Supplementary Materials

Omnibus Tests

Sample 1. For Sample 1, an Analysis of Variance (ANOVA) exploring stigma toward the three targets most commonly used in traditionally fat stigma research—average-weight, overweight (aggregating across the two figures with different shapes), obese (aggregating across the three figures with different shapes)—yielded a significant effect of Target size/shape, $F(2, 352) = 259.92$, $p < .001$, $\eta_p^2 = .627$.

Also for Sample 1, an ANOVA exploring stigma toward the seven female targets yielded a significant effect of Target size/shape, $F(6, 966) = 154.51$, $p < .001$, $\eta_p^2 = .490$. See Table 1 in the main manuscript for means (SDs) and Tables 2 and 3 for statistical analyses.

Samples 2 and 3. For combined Samples 2 and 3, we ran a 3 [Target size/shape] x 3 (Participant ethnicity/society) mixed-factors ANOVA exploring stigma toward those three targets most commonly used in traditionally fat stigma research. This yielded significant effects of Target size/shape, $F(2, 1048) = 397.18$, $p < .001$, $\eta_p^2 = .431$, Participant ethnicity/society, $F(1, 524) = 19.73$, $p < .001$, $\eta_p^2 = .036$. (Interaction $p = .806$.)

We then also ran an ANOVA with a 7 [Target size/shape] x 3 (Participant ethnicity/society) mixed-factors design, yielding a main effect of Target size/shape $F(6, 2964) = 220.58$, $p < .001$, $\eta_p^2 = .309$, a marginal main effect of Participant ethnicity/society, $F(2, 494) = 2.71$, $p = .067$, $\eta_p^2 = .011$; these effects were qualified by a significant interaction, $F(12, 2964) = 7.39$, $p < .001$, $\eta_p^2 = .029$. See Table 1 in the main manuscript for means (SDs) and Tables 2 and 3 for further statistical analyses.

Participant Sex Differences

Sample 1. To assess potential perceiver sex differences, we replicated our analyses of the seven targets, including Participant Sex as a factor. This revealed significant main effects of Target size/shape, $F(6, 954) = 157.52$, $p < .001$, $\eta_p^2 = .498$, as before, and Participant Sex, $F(1, 159) = 11.72$, $p = .001$, $\eta_p^2 = .069$, such that women stigmatized targets less than men did. This was qualified by a Target size/shape x Participant sex interaction, $F(6, 954) = 4.95$, $p < .001$, $\eta_p^2 = .030$, revealing that women's comparatively lesser stigmatization was toward average-weight, overweight, and obese females (*p*s < .065).

Moreover, and in line with the hypotheses outlined in the main text, the overall pattern of data was almost exactly the same for men and women: Both sexes (a) stigmatized the underweight female more than they did the average-weight female (*p*s < .001; Prediction i); (b) stigmatized both the overweight and the obese females with gluteofemoral fat less than the same-BMI targets with other fat depositions (*p*s < .001; Predictions iia, iib, iic); and (c) stigmatized the obese female with gluteofemoral fat less than the overweight female with abdominal fat ($p = .001$ for women, $p = .165$ for men; Prediction iiib). Finally, (d) females stigmatized the underweight female significantly more than they stigmatized the overweight female with gluteofemoral fat ($p < .001$; Prediction iiia), however, males saw the figures as roughly equivalent ($p = .991$).

Samples 2 and 3. We ran an ANOVA with a 7 [Target size/shape] x 3 (Participant ethnicity/society) mixed-factors design now including Participant Sex. We again found the predicted significant main effect of Target size/shape $F(6, 2628) = 199.71$, $p < .001$, $\eta_p^2 = .313$, and the interaction of Target size/shape and Participant ethnicity/society remained significant, $F(12, 2628) = 5.80$, $p < .001$, $\eta_p^2 = .026$, as well as marginally significant interaction between Participant sex and Participant ethnicity/society, $F(2, 438) = 2.88$, $p = .057$, $\eta_p^2 = .013$, and a

significant three-way interaction, now including Participant sex, $F(12, 2628) = 1.95$, $p = .025$, $\eta_p^2 = .009$. Exploring this three-way interaction, we see only three statistically significant sex differences, all among White Americans (Black Americans, ps > .120; Indian participants ps > .290): Women were less stigmatizing than were men toward the underweight figure ($p = .024$, $\eta_p^2 = .012$, 95%CI = -2.22, -0.16]), and toward the obese targets with both abdominal fat ($p = .001$, $\eta_p^2 = .026$, 95%CI = -2.81, -0.77]) and global fat depositions ($p = .028$, $\eta_p^2 = .011$, 95%CI = -2.22, -0.13]).

More importantly, across participant ethnicity and society, both sexes (a) stigmatized the underweight female more than they did the average-weight female (ps < .001; Prediction i); (b) stigmatized both the overweight and the obese females with gluteofemoral fat less than the same-BMI targets with other fat depositions (ps $\leq$ .005; Prediction iia, iib, iic); and (c) stigmatized the overweight target with gluteofemoral fat less than the underweight target (ps < .060; Prediction iiia). Additionally, (d) White American men and women trended toward stigmatizing the obese target with gluteofemoral fat less than the overweight target with abdominal fat (ps < .125; Prediction iiib), whereas this was statistically significant for Black American men and women (ps < .030), and not significant for Indian participants of either sex (ps > .600).

Interim discussion of sex differences. For both sexes, we replicate the pattern of findings reported in the main manuscript and we largely support for most of our primary predictions.

Although our particular framework does not make especially strong predictions regarding participants sex effects on fat stigma, some other accounts of fat stigma do, and we briefly address two of those here. One might expect, to the extent that women are both the primary consumers of Western media depictions of thin ideal female bodies—and are perhaps also those

primarily negatively affected by such depictions—that Western media accounts imply that American women should have rated the underweight target quite favorably, perhaps even more favorably than men should have. American women did not rate underweights targets more favorably than did men in Sample 1, but American women did do so in Sample 2, providing mixed support for such an account. However, American women did consistently rate higher-weight targets more favorably than did men across both samples. This might seem to run counter to predictions implied by Western media accounts—that, for example, as the primary consumers of such media, American women would be less favorable toward higher-weight female targets than would men. More work is needed to explore the effects of body size and shape in relation to such an account of fat stigma.

Lay intuitions might also lead one to be surprised by our findings—particularly that men did not rate the underweight targets especially favorably. Indeed, these findings run counter to lay perceptions that both sexes, but perhaps especially men, perceive underweight women as highly desirable. However, we note that those lay perceptions may not be well-founded in reality; that is, evidence suggests that men do not actually find ultra-thin women as physically attractive as some, particularly women, think that men do (e.g., Fallon & Rozin, 1985; Johnson & Engeln, 2020; Rozin & Fallon, 1988). Thus, our findings here seem to accord with work suggesting that men and women do not differ in their estimations of thinner (i.e., underweight) female targets (e.g., Johnson & Engeln, 2020).

Positive and Negative Inferences

Recall that our measures of stigma in the main manuscript are composites of positive inferences or attitudes toward targets minus negative inferences or attitudes toward targets. Although this allows for a more succinct description of stigma, it also obscures some potentially

interesting differences in the separate positive and negative reactions toward targets. Thus, we also conducted the same main analyses as above for both the disaggregated positive inferences and negative inferences, respectively. As we note below—and as can be seen in Tables S2 and S3—the patterns for both of these disaggregated inferences largely replicate the patterns reported for the stigma aggregate in the main manuscript.

Sample 1. For positive inferences, exploring the three traditionally used figures only, we find a significant effect of Target size/shape, $F(2, 352) = 306.34$, $p < .001$, $\eta_p^2 = .635$. Replicating our findings from the main manuscript for our aggregated stigma measures, we again see that overweight is viewed less favorably than average-weight, $F(1, 176) = 245.59$, $p < .001$, $\eta_p^2 = .582$, and obesity is less favorably than overweight, $F(1, 183) = 155.10$, $p < .001$, $\eta_p^2 = .459$. See Table S1 for means (SDs).

Exploring all seven figures, we find a significant effect of Target size/shape, $F(6, 966) = 144.45$, $p < .001$, $\eta_p^2 = .473$. See Table S2 for statistical analyses of Predictions i – iiib.

For negative inferences, exploring the three traditionally used figures only, we find a significant effect of Target size/shape, $F(2, 352) = 191.14$, $p < .001$, $\eta_p^2 = .521$. Replicating our findings from the main manuscript for our aggregated stigma measures, we again see that overweight is viewed more negatively than average-weight, $F(1, 176) = 133.44$, $p < .001$, $\eta_p^2 = .431$, and obesity is more negatively than overweight, $F(1, 183) = 92.83$, $p < .001$, $\eta_p^2 = .337$. See Table S1 for means (SDs).

Exploring all seven figures, we find a significant effect of Target size/shape, $F(6, 966) = 102.59$, $p < .001$, $\eta_p^2 = .389$. See Table S3 for statistical analyses of Predictions i – iiib.

Samples 2 and 3. We again conducted the same main analyses as above for the disaggregated positive attitudes and negative attitudes, respectively. For positive attitudes, we

find only a main effect of Target size/shape, $F(2, 1074) = 380.54$, $p < .001$, $\eta_p^2 = .415$ when examining the three targets traditionally used in fat stigma research (other ps > .245). Replicating our findings from the main manuscript for our aggregated stigma measures, across participant ethnicity/society, we again see that overweight is viewed less favorably than average-weight (ps < .001), and obesity is less favorably than overweight (ps < .001). See Table S1 means (SDs).

The 7 [Target size/shape] x 3 (Participant ethnicity/society) mixed-factors ANOVA for positive attitudes yielded a main effect of Target size/shape, $F(6, 3114) = 228.02$, $p < .001$, $\eta_p^2 = .305$, and a significant interaction, $F(12, 3114) = 7.65$, $p < .001$, $\eta_p^2 = .029$. (Main effect of Participant ethnicity/society $p = .248$.) See Tables S2 and S3 for further statistical tests supporting our primary predictions.

For negative attitudes, we find a main effect of Target size/shape, $F(2, 1050) = 234.43$, $p < .001$, $\eta_p^2 = .309$, and main effect of Participant ethnicity/society, $F(2, 525) = 20.22$, $p < .001$, $\eta_p^2 = .072$, when examining the three targets traditionally used in fat stigma research (interaction $p = .198$). Replicating our findings from the main manuscript for our aggregated stigma measures, across participant ethnicity/society, we again see that overweight is viewed more negatively than average-weight (ps < .001), and obesity is viewed more negatively than overweight (ps < .001). See Table S1 for means (SDs).

The 7 [Target size/shape] x 3 (Participant ethnicity/society) mixed-factors ANOVA for negative attitudes yielded a main effect of Target size/shape, $F(6, 3006) = 127.91$, $p < .001$, $\eta_p^2 = .203$, a significant main effect of Participant ethnicity/society, $F(2, 501) = 13.03$, $p < .001$, $\eta_p^2 = .049$, and a significant interaction, $F(12, 3006) = 4.94$, $p < .001$, $\eta_p^2 = .019$. See Tables S2 and S3 for further statistical tests supporting our primary predictions.

Interim discussion on positive and negative inferences. These results replicate the pattern of findings for the aggregated measures of stigma discussed at length in the main manuscript. Notably, however, whereas our findings for stigma and for the positive measures perfectly replicate (see Table 3 in the main manuscript and Table S2), there are three instances where our findings for negative measures do not match that pattern (see Table 3 in the main manuscript and Table S3): for Sample 1 regarding Prediction iiia (that women are viewed more negatively when underweight versus overweight with gluteofemoral), and for Sample 1 and Sample 2's White Americans regarding Prediction iiib (that women are viewed more negatively when overweight with abdominal fat than when overweight with gluteofemoral fat)—though the pattern of the data remained in the predicted direction.

This suggests, perhaps, that positive measures might be better able to capture nuanced responses to figures varying in body size and shape than can those more frequently used negative measures. There are several possibilities as to why this might occur, including the notion that it is simply more socially desirable to give a target a lower rating on a positive trait than it is to give a target a higher rating on a negative trait. However, that we still observe such explicit stigmatization across most measures and tests, and a consistent pattern of reporting less positive responses throughout where hypothesized, suggests both support for our predictions and that social desirability concerns are unlikely to be driving reported anti-fat sentiments.

Ethnic/Societal differences in positive and negative inferences. We also describe some further participant ethnicity/society differences in positive and negative attitudes toward the targets. (Omnibus tests reported above.) Comparing Black and White Americans, Black Americans were more positive toward the obese figure with gluteofemoral fat, $F(1, 276) = 6.58$, $p = .011$, $\eta_p^2 = .023$, and White Americans were more negative toward the overweight figure

with gluteofemoral fat, $F(1, 266) = 8.32$, $p = .004$, $\eta_p^2 = .030$. Comparing Black Americans and Indian participants, Black Americans were more positive toward the overweight and obese figures with gluteofemoral fat (ps < .030), whereas Indian participants were more positive toward the underweight figure, $F(1, 376) = 28.55$, $p <. 001$, $\eta_p^2 = .071$. Indian participants were also comparatively and significantly more negative toward all figures (ps $\leq$ .015) other than the underweight figure ($p = .212$). Comparing Indian participants and White Americans, Indian Americans were again more positive toward the underweight figure, $F(1, 386) = 24.13$, $p < .001$, $\eta_p^2 = .059$, and also comparatively and significantly more negative toward all figures (ps < .025) other than the underweight figure ($p = .158$).

Sex differences in positive and negative inferences.

Sample 1. We also re-ran our analysis exploring possible sex differences, as reported above, here looking at positive inferences and negative inferences, respectively. For positive inferences, we again find a significant main effect of Target size/shape, $F(6, 954) = 144.08$, $p <$ .001, $\eta_p^2 = .475$, as well as a significant main effect of Participant sex, $F(1, 159) = 4.79$, $p = .030$, $\eta_p^2 = .029$, such that women were generally more positive in their ratings than were men, and a significant Target size/shape x Participant sex interaction, $F(6, 954) = 4.95$, $p < .001$, $\eta_p^2 = .030$. Again, women were more positive than men toward overweight and obese targets (ps $\leq$ .088). Largely echoing the findings above for stigma, both sexes (a) were less positive toward the underweight versus the average-weight female (ps < .001); (b) were more positive toward the overweight and obese figures with gluteofemoral versus other fat depositions (ps < .001), (c) were more positive toward the obese female with gluteofemoral fat than the overweight female with abdominal fat (ps $\leq$ .005), and (d) were more positive toward the overweight female with

gluteofemoral fat than the underweight female, although this was statistically significant only for women ($p < .001$) and in the same direction but not statistically for men ($p = .164$).

For negative inferences, we again find a significant main effect of Target size/shape, $F(6, 954) = 106.13$, $p < .001$, $\eta_p^2 = .400$, as well as a significant main effect of Participant sex, $F(1, 159) = 9.54$, $p = .001$, $\eta_p^2 = .057$, such that women were generally less negative in their ratings than were men, and a significant Target size/shape x Participant sex interaction, $F(6, 954) = 3.88$, $p < .001$, $\eta_p^2 = .024$. Again, women were less negative than men toward, here toward the three obese targets (*p*s < .005). (Other targets *p*s > .090.) Again, echoing the findings above for stigma, both sexes (a) were more negative toward the underweight versus the average-weight female (*p*s < .005); and (b) were less negative toward the overweight and obese figures with gluteofemoral versus other fat depositions (*p*s < .001). Women were significantly less negative toward the obese female with gluteofemoral fat than the overweight female with abdominal fat ($p = .044$), but men were not ($p = .984$), and women were more negative toward the underweight female versus the overweight female with gluteofemoral fat, but not significantly so ($p = .226$), men trended marginally in the opposite direction ($p = .051$).

Samples 2 and 3. We also re-ran our analysis exploring possible sex differences, as reported above, here looking at positive inferences and negative inferences, respectively. We first ran a 7 [Target size/shape] x 3 (Participant ethnicity/society) x 2 (Participant sex) mixed-factors design using the positive attitude measure. This again yielded a significant main effect of Target size/shape $F(6, 2766) = 205.64$, $p < .001$, $\eta_p^2 = .308$, as well as a main effect of Participant sex, Target size/shape $F(1, 461) = 4.10$, $p = .044$, $\eta_p^2 = .009$, such that women rated figures more positively than men did. We also find significant interactions between Target size/shape with Participant ethnicity/society, $F(12, 2766) = 5.94$, $p < .001$, $\eta_p^2 = .025$, as well as

Participant ethnicity/society and Participant sex, $F(2, 461) = 6.96$, $p = .001$, $\eta_p^2 = .029$. (Other ps > .280.) Exploring this, we again see no sex differences for Indian participants (ps > .240), although we do see one significant sex differences among Black Americans, such that women rated the overweight female figure with abdominal fat more positively than did men ($p = .024$). Among White Americans, women rated every figure more positively than men did (ps < .065), except the average-weight figure ($p = .339$).

For our negative attitude measure, this analysis again yielded a significant main effect of Target size/shape $F(6, 2676) = 91.05$, $p < .001$, $\eta_p^2 = .170$, a significant interaction between Target size/shape with Participant ethnicity/society, $F(12, 2676) = 3.47$, $p < .001$, $\eta_p^2 = .015$, and a significant three-way interaction, $F(12, 2676) = 2.03$, $p = .018$, $\eta_p^2 = .009$. However, exploring this, we again see no significant sex differences for Indian participants (ps > .250), no significant sex differences for Black Americans (ps > .300), and no significant sex differences for White Americans (ps > .250).

Table S1

Means (SDs) for stigma—as well as positive and negative inferences for Samples 1 -3.

Figure size/shape	Sample								
	Sample 1 (U.S.)			Sample 2 (U.S.)			Sample 3 (India)		
	Stigma	Positive	Negative	Stigma	Positive	Negative	Stigma	Positive	Negative
Underweight	0.33 (1.56)	3.73 (1.11)	3.39 (0.94)	-1.20 (3.23)	3.13 (1.82)	4.28 (2.06)	-0.19 (2.84)	4.06 (1.67)	4.21 (1.82)
Average-weight	2.10 (1.41)	4.91 (0.74)	2.80 (0.93)	2.85 (2.61)	5.36 (1.55)	2.51 (1.75)	2.20 (2.54)	5.39 (1.37)	3.17 (1.80)
Overweight - gluteofemoral fat	0.86 (1.64)	4.25 (0.84)	3.38 (1.06)	1.77 (2.57)	4.76 (1.50)	2.99 (1.61)	0.60 (2.38)	4.52 (1.40)	3.89 (1.71)
Overweight - abdominal fat	-0.79 (1.59)	3.32 (0.87)	4.11 (1.09)	-0.26 (2.89)	3.57 (1.69)	3.82 (1.83)	-0.49 (2.17)	3.87 (1.49)	4.35 (1.58)
Overweight (aggregated)	0.01 (1.30)	3.77 (0.70)	3.76 (0.91)	0.77 (2.26)	4.17 (1.36)	3.40 (1.45)	0.05 (1.87)	4.19 (1.25)	4.13 (1.41)
Obese - gluteofemoral fat	-0.28 (1.66)	3.67 (0.94)	3.96 (1.05)	0.60 (2.92)	4.13 (1.70)	3.50 (1.83)	-0.45 (2.63)	3.94 (1.63)	4.37 (1.67)
Obese - abdominal fat	-1.97 (1.81)	2.79 (0.95)	4.76 (1.15)	-1.82 (3.24)	2.81 (1.87)	4.65 (2.04)	-1.98 (2.81)	3.12 (1.81)	5.07 (1.64)
Obese – global fat	-1.64 (1.89)	2.97 (0.99)	4.61 (1.20)	-1.41 (3.28)	3.06 (1.85)	4.45 (2.01)	-1.83 (2.80)	3.17 (1.81)	5.01 (1.69)
Obese (aggregated)	-1.33 (1.53)	3.12 (0.82)	4.45 (0.98)	-0.88 (2.68)	3.35 (1.50)	4.21 (1.66)	-1.39 (2.29)	3.41 (1.53)	4.79 (1.39)

Table S2.

Statistical analyses testing Predictions i – iv for positive inferences and attitudes.

Predictions	Sample 1 – U.S.	Sample 2 – U.S. (White Americans)	Sample 2 – U.S. (Black Americans)	Sample 3 – India
Higher-BMI Targets are not (always) more Stigmatized				
Are women seen less positively when underweight than average-weight? (Predictions i, iv)	Yes, $F(1, 172)=186.75$, $p < .001$, $\eta_p^2= .521$, 95%CI = [-1.38, -1.03]	Yes, $F(1, 143)=183.39$, $p < .001$, $\eta_p^2= .562$, 95%CI = [-2.69, -2.01]	Yes, $F(1, 140)=134.22$, $p < .001$, $\eta_p^2= .489$, 95%CI = [-2.45, -1.74]	Yes, $F(1, 250)=129.64$, $p < .001$, $\eta_p^2= .341$, 95%CI = [-1.55, -1.09]
…and Fat Is Stigmatized Differently Depending on its Location				
Are women seen more positively when overweight with gluteofemoral fat versus abdominal fat? (Predictions iia, iv)	Yes, $F(1, 170)=137.98$, $p < .001$, $\eta_p^2= .448$, 95%CI = [0.78, 1.10]	Yes, $F(1, 144)=72.30$, $p < .001$, $\eta_p^2= .334$, 95%CI = [0.81, 1.30]	Yes, $F(1, 140)=85.51$, $p < .001$, $\eta_p^2= .378$, 95%CI = [1.08, 1.66]	Yes, $F(1, 249)=47.19$, $p < .001$, $\eta_p^2= .159$, 95%CI = [0.47, 0.84]
Are women seen more positively when obese with gluteofemoral fat versus abdominal fat and global fat? (Predictions iib, iic, iv)	Yes, $F(1, 175)=175.21$, $p < .001$, $\eta_p^2= .500$, 95%CI = [0.76, 1.02]; $F(1, 169)=83.53$, $p < .001$, $\eta_p^2= .331$, 95%CI = [0.54, 0.84]	Yes, $F(1, 144)=48.13$, $p < .001$, $\eta_p^2= .150$, 95%CI= [0.71, 1.27]; $F(1, 144)=30.71$, $p < .001$, $\eta_p^2= .176$, 95%CI = [0.51, 1.08]	Yes, $F(1, 139)=107.68$, $p < .001$, $\eta_p^2= .437$, 95%CI = [1.35, 1.99]; , $F(1, 140)=68.73$, $p < .001$, $\eta_p^2= .329$, 95%CI = [1.04, 1.69]	Yes, $F(1, 248)=66.07$, $p < .001$, $\eta_p^2= .210$, 95%CI = [0.65, 1.06]; $F(1, 247) =63.86$, $p < .001$, $\eta_p^2= .205$, 95%CI = [0.61, 1.01]
Are women seen less positively when underweight versus overweight with	Yes, $F(1, 167)=25.20$, $p < .001$, $\eta_p^2=$	Yes, $F(1, 143)=93.27$, $p < .001$, $\eta_p^2= .395$,	Yes, $F(1, 137)=100.99$, $p < .001$, $\eta_p^2= .424$,	Yes, $F(1, 249)=18.13$, $p = .001$, $\eta_p^2=$

gluteofemoral fat? (Predictions iiia, iv)	.131, 95%CI = [-0.73, -0.32]	95%CI = [-1.82, -1.20]	95%CI = [-2.13, -1.43]	.068, 95%CI = [-0.71, -0.26]
Are women seen less positively when overweight with abdominal fat versus obese with gluteofemoral fat? (Predictions iiib, iv)	Yes, $F(1, 172)=23.89$, $p < .001$, $\eta_p^2= .122$, 95%CI = -0.48, -0.20]	Yes, $F(1, 144)=5.54$, $p = .020$, $\eta_p^2= .010$, 95%CI = -0.52, -0.05]	Yes, $F(1, 143)=30.30$, $p < .001$, $\eta_p^2= .175$, 95%CI = [-1.13, -0.53]	No, $F(1, 247)=0.72$, $p = .396$, $\eta_p^2 < .003$, 95%CI = [-0.28, 0.11]

Table S3.

Statistical analyses testing Predictions i – iv for negative inferences and attitudes.

Predictions	Sample 1 – U.S.	Sample 2 – U.S. (White Americans)	Sample 2 – U.S. (Black Americans)	Sample 3 – India
Higher-BMI Targets are not (always) more Stigmatized				
Are women seen more negatively when underweight than average-weight? (Predictions i, iv)	Yes, $F(1, 172)=61.27$, $p < .001$, $\eta_p^2= .263$, 95%CI = [-0.73, -0.44]	Yes, $F(1, 141)=105.34$, $p < .001$, $\eta_p^2= .428$, 95%CI = [-2.42, -1.64]	Yes, $F(1, 136)=45.35$, $p < .001$, $\eta_p^2= .250$, 95%CI = [-1.97, -1.08]	Yes, $F(1, 246)=71.30$, $p < .001$, $\eta_p^2= .225$, 95%CI = [-1.30, -0.81]
…and Fat Is Stigmatized Differently Depending on its Location				
Are women seen less negatively when overweight with gluteofemoral fat versus abdominal fat? (Predictions iia, iv)	Yes, $F(1, 170)=55.54$, $p < .001$, $\eta_p^2= .246$, 95%CI = [0.51, 0.88]	Yes, $F(1, 141)=20.58$, $p < .001$, $\eta_p^2= .127$, 95%CI = [0.37, 0.93]	Yes, $F(1, 136)=36.55$, $p < .001$, $\eta_p^2= .212$, 95%CI = [0.73, 1.44]	Yes, $F(1, 246)=14.87$, $p < .001$, $\eta_p^2= .057$, 95%CI = 0.21, 0.64]
Are women seen less negatively when obese with gluteofemoral fat versus abdominal fat and global fat? (Predictions iib, iic, iv)	Yes, $F(1, 175)=95.13$, $p < .001$, $\eta_p^2= .352$, 95%CI = [0.64, 0.96]; $F(1, 169) =57.19$, $p < .001$, $\eta_p^2= .253$, 95%CI = [0.46, 0.79]	Yes, $F(1, 143)=44.68$, $p < .001$, $\eta_p^2= .238$, 95%CI= [0.74, `.37]; $F(1, 143) =28.40$, $p < .001$, $\eta_p^2= .166$, 95%CI = [0.51, 1.10]	Yes, $F(1, 134)=41.51$, $p < .001$, $\eta_p^2= .236$, 95%CI = [0.83, 1.57]; $F(1, 134)= 40.66$, $p < .001$, $\eta_p^2= .133$, 95%CI = [0.74, 1.41]	Yes, $F(1, 249)=41.16$, $p < .001$, $\eta_p^2= .142$, 95%CI = [0.51, 0.95]; $F(1, 250) =37.85$, $p < .001$, $\eta_p^2= .131$, 95%CI = [0.44, 0.86]
Are women seen more negatively when underweight versus overweight with	No, $F(1, 167)=0.04$, $p = .906$, $\eta_p^2= .000$,	Yes, $F(1, 141)=47.62$, $p < .001$, $\eta_p^2= .252$,	Yes, $F(1, 135)=45.84$, $p < .001$, $\eta_p^2= .253$,	Yes, $F(1, 246)=4.43$, $p = .036$, $\eta_p^2= .018$,

gluteofemoral fat? (Predictions iiia, iv)	95%CI = [-0.18, 0.16]	95%CI = [-1.60, -0.88]	95%CI = [-1.85, -1.02]	95%CI = [-0.53, -0.02]
Are women seen more negatively when overweight with abdominal fat versus obese with gluteofemoral fat? (Predictions iiib, iv)	No, $F(1, 172)=2.11$, $p = .148$, $\eta_p^2 = .012$, 95%CI = -0.04, 0.29]	No, $F(1, 143)=2.67$, $p = .105$, $\eta_p^2 = .018$, 95%CI =-.54, 0.05]	Yes, $F(1, 135)=6.46$, $p = .012$, $\eta_p^2 = .046$, 95%CI = [-0.72, -0.90]	No, $F(1, 247)=0.07$, $p = .794$, $\eta_p^2 < .000$, 95%CI = [-0.19, 0.24]