Divulging the Lived Experiences of Islamic Students on Non-Halal Pharmaceutical Products

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Abstract

Background: Halal is a fundamental aspect of Islamic practice that influences the consumption of pharmaceutical products among Islamic adherents. Many pharmaceutical products contain haram ingredients, such as alcohol or non-halal animal-derived substances, which narrows down the choices of Islamic consumers and potentially challenges their decisions to balance essential medication needs with religious principles.

Objectives: This study explores the experiences of Islam students with non-halal pharmaceutical products, revealing diverse coping mechanisms and significant challenges.

Results: The findings indicate a critical need for improved information availability, enhanced engagement of healthcare providers, and increased community support.

Conclusion: The study highlights the importance of educational initiatives and policy development in expanding access to Halal alternatives, thereby promoting cultural inclusivity and sensitivity in healthcare. Future research should adopt mixed-method approaches, explore psychological impacts, and include diverse samples to broaden the understanding of this issue across a much broader cultural context.

Keywords: Halal, Pharmaceutical products, Medication adherence, Focus group discussion (FGD), Social pharmacy, Philippines

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Introduction

Halal, meaning "permissible" in Arabic, is central to Islamic faith, influencing not only diet but also pharmaceutical consumption. For Muslims, ensuring medications are free from haram substances such as alcohol, pork derivatives, or improperly slaughtered animals is a religious obligation (Halal Foundation, 2022; Khan et al., 2013). In the

Philippines, where Muslims are a minority, Islam students often face difficulties accessing halal-compliant medicines. While halal food is widely addressed, halal pharmaceuticals remain underexplored (Smith, 2022).

Globally, demand for halal pharmaceuticals is rising, with an estimated 2.4 billion Muslim consumers driving a projected growth rate of 6.8% by 2024 (Sugibayashi et al., 2019). However, challenges persist due to inconsistent certification, lack of labeling standards, and limited awareness among providers and consumers (Council, 2024; Yana, 2023). In the Philippines, certification remains fragmented, leaving Muslim consumers uncertain and reliant on often unreliable self-sourced information (Sadeeqa et al., 2013; Razzaque & Chaudhry, 2013).

However, many pharmaceutical products contain ingredients or components that may not meet halal requirements, such as alcohol or non-halal animal-derived substances. This poses a dilemma for Islamic followers who are faced with limited options for accessing essential medications while upholding their religious beliefs. In the Philippine setting, where Islam is a significant religious minority, there is a notable research gap regarding specific challenges and experiences of Islamic communities concerning non-halal pharmaceutical products. Despite the country's diverse population and the prevalence of Islam in certain regions, there is limited research that explores how Filipino Islamic individuals navigate healthcare systems and access medications that align with their religious principles.

Islamic teachings prohibit substances that are haram and emphasize the consumption of permissible, pure, and beneficial (tayyib) products (Aziz, 2013; Al-Qaradawi, 2006). The Theory of Planned Behavior and Symbolic Interaction Theory explain how religious identity, norms, and perceived control influence students' decisions regarding medication (Iranmanesh et al., 2019; Rahman et al., 2015). The Theory of Planned Behavior (TPB) posits that a person's decision to perform a behavior, such as taking medication, is influenced by their attitude toward the behavior, subjective norms (social or religious expectations), and perceived behavioral control (the degree of control they perceive they have). These factors influence a person's intention, which in turn predicts their actual behavior. In contrast, the Symbolic Interaction Theory (SIT) focuses on how people create meanings and identities through social interactions. It suggests that students' medication decisions are influenced by the symbolic meanings their religious community attaches to health, illness, and medicine, as well as how they interpret these meanings in forming their spiritual identity. Together, the two theories show that medication behavior is shaped not only by rational beliefs and perceived control (TPB) but also by social meanings, identity, and interaction (SIT).

This study explores the lived experiences of Islam students in a Catholic university in Davao City, examining how they navigate non-halal medicines, their coping mechanisms, and barriers to faith-aligned healthcare. The research also offers insights for pharmacists and policymakers, advocating improved labeling, education, and culturally sensitive health services.

Materials and Methods

Research Design

This study employed a qualitative research design using a phenomenological approach to explore the lived experiences of Islam students in relation to non-halal pharmaceutical products. The goal was to collect, examine, and comprehend the challenges, coping mechanisms, and recommendations of Muslim students regarding non-halal medications within the university context. Unlike quantitative methods that rely on

numerical data, this approach emphasized the subjective perspectives and meanings constructed by the participants (Austin & Sutton, 2014). By immersing themselves in the participants' lived experiences, the researchers gained a deeper understanding of how Muslim students interpret and respond to non-halal pharmaceutical issues (Okyere et al., 2020). Criterion sampling was employed to ensure the participants had direct experience with the phenomenon under study (Moser & Korstjens, 2018).

Research Participants

Participants were enrolled Islam students at the University of the Immaculate Conception and members of the University Muslim Students Organization (UMSO). A total of eleven students were purposively selected, following the guidelines for phenomenological studies that recommend 5–25 participants (Bashir, 2020). Data saturation was reached when no new themes or insights emerged from the interviews, suggesting the sample size was sufficient (Hennick & Kaiser, 2022).

Data Sources

Data were collected through focus group discussions (FGDs) facilitated by a moderator who was familiar with the study objectives, employed ethical interviewing techniques, and demonstrated cultural sensitivity to ensure neutrality and consistency. A semi-structured interview guide with three main questions and probing prompts was developed and validated by experts to ensure clarity, relevance, and cultural appropriateness. During data collection, audio recordings and detailed field notes were used to capture both verbal and nonverbal responses. Data saturation was reached when no new themes or insights emerged, confirming the adequacy and completeness of the data gathered.

Data Collection

Purposive and convenience sampling techniques were employed to ensure the selection of participants who could provide rich, relevant information. Approval letters were secured from university authorities, including the UIC President, the Dean of the College of Pharmacy and Chemistry, and the UMSO faculty-in-charge. Participants provided informed consent prior to data collection.

FGDs were conducted in a private setting conducive to open discussion. Each session lasted approximately four hours. Participants were briefed on the purpose, procedure, and ethical considerations of the study. Discussions were recorded (with consent) and supplemented by researchers' field notes. After proposal approval, the study was submitted to and approved by the UIC Research Ethics Committee.

Data Analysis

Thematic analysis was employed to interpret the qualitative data, following Braun and Clarke's (2006) six-phase process: familiarization, coding, generating themes, reviewing themes, defining and naming themes, and writing up. The researchers first read transcripts to identify patterns and then assigned codes to recurring ideas. Themes were formed by grouping related codes and were refined through constant comparison. The approach ensured that emerging themes addressed the core research questions (Kigere & Varpio, 2020).

Trustworthiness of the Study

To ensure the rigor and credibility of the study, the researchers considered four criteria: credibility, transferability, confirmability, and dependability. Credibility was achieved by adhering strictly to the participants' original responses, validating research instruments with experts, and ensuring accurate representation of data (Korstjens & Moser, 2017; Romero-Sacoto et al., 2021). Transferability was established by thoroughly describing the study context and methodology, enabling future researchers to evaluate the relevance of findings to other settings (Connelly, 2016; Drobnic, 2014). Confirmability was maintained by documenting the research process, minimizing bias, and ensuring that interpretations stemmed directly from participant narratives (NCU Library, n.d.). Dependability was supported through consistent data analysis procedures, including inquiry audits and thematic analysis, making the research replicable and reliable (Moon et al., 2016).

Role of the Researcher

The researchers acted primarily as observers during FGDs, taking notes and recording responses. They transcribed the recordings verbatim and were responsible for data management and synthesis. Researchers also interpreted the findings within the theoretical framework and ensured accurate thematic representation.

Ethical Consideration

The study adhered to the guidelines set by the UIC Research Ethics Committee. The study was submitted for review, and ethical clearance was granted with Protocol code UG-0031-02-24, dated March 11, 2024. Furthermore, informed consents were obtained through a signed informed consent form prior to the study.

Results

The lived experiences of Islamic students regarding non-halal pharmaceutical products revealed four major themes: (1) some positive experiences, (2) seeking halal alternatives, (3) limited availability and accessibility, and (4) balancing medical necessity and religious beliefs.

Table 1.
Lived Experiences of Islam Students on Non-Halal Pharmaceutical Products

THEMES	CORE IDEAS
Some had no challenges or experiences with non-halal pharmaceutical products	No challenges in finding halal medications
	Individuals typically check the ingredients of pharmaceutical products before purchasing them.
	Not faced conflict managing non-halal
Seeking Halal Alternatives	Professional Guidance
	Social Media Post
	Educational programs
	Internet surfing

Limited Availability and Accessibility	Inadequate labeling
	Awareness and information gap
	Lack of Community Support and Resources
Balancing Medical Necessity and Religious Beliefs	Islamic principles influence decision-making.
	Aligning purchasing decisions with religious values

Some students reported that they had not encountered challenges in accessing halal medications. One participant shared,

> **"To be honest, wala pa akong naencounter na mga challenges regarding sa paghahanap ng mga halal medications."** (To be honest, I have not encountered any challenges when finding halal medications.) FGDP#4

> **"... hindi pa ako nakaencounter ng mga ganitong pressure from other people when managing non-halal medications…"** I have not encountered this kind of pressure from others when managing non-halal medications. (FGDP#5)

For some, living in predominantly Muslim communities allowed easier access to appropriate medications, with one respondent stating, "I do not encounter any challenges in our hometown considering it is an Islam-dominated area."

Others shared that when faced with uncertainty, they proactively sought halal alternatives by consulting healthcare professionals or conducting independent research. One participant recounted,

> **"Sa mga taong knowledgeable like pharmacists sa mga drugstores, paminsan they inform us about certain ingredients na pwedeng haram sa amin at they suggest alternatives…" (**Those who are knowledgeable, such as pharmacists in drugstores, inform us about certain ingredients that may be haram for us and suggest alternatives.) FGDP #5

Social media, educational programs, and the internet were also valuable sources of information.

A recurring concern among participants was the limited availability of halal-certified pharmaceuticals and inadequate labeling of these products. A participant explained, "*I live in BARMM, and it is a Muslim region, but there are no initiatives about non-halal pharmaceuticals. We lack access to information about which medications are halal*." Others described relying on Google or online forums due to a lack of community-based resources.

Participants also expressed the difficulty of balancing religious obligations with health needs. One shared, "*We have no choice but to take the medications even though it is not certain if it is halal or not*." Another added, "*My belief in Islam greatly affects my decision-making in picking the right medication with halal ingredients*." Many were

cautious and meticulous in checking the ingredients, despite the limitations of the available information.

Three essential coping mechanisms were identified: (1) embracing Islamic practices, (2) being mindful and aware, and (3) personal attitudes toward non-halal medications. The results are reported in Table 2.

Table 2.
Coping mechanisms of Islamic students about the consumption of non-halal pharmaceuticals

THEMES	CORE IDEAS
Adhering to Islamic Practices	Praying more often and asking for forgiveness
	Engage in reading and listening to the Qur'an.
	Following the religious teachings
	Seeking advice from religious authorities
Being Mindful and Aware	Checking for halal logos
	Consulting with medical practitioners
	Finding halal alternatives
	Discuss issues within support groups in the community
Attitude Towards Non-Halal Medications	Medication Adherence
	Accepting what is available in the market
	Following non-halal medications as long as there are no pork derivatives
	Weighing the benefits of halal and non-halal products
	Discontinuing medications with non-halal ingredients

To cope with the emotional and spiritual discomfort, many participants turned to religious practices. One participant said,

> **"Nagapray ako kay God to ask for forgiveness if magkamali ako in taking the medications."** (I pray to God to ask for forgiveness if I made mistakes in taking the medication.) FGDP#2

Others reported increasing their prayers and reading or listening to the Qur'an. Seeking advice from Islamic scholars or support groups was also a common practice. As another respondent stated,

> **"...gina-consider ko din mag seek ng guidance from Islamic scholars if possible."** (I will seek guidance from Islamic scholars.) FGDP#1

Participants also demonstrated mindfulness by checking product labels for halal certification, consulting healthcare providers, and actively searching for alternatives. One student shared, "*I always check the labels of the product or any information that states if it is halal or not."* Others described being deliberate in their decision-making, comparing risks and benefits when alternatives were unavailable.

Attitudes varied widely. Some were willing to adhere to non-halal medications if there were no alternatives and their condition was severe. "*I take what is available as long as there is an effect,"* one participant explained. Others emphasized avoiding non-halal products altogether. *"I guess I would just not take the medication,*" one remarked, reflecting the internal conflict between religious adherence and medical necessity.

Recommendations from the participants were categorized into three themes, as shown in Table 3. These three themes include: (1) awareness and education, (2) seeking help, and (3) increased development and promotion of halal pharmaceutical products.

Table 3.
Recommendations of Islamic students on the issues and challenges brought by non-halal pharmaceutical products

Essential Themes	CORE IDEAS
Awareness and Education	Enhancing knowledge of healthcare professionals and the general public
	Browsing and research
	Cautious medication intake
Seeking guidance	Ask pharmacists and doctors about available halal alternatives
	Assistance from government bodies and collaboration of stakeholders
	Spiritual guidance
Increased development and promotion of halal pharmaceutical products	Halal logo on product labels
	Separate halal from non-halal pharmaceutical products.
	Increased development of halal alternatives
	List of halal-certified pharmaceutical products in pharmacies and hospitals.
	Availability of halal pharmaceutical products in pharmacies and hospitals

Many students recommended that healthcare professionals and the general public receive better education on halal pharmaceutical products. One participant stressed, *"We have to disseminate information about it.*" Another stated, "*They should seek knowledge, research.*"

Participants also emphasized the importance of seeking guidance from healthcare professionals, religious scholars, and government authorities. As one participant put it, "*Consult with religious scholars and healthcare providers… explore permissible options*."

Another called for institutional support, saying, "*Seeking support from the government to comply with Islamic scholars and Shari'ah Law.*"

Lastly, students suggested clear labeling and broader availability of halal-certified medications. "*Using a halal logo would enable Muslim users to feel at ease*," one participant remarked. Others called for segregation of halal and non-halal medications in pharmacies and hospitals, and increased production of halal alternatives. "*They should focus on making pharmaceutical products that are halal*," urged one respondent.

Discussion

The findings of this study highlight the complex and context-dependent experiences of Islam students in navigating non-halal pharmaceutical products within a predominantly non-Muslim environment. While some participants reported minimal challenges—particularly those from Muslim-majority areas where halal awareness is integrated into daily life—others encountered significant uncertainty when determining whether medicines were permissible. This variation highlights the influence of cultural and community context on shaping halal literacy and consumer behavior, aligning with Sadeeqa et al. (2013), who found that communities with strong religious networks tend to exhibit greater vigilance toward halal compliance. The presence of family practices such as routinely checking medication ingredients further illustrates the social transmission of religious norms and values within Muslim households.

However, consistent with Sarrif and Abdul Razzaq (2013), the study reveals that most participants experience confusion and frustration due to poor labeling and limited access to credible information about product contents. This suggests that structural barriers—rather than personal negligence—largely account for the risks of non-compliance. The inconsistent information from online sources and pharmacists reflects what Yana (2023) described as a systemic lack of standardized certification and labeling procedures. Such gaps underscore the need for institutional accountability, rather than placing the burden solely on individual consumers.

Participants' coping mechanisms reveal how religiosity and moral reasoning guide decision-making in health contexts. Many students turned to spiritual strategies, prayer, Qur'anic recitation, and repentance as ways to maintain inner peace and religious coherence. Others relied on the Islamic legal principle of darurah, which allows the temporary use of non-halal substances in life-threatening situations. This moral flexibility aligns with Umar (2024), who emphasized that Islam prioritizes preservation of life over rigid adherence when no halal alternative exists. The coexistence of strict observance and pragmatic adaptation illustrates the Symbolic Interactionist perspective, wherein meanings are negotiated through personal reflection, social influence, and situational context (Nickerson, 2023). Thus, medication use becomes not only a biomedical act but also a spiritual and identity-based negotiation.

The students' recommendations further extend current discussions on the accessibility of halal pharmaceuticals. Their calls for more transparent labeling, better public education, and cross-sector collaboration align with Khalid et al. (2018), who noted that consumer trust in halal products increases with transparency and increased visibility of certification. Beyond confirming previous findings, this study adds a youth and educational perspective, showing that Muslim students are not passive consumers but active advocates for systemic change. Their proposals reflect both practical awareness and moral agency, reinforcing the Theory of Planned Behavior notion that attitudes, perceived control, and social norms collectively influence ethical consumption (Iranmanesh et al., 2019).

The findings both support and extend existing literature by situating halal pharmaceutical challenges within the lived experiences of Muslim students in a multi-faith academic environment. While previous studies have focused on general consumer awareness, this research emphasizes the interplay between religious identity, environmental constraints, and institutional responsibility. It underscores the importance of integrating cultural sensitivity into pharmacy education and healthcare policy to ensure that access to medicine does not compromise religious values. By highlighting the voices of young Muslims, the study contributes to a more inclusive understanding of halal consciousness in healthcare. It underscores the need for policy frameworks that respect religious diversity.

Conclusion

The study revealed that Islamic students have diverse experiences in dealing with non-halal pharmaceutical products. While some participants reported no issues, others faced challenges, including limited access to halal options, inadequate labeling, and uncertainty in identifying ingredients. Their decisions were strongly influenced by Islamic beliefs, with some strictly adhering to halal guidelines and others showing flexibility when faced with urgent health needs. The students also used various coping strategies, including prayer, seeking forgiveness, consulting religious leaders, and carefully checking product labels.

Overall, the findings highlight the importance of cultural and religious sensitivity in healthcare. The participants' recommendations—such as increasing awareness, involving government and religious sectors, and improving labeling and availability of halal medicines—suggest practical steps toward a more inclusive pharmaceutical system that respects religious values.

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