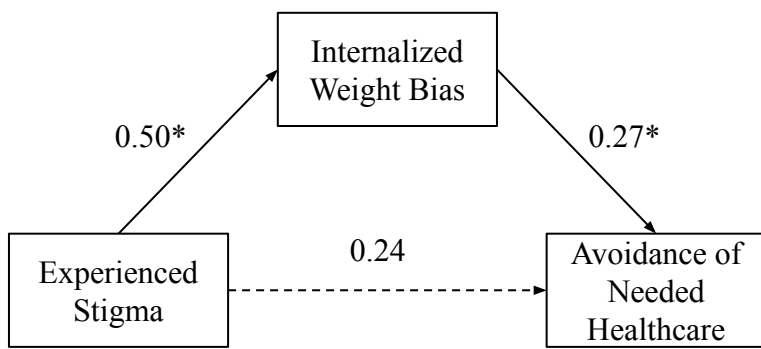
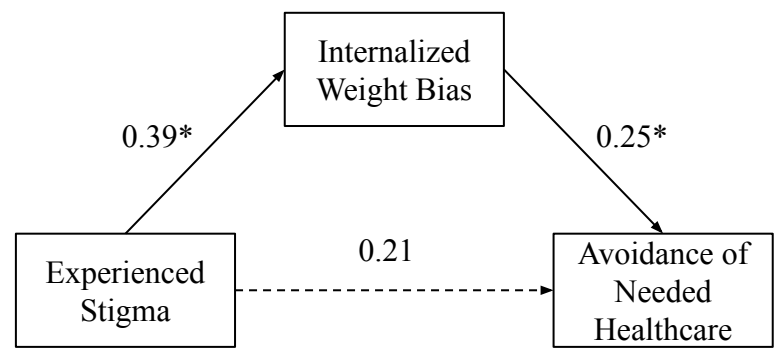


Figure 9. Standardized effect estimates of experienced weight stigma on avoidance of needed healthcare in last 12 months through internalized weight bias, separately for each country. Covariates included age, sex, educational attainment, BMI, WW membership duration, WW membership type. * $p \leq .001$.



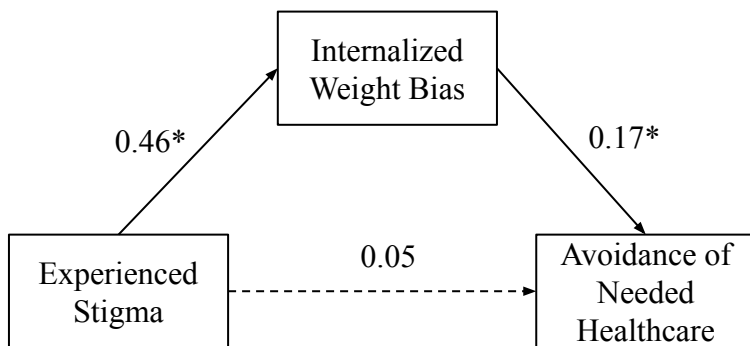
Indirect Effect = 0.13, 99% CI: 0.06 to 0.21



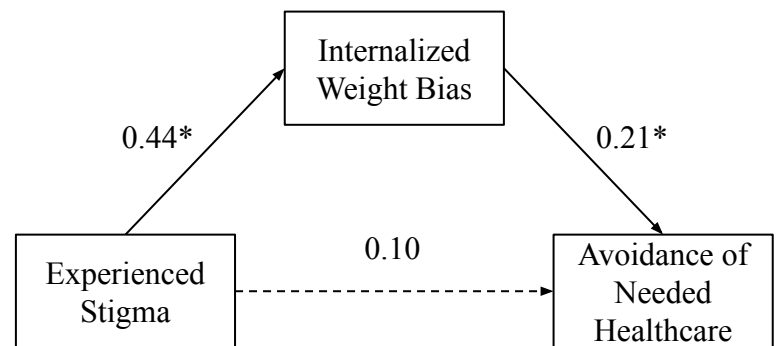
Indirect Effect = 0.10, 99% CI: 0.05 to 0.15

Figure 9a. Indirect effect of experienced stigma, **Australia**

Figure 9b. Indirect effect of experienced stigma, **Canada**



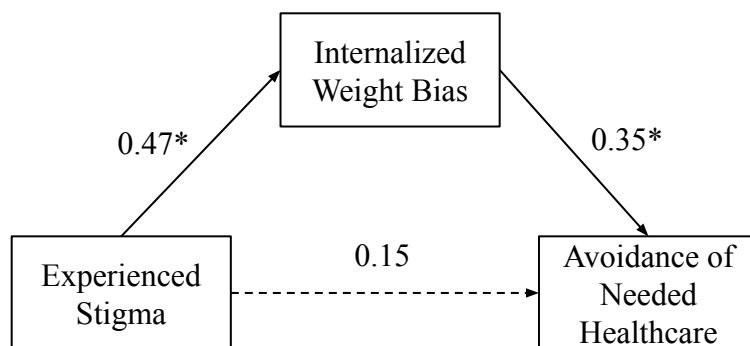
Indirect Effect = 0.08, 99% CI: 0.04 to 0.13



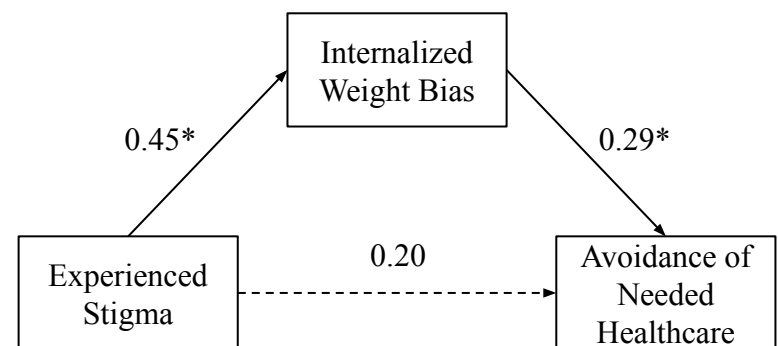
Indirect Effect = 0.09, 99% CI: 0.05 to 0.14

Figure 9c. Indirect effect of experienced stigma, **France**

Figure 9d. Indirect effect of experienced stigma, **Germany**



Indirect Effect = 0.16, 99% CI: 0.10 to 0.23



Indirect Effect = 0.13, 99% CI: 0.08 to 0.19

Figure 9e. Indirect effect of experienced stigma, **United Kingdom**

Figure 9f. Indirect effect of experienced stigma, **United States**

Note. Estimated models include only individuals who indicated needing medical care in the last year. (A similar pattern of results emerged when examining the associations among the full sample).