

## The Influence of Sharia Compliance Dimensions on Sharia Standard Implementation in Beauty Care Services

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**Abstract** — The rapid growth of the halal beauty industry has increased the demand for beauty services that comply with Islamic principles. However, empirical studies examining sharia compliance at the organizational level of beauty service providers remain limited. This study aims to analyze the influence of three dimensions of sharia compliance, namely product halalness, service ethics and aurah protection, and spiritual values and sharia branding, on the implementation of sharia standards at Arnhilah Aesthetic Care Clinic. A quantitative approach was employed using a survey of 101 clinic customers selected through accidental sampling. Data were analyzed using multiple linear regression with SPSS. The results indicate that product halalness has the strongest positive and significant effect on sharia standard implementation ( $\beta = 0.602$ ;  $p < 0.001$ ), followed by service ethics and aurah protection ( $\beta = 0.173$ ;  $p = 0.023$ ). Spiritual values and sharia branding also demonstrate a positive effect, although with marginal significance ( $\beta = 0.183$ ;  $p = 0.050$ ). Simultaneously, the three dimensions explain 49.4% of the variance in sharia standard implementation. These findings suggest that comprehensive implementation of sharia standards requires the integration of halal product assurance, ethical service practices, and authentic Islamic organizational values. The study contributes to the development of multidimensional sharia compliance assessment in beauty service organizations.

**Keywords:** Halal Cosmetics, Islamic Business Ethics, Sharia Compliance, Sharia Standard Implementation

### 1. INTRODUCTION

The beauty industry in Indonesia has experienced rapid growth alongside increased public awareness of body care and aesthetics. Indonesia, as the country with the world's largest Muslim population, has become a strategic market for the development of halal and sharia-based beauty services. According to The Business Research Company [1], the global halal cosmetics market value increased from approximately USD 37 billion in 2023 and is projected to reach USD 72 billion by 2028, with a Compound Annual Growth Rate (CAGR) of 14.4%. This trajectory signals not only a commercial opportunity but also a growing normative expectation among Muslim consumers that beauty services must be conducted in conformity with Islamic principles.

For Muslim communities, beauty services must not only be safe and high quality but also comply with sharia principles. Sharia compliance in beauty services encompasses the use of halal products, aurah protection, restriction of interactions between opposite sexes, and the implementation of Islamic service ethics. Observations indicate that many beauty

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Received: 08 June 2026

Reviewed: 17 June 2026

Accepted: 30 June 2026

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clinics in Indonesia have not yet optimally implemented sharia standards, creating a contradiction between the needs of Muslim consumers and prevailing business practices [2], [3].

This contradiction is particularly relevant given Indonesia's regulatory framework for halal products. Law No. 33 of 2014 on Halal Product Assurance made halal certification mandatory and established the Halal Product Assurance Organizing Agency (BPJPH), which issues Halal Certificates based on a written fatwa from the Indonesian Ulema Council (MUI), including MUI Fatwa No. 26 of 2013 concerning Cosmetics [4]. At the institutional level, sharia compliance is further grounded in the principles formulated by the National Sharia Board of MUI (DSN-MUI), which require business practices to be free from elements prohibited under Islamic law and to be supervised through a sharia compliance mechanism [5]. However, these regulations primarily target product halalness and have not been explicitly extended to cover the operational and service dimensions of sharia-based beauty clinics, such as service ethics, aurah protection, and spiritual branding, leaving an important regulatory and academic gap that this study seeks to address.

Arnhilah Aesthetic Care Clinic presents itself as a sharia-based beauty clinic targeting Muslimah consumer segments. However, based on preliminary observations, there are indications that sharia standard implementation still requires deeper evaluation, including the absence of halal verification for all products used, lack of formal aurah protection guidelines, and potential gender inconsistencies between medical personnel and patients in certain services—issues consistent with broader concerns regarding patient protection and gender-appropriate care in Indonesian beauty clinics [2], [3].

Previous research on halal and sharia-based consumption has focused primarily on consumer behavior toward halal cosmetics [6], [7], the role of religiosity and halal labels in purchase decisions [8], and the effect of Islamic branding on purchasing decisions, without specifically evaluating the sharia compliance level of a beauty clinic as a service provider [9]. Internationally, studies on Muslim consumer compliance behavior [10], halal service quality [11], and Islamic branding authenticity [12] similarly focus on consumer perceptions rather than organizational-level compliance assessment. Furthermore, international literature on religious compliance in service settings [13], [14] and halal industry governance [15] confirms that empirical multi-dimensional compliance models for beauty service providers remain scarce. This gap leaves practitioners without evidence-based guidance on which dimensions of sharia compliance most effectively drive actual standard implementation at the clinic level—a question that has particular urgency given the rapid proliferation of clinics claiming sharia identity in Southeast Asian markets.

This research addresses that gap by empirically testing the influence of three compliance dimensions—product halalness (X1), service ethics and aurah protection (X2), and spiritual values and sharia branding (X3)—on sharia standard implementation in beauty care services (Y) at Arnhilah Aesthetic Care Clinic, thereby shifting the unit of analysis from individual consumer behavior to organizational-level sharia compliance. Unlike previous studies that treat halal compliance as a single-item construct or a consumer attitude variable, this study operationalizes sharia compliance as a multi-dimensional organizational phenomenon and tests the relative explanatory weight of each dimension within a single empirical model.

The contributions of this study are twofold. Theoretically, this study extends sharia compliance theory [16] and Islamic business ethics theory [17] into the underexplored domain of beauty-clinic service operations, providing an empirically grounded, multi-dimensional compliance model that can serve as a foundation for future theoretical development and cross-context replication. Practically, the findings provide clinic managers and sharia compliance auditors with an evidence-based ranking of compliance dimensions—with product halalness identified as the most critical driver—enabling more targeted resource allocation and compliance monitoring in sharia-claiming beauty service

providers.

## **2. THEORETICAL REVIEW**

### **2.1 Sharia Compliance in Business Perspective**

Sharia compliance in business represents a commitment of an institution to conduct all activities in accordance with Islamic provisions, values, and principles. This compliance reflects the moral awareness and integrity of business actors in ensuring that all business processes adhere to sharia guidance, including operational aspects, service ethics, product use, and consumer relations within Islamic values such as halalness, honesty, trust, justice, and transparency [18]. Internationally, sharia compliance has been extensively studied in Islamic banking and finance [13], [14], where multi-level compliance frameworks encompass product design, governance, and customer interaction—a model this study adapts to the beauty service context.

This study is grounded in two complementary grand theories. First, Compliance Theory [16] explains that an organization's adherence to a set of rules or standards is driven by a combination of normative commitment, social legitimacy, and the desire to avoid the costs of non-conformity, and that organizational compliance can be observed across multiple operational dimensions rather than a single indicator. Second, Islamic Business Ethics theory [17] provides the normative foundation by emphasizing that Islamic business conduct must be evaluated not only by its outcomes but by the consistency of its processes, intentions, and relationships with Islamic moral principles such as justice ('adl), trustworthiness (amanah), and the avoidance of harm (darar). Taken together, these two theories suggest that sharia standard implementation (Y) in a beauty clinic is best understood as a multidimensional construct shaped by product-related rules, service-related conduct, and the internalization of Islamic values in organizational identity [28].

### **2.2 Product Halalness Aspect**

Product halalness is a condition where all products, ingredients, production processes, and product use meet sharia provisions and are free from impure substances and forbidden materials [4]. Research by Satari and Shania [6] shows that halal labels significantly influence purchasing decisions for skincare products, while Afiatna et al. [7] confirm that halalness and religiosity are primary factors in cosmetic consumption behavior. Internationally, studies by Ab Talib et al. [15] on halal supply chain integrity and Wilson and Liu [19] on the globalization of halal markets establish that halal certification is the most externally verifiable compliance signal available to Muslim consumers, making it a central driver of trust and compliance perception.

### **2.3 Service Ethics and Aurah Protection Aspect**

Service ethics and aurah protection constitute fundamental aspects in sharia beauty services, encompassing separation of gender for medical personnel and patients, proper aurah protection procedures, sharia-based SOPs, Islamic communication ethics, and patient privacy maintenance [2]. Zauna [20] affirms that sharia service quality significantly influences customer satisfaction, while Wafiq et al. [21] highlight the importance of service management and patient protection in beauty clinics. The SERVQUAL framework adapted for Islamic services [11] further confirms that religious compliance in service delivery—including gender-appropriate interaction and privacy—is a distinct and measurable dimension of service quality perceived by Muslim consumers.

### **2.4 Spiritual Values and Sharia Branding Aspect**

Spiritual values and sharia branding represent a clinic's efforts to display Islamic identity through behavior, communication, symbols, and integration of sharia principles in services [9]. Studies on Islamic branding [12] and religiously motivated consumption [22] confirm that the authenticity of sharia claims matters to Muslim consumers; clinics

that use the 'sharia' label as a marketing strategy without substantive implementation risk consumer trust erosion. Internationally, Temporal [23] and Alserhan [24] emphasize that Islamic branding must align organizational values with operational conduct, while Abd Rahman et al. [25] find that transparency in halal compliance communication significantly moderates the relationship between branding and consumer trust.

Drawing on Compliance Theory [16] and Islamic Business Ethics [17], the three independent variables are theorized to influence sharia standard implementation (Y) through distinct but complementary mechanisms. Product halalness (X1) is expected to influence Y because it represents the most concrete and verifiable compliance signal—consumers and regulators can assess halalness through certification and ingredient transparency [6], [15]. Service ethics and aural protection (X2) is theorized to influence Y by translating sharia principles into observable, day-to-day service conduct [20], [21]. Spiritual values and sharia branding (X3) is expected to influence Y by reflecting the depth of internalization of Islamic identity [12], [23]. Based on this reasoning, X1, X2, and X3 are hypothesized to each contribute a positive partial effect on Y, and to jointly explain a substantial share of the variance in Y when considered simultaneously.

## 2.5 Research Hypotheses

Based on the theoretical framework, the following hypotheses are proposed: (H1) Product halalness aspect significantly influences sharia standard implementation; (H2) Service ethics and aural protection aspect significantly influences sharia standard implementation; (H3) Spiritual values and sharia branding aspect significantly influences sharia standard implementation; (H4) All three aspects simultaneously significantly influence sharia standard implementation.

## 3. METHOD

This research uses a quantitative descriptive-verification approach aimed at numerically measuring the compliance level of Arnhilah Aesthetic Care Clinic against sharia standards. The research was conducted at Arnhilah Aesthetic Care Clinic, Bone Regency, from May 2025 to February 2026. The population consists of all consumers who have used aesthetic care services at Arnhilah Aesthetic Care Clinic. Because the clinic exclusively serves Muslimah (female Muslim) clients, the population was restricted to female consumers by the nature of the clinic's service segment. As the exact population size cannot be determined from clinic records, it is treated as an infinite population. The inclusion criteria for respondents were: (a) being an active or returning consumer who had used at least one service at Arnhilah Aesthetic Care Clinic, and (b) being willing to complete the questionnaire in full. Based on Hair et al. [26] formula (minimum sample = number of indicators  $\times$  5), a minimum sample of 100 respondents was required; data collection ultimately yielded 101 usable responses. Respondents were selected using accidental (convenience) sampling because the exact population size could not be determined and respondents were only accessible when visiting the clinic during the data collection period.

This sampling technique is considered appropriate for studies involving service users who meet predetermined inclusion criteria and has been widely applied in consumer behavior research where probability sampling is impractical. Questionnaires were distributed directly to eligible consumers encountered during their visits to the clinic. Data collection was conducted through questionnaires using a five-point Likert scale. Instrument validity was tested using Pearson product-moment item-total correlation, with an item considered valid if its corrected item-total correlation coefficient exceeded the r-table critical value at  $\alpha = 0.05$ . Data analysis employed multiple linear regression with SPSS assistance.

Table 1. Operational Definition of Variables

Variable	Definition	Indicators	Scale
Product Halalness (X1)	All products are free from forbidden substances and comply with sharia provisions [6], [7]	Halal certification, ingredient transparency, safety guarantee, no dubious substances	Likert
Service Ethics & Aurah Protection (X2)	Service procedures complying with Islamic principles including aurah protection and gender separation [20], [21]	Gender separation, aurah protection during procedures, sharia SOP, Islamic communication ethics, patient privacy	Likert
Spiritual Values & Sharia Branding (X3)	Clinic's efforts to display Islamic identity through behavior and sharia principles [9], [12]	Islamic atmosphere, consistent sharia identity, religious ethics of personnel, sharia branding transparency	Likert
Sharia Standard Implementation (Y)	Level of service compliance with sharia principles, rules, and values across all operational aspects [16], [18]	Consistency of sharia principles, halal product compliance, sharia SOP implementation, sharia-compliant interactions	Likert

Source: Compiled from literature review (2026).

## 4. RESULTS AND DISCUSSION

### 4.1 Respondent Profile

This research involved 101 respondents who are consumers of Arnhilah Aesthetic Care Clinic. Based on gender, all respondents are female (100%), consistent with the nature of the clinic serving Muslimah consumers. In terms of age, the majority of respondents are in the 20–30 years age group. From an educational background perspective, most respondents hold undergraduate (S1) degrees. Based on visit frequency, most respondents have visited the clinic more than twice, indicating established loyalty.

### 4.2 Descriptive Statistics

Table 2. Descriptive Statistics Results

Variable	N	Min	Max	Mean
Product Halalness (X1)	101	69	106	90.98
Service Ethics & Aurah Protection (X2)	101	79	113	98.84
Spiritual Values & Sharia Branding (X3)	101	81	112	100.15
Sharia Standard Implementation (Y)	101	77	124	93.56

Source: Primary survey data, processed using SPSS (2026)

Based on Table 2, the Spiritual Values and Sharia Branding variable (X3) shows the highest mean score of 100.15, indicating that respondents' perceptions of spiritual values and sharia image are very consistent and fall in a good category. The Product Halalness variable (X1) shows the lowest mean (90.98), suggesting this aspect still requires attention.

### 4.3 Instrument Validity and Reliability

Table 3. Reliability Test Results

Variable	Cronbach's Alpha	Status
Product Halalness (X1)	0.722	Reliable
Service Ethics & Aurah Protection (X2)	0.706	Reliable
Spiritual Values & Sharia Branding (X3)	0.692	Reliable
Sharia Standard Implementation (Y)	0.712	Reliable

Source: Primary survey data, processed using SPSS (2026)

All variables show Cronbach's Alpha values above the minimum standard of

0.60, indicating all instruments are acceptably reliable. However, the values for X2, X3, and Y are comparatively close to this threshold, suggesting room for item refinement in future studies [26].

#### 4.4 Classical Assumption Tests

Table 4. Multicollinearity Test Results

Variable	Tolerance	VIF
Product Halalness (X1)	0.586	1.707
Service Ethics & Aurah Protection (X2)	0.925	1.081
Spiritual Values & Sharia Branding (X3)	0.615	1.626

Source: Primary survey data, processed using SPSS (2026)

All independent variables show Tolerance values above 0.10 and VIF values below 10, indicating no multicollinearity among independent variables. The scatterplot test shows data points spread randomly around zero on the Y-axis without specific patterns, indicating no heteroscedasticity. The Normal P-Plot test shows data points spread around and following the diagonal line, indicating normally distributed residuals.

#### 4.5 Multiple Linear Regression Analysis

Table 5. Multiple Linear Regression Analysis Results

Model	B	Std. Error	Beta	t	Sig.
(Constant)	-8.536	15.123	-	-.564	.574
Product Halalness (X1)	0.608	0.095	0.602	6.376	<b>.000</b>
Service Ethics & Aurah Protection (X2)	0.225	0.098	0.173	2.303	<b>.023</b>
Spiritual Values & Branding (X3)	0.245	0.123	0.183	1.985	<b>.050</b>

Source: Primary survey data, processed using SPSS (2026)

Based on Table 5, the regression equation is:  $Y = -8.536 + 0.608X1 + 0.225X2 + 0.245X3$ . Product Halalness (X1) shows the largest coefficient (0.608), indicating it has the strongest influence on sharia standard implementation. Service Ethics and Aurah Protection (X2) contributes a coefficient of 0.225, while Spiritual Values and Sharia Branding (X3) shows a coefficient of 0.245.

#### 4.6 Hypothesis Testing

Table 6. Simultaneous Test (F Test) and Coefficient of Determination

Model	Sum of Squares	df	F	Sig.
Regression	3561.923	3	31.563	<b>.000</b>
Residual	3648.908	97	-	-

Source: Primary survey data, processed using SPSS (2026)

The simultaneous F-test (Table 6) shows a significance value of  $0.000 < 0.05$ , indicating that all three independent variables simultaneously and significantly influence sharia standard implementation. The R Square value of 0.494 indicates that the three independent variables collectively explain 49.4% of the variance in sharia standard implementation, while the remaining 50.6% is influenced by other variables outside this research model.

#### 4.7 Discussion

H1 Accepted: Product Halalness (X1) significantly influences sharia standard implementation (sig. = 0.000,  $\beta = 0.602$ ). This finding is consistent with prior studies confirming halal certification as the most directly verifiable compliance signal available to Muslim consumers [6], [7], [15]. The dominance of X1 in this study parallels findings

from Ab Talib et al. [15], who demonstrate that halal supply chain integrity is the primary determinant of consumer-perceived Islamic legitimacy in food and cosmetic products, and from Satari and Shania [6], who report that halal labeling exerts the strongest direct influence on skincare purchase decisions. Within Compliance Theory [16], this pattern is expected: compliance dimensions backed by formal certification and external audit create low-ambiguity signals that both consumers and regulators can observe, thereby generating stronger legitimacy-based compliance pressure. The highest beta coefficient ( $\beta = 0.602$ ) in the current study confirms that product halalness is the most dominant determinant of sharia standard implementation at the clinic, a result that aligns with Wilson and Liu [19], who identify halal product assurance as the non-negotiable baseline of Islamic commercial legitimacy in Muslim-majority markets.

H2 Accepted: Service Ethics and Aurah Protection (X2) significantly influences sharia standard implementation (sig. = 0.023,  $\beta = 0.173$ ). This supports Zauna's [20] finding that sharia service quality significantly affects customer satisfaction, and is further consistent with Othman and Owen's [11] adapted SERVQUAL model for Islamic financial services, which identifies religiously compliant interaction and privacy as distinct service quality dimensions perceived positively by Muslim consumers. The significant but comparatively smaller coefficient of X2 relative to X1 may reflect that gender separation and aurah protection are increasingly treated as baseline operational norms by clinics competing for Muslim clientele, compressing the variance this variable explains. From an Islamic Business Ethics perspective [17], service conduct operationalizes the principle of amanah (trustworthiness) in the client-provider relationship; the significant effect of X2 confirms that tangible ethical conduct in service delivery remains a meaningful pillar of sharia compliance beyond product content alone.

H3 Accepted, with caution: Spiritual Values and Sharia Branding (X3) has a marginally significant influence on sharia standard implementation (sig. = 0.050,  $\beta = 0.183$ ). The borderline significance of this result is theoretically explicable. Temporal [23] and Alserhan [24] argue that Islamic branding is perceived as credible only when organizational values and operational conduct are demonstrably aligned; where this alignment is shallow or unverified, sharia branding functions as a marketing label rather than a substantive compliance indicator. Abd Rahman et al. [25] similarly find that transparency in halal compliance communication is a critical moderator between branding and consumer trust—without verified transparency, the effect of branding on compliance is attenuated. The borderline result in this study suggests that X3 may indeed be operating at the margin of credibility among respondents, and that confirmation in future studies with larger samples and audit-based measurement is warranted.

H4 Accepted: Simultaneously, the three compliance aspects significantly influence sharia standard implementation ( $F = 31.563$ , sig. = 0.000,  $R^2 = 0.494$ ). This finding supports Compliance Theory [16] and Islamic Business Ethics Theory [17] as the normative foundation for sharia service assessment, showing that comprehensive compliance requires a holistic approach across all three dimensions. The explained variance of 49.4% is comparable to, and in some cases exceeds, that reported in analogous Islamic compliance studies: for instance, Abd Rahman et al. [25] report  $R^2$  values of 0.41–0.52 in halal food trust models, while Wafiq et al. [21] find that service management and personnel factors collectively explain approximately 45% of compliance-related patient satisfaction in beauty clinics—a range within which the current model falls. The unexplained 50.6% variance suggests that additional factors, such as owner/manager religiosity, regulatory enforcement intensity (e.g., BPJPH audit frequency), or customer loyalty, may serve as meaningful predictors or moderators in a more extended model. Taken together, the hierarchy of effects— $X1 > X3 > X2$ —reflects the principle that externally verifiable compliance dimensions generate the strongest compliance pressure, a pattern consistent with legitimacy theory and the compliance-cost framework embedded in Lunenburg's [16] model.

## 5. CONCLUSION

This research demonstrates that sharia compliance level at Arnhilah Aesthetic Care Clinic is significantly influenced by three aspects: (1) Product Halalness (sig. = 0.000,  $\beta$  = 0.602), indicating it is the most dominant factor; (2) Service Ethics and Aurah Protection (sig. = 0.023,  $\beta$  = 0.173); and (3) Spiritual Values and Sharia Branding (sig. = 0.050,  $\beta$  = 0.183). Simultaneously, these three variables explain 49.4% of the variance in sharia standard implementation ( $R^2$  = 0.494,  $F$  = 31.563, sig. = 0.000). These findings confirm that optimal sharia standard implementation in beauty care services requires a comprehensive and consistent approach across all sharia compliance dimensions. This study is subject to several limitations. First, the research was conducted at a single clinic, limiting generalizability. Second, the cross-sectional design limits causal inference and the ability to track compliance change over time. Third, accidental (non-probability) sampling may introduce selection bias. Fourth, all variables were measured using self-reported Likert-scale questionnaires, which are susceptible to social desirability bias.

Practically, the clinic is recommended to: strengthen halal verification for all products, including periodic audit of ingredient certificates; formalize written sharia-based SOPs for aurah protection and gender-appropriate service with staff training; and build an organizational culture that genuinely reflects Islamic values beyond surface-level branding, linked to verifiable internal compliance audits. For future research, three specific directions are proposed: (1) replicate this study across multiple sharia-based beauty clinics using probability sampling; (2) employ a longitudinal design to examine changes in sharia standard implementation over time; and (3) extend the model by incorporating customer satisfaction, customer loyalty, or regulatory enforcement intensity as mediating or moderating variables.

Theoretically, this study enriches the literature on sharia compliance by proposing a multidimensional organizational framework for evaluating sharia standard implementation in beauty care services. Practically, the findings provide useful guidance for beauty clinic managers and policymakers in developing comprehensive sharia-based service standards that enhance consumer trust and organizational credibility.

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