

Women Living with Obesity and Weight Stigma: A Chronological Review

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Abstract

Women living with obesity frequently experience weight stigma across interpersonal, social, healthcare, occupational, and media contexts, with consequences for psychological well-being, social relationships, identity, and health-related behaviours. Although research on obesity and weight stigma has expanded considerably, the development of knowledge concerning women's experiences remains fragmented across disciplines and time periods, making it difficult to understand how the field has evolved. This chronological literature review traces the evolution of research on women living with obesity and weight stigma by identifying major phases, patterns, and shifts in scholarly attention. We conducted a systematic advanced search in the Scopus database using the main keywords women, obesity, weight stigma, and chronological review, along with relevant search combinations and screening procedures. The search and selection process resulted in a final primary dataset of 46 publications ($n = 46$). We analysed the selected literature chronologically and grouped it into three developmental clusters. Phase 1, Emergence and Conceptual Exploration (2011–2017), reflects the early development of scholarship, emphasising the definition of weight stigma and its psychological and social consequences for women. Phase 2, Expansion and Interdisciplinary Consolidation (2018–2023), demonstrates broader research engagement and the integration of perspectives from psychology, sociology, communication, public health, and healthcare. Phase 3, Acceleration and Contemporary Visibility (2024–2026), indicates increasing scholarly attention to women's lived experiences, intersectional identities, digital environments, healthcare stigma, and strategies for resisting or coping with weight-based discrimination. Overall, the findings show a clear progression from conceptual exploration to more diverse, interdisciplinary, and experience-centred approaches. This review contributes to a deeper understanding of the field's historical development. It highlights the ongoing need for research that centres women's voices, lived experiences, and social contexts in addressing weight stigma.

Keywords: Chronological Review, Obesity, Weight Stigma, Women

Introduction

Women living with obesity experience not only a metabolic and medical burden associated with higher body weight, but also a widespread social stigma that frames fat as a visible moral failure rather than as a product of complex genetic, environmental, developmental, and metabolic processes (Haqq et al., 2021; Rubino et al., 2020; Westbury et al., 2023). This Stigma against women living with obesity greatly impacts women because discrimination based on weight is more common in women than men; it often forms inequalities in employment, education, intimate relationships, and lifelong health care (Ciciurkaite & Perry, 2017; Rubino et al., 2020). In contemporary society, women's larger bodies are often judged through ideals of thinness, self-discipline, and attractiveness, so weight gain becomes a social signal by which these women are seen as lazy, lacking control, incompetent, and even as a source of shame is projected (A. Brewis et al., 2018; Spratt, 2021; Paserwider et al., 2023; Westbury et al., 2023). The evolutionary review is useful because this assessment cannot be understood only as a biomedical reaction to adiposity; it is also shaped by changing ecological pressures, status hierarchies, reproductive expectations and culturally transmitted body ideals. Cross-cultural evidence suggests that obesity does not always carry a negative meaning: in some instances, a larger female body has symbolised health, beauty, nurturing and marriage, while thinness signifies deprivation or social isolation (A. Brewis et al., 2018). This historical and anthropological variability suggests that contemporary anti-fat stigma is not an inevitable response to body size itself, but a socially reinforced phenomenon emerging in a modern environment that values individual responsibility, thin feminine body standards, as well as visual self-surveillance (A. Brewis et al., 2018; Nutter et al., 2023; Rubino et al., 2020).

The evolutionary lens also helps explain why women may be particularly vulnerable to the dangers of weight stigma. In most societies, the female body is studied as a discipline, a social value and a marker of attractiveness and fertility, making adiposity not only a health category but also a stigmatised social identity. Evidence suggests that weight stigma develops early in life; especially girls can be frequent targets and perpetrators of anti-fat bias, and the stigma burden can persist from childhood to adulthood (Ciciurkaite & Perry, 2017; Haqq et al., 2021). Among adult women, stigma operates through practised discrimination. Women with overweight or obesity reported poorer quality of life and greater psychological distress when weight self-stigma was higher, and lower self-stigma predicted better physical and mental well-being (Farhangi et al., 2017). Further experimental evidence suggests that when women's weight is reflected in social assessment situations, a higher body mass index is associated with higher blood pressure, greater stress-related emotions, and poorer self-control, suggesting that stigma serves as a threat to social identity at the cost of Physiology and self-regulation (Major et al., 2012). More broadly, systematic reviews and meta-analyses show that weight stigma is associated with depression, anxiety, lower self-esteem, nutritional disorders, body image dissatisfaction, as well as biomarkers associated with inflammation and stress such as diabetes risk, hypertension, anxiety and worse overall physical and psychological health (Alimoradi et al., 2019; Y.-K. Wu & Berry, 2018). This damage cannot be reduced to body mass index alone. Weight Stigma appears to worsen health on top of weight; it can contribute to the obesogenic pathway through emotional stress, irregular eating, avoiding seeing a health professional, as well as exercise and the physiology of chronic stress (A. Brewis et al., 2018; B. Hill et al., 2021; R. Puhl & Heuer, 2010; Tomiyama et al., 2018).

For women, this process is reinforced by the context of intersection and life. Discrimination based on weight is unevenly distributed: women with larger bodies, women from lower-income groups, and some women of national or ethnic minorities seem to face greater psychological consequences from stigma, while social resources can partially account for its effects (Ciciurkaite & Perry, 2017). Recent evidence also suggests that younger age and female gender are associated with greater psychosocial stress in adults with overweight or obesity, and that poor social support greatly exacerbates depression, anxiety, loneliness, and belonging (Timkova et al., 2025). In pregnancy and the postpartum period, weight stigma is associated with more stressful symptoms, higher perceived stress, inappropriate diets, emotional eating, and greater postpartum weight retention, underscoring how women's reproductive transitions into a place where cultural demands on body shape and maternal honour converge (Rodriguez et al., 2019). Within society, these experiences are reinforced by media narratives that associate obesity with personal choice, policies that reward individuals for structural explanations, and even blatant dehumanisation that portrays people with obesity as underdeveloped traits that in turn target discrimination against obese women. (Hill et al., 2021; Kersbergen & Robinson, 2018; Rubino et al., 2020). Global and international consensus statements now characterise weight stigma as a social determinant of Health, a barrier to prevention, a human rights issue, and just obesity treatment (Hill et al., 2023; Rubino et al., 2020). Therefore, the study of the evolution of women living with obesity and weight stigma must move beyond the erroneous assumption that stigma is a correction or motivation. Evidence to the contrary suggests that stigma is pervasive, gendered, historically contingent, biologically manifested, and socially reproducible, making it central rather than peripheral to understanding women's life experiences of obesity (Hill et al., 2023; Jach & Krysto Guru, 2021; Rubino et al., 2020; Tomiyama et al., 2018).

Materials And Methods

Data Collection

Understanding how the perspectives on women living with obesity and weight stigma are evolving rapidly is also critical to identifying changes in theoretical emphasis, methodological approaches, and emerging areas of research. Obesity among women is increasingly recognized as a condition shaped not only by biological and behavioral factors but also by the widespread experience of weight stigma which as well as it affects psychological well-being, social participation, health care engagement, and interpersonal relationships. This evolutionary study examines the chronological development of research in this field through a structured analysis of high-quality scientific publications taken from the Scopus database. A one-step data collection strategy ensures methodological transparency and consistency: publications are identified using predefined search terms related to obesity, women, and weight stigma, then filtered for scientific relevance and quality. The exclusive use of Scopus is appropriate because of its broad coverage of peer-reviewed international journals and strong indexing standards, which improve the comparability and reliability of bibliographic records. Rigorous, systematic data collection is essential in chronological studies and revisions because inconsistent retrieval procedures can introduce selection bias, distort publication trends, and undermine the interpretability of longitudinal patterns. A transparent and reproducible search process strengthens the validity of revisions by ensuring that observed thematic developments and shifts in research attention reflect genuine changes in the scientific landscape rather than artefacts of incomplete or inconsistent data selection.

Table 1

The specification for primary data searching

Keyword	Women, obesity, weight stigma
Inclusion	Article, Journal, English, arts & humanities
Exclusion	Other than arts & humanities, review articles, other languages
Final Search String (Scopus)	TITLE-ABS-KEY (("women" OR "female" OR "woman") AND (obesity OR "overweight" OR "excess weight" OR "body weight") AND ("weight stigma" OR "weight bias" OR "weight discrimination" OR "weight-related stigma")) AND (LIMIT-TO (DOCTYPE , "ar")) AND (LIMIT-TO (LANGUAGE , "English")) AND (LIMIT-TO (SRCTYPE , "j")) AND (LIMIT-TO (PUBSTAGE , "final")) AND (LIMIT-TO (SUBJAREA , "ARTS")) AND (LIMIT-TO (EXACTKEYWORD , "Female") OR LIMIT-TO (EXACTKEYWORD , "Obesity") OR LIMIT-TO (EXACTKEYWORD , "Weight Stigma"))
Number of Primary Articles	46

Table 1 outlines the specifications and search parameters employed in the primary data search, providing a systematic overview of the database, keywords, search strategy, and selection criteria used to identify relevant publications on women living with obesity and weight stigma. The data collection strategies used in this study reflect a very rigorous and conceptual retrieval process designed to ensure the validity, reliability, and interpretation of chronological studies. The final Scopus search string combines three core conceptual domains of female/women identity, obesity-related conditions, and weight stigma constructs, thus capturing literature that explicitly examines intersections of gender, weight, and stigmatisation experiences. By limiting the dataset to the final stage, English-language journal articles, and excluding review articles, non-journal sources, and publications outside the arts and humanities subject areas, the search substantially increases specificity by prioritising original empirical scholarship and reducing duplication of synthesised evidence. The inclusion of EXACTKEYWORD filters ("women," "obesity," and weight Stigma") further reinforces conceptual accuracy by ensuring that selected publications are indexed centrally around key phenomena of interest rather than mentioning them only peripherally. As a result, the search has yielded 46 articles from the main research, indicating that research explicitly located at the intersection of women, obesity, weight stigma, and artistic and humanitarian perspectives remains relatively limited despite the development of broader obesity stigma scholarship. This relatively small but highly curated dataset is methodologically justified because chronological survey studies prioritise depth, thematic coherence, and longitudinal interpretation over very large volumes. A narrowly defined and systematically screened Corpus reduces selection bias, improves reproducibility, and allows observed changes in women's experiences, stigma narratives, communication practices, and coping responses to be interpreted as meaningful developments in scholarly discourse rather than artefacts of inconsistent or overly broad recruitment procedures.

Data Clustering

Following a systematic retrieval of relevant publications from the Scopus database using several predefined keywords, Boolean operators, as well as advanced search strategies, the next stage of analysis involves grouping studies by number of years of publication as well as number of publications to facilitate a meaningful chronological interpretation of the literature

on women living with obesity and weight stigma. In an evolutionary review, clustering is critical because it turns large, potentially heterogeneous evidence into coherent temporal segments that reflect the development of scientific attention, theory, and research intensity over time. Rather than individual studies in isolation, grouping publications by chronological period and frequency of publication allows researchers to identify phases of emergence, development, consolidation, or transformation in the field, so that it can reveal how academic interest has evolved in response to changing public health priorities, sociocultural discourse, policy initiatives, and the growing recognition of the psychosocial consequences of weight stigma among women. This grouping improves interpretation of publication patterns by reducing analytical complexity; it also highlights periods of accelerated research activity, detects fluctuations in scientific results, and provides a comparative space across stages of knowledge development. Additionally, grouping by year of publication and volume provides a structured basis for trend analysis, enabling identification of influential periods associated with conceptual shifts, methodological innovations, or increased interdisciplinary engagement. Data from reputable, comprehensive databases such as Scopus further reinforces the reliability and validity of this temporal grouping, as these databases offer extensive coverage of high-quality peer-reviewed literature across health, social sciences, psychology and communication. The clustering analysis presented in the following sections is not merely a descriptive categorisation of the publications. However, a systematic analytical approach designed to reveal meaningful patterns, research routes, and evolving scientific priorities that contribute to a deeper understanding of the growing body of knowledge about women living with obesity and experiencing weight stigma over time.

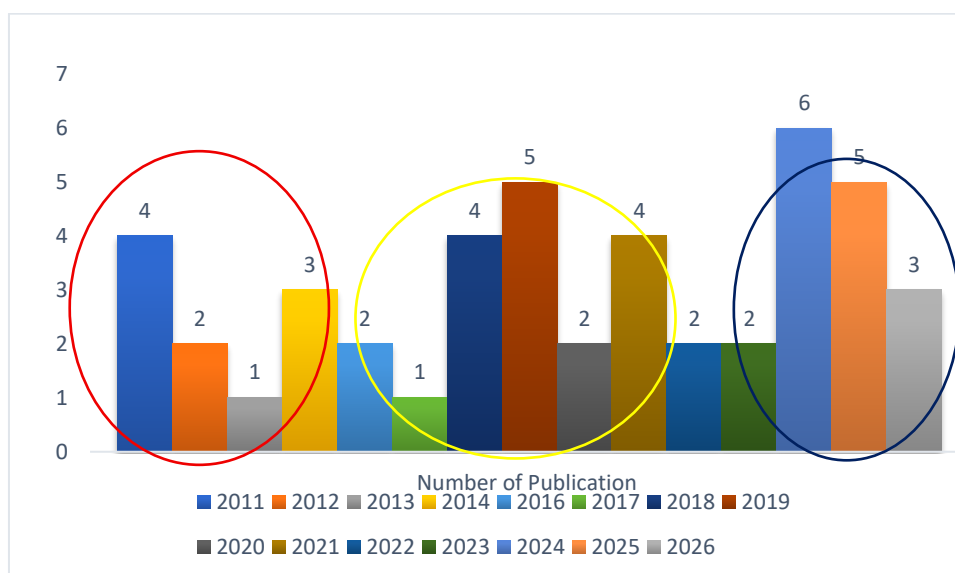


Figure 1. Evolution of Research Publications on Women Living with Obesity and Weight Stigma, 2011–2026

Figure 1 presents the evolution of research publications on women living with obesity and weight stigma between 2011 and 2026, demonstrating the overall development and changing intensity of scholarly interest in this research area over time.

Phase 1: Emergence And Conceptual Exploration 2011–2017

The period from 2011 to 2017 represents an early stage in research on women living with obesity and weight stigma. Research productivity remains low and irregular, ranging from 1

to 4 publications per year, with some years showing only isolated contributions. This pattern suggests the topic has not yet developed into a distinct, ongoing field of research in the arts and humanities. Publications during this phase may be exploratory, focusing on conceptual discussions of body image, femininity, obesity, and social perceptions of weight. The relatively limited Output suggests that weight stigma affecting women is still emerging as a recognised sociocultural and communicative issue rather than a mature interdisciplinary field of research.

Phase 2: Expansion And Interdisciplinary Consolidation 2018–2023

The years 2018 to 2023 showed a significant increase in terms of research activity, with the number of publications increasing to 4- 5 articles in 2018-2019 and remaining relatively stable thereafter. This phase reflects the strengthening of obesity research and weight stigma in broader disciplines, including gender studies, psychology, communication, sociology and public health. Sustained output over consecutive years suggests that scholarly interest is becoming more robust, moving beyond isolated conceptual discussions toward empirical research on women's life experiences, stigma communication, health care encounters, and coping responses. While productivity fluctuates between 2 and 5 publications, the overall trend indicates a shift from exploration to a more coherent and growing body of literature.

Phase 3: Acceleration And Contemporary Visibility 2024–2026

The period 2024-2026 represents the most recent and productive stage of the literature; it starts with 6 publications in 2024, followed by 5 publications in 2025 and 3 publications in 2026. However, the lower number in 2026 may reflect an incomplete year, so the available data should not be interpreted as a decrease in undergraduate interest. This phase can be characterised as one of acceleration and contemporary visibility, in which research on women, obesity, and weight stigma has gained greater prominence in international academic discourse. Closer attention to publications indicates increased recognition of weight stigma as a complex issue involving social inequality, gender expectations, mental well-being, coping processes and health care communication. The recent increase in productivity indicates that the field has entered a more mature stage, with stronger thematic specialisation and greater potential for future theory- and practice-oriented development.

Result And Discussion

Phase 1: Emergence And Conceptual Exploration 2011–2017

The early emergence phase (2011-2012) established the conceptual basis of weight stigma research by showing that women's experiences are shaped less by others' objective assessments than by close interpersonal relationships and internal perceptions. Brewis, Hruschka, and Wutich (2011) reported that frequent interactions with emotionally close social contacts increased sensitivity to weight-related judgments, while actual network opinions showed limited explanatory power. Lewis et al. (2011) identified direct, environmental, and indirect forms of stigma, with experiences indirectly producing stronger effects on psychological as well as social well-being, also often leading to avoidance of health-promoting activities. In the same period, Martin et al. (2011) highlight concerns about personal control over weight-reinforced stereotypes linking obesity to laziness and poor self-control. In contrast, Puhl, Luedicke, and Heuer (2011) document widespread observations of weight-based ridicule, exclusion, and harassment in school settings. The evidence base expanded in 2012, when Levy and Pilver (2012) showed that psychological stress often

persists even after weight loss, indicating that stigma extends beyond changes in body size. Peterson, Puhl, and Luedicke (2012) also found that physical educators have lower expectations and more negative attitudes toward overweight students, especially girls, suggesting that institutional bias can affect participation in physical activity and social development.

The growth phase (2013-2014) reflected a shift away from documenting stigma towards researching broader social and psychological consequences. Swami and Monk (2013) suggest that negative attitudes towards obese women influence judgments about access to higher education, suggesting that body size bias extends into the structure of academic opportunity. Greenleaf, Petrie, and Martin (2014) showed that adolescents exposed to weight issues reported higher depressive symptoms, lower self-esteem, worse physical fitness outcomes, as well as decreased self-efficacy towards physical activity. Brauhardt, Rudolph, and Hilbert (2014) extended the discussion by emphasising the implicit role of self-esteem in binge eating disorder, suggesting that unconscious cognitive processes contribute to the psychopathology of eating disorders. Alperin et al. (2014) further showed that positive relationships with overweight individuals reduced prejudice, while negative relationships reinforced weight bias and increased body-checking behaviour and induced thinness, particularly among non-overweight participants.

The recent Phase 1 (2016-2017) shows a shift towards a cross-cultural and family-oriented perspective. Hackman, Maupin, and Brewis (2016) found that those taunts related to weight among Guatemalan women serve as significant psychosocial stressors comparable to poverty, food insecurity, and domestic violence, suggesting that distress can arise from failing to meet local bodily norms and not from obesity alone. Young, Subramanian, and Hinnant (2016) noted that defamatory anti-obesity campaign messages are ineffective in changing behavioural intentions among overweight individuals, questioning the usefulness of responsibility-focused public health communication. Zhao, Li, and Rukavina (2017) then identified various forms of parental support, including emotional encouragement, self-esteem promotion, practical advice, and seeking professional help, indicating growing recognition of family-based coping and protective mechanisms. Studies published between 2011 and 2017 revealed an evolutionary progression from interpersonal perceptions and institutional discrimination towards psychological persistence, implicit cognitive processes, cultural variation, communication effects, and supportive family interventions, creating a conceptual and empirical basis for the next phase of research on women living with obesity and weight stigma.

Phase 2: Expansion And Interdisciplinary Consolidation 2018–2023

The early consolidation phase (2018–2019) showed a significant expansion of obesity stigma research into social psychology, education, and women's health. Elran-Barak and Bar-Anan (2018) confirmed that clear anti-fat bias was more strongly associated with sociocultural beliefs about the importance of slimness and social identity than with simple beliefs about personal weight control. Vartanian et al. (2018) found that disgust toward individuals with obesity was primarily cognitive rather than physiological, suggesting that bias operated through learned conceptual processes. Educational studies by Golaszewski et al. (2018) indicated that weight discrimination reduced adolescents' sense of school connectedness, while Griffiths et al. (2018) showed that higher body mass index was associated with greater

experiences of weightism and poorer psychological quality of life. During 2019, research increasingly examined mechanisms linking stigma to health outcomes. Simone et al. (2019) reported that adolescent girls who experienced harmful weight stigma showed elevated depressive symptoms, weight concerns, and later substance use risk. Ringel and Ditto (2019) further showed that moralising obesity strengthened beliefs about controllability, disgust, discrimination, and resistance to attitude change. A stronger focus on women emerged in studies by Incollingo Rodriguez et al. (2019), which connected weight stigma during pregnancy and postpartum with depressive symptoms, emotional eating, stress, and postpartum weight retention, and by Forbes and Donovan (2019), which identified internalised weight stigma and reduced self-compassion as pathways leading to body shame, loneliness, psychological distress, and lower life satisfaction among overweight and obese women.

The growth phase (2020–2021) reflected a broader interdisciplinary orientation highlighting intervention, institutional structures, and intersectional experiences. Scagliusi et al. (2020) found that intensive health at every size intervention promoted body acceptance, proactive responses to stigma, and greater well-being among Brazilian women. In contrast, less intensive approaches were associated with continued internalisation of stigma. Pudney et al. (2020) demonstrated that long-term distress following weight stigma was closely related to weight bias internalisation, self-blame, rumination, perceived stress, and poorer mental health. Institutional analyses by Ferdinands et al. (2021) revealed that surveillance practices by family members, educators, and healthcare providers communicated that personal worth depended on body weight, while Lessard and Puhl (2021) showed that explicit mention of “weight” in school anti-bullying policies was associated with lower educator weight bias. Intersectional perspectives became increasingly prominent. Beccia et al. (2021) identified disproportionately high levels of eating-related pathology among larger-bodied girls and women who also belonged to sexual minority or gender-nonconforming groups, and Paine (2021) described how LGBTQ women, transgender men, and nonbinary individuals assigned female at birth experienced healthcare avoidance because providers frequently attributed diverse health concerns primarily to body weight.

The recent phase (2022–2023) showed further diversification toward intersectionality, gender socialisation, political attitudes, and pandemic-related health behaviours. Faragó et al. (2022) found that anti-fat and appearance stereotypes were already widespread among girls aged 6–9 and were reinforced by parental and peer pressure to conform to gender norms. Gerend, Stewart, and Wetzel (2022) showed that Black, Latina, and sexual minority women experienced weight discrimination through intersecting influences of femininity norms, childhood experiences, internalised stigma, and coping strategies. Hughes and McArthur (2023) extended the analysis to population-level determinants, identifying associations between weight-stigmatising attitudes and right-wing political values, authoritarian beliefs, socioeconomic position, and welfare-related stigma. Raffoul et al. (2023) demonstrated that women with higher body mass index who also experienced weight discrimination were more likely to use potentially harmful weight-loss and energy supplements during the COVID-19 pandemic. Across 2018–2023, the literature evolved from documenting prejudice and psychosocial harm toward understanding stigma as a multidimensional phenomenon involving internalised cognition, institutional surveillance,

intersectional inequality, public policy, political ideology, and women's health behaviours across diverse social contexts.

Phase 3: Acceleration And Contemporary Visibility 2024–2026

The acceleration phase begins in 2024 with a strong emphasis on the digital environment, healthcare interactions, romantic relationships and internal stigma. Lin et al. (2024) showed that self-perceived obesity is more strongly associated with weight stigma, increased social media use, as well as health information seeking, and worse mental quality of life than BMI-determined obesity; it shows that body perception is subjective and has been a critical determinant of stigma-related harm. Smith and Harrop (2024) show that transgender and multi-gender individuals continue to face weight-defying comments even in trans-affirming primary care, suggesting that gender-affirming services do not automatically eliminate weight bias. Standen, Rothman, and Mann (2024) also found that disclosure of weight-related advice from health care providers produces mixed responses, including motivation and guilt responses, especially when the conversation lacks collaborative discussion. Research also expands into intimate and psychological contexts. Wu et al. (2024) found that women who experienced weight stigma from romantic partners were more likely to use discharge countermeasures as well as report greater symptoms of depression. Naumann and Svaldi (2024) observed that exposure to plus-sized fashion models reduced negative attitudes toward overweight people among women with and without bulimia nervosa, while Cotee et al. (2024) identified internalising weight bias as the strongest predictor of clear anti-fat attitudes.

Growth levels in 2025 reflect methodological diversity and stronger attention to interventions and measurement. Kale et al. (2025) reported that most young people have witnessed weight-related bullying and supported the inclusion of weight-based bullying in school anti-bullying policies. Wetzel, Himmelstein, and Ciesla (2025) used ecological momentary assessments to show that experienced and practised weight stigma independently increased vigilant coping, which then predicted a strict diet later in the day. Harris, Hahn, and Jean Forney (2025) suggest that idealised internalisation and practised weight stigma are distinct but independent contributors to body dissatisfaction. Ruckwongpatr et al. (2025) validated the Indonesian version of the Heavy Stigma Exposure Inventory, providing reliable assessments across multiple stigma sources and supporting cross-cultural research. Huang and Xiao (2025) further demonstrated that a combination of physical activity and anti-stigma attitude programs reduced symptoms of depression and weight loss drug use while increasing physical activity, particularly among girls, highlighting the effectiveness of integrated school-based interventions.

The current vision for 2026 focuses on communication, institutional gatekeepers, and psychosocial mechanisms. Bespala, Meyerhoff, and Albury (2026) suggest that general practitioners use sequential politeness strategies to discuss weight in ways that reduce errors and increase patient engagement, suggesting that communication styles can influence whether weight discussion reinforces stigma. Nehushtan (2026) notes that bariatric surgery committees evaluate candidates not only on clinical criteria but also on demonstrations of responsibility, insight, and self-discipline, showing how moral judgment continues to shape access to obesity treatment even in widely accessible healthcare systems. Ramsamy, Albouy, and Esnard (2026) identified coping strategies as central mechanisms linking internal weight

biases with obesity-specific quality of life and self-efficacy, with adaptive coping enhancing emotional and interpersonal functioning and maladaptive coping impairing behavioural confidence. From 2024 to 2026, research is evolving toward a highly nuanced analysis of subjective weight perceptions, intersectional health care experiences, intimate relationships, real-time coping processes, cross-cultural measurement, communication practices and institutional moral rules, suggesting that contemporary obesity stigma research increasingly views women's experiences as embedded in interconnected psychological, relational, digital and health care systems.

Conclusion

This chronological study examines the evolution of research on women living with obesity and weight stigma from 2011 to 2026. Using a systematic, advanced search approach in the Scopus database, we identified and analysed a final dataset of 46 major publications chronologically. The main objective is to understand how the attention of scholars, in research priorities, methodological approaches, and the development of knowledge in this area, has changed over time. By organising the literature according to its temporal development, this study provides a structured understanding of the development of research on the experiences of women living with obesity and the various forms and consequences of weight stigma.

The findings show a clear pattern of evolution across three main phases. The first phase, emergence and conceptual exploration (2011-2017), was characterised by relatively few publications and a stronger focus on defining weight stigma and exploring its psychological and social consequences. The second phase, interdisciplinary expansion and consolidation (2018-2023), shows broader developments in this area, with increased attention to health care, communication, social relationships, identity, discrimination and psychosocial outcomes. During this period, research also became more methodologically diverse, involving quantitative, qualitative, mixed, and interdisciplinary approaches. The third phase, acceleration and contemporary visibility (2024-2026), shows increased publishing activity and greater recognition of obese women's lived experiences, as well as intersectional factors, healthcare interactions, digital environments and strategies to overcome weight stigma. Technological developments, especially the digital and social media environment, are shaping contemporary experiences and representations of weight gain and obesity.

The chronological organisation of literature contributes to knowledge by revealing patterns that may be less apparent in conventional thematic surveys. Grouping studies by time makes it possible to identify periods of emergence, expansion, consolidation, and acceleration, while also showing how research priorities have shifted in response to changing social and scientific contexts. This approach shows the domain's gradual maturation, from initial conceptual discussions to more complex, experience-centred, and context-sensitive research.

The observed developments have important practical and research implications. Growing evidence highlights the need for more stigma-sensitive practices in healthcare, the workplace, family, community, and digital spaces. Future research should continue to adopt an interdisciplinary approach and examine real-world experiences across diverse cultural, social, and geographic contexts. Greater attention is also needed on communication processes, digital stigma, family relationships and effective strategies to reduce discrimination based on weight.

Some limitations need to be recognised; these reviews rely primarily on a single database, Scopus, and searches are limited by the keywords selected, entry criteria, and the survey duration. Therefore, the review may have excluded relevant studies indexed under different terminology in the database. Future studies could expand database coverage, use broader search terms, and include comparative analyses across regions and populations.

Overall, this study shows that research on women living with obesity and weight stigma has evolved from an emerging field of conceptual research into a broader and increasingly visible interdisciplinary field. Chronological analysis offers an important perspective on these transformations because scientific knowledge does not remain static but changes with social, methodological, and technological developments. Therefore, time-based reviews offer valuable guidance for identifying research gaps, supporting future innovation, and strengthening evidence-based knowledge and practices in addressing weight stigma among women.

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