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Religiosity in Health Related Lifestyle Behaviour: Study of Muslims in Malaysia

Abstract

Purpose:

Consumers are increasingly sensitive to factors affecting their health. Billions of dollars have been spent on health related activities by the government, non-government organizations and private agencies that involved preventive health measures. In recent years, the concepts and issues of spirituality and religiosity have been given more attention by scholars, policy makers, and profit and non-profit organizations. This can be seen in certain evidence in respect of the rapid growth of many Islamic banks, the Halal industry, schools, and other institutions around the world, as well as in western countries. Recently, religion has become more prominent in shaping attitude, values and behaviour, as individuals experience a religious reawakening. This includes health related lifestyle behaviour. Interest in understanding the effects of religion on health has grown. However, little empirical information is available on the relationship between Islamic religiosity and health related life style behaviour. To learn more about the relationship of religion on a broad range of health related behaviour, the present study attempts to assess the relationship between religious behaviour and health-related practices of Malaysian Muslims in the following four domains: diet practice, life well-being, social well-being and career well-being, and preventive health action.

Design/Methodology: The data were collected through a self-administered questionnaire survey that was distributed using the convenience sampling method. The final useful sample consists of 176 Muslim participants who were aged over 18. Structural equation modelling was used to develop the model showing the relationship between religiosity and health related behaviour for Muslims in Malaysia.

Findings: The relationship of the conceptual model of health related lifestyle behaviour and a Muslim religiosity scale is tested. The results suggest that there is an association between religiosity and health related behaviour. Based on the model, eight separate factors are identified: two factors under the religiosity scale (Islamic faith factor and religious act factor); two factors under food practice and diet (wholesome diet factor and food restraint factor); social relation factor, life well-being factor, career well-being factor and finally preventive action factor. Health related actions are strongly influenced both directly and indirectly by the lifestyle values consumers engage in, in their daily life, such as the factors identified in the model. These relationships are in accordance with Islamic teachings from the Quran – the word from Allah (s.w.t) and Sunnah – and the lifestyle practiced by Prophet Muhammad (s.w.a).

Research Limitations: The model developed is specific to the Muslim population in Malaysia. Therefore, the model might only be able to be generalized to nations that have a similar culture to the Muslims in Malaysia and not Muslims at large.

Practical implication: Behaviour is influenced by individual level attributes as well as by the conditions under which people live. Altering policies, practices, and the conditions of life choices can directly and indirectly influence individual behaviour towards improving health. Understanding Islamic values and how it affects the life of Muslims is important not only to the health care industry but also to health related services and business providers.

Originality/value: In terms of originality, the empirical findings of this study represent a contribution to the literature in the area of Islamic literature and health related lifestyle behaviour in developing multicultural countries.

Introduction

“Everything good that happens to you (O humankind) is from God, Everything evil that happens to you is from your own actions” (Quran, 4:79)

There has been a longstanding interest in understanding the effects of religion on health in the medical and scientific communities (Levin, 1994). Religion, being a part of culture, has a substantial influence on a consumer's values, habits and attitudes, and it greatly influences lifestyle, which, in turn, affects consumer decision behaviour (Delener, 1990, 1994; Hirschman, 1982). Research shows that a variety of factors influence and are associated with health and longevity (Johnson et al., 1995). However, little attention has been paid to how religiosity affects an individual's health related lifestyle and preventive behaviour. Although research on lifestyle health related behaviour might vary with social economic status, ethnicity and gender (Courtenay et al., 2002; Felton et al., 1997; Pender, 1987) only minimal focus has been given to Muslim consumers. Little attention has been given to the relationship between well-being and religion.

Religious belief and practice can influence dietary practice, health behaviour and well-being (King et al., 1994; Levin, 1994; Levin & Markides, 1988). Most religions, including Islam, have guidelines regarding health practices. The studies of the relationship between religion and health have grown substantially in the past decade (Lee & Newberg, 2005). Studies have confirmed that religion and spirituality play a significant role in many people's lives (Lee & Newberg, 2005). To date, the research conducted on health care has been in the Western context. However, the strength of the religious values that influence certain behaviours differ from individual to individual and are very much subject to an individual's level of piety towards the religion.

To learn more about the relationship of religion on a broad range of health related behaviour, specifically, the Islamic religion, the present study assesses the religious relationship of Malaysian Muslims concerning the behaviour of health-related practices in the following five domains: diet practice, life well-being, social well-being, career well-being and preventive health action.

Islamic Practice in Health Concept

In Islam, health is viewed as an asset and the greatest gift of all human beings from the Creator.

Healthy living is an integral part of Islam. Furthermore, the Quran and the Sunnah outline the teachings that show every Muslim how to protect their health and live life in a state of purity. Muslims have been ordered and commanded to ask Allah for good health (sihha) and well-being (a'fiya). The evidence is in the following Hadith narrated by Tirmidhi:

Prophet Muhammad (s.w.a) mounted the pulpit, then wept and said, “Ask Allah (swt) for forgiveness and health, for after being granted certainty, one is given nothing better than health.” Related by Tirmidhi.

In Islam, emphasis is not only given to physical health but also to spiritual health. There are numerous teachings from the Quran and Hadith about the importance of taking care of one's health and how the believers should nourish their body and their minds. It is sinful and prohibited for Muslims to inflict harm upon themselves because a human being does not own the body but is responsible for taking care and protecting oneself from danger and wrong doing. In the Quran it is specifically described in the following verse:

“And do not put yourselves into destruction” (Quran 2: 195)

Based on the principles of Shariah, all Muslims are required to protect the Islamic faith, life, property and the mind (Athar, 2000). There are many examples from the Quran and Hadiths about the health perspective and practices in Islam, including – cleanliness is considered "half of the faith", fasting is capable of bringing rest to the body and has considerable medicinal value, and practices such as meditation and prayers will bring psychological tranquillity. In this study, although most of the final predictors used in developing the model were taken from western literature, the predictors are directly or indirectly mentioned in the Quran and Hadith, such as the food practice and diet, career well-being, social relation, and emotional well-being, which are related to good life and preventive health related action.

"Say It (The Qur'an) is for those who believe, a guide and healing."
(Quran, 41:44)

Methodology

The data was collected through self-administered questionnaires. The items for the questionnaire were identified from behaviour in the health preventive literature. The factors used in the final model are food practice (Courtenay, et al., 2002; Ingledeu & Brunning, 1999; Jayanti & Burns, 1998), stress management (Ingledeu & Brunning, 1999; Jayanti & Burns, 1998); social relations; career well-being (Artazcoz et al., 2007); preventive health behaviour (Ingledeu & Brunning, 1999; Jayanti & Burns, 1998), and, finally, the religiosity scale.

The English language questionnaire with Malay translation was constructed using back-translation to ascertain the meaning in both languages (Green & White, 1976). A Bahasa Malaysia version of the questionnaire was required as this language is the lingua franca in Malaysia and there is a possibility that some Malay Muslims may not understand the English language (Asmah, 1982). The questionnaire is pre-tested to test its reliability and validity before being distributed to the actual sample.

Sampling Process and Data Collection

The convenience sampling method was chosen, with individual subjects representing individual sampling units. The subjects for this study were selected on the basis of their availability to complete the survey form. The criteria used were geographic location, ethnicity, gender, social class, age and education level. This method has been suggested as being satisfactory for theory-testing purposes (Sheth et al., 1999). The sample for this study comprised 176 Muslim participants who were aged over 18.

Table 1: Respondents' Profile

	Numbers
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Gender	Male	84
	Female	92
Age	18 - 24 years	58
	25 - 34 years	81
	35 - 44 years	32
	45 - 54 years	5
Marital status	Single	75
	Married	98
	Widow/divorced	3
Number of Children	0	80
	1-2	44
	3-4	36
	5-6	16
Education	SPM	63
	STPM/Diploma/Matrices	30
	Degree	60
	Masters	19
	PhD	4
Annual Income	Below RM25K	105
	RM 26K-RM35K	45
	RM36K-RM45K	17
	RM46K-RM55K	5
	RM56-RM65K	2
	Above RM66K	2

Note: N= 176; Source: Analysis of survey data

Results

All data analysis was conducted using SPSS v. 17 and AMOS 20. Three major methods of multivariate analysis were used to analyse the data. First, the correlation using Pearson's correlation coefficient, followed by exploratory factor analysis, which was conducted to select factors and constructs with a high reliability score before the structural equation modelling was used. Table 2 lists the Cronbach's alpha measures for each of the items that make up the constructs used in the SEM analysis.

Table 2: List of Health Related Behaviour measures

Construct	Cronbach's alpha
A: Food Practice	
Food Restraint	0.831
A3: I limit intake of food with high cholesterol.	
A4: I limit intake of fats.	
A5: I limit intake of salts.	
Wholesome Diet	0.617
A7: I watch weight.	
A8: I take fibre.	
A9: I think my diet is balanced and wholesome.	
B: Stress Management	0.745
B5: I enjoy my life.	
B7: My life is exciting and challenging.	

D: Social Relations D1: I participate in social activities. D2: I feel a sense of belonging to a group or community.	0.70
E: Preventive Health Action E5: I do regular exercise to help me to control my body weight. E6: I do regular exercise to keep me healthy.	0.734
F: Career Well-being F1: The work I do is rewarding to me. F2: I am a good worker. F3: The work I do enhances the well-being of others and the planet without taking away from anyone.	0.782
H: RELIGIOSITY SCALE Religious Act H2: I pray daily H5: I am active in my religious institution (e.g., mosque for Muslims). Muslim Faith H3: I look at Islamic faith as a source of inspiration. H6: The Islamic faith is an important part of who we are as a person. H7: My relationship with God is extremely important H8: I enjoy being around others who share Islamic faith. H10: The Islamic faith impacts upon many of my decisions.	0.70 0.867

Source: Developed for this research

Table 3 presents the goodness-of-fit statistics of the final model. The $\chi^2/df = 1.50$ and $RMSEA=0.053$ are well within the recommended range of acceptability, thus, indicating that the model fits the data well. The $CFI= 0.927$; $TLI= 0.914$ and $AGFI= 0.831$ are all at the desired level, further supporting the goodness-of-fit. Therefore, a five-dimension model is accepted, as it is a satisfactory level for this study. Figure 1 presents the AMOS output of the preventive health related for Muslims and Table 4 shows the regression weights for the model.

Table 3: Goodness-of-fit Statistics for Structural Models of Health Related Behaviour

Goodness of fit measures		Recommended value
Chi-square, p-value= 0.00	291.515	
χ^2 /df	1.495	<3.0 ^a
Root mean error of estimation (RMSEA)	0.053	<0.06-0.08 ^b
Goodness-of-Fit (GFI)	0.869	
Adjusted Goodness-of-Fit (AGFI)	0.830	close to 0.90 ^c
Tucker-Lewis index (TLI)	0.930	0.9 ^d or greater
Comparative Fit index (CFI)	0.918	0.9 ^e or greater

Recommended value ^aKline (1998); ^bHu and Bentler (1999) and Hair et al. (1998); ^{c,d} Hair et al. (1998); Source: Analysis of survey data

Figure 1 describes the relationship of the variables that make up the adjusted model of health related behaviour for Muslims. This relationship is obtained from fitting the variables to the hypotheses. This figure describes the relationship among all of the variables.

Figure 1: The SEM Muslims Health Related Behaviour Model with Standardised Regression Weights

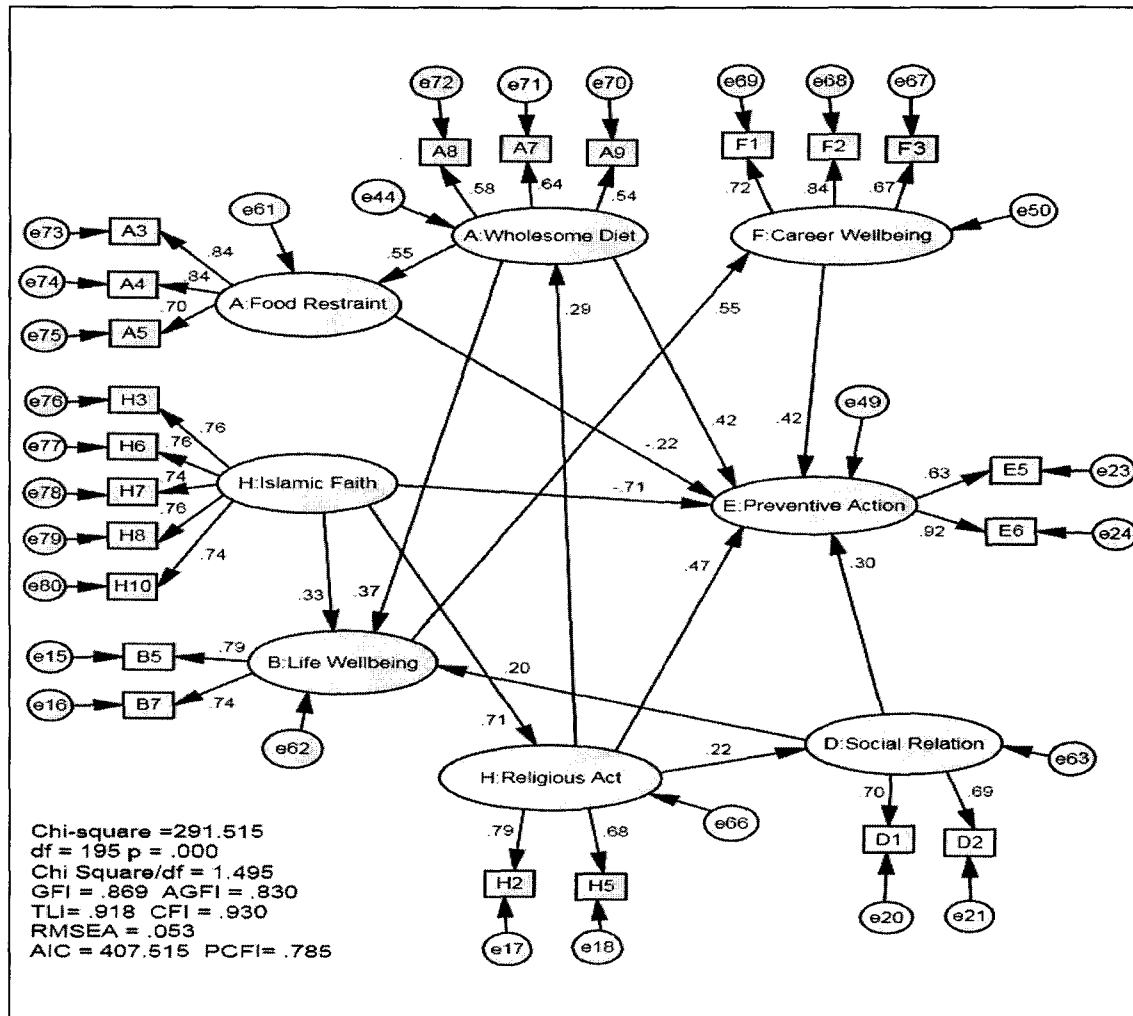


Table 4: Regression Weights: Muslims Health Related Behaviour Model

Path	Standardised coefficient (β)	Standard error	t-value	P
Muslim Faith → Religious Act	.713	.129	7.249	***
Religious Act → Social Relation	.221	.131	2.004	.045*
Religious Act → Wholesome diet	.294	.108	2.678	.007**
Wholesome diet → Life well-being	.371	.116	3.436	***
Wholesome diet → Food restraint	.546	.167	4.630	***
Life well-being → Career Well-being	.545	.097	5.081	***
Islamic Faith → Life well-being	.329	.126	3.601	***
Social Relation → Life well-being	.198	.090	1.955	.050*
Islamic Faith → Preventive Action	-.707	.259	-4.794	***
Religious Act → Preventive Action	.469	.220	2.862	.004*
Food restraint → Preventive Action	-.223	.097	-2.223	.026**

Social Relation	→ Preventive Action	.300	.108	3.143	.002**
Wholesome diet	→ Preventive Action	.419	.180	3.185	.001**
Career Well-being	→ Preventive Action	.469	.120	4.279	***

Significant at *** $p < 0.001$, ** $p < 0.01$ and * $p < 0.05$; Source: Developed for this research

The Health Related Model for Malaysian Muslims

Based on the results, a conceptual model was developed that consists of eight dimensions with positive coefficients that are significantly different from zero at the 0.05 level (two-tailed) of significance. These eight dimensions are shown in the model. There are two factors under the religiosity scale (Islamic faith factor and religious act factor); two factors under food practice and diet (wholesome diet factor and food restraint factor); social relation factor, life well-being factor, career well-being factor, and, finally, preventive action factor. Health related actions are strongly influenced directly and indirectly by the lifestyle values consumers adopt, in their daily life such as the factors identified in the model. Each key dimension is discussed below.

Religiosity scale

Ten items were used to measure the religiosity scale, however, based on exploratory factor analysis, two factors were identified. The first factor is named as 'religious act', and the second 'related to Islamic faith'. Islamic faith influences religious act, life well-being and preventive action. The religious action factor affects wholesome diet, social relation and preventive action.

In Islam the basic tenet of faith is called 'aqeedah'. The framework of Muslim life is based on the five pillars of Islam that relate to faith, that is, accepting there is no God except Allah and Muhammad as the messenger of Allah (shada), prayer (salat), self-purification (fasting during Ramadhan) concern for the needy (zakat), and pilgrimage to Mecca for those who are able (hajj). These five pillars provide guidance on multifarious topics that touch upon every aspect of Muslim life and society. In the Quran, it is written that:

"The true believers are those who feel fear in their hearts when God is mentioned. And when His Revelations are recited to them, they find their faith strengthened. They do their best and then put their trust in their Lord." (Quran 8:2)

The Islamic actions in the model are prayer and active in Islamic institution such as mosque. The five daily prayers are the time we leave our life behind and connect to Allah. There are many verses in the Quran that mention the importance of prayer. The prayers are the action performed by Muslim's to make their faith apparent. The five times prayer must be performed throughout their lives according to the stipulated time. In the Quran, it is written about being constant (istiqamah) in prayer:

"O you who believe, seek help with steadfastness and prayer. For God is with those who are steadfast." (2:153).

"Seek help through Sabr and Salat" (Quran 2:45).

Prayer gives physical, spiritual benefits and sociological benefits. Prayer requires physical acts that are healthy for the body. Prayers when performed properly will give us comfort, pleasure, meditation and maintenance of faith that enhance spiritual health. Spiritual

perception is important to improve the quality of life. A prayer performed in the mosque with other Muslims has sociological advantages. In one of the hadith Ibn `Umar reported:

The Messenger of Allah said, "Salat in congregation is twenty-seven times more meritorious than a Salat performed individually." [Al-Bukhari and Muslim].

This Hadith tells us that Salat in congregation is far more rewarding than Salat offered alone. Some of the benefits Muslims get from congregational prayer is the social relationship with other Muslims that enhance the sense of belonging and friendship.

Food Practice and Diet

Food related behaviour is important in preventing health related behaviour. In this study, six items were related to food practice and diet. Based on exploratory factor analysis, two different factors were identified. The first factor relates to a wholesome diet (watch weight, take fibre, and balanced and wholesome diet) and the second factor relates to food restraint behaviour, such as limiting intake of high cholesterol, fats and salty food. The wholesome diet is influenced by Islamic religious acts, such as five time daily prayers and active in mosque activities. The wholesome diet practice has a positive and significant relationship with food restraint, life well-being and health preventive action.

Health is an important motivating factor in determining food choice (Lappalainen, Kearney, & Gibney, 1998; Niva & Mäkelä, 2007; Steptoe, Pollard, & Wardle, 1995). Food plays a very important role for health and in the daily life of a believer. Many health disorders are related to uncontrolled eating habits such as, diabetes, obesity, hypertension and cardiovascular problems (stroke and heart attack). Prophet Muhammad (s.w.a) has said that the stomach is the home of ill health and there are verses in the Quran specifically relating to this matter.

“Eat and drink, but avoid excess.” (Quran, 20:81).

“And He enforced the balance. That you exceed not the bounds; but observe the balance strictly; and fall not short thereof.” (Quran, 55:7-9)

“O mankind, eat from whatever is on earth [that is] lawful and good and do not follow the footsteps of Satan. Indeed, he is to you a clear enemy.” (Quran 2:168)

The Quran provides guidelines on how individuals should nourish their bodies with, not only lawful nutritious food, but also with faith (Aisha Stacy). Healthy eating not only satisfies basic hunger but also has an effect on how well we worship the Creator. In Islam, health is viewed as a blessing from Allah to mankind. This is evident in the following Hadith narrated by Tirmidhi:

Prophet Muhammad (s.w.a) mounted the pulpit, then wept and said, “Ask Allah (swt) for forgiveness and health, for after being granted certainty, one is given nothing better than health.” Related in Tirmidhi

From this Hadith it is clear that for Muslims physical health is not enough, as, for true believers, spiritual health is also important.

Life well-being

In the beginning, the factor called stress management included at least eight items to measure it, however, at the end only two items fitted in the final model – enjoying life and have exciting and challenging life. This factor was renamed life well-being because it shows that living life to the fullest is important to the respondents. This factor is significantly influenced by wholesome diet, social relation and Islamic faith and also directly affects the career well-being factor.

Each individual is responsible to choose a course of action over another. Therefore, the individual is responsible for the lifestyle they choose to live. There are many examples in the Quran and also Hadith concerning this matter including:

“Verily Allah does not change men’s condition unless they change their inner selves” (Quran 13:11)

“Allah will not deal unjustly with man in aught: It is man that wrongs his own soul” (Quran 44)

"That man can get only that thing (as a matter of right) for which he strives." (Quran 53:39)

The Prophet Muhammad (saw) said:

"Your most ardent enemy is your evil self which resides within your body. If this soul is not checked, it will lead to unusual stress." (Bukhari)

In Islam the life well-being is strongly related to the Islamic faith. In Islam, happiness is not just about joy or contentment but the ethereal quality that encompasses contentment and peacefulness. Therefore, Muslims are required to work hard towards achieving the purpose of life and then tawakkul (reliance on the mighty Creator). Whatever the outcomes or condition we find ourselves in we are grateful and sure that it is good for us, as long as we are following the teachings of God, as in the Quran it is stated that:

“Therefore, remember Me (God) and I will remember you, and be grateful to Me (for My countless Favours on you) and never be ungrateful to Me.” (Quran 2:152)

Social Relation

The social relation factor is measured by two items – participation in social activities and sense of belonging in the community. The social relation factor is influenced by religious acts and also affects preventive action and life well-being.

The importance of social relationships in health related behaviour has been emphasized by several researchers (Becker & Maiman, 1983; Berkman & Breslow, 1983; Umberson & Montez, 2010). However, the impact of social relationships on health behaviour are still vague and remain unrequited (Broman, 1993) although scientific evidence show that involvement in social relationships benefit health (Umberson & Montez, 2010).

In Syariah of Islam the relations among the members of the Islamic society are based on the awareness of the strong bond of brotherhood and the protection of the rights of the individual and the purity of life. Indeed, the widely held Islamic injunctions apply to the Islamic Ummah (community) rather than the individualist concept. Islam requires people living side by side to be loving, helpful and share each other’s sorrows and happiness regardless of their living status. The Prophet Muhammad (s.w.a) emphasized the duties of Muslims towards the community. He reportedly said:

“He who hurts a dhimmi (citizen) hurts me, and he who hurts me annoys Allah.”

(Reported by al-Tabarani in Al-awsat on good authority)

This means that threatening anyone who violates them with the wrath and punishment of Allah. The concept of ummah or community is an injunction of Islamic principles. The importance of ummah is specifically described in a few of the verses in the Quran:

“Let there be a community among you, who call to the good, enjoy the right and forbid the wrong. They are the ones who have success.” (Quran 3:104)

You are the best community ever raised among mankind; your duty is to command people to do good and prevent them from committing evil. (Quran 3: 110)

Career Well-being

Career well-being is directly influenced by life well-being and indirectly influenced by wholesome diet, Islamic faith and social relation. The items used to measure the factor are the work is rewarding, good worker and the job enhances the well-being of others and the planet without taking anything from others. This is explained in that besides being a good worker and doing a satisfying job; the company within which the person works must also practice goodwill to the environment and other human beings.

For most people, being consistently overworked is a profoundly distressing experience, one for which generous financial rewards are not always sufficient compensation. The potential for stress and stress-related effects of technological changes is substantial, as are their costs to organizations (Manning, Jackson and Fusilier, 1996). Sometimes workers feel stressed because of many changes in the working environment, such as technology (Donaldson, 1993) and other factors that make them unable to perform to their fullest potential. This work related stress can affect their health, which may also adversely affect their productivity levels.

In Islam, the concept of work is called ‘amal’. The word itself has a broader meaning and characteristics compared to the western definition of work as a duty and an obligation. The work, which everyone is required to perform must be “good” or “beneficial” according to Islamic principles or Syariah Law. The Shariah specifies the non-permissible professions and that trade can lead to unlawfully acquired wealth. The word for approved, permitted or correct is Halal. Muslims must earn money by Halal means. In other words working to earn a halal (lawful) living is itself a religious obligation. The importance of lawful earnings is stressed in the following Hadith:

“The seeking of halal earning is the next fardh (duty) after the fardh Salaah.”

Preventive Action

The preventive health related action includes doing regular exercise to help control weight and to keep healthy. The preventive action is positively influenced by wholesome diet, social relation, career well-being and religious act and also negatively by Islamic faith and food restraint.

The lack of physical activity is associated with increased risk of cardiovascular disease and diabetes mellitus (Siscovick et al., 1985)(Broman, 1993). Lack of physical activity has also

been shown to lower psychological well-being, which may indirectly affect physical health (Hayes and Ross, 1986; Farmer et al., 1988).

Islam wants all Muslims to have good physical fitness. According to Imam Ibnul-Qayyem, a respected Islamic scholar stated that movement helped the body get rid of waste food in a very normal way and strengthened the body's immune system. He also stated that each bodily organ has its own sport (or movement) that suited it and that horse riding, archery, wrestling and racing, were sports that benefitted the whole body. This is in line with the Prophet Muhammad saying that:

“Teach your children swimming, archery and horse-riding.”

This shows the importance of physical fitness and certain skills in Muslim life.

“A good action and a bad action are not the same. Repel the bad with something better and, if there is enmity between you and someone else, he will be like a bosom friend.” (Surat al-Fussilat: 34)

Conclusion

Islam is a religion of peace and well-being. The word Islam has the same meaning as "peace" in Arabic. Islam stands for the complete submission to Allah, and people who live in accordance with the moral teachings of the Qur'an will experience well-being and happiness in their lives. The Quran teaches how mercy, compassion, tolerance and peace may be experienced in the world. In Surah al-Baqara verse 208, this command is given:

“You who believe! Enter absolutely into peace (Islam). Do not follow in the footsteps of Satan. He is an outright enemy to you” (Quran 1:208)

Behaviour is influenced by individual level attributes as well as by the conditions under which people live. The current research proves that there is a strong relationship between the Islamic religion and health related behaviour that is reflected in how an individual is supposed to practice their lifestyle. The holistic approach of Islam to life, and, thus, health, offers us the ability to remain strong and healthy. Therefore, to sustain physical well-being there is a need to improve spiritual well-being, which also reflects the religious faith.

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