

A Description of Vegetarian Practices among Seventh-day Adventists in Liberia

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Abstract

Background: The Seventh-day Adventist Church is known to adopt vegetarian practices as a healthy lifestyle. Several studies have concentrated on vegetarian practices and examined healthy vegan dietary practices, values, and behaviors of vegetarian lifestyles in the Western world. Many of these studies and processes do not seem to reference Africa, especially sub-Saharan Africa, where Liberia is located. This study aimed to describe vegetarian practices among Seventh-day Adventists in Liberia.

Methods: A qualitative ethnographic method was used. The participants were selected using a purposive sampling technique. Data were collected using group culture observations, field notes, and focused group discussions.

Results: The findings identified themes from the data in three categories: level of adoption, factors that influence adoption, and outcome behavior toward adopting a vegetarian lifestyle.

Conclusion: The vegetarian practices of Liberian Adventists vary based on the influence of either positive or negative factors. Education is a crucial factor influencing the vegetarian practices of Liberian Seventh-day Adventists.

Keywords: Vegetarian lifestyle, vegetarian diet, culture, Seventh-day Adventist, Liberia

Introduction

Studies have recorded an increased interest in vegetarian diets and lifestyles due to ethical, health, and animal welfare concerns. Researchers have identified reasons for adopting a vegetarian lifestyle in the United Kingdom (UK) and Australia, including the process of adoption in the Western world (Forgrieve, 2018). Others have examined healthy vegan dietary practices, values, and behaviors toward vegetarian lifestyles across generations (Pribis et al., 2010). Many of these studies

and processes do not seem to reference Africa, especially sub-Saharan Africa, where Liberia is located.

The Seventh-day Adventist Church is known to adopt a healthy lifestyle, with a vegetarian lifestyle as a cardinal element of this concept. It is understood that vegetarian practices among Seventh-day Adventists are essential for Adventism in Liberia. To date, no evidence has provided information on vegetarian lifestyles or the practice of vegetarianism in Liberia.

A vegetarian lifestyle involves a regular diet that requires abstinence from meat consumption. It is a non-restrictive meal comprising mainly vegetables, fruits, grains, nuts, and other plant-based sources. This excludes meat and other derivatives from animal sources. A vegetarian diet may include eggs or milk, which is an ovo-lacto-vegetarian diet (Hargreaves et al., 2023). Thus, there are many variations of vegetarian diets. For example, semi-vegetarians usually do not consume meat, poultry, or fish. Pescovegetarians avoid meat and poultry, but eat fish, and vegans avoid all products of animal origin in their diet (Pribis et al., 2010). Selinger et al. (2022) describe vegans (one of the types of vegetarian practices) as a lifestyle that excludes the use of animals and their derivatives for food.

The choice of a vegetarian lifestyle may be for different reasons, including health benefits, spiritual injunction, environmental protection, cultural norms, personal preferences, social norms, and job requirements. Pribis et al. (2010) attest that vegetarian diets are chosen for different reasons depending on age, gender, religion, educational level, and overall perceived health beliefs. Hopwood et al. (2020) also noted health, environment, and animal rights as the three main reasons people cited for a vegetarian diet in Western societies in their study. According to Rosenfeld and Tomiyama (2021), economic reasons explain why people have turned to a vegetarian diet. People opt to become vegetarians because vegetarian food seems cheaper. Rosenfeld

and Tomiyama (2021) therefore assert that poor households abstain from certain meats because of the high cost of meat. Thus, the cost of preparing vegetarian meals is theoretically cheaper than that of preparing non-vegetarian meals because it eliminates one of the most expensive items in a meal (i.e., meat and fish).

Another reason for adopting a vegetarian diet is social factors (Rosenfeld & Tomiyama, 2021). Social issues such as conforming or adapting to the lifestyle or standards of friends, relations, or other influential people, and maintaining one's desired body image, have caused some people to reduce their meat consumption (Rosenfeld & Tomiyama, 2021). In 1998, Jabs et al. conducted a groundbreaking study in New York City, USA. Their study revealed that the adoption of a vegetarian diet is influenced by differences in motivations and processes. The process involved two routes: a gradual process of adoption or an abrupt change. Hence, most respondents gradually adopted a vegetarian diet (Jabs et al., 1998b). Another study conducted in selected Latin American countries reported that factors influencing readiness to change their diet to a plant-based diet included knowledge, awareness, and willingness to change (Robert, 2019).

Health reasons have stood out as the main reasons for vegetarianism (Bowman, 2020). Physicians and nutritionists have identified that a low-fat diet high in fruits, vegetables, and nuts can boost the health status of individuals and families. Research suggests that reducing or eliminating red meat from the diet

reduces the risk of heart disease, and a vegetarian diet lowers triglyceride and glucose levels, blood pressure, and body mass index (Edgar, 2020).

A vegetarian diet is healthier, and statistics have shown that cancer and diabetic diseases are less frequent among vegetarians (Edgar, 2020). In addition, people who eat meat daily suffer more from hypertension, digestion, and heart disease than those who maintain a vegetarian diet (Oussalah et al., 2020). The benefits of vegetarian diets include improved health, a more sustainable environment, and a more human approach to interspecies relationships (Hopwood et al., 2020).

Undoubtedly, vegetarian lifestyles have become popular in certain societies. Individuals opting for vegan or plant-based lifestyles have grown significantly since 1994 in the U.S., the UK, and Australia (Pribis et al., 2010; Forgiveve, 2018). Factors influencing vegetarian lifestyles have also been related to the war against global pollution, depletion of natural resources by animal breeding, and degradation of marine ecosystems (Gerbens-Leenes et al., 2013; Hyner, 2015). A Polish study identified both health benefits and risks associated with adopting a vegetarian diet. The health benefits include reduced body mass index (BMI), improved plasma lipid profile, and decreased incidence of high arterial blood pressure. The health risks identified were anemia and muscular irregularities (Pilis et al., 2014).

Perceived maintenance resources also influence vegetarian lifestyle. According to Jabs et al. (1998a), maintenance

of vegetarian diets is influenced by personal factors, social networks, and environmental resources. Personal factors included internal beliefs, skills, habits, and physical feedback. Social networks comprise organized vegetarian groups as well as animal rights, environmental, or health groups supporting vegetarianism and vegetarian friends. Environmental resources, such as the availability of new vegetarian foods in supermarkets and restaurants, facilitate the maintenance of vegetarian diets (Jabs et al., 1998a).

The Seventh-day Adventist (SDA) dietary pattern stems from the biblical book of Leviticus, which emphasizes meals made of whole-plant foods, such as legumes, fruits, vegetables, nuts, and grains. This discourages the consumption of animal products as much as possible (Panoff, 2019). Seventh-day Adventist Church members believe that their bodies are holy temples and should be fed the healthiest food. As such, members have promoted variations in the Seventh-day Adventist diet since the establishment of the Church in 1863. It is estimated that approximately 40% of SDAs, commonly called Adventists, follow a plant-based diet. Some Adventists are vegans, and they exclude all animal-based food products from their meals. Others have adopted different vegetarian diets, including eggs, low-fat dairy, and fish (Panoff, 2019).

According to the Seventh-day Adventist Diet (2022), Adventists are discouraged from consuming foods and products that the Bible considers "unclean," such as alcohol, tobacco, refined foods, sweeteners, caffeine, and

drugs. The Seventh-day Adventist dietary preference has many health benefits. However, scientists have advised that special attention should be given to the intake of vitamins D and B12, omega-3 fats, iron, iodine, zinc, and calcium if one strictly follows a plant-based (vegan) diet. This is because the vegan diet lacks some nutrients as mentioned earlier (Seventh-day Adventist Diet, 2022). A study conducted in the United Kingdom among adult Seventh-day Adventists showed that compared to non-Seventh-day Adventists, Seventh-day Adventists recorded reduced ischemic heart diseases (Kwok et al., 2014). Meanwhile, in North America, researchers have established that vegetarian dietary practices are significantly associated with better moods among healthy adults (Beezhold et al., 2010).

The religious philosophy of the SDA diet is that the body is considered a place where the Holy Spirit resides. Therefore, taking care of the body and treating it with the respect it deserves is essential. For this reason, Adventists need to maintain a healthy, clean diet. In addition, due to the imperative to respect and honor God, all food and drink sources should never suffer, especially meat sources. Therefore Seventh-day Adventists promote vegetarianism, as it is seen as the best way to achieve the best health and respect God. The vegetarian lifestyle is viewed as part of the Seventh-day Adventist Christian lifestyle. Adventists believe that God introduced a vegetarian lifestyle since creation (see Genesis 1:29) (Seventh-day Adventist Diet, 2022).

The Seventh-day Adventist Church operates several global educational, health, and relief service institutions. These institutions operate cafeterias and restaurants that provide only vegetarian meals, influencing the global population with Seventh-day Adventist vegetarian practices. The National Institute of Health funded an Adventist Health Study, which was conducted in several phases. The 2003-2004 study phase showed that the vegetarian practices of Seventh-day Adventists in North America were associated with a longer life and better health (Banta et al., 2018).

The researchers of this study live and work in Liberia and are all Seventh-day Adventists. We noticed that there seem to be fewer Seventh-day Adventists in Liberia who practice vegetarianism. Meals served at Seventh-day Adventist institutions in Liberia do not seem to have adopted vegetarian dietary patterns. Hence, there is a need to understand this apparent inconsistency with sister Adventist institutions in neighboring countries as well as globally. This study aimed to describe vegetarian practices among Seventh-day Adventists in Liberia. The following research questions were addressed:

1. What are the factors that influence vegetarian practices among Seventh-day Adventists in Liberia?
2. What are the levels of adoption of vegetarian lifestyles among Seventh-day Adventists in Liberia?

Methodology

A qualitative research design explored the factors influencing vegetarian practices among Seventh-day Adventists in Liberia. Seventh-day Adventists are unique in their spiritual culture as per day and style of worship and spiritual outlook on life compared to other denominations of Christians. This exploratory study adopted an inductive approach. A descriptive ethnography method was used to describe the vegetarian practices and participants' levels of adoption of vegetarian lifestyles.

Research Setting

This study was conducted in Liberia among Seventh-day Adventists. Three categories of sites were selected: camp-meeting sites, hospitals, and schools. The researchers visited these groups of Christians at established institutions and worship gatherings. The Seventh-day Adventist Church in Liberia runs a hospital, several elementary and high schools, and a university. Their unique dietary lifestyles should be observed as interwoven in daily operations at these institutions.

Sampling

Purposive sampling was used to select participants from hospitals, schools, and camp-meeting attendees. This sampling method ensured that participants (1) who had joined the church for over two years were selected and (2) had significant experience in Seventh-day Adventist Church

teaching and lifestyle. The eligibility criteria were that the participants at the camp-meeting were registered campers and active members of the Seventh-day Adventist Church (n = 30). The hospital participants were Seventh-day Adventist workers employed for more than six months (n = 11) and SDA workers at the school cafeteria (n = 10).

Data Collection

Several approaches were employed to collect data, as characterized by the ethnography method. The researchers used annual camp-meetings, where all categories of worshipers gathered for one week at a predetermined location for fellowship with one another, to observe members in church or worship settings. During this week of camp-meetings, the leaders, members, and children ate together among other activities which characterized this type of gathering. This allowed the researchers to meet all categories of the members. We spoke with them, observed them during their mealtimes, and integrated them with their group dynamics to understand the group culture and dynamics in relation to adopting vegetarian lifestyles. At the hospital and schools, workers and students who were Seventh-day Adventists were included in the focused group discussions. The ethnographic skills of observations and field notes were utilized in all settings (i.e., hospital, school, and camp-meeting sites). While interacting with the participants in their setting, the researchers observed their dietary practices as a group in relation to their dietary culture and

field notes were taken while in the field. Observations were made during activities involving the menu (i.e., what was prepared), cooking (how food was cooked), and eating mode (time and how the participants ate their food). This process was conducted over one week during the camp-meetings, while data collection was conducted over 21 days, excluding weekends at hospitals and schools.

Focused group discussions (FGD) were conducted in the hospital's conference room, camp-meeting sites, and educational institutions. Four (4) structured questions were posed to elicit responses from participants during the FGDs. These questions covered understanding the levels of adoption and exploring factors that influence the adoption of vegetarian lifestyles from participants at the personal and institutional levels. Theoretical sampling was ensured during data collection, whereby ongoing data were clarified and explored further by posing leading questions during FGDs until no new information was observed. The discussions ended, each lasting approximately one hour and 45 minutes. The FGDs aided ethnographic observations of cultural dynamics concerning the subject during discussions. Focused group discussions were audiotaped, recorded, and transcribed.

Data Analysis

Field notes from observations and transcriptions from audiotaped recordings of FGDs were outlined, and

line-by-line coding was conducted. The emanating data were then ordered and labeled based on emerging themes from the data. The themes were further analyzed for their linkages to form a descriptive narrative of emerging patterns from the data. The findings were interpreted from both the emic view (i.e., the insider view of the researchers) and the etic view (i.e., the outsider view of the researchers), as prescribed in the ethnography method. The researchers submerged themselves in the group and took insider and outsider perspectives to collect and analyze the data.

Ethical Considerations

This study was approved by the Ethics Review Committee of the Adventist University of West Africa. Informed consent was obtained from all the participants. The audiotaped recordings and transcriptions of the focused group discussions were stored in a password-locked computer during the data collection and analysis phases of this study. The recordings and transcriptions were deleted after the completion of the study.

Researchers' Reflexivity

The researchers in this study were Seventh-day Adventist Christians. As such their philosophical understanding of the church, its members, and its institutions was similar to the study participants. This gave them the advantage of entry into the study group culture, as most participants

could relate to them easily as colleague church members. During the study, the researchers were sensitized to their insider perspectives as members of the group under study and to the objectivity of the outsider’s view. To ensure the credibility of the results, the researchers reflected on their own preconceptions. They took a self-critical stance by monitoring these preconceptions against respondents’ reactions, views, and actions.

Results

Table 1 displays the study results. It shows the levels of adoption and factors that influence the adoption of a vegetarian lifestyle among Seventh-day Adventists in Liberia.

Table 1

Themes Reflecting the Levels of Adoption and Factors that Influence the Adoption of Vegetarian Lifestyle among SDA in Liberia

Level of Adoption: Factors that Influence Adoption	+Personal Adoption -		+Institutional Adoption -	
	Eating Culture	Cultural Impediment	Systemic Vegetarian Culture	Fear of rejection
	Religious Association	Justification of Non-compliance	Leadership Support	Provision in Cafeteria
	Acknowledged Benefits	Lack of evidence of benefits	Education	Districts tasking norms
	Role modeling	Perception of economic cost of diet		Threat to abandon institution
	Practice Under Pressure	Non-Orientation		Associating Vegetarian diet to exotic sources
Outcome Behavior Toward Adoption	Education Gradual Adoption	Procrastination Rejection	Gradual Adoption	Difficulty in Adoption

The themes that emanated from the data were three categories: level of adoption, factors that influence adoption, and outcome behavior toward the adoption of a vegetarian lifestyle. The levels of adoption of the vegetarian lifestyle from the data showed that the Seventh-day Adventists in Liberia adopted the vegetarian lifestyle either on 1) the personal or 2) institutional levels, or 3) both. The factors influencing the adoption of a vegetarian lifestyle identified from the data were twelve (12) under personal

adoption by individual members and eight under the institutional level of adoption. The outcome behavior toward adoption was gradual adoption or rejection of the vegetarian lifestyle on the personal level of adoption of vegetarian lifestyle by individual members; at the institutional level, there were outcome behaviors toward the adoption of vegetarian lifestyle such as gradual adoption as well as difficulty in adoption.

Linkages among the Three Thematic Categories

The findings show that some members of the SDA in Liberia, who adopted a vegetarian lifestyle on a personal level, were influenced by personal eating culture and their beliefs as Seventh-day Adventists. Others adopted a vegetarian lifestyle based on the benefits acknowledged and the education received about the vegetarian lifestyle. Sometimes, they had to adopt a vegetarian lifestyle under pressure, as they had no choice because they were students or teachers who ate from the school cafeteria and had no choice in preparing and presenting food. Hence, they ate what was available to them.

At this point, it was not clear whether these respondents could be considered vegetarians. These factors have led to gradually adopting a vegetarian lifestyle as an individual church member. When asked during the focus group discussion, what would their reaction be if the school cafeteria no longer served meals with fish and meat, and what they feel about a vegetarian diet? One participant responded, "If I am extremely hungry, I will eat, but if I am not hungry, I will not eat because I do not feel comfortable eating without meat... Vegetarian diet is for health reasons so it will not be bad."

The findings show that other factors negatively affect personal adoption of a vegetarian lifestyle, resulting in the rejection of a vegetarian lifestyle. These factors include cultural impediments, justification of non-compliance,

lack of evidence, perception of the negative cost of diet, non-orientation, and procrastination. While eating in the school cafeteria where data was collected, one participant responded to the question on whether he would continue eating in the cafeteria if the school enforced a vegetarian meal and provided no other option; "I will not! I will not" therefore showing rejection. Another participant's response on why they rejected vegetarian meals said:

. . . Looking at the general Liberian background, we eat fish from the very onset of conception, birth, or other things. By the time the child starts to walk and eat, the child starts eating fish. So the Liberian culture alone could be one of the impediments to ensuring that a vegetarian diet is cooked here, is prepared here because food is part of the culture. What we eat in Liberia is meat and fish. In fact, I have seen couples fighting over meat and fish. So in Liberia, you don't joke with the ordinary Liberian man's fish and meat issue. But generally speaking, I do not despise vegetarian diet because someday I will go there, but to generalize it for students, it would work but rest assured, you will lose some customers in the first few months. So, before you roll out vegetarian diet, you must carry on real education on the benefit of vegetarian diet. Some will accept, and some will not accept because it is difficult. Something that someone has been eating for 3 or 4 years up

to their present age than to change it is difficult but with a proper level of education on the benefit of a vegetarian diet. Some will accept it, but one thing I accept is that it might lead to you losing your customers.

This finding also shows that a vegetarian lifestyle is adopted at the institutional level, a policy for the SDA institution for meals served at the educational institution. Systemic vegetarian culture, leadership support, and education are factors that influence the institutional adoption of the vegetarian lifestyle. The outcome in this case is the gradual adoption of a vegetarian lifestyle at the institutional level. During the observation and focus group discussions at the camp-meeting site, one participant responded as follows:

. . . uh that can be possible, but that, can be done in a systematic order. Systematic order, in the sense that you can just provide all of the people with vegetables once and for all. What you often do you do it little by little where you provide little rice and you provide vegetables for those people because it has been something they are adapted to, so just to cancel it once and for all, you will see that people will start to stay away at the time you want to have a session, so you can't do it once and for all, little by little...

The data showed that, at the institutional level, the factors that negatively influenced the adoption

of a vegetarian diet did not result in rejection. Instead of rejection of the vegetarian diet, it resulted in an internal struggle by the institution to adopt vegetarian diet, which we refer to as 'situation that set in difficulty in adoption.' There were policies and preparations for vegetarian meals, but there was evidence of difficulties in ensuring that all members, workers, and students take part in vegetarian meals. These negative factors include fear of rejection, the provision in the cafeteria, district taxing norms, threat to abandon the institution, and association of a vegetarian diet with exotic sources. One of the participants during the focus group discussion at the hospital site in her response to the question on if a vegetarian diet were to be the only meal option at the SDA hospital what her reaction would be answered as follows:

. . . fruits, vegetables, this that, they started running away from the woman (laughing) to go to different doctor they say that woman say we mon drink water, eat vegetables, I aint going to that doctor there, I going to the black doctor...yes oh that some of the thing them the doctor them self can be going through, for their own health they can get vex with the doctor and switch to another doctor and that what we been going through in this hospital here . . .

In the focus group discussion at the camp-meeting site where the religious

activities were ongoing, one of the participants alluded to the difficulty in adopting the vegetarian meal by the food committee. The vegetarian diet is often associated with exotic sources, expensive and difficult-to-find food sources.

...actually from the response that many people gave... Is not possible... Because I can remember some times when we come to camp-meetings some pastors may be one or two people can be a vegetarian... And we can catch hard time to get their food because lay food lay can eat is very expensive... You have to buy cucumber, watermelon, banana, and putting all those things together you do it on a daily basis for seven days and you compare it to lay food that they can give me when I'm eating rice and meat, it's less expensive than lay person that eating vegetarian ... Like for lettuce and other vegetables that is good for the body ...

Discussion

The findings of this study showed that vegetarian lifestyle adoption is gradual at both personal and institutional levels when influenced by positive factors. However, the negative factors resulted in different behaviors at both levels: rejection at the personal level and difficulty at the institutional level. A significant theme that emanated from the data that was similar to both personal level of adoption and institutional level of adoption was 'Lack of Knowledge (Education)'. The

conceptualization of "vegetarianism" among Seventh-day Adventists in Liberia was widely misunderstood across all levels during data collection.

The findings on personal adoption of a vegetarian lifestyle based on acknowledged benefits align with the report of Pribis et al. (2010), who stated that a vegetarian diet, which is typically low in fat and high in fruits, vegetables, and nuts, can boost health. This is also in comparison with the study by Pilis et al. (2014), which identified the health benefits of adopting a vegetarian diet. The results of this study were compared with those of Jabs et al. (1998b), which showed that two routes were identified from the study respondents: gradual and abrupt adoption of a vegetarian diet, with most respondents gradually adopting a vegetarian diet. Similarly, this study identified outcome behaviors toward adoption of a vegetarian lifestyle both on the personal and institutional level to be gradual adoption and, either rejection (on a personal level) or difficulty to adopt (on the institutional level). When the factors were favorable, a vegetarian lifestyle would be gradually adopted, though there was no report of abrupt adoption by SDAs in Liberia as identified in this study.

The strength of this study is that it describes factors that influence the adoption of vegetarian lifestyles in Liberia and flags education from the data to be an avenue for further interventions into issues surrounding the adoption of vegetarian lifestyles among SDAs in Liberia. The limitations of the study are that if more local churches were involved,

the exploration might have been extended to reveal more factors that influence the adoption of vegetarian lifestyles in Liberia.

The application of the findings of this study could be for the use of health experts, those involved in health ministries, educators, and Seventh-day Adventist Church leaders, to harness the adoption of a vegetarian lifestyle by using these factors as a framework for implementing the appropriate strategies that will enhance the adoption of a vegetarian lifestyle among SDAs in Liberia.

The findings could also provide a background for researchers to look into the possibilities of conducting an intervention study in which these factors could be studied for increased adoption of a vegetarian lifestyle among other populations.

Conclusion

Vegetarian lifestyles are increasing because of ethical, health, and animal welfare concerns. Understanding vegetarian practices is vital for fostering healthy populations. Education is an essential factor emanating from the data to achieve both personal and institutional adoption of a vegetarian lifestyle. Several factors describe the influences of vegetarian practices among SDAs in Liberia. We recommend that more attention be given to education on adopting a vegetarian lifestyle among Seventh-day Adventists in Liberia.

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