



Impact of Weight-Based Stigma Coping Strategies of Plus-Size Females on Apparel Store Choice: The Moderating Effect of Body Esteem

Müge Ağyel^{1*}, Fatma Özge Baruönü², Özge Kirezli³, Melis Kaytaz Yiğit⁴, Müge Öztunç⁵

¹Department of Business Administration, Dogus University, Bahçelievler, Bosna Blv No: 140, 34680 Üsküdar/İstanbul, Istanbul, Türkiye, ²Department of International Trade and Business, Dogus University, Bahçelievler, Bosna Blv No: 140, 34680 Üsküdar/İstanbul, Istanbul, Türkiye, ³Department of Business Administration, Yeditepe University, Istanbul, Türkiye, ⁴Department of Business Administration, Avrasya University, Trabzon, Türkiye, ⁵Department of Business Administration, MEF University, Istanbul, Türkiye. *Email: mirfanoglu@dogus.edu.tr

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ABSTRACT

Plus-size consumption is rising worldwide; retailers, marketers, and apparel manufacturers need to define consumer expectations to develop responsive strategies and tactics. This study investigates how plus-size females' weight-based stigma coping strategies—reappraisal and disengagement—influence their apparel store choices and the moderating role of body esteem. Findings indicate that consumers adopt disengagement coping more frequently than reappraisal. Regarding channel selection, individuals who use reappraisal strategies significantly prefer online and regular stores, whereas those who adopt disengagement tend to favor plus-size stores. A key original contribution of this research is that although low body esteem increases the likelihood of disengagement at lower levels of weight-based stigma, on the other hand, under high-stigma conditions, no difference is observed in the disengagement response regardless of the female's body esteem level.

Keywords: Weight-Based Stigma, Weight Stigma Coping Strategy, Store Choice, Body-Esteem, Plus-Size Consumers

JEL Classifications: M31

1. INTRODUCTION

Weight-based stigma refers to social rejection and negativity experienced by individuals considered overweight, encompassing harmful assumptions, prejudice, and unequal treatment (Fulton et al., 2023). Research demonstrates that prejudice toward individuals with larger bodies has escalated over recent decades, primarily due to the pervasive societal preference for “ideal thin bodies” (Andreyeva et al., 2008; Latner et al. 2005; Rudd et al., 2014). Furthermore, there is a growing societal belief that overweight and obese individuals, particularly women, are subject to negative stereotyping and stigma, commonly being perceived as lazy, lacking willpower, and unattractive (Jovančević and Jovic, 2022; O'Brien et al., 2017; Sattler et al., 2018).

Exposure to stigmatizing experiences in public spaces often compels individuals with larger bodies to adopt self-protective strategies. In response to weight-related negativity, some may externalize the stigma by attributing it to others' biases, while others may counteract its effects by emphasizing positive traits such as humor (Mazurkiewicz et al., 2021). Additionally, individuals may attribute their obesity and weight-related behaviors to external factors, such as health issues, beyond their control (Puhl and Brownell, 2003). While scholars widely acknowledge that weight stigma constitutes a stressful and unpleasant experience (Tomiya, 2014; Puhl et al., 2003), there remains a gap in understanding how individuals cope with these experiences in specific contexts, such as during shopping interactions.

In addition to societal pressures, the plus-size market is burdened with several challenges, including sizing confusion, outdated clothing styles, and high product return rates (Alexander et al., 2012; Faust and Carrier, 2010). Alexander et al. (2012) also describe the plus-size market as underserved, particularly in brick-and-mortar stores, where a significant number of items are only delegated to online shopping platforms.

Türkiye presents an intriguing case as an emerging market shaped by Western beauty standards that prioritize slimness. However, its patriarchal culture exacerbates the stigmatization of plus-size females, thereby influencing their shopping behaviors. This creates a unique opportunity for researchers to explore these dynamics in greater depth. While existing Turkish literature predominantly addresses purchasing challenges (Zor & Vuruskan, 2017; Tektaş & Ceviz, 2023), it often overlooks the specific stigma and coping mechanisms employed by plus-size females during clothing shopping. Despite recent progress with increased brand inclusivity and body positivity, stigma persists, making clothing shopping a challenging experience that negatively impacts self-esteem. Therefore, greater diversity, acceptance, and representation are essential in addressing these concerns.

This study aims to fill this gap by exploring the relationship between the coping strategies of Turkish plus-size females in response to weight-based stigma and their store choices, while also examining the moderating role of body esteem. Understanding how weight-based stigma influences women’s coping strategies is vital for several reasons. First, improving awareness of these coping mechanisms can lead to more effective support systems, helping mitigate the trauma associated with shopping. Second, offering alternative shopping channels could help alleviate negative emotional experiences, thereby improving the overall shopping experience of plus-size females. This study focused on three research objectives:

- RO₁: To determine the coping strategies the plus-size females use when encountering weight-based stigma in shopping
- RO₂: How do plus-size females’ coping strategies affect their store choice?
- RO₃: To determine the moderating role of body esteem on the relationship between weight-based stigma and coping strategies.

2. LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT

2.1. Coping with Weight-Based Stigma

In their seminal work, Lazarus and Folkman (1984) defined coping with stigma as a deliberate attempt to mitigate stress in social interactions, which can involve avoiding, accepting, internalizing, or rejecting stigmatizing stimuli (Puhl and Brownell, 2003). In 1999, Myers and Rosen identified 11 distinct stigmatization experiences and 21 coping mechanisms. Primary adaptive coping strategies included positive self-talk, “glossing over” negative remarks, and self-acceptance. Conversely, key maladaptive strategies included negative self-talk, seeking social support from non-overweight individuals, framing the

situation as the other person’s problem, and using humor. In subsequent research, Puhl and Brownell (2003; 2006) outlined ten potential coping mechanisms that overweight individuals may employ in response to stigmatization. These mechanisms included self-protection, compensation, personal attribution, identity negotiation, confrontation, social activism, avoidance/disengagement, communal coping, and surgery.

Table 1 summarizes the major coping strategies identified in the consumer behavior literature. While some strategies include multiple subcategories (e.g., confirmation, self-protection, compensation), most are structured dichotomously. To examine these existing coping strategies and evaluate their relevance to the shopping context, the researchers decided to adopt Myers and Rosen’s (1999) Coping responses inventory. This decision was made for two primary reasons. First, Lazarus and Folkman’s (1984) foundational work included overly broad responses, often overlapping in a way that they could be categorized simply as problem-focused or emotion-focused coping. Second, this study aims to specifically understand how consumers engage with stigmatizing behaviors, particularly whether they disengage from the environment or reappraise these attitudes. This distinction is crucial for gaining deeper insights into the psychological processes underlying consumer behavior in the face of stigma.

2.2. Reappraisal Coping Strategy

Reappraisal coping refers to a cognitive process in which individuals seek to derive positivity from negative events, thereby minimizing the negative emotional impact of such situations

Table 1: Alternative coping strategies from the literature

Lazarus and Folkman (1984)	<ul style="list-style-type: none"> • Problem-focused coping: toward self (e.g., trying to conceal a stigmatizing characteristic), others (e.g., submitting a complaint about a prejudicial coworker), or the situation/environment (e.g., avoiding situations where discrimination is likely) • Emotion-focused coping (e.g., attributing social rejection to external factors such as discrimination rather than a personal failure)
Puhl and Brownell (2003)	10 coping strategies <ul style="list-style-type: none"> • Confirmation • Self-protection • Compensation • Personal attribution • Identity negotiation, • Confrontation • Social activism • Avoidance/disengagement • Communal coping • Surgery
Myers and Rosen (1999)	<ul style="list-style-type: none"> • Disengaged coping (i.e., ignoring negative comments) • Perceived positive coping (i.e., self-acceptance, reduction of self-blame and not hiding oneself)
Tobin et al., 1989	<ul style="list-style-type: none"> • Engaged coping: Problem-solving, cognitive restructuring, emotional expression, and social support • Disengaged coping: Problem-avoidance, wishful thinking, self-criticism, and social withdrawal
Puhl and Brownell (2006)	<ul style="list-style-type: none"> • Active-emotional coping strategies (e.g., positive self-talk, obtaining social support) • Emotional-avoidant coping strategies (e.g., avoidance, crying)

*Developed by the researchers

(Shiota and Levenson, 2009). For plus-size females, reappraisal coping manifests when they face stress due to their body size during clothing shopping. In these situations, they may reinterpret the experience more positively. Two emerging themes under reappraisal coping strategies are acceptance and self-regulation. Stigmatized individuals may cope with stigma by accepting their “actual self” and understanding others’ responses, ultimately achieving a coherent sense of “self-consciousness” that prevents self-blame or shame (Folkman and Moskowitz, 2000). Reappraisal as a coping strategy may involve avoiding the concealment of one’s body, prioritizing personal needs, and embracing oneself with empathy and positivity.

H₁: Weight-based stigma positively affects reappraisal coping strategies for dealing with weight-based stigma.

2.3. Disengagement Coping Strategy

Research has demonstrated that stigmatized people might disengage from weight-based stigma-oriented stress in multiple ways (Pinel, 1999; Fiske et al., 1996). A disengagement coping strategy might occur in three ways: Emotional echo, social and/or physical isolation, and aggressiveness. Emotional echo occurs when weight-based stigma leads to a significant decrease in self-love. Factors, such as service providers’ rudeness, products that do not meet expectations, and store crowding, might stimulate stigma and disappoint the consumer. The second involves physical or social isolation, including avoiding contact with others or hiding. Finally, some individuals respond to stigma with aggression, using physical force or intimidation to deter or retaliate against perceived attacks (Miller and Kaiser, 2001).

H₂: Weight-based stigma has a positive effect on disengagement coping with weight-based stigma

2.4. The Relationship between Weight-Based Stigma and Store Choices

As pointed out in the literature, the plus-size market, especially for women, constitutes great potential for the retail industry, due to two reasons: Increasing obesity rates and a decreasing array of choices (Alexander et al., 2012; just-style.com, 2008). In terms of plus-size shoppers’ choices, three mainstream channels exist: Regular stores, plus-size stores, and online channels (Bickle et al., 1998; Seo, 2013; Tiggemann and Lacey, 2009).

2.5. Reappraisal Coping Strategy and Alternative Store Choices

First, shopping from a regular store, referring to mainstream retailers that cater to the average customer and typically do not specialise in specific sizes or niche markets, is a way of rebelling against all stigmatizing experiences despite the structural limitations the store may offer. As cited in the literature, limited clothing options (Colls and Evans, 2014; Christel, 2014; Peters, 2014; Colls, 2004) might pave the way for women to visit regular stores, especially when they are coping with weight-based stigma in a positive way. Braziel and LeBasco (2001) referred to this instinct as unmasking the body and making it visible and present, which is related to feeling “normal.”

Foster and Davis (2008) found that plus-size female consumers feel comfortable and supported in such environments. According

to Festinger’s social comparison theory (1953), humans have an intrinsic drive to compare themselves with others to form self-evaluations. In this way, these women approach plus-size stores as a form of reappraisal coping, accepting themselves, and identifying with this group. Another approach views the term “plus-size” as removing confusion and ambiguity and, therefore, as acceptable and politically correct, and convenient (Christel and Dunn, 2018; Matthews and Romeo, 2018).

Zheng et al. (2018), who merged compensatory consumption and social comparison theory, indicated that inferiority stemming from weight-based stigma might lead individuals to experience superiority in the shopping environment, which is a relatively positive coping mechanism. In this way, online channels might also function as a medium to enjoy compensatory shopping.

H_{3a}: Reappraisal coping has a positive effect on the intention to shop from online stores

H_{3b}: Reappraisal coping has a positive effect on the intention to shop from regular stores

H_{3c}: Reappraisal coping has a positive effect on the intention to shop from plus-size stores.

2.6. Disengagement Coping Strategy and Alternative Store Choices

Regular stores may provoke negative reactions from plus-size consumers due to various factors, including a limited range of plus-size options (Foster and Davis, 2008), the presence of slim mannequins, inappropriate in-store signage (Pinckney, 2014; Dahl et al., 2012; Harper and Tiggemann, 2008), harshly positioned mirrors and small fitting rooms (Pinckney, 2014), and unwelcoming or hostile attitudes from sales representatives toward plus-size females (Lozano, 2005).

The second shopping channel for plus-size females are dedicated plus-size stores, which exclusively sell products in their size range. Christel and Dunn (2018) argued that the label “plus-size” often serves as an element of exclusion, drawing a stark distinction between those perceived as attractive/healthy (in-group) and those seen as unattractive/unhealthy (out-group), ultimately leading to discriminatory behavior. The embarrassment often associated with shopping at these stores is heightened because they are widely recognized as plus-size stores, with even shopping bags underscoring the shopper’s “fatness” (Bickle et al., 1998; Foster and Davis, 2008). Despite these negative aspects, we contend that the positive elements of plus-size stores—such as a broader range of sizes and models, expected empathy from sales assistants, and the opportunity to shop in an environment with like-sized individuals—may encourage consumers to continue patronizing these stores.

The third shopping channel is online retail. Negative experiences in physical retail stores may exacerbate discriminatory attitudes and shift the uplifting shopping experience into a burdensome task (Tiggemann and Lacey, 2009). Online shopping can also introduce challenges for plus-size consumers, particularly in determining the fit of clothing, which may lead to criticism and stigmatization from others, including accusations of being unhealthy (Ipaye, 2015). Consequently, plus-size females are 50% more likely than

their straight-size counterparts to choose online shopping (Ipaye, 2015) or feel compelled to do so (Greenleaf et al., 2020; Persad, 2014; Pinckney, 2014).

H_{4a}: Disengagement coping has a positive effect on the intention to shop from online stores

H_{4b}: Disengagement coping has a positive effect on the intention to shop from regular stores

H_{4c}: Disengagement coping has a positive effect on the intention to shop from plus-size stores.

2.7. The Moderating Effect of Body Esteem

Body esteem incorporates individuals' evaluations of their bodies or appearances (Mendelson et al., 2001). There is considerable consensus on the negative body image of individuals who are overweight or obese (Selensky and Carels, 2021; Wu and Berry, 2018; Rudd et al., 2014; Schwartz and Brownell, 2004). Additionally, research has proven that females suffer from body esteem more than males, suggesting that body image is a significant part of their "self" (Azevedo and Azevedo, 2023; Mazurkiewicz et al., 2021).

Rudd et al. (2014) underlined how physical appearance can lead to satisfaction or dissatisfaction, which in turn influences actual behavior, such as clothing choices. Inspired by this study, we tracked the effect of body esteem on how plus-size females cope with weight-based stigma. For instance, body esteem might lead to a reappraisal coping strategy with weight-based stigma, which is a positive way to handle negativity in the shopping environment. Park and Ko (2011) suggest that people with low body esteem tend to engage in compensatory shopping and prefer luxury brands to enhance their appearance and increase their self-esteem. The underlying reason may be attributed to the mentality that females use "body esteem" as a determinant of the self, placing greater emphasis on clothing shopping to boost their self-confidence and improve body esteem (Rieke et al., 2016).

H_{5a}: Body esteem moderates the relationship between weight-based stigmatization and reappraisal coping of weight-based stigma.

Moreover, negative body esteem will trigger all types of social avoidance during shopping, in which individuals will refrain from disturbing gazes and interactions with salespeople and other shoppers (Azevedo and Azevedo, 2023; Argo and Dahl, 2020; Hu and Jasper, 2006) as a part of disengagement coping. However, Tiggemann and Lacey (2009) posited that body dissatisfaction is correlated with concealing the body with clothing and contributes to a less favourable shopping experience. General concerns about body esteem might also trigger consumers' intentions to purchase clothes online (Rosa et al., 2006).

H_{5b}: Body esteem moderates the relationship between weight-based stigmatization and disengagement in coping with weight-based stigma.

Therefore, the model explains the relationship between weight-based stigma, coping strategies with weight-based stigma, and store choices, as well as the moderating role of body-esteem. The study's research model is presented in Figure 1.

3. METHODOLOGY

3.1. Sampling

According to the World Health Organization (WHO), obesity is clinically defined as a body mass index (BMI) of 30 or above, indicating excessive adiposity that poses health risks (WHO, 2021). In Turkey, the Turkey Nutrition and Health Survey (2017) reported that the prevalence of obesity (BMI ≥ 30 kg/m²) among adults aged ≥ 15 years was 31.5%, with 39.1% in women and 24.6% in men (Türkiye Republic Ministry of Health, 2019). Based on the Turkish Statistical Institute's report, population estimates show approximately 43 million women in Turkey in 2025, which implies that approximately 16,813,000 adult women fall within the obese category according to the WHO definition (World Health Organization Republic of Türkiye Ministry of Health, 2025). Accordingly, the sample frame of the present study comprised Turkish women aged 18-60 years who had been diagnosed with obesity (BMI ≥ 30 kg/m²) based on national and WHO criteria. This study established a sample size of 400, adhering to a minimum requirement of 384 participants for populations exceeding 1 million (Saunders et al., 2003). The age distribution of respondents was as follows: 32% (n = 128) were aged 45-60 years, 35% (n = 141) were aged 29-44 years, and 32% (n = 131) were aged 18-28 years. Regarding education, 21% had completed primary education, 43% had attended middle and high school, and 36% possessed graduate or postgraduate qualifications. In terms of income, 36% of participants were classified as having a low income, 38% as having a middle income, and 26% as having a high income. All respondents were plus-size Turkish women with a BMI exceeding 30 kg/m². Based on BMI classification, 82% were identified as Class 1 (BMI score 30-35), 15% as Class 2 (BMI score 36-40), and 3% as Class 3 (BMI score 40+) obese.

3.2. Measures

Respondents were first asked about their weight and height (for BMI), income, education, and age. Subsequently, self-image satisfaction, perceived body image, stigmatization, reappraisal coping, disengagement coping, online buying intention, and buying intention from plus-size and regular stores were measured. All latent variables comprised multi-item measures adapted from existing literature to fit the current study context. Stigmatization was measured by adapting the stigmatizing situations inventory (Myers and Rosen, 1999) for weight-based stigma. Moreover, the coping responses inventory (CRI) (Myers and Rosen, 1999) was used to cover the reappraisal and disengagement coping approaches. Both scales were assessed using a five-point interval scale (1 = never, 3 = sometimes, 5 = always) (Table 2).

To measure body esteem, we adopted the appearance and weight subscales of the body esteem scale for adolescents and adults (Cragun et al., 2013). Buying intention was adapted from Chimborazo-Azogue et al. (2021) for online, brick-and-mortar, plus-size, and regular stores. Apart from stigmatization and coping with stigmatization, all other scales consisted of a five-point Likert scale, ranging from "Strongly disagree (1)" to "Strongly agree (5)". All the construct items were originally written in English.

Table 2: Construct, descriptive statistics, and factor loadings of scale items

Construct and source	Items	Mean	SD	Factor loadings	KMO and Bartell's test	CR
Body esteem BE scale for adolescents and adults (BESAA BE-appearance subscale (Cragun et al., 2013))	There are lots of things I'd change about my looks if I could	3.76	1.180	0.86	0.86	0.91
	I wish I looked better	4.01	1.063	0.83		
	My looks upset me	3.65	1.235	0.81		
Stigmatizing situations inventory (Myers and Rosen, 1999)	I'm not satisfied with my weight	3.89	1.171	0.84	0.95	0.96
	I feel I don't weight the right amount for my height	3.92	1.172	0.73		
	I think I don't have a good body	3.74	1.179	0.88		
	Having children and adults make fun of you	2.90	1.358	0.82		
	Other people having low expectations of you because of your weight.	3.02	1.337	0.88		
	Having people assume you have emotional problems because you are overweight	3.08	1.371	0.83		
	Not being able to find clothes that fit	3.41	1.324	0.73		
	Groups of people pointing and laughing at you in public because of weight	2.73	1.359	0.90		
	Being stared at in public because of weight	2.80	1.361	0.85		
	A parent or other relative nagging you to lose weight.	3.21	1.383	0.78		
	Being offered fashion advice from strangers	2.97	1.382	0.86		
Reappraisal coping (Myers and Rosen, 1999)	Having family members feel embarrassed by you or ashamed of you	2.67	1.357	0.84	0.86	0.88
	People discriminate me because of my weight	2.81	1.386	0.91		
	People ignore me because of my weight	2.66	1.367	0.85		
	I act happy, sociable, and self-confident during shopping so that no one thinks to bother me	3.66	1.135	0.75		
	I do something nice for myself during shopping to make me feel better	3.83	1.023	0.73		
	I put myself and my needs before other people's during shopping	3.62	1.140	0.71		
	I get support from my spouse/partner during shopping	3.56	1.162	0.62		
	My supportive and understanding friends accompany me during shopping	3.70	1.102	0.65		
	I make a point of not hiding my body during shopping	3.62	1.195	0.62		
	I shock people by doing things fat people shouldn't do	3.22	1.166	0.71		
	I remind these people that I am a human being during shopping	3.60	1.067	0.75		
Disengagement Coping (Myers and Rosen, 1999)	I think that no one will ever love me because of my weight	2.68	1.316	0.81	0.70	0.89
	I feel really bad about myself during shopping	3.03	1.336	0.84		
	If people make me feel badly about my weight, I just eat more	2.97	1.377	0.84		
	I get depressed and isolate myself during shopping	2.98	1.324	0.83		
	I avoid looking in the mirror so that I don't have to think about my weight	2.93	1.337	0.83		
	If the people disturb me because of my weight I fight back physically during shopping	2.67	1.317	0.71		
	If the people disturb me because of my weight I use my size to intimidate people during shopping	2.50	1.325	0.68		
Buying intention (Online stores) (Chimborazo-Azogue et al., 2021)	I am planning to buy my clothes from online stores	3.61	1.085	0.91	0.74	0.92
	I will buy my clothes online next time from online stores	3.65	0.982	0.88		
	I intend to buy my clothes online from online stores	3.55	1.044	0.83		
Buying intention (Regular stores) (Chimborazo-Azogue et al., 2021)	I planning to buy my clothes from regular stores	3.39	1.188	0.95	0.76	0.93
	I will buy my clothes online next time from regular stores	3.40	1.157	0.93		
	I intend to buy my clothes online from regular stores	3.38	1.155	0.92		
Buying intention (Plus-size stores) (Chimborazo-Azogue et al., 2021)	I am planning to buy my clothes from plus-size stores	3.08	1.295	0.95	0.92	0.93
	I will buy my clothes online next time from plus-size stores	2.99	1.285	0.93		
	I intend to buy my clothes online from plus-size stores	2.92	1.311	0.92		

A translation-back translation procedure (Brislin, 1980) was used to translate the items into Turkish. A pilot survey was applied to 50 respondents to check for consistency. Table 2 presents the Exploratory Factor Analysis results.

3.3. Statistical Analysis

Statistical analysis was carried out using SPSS 22.0 and AMOS 22.0 software. First, Cronbach's alpha, exploratory factor analysis

(EFA), and confirmatory factor analysis (CFA) were implemented to assess the validity and reliability of the variables. Second, structural equation modelling (SEM) and moderation analysis were applied via AMOS to estimate path coefficients for the proposed relationships (Hair et al., 2010).

3.4. Measurement Model

Principal components analysis with the varimax rotation method

was used for factor identification, and the results supported the factor structure developed from the literature review. All latent variables loaded onto the original loadings as one common factor, except for coping with stigma. Coping with stigma is composed of two factors: reappraisal coping and disengagement coping. Five items were removed because of insufficient factor loadings; reappraisal coping consisted of eight variables, and disengagement coping consisted of seven variables. All factor loadings were above 0.60, and KMO was >0.80; $P < 0.05$. Subsequently, CFA was conducted to confirm the measurement model. We verified that our conceptualised model aligned with the sampling data by comparing it with the acceptable model fit (i.e., $\chi^2/df < 3$, CFI > 0.90, RMSEA < 0.08, PCLOSE > 0.05) (Nazim and Ahmad, 2013). Goodness of fit was reported as ($\chi^2 [190] = 408, P < 0.001, \chi^2/df = 2.147$ CFI = 0.959 RMSEA = 0.05 PCLOSE = 0.102).

The analysis supported the validity of the measurement instruments. The values for Cronbach’s alpha and composite reliability (CR) were acceptable (Cronbach’s alpha of all variables ranging from 81 to 0.96), exceeding the threshold of 0.70 (Hair et al., 2010). This shows that the items had internal consistency (Table 3). Convergent validity was tested by assessing the average variance extracted (AVE), and the AVE of each construct was greater than the threshold of 0.50 (Fornell and Larcker, 1981). Finally, discriminant validity was tested to examine whether a construct explained the variance of its items or the variance of the other constructs. The criterion suggested by Fornell and Larcker (1981) was met, as the square root of the AVE of each construct was higher than its highest correlation with any other construct. Table 4 presents the values of the measurement model. Overall, the hypothesized model illustrated adequate convergent and discriminant validity.

4. RESULTS

4.1. Structural Model Evaluation (SEM)

Table 3 presents the tests of research hypotheses. The hypotheses

were tested with the SEM path analysis. The model had satisfactory fit indices ($\chi^2/df = 15, CFI = 0.878, GFI = 0.912, RMSEA = 0.1, AGFI = 0.752$). Chi-square is highly sensitive to the sample size; therefore, other fit indices (CFI, GFI, AGFI, and RMSEA) were used to test the overall model fit (Hair et al., 2010; Hu and Bentler, 1995), and the closer they are to unity, the better the fit (Bentler and Bonett, 1980).

All the proposed hypotheses for the proposed model were supported. The results showed that stigmatization has significant effects on reappraisal coping ($\beta = 0.14, P < 0.01$) and disengagement coping ($\beta = 0.83, P < 0.01$). The data showed that females characterised by obesity who experience stigmatization exhibit both positive (0.14) and negative (0.83) coping mechanisms. Nonetheless, a discernible inclination was observed toward the predominant development of negative coping strategies.

Moreover, the effects of reappraisal coping on online buying intention ($\beta = 0.22, P < 0.01$), buying intention from regular-size stores ($\beta = 0.17, t = 5.1822, P < 0.01$), and plus-size stores ($\beta = 0.09, P < 0.05$) were found to be statistically significant. The data show that plus-size females demonstrating positive coping mechanisms engage in shopping through diverse channels. However, it is noteworthy that these channels are predominantly online (0.22) and regular (0.17). Similarly, the effects of disengagement coping on online buying intention ($\beta = 0.20, P < 0.01$), buying intention from regular-size stores ($\beta = 0.36, P < 0.01$), and plus-size stores ($\beta = 0.57, P < 0.01$) were also found to be significant. Plus-size females employing negative coping strategies exhibit a variety of shopping channels. Notably, these channels include plus-size stores (0.57), regular stores (0.36), and online platforms (0.20). Individuals employing negative coping mechanisms demonstrate a predominant preference for shopping at plus-size stores. Thus, H_1, H_2, H_{3abc} and H_{4abc} were supported.

4.2. Moderating Effect

The moderating effect was also tested using AMOS 24. First, we

Table 3: Summary of the structural model

Hypothesis	Impact	Path coefficient	Standard error	P-value	Decision
H_1	Stigma->Reappraisal coping	0.14	0.038	***	Supported
H_2	Stigma->Disengagement coping	0.83	0.028	***	Supported
H_{3a}	Reappraisal coping->Shopping from online stores	0.22	0.057	***	Supported
H_{3b}	Reappraisal coping->Shopping from regular stores	0.17	0.043	***	Supported
H_{3c}	Reappraisal coping->Shopping from plus-size stores	0.09	0.057	**	Supported
H_{4a}	Disengagement coping->Shopping from online stores	0.2	0.038	***	Supported
H_{4b}	Disengagement coping->Shopping from regular stores	0.36	0.043	***	Supported
H_{4c}	Disengagement coping->Shopping from plus-size stores	0.57	0.057	***	Supported

*** $P < 0.001$, ** $P < 0.01$, * $P < 0.05$

Table 4: Composite, convergent, and discriminant validity

Constructs	CR	AVE	MSV	1	2	3	4	5	6
1. Buying from an online store	0.854	0.664	0.102	0.805					
2. Stigmatization	0.956	0.666	0.741	0.292	0.875				
3. Disengagement coping	0.907	0.661	0.744	0.319	0.861	0.863			
4. Buying a regular store	0.922	0.798	0.306	0.293	0.319	0.408	0.887		
5. Buying plus-size store	0.919	0.791	0.338	0.293	0.523	0.581	0.553	0.884	
6. Reappraisal coping	0.812	0.523	0.078	0.262	0.221	0.197	0.279	0.182	0.711

Bold values on the diagonal of the correlation matrix are the square root of AVE. CR: Composite reliability, AVE: Average variance extracted

checked the moderating role of body esteem in the relationship between stigmatization, reappraisal, and disengagement coping. The moderating effect of body esteem on the relationship between stigmatization and positive coping strategies was not significant.

Specifically, at a low level of stigma, plus-size females with low body esteem tended to exhibit more pronounced employment of negative coping strategies. Body esteem had a moderating effect on stigmatization and disengagement coping relationships ($\beta = 0.136$, $P < 0.01$) compared to their counterparts with high body esteem. Conversely, at a high level of stigma, there was no discernible difference in the manifestation of negative coping strategies between plus-size females with low and high body esteem (Figure 2). Individuals with low body esteem are more prone to adopt disengagement coping when they are exposed to stigmatization.

5. DISCUSSION

The findings indicated four major avenues for understanding the relationship between weight-based stigma coping strategies and store choices. First, plus-size females experiencing weight-based stigma adopted both coping strategies: reappraisal and disengagement. However, when the magnitude of the relationship was checked, the disengagement coping strategy was preferred more, which is in line with the existing literature (Fiske et al., 1996; Pinel, 1999). In other words, plus-size females' exposure to weight-based stigma triggers more negative coping strategies in the shopping environment, such as social withdrawal and isolation, reflecting a helpless effort to accept stigma and avoid potential contact points (Miller and Kaiser, 2001).

The second major finding is that plus-size females who adopt reappraisal coping prefer regular stores and are significantly less likely to favor plus-size stores. This may be attributed to two potential reasons. One probable justification relates to how comfortable they feel socializing and how they perceive themselves as more normal compared to those who engage in negative coping. Another possible reason might refer to "feeling like part of the crowd," as the idea of unmasking the body and making it visible helps them feel "normal" in the shopping environment (Brazier and LeBasco, 2001). An important insight can be drawn from their positioning of plus-size stores as the least preferred choice. This suggests that plus-size females are signalling their opposition to discrimination, despite the practical advantages of product variety and assortment in these stores. This finding contradicts the notion of convenience regarding plus-size stores for that segment (Christel et al., 2018; Matthews and Romeo, 2018).

The third finding shows that individuals who cope with weight-based stigma by disengaging from the shopping context tend to prefer plus-size stores more than those who cope positively. This can be attributed to feeling more isolated and preferring to shop with like-sized people as a sense of belongingness (Foster and Davis, 2008). However, our results strengthen the notion that plus-size females pursuing a detached coping strategy favor plus-size stores. In a way, emotions can be accepted as dominating the shopping experience rather than practical needs and expectations, even when there is a chance to reach a bunch of plus-size apparel in an aggregate manner. This proves how hedonic needs, to feel a part of the majority,

Figure 1: Conceptual model

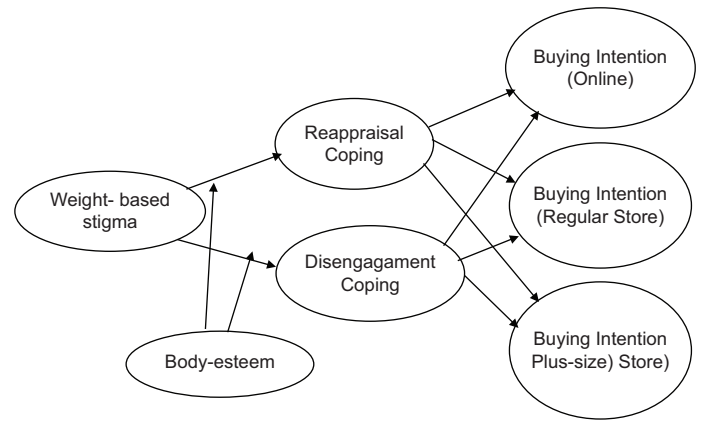
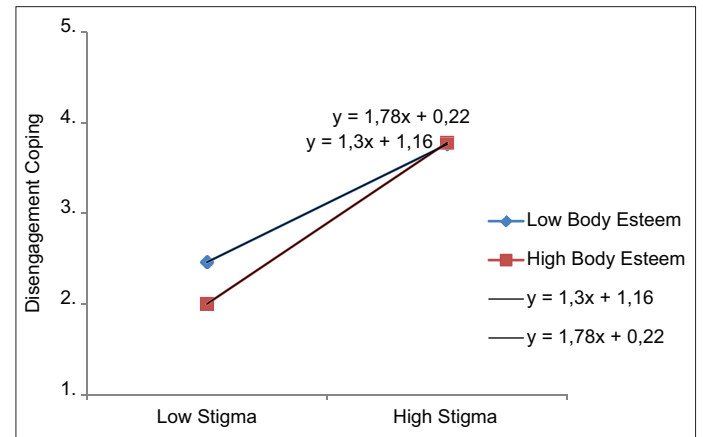


Figure 2: The moderating effect of self-esteem



suppress utilitarian needs. In addition, it is extremely important to investigate how consumers cope with negative emotions because these stigmatic experiences can influence post-purchase behaviors such as repurchasing and negative communication, as mentioned by Yi and Baumgartner (2004).

Although the ranking of online shopping relative to other channels differs for plus-size females using positive or negative coping strategies—serving as the primary choice for the former while ranking as a lower priority for the latter—all consumers nonetheless engage in online shopping. It is believed that one of the explanations for that tendency is due to the style and size limitations offered by the brick-and-mortar stores, as cited in the literature (Colls, 2004; Colls and Evans 2014; Christel, 2014; Peters, 2014). People responding more affirmatively are reaching online channels not as an escape strategy but to taste the abundance of options on digital channels, which can be attributed to the compensatory consumption tendency, whereby online channels pave the way by providing vast choices (Zheng et al., 2018).

The last finding reveals how decisions about purchasing apparel products are tied to one's perceptions of one's body. The findings of this study did not indicate a significant moderating effect of body esteem in the relationship between weight-based stigma and positive coping strategies. However, body esteem has a moderating effect on those who show negative coping with stigma. At low stigma levels, plus-size females with low body

esteem are more likely to adopt negative coping strategies than individuals with high body esteem. Previous research validates that negative body esteem triggers all types of social avoidance during shopping avoiding uncomfortable stares and interactions with store staff and other shoppers (Azevedo and Azevedo, 2023; Argo and Dahl, 2020; Hu and Jasper, 2006) and hiding the self (Tiggemann and Lacey, 2009). Thus, body esteem appeared to be crucial in low-stigmatizing experiences, such as subtle gazes from other customers or covert implications. However, at high stigma levels, no difference was observed in terms of negative coping strategies in plus-size females with low or high body esteem. Notably, a critical original contribution of this study is the finding that under high-stigma conditions, whether their body esteem is low or high, there is no moderating effect of body esteem on plus-size females' disengagement coping strategies. This suggests that while body esteem may serve as a buffer during minor stigmatizing encounters, it fails to differentiate behavioral reactions in more severe discriminatory environments. Consequently, future research should prioritize the development of proactive strategies and empathetic interventions—particularly within the retail sector—aimed at mitigating the systemic negative impact of weight-based stigma on plus-size consumers.

6. CONCLUSION

As global plus-size consumption increases, retailers, marketers, and apparel manufacturers need to understand consumer expectations to develop responsive strategies and tactics. This study addresses this gap by understanding not only how plus-size females cope with weight-based stigma but also how this affects the choice of alternative store channels. If only we accumulate knowledge about that delicate group's potential coping mechanisms for stigmatic experiences, the empathetic strategic approaches and tactics can be customized to mitigate the negative effects. This information can be applied to various aspects of retail operations, including product selection, store design, visual communication, and employee training.

This study revealed that plus-size female consumers who cope with stigmatization positively (reappraisal) significantly prefer regular and online stores. In contrast, those who cope negatively (disengagement) tend to avoid regular stores and favor plus-size stores to seek a sense of belonging or to feel isolated. Hence, mainstream regular stores can offer more size-inclusive stores that store clothes for smaller and larger bodies. In contrast, plus-size apparel manufacturers can increase both sales volumes and market share in this niche segment by creating new clothing styles.

Furthermore, a critical finding is that under high-stigma conditions, plus-size females adopt disengagement coping strategies regardless of whether their body esteem is low or high, as the external pressure overrides internal psychological buffers. Consequently, the importance of implementing strategies to mitigate stigma-related anxiety—particularly within the retail environment—becomes evident. At that point, retailers should build or expand changing rooms with mirrors in different directions, where plus-size female consumers who feel stigmatized can move more easily to cope with or avoid

this feeling. Retailers should hire and train sales staff who treat this vulnerable consumer group with equal respect and dignity and focus on addressing the unique needs of plus-size female shoppers.

In addition, the study revealed that plus-size female consumers who cope negatively with stigmatization do not prefer online shopping channels as a first or second option. If online sales channels increase the variety of plus-size clothing and use realistic mannequin images that fully reflect the target audience, plus-size female consumers might reduce their doubts about online purchasing and prefer it.

Future studies should consider cross-cultural perspectives to understand weight-based stigma deviations. This study focused solely on body esteem as a moderator; however, other psychological moderator factors, such as social identity, could also be examined. Additionally, experimental studies in the shopping context, especially in brick-and-mortar stores, will enrich our understanding of compensatory behavior and clarify the causal relationships.

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