic characteristics).

2. Bivariate analysis

Bivariate analysis is used to test the correlation between variables, both independent and dependent variables, known by using a linearity test to find out whether the level of knowledge variable affects the perception variable and find out whether the perception variable affects the consumption behavior variable.

RESULT AND DISCUSSION

1. Social Demographic Characteristics

Socio-demographic characteristics are characteristics that describe community differences based on age, gender, occupation, education, religion, ethnicity, income, family type, marital status, geographic location, and social class (Kotler and Armstrong, 2008). The results of data collection obtained 109 respondents. which was then selected based on the inclusion criteria, from 109 respondents there was 1 respondent with the number 75 which did not include the criteria, namely the respondent had never bought and consumed OTC drugs, and the respondent's data number 75 could not be used. In addition, respondents no. 19, 20, 26, 42, 73, and 99 also did not meet the inclusion criteria because they were religious other than Islam, therefore the data was also not used. Based on table I, there were 102 respondents obtained from online questionnaires, most of them 78 (76.5%) were female respondents, the majority of 102 (100.0%) respondents were Muslim, all 102 (100%) respondents came from the Java region, the majority of 99 (97.1%) respondents were in the range of 17-25 years, while for work most of 92 (90.2%) were students, the education of most respondents was high school/vocational high school graduates, namely 68 (66.7%) and the majority of 51 (50.0%) respondents earn less than 1 million.

Table I. Socio-demographic characteristics of respondents

Socio-demographic character	Frequency	Percentage
Gender		
Female	78	76.5
Male	24	23.5
Religion		
Moslem	102	100.0
Domicile		
Java	102	100.0
Age		
17-25 years old	99	97.1
26-35 years old	2	2.0
36-45 years old	1	1.0
Job		
Students	92	90.2
Government employees	3	2.9
Self-employed	4	3.9
Entrepreneur	1	1.0
Housewife	1	1.0
Students and workers	1	1.0
Education		
SMA/SMK	68	66.7
S1	30	29.4
Diploma	4	3.9
Income		
Less than 1 million	51	50.0
1-3 million	43	42.2
3-5 million	5	4.9
More than 5 million	3	2.9
Total	102	100

Based on the 102 respondents, the results showed that for the independent variable (knowledge) an average of 65 (63.7%) had good knowledge about alcohol in drugs, and for the independent variable (perception) an average of 66 (64.7%) had a good perception of drug halal certification. As for the dependent variable (behavior), it was found that an average of 66 (64.7%) had good behavior related to drug consumption.

Table II. Variable frequency

Variable	Categories		
Knowledge	High (%)	Moderate (%)	Low (%)
	19 p (18.6%)	65 (63,7%)	18 p (17.6%)
Perception	Good	-	Bad
	66 p (64.7%)		36 p (35.3%)
Behavior	Good	-	Bad
	66 p (64.7%)		36 p (35.3%)

*p: person

2. The relationship between the level of knowledge on the perception of halal certification

Research (Pramintasari and Fatmawati, 2017) states that knowledge has an effect on halal food products and research (Sadeeqa *et al.*, 2013) in Malaysian society which states that behavior has a significantly weak relationship with halal medicinal products ($r = 0.156$, p 0.36) and the level of knowledge has a significant relationship with halal medicinal products ($r = 0.440$, $p = 0.36$). This is evident from the results of the linearity test in table III where the level of knowledge has a linear relationship (sig value 0.168 > 0.05) significantly (f value 1.557 < 2.20) to respondents' perceptions of halal drug certification, as well as perceptions of drug halal certification. also has a linear relationship (sig value 0.119 > 0.05) significantly (f value 1.805 < 2.31) on the respondent's drug consumption behavior.

Table III. Linearity test between variables

Variable	Significance	F count	F table	Information
Knowledge level (x) and perception of drug halal certification (y)	0.168	1.557	2.20	Significantly linear
Perception of drug halal certification (x) and consumption behavior (y)	0.119	1.805	2.31	Significantly linear

Hasil penelitian ini sejalan dengan penelitian (Mashitoh, Rafida and Alina, 2013) yang menyebutkan bahwa semakin tinggi kesadaran halal maka semakin meningkat kebutuhan akan sertifikasi halal. Maka dapat disimpulkan bahwa semakin baik tingkat pengetahuan maka semakin baik persepsi terhadap sertifikasi halal dan semakin baik persepsi terhadap sertifikasi halal obat maka semakin baik perilaku konsumsi responden.

CONCLUSION

Public perception of drug halal certification is good (64.7%) and the better the level of knowledge, the better the perception of drug halal certification (significantly linear).

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