

Religious Orientation and Alcohol Purchase Intention: an Empirical Investigation of Sri Lankan Male Consumers

B.T.K. Chathuranga

University of Sri Jayewardenepura

D.T. Rathnayake

University of Sri Jayewardenepura

Abstract

Increasing level of alcohol consumption around the world has been continuing for many years and Sri Lanka is also facing the same terrible situation. Evidently, liquor consumption in Sri Lanka was approximately 73 million liters in 2016 and the total liquor consumption among Sri Lankans has also been increasing in recent past. Though alcohol consumption raises many health and social issues, prevalence of alcohol consumption among the Sri Lankan male consumers (age between 17-64) has grown from 26% to 39.6% during the time period of 2008 – 2014. Therefore, examining the predictors of alcohol usage appears important and timely. Among various predictors, religious orientation seems to be much important, yet, less examined in extant literature. Therefore, this study aims at investigating the impact of religious orientation on alcohol purchase intention of Sri Lankan male consumers. The independent variables of the study were Intrinsic Religiosity, Extrinsic (Social) Religiosity and Extrinsic (Personal) Religiosity while Alcohol Purchase Intention was the dependent variable. The study was primarily quantitative in nature whereas the study design was single cross-sectional survey. The sample size of the study was 250 which was selected based on purposive sampling technique. The unit of analysis was individual male alcohol consumers in Sri Lanka and the data collection instrument was a self-administered questionnaire. Data was analyzed using structural equation modeling and findings revealed that all three independent variables have a significant impact on alcohol purchase intention.

Corresponding Author:

B.T.K. Chathuranga, Department of Marketing Management, Faculty of Management Studies and Commerce, University of Sri Jayewardenepura E-mail: btk@sjp.ac.lk

Findings of the study make sense to policy makers in using religious orientations to restrain alcohol consumption. Especially the education system and religious organizations are urged to use these religious orientations to design communication campaigns aiming people in Sri Lanka as a way of discouraging alcohol consumption.

Keywords

Alcohol; Extrinsic Religious Orientation; Intrinsic Religious Orientation; Purchase Intention; Religious Orientation

Introduction

Apparently, global alcohol consumption is increasing and it has been identified that the worldwide alcohol consumption of people whose age is above 15 years has been 6.4 liters of pure alcohol in 2016 (WHO, 2017). Being similar to the global context, total liquor consumption in Sri Lanka during the year 2016 has been approximately 73 Million liters (Exercise Department of Sri Lanka, 2016). Notably, the consumption of alcohol has been a major issue at both global and domestic level. For example, approximately 5.9% of annual global deaths had been attributable to alcohol consumption and 5.1% of global burden of disease and injury had been attributable to the alcohol consumption (WHO, 2014). The consumption of alcohol among Sri Lankan individuals has increased rapidly, compared to 2008 where 26% of male between 17-64 ages had been the prevalence of alcohol use while in 2014 the prevalence of alcohol use had been 39.6% among the male whose age is between 14-64 (Somatunga, Ratnayake, Wijesinghe, Yapa, & Cooray, 2014). Further, according to National Alcohol Use Prevalence in Sri Lanka, the prevalence of alcohol use among female had been 2.4% in 2014 (Somatunga et al., 2014). Though there is an increase in the prevalence of alcohol use among female, compared to male still it is not a significant amount. Moreover, the overall urban and rural prevalence of alcohol usage in Sri Lanka was 23.7%, 25.7% and 22.2% in the age categories of 21.7-25.7, 25.7-33.3 and 19.8-24.7 respectively (Katulanda et al., 2014). It had also been found that the present and former drinking were much higher in males because the highest prevalence of drinking in males was 58.9% while in females 2.2% in the age groups of 30-39 and less than 20 years (Katulanda et al., 2014).

Further, Katulanda et al. (2014) found that the lowest prevalence of alcohol consumption in men was 24.6% while in women 0% in the age group of >70 years. It should be well noted that consumption of alcohol, especially among men, is considered to be a major social issue which raises problems not only for the alcohol user but also for whole society. This affects the economy, society and more importantly the smooth functioning of a family (Vengateshwaran & Madasamy, 2017). In this context, various scholarly attempts have guided researchers to examine on the ways of revealing actual mechanisms to change alcohol consumption and how professionals can best assist people in reducing or eliminating heavy drinking (Willenbring, 2010). Hence, an empirical investigation of alcohol consumption among Sri Lankan male consumers would be beneficial in forming relevant policy measures.

Alcohol being such a social issue though there are many ways to reduce alcohol consumption (DiClemente, Bellino, & Neavins, 1999; Petronyte, Zaborskis, & Veryga, 2007). Among them religion is considered as one of the major factors (Assanangkornchai, Conigrave, & Saunders, 2002; Lambert, Fincham, Marks, & Stillman, 2010). When concerning the impact of religion on consumption of alcohol, it has been found that individuals have been less likely to be drinkers when they viewed their religion as promoting self-discipline (Luczak et al., 2014). Further, it was identified that spirituality and religiousness were associated in a positive manner with each other while they associated negatively with alcohol use and alcohol expectancies among the young adults (Zavala, Burris, & Carlson, 2014). Moreover in Brazil it was found that religiousness has affected negatively towards alcohol in different ways such as limiting hours of sale, prohibiting alcohol advertisements on TV, raising the legal drinking age (Lucchetti, Koenig, Pinsky, Laranjeira, & Vallada, 2013).

Given that Sri Lanka is a multi-religious country, an examination of the effect of religiosity on alcohol consumption would empower relevant policy decisions. Especially, in a context where Buddhist philosophy views alcohol consumption as unethical and majority of Sri Lankans are Buddhists, relationship between religiosity and alcohol consumption could be an interesting area to examine. Further, it is evident that a few studies (e.g. Somatunga et al., 2014) have examined alcohol consumption in Sri Lanka and some other works (e.g. Rathnayake, Jayakody, & Jayawardana, 2017) have examined religiosity and consumer ethics. However, the effect of religiosity on alcohol purchase intention in Sri Lankan context remains unclear and less examined. Therefore, the objective of this study is to examine the impact of religious orientation on alcohol purchase

intention with reference to Sri Lankan male consumers. Following the main objective of the study, the specific objectives are (1) to examine the impact of intrinsic religious orientation on purchase intention of alcohol, (2) to examine the impact of extrinsic (social) religious orientation on purchase intention of and (3) to examine the impact of extrinsic (personal) religious orientation on purchase intention of alcohol, with reference to Sri Lankan male consumers.

The rest of the paper is organized as follows. The next section reviews literature in relation to alcohol, religiosity and purchase intention. It is followed by methodology and the following section is data analysis and findings. Next the discussion on findings is provided with implications of the study. The final section of this paper presents limitations and directions for future research.

Literature Review

Alcohol

The ingredients found in beer, wine and spirits which causes the drunkenness is considered to be alcohol (ethanol or ethyl alcohol). The beverage of alcohol has been a part of the life over the periods, however, people have been unable to find it problematic and understand the use of it or how to avoid using it (WHO, 2005). Alcohol is often mistakenly believed by majority of users as a stimulant which is used initially as a tension reducer, making a person feel more relaxed or excited (National Drug and Alcohol Research Center Australia, 2016). Accordingly, people tend to have more alcohol in many social occasion where they participate. Though, globally around 57% of the population (above 15 years old) had not consumed alcohol during the twelve months of year 2015, still 43% of the population (2.348 Billion) whose age is above 15 years were alcohol drinkers (WHO, 2018). Nevertheless, consumption of alcohol is more than half of the WHO regions of European Region (59.9%), Region of the Americas (54.1%) and Western Pacific Region (53.8%) which is also a terrible case at the global level (WHO, 2018). According to WHO (2018) the global alcohol consumption could further increase as the non-reported alcohol consumption is also high in many countries and specially in low income countries (WHO, 2018).

In Sri Lankan context, the annual per capita consumption of legal pure alcohol increased by 62% since 1998 and was estimated to be 2.61 in 2013 (Nugawela, Lewis, Szatkowski, & Langley, 2017). Though these figures appear to be low in comparison to the global level of alcohol consumption (WHO, 2018), illicit alcohol consumption, mainly consumed in rural areas, was estimated to account for 40% of the total consumption between 2008 and 2010 (WHO, 2014).

Thus, it is an indication that the real alcohol consumption among Sri Lankan's could be reasonably high.

WHO (2018) has clearly recognized that alcohol is a major cause of ill health and social harm. The consumption of alcohol has been a root cause for problems occurred in the society, economy and even the functioning of a family (Vengateshwaran & Madasamy, 2017). Over consumption of alcohol also has been the cause behind both health issues and social problems in Sri Lanka. Further, the consumption of alcohol has been identified as a key factor in destroying the human values in the society. Moreover, the high consumption of alcohol has led to deliberate self harm of the individuals (Fernando, 2002; Jayasinghe & Foster, 2008). Therefore, it is clear that the consumption of alcohol is raising many issues for both the alcohol consumer and non-consumer.

Religiosity

The general theory of marketing ethics depicts that the ethical decision making depends on the personal characteristics of people and among them religion and religiosity have been named as one of the significant determinants of a person's behavior (Patwardhan, Keith, & Vitell, 2012; Vitell, Lee, & Nisius, 2013; Vitell, Paolillo, & Singh, 2006; Vitell & Paolillo, 2003).

The concept of religion has been explained by several scholars in different ways and among them Mathews (1996) defines this as "an organized system of beliefs, practices and symbols, designed to enable closeness to god". Further, Nonnemaker, Mcneely and Blum (2003) explained the concept of religion as "the degree of one's involvement and personal significance attached to such a system". More over religiosity is defined as a general attitude given for an object irrespective of the kind of a person he or she is (Bjarnason, 2007). And also religiosity is further explained as the level of dedication and conformity to one's religious values and principles, their effect on the activities they do (Patel & Cunningham, 2012). Apart from that Mcdaniel and Burnett (1990) expressed their idea on the concept of religiosity as a faith in god, while such views are typically associated with a determination to obey God-setting principles which people are supposed to believe. Through a study conducted by Weaver and Agle (2002), they stressed that both human attitudes and behavior are conditioned by religiosity. Further, it has been found that religiosity is one of the main determinants of faith of the people (Kennedy & Lawton, 1998).

It has been studied that cognitive and behavioral dimensions can be used to measure the religiosity (Mcdaniel & Burnett, 1990) where cognitive dimension

explains about individuals belief in religion based on the importance of it and the belief in god. Behavioral dimension depicts about the bodily actions towards a particular religion (Mcdaniel & Burnett, 1990). Though Mcdaniel and Burnett (1990) mention that cognitive and behavioral dimensions can be used to measure the religiosity, Allport and Ross (1967) developed a more acceptable measurement to measure religiosity. The ‘intrinsic’ and ‘extrinsic’ religiosity were introduced by Allport and Ross (1967) where the intrinsically motivated people are genuinely following their religion and extrinsically motivated people are more self- serving or in other word they are not following their religion genuinely. Further, Allport and Ross (1967) highlights that extrinsically motivated people are using the religion only when they feel that they need it and intrinsically motivated people are living with it rather than using the religion. According to Allport (1963), it is assumed that there are ‘mature’ and ‘immature’ religious orientations which fall under ‘intrinsic’ and ‘extrinsic’ religious orientation. Krikpatrick (1989) developed two religious orientations under extrinsic religious orientation namely ‘Extrinsic Personal’ and ‘Extrinsic Social’.

Intrinsic Religiosity

The concept of intrinsic religiousness is the motive for religiousness which would be autonomous and ‘over-reaching’ (Allport & Ross, 1967). Further, being an ultimate end itself is referred as intrinsic religious orientation. More over these people are genuinely following their religion with the intention of achieving personal spiritual development for deeper end (Hunter & Merrill, 2013). Moreover the people intrinsically motivated to their religion give priority to the religious practices as a goal with them and they believe themselves as the true believers of religious followers (King & Crowther, 2004). Being intrinsically motivated to the religion can be considered as something which is internalized with the people and as a result of that this can be treated as a component of the person’s psychological system (Milevsky & Levitt, 2004). As a summary, intrinsic religiosity is following a religion genuinely or in other word following a religion according to the conscious of the people. Therefore, intrinsic religiosity is named as ‘mature’ religious orientation by Allport (1963).

Extrinsic Religiosity

The concept of extrinsic religiousness is said to be instrumental in nature, described as immature and functional and on the other hand people use their religiousness with the purpose of achieving extra-religious ends (Allport & Ross, 1967). Extrinsic religious orientation is labelled ‘religion as means’ by Batson, Raynor-prince and Raynor-princet (1983). Further, Allport and Ross (1967)

described an extrinsically religiously orientated individual as a person who used religion for their own utilitarian interests. “Persons with this orientation may find religion useful in a variety of ways—to provide security and solace, sociability and distraction, status and self-justification”. And also extrinsic religiosity is simply about the involvement of religious activities for some selfish reasons (Vitell et al., 2009). Finally, King & Crowther (2004) have depicted that the people who practice their religion for the purpose of achieving social or personal ends are called as extrinsically religious motivated people.

Kirkpatrick (1989) through a study conducted, discovered two different extrinsic orientation categories namely ‘extrinsic personal’ and ‘extrinsic social’. The concept of extrinsic social defines the social direction of extrinsic orientation while the personal direction is defined by the concept of ‘extrinsic personal’. Further, extrinsic social religious orientation is defined as factors involving the use of religion as a means toward social gain (Kirkpatrick & Hood, 1990). And also the concept of extrinsic personal is further defined as the factors involving the use of religion as a means toward gaining comfort, security and protection (Kirkpatrick & Hood, 1990).

Purchase Intention

Theory of Planned Behavior (TPB) developed by (Ajzen, 1991) is the basic concept used to explain the actual purchase of the alcohol consumers of this study. Because according to TPB it is hard to measure the actual consumption of the consumers and instead of the actual consumption, the theory suggests the purchase intention to measure. TPB is considered to be as the best model in predicting the intentions of the consumers (Klopping & Mckinney, 2004; Yadav & Pathak, 2016) and is widely used/ accepted in the prediction of behavioral intention (Fielding, Mcdonald, & Louis, 2008). TPB is an extension of the Theory of Reasoned Action (TRA) (Ajzen & Fishbein, 1977). As per Ajzen (1991) the principal factor on predicting an individual’s behavior is the individual’s intention to perform a given behavior. The TPB depicts that attitude toward behavior, subjective norms, and perceived behavioral control together shape an individual’s behavioral intentions and behavior.

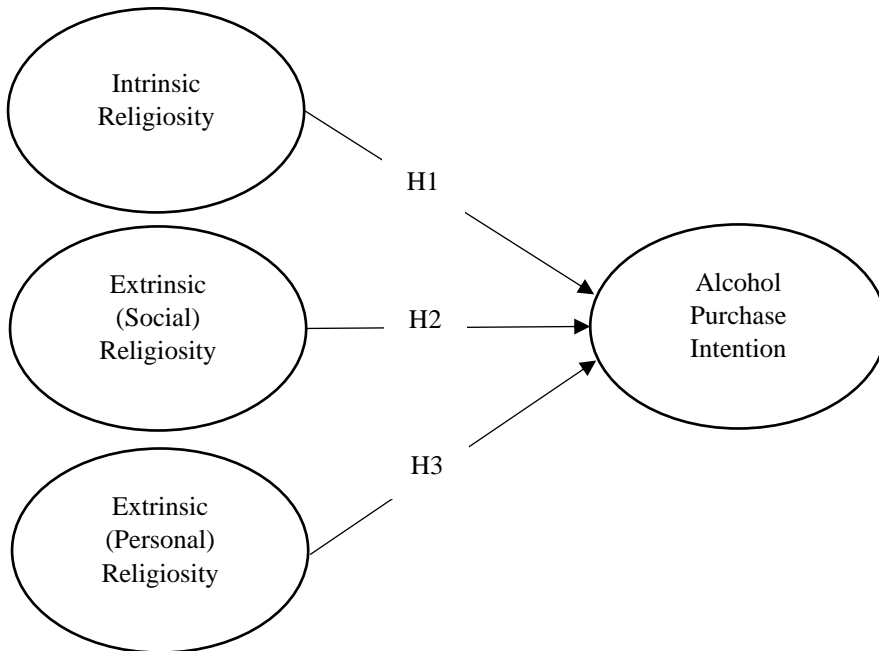
Relationship between Religious Orientation and Alcohol Purchase Intention

Based on extant literature, it can be strongly suspected that intrinsic religiosity might be able to control the alcohol consumption of people. However, the effect of extrinsic religiosity on alcohol consumption might be susceptible as there are mixed findings from previous studies. As such, in a study conducted to measure

the effect of religion and religiosity on alcohol use in college students, it was found that religiosity was not significantly correlated with alcohol usage among people who do not follow any religion (Patock-peckham, Hutchinson, Cheong, & Nagoshi, 1998). Some other studies found that the impact of intrinsic religiosity was greater than extrinsic religiosity for Catholics and Protestants (Patock-peckham et al., 1998).

Further, another study conducted to test the relationship between religiosity and alcohol usage of an adult sample found that the religiosity is clearly related to alcohol consumption, as people’s religion serves as a reference group influencing their behavior. The findings further explained that the religiosity is not related to perceived misuse of alcohol which says that religiosity has a demotivating power on consuming alcohol (Beeghley, Bock, & Cochran, 1990) Same as the above studies Wells (2010) explained that as religiosity increased, alcohol consumption decreased or on the other hand greater the religiosity decreases alcohol consumption.

Figure 1: Conceptual Framework



Source: Author compiled

Method

The study was positioned within the positivistic research paradigm, thus, followed the procedure of quantitative research specified by Malhotra, Hall, Shaw, and Oppenheim (2006) and Sekaran and Bougie (2016). Overall research design was cross-sectional (survey) where the unit of analysis was individual male consumers in Sri Lanka concerning that majority of alcohol consumers are males in Sri Lankan context. It is difficult to adopt probability sampling due to the unavailability of a proper sampling frame. Therefore, participants were chosen using purposive sampling technique, thus, 250 male consumers who usually deal with alcohol market were selected for the survey. Constructs were operationalized through a rigorous literature review and all scales were measured with five-point Likert scale ranging from 1=strongly disagree to 5=strongly agree. A self-administered questionnaire was used as the data collection instrument and questionnaires were personally distributed among participants by researchers. All questionnaires were screened for completeness and made sure that they are error free. After removing incomplete questionnaires 225 responses, without missing values, were forwarded to the analysis phase. Data was analyzed using Structural Equation Modeling (SEM) with the aid of AMOS, as per the procedures specified by Hair et al. (1998).

Internal consistency of the items was measured using Cronbach's alpha and the alpha values of all variables were greater than 0.7 (see Table 2) denoting a sufficient internal consistency. Next, a Confirmatory Factor Analysis (CFA) was performed to assess the validity of constructs. The initial measurement model portrayed a poor fit, therefore, a few indicators with low eigenvalues were removed to achieve a better model fit.

Table 1: Model-fit statistics of measurement model

	Absolute			Incremental			Parsimony
CIMIN/DF	GFI	AGFI	RMSEA	IFI	TLI	CFI	PRATIO
2.415	.906	.857	.079	.920	.891	.918	.752

Source: Author compiled based on AMOS output

In assessing the model fit, this research considered standards specified by Hair et al. (1998). Thus, CMIN/DF (χ^2/df) close to one and not exceeding 3, Comparative Fit Index (CFI) value close to 1, Tucker-Lewis Index (TLI) value

close to 1 and Root Mean Square Error of Approximation (RMSEA) value of about 0.08 or less indicates a good model fit. Additionally, goodness of fit (GOF) indices should consist at least one from absolute, incremental and parsimonious measures. As illustrated in Table 1, GOF indices of measurement model indicated an adequate model fit.

Table 2: Reliability, Convergent and Discriminant Validity

	Cronbach's Alpha	CR	AVE	MSV	ASV	PI.	IR.	ES.	EP.
PI.	.752	0.807	0.587	0.025	0.011	0.766			
IR.	.795	0.844	0.520	0.287	0.108	-0.050	0.721		
ES.	.804	0.867	0.685	0.231	0.097	-0.159	0.185	0.828	
EP.	.794	0.801	0.502	0.287	0.175	0.080	0.536	0.481	0.709

Source: Survey Data

Note: Square roots of AVE values are shown in diagonal

Convergent and discriminant validity of constructs were tested using the measurement model. Factor loadings greater than 0.5, Average Variance Extracted (AVE) equivalent or greater than 0.5 and Composite Reliability (CR) equivalent or greater than 0.7 assures satisfactory convergent validity (Malhotra et al., 2006). Further, Maximum Shared Variance (MSV), and Average Shared Variance (ASV) less than AVE indicates a satisfactory discriminant validity (Hair et al., 1998). Optionally, discriminant validity can be assured by having Square roots of AVE values which are greater than correlation coefficients of constructs. Table 2 depicts that all these conditions have been satisfactorily met.

As suggested by Hair et al. (1998), multivariate assumptions were tested before proceeding to structural model development. At the initial phase, outliers were identified and removed from the data set using several plot diagrams/graphs. Normality of the data distribution was tested using skewness and kurtosis. As suggested by Field (2005), normality is established when the skewness and kurtosis is between -2.00 and +2.00 and data of this study satisfied this condition. Data linearity and homoscedasticity was examined by using normal probability

plots and scatterplots as suggested by Hair et al. (1998). Multicolinearity was tested with tolerance value and variance inflation factor (VIF) (Sekaran and Bougie, 2010).

Results

As shown in Table 3, majority of the sample consisted of young consumers age between 18-27 and 28-45. Sample was represented by 58.7% unmarried individuals whereas 68.9% of individuals had G.C.E (A/L) or above educational qualification. Majority of them were Buddhists, which is similar to the ethnic composition of the country and the percentage of individuals with Catholic and Islam religious preferences were respectively 16% and 9.8%.

Table 3: Sample profile

		Frequency	Percent
Age	18-27	140	62.2
	28-45	41	18.2
	46-60	26	11.6
	Above 60	18	8.0
	<i>Total</i>	225	100.0
Marital status	Unmarried	132	58.7
	Married	93	41.3
	<i>Total</i>	225	100.0
Highest level of education	No Formal Education	18	8.0
	Up to Grade 8	23	10.2
	Passed G.C.E. (O/L)	29	12.9
	Passed G.C.E. (A/L)	99	44.0
	Completed First Degree	45	20.0
	Completed Postgraduate Degree and above	11	4.9
	<i>Total</i>	225	100.0
Religion	Buddhist	152	67.6
	Catholic	36	16.0
	Islam	22	9.8

Hindu	11	4.9
Other	2	.9
No Religious Preference	2	.9
Total	225	100.0

Source: Survey data

A structural model in AMOS was developed to test hypotheses. As per the conceptual framework, intrinsic religiosity (IR), extrinsic (social) religiosity (ES) and extrinsic (personal) religiosity (EP) were hypothesized as predictors of alcohol purchase intention (PI). As shown in Table 4, GOF indices of structural model were satisfactory.

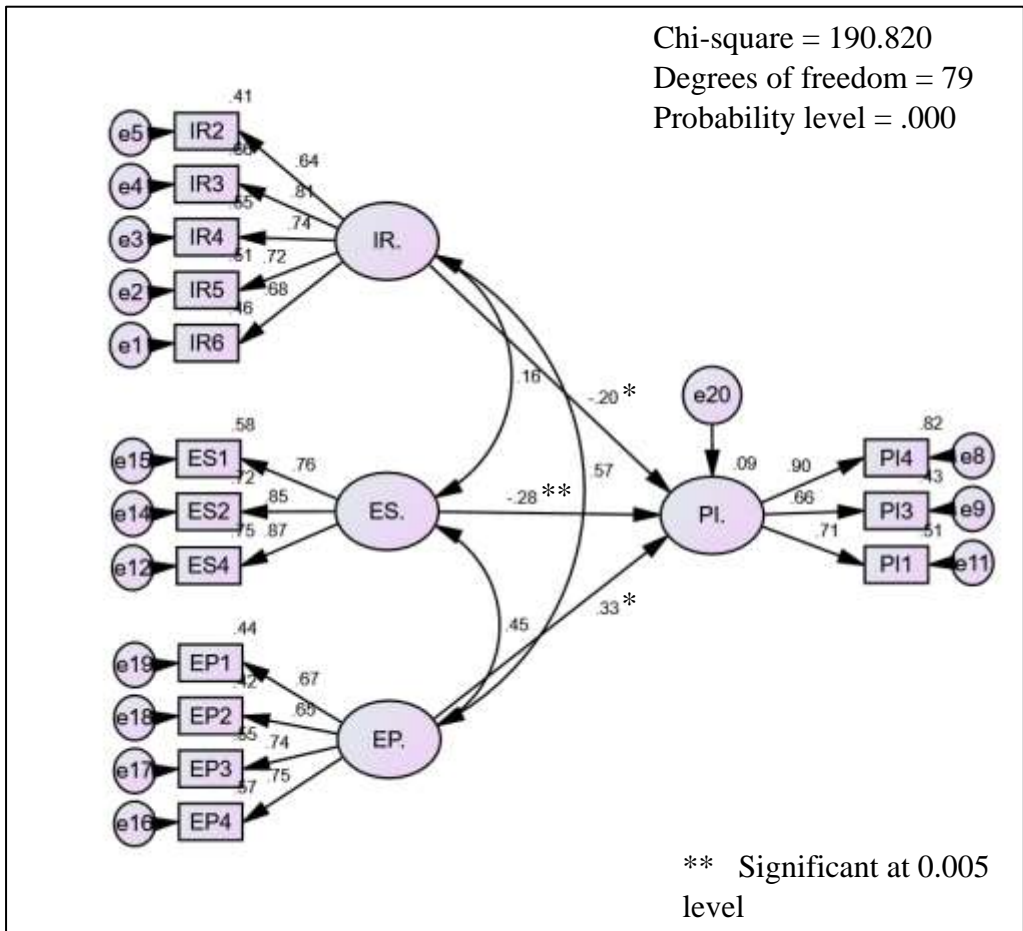
Table 4: GOF measures for the basic structural model

	Absolute			Incremental			Parsimony
CIMIN/DF	GFI	AGFI	RMSEA	IFI	TLI	CFI	PRATIO
2.415	.906	.857	.079	.920	.891	.918	.752

Source: Author compiled based on AMOS output

Figure 2 depicts the structural model with standardized regression weights (β). Accordingly, all three hypotheses were accepted and both intrinsic religiosity and extrinsic (social) religiosity had a negative impact on alcohol purchase intention. Further, extrinsic (personal) religiosity seemed to have a positive effect on alcohol purchase intention.

Figure 1: Structural model



Source: Amos output

Findings and Discussion

Findings of this study revealed that religiosity has an impact of alcohol purchase intention. Both intrinsic religiosity ($\beta = -0.196$, C.R. = -1.973, $p = 0.048$) and extrinsic (social) religiosity ($\beta = -0.279$, C.R. = -3.039, $p = 0.002$) had a negative impact on alcohol purchase intention. However, extrinsic (personal) religiosity ($\beta = 0.333$, C.R. = 2.713, $p = 0.007$) had a positive impact on alcohol purchase intention. These findings are consistent with previous literature where intrinsic religiosity has been found as a negative predictor of alcohol consumption (e.g. Wells, 2010) and has positive impact on ethical behavior (e.g. Rathnayake et al., 2017). It is not surprising that extrinsic (personal) religiosity had a positive impact

on alcohol purchase intention as it involves the use of religion as a means toward gaining comfort, security and protection (Kirkpatrick & Hood, 1990).

Hunter and Merrill (2013) highlight that intrinsically religious people are following their religion with the objective of achieving a personal spiritual development for deeper ends and it is supported by the findings generated from this study because the relationship between intrinsic religious orientation has a negative impact on consumption of alcohol. This says that when people are becoming intrinsically religiously orientated, they tend to be away from consuming alcohol. And also, the findings of the previous studies (Patwardhan et al., 2012; Vitell, Paolillo, & Singh, 2006) say that there is a significant impact of intrinsic religiosity on consumer ethical beliefs and it is also supported from this study since the negative relationship which can be observed between intrinsic religiosity and the alcohol consumption.

Vitell, Paolillo and Singh (2005) found that in determining the consumer's ethical beliefs only intrinsic religiosity matters and extrinsic religiosity does not matter. But based on the findings of this study it is true that intrinsic religiosity is leading towards the ethical beliefs of the alcohol consumers. But the interesting thing is that the findings of this study say that extrinsic (social) religiosity also leads to the ethical beliefs of the people since there is a negative impact from extrinsic (social) religiosity on the alcohol consumption.

Implications

This study made a strong empirical contribution by theorizing the relationship between religious orientation and alcohol consumption in a context like Sri Lanka where there are multiple religious practices exist. Further, this study sheds light on many practical implications as well. This study provides insights especially for the well-being of a society. It is true that converting the people into a more religiously oriented nature is not that much of an easy task since they are practicing their behavior from their childhood. In a context like Sri Lanka, people get more socialized through their education system and therefore it is important that religious practices are included into the education system and the impact of not following the religious practices into the curriculum of the schools' education system. Not only the education system but also the social institutes such as religious places, families and other societies can also use these findings to make the society free from adverse effects of alcohol consumption.

The religious organizations especially can promote the value of intrinsic religiosity among the people to prevent them using alcohol by providing the real meaning of following a religion. According to this study, since the extrinsic religiosity is also having an impact on purchase intention of alcohol among the male consumers; in Sri Lanka especially, extrinsic religiosity can be promoted among them. From the perspective of extrinsic social religious orientation, people prefer to get together and do their religious activities, thereby relevant authorities can make them aware about the importance of following a religion and then it will assist in decreasing the level of alcohol consumption among people.

Further, various authorities such as practitioners, government and educational institutes can play a significant role in making people aware about the negative consequences of consumption of products like alcohol and thereby discouraging alcohol consumption. Especially the negative impact it brings to personal life, society and economy can be illustrated to people who consume alcohol products excessively.

Limitations and Future Research

This study examined the impact of religious orientation on alcohol purchase intention. However, there can be many other personal and social variables that might possibly affect alcohol consumption and future research should explore such variables. Further, this study was limited to purchase intention, not the actual purchase behavior. Extant literature suggests that there can be a gap between intention and actual behavior, thus, exploration of the role of religiosity in actual alcohol consumption behavior could be an interesting research avenue. As different religions provide different behavioral guidance to followers, a cross-religion comparison might help to specifically make sense of a study in this nature. Moreover, respondents of this study were chosen using non-probability sampling technique, due to which, the generalizability of findings is problematic. Future studies could attempt to use a large, randomly selected sample or a longitudinal research design.

References

- Ajzen, I. (1991). The Theory of Planned Behavior. *Organizational Behavior and Human Decision Processes*, 50, 179–211.
- Ajzen, I., & Fishbein, M. (1977). Attitude-Behavior Relations : A Theoretical Analysis and Review of Empirical Research, 84(5), 888–918.
- Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5(4), 432–443.
- Allport, W. G. (1963). Behavioral Science , Religion , and Mental Health. *Journal of Religion and Health*, 2, 187–197.
- Assanangkornchai, S., Conigrave, K. M., & Saunders, J. B. (2002). Religious beliefs and practice, and alcohol use in Thai men. *Alcohol and Alcoholism*, 37(2), 193–197.
- Batson, C. D., Raynor-prince, L., & Raynor-princet, L. (1983). Religious Orientation and Complexity of Thought about Existential Concerns Religious Orientation and Complexity of Thought about Existential Concerns *, 22(1), 38–50.
- Beeghley, L., Bock, W. E., & Cochran, J. K. (1990). Religious Change and Alcohol Use : An Application of Reference Group and Socialization Theory. *Sociological Forum*, 5(2), 261–278.
- Bjarnason, D. (2007). Concept Analysis of Religiosity. *Home Health Care Management & Practice*, 19(5), 350–355.
- DiClemente, C., Bellino, L., & Neavins, T. (1999). Motivation for change and alcoholism treatment. *Alcohol Research and Health*.
- Exercise Department of SriLanka. (2016). *Performance Report*.
- Fernando, R. (2002). The national poisons information centre in Sri Lanka: the first ten years. *Journal of Toxicology: Clinical Toxicology*, 40(5), 551-555.
- Field, A. (2005). *Discovering statistics using SPSS* . Thousand Oaks, CA, US.
- Fielding, K. S., Mcdonald, R., & Louis, W. R. (2008). Theory of planned behaviour , identity and intentions to engage in environmental activism, 28(4), 318–326.
- Hair, J. F., Black, W. C., Babin, B. J., Anderson, R. E., & Tatham, R. L. (1998).

Multivariate data analysis. NJ: Prentice hall Upper Saddle River.

- Hunter, B. D., & Merrill, R. M. (2013). Religious Orientation and Health among Active Older Adults in the United States. *Journal of Religion and Health*, 52, 851–863.
- Jayasinghe, N., & Foster, J. (2008). Jayasinghe, N., & Foster, J. (2008). Acute poisoning and suicide trends in Sri Lanka: Alcohol a cause for concern. *Australian and New Zealand journal of public health*, 32(3), 290-290.
- Katulanda, P., Ranasinghe, C., Rathnapala, A., Karunaratne, N., Sheriff, R., & Matthews, D. (2014). Prevalence, patterns and correlates of alcohol consumption and its' association with tobacco smoking among Sri Lankan adults: A cross-sectional study. *BMC Public Health*, 14(1), 1–10.
- Kennedy, E. J., & Lawton, L. (1998). Religiousness and Business Ethics. *Journal of Business Ethics*, 17(2), 163–175.
- King, J. E., & Crowther, M. R. (2004). The measurement of religiosity and spirituality Examples and issues from psychology. *Journal of Organizational Change Management*, 17(1), 83–101.
- Kirkpatrick, L. A., & Hood, R. W. (1990). Intrinsic-Extrinsic Religious Orientation : The Boon or Bane of Contemporary Psychology of Religion ? Published by : Wiley on behalf of Society for the Scientific Study of Religion Stable
- Klopping, I. M., & Mckinney, E. (2004). Extending the Technology Acceptance Model and the Task - Technology Fit Model to Consumer E - Commerce, 22(1), 35–48.
- Lambert, N. M., Fincham, F. D., Marks, L. D., & Stillman, T. F. (2010). Invocations and intoxication: Does prayer decrease alcohol consumption? *Psychology of Addictive Behaviors*, 24(2), 209–219.
- Lucchetti, G., Koenig, H. G., Pinsky, I., Laranjeira, R., & Vallada, H. (2013). Religious beliefs and alcohol control policies : a Brazilian nationwide study.
- Luczak, S. E., Prescott, C. A., Dalais, C., Raine, A., Venables, P. H., & Mednick, S. A. (2014). Religious factors associated with alcohol involvement: Results from the Mauritian Joint Child Health Project. *Drug and Alcohol Dependence*, 135(1), 37–44.
- Malhotra, N., Hall, J., Shaw, M., & Oppenheim, P. (2006). *Marketing research:*

An applied orientation. Australia: Pearson Education.

- Matthews, D. (1996). The Spiritual Dimensions of Medicine. *In Seminar Presentation. Loma Linda, CA: Loma Linda University Medical Center.*
- Mcdaniel, S. W., & Burnett, J. J. (1990). Consumer Religiosity and Retail Store Evaluative Criteria, *18(2)*, 101–112.
- Milevsky, A., & Levitt, M. J. (2004). Intrinsic and extrinsic religiosity in preadolescence and adolescence: Effect on psychological adjustment
Intrinsic and extrinsic religiosity in preadolescence and adolescence: Effect on psychological adjustment. *Mental Health, Religion & Culture*, *7(4)*, 307–321.
- National Drug and Alcohol Research Center. (2016). *What is alcohol?* Australia.
- Nonnemaker, J. M., Mcneely, C. A., & Blum, R. W. (2003). Public and private domains of religiosity and adolescent health risk behaviors: evidence from the National Longitudinal Study of Adolescent Health, *57*, 2049–2054.
- Nugawela, M., Lewis, S., Szatkowski, L., & Langley, T. (2017). Rapidly increasing trend of recorded alcohol consumption since the end of the armed conflict in Sri Lanka. *Alcohol and Alcoholism*, *52(5)*, 550-556.
- Patel, S. P., & Cunningham, C. J. L. (2012). Religion, resources, and work-family balance, *15(4)*, 389–401.
- Patock-peckham, J. A., Hutchinson, G. T., Cheong, J., & Nagoshi, C. T. (1998). Effect of religion and religiosity on alcohol use in a college student sample, *49(2)*, 81–88.
- Patwardhan, A. M., Keith, M. E., & Vitell, S. J. (2012). United States Linked references are available on JSTOR for this article: Religiosity, Attitude Toward Business, and Ethical Beliefs: Hispanic Consumers in the United States. *Journal of Business Ethics*, *110(1)*, 61–70.
- Petronyte, G., Zaborskis, A., & Veryga, A. (2007). Risk factors for alcohol use among youth and main aspects of prevention programs. *Medicina (Kaunas, Lithuania)*, *43(2)*, 103–109.
- Rathnayake, D. T., Jayakody, J. A. S. K., & Jayawardana, A. K. L. (2017). Religiosity and Consumer Ethical Beliefs. *Sri Lankan Journal of Management*, *22(2)*, 42–72.

- Sekaran, U., & Bougie, R. (2016). *Research methods for business: A skill building approach*. United Kingdom: John Wiley & Sons.
- Somatunga, L. C., Ratnayake, L. R., Wijesinghe, N. K., Yapa, M. M., & Cooray, N. S. (2014). National alcohol use prevalence survey in Sri Lanka. *Journal of the Postgraduate Institute of Medicine*, 1(7), 1–12.
- Vengateshwaran, C., & Madasamy, V. (2017). Social and Economic Problems of Alcohol Addiction in Urban. *International Journal of Innovative Knowledge Concepts*, 5(7), 118–122.
- Vitell, Scott J, Lee, D., & Nisius, M. (2013). The Influence of Love of Money and Religiosity on Ethical Decision-Making in The Influence of Love of Money and Religiosity on Ethical Decision-Making in Marketing. *Journal of Business Ethics*, 114(1), 183–191.
- Vitell, Scott J, & Paolillo, J. G. P. (2003). Consumer Ethics : The Role of Religiosity. *Journal of Business Ethics*, 46, 151–162.
- Vitell, S., Paolillo, J., & Singh, J. (2005). Religiosity and consumer ethics. *Journal of Business Ethics*, 57(2), 175-181.
- Vitell, Scott J, Paolillo, J. G. P., & Singh, J. J. (2006). The Role of Money and Religiosity in Determining Consumers ' Ethical Beliefs. *Journal of Business Ethics*, 64(2), 117–124.
- Vitell, Scott John, Bing, M. N., Davison, H. K., Ammeter, A. P., Garner, B. L., & Novicevic, M. M. (2009). Religiosity and moral identity: The mediating role of self-control. *Journal of Business Ethics*, 88(4), 601–613.
- Ward, S. (1974). Consumer Socialization. *Jouranl of Consumer Research*, 1.
- Weaver, G. R., & Agle, B. R. (2002). Religiosity and Ethical Behavior in Organizations : A Symbolic Interactionist Perspective. *Academy of Management*, 27(1), 77–97.
- Wells, G. M. (2010). The Effect of Religiosity and Campus Alcohol Culture on Collegiate Alcohol Consumption. *Journal of American College Health*, 58(4), 295–304.
- WHO. (2005). *Alcohol , Gender and*. (I. S. Obot & R. Room, Eds.). World Health Organization.

WHO. (2014). *Global status report on alcohol and health*.

WHO. (2018). *Global status report on alcohol and health*.

WHO. (2017). *World Health Statistics*.

Willenbring, M. L. (2010). The Past and Future of Research on Treatment of Alcohol Dependence. In *Alcohol Research and Health*, 33, 55–63.

Yadav, R., & Pathak, G. S. (2016). Young consumers' intention towards buying green products in a developing nation: Extending the theory of planned behavior. *Journal of Cleaner Production*, 135, 732–739.

Zavala, S. S., Burris, J. L., & Carlson, C. B. (2014). Understanding the Relationship Between Religiousness, Spirituality, and Underage Drinking: The Role of Positive Alcohol Expectancies. *Journal of Religion and Health*, 53(1), 68–78.