THE EFFECT OF RELIGIUSITY, KNOWLEDGE, PERCEPTION, AND ATTITUDE OF MUSLIM DOCTORS ON INTENTIONS AFFECTING BEHAVIORAL CHANGES FROM CONVENTIONAL PHARMACEUTICAL USE TO HALAL HERBAL PHARMACEUTICALS IN INDONESIA

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ABSTRACT
Background: in the spirit of maintaining health and looking for drugs to cure a disease, the question of halal and haram still needs to be answered. Finding and choosing halal medicine is a must for all Muslims. Staying away from what is haram is also our responsibility. This coincides with the words of the Prophet Muhammad SAW "Seeking halal is obligatory for every Muslim" the hadith narrated by ibn Qadamah. Objective: To determine the influence of religiosity, knowledge, perception, and attitude of Muslim doctors on intentions that affect behavior change from using conventional pharmacy to halal pharmacy. herbs in Indonesia. Methods: Using an online survey that was distributed to all Muslim doctors in Indonesia. Result: Religiosity has a significant effect on attitudes, perceptions and intentions so that they are able to change the behavior of Muslim doctors from using conventional pharmacy to halal herbal pharmacy. Knowledge alone will not be able to change the behavior of Muslim doctors in the context of this study. Conclusion: It is necessary to increase religiosity that can encourage a Muslim doctor to change the habit of using conventional pharmaceutical products into halal herbal medicines in Indonesia.
Keywords: Religiusity, Knowledge, Perception, Attitude, Halal Herb Pharmacy, Indonesia

INTRODUCTION

The rapid advancement of technology recently is of great concern to the author. Without halal food, the damage caused by real technological advances will occur in front of our eyes. Damage to one's soul and body by consuming haram food will trigger someone to do bad things. With today's technological advances, if bad deeds occur, it will have a lot of damage on this earth. Eating halal food is an obligation for every Muslim. This obligation is as stated in the following Qur'an:

فَكُلُوا۟ مِمَّا رَزَقَكُمُ ٱللَّهُ حَلَٰلًا طَيِّبًا وَٱشْكُرُوا۟ نِعْمَتَ
ٱللَّهِ إِن كُنتُمْ إِيَّاهُ تَعْبُدُونَ ﴿١١٤﴾

“Then eat of what Allah has provided for you [which is] lawful and good. and be grateful for the favors of Allah, if you only worship Him” (Surah An-Nahl: 114)[1]

ٱلَّذِينَ يَتَّبِعُونَ ٱلرَّسُولَ ٱلنَّبِيَّ ٱلْأُمِّيَّ ٱلَّذِي يَجِدُونَهُۥ مَكْتُوبًا
عِندَهُمْ فِي ٱلتَّوْرَىٰةِ وَٱلْإِنجِيلِ يَأْمُرُهُم بِٱلْمَعْرُوفِ وَيَنْهَىٰهُمْ
عَنِ ٱلْمُنكَرِ وَيُحِلُّ لَهُمُ ٱلطَّيِّبَٰتِ وَيُحَرِّمُ عَلَيْهِمُ
ٱلْخَبَٰٓئِثَ وَيَضَعُ عَنْهُمْ إِصْرَهُمْ وَٱلْأَغْلَٰلَ ٱلَّتِي كَانَتْ عَلَيْهِمْ ۚ
فَٱلَّذِينَ ءَامَنُوا۟ بِهِۦ وَعَزَّرُوهُ وَنَصَرُوهُ وَٱتَّبَعُوا۟ ٱلنُّورَ ٱلَّذِىٓ أُنزِلَ
مَعَهُۥٓ ۙ أُو۟لَٰٓئِكَ هُمُ ٱلْمُفْلِحُونَ ﴿١٥٧﴾

(i.e.) those who follow the Messenger, the unmistakable Prophet whose (name) they find written in the Torah and the Gospel that is with them, who orders them to do what is right and forbids them from doing what is evil and makes lawful for them. everything that is good and forbids them everything that is bad and removes from them the burdens and the fetters that are on them. So those who believe in him. glorify him, help him and follow the bright light that was sent down to him (the Quran), they are the lucky ones. (Q.S. Al-A'raf: 157)[1]

Islam prioritizes the welfare and health of its people. Therefore, in terms of health, Muslims are required to keep their bodies entrusted by Allah SWT to always be in good health. Muslims are obligated to find a cure when they are infected with a disease. A healthy body will create a creative and intelligent mind, and also with a healthy body we will feel comfortable to worship and do our daily tasks. In fact, Muslims are required to have a strong and healthy body to fulfill our responsibilities as the caliph of Allah on earth. Shaykh Nawawi Al-Bantani in his book Nashoihul Ibad says:

مَنْ تَرَكَ اَلذُّنُوْبَ رَقَّ قَلْبُهُ وَمَنْ تَرَكَ الحَرامَ وَاَكَلَ الْحَلَالَ صَفَتْ فِكْرَتُهُ.

"Whoever wants to leave a sinful act, then his heart will become soft, and whoever leaves the action that has been forbidden (by Allah) and eats halal food, then his mind will be clear."[2]

The effect of halal food on the body as stated in the Qur'an Surah Al-Mu'minun verse 51 is that it can maintain the goodness of the human soul which is essentially holy (fitrah) as it was just born in the world. Consuming halal food means that humans are in order as servants of God that have ever

happened in the womb (the realm of the spirits). There he promised that Allah is our Lord who governs all affairs on earth.

However, in the enthusiasm to take care of our health and find a cure to cure a disease, the question of halal and haram still needs to be addressed. Finding and choosing halal medicine is a must for all Muslims. Staying away from haram is also our responsibility. This coincides with the words of the Prophet Muhammad "Seeking halal is obligatory for every Muslim" hadith narrated by ibn Qadamah.[3]

Some of the halal and haram issues in medicine have become an interesting topic to date. This is especially the case where drugs containing najis or haram products such as alcohol, drugs, products from pigs, and cows are also a concern. Muslims in Indonesia are concerned about these issues because they involve questions of halal and haram which are fundamental in Islam.

The word Halal comes from Arabic which means allowed or not prohibited to be used in Islam. According to the Quran, all good and clean food is halal. Therefore, almost all food sources from plants and animals are halal except for animals which are haram for consumption. Haram means not permitted or forbidden to be used in Islam. Some foods that are prohibited in Islam include corpses, blood, pigs, intoxicants and others. In addition, products that have been contaminated with haram sources are also prohibited.[4]

METHODS

The type of study design is a quantitative design with a correlational type of research. This quantitative design is appropriate, because it is an empirical research and the data obtained are formed something that can be calculated. Quantitative research also pays attention to the collection and analysis of data in numerical form. This correlational research method translates data into numbers to analyze the findings. This survey was conducted online using a google form questionnaire that has been designed and distributed in physician communication groups in Indonesia. The total population of general practitioners in Indonesia who are registered with the

KKI is 140,291. By using the Slovin formula, the required sample is 399 people. Data analysis was processed using Smart PLS 3.0.

The questions that were distributed had 6 aspects of the variables measured, namely religiosity, knowledge, attitudes, perceptions, intentions and behavior. The questions are as in table 1 below.

Table 1. Description of Research Instruments and Indicators of Each Variable Included the Questions in the Questionnaire

No.	Variable/Sub-Variable (if any)	Indicator	Descriptor	Number of	Number	Statement
1	Religiosity	(IR-1) Religious Identity	Definition of a person as an individual who is different in behavior, belief and attitude in religion	3	1,2,3	Being a Muslim is important to me
						I see myself as a real Muslim
						When I hear other people say bad things about Muslims, I feel sick
		(KR-1) Religious Belief	The degree to which a person can accept dogmatic things in his religion	6	4,5,6,7,8 ,9	I believe in Allah
						I believe in Angels
						I believe in His books
						I believe in His Prophet
						I believe in the Day of Judgment
						I believe in heaven and hell
		(PM-1) Eating Practices The	actions of a Muslim towards food are influenced by perception, knowledge of food	2	10.11	I am fasting Ramadan which is prescribed by Islam
						I consume Halal and Thoyyib food which is taught by religion a Islam
		(RI-1) Ritual of Worship	A certain behavior that is formal in nature and is carried out at a certain time in a different way according to the religion adopted	5	12,13,14,15,16perform	Ithe obligatory prayers that are prescribed by Islam on time
						I pay tithe
						I sacrifice during Eid al-Adha
						IHajj and Umrah whencan
						performII always pray to Allah in my daily activities
2	Knowledge	(AF-1) Al-fathonah	Intelligent, has good knowledge in Islamic matters and medicine	8	17,18,19 ,20,21,22,23,24	I am aware of the term / word "Halal"
						I am aware of the term / word "Haram"
						I am aware of the term / word "Halal herbal pharmacy"
						I know that dead animals, blood, pork and Alcohol are Haram for Muslim to use in any form (food, medicine etc).
						I know that the ingredients of some drugs/medicines

						come from porcine and dead animals.
						I know that resources are available to offer halal herbal remedies.
						I know that it is an ethical obligation for a practitioner to take consent from a patient before prescribing any medicine that has non-Halal ingredients.
						I know that most doctors are aware of the presence of banned animal-derived ingredients in drugs.
3	Attitudes	(M-1) Mujlah	Discuss using rational logic with correct arguments according to Islam and medical science	4	25,26,27,28	I discuss with patients about illegal drugs / Haram.
						I educate patients about Halal ingredients.
						I take consent from the patient, if I know the drug is non-Halal.
						I recommend purchasing the Halal alternative, which may be more expensive.
		(T-1) Tasamuh	A commendable attitude in interacting between Muslims where there is mutual respect between fellow human beings within the limits outlined by Islamic teachings	2	29,30	I pay attention to the patient's religious beliefs when designing a treatment regimen.
						I try to explain the benefits of halal medicine to non-Muslim patients even though the patient will use non-halal treatment
		(W-1) Wara'	Caution, and leave the doubtful (*syubhat*)	2	31,32	I am trying to find an alternative available Halal medicine.
						I prefer Halal medicines in my practice.
		(A-1) At-Tabligh	Delivering religious and medical teachings thoroughly and wisdom	2	33.34	I provide good information about sources & medicinal ingredients for patients
						I recommend the use of halal drugs topatients
		Ash-Shidqu	Deliver honestly	2	35.36	I feel a moral obligation to disclose appropriate sources of non-Halal ingredients to patients (eg alcohol in syrup/elixir and gelatin in capsules).
						I am obliged to give an explanation regarding the harmful effects of illicit drugs for health.
4	Perception	(Al-1) Al-istiwa	Putting things in the right place (straight)	4	37,38,39,40	Patients have the right to ask for information about the source and ingredients of drugs.
						It is important for the doctor to explain as much about the source and ingredients of the drug as possible and encourage the patient to ask questions.
						It is not common practice to inform patients about

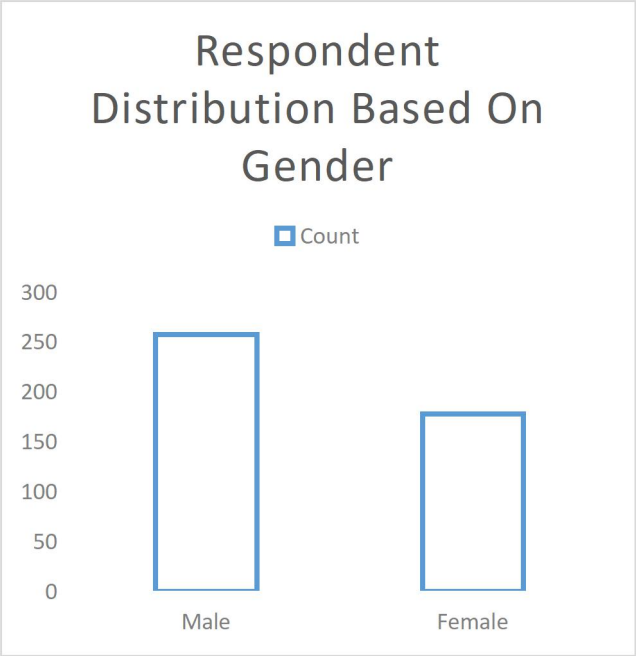
						the source of drugs.
						Drug manufacturers must provide receptors with a list of their products containing ingredients of animal origin
		(AM-1) Al-Mujtahid	Diligent in seeking knowledge that is beneficial to others	2	41,42	Physicians should be educated about the sources of drugs.
						Muslim doctors must have curiosity and research more deeply about the halalness of drugs
		(AH-1) Al-Hikma	Full of wisdom	2	43,44	The patient's religious beliefs need to be considered when prescribing drugs.
						Wise in choosing halal drugs according to the patient's financial capacity
		(S-1) Syamil	Careful	2	45,46	Pharmaceutical manufacturers must be sensitive to patient needs and if possible must produce Halal drugs.
						Drug companies must mark drug packaging clearly with Halal/non-halal labels that are easy to find.
		(AS-1) Al-istinbath-awareness	Selfin action	2	47.48	Clear and well-defined guidelines are the need for health professionals to navigate religious conflicts.
						Muslim doctors need to define medical needs and explore the existence of Halal alternatives
5.	Intention	(AQ-1) Al-Qoshdu Strong	will or desire to carry out Islamic religious law	2	49,50	I have a strong desire to provide halal herbal medicine to patients
		(IK -1)	intend to unite Allah Subhanahu wa Ta'ala in carrying out Islamic law			Sincerity I sincerelyl am sincere in giving halal herbal medicines to patients solely because of Allah SWT
1.	Behavior	(AK-1) Akhlakul Karimah	Behave commendable among human beings	2	51,52	I give halal herbal medicines as a form of commendable behavior between humans
		(AM-1)	Trustworthy Trustworthy			I provide valid and reliable information about halal herbal medicines that will be given

Data The data collection method used in this study was using an online questionnaire. Questionnaires in this study by providing or distributing a list of questions to respondents, in the hope that they will respond to the list of questions. The questions in the questionnaire use a Likert scale, namely "Strongly Agree, Agree, Hesitate, Disagree and Strongly Disagree". The values for the scale are: Strongly disagree (1), Disagree (2), Doubtful (3), Agree (4), Strongly Agree (5)

RESULTS

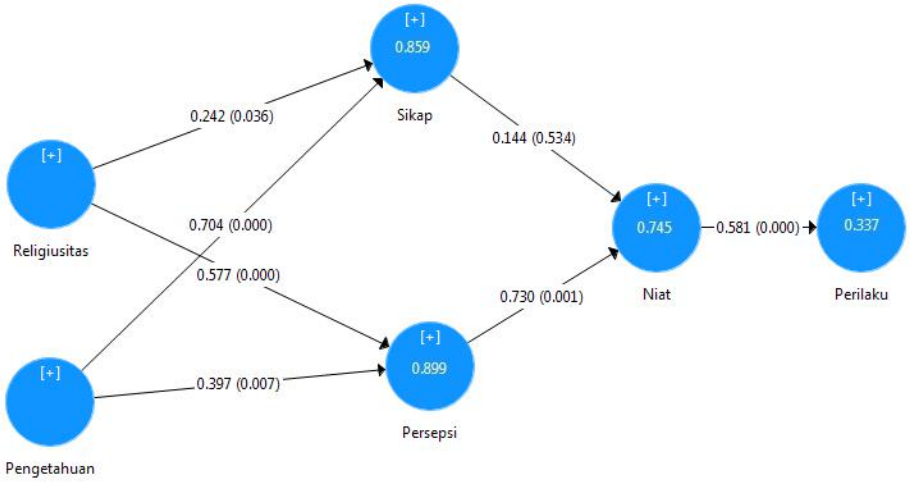
Overview of Research Respondents

The general description of the respondents are all Muslim doctors who are registered with the Indonesian KKI and are willing to fill out questionnaires that have been distributed on dr.amaliatriutami's Instagram and several telegram groups. specifically for doctors throughout the territory of the Republic of Indonesia. Then from the respondents, the demographic description of respondents based on gender is described in graphic 1. Which is male respondents are 257 and female respondents are 178. So the total of respondents are 435 muslim doctors.



Graphic 1. Distribution of Respondents by Gender

And from the distribution of the age we found that 96.8% respondents are in 20-50 years old, only 3.2% is above 50 years old. And for the location that the respondents work are in the clinic (38.8%), Independence practice (37.5%) and hospital (23,7%).



Graphic 2. Path Analysis for Output Result

For hypothesis testing, it can be seen from the probability value and the t-statistics value. The statistical value used is 5% alpha so that the t-statistic value is 1.96. So the acceptance criteria if Ha is accepted and Ho is rejected when t-statistics > 1.96. To reject or accept the hypothesis using probability then Ha is accepted if the p value <0.05. Based on the empirical data used in this study, it is possible to test the hypothesis through path coefficients and T statistics and P-Value.

a) Direct *Effect* of Exogenous Variables on Endogenous Variables

This direct effect shows the direct effect of exogenous variables on endogenous variables without involving mediating variables.

Table 2. *Direct Effect*

No	Effect of	Path Coefficient	Y statistics	P Value	Note
1.	W1 → X1	0.242	2.108	0.036	Significant
2.	W1 → X2	0.577	3.913	0.000	Significant
3.	W2 → X1	0.704	6.099	0.000	Significant

4.	**W2 → X2**	**0.397**	**2.721**	**0.007**	**Significant**
5.	**X1 → Y1**	**0.644**	**2.623**	**0.034**	**Significant**
6.	**X2 → Y1**	**0.730**	**3.351**	**0.001**	**Significant**
7	**Y1 → Z1**	**0.581**	**10,795**	**0.000**	**Significant**

The results of hypothesis testing are presented as follows:

H1: Religiosity (W1) affects the attitude of Muslim doctors (X1)

The estimation results of the *inner* model for the direct influence of religiosity on attitudes show a p value (p-value) of 0.036, where the value is smaller than alpha 0.05, so it can be concluded that there is a *direct effect* which is positively significant between religiosity on attitudes of 0.242. The positive influence of religiosity on attitudes can be interpreted that the higher the religiosity, the higher the attitude. On the other hand, the lower the religiosity, the lower the attitude. These results indicate that the hypothesis is accepted.

H1: Religiosity (W1) affects the perception of Muslim doctors (X2)

The estimation results of the *inner* model for the direct influence of religiosity on perception show a p value (p-value) of 0.000, where the value is smaller than alpha 0.05, so it can be concluded that there is the *direct effect* which is positively significant between religiosity on perception is 0.577. The positive effect of religiosity on perception can be interpreted that the higher the religiosity, the higher the perception. On the other hand, the lower the religiosity, the lower the perception. These results indicate that the hypothesis is accepted.

H1: Knowledge (W2) affects the Attitude of Muslim Doctors (X1)

The estimation results of the *inner* model for the direct effect of knowledge on attitudes show a p value (p-value) of 0.000, where the value is smaller than alpha 0.05, so it can be concluded that there is the *direct effect* which is positively significant between knowledge and attitude is 0.704. The positive

effect of knowledge on attitudes can be interpreted that the higher the knowledge, the higher the attitude. On the other hand, the lower the knowledge, the lower the attitude. These results indicate that the hypothesis is accepted.

H1: Knowledge (W2) affects the perception of Muslim doctors (X2)

The estimation results of the *inner* model for the direct effect of knowledge on perception show a p value (p-value) of 0.007, where the value is smaller than alpha 0.05, so it can be concluded that there is a the *direct effect* which is positively significant between knowledge and perception is 0.397. The positive effect of knowledge on perception can be interpreted that the higher the knowledge, the higher the perception. On the other hand, the lower the knowledge, the lower the perception. These results indicate that the hypothesis is accepted.

H1: Muslim Doctor's Attitude (X1) has an effect on Intention (Y1)

The estimation results of the *inner* model for the direct effect of attitude on intention show a p value (p-value) of 0.034, where the value is smaller than alpha 0.05, so it can be concluded that there is a a significant *direct effect* between attitudes towards intentions. In other words, the influence between attitudes towards intentions is 0.644, so that high or low attitudes affect the level of intention. These results indicate that the hypothesis is accepted.

H1: Perception of Muslim Doctors (X2) has an effect on Intention (Y1)

The estimation results of the *inner* model for a direct influence between perception on intention show a p value (p-value) of 0.001, where the value is smaller than alpha 0.05, so it can be concluded that there is a the *direct effect* which is positively significant between perceptions of intentions is 0.730. The positive effect of perception on intention can be interpreted that the higher the perception, the higher the intention. On the other hand, the lower the perception, the lower the intention. These results indicate that the hypothesis is accepted.

H1: Intention (Y1) has an effect on behavior (Z1)

The estimation results of the *inner* model for the direct effect of intention on behavior show a p value (p-value) of 0.000, where the value is smaller than alpha 0.05, so it can be concluded that there is a direct influence (*direct effect*) which is positively significant between intention and behavior is 0.581. The positive influence of intention on behavior can be interpreted that the higher the intention, the higher the behavior. On the other hand, the lower the intention, the lower the behavior. These results indicate that the hypothesis is accepted.

b) Indirect*Effectindirect effect*of Exogenous Variables on Endogenous Variables

It shows the magnitude of the direct effect of exogenous variables on endogenous variables by involving mediating variables.

Table 3. Indirect Influence*(SpecificIndirect Effects)*

No	Effect	Coefficient Line	Y statistics	P Value	Note
1.	W1 → X1 → Y1	0.035	0.513	0.608	Not Significant
2.	W1 → X2 → Y1	0.421	2.983	0.003	Significant
3.	W2 → X1→ Y1	0.401	2.601	0.048	Significant
4.	W2 → X2 → Y1	0.289	1.752	0.080	Significant
5.	X1 → Y1 → Z1	0.084	0.604	0.546	Not Significant
6.	X2 → Y1 → Z1	0.424	3.263	0.001	Significant
7.	W1 → X1 → Y1 → Z1	0.020	0.503	0.615	Not Significant

8.	**W1 → X2 → Y1 → Z1**	**0.244**	**2.977**	**0.003**	**Significant**
9.	**W2 → X1 → Y1 → Z1**	**0.059**	**0.578**	**0.564**	**Not Significant**
10,	**W2 → X2 → Y1 → Z1**	**0.168**	**1.705**	**0.089**	**Significant**

H1: Religiosity (W1) has an indirect effect on Muslim Doctors' Intentions (Y1) through Attitude (X1)

Path coefficient value for indirect influence between religiosity through the attitude towards the intention of 0.035 shows a p value of 0.608 which is greater than 0.05, so it can be concluded that the indirect effect between religiosity through attitude towards intention is not significant. In other words, high or low religiosity has no significant effect on increasing or decreasing attitudes, it will also have no effect on increasing or decreasing intentions. The hypothesis is rejected.

H1: Religiosity (W1) has an indirect effect on Muslim Doctors' Intentions (Y1) through Perception (X2)

The path coefficient value for an indirect effect between religiosity through the perception of the intention of 0.421 shows a p value of 0.003 which is smaller than 0.05, so it can be concluded that the indirect effect between religiosity through the perception of intention is significant. In other words, the higher the religiosity, it will affect the increase in perception, so that with the increase in perception it will increase the intention. On the other hand, the lower the religiosity, the lower the perception will be, so that the lower the perception will lower the intention. The hypothesis is accepted.

H1: Knowledge (W2) has an indirect effect on Muslim Doctors' Intentions (Y1) through Attitude (X1)

The path coefficient value for the indirect effect between knowledge through attitudes towards intentions is 0.401, indicating a p value of 0.048 which is smaller than 0.05, so it can be concluded concluded that the indirect effect of

knowledge through attitudes on intentions is significant. In other words, high or low knowledge has a significant effect on increasing or decreasing attitudes, this will also have an effect on increasing or decreasing intentions. The hypothesis is accepted.

H1: Knowledge (W2) has an indirect effect on Muslim Doctors' Intentions (Y1) through Perception (X2)

The path coefficient value for the indirect effect between knowledge through the perception of intention of 0.289 shows a p value of 0.080 which is greater than 0.05, so it can be concluded that the indirect effect of knowledge through perception of intention is not significant. In other words, high or low knowledge has no significant effect on increasing or decreasing perception, it will also have no effect on increasing or decreasing intention. The hypothesis is rejected.

H1: Attitude (X1) has an indirect effect on the behavior of Muslim doctors (Z1) through intentions (Y1)

The path coefficient value for the indirect effect between attitudes through intention to behavior of 0.084 shows a p value of 0.546 which is greater than 0.05, so it can be concluded that the indirect effect between attitudes through intention to behavior is not significant. In other words, high or low attitude, has no significant effect on increasing or decreasing intention, it will also have no effect on increasing or decreasing behavior. The hypothesis is rejected.

H1: Perception (X2) has an indirect effect on the behavior of Muslim doctors (Z1) through Intention (Y1).

The path coefficient value for the indirect effect between Perception through intention on behavior is 0.424, indicating a p value of 0.001 which is smaller than 0.05, so it can be concluded concluded that the indirect effect of perception through intention on behavior is significant. In other words, the higher the perception, it will affect the increase in intention, so that with the increase in intention it will increase behavior. On the other hand, the lower the

perception, the lower the intention, so that the lower the intention will also reduce the behavior. The hypothesis is accepted.

H1: Religiosity (W1) has an indirect effect on Behavior (Z1) through Attitude (X1) and Intentions of Muslim Doctors (Y1)

Path coefficient value for indirect influence between religiosity through attitudes and intentions towards behavior of 0.020 shows a p value of 0.615 which is greater than 0.05, so it can be concluded that the indirect effect between religiosity through attitudes and intentions towards behavior is not significant. In other words, high or low religiosity has no significant effect on increasing or decreasing attitudes and intentions, it will also have no effect on increasing or decreasing behavior. The hypothesis is accepted.

H1: Religiosity (W1) has an indirect effect on Behavior (Z1) through Perception (X2) and Intentions of Muslim Doctors (Y1).

The path coefficient value for the indirect influence between religiosity through perception and intention on behavior is 0.244, indicating a p value of 0.003 which means smaller than 0.05, so it can be concluded that the indirect effect of religiosity through perceptions and intentions on behavior is significant. In other words, the higher the religiosity, it will have an effect on increasing perceptions and intentions, so that with increased perceptions and intentions it will increase behavior. On the other hand, the lower the religiosity, the lower the perception and intention, so that the lower the perception and intention will reduce behavior. The hypothesis is accepted.

H1: Knowledge (W2) has an indirect effect on Behavior (Z1) through Attitude (X1) and Intentions of Muslim Doctors (Y1)

Path coefficient value for indirect influence between knowledge through attitude and intention to behavior of 0.059 indicates a p value of 0.564 which is greater than 0.05, so it can be concluded that the indirect influence between knowledge through attitude and intention to behavior is not significant. In other words, high or low knowledge has no significant effect on increasing or

decreasing attitudes and intentions, it will also have no effect on increasing or decreasing behavior. The hypothesis is rejected.

H1: Knowledge (W2) has an indirect effect on Behavior (Z1) through Perception (X2) and Intentions of Muslim Doctors (Y1)

The path coefficient value for the indirect effect between knowledge through perception and intention on behavior is 0.168 indicating a p value of 0.089 which greater than 0.05, so it can be concluded that the indirect effect between knowledge through perception and intention on behavior is not significant. In other words, high or low knowledge has no significant effect on increasing or decreasing perceptions and intentions, it will also have no effect on increasing or decreasing behavior. The hypothesis is rejected.

DISCUSSION

Patient care is largely thought to involve only the correct application of medical science to disease. Today, however, "an ounce of prevention" is often better than "a pound of intervention." Religious issues do carry their weight and importance for health outcomes. However, an important question in providing the best quality health care is “how can we offer our patients, with their rich diversity of religious backgrounds, care that is both spiritually nurturing and culturally competent? Overcoming problems related to Halal and Haram in the use of drugs can be the first step in providing competent and rational health services.

Intrinsic religiosity of Muslim doctors and awareness of halal pharmacy. Religion is an interesting topic for researchers and practicing social scientists who want to uncover a person's consumption habits, well-being and life in general. Religiosity as a measure of the extent to which people hold and practice beliefs in certain religious values and ideas has been used to operationalize religious constructions.[7-10] Muslim doctor religiosity researchers are very interested in understanding how religiosity affects a doctor's desire to change the use of conventional properties to halal herbs because most of them consider desire and property acquisition to determine a person's quality of life.[5,6]

Religiosity is reported to have a significant influence on various behavioral dimensions of Muslim doctors, including determining their tendency to adopt new products.[11] Religiosity is defined as belief in God accompanied by a commitment to follow the principles that are believed to have been set by God. So religiosity is related to one's faith in God and the extent to which the person takes the path that is considered determined by God.[12]

Religiosity is a multidimensional concept that involves beliefs, practices, knowledge, experience and the influence of these elements in daily activities. In his view based on Islam, the level of religiosity is generally assessed in a more subtle way, such as the frequency with which a person prays. The most pious Muslims pray the five prescribed times throughout the day and adhere to the principles of Sharia and Sunnah.[13]

The next level of being a pious person includes people who observe the five daily prayers but sometimes they miss one prayer time if they are busy (and balance it at different times) and adhere to some aspects of Sharia and Sunnah. At the third level, people are said to be quite taqwa if they do not pray continuously every day, sometimes pray in the mosque if they are men, know many aspects of the Shari'a and carry out some provisions. The last level is people who are less taqwa. Such people are only allowed to pray twice a year as in the context of major religious events (Eid al-Adha and Eid al-Fitr), and only follow the main aspects of the Shari'a, such as fasting during the month of Ramadan.[14]

Religion determines the way humans understand the purpose of life and responsibility towards themselves, others and God. Thus, a person's religious motivation has internal and external dimensions. Internally, people have a religious identity; religious development goals; and religious attitudes, values, and beliefs. Externally, religion can be expressed by religious affiliation, worship services, membership in a religious community, or attending religious events.[15]

This research is more focused on the internal dimension of religiosity because awareness of consuming halal products is more determined by belief in religious teachings. In accordance with Islamic law, a Muslim is obliged to carry out what is stated in the Qur'an and the Hadith of the Prophet

Muhammad. One of them is a set of rules about food. In this law, Muslims must consume halal food and avoid haram food. When someone deeply internalizes religious teachings, morals and values play a dominant role in determining the identity and self-concept of the individual.

People with a strong intrinsic religious commitment will find religious beliefs to be very important to them because they can answer questions about the meaning of life, influence all relationships in life and be a part of life's success. Such people will also find it important to spend a lot of time raying and thinking about religion. Market events that are deemed objectionable, offensive, unethical, or Contrary to the consumer's identity will be considered negative.[16]

Highly religious consumers will evaluate the world through religious schemes and will thus integrate their religion into most of their lives. If followers are very receptive to their religious doctrines, they tend to adhere to the rules and codes of ethics set by their religious doctrine, for example only eating halal products, attending worship regularly on holy days and strictly practicing religious practices and group membership. On the other hand, if their belief in religious teachings is weak, they may feel free to behave in other ways. Consumers who are very religious tend to be more disciplined in their daily activities, so the impulsive tendency when buying is low there.[17-18]

CONCLUSION

This study was conducted to evaluate the religiosity, knowledge, attitudes, perceptions, and intentions of Muslim doctors about the behavior of using conventional pharmacy to halal herbal. The intensive literature review found no such studies conducted on the issues surrounding halal medicines among the general public. Medicines have become a necessity now to maintain health. There are usually three players in this context, doctors, pharmacists and consumers.

Consumers usually cannot judge which drug is right for them. This is then the role of Muslim doctors to choose the most suitable drug for their patients by keeping the patient's religious beliefs in mind. An important aspect of consideration when prescribing a drug regimen is the aspect of religiosity. This is evident from the direct or indirect relationship to behavior change.

When knowledge alone without the aspect of religiosity, a person is unable to act to use halal herbal pharmacy.

Each individual has a different view of treatment, including the use of certain inactive ingredients in medicines. However, most patients are not aware of these ingredients in their medications. Muslim doctors and pharmacists must be proactive and not leave the patient to start the conversation. Since patients have the right to make informed decisions about their medical care, it is important that care providers involve patients when making treatment decisions.

CONFLICT OF INTEREST

The Authors declare that there is no conflict of interest.

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