

# Intention to Use Prophetic Medicine as Halal Therapeutics in Indonesia; An Extended TPB Approach

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## ABSTRACT

**Purpose:** This study aims to analyze the factors influencing Indonesian society's intention to use prophetic medicine by developing an extended Theory of Planned Behavior (TPB) framework incorporating religiosity, halal knowledge, and health consciousness.

**Methodology:** This study employs a quantitative approach using Partial Least Squares–Structural Equation Modeling (PLS-SEM). Data were collected from 467 Muslim respondents across various provinces in Indonesia to test the proposed model

**Results:** The findings indicate that religiosity, halal knowledge, and health consciousness significantly influence attitudes toward prophetic medicine. Attitude, subjective norms, and perceived behavioral control significantly predict intention to use prophetic medicine. Mediation analysis confirms that attitude mediates the effects of religiosity, halal knowledge, and health consciousness on behavioral intention.

**Conclusion:** The extended TPB model effectively explains Muslim consumers' intention to use prophetic medicine, with attitude playing a central role.

**Implications:** Stakeholders should promote halal therapeutics by strengthening attitudes through religious values, halal knowledge, and health-oriented communication.

**Originality:** This study extends TPB by integrating religiosity, halal knowledge, and health consciousness in the underexplored context of prophetic medicine.

## ARTICLE INFO

### Keywords:

*prophetic medicine; halal therapeutics; muslim consumers; health behavior; halal industry.*

### Article info :

*Received September 30, 2025*

*1<sup>st</sup> revision November 26, 2025*

*2<sup>nd</sup> revision December 30, 2025*

*Accepted January 07, 2026*

*Available online April 24, 2026*

*Published April 24, 2026*

**JEL Code:** I12, I15, Z12, M31

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## INTRODUCTION

Prophetic medicine, or Thibbun Nabawi, refers to a traditional Islamic medical system derived from the healing methods and health guidance taught and practiced by Prophet Muhammad (Nolan-Thomas, 2023). These practices encompass both physical and spiritual therapies, including cupping therapy (*hijama*), *ruqyah*, and the use of natural remedies such as honey, dates, black seed (*habbatussauda*), Zamzam water, black cumin, rose water, wheat decoction, fruit vinegar, and other treatments adapted to local wisdom (Muntazhiroh, 2018; Saeed et al., 2021; Tambusai, 2013; Zainnurrofiq et al., 2024). In contemporary discourse, prophetic medicine is increasingly framed as halal therapeutics, as it is grounded in Islamic teachings, utilizes halal and natural ingredients, integrates physical healing with spiritual well-being, and explicitly excludes elements of *shirk*, impurity, or prohibited substances (Masruri et al., 2021; Nolan-Thomas, 2023; Saeed et al., 2021). This positioning aligns prophetic medicine with Shariah-compliant healthcare principles and the broader ethical foundations of Islamic medicine.

Despite strong religious endorsement and widespread recognition among Muslim communities, the utilization of prophetic medicine in Indonesia remains relatively low and has yet to reach its full potential (Muntazhiroh, 2018; Wahyuni & Rahman, 2023). This underutilization contrasts with the significant global opportunity for halal therapeutics. The *State of the Global Islamic Economy Report 2023* reports that global spending on halal pharmaceuticals and wellness reached USD 105 billion, with an estimated annual growth rate of 5.9% (*State of the Global Islamic Economy Report, 2023*). Alongside rising awareness of halal lifestyles and increasing demand for natural and spiritually integrated treatments, prophetic medicine holds substantial promise as part of the halal industry and Shariah-compliant healthcare services. However, empirical research examining the determinants of intention to use prophetic medicine remains limited. Existing studies tend to focus on isolated practices such as *hijama* (Padli et al., 2023), *ruqyah* (Rahman & Hussin, 2021), or herbal medicine (Utami et al., 2021), while others emphasize conceptual discussions (Masruri et al., 2021), religious dimensions medicine (Zainnurrofiq et al., 2024), or health outcomes (Saeed et al., 2021). Consequently, comprehensive empirical models explaining consumer intention toward prophetic medicine as an integrated halal therapeutic system are still underdeveloped.

The Theory of Planned Behavior (TPB) is highly relevant for explaining the intention to use prophetic medicine, as its core constructs have been empirically validated in studies on halal healthcare, herbal medicine, and complementary and alternative medicine (Kasri et al., 2023;

Marzuki et al., 2024; Utami et al., 2021). Prior research consistently shows that attitude toward perceived benefits and Shariah compliance, subjective norms arising from family, religious leaders, and community influence, and perceived behavioral control related to access and affordability significantly predict intention to use halal medical products (Kasri et al., 2023; Utami et al., 2021). These empirical findings collectively justify the application of TPB as a robust preliminary framework for examining Muslim consumers' intention to adopt prophetic medicine as halal therapeutics.

Together, these factors shape intention, which ultimately drives actual behavior in consuming halal healthcare products, thus making TPB a relevant theoretical framework for examining consumer behavior toward halal therapeutics (Ajzen, 1991). In the religious context of prophetic medicine, however, it is important to extend the TPB model by incorporating additional variables such as religiosity, health awareness, and halal knowledge. This is because the use of halal therapeutics is not only driven by rational behavior but also involves religious commitment, health consciousness, and halal literacy. Religiosity shapes individuals' attitudes and subjective norms in choosing treatments aligned with Islamic values (Shahbaz Van Ahsen & Hendayani, 2022). Health awareness reflects the extent to which individuals care about safe and natural treatments such as prophetic medicine (Espinosa & Kadić-Maglajić, 2019). Halal literacy plays an important role in reinforcing perceived behavioral control, since understanding Shariah-compliant products strengthens intention (Utami et al., 2021). Therefore, the inclusion of these variables makes the TPB model more relevant and accurate in explaining the intention to use halal therapeutics in Indonesia.

Previous studies applying TPB in the field of Islamic economics have primarily focused on halal food consumption (Friantoro et al., 2025; Zulfita, E., Harmain, H., & Aisyah, 2024), halal tourism (Ramadhanti, D., & Marsasi, 2023), or Islamic finance (Alwahidin, 2022). However, this study focuses on a different sector of the halal industry, namely halal therapeutics. The state of the art in this research can be outlined as follows: First, halal therapeutics represents one of the sectors within the halal industry that has rarely been studied in Indonesia (Zafar et al., 2024)). Halal therapeutics emphasizes medicines, physical treatments, and spiritual care in accordance with the teachings of the Prophet Muhammad (SAW), which differs fundamentally from halal pharmaceuticals (Alzeer, 2023). Second, empirical studies on intention toward halal therapeutics remain limited, with the majority of research focusing on its health benefits (Rahman & Hussin, 2021; Saeed et al., 2021) and its relationship with Islamic law (Anim, 2022). Third, most empirical studies in Indonesia examine prophetic medicine in a fragmented manner, such as cupping

(hijama) (Padli et al., 2023), ruqyah (Ifah & Aini, 2024) and Islamic herbal medicine (Utami et al., 2021). Fourth, this study advances the Theory of Planned Behaviour (TPB) (Ajzen, 1991) by incorporating additional variables. Fifth, the study also involves a broader sample compared to previous research (Destiwati, 2023). This study seeks to identify the key factors that influence Indonesian Muslims' intention to use prophetic medicine by applying an extended Theory of Planned Behavior framework that incorporates religiosity, halal knowledge, and health consciousness. Furthermore, it examines the mediating role of attitude in linking these cognitive, religious, and health-related factors to the intention to adopt prophetic medicine as halal therapeutics. By specifying these variables explicitly, the research contributes to the literature in Islamic economics and the halal industry while offering an evidence-based foundation for policymaking and the effective promotion of Shariah-compliant medical practices in Indonesia.

### **Halal Therapeutics**

Halal therapeutics refers to medical treatments, remedies, and health practices that align with Islamic law, emphasizing the use of permissible (halal), safe, and ethically sourced substances. This concept includes prophetic medicine (thibbun nabawi), halal-certified pharmaceuticals, and Shariah-compliant health interventions that avoid prohibited elements such as alcohol, pork derivatives, or harmful ingredients (Abdullah et al., 2022). In recent years, halal therapeutics has gained increasing global attention due to the expanding Muslim population, rising health awareness, and the growing demand for religiously aligned healthcare solutions.

The development of halal pharmaceuticals and natural remedies is also driven by concerns over contaminants and unethical production practices found in conventional medicines. Studies show that Muslim consumers tend to prioritize products that align with their spiritual beliefs, perceiving halal therapeutics as both religiously obligatory and beneficial for physical well-being (Alzeer, 2023). The integration of religious teachings, particularly prophetic traditions emphasizing natural remedies such as honey, black seed (habbatussauda), and cupping therapy (hijamah), reinforces trust and acceptance among Muslim communities (Rahman & Hussin, 2021; Saeed et al., 2021).

### **Theory of Planned Behavior**

The Theory of Planned Behavior (TPB), introduced by Ajzen (1991), is one of the most widely used models for predicting human behavioral intentions. According to TPB, intention to perform a behavior is shaped by three key determinants: attitude, subjective norm, and perceived behavioral control. Attitude refers to an individual's evaluation of the behavior, subjective norm reflects perceived social pressure from significant others, and perceived behavioral control denotes the

perceived ease or difficulty of performing the behavior, similar to self-efficacy.

TPB has been extensively applied across various fields, including health behavior, technology adoption, environmental sustainability, and religious consumption practices. In Islamic consumption contexts, studies show that TPB effectively explains Muslim consumers' decisions regarding halal food, Islamic finance, and Shariah-compliant products (Friantoro et al., 2025; Jatnika, et al., 2024). Attitudes toward religious compliance, influence from family or religious leaders, and perceived capacity to access halal products all play significant roles in shaping intentional behavior.

For halal therapeutics specifically, TPB provides a robust framework to understand why individuals choose Shariah-compliant medical treatments. Positive attitudes toward natural or prophetic medicine, social reinforcement from religious communities, and confidence in the availability and efficacy of halal therapies collectively strengthen an individual's intention to adopt such treatments. Moreover, extended models of TPB often include religiosity, health consciousness, trust, or perceived benefits as additional predictors to better capture behavior in Muslim contexts (Nolan-Thomas, 2023; Utami et al., 2021).

### **Previous Studies and Hypothesis Development**

The adoption of halal therapeutics such as prophetic medicine, halal pharmaceuticals, and Shariah-compliant therapies is shaped by a range of cognitive, spiritual, and social factors. Building on the Theory of Planned Behavior (TPB) and extended with Islamic and health-related constructs, this study proposes nine hypotheses explaining how religiosity, halal knowledge, and health consciousness influence attitudes and intentions toward using halal therapeutics.

### **Religiosity and Attitude**

Religiosity plays a central role in shaping Muslim consumers' evaluations of Islamic health practices. Highly religious individuals tend to view prophetic medicine and halal therapeutics as morally aligned with their beliefs, leading to more favorable attitudes. Prior studies have consistently shown that religiosity strengthens attitudes toward halal consumption and Islamic health products (Friantoro et al., 2025; Kasri et al., 2023; Mustapha et al., 2022)

*H1: Religiosity positively influences attitude toward the use of halal therapeutics.*

### **Halal Knowledge and Attitude**

Halal knowledge reduces uncertainty about product permissibility and enhances confidence in choosing halal-compliant medical options. Consumers who understand halal standards and prophetic medicine principles are more likely to form positive attitudes toward using such treatments. Empirical evidence confirms that halal knowledge significantly improves

attitudes toward halal products and Islamic medical services (Kasri et al., 2023; Jatnika, M. D. et al., 2024; Wijaya et al., 2024).

*H2: Halal knowledge positively influences attitude toward the use of halal therapeutics.*

### **Health Consciousness and Attitude**

Health-conscious individuals actively seek safe, natural, and ethical treatments, qualities associated with halal therapeutics. Studies show that health consciousness consistently predicts positive attitudes toward natural medicine, herbal products, and halal nutraceuticals (Nayyar, 2025; Wu et al., 2025).

*H3: Health consciousness positively influences attitude toward the use of halal therapeutics.*

### **Attitude and Intention**

The TPB posits that attitude is a direct determinant of behavioral intention. When consumers perceive halal therapeutics as beneficial, ethical, and trustworthy, their intention to use them increases. Previous research confirms that attitude strongly predicts intentions to adopt Islamic health services and halal medical products (Ajzen, 1991; Le et al., 2021; Monoarfa et al., 2024; Mustapha et al., 2022)

*H4: Attitude positively influences intention to use halal therapeutics.*

### **Subjective Norm and Intention**

Subjective norms, such as encouragement from family, religious leaders, or peers, shape Muslims' decisions about health behaviors. Social influence has been found to significantly predict the adoption of halal pharmaceuticals and Islamic health services (Ajzen, 1991; Alfarizi & Ngatindriatun, 2022; Monoarfa et al., 2024; Mustapha et al., 2022)

*H5: Subjective norm positively influences intention to use halal therapeutics.*

### **Perceived Behavioral Control and Intention**

Perceived Behavioral Control (PBC) reflects an individual's perceived ability, access, and confidence to perform a behavior. When consumers feel capable of accessing or using halal medical options, their intention increases. Prior studies support PBC as a strong predictor of health-related behavioral intentions (Ajzen, 1991; Li et al., 2023; Mustapha et al., 2022)

*H6: Perceived behavioral control positively influences intention to use halal therapeutics.*

### **Mediation Hypotheses**

In TPB-based extensions, external variables often influence behavior indirectly through attitude. As religiosity, halal knowledge, and health consciousness reflect deeper motivational drivers, their effects are expected to operate through attitudes toward halal therapeutics. Religiosity enhances attitude by aligning halal therapeutics with spiritual values, which in turn

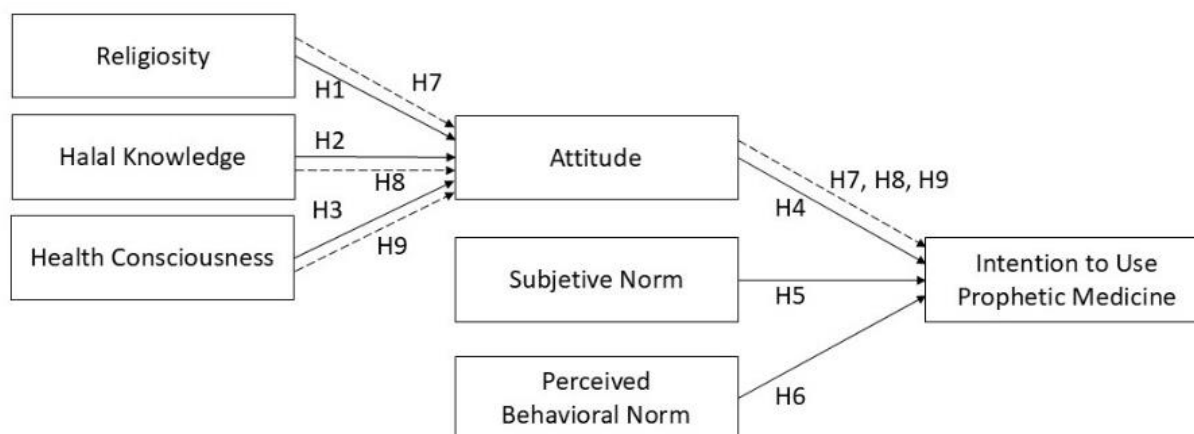
shapes intention (Mustapha et al., 2022). Halal knowledge improves evaluations of halal therapeutics, and these favorable attitudes subsequently strengthen intention (Wijaya et al., 2024). Health-conscious consumers form positive attitudes toward natural and ethical treatments, which then increase their intention to adopt halal therapeutics (Wu et al., 2025).

*H7: Attitude mediates the relationship between religiosity and intention to use halal therapeutics.*

*H8: Attitude mediates the relationship between halal knowledge and intention to use halal therapeutics.*

*H9: Attitude mediates the relationship between health consciousness and intention to use halal therapeutics.*

The theoretical framework (**Figure 1**) in this study illustrates that there are three independent variables (X), one dependent variable (Y), and one intervening variable (Z).



Source: Author (2025)

**Figure 1. Theoretical Framework**

## METHODOLOGY

### Measurement and Empirical Model

The study employed a structural equation modeling (SEM) approach to test both the measurement and the structural model. Partial Least Squares SEM (PLS-SEM) was chosen given its suitability for complex models, smaller to medium sample sizes, and data that may not be normally distributed (Hair et al., 2017). The research model integrates constructs derived from the Theory of Planned Behaviour (TPB) namely attitude, subjective norm, and perceived behavioural control with additional variables of religiosity, health awareness, and halal knowledge, in order to explain intention to use Prophetic medicine.

All measurement items were adapted from validated scales in prior studies to ensure content validity. Intention to use Prophetic medicine was measured using three items reflecting

willingness, planning, and recommendation. Attitude was assessed through three indicators, including beliefs about benefits, positive evaluation, and comfort. Subjective norm was measured by expectations of significant others, social pressure, and environmental influence. Perceived behavioural control was captured by ease of access, confidence, and availability of resources. Religiosity was measured through adherence to Islamic teachings, religious practices, and the influence of religion in everyday life. Health awareness focused on healthy lifestyle concerns and preference for safe and halal treatments. Finally, halal knowledge was measured through understanding of halal concepts, awareness of halal law, and information about halal products. All items were rated on a five-point Likert scale, ranging from strongly disagree (1) to strongly agree (5).

Convergent validity was tested using factor loadings and Average Variance Extracted (AVE), while discriminant validity was assessed through the Fornell–Larcker criterion and cross-loadings. Reliability was examined using Composite Reliability (CR) and Cronbach's Alpha, with thresholds of 0.70 or higher indicating internal consistency. Model fit was further evaluated using indices such as RMSEA, CFI, and TLI (Hair et al., 2017).

### **Sampling and Data Collection**

Primary data were collected using a structured questionnaire distributed both offline (face-to-face) and online across multiple provinces in Indonesia. The sampling method applied was purposive sampling to ensure that respondents met specific criteria aligned with the study's objectives. The inclusion criteria required respondents to (i) be Muslim, (ii) be at least 18 years old, (iii) reside in Indonesia, (iv) have an understanding of halal and haram concepts, and (v) have experience using Prophetic medicine (such as cupping/hijama, ruqyah, or Islamic herbal treatments including honey, dates, habbatusauda, zam-zam water, black cumin, rose water, wheat decoction, or fruit vinegar) within the last year.

The minimum sample size was determined using the SEM rule of thumb, which recommends at least ten times the highest number of indicators pointing to a construct (Hair et al., 2017). With 33 indicators in the research instrument, a minimum of 330 responses was required. In this study, a total of 467 valid respondents were successfully collected from various provinces, exceeding the minimum threshold and thereby enhancing the generalizability, statistical power, and robustness of the findings.

## RESULTS AND DISCUSSIONS

**Table 1** presents the demographic profile of the respondents, showing 467 respondents with a diverse demographic profile. Respondents dominated by females (64.03%) and individuals aged 21–30 years (51.82%). Most are single (77.52%), hold a Senior High School education (49.46%), and are primarily students (56.32%). A majority report monthly incomes below Rp1.500.000 (59.10%). Geographically, the largest proportion resides in West Java (25.70%), followed by Sumatera (22.06%).

**Table 1. Demographic of Respondents**

	Category	Number of Respondents (n=467)	Percent (%)
Gender	Male	168	64.03
	Female	299	35.97
Age	<20 years old	138	29.55
	21 - 30 years old	242	51.82
	31 - 45 years old	71	15.21
	>46 years old	16	3.43
Marriage Status	Married	101	21.63
	Single	362	77.52
	Others	4	0.86
Education	Junior High School	4	0.86
	Senior High School	231	49.46
	Diploma	21	4.50
	Bachelor	167	35.76
Employment	Master/ Doctoral	44	9.42
	Civil Servant	34	7.28
	Private Employee	75	16.06
	Self Employed	24	5.14
	Student	263	56.32
	Housewife	24	5.14
	Retiree	4	0.86
Monthly Income/ Allowance	Others	43	9.21
	<Rp1.500.000	276	59.10
	Rp1.500.000 – Rp3.000.000	100	21.41
	Rp3.000.000 – Rp5.000.000	44	9.42
	Rp5.000.000 – Rp7.000.000	22	4.71
	Rp7.000.000 – Rp10.000.000	11	2.36
Domicile	>Rp10.000.000	14	3.00
	Banten	16	3.43
	Jakarta	10	2.14
	Jawa Barat	120	25.70
	Jawa Tengah	11	2.36
	Jawa Timur	32	6.85
	Yogyakarta	11	2.36
	Sumatera	102	22.06
	Kalimantan	27	5.78
	Sulawesi	101	21.63
	Bali & Nusa Tenggara	32	6.85
Maluku & Papua	4	0.86	

(Source: Authors, 2025)

## Measurement Model

The measurement model demonstrated strong validity and reliability as shown in **Table 2**. All indicator loadings exceeded the 0.50 threshold, and AVE values ranged from 0.734 to 0.822, confirming convergent validity. Cronbach's Alpha (0.891–0.946) and Composite Reliability (0.932–0.958) surpassed 0.70, indicating high internal consistency. Additionally, all VIF values were below 5, showing no multicollinearity issues. Overall, the model met all criteria and was suitable for hypothesis testing based on (J. F. Hair et al., 2017).

**Table 2. Measurement Model**

Latent Variable	Manifest Variable	VIF	Loadings	$\alpha$	CR	AVE
Intention	INT1	2.91	0.86	0.92	0.94	0.76
	INT2	3.71	0.91			
	INT3	2.91	0.88			
	INT4	2.49	0.84			
	INT5	2.87	0.88			
Attitude	ATT1	4.73	0.91	0.95	0.96	0.82
	ATT2	4.63	0.91			
	ATT3	3.71	0.90			
	ATT4	4.41	0.92			
	ATT5	4.09	0.90			
Subjective Norm	SN1	4.46	0.90	0.92	0.94	0.76
	SN2	4.28	0.88			
	SN3	2.89	0.87			
	SN4	3.25	0.87			
	SN5	2.74	0.85			
Perceived Behavioural Control	PBC1	2.63	0.85	0.91	0.93	0.73
	PBC2	3.35	0.90			
	PBC3	1.80	0.76			
	PBC4	3.33	0.90			
	PBC5	3.25	0.89			
Religiosity	R2	2.60	0.90	0.89	0.93	0.82
	R4	2.60	0.90			
	R5	2.66	0.92			
Halal Knowledge	HK1	2.76	0.88	0.92	0.94	0.76
	HK2	2.88	0.85			
	HK3	3.42	0.89			
	HK4	3.25	0.87			
	HK5	2.96	0.87			
Health Consciousness	HC1	3.74	0.90	0.94	0.95	0.80
	HC2	4.08	0.91			
	HC3	4.29	0.92			
	HC4	3.39	0.90			
	HC5	2.46	0.85			

(Source: Authors, 2025)

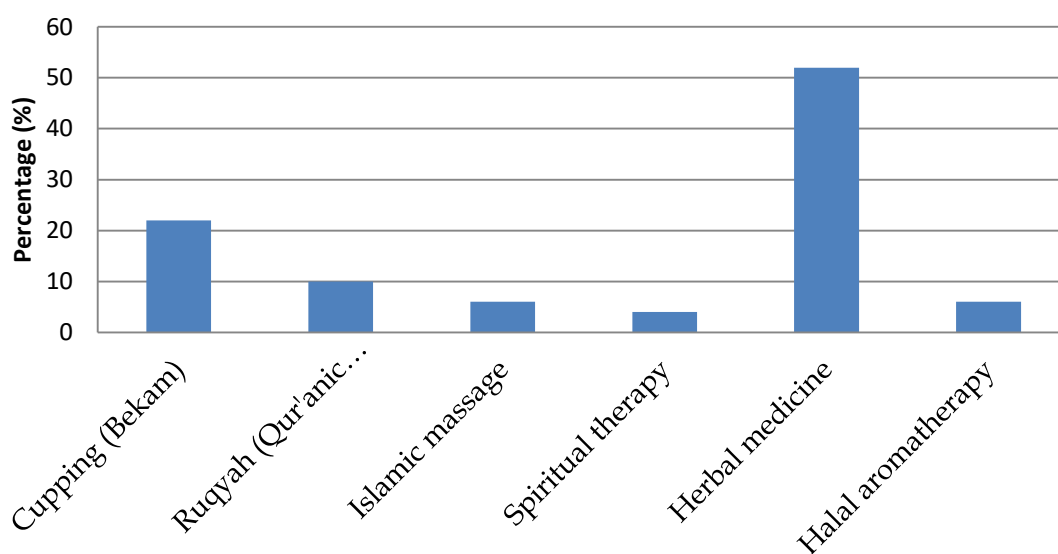
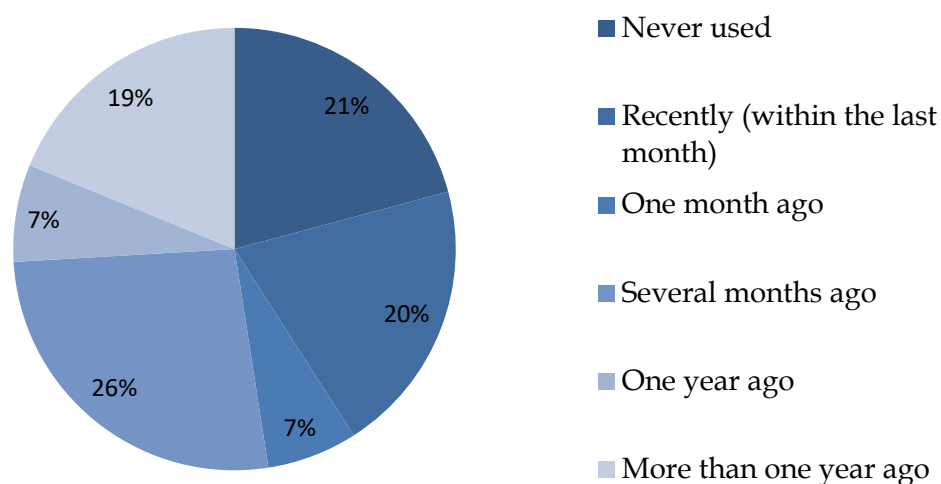
The discriminant validity assessment as shown in **Table 3** confirmed that each construct was distinct and conceptually independent. All indicators showed higher loadings on their own constructs than on others, and the square root of each construct's AVE exceeded its correlations with other constructs. These results demonstrate that the model meets the required discriminant validity standards, ensuring the reliability of further analyses.

**Table 3. Discriminant Validity of Constructs**

Variable	ATT	HK	HC	INT	PBC	R	SN
Attitude	0.91						
Halal Knowledge	0.56	0.87					
Health Consciousness	0.57	0.68	0.89				
Intention	0.82	0.53	0.49	0.87			
Perceived Behavioral Control	0.77	0.60	0.52	0.77	0.86		
Religiosity	0.56	0.73	0.73	0.51	0.53	0.91	
Subjective Norm	0.71	0.49	0.44	0.69	0.71	0.41	0.87

(Source: Authors, 2025)

This section outlines the study's results by first describing respondents' engagement with prophetic medicine, followed by the structural model and hypothesis testing outcomes.

**Figure 2. Interest/ Experience in Prophetic Medicine****Figure 3. Interest/ Experience in Prophetic Medicine**

**Figure 2** shows that respondents express the greatest interest in herbal medicine (52%), followed by cupping at 22%. Ruqyah accounts for about 10%, while Islamic massage and halal

aromatherapy each attract around 5–6%. Spiritual therapy is the least preferred at 4%, indicating that herbal medicine and cupping are the most favored prophetic medicine practices among respondents. **Figure 3** shows that 26.5% of respondents last used prophetic medicine several months ago, followed by 20.8% who never used it and 20.1% who used it recently. Meanwhile, 18.8% used it more than a year ago, 7.1% one year ago, and 6.6% one month ago, indicating varied levels of recency in usage.

### Structural Model: Hypothesis Testing

Following the fulfillment of assumption tests, hypothesis testing was rigorously conducted using t-values and p-values, as recommended by established methodologies (J. Hair et al., 2017).

**Table 4** presents the comprehensive results of nine hypotheses, comprising six direct effect hypotheses (H1–H6) and three mediation hypotheses (H7–H9).

**Table 4. Hypothesis Test**

Hypothesis	Relationship	B	t-value	p-value	Decision
H1	Religiosity terhadap attitude	0.20	3.12	0.002	Accepted
H2	Halal knowledge terhadap attitude	0.23	3.45	0.001	Accepted
H3	Health consciousness terhadap attitude	0.27	4.07	0.000	Accepted
H4	Attitude terhadap behavioral intention	0.52	8.33	0.000	Accepted
H5	Subjective norms terhadap behavioral intention	0.12	2.90	0.004	Accepted
H6	Perceived behavioural control terhadap behavioral intention	0.28	4.65	0.000	Accepted
H7	Religiosity terhadap attitude terhadap behavioral intention	0.10	2.75	0.006	Mediation
H8	Halal knowledge terhadap attitude terhadap behavioral intention	0.12	3.07	0.002	Mediation
H9	Health consciousness terhadap attitude terhadap behavioral intention	0.14	3.91	0.000	Mediation

(Source: Authors, 2025)

The present study subjected the proposed model to rigorous hypothesis testing following assumption checks and the established recommendation to rely on t-values and p-values within a bootstrapped PLS-SEM framework. This approach is widely endorsed in methodological literature and applied empirically across related domains (Friantoro et al., 2025; Mustapha et al., 2022; Kasri et al., 2023). Six direct-effect hypotheses (H1–H6) and three mediation hypotheses (H7–H9) were evaluated.

Religiosity positive and significant relationship with Attitude corroborates theoretical expectations that religious values and orientations shape evaluative dispositions toward consumption and service choices, a phenomenon documented in Islamic-context studies where religiosity exerts influence on attitudes toward Sharia-compliant banking and halal-consumption behaviors (Monoarfa et al., 2024; Mustapha et al., 2022). The observed magnitude and significance

are consistent with findings that religiosity operates not merely as a background demographic but as a cognitive-evaluative anchor informing normative beliefs and moral motivations, thereby altering attitudinal appraisals of product and service attributes (Friantoro et al., 2025; Kasri et al., 2023).

Halal Knowledge significant effect on Attitude aligns with consumer research demonstrating that product-specific knowledge, particularly knowledge about halal attributes, certifications, and practices, increases favorable evaluations and shapes attitudinal responses toward halal-labeled offerings (Jatnika et al, 2024; Wijaya et al., 2024) In tourism and consumption domains, informational exposure and cognitive understanding of halal attributes have been shown to enhance perceived suitability and foster positive attitudinal dispositions among Muslim consumers, thereby influencing subsequent intention and behavior (Fahmi et al., 2023). These observations affirm the cognitive role of domain-specific knowledge in attitude formation and provide an empirical basis for knowledge-based strategies in halal markets (Kasri et al., 2023).

Health Consciousness positive association with Attitude accords with health behavior research showing that individual differences in health orientation and perceived health salience predict more favorable attitudes toward health-promoting items, including healthier foods and health-oriented product lines (Nayyar, 2025; Wu et al., 2025). In consumer contexts where halal status and health claims coincide, health consciousness may amplify the positive evaluative effects of halal knowledge and religiosity by intensifying the perceived personal relevance of product attributes (Fahmi et al., 2023). Therefore, the results substantiate the view that health-oriented predispositions constitute an influential antecedent of attitude in models combining religious, cognitive, and normative determinants.

Attitude emerged as the strongest proximal predictor of intention to use halal therapeutics, fully consistent with the central proposition of the Theory of Planned Behavior and prior empirical evidence showing attitude as the most influential determinant of intention across halal-related domains such as Islamic healthcare, halal consumption, and faith-based wellness practices (Le et al., 2021; Mustapha et al., 2022). In the context of halal therapeutics, a positive evaluative belief toward prophetic or Shariah-compliant healing methods directly enhances individuals' willingness to use them, reflecting how cognitive appraisal of benefits, safety, and religious alignment translates into stronger behavioral intentions. This finding substantiates the TPB assertion that attitude is not only a proximal but also an actionable antecedent of intention, indicating that shifts in perception can substantially elevate the adoption of halal therapeutic practices. Consequently, the result

emphasizes the importance of designing interventions that strengthen positive attitudes toward halal therapeutics (Le et al., 2021; Mustapha et al., 2022; Kasri et al., 2023).

Subjective Norms demonstrated a statistically significant, though comparatively smaller, influence on the intention to use halal therapeutics. an effect pattern commonly reported in TPB studies where social expectations contribute incrementally alongside attitudinal and control factors (Monoarfa et al., 2023; Mustapha et al., 2022). The modest coefficient aligns with prior findings showing that the strength of normative influence varies across contexts, often becoming more pronounced in collectivist, community-oriented environments where health or religious practices are shaped by family, peers, or religious authorities (Alfarizi & Ngatindriatun, 2022). In the context of halal therapeutics, this suggests that encouragement or approval from key referents, such as Islamic scholars, healthcare practitioners, or influential community figures, plays a supportive but not dominant role in shaping individuals' intentions. Nevertheless, because attitude remains the strongest predictor, subjective norms function best as a complementary rather than primary mechanism for increasing intention to use halal therapeutics (Monoarfa et al., 2023).

Perceived Behavioral Control (PBC) showed a strong and significant positive influence on the intention to use halal therapeutics, indicating that individuals' perceptions of their capability and access to resources meaningfully enhance their likelihood of adopting prophetic or Shariah-compliant treatments. This finding aligns with the Theory of Planned Behavior and prior PLS-SEM studies in Islamic health, consumption, and behavioral adoption contexts, where PBC consistently emerges as a direct determinant of intention (Monoarfa et al., 2023; Mustapha et al., 2022). In the domain of halal therapeutics, PBC may reflect perceived ease of accessing herbal remedies, cupping services, or Islamic healing practitioners, as well as confidence in using these treatments safely and correctly. Consistent with evidence from health behavior and Islamic lifestyle research (Alfarizi & Ngatindriatun, 2022), the result suggests that individuals are more likely to intend using halal therapeutics when they feel capable, informed, and supported by sufficient resources. Practically, this underscores the importance of reducing structural barriers, such as limited service availability, lack of information, or low user confidence, and enhancing perceived self efficacy through education and community based programs (Aisyah et al., 2023).

The mediation results demonstrate that Attitude serves as a significant conduit through which Religiosity, Halal Knowledge, and Health Consciousness influence Behavioral Intention, reinforcing the theoretical position that attitudes translate deeper cognitive, informational, and value based antecedents into motivational readiness to act (Haqqo & Isharina, 2024; Wu et al., 2025). This finding aligns with contemporary TPB extensions, where attitude operates as an

intervening psychological mechanism converting belief structures, such as religious orientation, knowledge accuracy, and personal health awareness, into evaluative judgments that shape intention. From a practical perspective, initiatives designed to strengthen the intention to use halal therapeutics should combine upstream interventions, such as educational programs to improve Halal Knowledge and health promotion strategies to enhance Health Consciousness, with targeted efforts to cultivate positive attitudes toward prophetic medicine. Such integrated approaches have been shown to more effectively shift behavioral intention in Islamic healthcare settings (Fahmi et al., 2023; Wijaya et al., 2024).

From a managerial and policy standpoint, the evidence implies concrete design choices for stakeholders in halal markets, health promotion campaigns, and faith-based service provision. The significance of Halal Knowledge and Health Consciousness as antecedents suggests prioritizing informational campaigns and health-focused messaging because they shift attitudes and indirectly increase intention through those attitudes. The role of Religiosity underscores the efficacy of aligning communications with faith-consistent narratives, leveraging credible religious referents to reinforce the attitudinal bridge to intention, which has shown effectiveness in contexts like Islamic banking uptake. Operational interventions that reduce friction, such as simplifying purchase channels or providing normative cues regarding accessibility, can complement attitudinal and informational strategies (Alsmadi et al., 2023). Therefore, integrated campaigns that address knowledge, values, attitudinal reframing, and control perceptions may yield the most robust increases in intended adoption and usage.

## **CONCLUSION AND RECOMENDATION**

This study provides empirical evidence that religiosity, halal knowledge, and health consciousness are significant antecedents of attitude, which in turn strongly predicts behavioral intention to adopt halal therapeutics. The mediation analysis confirms that attitude acts as a central conduit, translating upstream cognitive, spiritual, and health-oriented factors into actionable intentions. Moreover, the study underscores the importance of integrating domain-specific variables, such as religiosity and halal knowledge, into behavioral models, as they provide culturally and contextually relevant insights. The observed significant effects of subjective norms and perceived behavioral control further validate the TPB's tripartite structure, though with varying weights depending on the sociocultural context.

Together, these findings not only enrich the academic literature on halal therapeutics but also provide actionable implications for practitioners, policymakers, and faith-based organizations

aiming to enhance consumer engagement with Sharia-compliant healthcare practices. By implementing integrated strategies that combine attitudinal, normative, and efficacy-based interventions, stakeholders can foster greater adoption of halal therapeutics and build stronger consumer engagement in this emerging sector.

Future studies should adopt longitudinal and experimental designs to strengthen causal inferences regarding the mediating role of attitude and the directional influence of religiosity, halal knowledge, and health consciousness. Expanding the research to different cultural and geographical contexts would help test the generalizability of the model and reveal boundary conditions for the relative importance of subjective norms and religiosity.

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