

TESTING POTENTIAL PREDICTORS OF PERCEIVED BENEFITS AND BARRIERS TO THE CONSUMPTION OF A VEGETARIAN DIET IN ADULTS

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Abstract

Vegetarianism – still a controversial topic in scientific papers – is described either as a healthy choice, or as a risky one. This study aimed to examine potential predictors of perceived benefits and barriers to the consumption of a vegetarian diet. The participants ($N=209$, $M_{age} = 34.6$) filled out several questionnaires measuring eating disorders, physical health, mental health, locus of control, and perceived benefits and barriers to the consumption of a vegetarian diet. Results of the prediction analysis revealed that eating disorders were a significant predictor ($p < .05$) for both perceived benefits and barriers of consuming a vegetarian diet. Internal locus of control seems to play a major part ($p < .05$) when considering the benefits of consuming a vegetarian diet whereas the external locus of control impacts perceived barriers of consuming a vegetarian diet. Physical and mental health played a significant role ($p < .05$) only when considering barriers to the consumption of a vegetarian diet. Future studies should be conducted to verify these findings.

Cuvinte-cheie: vegetarianism, sănătate, beneficii, bariere, locul controlului.

Keywords: vegetarianism, health, benefits, barriers, locus of control.

1. INTRODUCTION

Be it a health-related choice or a decision based on ecological, economic, religious, or ethical considerations, more and more people around the world are changing their eating habits, becoming vegetarian. But is it really healthier to be a vegetarian? The studies evaluating the effects of a vegetarian diet on health revealed both possible benefits and risks (Ernst, 1997; Petti *et al.*, 2017), an important reason to conduct further analyses.

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In general, among the positive effects of vegetarianism, the most prominent are a lower risk of obesity, hypertension, circulatory and cerebrovascular diseases (White & Frank, 1994; Key & Davey, 1996), cardiovascular diseases (Key *et al.*, 1999; Bazzano *et al.*, 2002), fatal ischemic heart disease (Burr & Butland, 1988; Huang *et al.*, 2012), diabetes (Fraser, 2009; Nothlings, Schulze, & Weikert, 2008; Chiu *et al.*, 2018), arthritis (Hailu, Knutsen, & Fraser, 2006), and cancers (especially colon and prostate cancer, Fraser, 1999; Key *et al.*, 2009; Taylor *et al.*, 2007).

Although rich in protective nutrients like fibre, magnesium, folic acid, vitamins C and E, n-6 polyunsaturated fatty acid (PUFA), carotenoids, flavonoids, other phytochemicals, and antioxidants, compared to omnivorous diets, vegetarian diets are generally low in protein, saturated fat, long-chain n-3 fatty acids, retinol, Zn, and vitamins B12 and D (Li, 2011). This could be a possible reason why certain studies have found more health and mental issues in vegetarians than omnivorous. One case is a study done by Larsson *et al.* (2002) who discovered that female low-meat consumers had more sick days during the last year and had been depressed more often than female omnivores, while male low-meat consumers were more frequently than omnivorous man tired without reason or experiencing headaches and depression. Similarly, in a study conducted by Michalak, Zhang, and Jacobi (2012), vegetarians displayed elevated prevalence rates for depressive disorders, anxiety disorders, and somatoform disorders. However, further analysis showed that the adoption of the vegetarian diet tends to follow the onset of mental disorders.

There are findings that link vegetarianism to a better dietary intake and weight outcomes but also to a higher risk of developing eating disorders: restrictive eating or binge eating with loss of control, for instance (Robinson-O'Brien *et al.*, 2009; Bardone-Cone *et al.*, 2012). Although vegetarianism is usually not considered a causal factor, it can be a maintaining one (O' Connor *et al.*, 1987). A study reviewing the physical performance of athletes following a vegetarian or omnivorous diet didn't find any significant difference between the two groups (Craddock, Probst, & Peoples, 2015). These results suggest that a properly planned and balanced vegetarian diet can provide sufficient energy and an appropriate range of carbohydrate, fat, and protein intakes to support performance and health, even in athletes (Venderley & Campbell, 2006). Despite the risks associated with vegetarianism, it is fair to conclude that its beneficial effects significantly outweigh the adverse ones and that these adverse effects can be prevented by adopting a balanced diet (Pilis *et al.*, 2014; Petti *et al.*, 2017).

Although beneficial in many ways, embracing and maintaining a vegetarian diet is not an easy task. Some of the barriers discovered were enjoying eating meat, unwillingness to alter eating habits (Lea & Worsley, 2003), beliefs about vegetarian

diet to be more difficult, less enjoyable and more expensive (Bryant, 2019), family and friends being meat consumers, the need for more information about vegetarian/flexitarian diets, and the belief that humans are meant to eat meat (Ver Schage, 2016). In contrast, what seems to help to maintain a vegetarian diet are personal factors like internal beliefs, skills, habits and physical feedback, social networks including organized vegetarian groups as well as animal rights, environmental, or health groups supporting vegetarianism, vegetarian friends, and environmental resources, such as the availability of new vegetarian foods in supermarkets and restaurants (Jabs, 1998).

Considering all these barriers, apparently, most meat-eaters agree with the health-related, ethical, and environmental arguments in favour of vegetarianism/veganism but do not follow these diets because of practical reasons relating to taste, price, and convenience (Bryant, 2019). A relevant factor in adopting and maintaining a vegetarian balanced diet might be the locus of control. In a focus-group study, Bray, Johns, and Kilburn (2011) noted that a vegetarian participant felt that their action can make a difference (internal locus of control), while a non-vegetarian participant considered that a change in their eating pattern won't make any difference (external locus of control). Individuals with an external locus of control tend to believe that the ethical dilemmas are beyond their control, whereas individuals with an internal locus of control are more likely to make decisions as a result of their own actions (Singhapakdi & Vitell, 1991).

This study aimed to examine potential predictors of perceived benefits and barriers to the consumption of a vegetarian diet. It is not surprising that vegetarianism is related to perceived health or locus of control, but certain levels of these implications have been poorly studied. We do not have a proper insight on predictors of perceived benefits and barriers to the consumption of a vegetarian diet, especially when considering both health-related variables and locus of control as predictors in this equation.

2. METHOD

2.1. OBJECTIVES

This study was conducted with the aim of shedding further light on adopting a vegetarian diet. We investigated several factors that might play an important role in either promoting or demoting the adherence to a vegetarian eating pattern: physical and mental health, eating disorders, and locus of control. Our first objective was to explore whether or not the variables mentioned above are significant predictors of the perceived benefits of consuming a vegetarian diet. The second objective was to examine the same variables as possible predictors, this time in relation to the perceived barriers to consuming a vegetarian diet.

2.2. PARTICIPANTS

We have selected a convenience sample of 209 participants (M= 40; F= 169), with a mean age of 34.6 years. Informed consent was obtained from all the participants. The majority of participants were omnivores (76.1%), and a small amount of them were vegetarians (14.4%) or vegans (9.6%). Most lived in the urban area (88.5%), had a high level of education (88.5%), were Christian orthodox (70.3%), and were in a partnership or married (77.5%).

2.3. PROCEDURE

Participants filled out several questionnaires for measuring eating disorder, physical health, mental health, locus of control, and perceived benefits and barriers to the consumption of a vegetarian diet. Participants' demographic data were also obtained at the end of the questionnaires.

2.4. MEASURES

Three Factors Eating Questionnaire-Revised 18: TFQ-R18 (De Lauzon *et al.*, 2004; Anglé *et al.*, 2009) was used to assess eating disorders. The questionnaire contains 18 items divided into three subscales: uncontrolled eating (tendency to eat more than usual due to loss of control over food intake and the subjective feeling of hunger – 9 items), cognitive restraint (a conscious restriction of food intake to control body weight or to lose weight – 6 items), and emotional eating (an inability to withstand emotional stress – 3 items) which were evaluated on a Likert scale from 1 to 4.

Physical Health Questionnaire: PHQ (Spence *et al.*, 1987), a modified version, consists of 14 items that measure the frequency with which respondents experience sleep disorders, headaches, respiratory infections, heart pain, and gastrointestinal problems. The items are scored on a 7-point Likert scale, where 1 – means the respondent does not feel such pain at all and 7 – indicates the permanent presence of symptoms.

General Health Questionnaire: GHQ12 (Goldberg & Williams, 1988) is a tool that assesses current mental health in the general population. It is a screening tool that identifies minor mental disorders without indicating a specific diagnosis. Each item is scored on a 4-point Likert scale.

Multidimensional Health Locus of Control Scale: MHLC (Wallston, Wallston & DeVellis, 1978) consists of 18 items comprising 3 independent subscales: one internal subscale (internality) and two external subscales (chance externality and powerful others) and measures a person's inclination to believe that health outcomes are due to themselves, powerful others, or chance.

Food choice, Information, and Your Attitudes: FIA (Lea & Worsley, 2003) consists of 24 items about the perceived benefits of vegetarian diets and 25 items to

assess personal barriers to vegetarian diets. The items are scored on a 5-point Likert scale to assess agreement/disagreement on benefits (e.g. helping the environment, controlling one's weight, help animal rights, etc.) and barriers (e.g. not enough protein in the vegetarian diet, limited food choice, relatives who prefer eating meat, etc.) to the consumption of a vegetarian diet.

Demographics. The demographic data were collected at the end of the questionnaires and referred to age, gender, residence area, educational level, relationship status, religion, and eating behavior.

3. RESULTS

The intercorrelation matrix (Table no. 1) shows significant positive correlations between perceived benefits to the consumption of a vegetarian diet, eating disorders, and internal locus of control. More positive significant correlations were observed between perceived barriers to the consumption of a vegetarian diet and physical health, mental health, eating disorders, and external locus of control. As we expected, a significant negative correlation is present between perceived benefits and barriers to the consumption of a vegetarian diet.

Table no. 1

Mean, Standard Deviation, and Correlation coefficients between study variables

	1	2	3	4	5	6	7	M	SD
(1) Physical health	1.00							33.17	11.87
(2) Mental health	.62**	1.00						11.18	7.16
(3) Eating disorders	.28**	.27**	1.00					36.57	9.04
(4) Internal control	-.15*	-.23**	-.13	1.00				27.28	4.84
(5) External control	.22**	.08	.15*	-.10	1.00			33.38	10.12
(6) Benefits	.00	.04	.17*	.18**	-.03	1.00		75.53	21.19
(7) Barriers	.23**	.17*	.17*	-.09	.37**	-.29**	1.00	65.14	16.46

Note. * $p < .05$; ** $p < .01$.

3.1. PERCEIVED BENEFITS TO THE CONSUMPTION OF A VEGETARIAN DIET

We modeled relationships between predictor and criterion variables using a simultaneous multiple regression model and eating disorders and internal locus of control were predictive of perceived benefits to the consumption of a vegetarian diet.

Table no. 2

Eating disorders and Internal locus of control predicting perceived benefits to the consumption of a vegetarian diet

Variable	B	SE B	β	T	sr ²	F	R	R ²
Eating disorders	.46	.15	.19	2.91**	.03	7.89	.26	.07
Internal locus of control	.90	.29	.20	3.06**	.04	p<.001		

Note. * $p < .05$; ** $p < .01$.

The regression analysis revealed a statistically significant model, $F(2, 206) = 7.89$, $p < .001$, $R^2 = .07$, indicative of a small effect size in which model predictors account for approximately 7 % of the change among benefits to the consumption of a vegetarian diet (see Table no. 2). Within the model, scores associated with internal locus of control yielded a slightly better association ($\beta = .90$, $p < .01$, $sr^2 = .04$), than scores associated with eating disorders ($\beta = .46$, $p < .01$, $sr^2 = .03$).

We further investigated the subscales of the eating disorders questionnaire (TFQ-R18). The resulted data indicated emotional eating and internal locus of control as predictors of perceived benefits to the consumption of a vegetarian diet.

Table no. 3

Emotional eating and Internal locus of control predicting perceived benefits to the consumption of a vegetarian diet

Variable	B	SE B	β	T	sr ²	F	R	R ²
Emotional eating	2.17	.57	.25	3.76**	.03	10.82	.30	.09
Internal locus of control	.73	.29	.16	2.51*	.06	p<.001		

Note. * $p < .05$; ** $p < .001$.

Uncontrolled eating was not a predictor for our dependent variable ($p < .05$). It was cognitive restraint that predicted by itself the perceived benefits of consuming a vegetarian diet $F(1, 207) = 4.04$, $p < .05$, $R^2 = .01$. The effect, though, was very small.

3.2. PERCEIVED BARRIERS TO THE CONSUMPTION OF A VEGETARIAN DIET

Similarly, we modeled relationships between predictor and criterion variables using a simultaneous multiple regression model, and mental health and external locus of control were predictive of perceived barriers to the consumption of a vegetarian diet.

Table no. 4

Mental health and External locus of control predicting perceived barriers to the consumption of a vegetarian diet

Variable	B	SE B	β	T	sr ²	F	R	R ²
Mental health	.33	.14	.14	2.29*	.02	20.07	.40	.16
External locus of control	.59	.10	.36	5.69**	.13	p<.001		

Note. * $p < .05$; ** $p < .01$.

The regression analysis revealed a statistically significant model, $F(2, 206) = 20.07$, $p < .001$, $R^2 = .16$, indicating a medium effect size in which model predictors account for approximately 16% of the change among perceived barriers to the consumption of a vegetarian diet (see Table no. 5). Within the model, scores associated with external locus of control produced the strongest positive association ($\beta = .36$, $p < .01$, $sr^2 = .13$).

Other simultaneous significant predictors of perceived barriers to the consumption of a vegetarian diet were physical health and external locus of control, model predictors accounting also for approximately 16% of the change among perceived barriers to the consumption of a vegetarian diet.

Table no. 5

Physical health and External locus of control predicting perceived barriers to the consumption of a vegetarian diet

Variable	B	SE B	β	T	sr^2	F	R	R^2
Physical health	.22	.09	.16	2.50*	.02	20.66	.40	.16
External locus of control	.55	.10	.34	5.22**	.11	$p < .001$		

Note * $p < .05$; ** $p < .001$.

As for the eating disorders variable, it proved to be a unique predictor of perceived barriers to the consumption of a vegetarian diet, $F(1, 207) = 6.34$, $p < .05$, $R^2 = .03$, indicating a very small effect size.

Similarly, we further investigated subscales of the eating disorder questionnaire (TFQ-R18), the resulted data indicating uncontrolled eating and external locus of control as predictors of perceived barriers to the consumption of a vegetarian diet (Table no. 6).

Table no. 6

Uncontrolled eating and External locus of control predicting perceived barriers to the consumption of a vegetarian diet

Variable	B	SE B	β	T	sr^2	F	R	R^2
Uncontrolled eating	.41	.18	.14	2.24*	.02	19.95	.40	.16
External locus of control	.59	.10	.36	5.67**	.13	$p < .001$		

Note * $p < .05$; ** $p < .001$.

Emotional eating was not a predictor for the dependent variable ($p < .05$). Cognitive restraint predicted by itself the barriers to the consumption of a vegetarian diet variable $F(1, 207) = 4.04$, $p < .05$, $R^2 = .01$. However, the effect was very small.

Moreover, we investigated subscales of the external locus of control variable, the results indicating significant data for both ‘chance externality’ and ‘powerful others’ subscales. Chance externality and mental health were predictive for perceived barriers to the consumption of a vegetarian diet $F(2,206) = 8.60$, $p < .001$, $R^2 = .07$, suggesting a very small effect (Table no. 7).

Table no. 7

Chance externality and Mental health predicting perceived barriers to the consumption of a vegetarian diet

Variable	B	SE B	β	T	sr^2	F	R	R^2
Chance externality	.62	.19	.21	3.19*	.04	8.60	.27	.07
Mental health	.32	.15	.14	2.10*	.02	$p < .001$		

Note * $p < .05$.

Also, the results were quite similar for chance externality and eating disorders variable predicting perceived barriers to the consumption of a vegetarian diet $F(2,206) = 8.59$, $p < .001$, $R^2 = .07$, suggesting as well a very small effect (Table no. 8).

Table no. 8

Chance externality and Eating disorders predicting perceived barriers to the consumption of a vegetarian diet

Variable	B	SE B	β	T	sr^2	F	R	R^2
Chance externality	.63	.19	.21	3.24*	.04	8.59	.27	.07
Eating disorders	.25	.12	.14	2.10*	.02	$p < .001$		

Note * $p < .05$.

Considering eating disorders’ subscales, only uncontrolled eating along with chance externality predicted perceived barriers to the consumption of a vegetarian diet $F(2,206) = 8.82$, $p < .001$, $R^2 = .07$ with a similar small effect.

The regression analysis for powerful others variable revealed a statistically significant model along with physical health, $F(2, 206) = 20.43$, $p < .001$, $R^2 = .16$, indicative of an effect size in which model predictors account for approximately 16% of the change among barriers to the consumption of a vegetarian diet.

Table no. 9

Powerful others and Physical health predicting perceived barriers to the consumption of a vegetarian diet

Variable	B	SE B	β	T	sr^2	F	R	R^2
Powerful others	.78	.15	.33	5.18**	.11	20.43	.40	.16
Physical health	.28	.08	.20	3.22*	.04	$p < .001$		

Note * $p < .05$; ** $p < .001$.

The perceived barriers to the consumption of a vegetarian diet were also predicted by powerful others and mental health variables (Table no. 10), indicating a similar effect (15% of explained variance).

Table no. 10

Powerful others and Mental health predicting perceived barriers
to the consumption of a vegetarian diet

Variable	B	SE B	β	T	sr ²	F	R	R ²
Powerful others	.83	.15	.35	5.51**	.12	19.01	.39	.15
Mental Health	.41	.14	.18	2.80*	.03	p < .001		

Note * $p < .05$; ** $p < .001$.

The results are also similar for powerful others and eating disorders variables, these model predictors accounting for approximately 14% of the change among perceived barriers to the consumption of a vegetarian diet (Table no. 11).

Table no. 11

Powerful others and Eating disorders predicting perceived barriers
to the consumption of a vegetarian diet

Variable	B	SE B	β	T	sr ²	F	R	R ²
Powerful others	.79	.15	.33	5.17**	.11	16.93	.37	.14
Eating disorders	.24	.11	.13	2.05*	.02	p < .001		

Note * $p < .05$; ** $p < .001$.

Also, regarding eating disorders' subscales, only uncontrolled eating along with powerful others predicted perceived barriers to the consumption of a vegetarian diet $F(2,206) = 18.43$, $p < .001$, $R^2 = .15$, suggesting a similar effect.

4. DISCUSSION AND CONCLUSION

In this study, we investigated the potential predictors of benefits and barriers to consuming a vegetarian diet. We obtained stronger effect predictions for perceived barriers to the consumption of a vegetarian diet than for benefits. Regarding the perceived benefits, our results show that only eating disorders and internal locus of control were significant predictors. This was also previously reported in several studies that revealed an association between having a vegetarian diet and eating disorders (Robinson-O'Brien *et al.*, 2009; Bardone-Cone *et al.*, 2012) or internal locus of control (Bray, Johns, & Kilburn, 2011). People who already struggle with eating disorders might be more successful in adopting a vegetarian diet, given the fact that they are more confident in their ability to make dietary changes. As previous studies have shown, internal beliefs and habits have key roles in maintaining a vegetarian diet (Jabs, 1998).

However, physical and mental health or external locus of control were not correlated at all with the perceived benefits of adopting a vegetarian diet. Vegetarianism is still a controversial topic in scientific studies. Several studies suggest the importance of vegetarianism for better physical health outcomes (e.g. White & Frank, 1994; Key & Davey, 1996; Key *et al.*, 1999; Bazzano *et al.*, 2002; Huang *et al.*, 2012, etc.) whereas others reveal poor physical health indicators in relationship with vegetarianism (e.g. Larsson, 2002; Li, 2011, etc.). Concerning external locus of control, previous findings showed that this variable might be associated with non-vegetarians (Bray, Johns & Kilbum, 2011) and therefore it might not be that relevant when considering the benefits of adopting a vegetarian diet.

On the other side, mental health and external locus of control were predictive of perceived barriers to the consumption of a vegetarian diet. These results are surprising, given the fact that mental health issues are usually associated with being a vegetarian (e.g. Larsson *et al.*, 2002; Michalak, Zhang, & Jacobi, 2012). An explanation could be that mentally ill individuals already fight a difficult battle to control their health – a battle sometimes they lose – and this makes them see any other change about health, in this case adopting a vegetarian diet, as a huge hurdle. Regarding the locus of control variable, it was already suggested that vegetarians generally have an internal locus of control whereas non-vegetarians exhibit an external locus of control (Bray, Johns & Kilbum, 2011). Moreover, physical health issues and external locus of control were predictive of perceived barriers to the consumption of a vegetarian diet. Similarly, the inability to control one's physical health, along with the controversial nature of physical health benefits of a vegetarian diet (e.g. Larsson, 2002; Li, 2011) might contribute to these results.

In contrast with the results regarding the perceived benefits of consuming a vegetarian diet, this time eating disorders were a unique predictor in relationship with perceived barriers to adopting a vegetarian diet. Regardless of an internal or external locus of control, having eating disorders seems to foster barriers to adopting a vegetarian diet, especially when considering the cognitive restraint subscale. Some findings also link vegetarianism to a higher risk of developing eating disorders: restrictive eating or binge eating with loss of control, for instance (Robinson-O'Brien *et al.*, 2009; Bardone-Cone *et al.*, 2012).

Uncontrolled eating and external locus of control were both predictors of perceived barriers to the consumption of a vegetarian diet. Here again, we note that not being able to control one's eating behavior and health might affect the decision of adopting or maintaining a vegetarian diet. There are indeed many barriers that might shape people's diet choices, such as enjoying eating meat, unwillingness to alter eating habits (Lea & Worsley, 2003), beliefs about vegetarian diet to be more difficult, less enjoyable, and more expensive (Bryant, 2019), family and friends being meat consumers, the need for more information about vegetarian/flexitarian diets, and the belief that humans are meant to eat meat (Ver Schage, 2016).

However, emotional eating was not a predictor of perceived barriers to adopting a vegetarian diet. The high amount of stress due to eating might interfere though with all the restrictions one has to assume when pursuing vegetarian diets.

Regarding external locus of control subscales, we obtained significant data for both ‘chance externality’ and ‘powerful others’ subscales. Chance externality predicted perceived barriers to the consumption of a vegetarian diet along with mental health and eating disorders. Individuals who attribute their health to chance might have more mental health issues or eating disorders. However, physical health was not a significant predictor in this respect. Mental health and eating disorders might be perceived as more subjective to chance when considering possible barriers to the consumption of a vegetarian diet, whereas physical health can sometimes clearly not be restored.

On the other hand, powerful others are considered to be responsible for perceived barriers to adopting a vegetarian diet, along with mental health, eating disorders, and physical health. It seems reasonable that health practitioners or relatives affect individuals’ perceptions towards decisions to follow a vegetarian diet. Also, previous studies suggest that family and friends being meat consumers can be a barrier towards a vegetarian diet (e.g. Ver Schage, 2016), whereas social supporting networks can enhance adopting a vegetarian diet (e.g. Jabs, 1998). Uncontrolled eating was also a significant predictor when considering both chance externality and powerful others. Not being able to control one’s eating behavior and external locus of control proved again to be significant in the decision of adopting or maintaining a vegetarian diet.

Several limitations should be considered in this study. First, as this is a cross-sectional study using a convenience sample, we cannot assume causal relationships, and its generalizability is limited. Besides, our predictors’ effect sizes were quite small. Moreover, the sample of participants was rather unbalanced – it consisted of a large number of omnivorous (76.1%) and much smaller numbers of vegetarians (14.4%) and vegans (9.6%). The gender proportion of participants in this study was also unequal. Most of the participants were females (~81%) and a small proportion of participants were males (~19%).

In conclusion, eating disorders seem to predict both perceived benefits and barriers to consuming a vegetarian diet. According to the participants in this study, internal locus of control seems to play a major part when considering the benefits of adopting a vegetarian diet whereas an external locus of control tends to highlight the barriers of adopting a vegetarian diet. Physical and mental health were also relevant in the prediction of perceived barriers to the consumption of a vegetarian diet. Notwithstanding the limitations of this study, we believe that our results meaningfully address the important topic of predicting people’s acceptance or disapproval of a certain dietary choice. Further studies should be conducted to verify these findings and gain proper insight into this matter.

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REZUMAT

Vegetarianismul este încă un subiect controversat în studiile de specialitate – fie este tratat ca o alegere sănătoasă, fie ca una riscantă. Acest studiu a avut ca scop examinarea potențialilor predictorii ai beneficiilor și a barierelor percepute în calea consumului unei diete vegetariene. Participanții (N = 209, M_{vârsta} = 34.6) au completat mai multe instrumente care măsoară tulburările de alimentație,

sănătatea fizică, sănătatea mintală, locul controlului, beneficiile și barierele percepute în calea consumului unei diete vegetariene. Rezultatele analizei de predicție au arătat că tulburările de alimentație au fost un predictor semnificativ ($p < .05$) atât pentru beneficiile percepute, cât și pentru barierele percepute împotriva consumului unei diete vegetariene. Locul controlului intern pare să joace un rol major atunci când se iau în considerare beneficiile consumului unei diete vegetariene ($p < .05$), în timp ce locul controlului extern are impact asupra barierei percepute de a consuma o dietă vegetariană. Sănătatea fizică și mintală au jucat un rol semnificativ ($p < .05$) numai atunci când au fost luate în considerare barierele împotriva consumului unei diete vegetariene. Studii viitoare ar putea verifica aceste constatări.