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NEED FOR RELATEDNESS AND EATING BEHAVIOUR IN MILLENNIALS

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Abstract. This research analyses the moderating effects of the need for relatedness in the relationship between behavioural intention (attitude towards the behaviour, subjective norm behaviour and perceived behavioural control) and self-reported healthy eating behaviour in millennials. A structural equation model was used in a sample of 2380 young people in Colombia and Spain (1190 for each country) considered healthy food consumers. All of them were classified as millennials based on age (25–34). The results show that attitudes towards the behaviour and subjective norm behaviour positively influence self-reported healthy eating behaviour. In contrast, perceived control behaviour does not influence self-reported healthy eating behaviour, subjective norm behaviour and perceived behavioural control) and self-reported healthy eating behaviour. The results suggest that the isolation conditions caused by the pandemic directly affect millennials' behaviour with consumption.

Keywords: attitude towards the behaviour, subjective norm behaviour, self-reported healthy eating behaviour, millennials.

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1. Introduction

A homogeneous lifestyle cannot classify millennials. Some are concerned about their health and the planet's wellbeing. In contrast, others seek the enjoyment of fast food with little nutritional value, which affects their physical and mental health and results in diseases related to obesity, early diseases, depression and death (Shavit et al., 2021). According to the Market Research Centre, millennials are more interested in their environment and its preservation. Because their concepts of life are different, they have adopted different values and beliefs. These differing concepts of life mean that all millennials' behaviour patterns are not the same (Álvarez Monzoncillo & Haro, 2017; Escandon-Barbosa et al., 2020).

Millennials are intensive users of social networks (Bennett et al., 2008). According to Statista (2016), there are more than 2,700 million people in the world with a presence on social networks. Facebook alone has 1,700 million monthly active users who watch and generate content for more than 50 minutes a day. The millennial generation has the most significant presence and uses these social networks with the most incredible intensity. Data provided by Statista illustrate this intensity: 87% of millennials use between two and three electronic devices with an internet connection (smartphone, tablet or computer) at least once a day; 50% say they have used a smartphone to investigate a product or service during a purchase; 41% have purchased their smartphone on some occasion; more than 40% say they would buy everything online if they had the opportunity; 81% have a Facebook profile; and 83% sleep with their mobile device (Barberis et al., 2021).

The habit of consuming unhealthy foods represents a risk factor for contracting noncommunicable diseases (NCDs), including hyperglycaemia, high blood pressure, overweight or obesity, cardiovascular diseases, type II diabetes mellitus, cancer and hyperlipidaemia. This previous situation can be reflected in a working-age population with a low physical capacity to perform work functions. According to the ICBF survey (Colombian Institute of Family well-being [ICBF], 2016), at least 16.7% of Colombians have poor eating habits. Bogotá is where these practices are carried out in the highest proportion, with 21.3%,

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followed by the eastern region with 20.1% and the Pacific region with 17.5% of the surveyed population.

One in five Colombians consumes fizzy and soft drinks at least once daily. Chocolate and sweets are consumed by at least 30% of the population daily; likewise, fried foods are present on the daily menu of 32% of Colombians. In urban areas, 60% of the population eats fast food in a usual month, while in rural areas, this figure is lower, at 19.8% of the population (ICBF, 2010). Self-reported healthy eating behaviour is related to nutrition, which is the involuntary process of digestion and the absorption of nutrients. It provides the body with the energy and nutrients necessary to maintain life and promote growth and repair losses; it is the fuel required to grow and develop healthy and strong bodies (Hill et al., 2021).

Considering the previously discussed conditions of consumption habits, this study analyses the factors that influence the generation of healthy eating habits in millennials based on the theory of planned behaviour. Scholars recommend the study of behaviours related to consumption habits using this theory as it helps to explain people's behaviour, particularly regarding three factors: attitude towards the behaviour, subjective norms and perceived behavioural control (Sobhani et al., 2018; Yazdanpanah et al., 2015; Lai et al., 2021). Although the model has been tested for validating behavioural predictions (Hasheminezhad & Yazdanpanah, 2016), studies from different disciplines have added other constructs to increase the model's predictive capacity (Burton, 2004; Hasheminezhad & Yazdanpanah, 2016; Hasheminezhad & Yazdanpanah, 2016). This is because, within studies conducted in the field, it is necessary to investigate other factors that may influence consumption habits that still need to be sufficiently studied (Verain et al., 2022).

From the self-determination theory perspective, we defined two main gaps that this research can contribute. The first is related to a call for the study of other variables that allow for more details about the theory and determinants of the development of intentions in individuals (Pitchay et al., 2021). The second gap is supported by Luo et al. (2021), who propose the need to investigate the application of self-determination theory in contexts other than those studied thus far, such as education and health. In this way, the present study is structured as follows. In the first part, the theories used in the research are analysed, such as the theory of planned behaviour and self-determination theory. The second part presents the study methodology and an explanation of the variables used and their role in the established model. Finally, the results, conclusions, limitations and future avenues are presented.

2. Theoretical framework

The Theory of Planned Behaviour (TPB) is a social psychology theory that developed from the previous Theory of Reasoned Action (TRA) (Ajzen, 1991), which holds that a person's attitudes and subjective norms toward that behaviour determine behaviour. On the other hand, TPB introduced perceived behavioural control to the TRA, implying that the degree of control an individual feels over their behaviour influences their behavioural intentions. An important aspect is that the TPB allows us to examine various aspects of eating behaviour. Many studies have focused on cross-sectional and discrete relationships (Douglas et al., 2021). These approaches have left several problems, especially in the prediction of behaviour about variables that determine these behaviours and that must be considered by the methodologies used in future studies (Sadiq et al., 2021).

Individuals tend to develop a specific behaviour when they evaluate results in a positive way (attitude), when they perceive social pressure (subjective norms) and when an individual feels that they have the capacity to act (perceived behavioural control). Other studies suggest that despite the use of these constructs in the literature, other variables may enrich the understanding of the behaviour of individuals (Fishbein & Ajzen, 2010; Khani Jeihooni et al., 2021; Lehberger et al., 2021; Liobikienė et al., 2021). Scholars such as Burton (2004) and Hasheminezhad and Yazdanpanah (2016) have described the addition of other variables that can further enrich the prediction of behaviour. Among these variables are moral norms that enable the understanding of individual intentions, which are understood as norms that serve the purpose of self-regulation through rewards and punishments (Arvola et al., 2008; Kaiser & Scheuthle, 2003; Ryan, 1995; Ryan & Deci, 2002; Sadig et al., 2021; Kymäläinen et al., 2021; Mahdavi, 2021).

The TPB has been applied to a wide range of behaviours, including health behaviours (Kushwah et al., 2019; Massey et al., 2018; Rana & Paul, 2017, 2020; Okumus, 2021), environmental behaviours (Tao et al., 2021; Morrison, 2019), and consumer behaviours (Imani et al., 2021; Pang et al., 2021). It has been used to design interventions to promote positive behaviours by addressing the underlying beliefs and attitudes influencing intentions.

According to the TPB, three dimensions influence behavioural intentions: attitude toward the behaviour, subjective norm, and perceived behavioural control. An individual's overall judgment of the behaviour, whether favourable or harmful, is their attitude toward it. It contains views about the results of completing the behaviour and an assessment of whether those outcomes are desirable or unpleasant. For example, a person may have a favourable attitude toward eating fruits and vegetables because they feel it would enhance their health.

The perceived social pressure to do or not execute the behaviour is the subjective norm. It involves thoughts about what significant individuals (such as family, friends, or coworkers) think about the behaviour and an incentive to conform to those views. The perceived ability to accomplish a behaviour is perceived behavioural control. It involves beliefs about the resources, abilities, and opportunities required to carry out the behaviour and one's confidence level in one's capacity to carry it out. However, the TPB has also faced criticism for its limitations in capturing the complexity of human behaviour. For example, it has been criticised for focusing only on rational decisionmaking processes and ignoring the role of emotions and habits in shaping behaviour. Despite these criticisms, the TPB remains a widely used and influential theory in social psychology and related fields.

3. Societal factors

In this way, recently, it has been possible to find many scholars testing new constructs that allow the theory to gain more robustness in behavioural predictions (Hasheminezhad & Yazdanpanah, 2016). As a result, some researchers have added three more variables to the theory, however unlike the first three components, which were more associated with individual-level behaviour (Al-Jubari et al., 2019; Chen & Hung, 2016; Hsu et al., 2017; Paul et al., 2016; Sun et al., 2021), these new factors are more of a societal nature, such as moral norms, environmental concern, and health consciousness. This factor contributes to a clearer understanding of individual intentions governed by moral rules or values that allow self-regulation through reward and punishment (Arvola et al., 2008). These moral rules would make the individual seek not only the individual benefit but also that of their peers. For this reason, his behaviour would be related to a mutually beneficial result (Arvola et al., 2008; Bagozzi & Lee, 2002). In this sense, in the search for collective and individual benefits, people will develop a sense of need to follow the social rules that generate benefits to health in general.

Environmental concern is considered behaviour characterised by an interest in the conservation of the environment and is related to the management of environmental awareness (Sobhani et al., 2018). This factor considers behavioural changes towards obtaining products that are not only friendly to the environment but have a lower impact on it (Yadav & Pathak, 2016; Bagozzi & Yi, 1988). Additionally, studies in the field have resulted in a direct relationship between this environmental concern and the adoption of a particular behaviour. According to Lucarelli et al. (2020), environmental problems and individual prioritisation processes establish a new structure of priorities in people's daily life. This process is evident when the environmental concern is affected by the presentation of emergency phenomena of significant impact on people, as is the case of adopting healthy eating behaviour, especially with responsible food consumption.

In this way, the concern for the consumption of healthy foods, especially for using agricultural inputs with a low degree of contamination, is latent and growing. This phenomenon occurs in two ways: on the one hand, emphasis is placed on the consumption of healthy and unprocessed foods that allow a low caloric intake and high nutritional value. A second place is related to the interest in the consumption of foods that make reduced use of agricultural inputs with a high degree of contamination or with the use of pesticides that can cause damage to health (Maiella et al., 2020; Patz et al., 2004). The third factor is health consciousness, defined as the degree to which an individual is attentive to their health through daily activities. The above also includes preferences in the consumption of healthy purchases (Sobhani et al., 2018). Some studies have shown that those individuals who take more excellent care of their health tend to develop specific attitudes about healthy consumption and activities that benefit their health (Imani et al., 2021).

H1: Societal factors (Moral norms, environmental concern, and health consciousness.) positively influence selfreported healthy eating behaviour.

4. Individual preferences in the behaviour adoption

According to Raab and Johnson (2004), specific factors can stimulate actions in individuals that lead them to develop particular behaviours. These behaviours will be subject to a conception of the cost incurred in their development, which determines their adoption's success or failure. In the same way, the actions developed also consider an orientation that conceives the idea of the level of risk that an individual will be willing to assume is consistent with the set of values he possesses (Hyde et al., 2013). Similarly, much of the literature in the field of psychology raises the importance of context in decisions to assume behaviours (Chen et al., 2021; Hyde et al., 2013).

It is in this way that the theory of planned behaviour provides a construct of concepts that allow analysing of the different elements that influence individual behaviour (Al-Jubari et al., 2019; Chen & Hung, 2016; Hsu et al., 2017; Paul et al., 2016; Sun et al., 2021). A fundamental premise of this perspective is that behaviour results from a set of intentions that can be analysed from three components: attitude toward behaviour, subjective norms, and perceived behavioural control. In this way, the attitude towards the behaviour considers a validation that can be positive or negative. At the same time, subjective norms can be considered a form of social pressure that can determine the behaviours accepted or rejected by a group of individuals. Finally, perceived behavioural control is an individual's control in adopting a particular behaviour. The above components determine to a certain extent, the profound influence of the context in adopting a specific behaviour (Deng et al., 2021; Chen et al., 2021).

Now from the field of health, scholars have highlighted the importance of the theory of planned behaviour, the importance of this perspective in studying the adoption of behaviours and that it is based on health interventions that are carried out for specific segments of the population (Psouni et al., 2016). The central idea of the planned behaviour perspective lies in the possibility of modifying unhealthy lifestyles through behavioural mechanisms linked to the contexts in which individuals operate (Bebetsos et al., 2002; Chen et al., 2021; Auwalin et al., 2022). According to Sogari et al. (2023), from the theories of social psychology efforts have been made to try to predict individual behaviours. Much of these studies carried out under the theory of planned behaviour have been dedicated to studying and explaining the behaviours related to healthy eating. Many of the studies carried out have focused on different product categories going, from fruits and vegetables and ending with organic food, among other types of food (Contini et al., 2020).

On the other hand, the theory of planned behaviour consists of three direct predictors of the intention to adopt an intention: Perceived behavioural control, attitude towards behaviour and subjective norms. These three predictors are characteristic of responding to the individual aspects that lead to the intention to adopt a behaviour in favorability or unfavourability (Deci & Ryan, 2004). For its part, perceived behavioural control aims to identify people's perception of the ability to develop new activities. For its part, subjective norms focus more on identifying social pressure and how it becomes a crucial factor in the behavioural field (Contini et al., 2020).

The case of self-reported healthy eating behaviour allows the measurement of the self-efficacy of adopting self-reported healthy eating behaviour. The main objective of the studies that integrate this concept is to respond to how the modification of negative behaviours is generated and how they are adopted (Moraes et al., 2021). In the case of generations such as millennials, it has been possible to identify that emotional factors directly impact the behaviour adopted (Oliver & Wardle, 1999; Sims et al., 2008). Similarly, studies in the field have identified the existence of external stimuli that promote a specific behaviour, despite the emotions and satisfaction emerging at a given moment (Oliver & Wardle, 1999). Other authors argue that in some studies, it has been shown that in high population percentages, it has been found that emotions are the leading cause of unhealthy habits. The above is a defence mechanism against factors that are in the environment (Oliver & Wardle, 1999; Schachter, 1971; Nguyen-Rodriguez et al., 2008; Wang & Scrimgeour, 2021). Following the above, the following hypotheses are proposed:

H2: Individual preferences (Attitude towards the behaviour, subjective norm, perceived behavioural control) positively influence self-reported healthy eating behaviour.

4.1. The need for relatedness as an individual needs from Self-determination theory

This perspective raises the level of an individual's need in terms of individual satisfaction. Likewise, it states that satisfaction is based on three elements: autonomy, competence and relatedness. On the one hand, autonomy focuses on the assumed behaviour which results from a personal choice (Deci & Ryan, 1985; Reis et al., 2000; Moore et al., 2021). For its part, competence alludes to a specific ability that results in effectiveness in the set of tasks that he habitually develops (Harter, 1978; Ryan & Deci, 2002; White, 1959). This last aspect mentions that relatedness makes individuals feel satisfied with their actions. An aspect related to the need for relatedness is the conception of isolation as a source of anxiety (Horney, 1946). This condition highlights a feeling of helplessness in a situation that may be hostile to an individual. This emotion is also related to the need to be part of a social group. This condition generates a high degree of frustration and impotence that can be forced by factors external to an individual, such as the social context in which he lives. This previous situation can generate social approval and disapproval regarding eating behaviour (Deci & Ryan, 2000; Zhao et al., 2021; Freund & Freund, 2020; Xiang et al., 2021).

On the other hand, relatedness refers to the need to feel connected to, supported by or cared for by other people (Baumeister & Leary, 1995; Johnston & Finney, 2010; Ryan & Deci, 2002; Sheldon & Niemiec, 2006; Pitchay et al., 2021). Regarding the latter, relatedness starts from the idea that human beings have an impulse to maintain a considerable number of interpersonal relationships (Luo et al., 2021). In the field of human interpersonal behaviour, this idea is based on two criteria: the first is related to the need for frequency in affective interactions, and the second is that interactions take place in a stable context and seek the well-being of the individual (Baumeister & Leary, 1995; White et al., 2021). An important aspect is that the satisfaction generated from interacting with other individuals could increase or decrease over time (Yildiz & Kiliç, 2021). In this way, it is confirmed that the attitude towards behaviour, subjective norms, and perceived behavioural control are influenced by the emotions resulting from interactions with others, especially regarding healthy eating behaviour (Baumeister & Leary, 1995; Jones et al., 2021).

As for the societal factors, these are made up of elements that are abilities to integrate into the social context in which the individual carries out his activities, such as the moral norm, concern for the environment and health consciousness. These three factors determine the degree to which an individual is integrated with a specific society, where the set of values will determine its type of behaviour (Arvola et al., 2008). This social integration determines a level of need for interaction with other individuals, which will influence him in such a way as to allow him to get approval from a social group to which he belongs. This will allow them to have a set of close relationships and a high degree of intimacy with the individuals with whom they interact permanently (Johnston & Finney, 2010; de Araujo, 2021; Peetz & Milyavskaya, 2021). According to scholars such as Ryan and Deci (2002), better interaction between individuals generates a sense of self that allows one to respond to social pressures more successfully. Thus, the following hypothesis is posited:

H3: The need for relatedness moderates the relation between Societal factors (Moral norms, environmental concern, and health consciousness.) and self-reported healthy eating behaviour. H4: The need for relatedness moderates the relation between individual preferences (Attitude towards the behaviour, subjective norm, perceived behavioural control) and self-reported healthy eating behaviour.

The variables and the hypotheses described above respond to the theoretical model proposed in the present investigation, shown in Figure 1.



Figure 1. Theoretical model

5. Materials and methods SEM (Structural Equation Model)

5.1. Data

The study's emphasis on young consumers between the ages of 24 and 37 is particularly noteworthy because advertisers and marketers frequently target this demographic. Additionally, people in this age group typically have more disposable income and purchasing power, which makes knowledge of their consumption patterns particularly pertinent to understanding broader societal trends. To provide a representative sample across various regions and metropolitan areas within each country, personal interviews in three cities in each – Madrid, Barcelona, and Valencia in Spain and Bogotá, Cali, and Medellin in Colombia – were used. This approach allows a more nuanced understanding of varying consumption patterns across different geographic locations.

5.2. Model variables

This model has five constructs with distinct roles: a dependent construct, a moderation variable and independent constructs.

5.3. Dependent construct

5.3.1. Eating behaviour

The eating Behaviour Questionnaire (EBQ) evaluates several dimensions of eating behaviours, attitudes, and beliefs. A sequence of questions on a questionnaire is often rated by respondents using a Likert scale, with responses ranging from strongly agree to disagree strongly. Therefore, this second-order construct is composed of six dimensions: Emotional Eating, External Eating, Restrained, Binge, Food cravings, and Food Preferences (Bebetsos et al., 2000).

5.4. Independent constructs

According to our hypothesis, there are two independent constructions: Individual preferences and Societal factors.

5.4.1. Individual preferences

This construct was measured with three dimensions: Attitude towards the behaviour, subjective norm, and perceived behavioural control. The items corresponding to its three dimensions are included in this second-order construct, which is tested for validity and reliability using a confirmatory factorial analysis (CFI: 0.934, TLFI: 0.94, RMSEA: 0.007).

5.4.2. Societal factors

This construct included three dimensions: Moral norms, environmental concern, and health consciousness. This second-order construct, which uses a confirmatory factorial evaluation to determine its validity and reliability, contains the items that connect to its three dimensions (CFI: 0.958), TLFI: 0.96, RMSEA: 0.74).

5.5. Moderation variable

5.5.1. Need for relatedness

This variable is used as a moderator in the primary relationships of this study. For their assessment, a Dichotomic question is used in which: 1. the individual states that their need to connect with others is high, while 0 indicates that their need for connection is low.

6. Model

Researchers employed several statistical techniques to evaluate the scales' psychometric properties. Firstly, they conducted correlational and exploratory factor analyses on each scale to examine how well it fits and whether it measured a single underlying construct. Then, they used confirmatory factor analysis (CFA) to assess the degree to which the constructs measured by the scales converged with and differed from other related constructs. To establish good convergent validity, they looked for standardised Cronbach's alpha (SCR) values of over 0.7 and average variance extracted (AVE) values of over 0.6. Furthermore, the t-values obtained from the analysis also supported the convergent validity of the scales. The methods used helped ensure that the scales were reliable and valid measures of the constructs of interest. Discriminant validity is confirmed in our scales, and the value "1" is not present in the confidence intervals determined for each construct pair (Anderson & Gerbing, 1988; Escandon-Barbosa et al., 2020). The resulting fit statistics are GFI = 0.934; RMSEA = 0.076; SRMR = 0.059; CFI = 0.941; and TLI (NNFI) = 0.91.

7. Results

The study's findings reveal that the proposed model demonstrates good fit and adjustment, with satisfactory SEM

scores (Anderson & Gerbing, 1988). The statistical adjustments for the entire sample show that $\chi^2 = 434.12$; RMSEA = 0.074; CFI = 0.93; and TLI = 0.94, while the multigroup results show that χ^2 = 445.32; RMSEA = 0.083; CFI = 0.932; and TLI = 0.911. Hypothesis 1 (H1) is supported in both Colombia and Spain, indicating that Societal factors positively influence self-reported healthy eating behaviour, with significant values of β 1Spain = 0.345 (p < 0.01) and β 1Colombia = 0.438 (p < 0.01). Hypothesis 2 (H2) is also supported in both countries, indicating that Individual preferences positively influence self-reported healthy eating behaviour, with significant values of γ 21 Spain = 0.321 (p < 0.01) and γ 21 Colombia = 0.301 (p < 0.01). However, the study fails to confirm that the need for relatedness moderates the relationship between Societal factors and self-reported healthy eating behaviour, with nominal values of $\gamma 21$ Spain = 0.112 (p > 0.1) and $\gamma 21$ Colombia = 0.230 (p > 0.1). Therefore, Hypothesis 3 (H3) is rejected.

Hypothesis 4 (H4) is accepted for Spain; that is, the need for relatedness moderates the relation between individual preferences and self-reported healthy eating behaviour (γ 41 = 0.667; t = 11.05; p < 0.01). Colombia shows less relevance of the need for relatedness, but it is significant (γ 42 = 0.579; t = 1.42; p < 0.001).

Theoretical Relationship		Coefficient Spain	Coefficient Colombia
Individual Preferences- (IP)- Eating Behaviour (EB)	H1	0.345 (0.00)***	0.438 (0.00)***
Societal Factors (SF)- Eating Behaviour (EB)	H2	0.321 (0.00)***	0.301 (0.00)***
IP*EB*Need for relatedness	H3	0.112 (0.150)	0.231 (0.19)
SP*EB*Need for relatedness	H4	0.667(0.00)***	0.579(0.00)***

Table 1. Title results of the estimated model

Following Table 1, the moderating effects of the need for relatedness on two relationships were investigated using Figures 2 and 3. These data show that the need for relatedness has a positive and substantial moderating effect on individual preferences, societal factors, and Eating behaviour.

According to Dawson and Richter (2006), Escandon-Barbosa and Hurtado-Ayala (Escandon-Barbosa et al., 2020), a graphical representation is required to analyse moderation effects. According to Aiken et al. (1991), the variables should be centred on the mean and low and high levels calculated for each relationship. One negative standard deviation of the moderation variable is used for low values, while one positive standard deviation is used for high values (Bagozzi, 1981). According to Aiken and West, the technique entails determining if self-reported healthy eating behaviour alters with changes in each independent variable via changes in the demand for relatedness (Ajzen, 1991).



Figure 2. Moderating effects of the need for relatedness on the relationship between attitude towards the behaviour and self-reported healthy eating behaviour



Figure 3. Moderating effects of the need for relatedness on the relationship between social norm behaviour and self-reported healthy eating behaviour

Figure 2 depicts the moderation effect of the need for relatedness on the relationship between Individual preferences and Eating behaviour. It shows that, in general, when the need for relatedness increases, the positive effect of Individual preferences on Eating behaviour also increases.

In the case of the Figure 3 depicts the influence of relatedness on the link between societal factors and eating behaviour. When the demand for relatedness (Figure 2) grows, so does the favourable influence of the social factor on eating behaviour.

8. Conclusions

This research aims to analyse the relationship between individual preferences, societal factors and eating behaviour and the possible moderating effects of the need for relatedness in these relationships, for two countries with cultural, economic and social differences such as Spain and Colombia. To test both direct relationships and moderation effects, the SEM technique is used to analyse data from a sample of 1190 young people between the ages of 25 and 34 from Colombia and Spain. The results show a positive and direct relationship between societal factors and eating behaviour in Spain and Colombia. In the case of individual preferences, an equally positive and direct relationship could be found for both countries. Despite the above, no moderation effect was found between the need for relatedness in the relationship between societal factors and eating behaviour. Finally, it was possible to find moderation effects between the need for relatedness and the individual preferences to a greater degree for Spain than for Colombia.

The moderation effects tested in the research were tested during the development of the 2019 pandemic, which is of great relevance, especially in the development of public policies that are aimed at creating conditions that allow populations to face conditions of isolation such as those experienced in recent years regarding healthy eating habits. An aspect of equal relevance is that specific factors in a country can influence the implementation of health policies, and the results can vary concerning the social, economic, and even cultural conditions that prevail in a country. Therefore, healthy eating habits during social events such as those experienced are significant to understand the social dynamics of segments of the young population in terms of coping with contagious diseases that may affect a country (Reis et al., 2000; Sheldon & Niemiec, 2006).

This study provides greater clarity on the importance of individual interactions in developing healthy consumption habits and how isolation conditions can influence moods. One of the most important aspects to consider is the social ones as a force of pressure that leads people to generate positive evaluations of their general well-being in adopting healthy habits. Another equally important aspect is the population segments, especially when millennials are considered one of the segments that have received excellent attention today, not only because they are a broad segment of society but also because they are the generation that has experienced profound changes in their lifestyles.

From the theoretical point of view, individual preferences are important attitudes in the choice of habits that consider both the attitudes toward behaviour, the social norms that influence their behaviour, and the perception of control particular to each country (Fishbein & Ajzen, 2010). It can also be established that for European countries, such as Spain, the need to interact with other people is more important, especially in conditions of isolation (Ryan, 1995; Ryan & Deci, 2002).

Another essential aspect to highlight is that this research contributes to the established gaps related to the need to investigate the factors that may influence the development of habits in individuals, explicitly considering the self-determination theory. Moreover, to develop studies that make it possible to find greater applicability to the self-determination theory in understanding the intentions of individuals that lead to specific behaviours (Pitchay et al., 2021; Luo-et al., 2021). Like any research, the results presented have limitations specifically related to the sample size in the countries considered for the study. As established above, countries like Spain and Colombia have differences in their main characteristics, especially in the conditions between developed and developing countries. The preceding determines not only the necessary conditions to attend to for the development of public policy and distinctive aspects of its population.

Future research avenues

The main results of the research allow us to see the need to carry out recent studies to understand not only consumption habits but also healthy habits. Additionally, it is possible to appreciate in these segments of the young population the influence of virtual platforms and the influence of influencers on the perceptions of the Indians, especially in terms of eating habits and lifestyles. Another aspect that can be especially important is the analysis of cultural factors that affect the social dynamics and the conditions of a population in a country.

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