

AWARENESS LEVEL OF HALAL FOOD PRODUCTS AND HEALTHY LIFESTYLES FOR REALIZING SDGs (COMPARATIVE STUDY BEFORE AND WHEN COVID- 19)

Nadya Salsabila Haqqoni¹, Fitria Putri Aprilia², Indah Nur Maulina³

^{1,2,3}Faculty of Economics, Gunadarma University
Email: fitriapuputt@gmail.com(correspondence)

Abstract

The emergence of Coronavirus Disease (COVID-19) in China at the end of 2019 has caused a large international outbreak that threatens public health. COVID-19 is a new type of virus that has not been previously identified in humans. This study aims to determine whether this virus affects the public in consuming halal food products and adopting a healthy lifestyle. Islam itself has introduced the terms halal and haram where when this is not prioritized it will cause harm to human health. This study uses descriptive-quantitative methods, with data collection techniques using primary data sourced from a questionnaire with a total of 101 respondents through purposive random sampling technique with the SPSS program and secondary data sourced from literature studies as a theoretical reinforcement in finding a solution that can answer the problem. research written. Our results show that there is an increase in awareness of the halal label and the tendency to consume halal food after the occurrence of COVID-19. In order to realize the SDG's goals, it is necessary to increase public awareness of the halal lifestyle and be strengthened by the results of the survey that has been conducted, we recommend a system that is implemented in 3 ways, namely regulation, education, and literacy (REL). The initiative is intended to maintain and increase public awareness of consuming halal food products so as to accelerate the growth of the halal industry in Indonesia.

Keywords: *Covid-19, SDG's, Awareness, Halal Industry, Halal Food*

Introduction

The emergence of the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) virus which infects and damages the respiratory tract at the end of 2019 in China is the beginning of an international outbreak that threatens public health. Based on research conducted at the University Medical Center Hamburg-Eppendorf, Germany explained that this virus is also found in various other vital human organs such as the kidneys, heart, brain, and liver. (The New England Journal of Medicine). World Health Organization head Tedros Adhanom Ghebreyesus said "co" stands for "corona", "vi" for "virus" and "d" for "disease", while "19" is for years, because the outbreak was first identified on December 31, 2019, so the virus that causes this disease outbreak is referred to as COVID-19.

The results of research conducted by the Chinese Investigative Team and published in The New England Journal of Medicine suggest that bats are most likely the original hosts of this virus. In fact, bats and several other types of wild or non-halal animals are traded freely and become daily consumption ingredients in the Huanan market, Wuhan. This can be a strong reason for the development of the virus, because in Islamic perspective everything that is prohibited must have wisdom in it.

COVID-19 has a correlation with halal food and a healthy lifestyle. This virus was found in non-halal animals such as bats that were consumed by people in China and eventually caused the outbreak of COVID-19 in the world. Basically everything that is in the heavens and the earth, Allah created for human welfare. In the view of religion, Islam permits the consumption of certain carcasses such as sea game and food from the sea as stated in Q.S. Al-Maidah verse 96, as follows:

"Sea game and food (which originate) of the sea are permitted for you to eat delicious food for you, and for those who travel; and it is haraam on you (capturing) land game, as long as you are in ihram. And fear Allah, in whom you will be gathered. "

However, Islam forbids its people to eat any fanged wild animal (HR. Muslim No. 1933), as well as animals that live in two realms such as frogs (HR. Abu Daud No. 5269 and Ahmad 3/453). This is in line with the results of research cited in the Malaysian Journal of Consumer and Family Economics which states that haram foods are harmful to the human body.

In order to realize people who consume halal food products and have a healthy lifestyle, an optimal solution is needed as a strategy for starting a new life, namely living by consuming halal food products and having a healthy lifestyle. This is in line with the goal of Sustainable Development Goals (SDGs) point 3, which is to create a healthy and prosperous life.

This phenomenon indirectly raises a question mark for the wider community regarding the correlation or relationship between the existence of COVID-19 and public awareness of the importance of halal food and a healthy lifestyle.

Literature Review

1. Lu, R., Zhao, X., Li, J., Niu, P., Yang, B., Wu, H., ... Tan, W. (2020). Genomic characterisation and epidemiology of 2019 novel coronavirus: implications for virus origins and receptor binding. *The Lancet*, 395(10224), 565–574 :The ten 2019-nCoV genome sequences obtained from nine patients were very similar, showing more than 99.98% of sequence identities. In particular, 2019-nCoV is closely related (with 88% identity) with two bat-derived severe acute respiratory syndrome (SARS) -bat-SL-CoVZC45 and bat-SL-CoVZXC21, collected in 2018 at Zhoushan, eastern China.
2. Datta, N., Pal, M., Roy, U., Mitra, R., & Pradhan, A. (2014). World Journal of Pharmaceutical Research. *Infection*, 13(4), 15: Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe illnesses such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The new coronavirus (nCoV) is a new strain that has not previously been identified in humans. Coronaviruses are zoonotic, meaning they are transmitted between animals and humans. Several coronaviruses are known to circulate in animals that have not yet infected humans.
3. Husna, F. (2020). Virus Corona Dampak dari Makanan yang tidak Halal. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(6): The Corona virus (Covid-19) is said to have originated from the consumption of animals which in Islam are not only not halal but also bad (tayyiban). These animals such as snakes, rats and bats, which is clearly forbidden in Islam. Starting from one of the residents infected with the virus in the city of Wuhan, China, the virus then spreads to other people with a stinging fast. Islam has long ago, through its Koran, required mankind to eat halal food as well good (tayyiban).
4. Mutmainah, L. (2018). The Role of Religiosity, Halal Awareness, Halal Certification, and Food Ingredients on Purchase Intention of Halal Food. *Ihtifaz: Journal of Islamic Economics, Finance, and Banking*, 1(1), 33: Based on the results of data analysis and discussion can be carried out It is concluded that all the independent variables in the study, namely religiosity, halal awareness, halal certification, and foodstuffs have a positive and significant effect on consumer buying interest in halal food, either simultaneously or partially. The role of religiosity is to control consumer behavior towards purchase intentions of halal food. This shows that the higher a person's level of religious obedience, the higher the intention to buy halal food. The existence of halal awareness in a person will also affect purchase intention. In addition, halal certification through a halal label and foodstuffs on the packaging too

Research Method

Object of Research

The object in this study is the Jakarta, Bogor, Depok, Tangerang, Bekasi in the West Java province of Indonesia community, by measuring the level of public awareness in consuming halal food and a healthy lifestyle during the occurrence of COVID-19.

Types of Data & Data Collection Methods

The types of data used in this study are primary data obtained and managed by researchers and secondary data in the form of literature studies issued by institutions related to this research.

Collection Technique

Data collection techniques as research material sourced from questionnaires distributed to people in Jakarta, Bogor, Depok, Tangerang, Bekasi in the West Java province of Indonesia, Literature Study, namely a series of activities related to methods of collecting library data, reading and taking notes and processing assessment materials.

Data Analysis Technique

The data obtained were then analyzed using descriptive-quantitative analysis by taking 101 respondents through purposive random sampling technique, where the respondents who can fill in are only respondents who meet these criteria. The criteria that the researchers set are that the respondents are people who live in the Jakarta, Bogor, Depok, Tangerang, Bekasi in the West Java province of Indonesia area. This method is carried out by describing the facts which are then analyzed, not only using these facts but providing sufficient understanding and explanation so that they are easily understood by the reader. Descriptive research according to Punaji (2010) is research whose purpose is to explain or describe an event, state, object, or everything related to variables that can be explained using either numbers or words.

Discussion

General Discussion

Sustainable Development Goals (SDGs) are a point of reference for prioritizing beneficiaries in the Islamic economic sector because the SDGs cover many concerns related to maqasid al-sharia, or sharia objectives. Maqasid al-sharia seeks to protect and preserve the benefits and interests of the community in terms of religious, mental, intellectual, descent and property preservation. The State of the Global Islamic Economy Report 2018/2019 releases the SDGs for each sector of the Islamic economy, and considers them a growth driver for the global Islamic economy. However, the emergence of the Coronavirus (COVID-19) can threaten the achievement of the SDGs, one of which is point 3 regarding Healthy and Prosperous Life. Therefore, there needs to be a special study regarding the level of public awareness regarding halal food products and a healthy lifestyle both before and when COVID-19 occurs. If the public's awareness of halal food increases, then the

second main achievement target in the 2019-2024 Indonesian Sharia Economy Masterplan with a vision of an independent, prosperous and civilized Indonesia by becoming a world leading Islamic Economic Center can be realized.

Analysis of Frequency Tables Related to Halal Labels in Food Products

The object of this survey is students who are domiciled in the Jakarta, Bogor, Depok, Tangerang, Bekasi in the West Java province of Indonesia area without any restrictions from the religious aspects of the respondents. The data obtained to support this study using a questionnaire distribution technique with a total of 101 respondents.

The Gender of the Respondent

From the distributed questionnaire produces the following data:

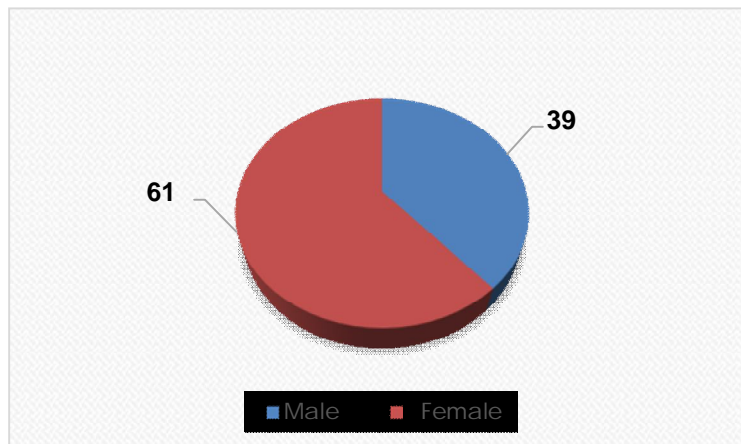


Figure 1. The Gender of The Respondent

Table 1 The Gender of The Respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Female	62	61.4	61.4	61.4
Male	39	38.6	38.6	100.0
Total	101	100.0	100.0	

Source: SPSS 22

Based on the figure and table above, it can be seen that the questionnaire data were distributed by 38.6% men or 39 respondents and 61.4% or 62 women respondents. From these data, respondents are dominated by women.

Respondent Age Range

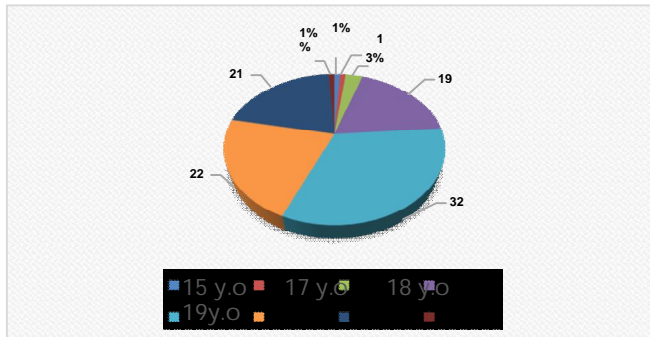


Figure 2 Respondent Age Range

Table 2 Respondent Age Range

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 15 Years	1	1.0	1.0	1.0
17 Years	1	1.0	1.0	2.0
18 Years	3	3.0	3.0	5.0
19 Years	19	18.8	18.8	23.8
20 Years	33	32.7	32.7	56.4
21 Years	22	21.8	21.8	78.2

Based on the figure and table above, it can be seen that the questionnaire data distributed were 1.0% of respondents aged 15 years or 1 respondent, 1.0% of respondents aged 17 years or 1 respondent, respondents aged 18 years as much as 3.0% or 3 respondents, respondents aged 19 years were 18.8% or 19 respondents, respondents aged 20 years were 32.7% or 33 respondents, respondents aged 21 years were 21.8% or 22 respondents, respondents aged 22 years as many 20.8% or 21 respondents, and respondents aged 26 years as much as 1.0% or 1 respondent.

Respondent's Religion

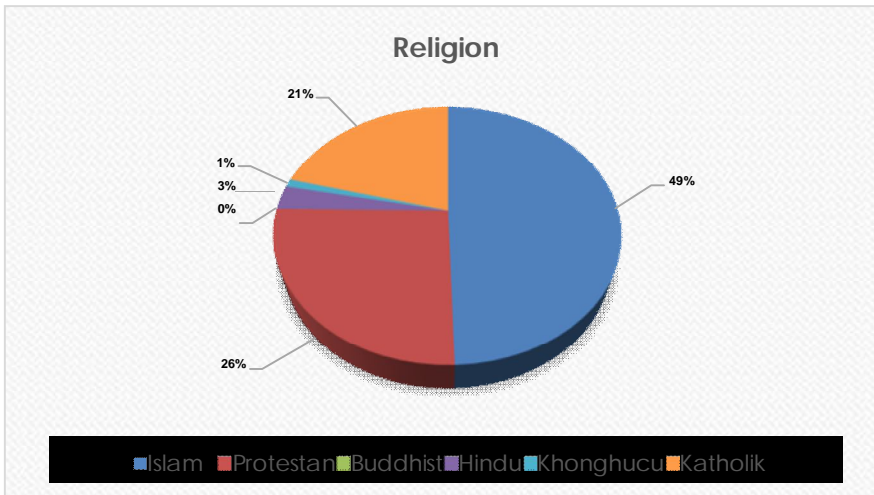


Figure 3 Respondent's Religion

Table 3 Respondent's Religion

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Not	8	7.9	7.9	7.9
Yes	93	92.1	92.1	100.0
Total	101	100.0	100.0	

Based on the figure and table above, it can be seen that the questionnaire data distributed were filled with 49.5% Muslim respondents or 50 respondents, 25.7% Protestant or 26 respondents, 0% Buddhist or 0 respondents, Hindu as many 3.0% or 3 respondents, 1.0% Confucianism or 1 respondent and 20.8% Catholics or 21 respondents. From these data, it is dominated by Muslim respondents.

Respondent Literacy Level Related to Halal Label



Figure 4 Respondent Literacy Level Related to Halal Label

Table 4 Respondent Literacy Level Related to Halal Label

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid .00	50	49.5	49.5	49.5
1.00	26	25.7	25.7	75.2
3.00	3	3.0	3.0	78.2
4.00	1	1.0	1.0	79.2
5.00	21	20.8	20.8	100.0
Total	101	100.0	100.0	

Based on the figure and table above, it can be analyzed that all respondents know the halal label of the DSN-MUI (National Sharia Council-Indonesian Ulama Council) which is included in various products that require a halal label.

The Urgency of Halal Labels in Food Products

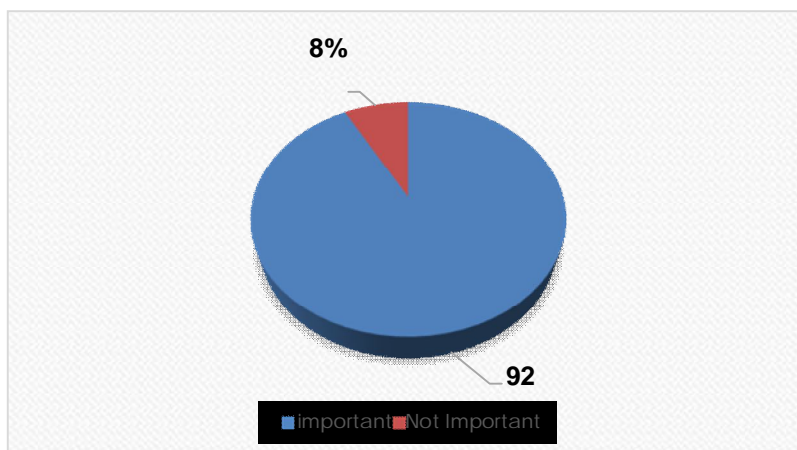


Figure 5 The Urgency of Halal Labels in Food Products

Table 5 The Urgency of Halal Labels in Food Products

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	101	100.0	100.0	100.0

Based on the figure and table above, it can be analyzed that as many as 7.9% or 8 respondents think that the halal label in a food product is not important, and as many as 92.1% or 93 respondents think that the halal label in a food product is something important. This data shows that for respondents the existence of a halal label on a food product is considered important as a form of security for the food products they consume.

Check the Halal Label before Buying Food Products

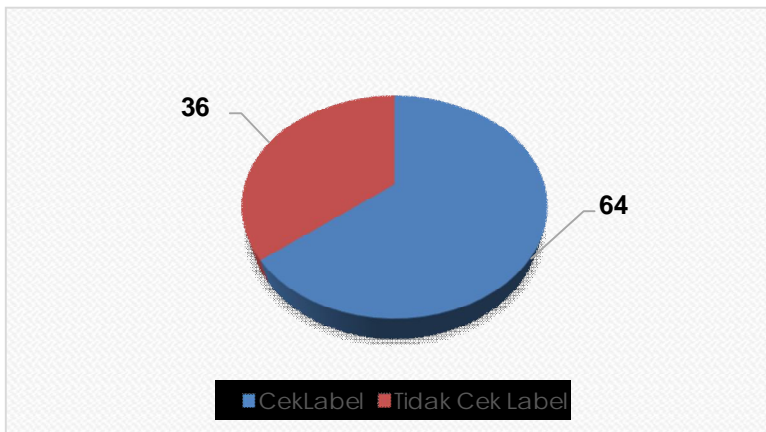


Figure 6 Check the Halal Label before Buying Food Products

Table 6 Check the Halal Label before Buying Food Products

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No.	36	35.6	35.6	35.6
Yes	65	64.4	64.4	100.0
Total	101	100.0	100.0	

Based on the figure and table above, it can be analyzed that as many as 35.6% or 36 respondents did not check the halal label before buying a food product, and as many as 64.4% or 65 respondents checked the halal label before buying a food product. This data shows that the dominance of respondents checking the halal label first before buying a food product that they will consume.

The Effect of Halal Label on Purchasing Decisions

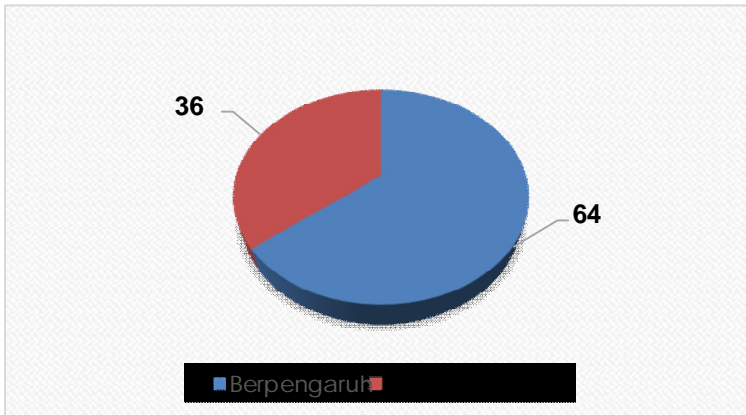


Figure 7 The Effect of Halal Label on Purchasing Decisions

Table 7 The Effect of Halal Label on Purchasing Decisions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Impact	36	35.6	35.6	35.6
	Impact	65	64.4	64.4	100.0
	Total	101	100.0	100.0	

Based on the figure and table above, it can be analyzed that as many as 35.6% or 36 respondents think that the presence or absence of a halal label in a food product does not affect the purchasing decision of a food product that the respondent will buy, and as many as 64.4% or 65 respondents think that the presence or absence of a halal label in a food product affects the purchasing decision of a food product that the respondent will buy. This shows that the halal label affects the purchasing decisions of respondents before buying a food product.

Existence of Halal Label on Purchasing Behavior

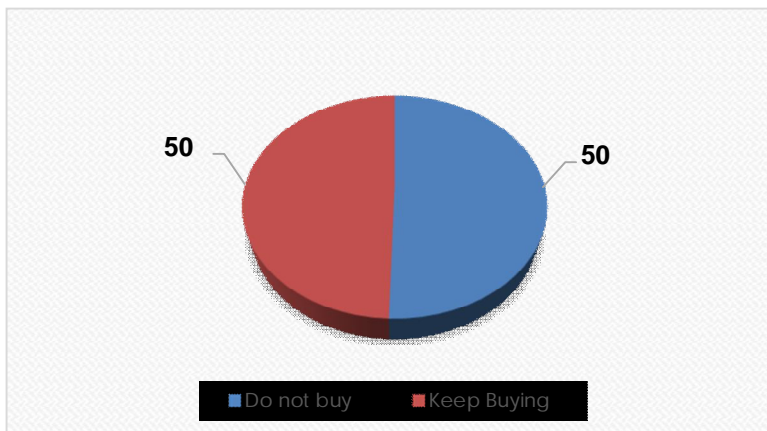


Figure 8 Existence of Halal Label on Purchasing Behavior

Table 8 Existence of Halal Label on Purchasing Behavior

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Do not Buy	51	50.5	50.5	50.5
Keep Buying	50	49.5	49.5	100.0
Total	101	100.0	100.0	

Based on the figure and table above, it can be analyzed that as many as 50.5% or 51 respondents did not purchase a food product if there was no halal label on the food product, and as many as 49.5% or 50 respondents still made purchases of a food product even though it was not listed halal label on the food product. This data is dominated by respondents who do not purchase a food product if there is no halal label on it.

Analysis of Cross Tabulation of Halal Food Product Purchase Decisions before and when COVID-19 Occurs

Respondents' Insights Regarding the Causes of COVID-19

Figure 9 Respondents' Insights Regarding the Causes of COVID-19

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No.	14	13.9	13.9	13.9
Yes	87	86.1	86.1	100.0
Total	101	100.0	100.0	

Table 9 Respondents' Insights Regarding the Causes of COVID-19

Based on the figure and table above, it can be analyzed that as many as 13.9% or 14 respondents did not know the cause of COVID-19, and as many as 86.1% or 87 respondents knew the cause of COVID-19. The data states that most respondents know the cause of COVID-19.

Causes of COVID-19 from Unlawful Food

Table 10 Causes of COVID-19 from Unlawful Food

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1.00	16	15.8	15.8	15.8
2.00	16	15.8	15.8	31.7
3.00	33	32.7	32.7	64.4
4.00	19	18.8	18.8	83.2
5.00	17	16.8	16.8	100.0
Total	101	100.0	100.0	

Based on the table above which refers to the Linkert Scale (value range 1-5) it can be analyzed that as many as 15.8% or 16 respondents stated that they strongly disagree if the cause of COVID-19 comes from non-halal food, as many as 15.8% or 16 respondents stated disagree if the cause of COVID-19 comes from non-halal food, as many as 32.7% or 33 respondents expressed doubt if the cause of COVID-19 came from non-halal food, as many as 18.8% or 19 respondents agreed if the cause of COVID-19 19 came from non-halal food, and as many as 16.8% or 17 respondents stated that they strongly agreed that the cause of COVID-19 came from non-halal food. The data was dominated by respondents who expressed doubt that the cause of COVID-19 came from non-halal food

Table 11 Chi-Square Test

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.100 ^a	4	.717
Likelihood Ratio	2.350	4	.672
Linear-by-Linear Association	.678	1	.410
N of Valid Cases	101		

Based on the results of the Chi-Square Test, the respondent's knowledge of the causes of COVID-19 and non-halal food shows a value of 2,100 with a significance probability of 0.717. Because the significance value is far above 0.05, it can be concluded that there is no relationship or association between respondents' knowledge regarding the causes of COVID-19 and non-halal food.

The cause of COVID-19 is due to lack of hygiene

Table 12 The cause of COVID-19 is due to lack of hygiene

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	2.0	2.0	2.0
	2.00	1	1.0	1.0	3.0
	3.00	11	10.9	10.9	13.9
	4.00	27	26.7	26.7	40.6
	5.00	60	59.4	59.4	100.0
	Total	101	100.0	100.0	

Based on the table above which refers to the Linkert Scale (value range 1-5) it can be analyzed that as many as 15.8% or 16 respondents stated that they strongly disagree if the cause of COVID-19 comes from non-halal food, as many as 15.8% or 16 respondents stated disagree if the cause of COVID-19 comes from non-halal food, as many as 32.7% or 33 respondents expressed doubt if the cause of COVID-19 came from non-halal food, as many as 18.8% or 19 respondents agreed if the cause of COVID-19 came from non-halal food, and as many as 16.8% or 17 respondents stated that they strongly agreed that the cause of COVID-19 came from non-halal food. The data was dominated by respondents who expressed doubt that the cause of COVID-19 came from non-halal food.

Table 13 Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.851 ^a	4	.043
Likelihood Ratio	6.933	4	.139
Linear-by-Linear Association	3.508	1	.061
N of Valid Cases	101		

Based on the results of the Chi-Square Test, the respondent's knowledge of the causes of COVID-19 and the lack of hygiene, shows a value of 9.851 with a significance probability of 0.043. Because the significance value is below 0.05, it can be concluded that there is a relationship or association between respondents' knowledge regarding the causes of COVID-19 and a lack of maintaining health.

The cause of COVID-19 is due to lack of maintaining health

Table 14 The cause of COVID-19 is due to lack of maintaining health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	4	4.0	4.0	4.0
	2.00	1	1.0	1.0	5.0
	3.00	12	11.9	11.9	16.8
	4.00	25	24.8	24.8	41.6
	5.00	59	58.4	58.4	100.0

Based on the table above which refers to the Linkert Scale (value range 1-5), it can be analyzed that as many as 4.0% or 4 respondents stated that they strongly disagreed if the cause of COVID-19 was due to lack of health, 1.0% or 1 respondent stated that they did not agree if the cause of COVID-19 is due to lack of health care, as many as 11.9% or 12 respondents expressed doubts if the cause of COVID-19 was due to lack of health, 24.8% or 25 respondents agreed that the cause of COVID-19 was due to lack of maintain health, and as many as 58.4% or 59 respondents stated that they strongly agree that the cause of COVID-19 is due to lack of maintaining health. This data is dominated by respondents who strongly agree that the cause of COVID-19 is due to lack of health care

Table 15 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.917 ^a	4	.205
Likelihood Ratio	5.289	4	.259
Linear-by-Linear Association	3.576	1	.059
N of Valid Cases	101		

Based on the results of the Chi-Square Test, the respondent's knowledge of the causes of COVID-19 and a lack of health care shows a value of 5.917 with a significance probability of 0.205. Because the significance value is above 0.05, it can be concluded that there is no relationship or association between respondents' knowledge regarding the causes of COVID-19 and a lack of maintaining health.

The cause of COVID-19 is due to the Bat Virus

Table 16 The cause of COVID-19 is due to the Bat Virus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	5	5.0	5.0	5.0
	2.00	14	13.9	13.9	18.8
	3.00	40	39.6	39.6	58.4
	4.00	22	21.8	21.8	80.2
	5.00	20	19.8	19.8	100.0
	Total		101	100.0	100.0

Based on the table above which refers to the Linkert Scale (value range 1-5), it can be analyzed that as many as 5.0% or 5 respondents stated that they strongly disagreed if the cause of COVID-19 came from the bat virus, as many as 13.9% or 14 respondents said they did not agree that if the cause of COVID-19 comes from a bat virus, as many as 39.6% or 40 respondents expressed doubts if the cause of COVID-19 came from the bat virus, as many as 21.8% or 22 respondents agreed if the cause of COVID-19 came from bat virus, and as many as 19.8% or 20 respondents stated that they strongly agreed if the cause of COVID-19 came from the bat virus. This data was dominated by respondents who expressed doubt that the cause of COVID-19 came from the bat virus.

Table 17 Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.614 ^a	4	.107
Likelihood Ratio	9.512	4	.049
Linear-by-Linear Association	7.183	1	.007
N of Valid Cases	101		

Based on the results of the Chi-Square Test, the respondent's knowledge of the causes of COVID-19 and the bat virus showed a value of 7.614 with a significance probability of 0.107. Because the significance value is above 0.05, it can be concluded that there is no relationship or association between respondents' knowledge regarding the causes of COVID-19 and the bat virus.

Comparison of Food Purchase Decisions with Halal Labels before and when COVID-19 Occurs

Table 18 Decision to Purchase Food with Halal Label before COVID-19

PurchaseDecisions * AwareBeforeCOVID19 Crosstabulation

			AwareBeforeCOVID19		Total
			No	Yes	
PurchaseDecisions	Not Influential	Count	5	31	36
		Expected Count	2.5	33.5	36.0
		% within PurchaseDecisions	13.9%	86.1%	100.0%
		% within AwareBeforeCOVID19	71.4%	33.0%	35.6%
		% of Total	5.0%	30.7%	35.6%
	Influential	Count	2	63	65
		Expected Count	4.5	60.5	65.0
		% within PurchaseDecisions	3.1%	96.9%	100.0%
		% within AwareBeforeCOVID19	28.6%	67.0%	64.4%
		% of Total	2.0%	62.4%	64.4%
Total		Count	7	94	101
		Expected Count	7.0	94.0	101.0
		% within PurchaseDecisions	6.9%	93.1%	100.0%
		% within AwareBeforeCOVID19	100.0%	100.0%	100.0%
		% of Total	6.9%	93.1%	100.0%

Based on the table above, it can be analyzed that of the 35.6% or 36 respondents who did not pay attention to the halal label for their purchase decisions, as many as 86.1% or 31 respondents cared about the halal label before COVID-19, and as many as 13.9% or 5 respondents did not care about the halal label before COVID-19. Meanwhile, from 64.4% or 65 respondents who paid attention to the halal label for their purchase decisions, 96.9% or 63 respondents cared about the halal label before COVID-19, and as many as 3.1% or 2 respondents did not care about the halal label before COVID-19.

Table 19 Decision to Purchase Food with a Halal Label during COVID-19
 PurchaseDecisions * MoreConcernedWhenCOVID19 Crosstabulation

			MoreConcernedWhenCOVID19			Total
			No	Yes	Neutral	
PurchaseDecisions	Not Influential	Count	23	3	10	36
		Expected Count	25.0	6.8	4.3	36.0
		% within PurchaseDecisions	63.9%	8.3%	27.8%	100.0%
		% within MoreConcernedWhenCOVID19	32.9%	15.8%	83.3%	35.6%
		% of Total	22.8%	3.0%	9.9%	35.6%
	Influential	Count	47	16	2	65
		Expected Count	45.0	12.2	7.7	65.0
		% within PurchaseDecisions	72.3%	24.6%	3.1%	100.0%
		% within MoreConcernedWhenCOVID19	67.1%	84.2%	16.7%	64.4%
		% of Total	46.5%	15.8%	2.0%	64.4%
Total		Count	70	19	12	101
		Expected Count	70.0	19.0	12.0	101.0
		% within PurchaseDecisions	69.3%	18.8%	11.9%	100.0%
		% within MoreConcernedWhenCOVID19	100.0%	100.0%	100.0%	100.0%
		% of Total	69.3%	18.8%	11.9%	100.0%

Based on the table above, it can be analyzed that of the 35.6% or 36 respondents who did not pay attention to the halal label for their purchase decisions, as many as 63.9% or 23 respondents did not care more about the halal label during COVID-19, and as many as 8.3% or 3 respondents were more concerned about the halal label during COVID-19. Meanwhile, from 64.4% or 65 respondents who paid attention to the halal label for their purchase decisions, as many as 72.3% or 47 respondents did not care more about the halal label during COVID-19, and as many as 24.6% or 16 respondents cared more about the label. halal during COVID-19.

Table 20 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.399 ^a	2	.000
Likelihood Ratio	15.540	2	.000
Linear-by-Linear Association	5.219	1	.022
N of Valid Cases	101		

Based on the results of the Chi-Square Test between the comparison of food purchase decisions with halal labels before and when COVID-19 occurred, it shows a value of 15.399 with a significance probability of 0.000. Because the significance value is below 0.05, it can be concluded that there is a relationship or association between the comparison of food purchase decisions with the halal label before and when COVID-19 occurred.

Health Care Respondent

Table 21 Health Care Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Care	101	100.0	100.0	100.0

Based on the table above, it can be analyzed that as many as 100.0% or 101 respondents said they cared about health and as many as 0% or no respondents said they did not care about health.

Respondents Frequently Consumed Foods with Halal Labels before and when COVID-19 occurred

Table 22 Respondents Frequently Consumed Foods with Halal Labels before COVID-19 Often Consumed Before COVID-19

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No.	3	3.0	3.0	3.0
Yes	98	97.0	97.0	100.0
Total	101	100.0	100.0	

Based on the table above, it can be analyzed that as many as 97.0% or 98 respondents stated that they often consumed halal food before COVID-19 and as many as 3.0% or 3 respondents stated that they did not often consume halal food before COVID-19. So, it can be concluded that the data is dominated by respondents who frequently consume halal food.

Tabel23 Respondents More Frequently Consumed Foods with Halal Labels during COVID-19

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No.	86	85.1	85.1	85.1
Yes	12	11.9	11.9	97.0
Neutral	3	3.0	3.0	100.0
Total	101	100.0	100.0	

Based on the table above, it can be analyzed that as many as 85.01% or 86

respondents stated that they did not consume halal food more often when COVID-19 occurred, as many as 11.9% or 12 respondents stated that they consumed halal food more often when COVID-19 occurred. and as many as 3.0% or 3 respondents stated that they had consumed halal food before COVID-19 and continued to consume halal food when COVID-19 occurred. So, it can be concluded that there was an increase of 11.9% in the consumption of halal food when COVID-19 occurred.

Comparison of Health Care and Frequent Consumption of Halal Food before COVID-19

Table 24 Comparison of Health Care and Frequent Consumption of Halal Food before COVID-19

PurchaseDecisions * AwareBeforeCOVID19 Crosstabulation			AwareBeforeCOVID19		Total
			No	Yes	
PurchaseDecisions	Not Influential	Count	5	31	36
		Expected Count	2.5	33.5	36.0
		% within PurchaseDecisions	13.9%	86.1%	100.0%
		% within AwareBeforeCOVID19	71.4%	33.0%	35.6%
		% of Total	5.0%	30.7%	35.6%
	Influential	Count	2	63	65
		Expected Count	4.5	60.5	65.0
		% within PurchaseDecisions	3.1%	96.9%	100.0%
		% within AwareBeforeCOVID19	28.6%	67.0%	64.4%
		% of Total	2.0%	62.4%	64.4%
Total		Count	7	94	101
		Expected Count	7.0	94.0	101.0
		% within PurchaseDecisions	6.9%	93.1%	100.0%
		% within AwareBeforeCOVID19	100.0%	100.0%	100.0%
		% of Total	6.9%	93.1%	100.0%

Based on the table above, it can be analyzed that out of 100.0% or 101 respondents who care about health, 97.0% or 98 respondents often consumed halal food before COVID-19, and as many as 3.0% or 3 respondents did not often consume halal food before COVID-19. So, it can be concluded that respondents who care about health are dominant often to consume halal food.

Conclusion

Based on the data obtained through questionnaires, it can be concluded that the dominance of respondents who often consumed halal food before COVID-19 was 97.0% or 98 respondents. The number of people consuming halal food has only increased by 11.9% or 12 respondents since COVID-19 occurred. Based on the results of the Chi-Square Test between the comparison of food purchase decisions with halal labels before and when COVID-19 occurred, it shows a value of 15.399 with a significance probability of 0.000. Because the significance value is below 0.05, it can be concluded that there is a relationship or association between the comparison of food purchase decisions with the halal label before and when COVID-19 occurred. The data shows that respondents who care about health often consume halal food. And based on the data obtained, it can be analyzed that of the 35.6% or 36 respondents who did not pay attention to the halal label for their purchase decisions, as many as 86.1% or 31 respondents cared about the halal label before COVID-19,

and as many as 13.9% or 5 respondents did not care about the halal label before COVID-19.

So, it is concluded that the people of the Greater Jakarta area, have consumed halal food, but still have not fully implemented the halal lifestyle, as evidenced by 35.6% of respondents not paying attention to the presence or absence of a halal label on a food product before buying. This percentage is quite high and can be of special concern because of course many factors cause this to happen.

Recommendation

We recommend regulators and governments to realize a system that focuses on Regulation, Education and Literacy (REL). From a regulatory perspective, the government should be able to streamline the application of the Law of the Republic of Indonesia No. 33 of 2014 concerning the Guarantee of Halal Products, by providing a more significant and significant subsidy for halal product certification for MSMEs (Micro, Small and Medium Enterprises). In terms of education, it can involve the role of National and Regional FoSSEI to provide socialization related to the application of the halal lifestyle in the community through the provision of seminars, sharia economic campaigns, research forums and various innovations in the field of education so that people are interested in exploring Islamic economy. Meanwhile, in terms of literacy, the role of technology is crucial in the era of Industry 4.0, therefore we recommend KNEKS (National Committee for Sharia Economics and Finance) to intensify public service announcements to encourage a halal and healthy lifestyle in society, in collaboration with the Ministry of Communication and Informatics. Republic of Indonesia. And, involving the role of influencers to reinforce the halal and healthy lifestyle movement in society.

References

- [1]Ahmad, N. A., Abaidah, T. N. T., & Yahya, M. H. A. (2013). a Study on Halal Food Awareness Among Muslim Customers in Klang. *4Th International Conference on Business and Economic Research Proceeding*, (March), 1073–1087.
- [2]Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5(4), 432–443.
- [3]Ambali, A. R., & Bakar, A. N. (2014). People's Awareness on Halal Foods and Products: Potential Issues for Policy-makers. *Procedia - Social and Behavioral Sciences*, 121(September 2012), 3–25.
- [4]Aziz, Y. A., & Chok, N. V. (2013). The Role of Halal Awareness, Halal Certification, and Marketing Components in Determining Halal Purchase Intention Among Non-Muslims in Malaysia: A Structural Equation Modeling Approach. *Journal of International Food and Agribusiness Marketing*, 25(1), 1–23.
- [5]Datta, N., Pal, M., Roy, U., Mitra, R., & Pradhan, A. (2014). World Journal of Pharmaceutical Research. *Infection*, 13(4), 15.
- [6]Djawahir, A. U. (2019). Menuju Indonesia Menjadi Pusat Ekonomi Syariah Terkemuka Dunia: Sebuah perjalanan Dynamic Governace. *Annual Conference for Muslim Scholars*, 60–72.

- [7]Golnaz, R., Zainalabidin, M., Mad Nasir, S., & Eddie Chiew, F. C. (2010). Non-muslims' awareness of Halal principles and related food products in Malaysia. *International Food Research Journal*, 17(3), 667–674.
- [8]Husna, F. (2020). Virus Corona Dampak dari Makanan yang tidak Halal. *SALAM: Jurnal Sosial Dan Budaya Syar-I*, 7(6).
- [9]Ibrahim, I., Dzulhaizat, M., Zawahair, M., & Makhbol, B. M. (2018). Halal Sustainable Supply Chain Model: A Conceptual Framework. *Advances in Transportation and Logistics Research*, 488–503.
- [10]Khoerunnisa, T., Sunaryo, & Puspaningrum, A. (2016). Pengaruh Kepercayaan Agama, Logo Halal, Pemaparan, dan Alasan Kesehatan terhadap Kesadaran Merek dan Keputusan Pembelian Makanan Halal pada Penduduk Kota Malang. *Ekonomi Bisnis*, 21(1), 36–45.
- [11]Kral, A. H., Lambdin, B. H., Wenger, L. D., & Davidson, P. J. (2020). Evaluation of an Unsanctioned Safe Consumption Site in the United States. *New England Journal of Medicine*, 383(6), 589–590. <https://doi.org/10.1056/nejmc2015435>
- [12]Lu, R., Zhao, X., Li, J., Niu, P., Yang, B., Wu, H., ... Tan, W. (2020). Genomic characterisation and epidemiology of 2019 novel coronavirus: implications for virus origins and receptor binding. *The Lancet*, 395(10224), 565–574.
- [13]Maulida, R. (2013). Urgensi Regulasi Dan Edukasi Produk Halal Bagi Konsumen. *Justicia Islamica*, 10(2).
- [14]Mutmainah, L. (2018). The Role of Religiosity, Halal Awareness, Halal Certification, and Food Ingredients on Purchase Intention of Halal Food. *Ihtifaz: Journal of Islamic Economics, Finance, and Banking*, 1(1), 33.
- [15]Nugroho, A. C. (2019). *Analisis Awareness Masyarakat Terhadap Makanan Halal Pada Produk Lumpia di Kota Semarang*.
- [16]Zahrah, A., & Fawaid, A. (2019). Halal Food di Era Revolusi Industri 4.0: Prospek dan Tantangan. *Hayula: Indonesian Journal of Multidisciplinary Islamic Studies*, 3(2), 121–138.
- [17]Omar, H. S., & Jaafar, E. N. (2011). Halal transportation in the Food Industry - A Conceptual Model. *IEEE Symposium on Business, Engineering and Industrial Applications (ISBEIA)*, 384–389.
- [18]Salman, F., & KAMRAN SIDDIQUI. (2011). An exploratory study for measuring consumers awareness and perceptions towards halal food in Pakistan. *Interdisciplinary Journal of Contemporary Research in Business*, 3(2), 639–651.
- [19]Sumardi, Didi., Syamsul Falah., Moh. Ahsanudin Jauhari., Aan Radiana. (2020). *Baitul Mal dan Tantangan Kemiskinan Dampak Pandemic Covid-19 Perspektif Filsafat Hukum Islam*.
- [20]Wu, Z., & McGoogan, J. M. (2020). Characteristics of and Important Lessons from the Coronavirus Disease 2019 (COVID-19) Outbreak in China: Summary of a Report of 72314 Cases from the Chinese Center for Disease Control and Prevention. *JAMA - Journal of the American Medical Association*, 323(13), 1239–1242.