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**AWARENESS ATTITUDE TOWARDS HALAL FOOD  
PRODUCTS AMONG MUSLIM YOUTHS IN GOMBAK,  
MALAYSIA**



**SHAMIIHAH BINTI ISHAK**

**UUM**  

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**Universiti Utara Malaysia**

**MASTER OF SCIENCE (MANAGEMENT)  
UNIVERSITI UTARA MALAYSIA  
August 2017**

AWARENESS ATTITUDE TOWARDS HALAL FOOD PRODUCT AMONG  
MUSLIM YOUTHS IN GOMBAK, MALAYSIA

By

SHAMIIHAH BINTI ISHAK



UUM  
Universiti Utara Malaysia

Thesis Submitted to  
Othman Yeop Abdullah Graduate School of Business,  
Universiti Utara Malaysia,  
in Fulfillment of the Requirement for the Degree of MSc. (Management)



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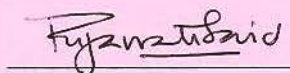
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## ABSTRACT

Numerous studies had highlighted on the importance of halal such as on halal cosmetic product, halal certification, halal food product etc. There were a research to identify about the perception, assessing knowledge and religiosity toward halal food and cosmetic product, using Theory of Planned Behavior (TPB) to predict halal food consumption, the factors that influence behavioral intention on purchasing halal food and many more. This study aims to examine the level of attitude awareness of Muslims youth which is in Gombak area towards halal food product. The theoretical framework consists of three components which are religious belief, halal food information and subjective norm. Data were collected through distribution of questionnaire that using five point Likert Scale and had been distributed to 400 Muslims youth. The respondents were between 13 until 21 years old residing in Gombak, Selangor. Besides that, results obtain in the study shows that subjective norms is found to have a significant influence towards the attitude awareness of Muslims youth as compared to religious belief and halal food information.

**Keywords:** Halal, religion belief, halal product, behavior norm



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## ABSTRAK

Pelbagai kajian telah dilakukan dimana kebanyakannya hanya memberi focus terhadap kepentingan halal seperti produk halal kosmetik, pensijilan halal, produk makanan halal dan lain-lain. Terdapat beberapa kajian yang menekankan aspek persepsi, menilai tahap pengetahuan dan pegangan agama berhubung makanan halal dan produk kosmetik, menggunakan kaedah *Theory Planned Behavior* (TPB) bagi menentukan pengambilan makanan halal, faktor-faktor yang memberi kecenderungan kepada niat perlakuan dalam pembelian makanan halal dan sebagainya. Kajian ini bertujuan untuk mengkaji tahap kesedaran sikap remaja Islam yang berada di sekitar Gombak terhadap produk makanan halal. Kerangka teoritikal terdiri daripada tiga komponen iaitu kepercayaan agama, pengetahuan berhubung makanan halal dan norma subjektif. Data telah dikumpulkan melalui cara pengedaran soal selidik yang menggunakan *Five point Likert Scale* dan telah diedarkan kepada 400 orang remaja Islam. Responden terdiri daripada lingkungan umur antara 13 hingga 21 tahun di sekitar Gombak, Selangor. Keputusan bagi kajian ini menunjukkan bahawa norma subjektif memainkan peranan penting dan pengaruh yang besar dalam menentukan tahap kesedaran sikap remaja Islam terhadap makanan halal berbanding kepercayaan agama dan pengetahuan mengenai halal.

**Katakunci:** Halal, kepercayaan agama, produk halal, norma tingkah laku



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## ACKNOWLEDGEMENT

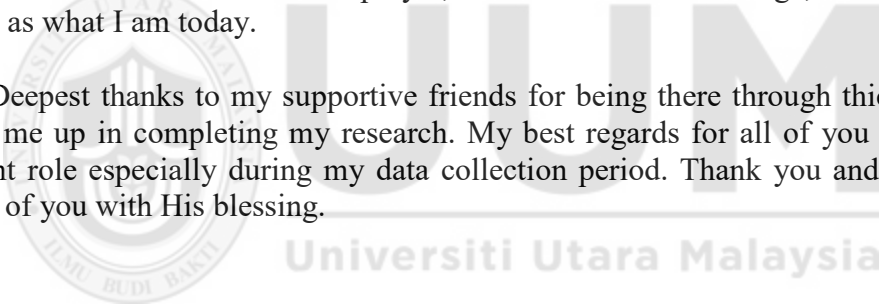
In the name of Allah, the Most Gracious the Most Merciful

All praise to the Allah, The almighty, for His blessing and companion, giving me strength to complete my dissertation paper successfully. Honestly, I believe that this research would never be achieved its aim without support from some important people.

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Figure 3.1 Research Framework

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 BACKGROUND OF THE STUDY**

In Malaysia, the awareness of halal food product is still lower of notable among Muslims. This research paper focusing on to determine if Muslims youth are realizes the important of halal food product. Besides, the goal for this study particularly is to measuring the Muslims youth consumer behaviour towards consuming halal food product. They are not sensitive of the importance of halal labelling/logo which is designated to notify Muslims whether it is allowed to buy and using it or not. The analysis by Murray Hunter (2012) that 20% of Muslims consumer does not look for Halal certifications when purchasing a product and that the majority of consumers will buy products that do not have the logo if there are no alternatives.

Although Malaysia is one of Islamic countries in the world and have a multiple races, the citizen whether Muslim or non-Muslim simply noticing about the halal is just consist of food, permitted animal and pets. The context of halal is really important to know because consumer always use in daily life. The government or the authority do put the effort to spread widely the knowledge and understanding of halal but the citizen still do not take it seriously (Nur Aniza, Noreina & Nurul Syakinah, 2013).

The contents of  
the thesis is for  
internal user  
only

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APPENDIX

|  |  |  |
|--|--|--|
|  |  |  |
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Dear Respondent:

**A STUDY FOR MEASURING THE LEVEL OF AWARENESS ON HALAL FOOD PRODUCT BASED ON MUSLIMS YOUTH ATTITUDE**

This questionnaire is designed to study on measuring the level of awareness on halal food product among Muslims youth attitude. The information you provide will helped me to better understand and realize that the young generation know the importance of the awareness of halal and have a correct picture on how to choose halal food product before purchase it. I request you to respond to the questions frankly and honestly.

I assure you that all your responses will be kept **STRICTLY CONFIDENTIAL**.

Thank you for your cooperation.

Please return this questionnaire upon completion to the researcher:

**Shamihah Ishak**

Master in Science Management

Universiti Utara Malaysia Kuala Lumpur

**SECTION A: STUDENTS INFORMATION**  
**BAHAGIAN A: MAKLUMAT PELAJAR**

INSTRUCTION: Please tick ( / ) in the appropriate box.  
 ARAHAN: Sila tandakan ( / ) di dalam kotak yang disediakan.

- |   |                          |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
|---|--------------------------|------|--------------------------|--------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|-------|--------------------------|---------|--------------------------|--------|--------------------------|--------|--------------------------|--------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--|--------------------------|---------|--------------------------|------------|--------------------------|-----------|--------------------------|--------------------|--------------------------|-------------------|--------------------------|----------------|--------------------------|---------------|--------------------------|-----------|--------------------------|------|--------------------------|--------|--------------------------|-----------|--------------------------|--------------|
| <p>1. Gender:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50px;"><input type="checkbox"/></td> <td>Male</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Female</td> </tr> </table> <p>2. Age:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50px;"><input type="checkbox"/></td> <td>13 – 15 years old</td> </tr> <tr> <td><input type="checkbox"/></td> <td>16 – 18 years old</td> </tr> <tr> <td><input type="checkbox"/></td> <td>19 – 21 years old</td> </tr> </table> <p>3. Race:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50px;"><input type="checkbox"/></td> <td>Malay</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Chinese</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Indian</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Others</td> </tr> </table> <p>4. How do you know about Halal?:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50px;"><input type="checkbox"/></td> <td>Family</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Friends</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Teacher</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Reading</td> </tr> </table> | <input type="checkbox"/> | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | 13 – 15 years old | <input type="checkbox"/> | 16 – 18 years old | <input type="checkbox"/> | 19 – 21 years old | <input type="checkbox"/> | Malay | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Others | <input type="checkbox"/> | Family | <input type="checkbox"/> | Friends | <input type="checkbox"/> | Teacher | <input type="checkbox"/> | Reading | <p>5. Where do you get information about Halal?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50px;"><input type="checkbox"/></td> <td>Youtube</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Television</td> </tr> <tr> <td><input type="checkbox"/></td> <td>At School</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Magazine / Journal</td> </tr> </table> <p>6. Parent's Occupation:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50px;"><input type="checkbox"/></td> <td>Government Sector</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Private Sector</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Self-Employed</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pensioner</td> </tr> </table> <p>7. Where frequently do you access the web from the following places?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50px;"><input type="checkbox"/></td> <td>Home</td> </tr> <tr> <td><input type="checkbox"/></td> <td>School</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cybercafe</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other Places</td> </tr> </table> | <input type="checkbox"/> | Youtube | <input type="checkbox"/> | Television | <input type="checkbox"/> | At School | <input type="checkbox"/> | Magazine / Journal | <input type="checkbox"/> | Government Sector | <input type="checkbox"/> | Private Sector | <input type="checkbox"/> | Self-Employed | <input type="checkbox"/> | Pensioner | <input type="checkbox"/> | Home | <input type="checkbox"/> | School | <input type="checkbox"/> | Cybercafe | <input type="checkbox"/> | Other Places |
| <input type="checkbox"/>  | Male                     |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Female                   |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | 13 – 15 years old        |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | 16 – 18 years old        |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | 19 – 21 years old        |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Malay                    |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Chinese                  |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Indian                   |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Others                   |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Family                   |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Friends                  |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Teacher                  |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Reading                  |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Youtube                  |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Television               |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | At School                |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Magazine / Journal       |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Government Sector        |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Private Sector           |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Self-Employed            |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Pensioner                |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Home                     |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | School                   |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Cybercafe                |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |
| <input type="checkbox"/>  | Other Places             |      |                          |        |                          |                   |                          |                   |                          |                   |                          |       |                          |         |                          |        |                          |        |                          |        |                          |         |                          |         |                          |         |  |                          |         |                          |            |                          |           |                          |                    |                          |                   |                          |                |                          |               |                          |           |                          |      |                          |        |                          |           |                          |              |

**SECTION B: LEVEL OF AWARENESS AMONG MUSLIMS YOUTH**  
**BAHAGIAN B: TAHAP KESEDARAN DIKALANGAN REMAJA BERAGAMA ISLAM**

INSTRUCTION: The following statements relate to your level of knowledge and its application in your daily life. Please indicate your level of agreement to the statements by circling the appropriate number.

ARAHAN: Kenyataan di bawah berkaitan dengan tahap pengetahuan dan aplikasi dalam kehidupan seharian anda. Sila tandakan nombor yang bersesuaian dengan tahap persetujuan anda.

| <b>Strongly Disagree</b><br><i>Sangat Tidak Bersetuju</i> | <b>Disagree</b><br><i>Tidak Bersetuju</i> | <b>Neutral</b> | <b>Agree</b><br><i>Setuju</i> | <b>Strongly Agree</b><br><i>Sangat Bersetuju</i> |
|---|---|----------------|-------------------------------|--|
| <b>1</b>  | <b>2</b>                                  | <b>3</b>       | <b>4</b>                      | <b>5</b>   |

| <b>RELIGIOUS BELIEFS</b><br><b>KEPERCAYAAN AGAMA</b>   |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. I believe in Allah, Muhammad (PBUH) as His prophet, Quran and Sunnah.                             | 1 | 2 | 3 | 4 | 5 |
| 1. <i>Saya percaya kepada Allah, Nabi Muhammad (s.a.w) adalah utusanNya, Al-Quran dan As-Sunnah.</i> | 1 | 2 | 3 | 4 | 5 |
| 2. I pray five times a day.  | 1 | 2 | 3 | 4 | 5 |
| 3. <i>Saya solat lima waktu setiap hari.</i>   | 1 | 2 | 3 | 4 | 5 |
| 4. I am fasting during a holy month of Ramadhan.   | 1 | 2 | 3 | 4 | 5 |
| 2. <i>Saya berpuasa penuh di bulan Ramadhan.</i>   | 1 | 2 | 3 | 4 | 5 |
| 5. I often read books and magazines about my religion.   | 1 | 2 | 3 | 4 | 5 |
| 3. <i>Saya selalu membaca buku atau majalah berkaitan agama saya.</i>                                | 1 | 2 | 3 | 4 | 5 |
| 6. I believe my religious beliefs lie behind my whole  | 1 | 2 | 3 | 4 | 5 |

|  |   |                |                               |  |  |  |  |  |  |
|--|---|----------------|-------------------------------|--|--|--|--|--|--|
| approach to life.  |   |                |                               |  |  |  |  |  |  |
| 7. <i>Saya percaya agama Islam ialah petunjuk arah dalam kehidupan saya.</i> |   |                |                               |  |  |  |  |  |  |
| <b>Strongly Disagree</b><br><b>Sangat Tidak Bersetuju</b>                    | <b>Disagree</b><br><b>Tidak Bersetuju</b> | <b>Neutral</b> | <b>Agree</b><br><b>Setuju</b> | <b>Strongly Agree</b><br><b>Sangat Bersetuju</b> |  |  |  |  |  |
| <b>1</b>   | <b>2</b>                                  | <b>3</b>       | <b>4</b>                      | <b>5</b>   |  |  |  |  |  |

| <b>HALAL INFORMATION</b>  |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>PENGETAHUAN BERKAITAN HALAL</b>  |   |   |   |   |   |
| 1. I am aware of term/word 'Halal'.<br>1. <i>Saya faham maksud perkataan 'Halal'.</i>   | 1 | 2 | 3 | 4 | 5 |
| 2. I am aware of term/word 'Haram'.<br>2. <i>Saya faham maksud perkataan 'Haram'.</i>   | 1 | 2 | 3 | 4 | 5 |
| 3. I am aware of term/word 'Syubhah'.<br>3. <i>Saya faham maksud perkataan 'Syubhah'.</i>   | 1 | 2 | 3 | 4 | 5 |
| 4. Food items coming from Muslim countries are necessarily halal.<br>4. <i>Makanan yang berasal dari Negara-negara Islam semestinya adalah halal.</i> | 1 | 2 | 3 | 4 | 5 |
| 5. Food items with Islamic names are necessary halal.<br>5. <i>Makanan yang mempunyai nama-nama Islam semestinya adalah halal.</i>                    | 1 | 2 | 3 | 4 | 5 |
| 6. I always update with any issues related to halal.<br>6. <i>Saya sentiasa megambil tahu sesuatu isu mengenai halal.</i>                             | 1 | 2 | 3 | 4 | 5 |

| <b>Strongly Disagree</b><br><i>Sangat Tidak Bersetuju</i> | <b>Disagree</b><br><i>Tidak Bersetuju</i> | <b>Neutral</b> | <b>Agree</b><br><i>Setuju</i> | <b>Strongly Agree</b><br><i>Sangat Bersetuju</i> |
|---|---|----------------|-------------------------------|--|
| <b>1</b>  | <b>2</b>                                  | <b>3</b>       | <b>4</b>                      | <b>5</b>   |

| <b>SUBJECTIVE NORM</b><br><b>NORMA SUBJEKTIF</b>   |   |   |   |   |   |
|--|---|---|---|---|---|
| <p>1. I will not buy a food product, if doubts are raised about it by my friends and family.</p> <p>1. <i>Saya tidak akan membeli sesuatu produk makanan sekiranya rakan dan keluarga saya menyatakan keraguan terhadap produk tersebut.</i></p> | 1 | 2 | 3 | 4 | 5 |
| <p>2. My family and friends always use halal foods.</p> <p>2. <i>Ahli keluarga dan kawan saya hanya menggunakan produk makanan halal.</i></p>  | 1 | 2 | 3 | 4 | 5 |
| <p>3. My family members will eating at a restaurant believed to be halal.</p> <p>3. <i>Ahli keluarga saya hanya akan makan di restoran yang diyakini halal sahaja.</i></p>   | 1 | 2 | 3 | 4 | 5 |
| <p>4. My family willing to pay more to buy halal food, if we in a non-Muslim country.</p> <p>4. <i>Ahli keluarga saya sanggup berbelanja lebih untuk mendapatkan makanan halal jika berada di negara bukan Islam.</i></p>                        | 1 | 2 | 3 | 4 | 5 |
| <p>5. I believe Muslims have to follow the regulation of the religion.</p> <p>5. <i>Saya percaya bahawa orang Islam wajib mematuhi peraturan yang ditetapkan dalam agama Islam.</i></p>  | 1 | 2 | 3 | 4 | 5 |

**SECTION C: AWARENESS ATTITUDE OF MUSLIMS YOUTH**  
**BAHAGIAN C: KESEDARAN PERILAKU DIKALANGAN REMAJA ISLAM**

INSTRUCTION: The following statements relate to your awareness attitude. Please indicate your level of agreement to the statements by circling the appropriate number.

ARAHAN: Kenyataan di bawah berkaitan dengan kesedaran perilaku anda. Sila tandakan nombor yang bersesuaian dengan tahap persetujuan anda.

| <b>Strongly Disagree</b><br><i>Sangat Tidak Bersetuju</i> | <b>Disagree</b><br><i>Tidak Bersetuju</i> | <b>Neutral</b> | <b>Agree</b><br><i>Setuju</i> | <b>Strongly Agree</b><br><i>Sangat Bersetuju</i> |
|---|---|----------------|-------------------------------|--|
| <b>1</b>  | <b>2</b>                                  | <b>3</b>       | <b>4</b>                      | <b>5</b>   |

| <b>AWARENESS ATTITUDE</b><br><b>KESEDARAN PERILAKU</b>  |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. I don't eat pork or haram meat.<br><br>1. <i>Saya tidak makan daging babi atau daging yang tidak halal.</i>  | 1 | 2 | 3 | 4 | 5 |
| 2. I don't buy any food with haram ingredients.<br><br>2. <i>Saya tidak membeli makanan yang mempunyai bahan-bahan tidak halal.</i>                                     | 1 | 2 | 3 | 4 | 5 |
| 3. I don't drink alcohol.<br><br>3. <i>Saya tidak minum arak.</i>   | 1 | 2 | 3 | 4 | 5 |
| 4. I don't eat any foods that have alcohol ingredients.<br><br>4. <i>Saya tidak makan makanan yang mengandungi campuran alcohol dalam bahan-bahan makanan tersebut.</i> | 1 | 2 | 3 | 4 | 5 |
| 5. I am willing to pay more for food that has halal logo on it.<br><br>5. <i>Saya rela untuk tidak membayar lebih dari harga</i>  | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <i>sepatutnya untuk makanan yang mempunyai logo halal.</i> |  |  |  |  |  |
|--|--|--|--|--|--|

*-End of Questions-  
Thank you for your participation*



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