

Article

Translation and Initial Psychometric Evaluation of a Korean Version of the Modified Weight-Bias Internalization Scale (K-WBIS) in Korean Adult Women

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Abstract

Research has examined the negative consequences of internalized weight bias on mental health (e.g., disordered eating, depression, anxiety). In South Korea's patriarchal society, appearance rather than ability or talent is considered the principal determinant of a woman's success, as evidenced by high rates of cosmetic surgery and anti-fat bias. Given strict appearance norms and pervasive weight stigma, we developed a Korean version of the Modified Weight Bias Internalization Scale (K-WBIS), examined its psychometric properties, and explored its associations with other established measures. Confirmatory factor analysis was used to assess the factor structure. An item was removed, and a revised 10-item one-factor model was estimated. The final model demonstrated an acceptable incremental model fit indices (CFI = 0.934, TLI = 0.909, SRMR = 0.047), although RMSEA remained elevated (RMSEA = 0.163). The 10-item K-WBIS demonstrated promising psychometric properties in a sample of South Korean adult women. Findings provide preliminary support for the K-WBIS and warrant further evaluation in larger and more diverse Korean-speaking populations.

Keywords: internalized weight bias; body image; Korean adult women

1. Introduction

Weight bias, the widespread negative beliefs about individuals with overweight, and its resulting discrimination and prejudice, has a multitude of harmful consequences [1]. In addition, the internalization of weight bias, holding negative attitudes about oneself related to body weight, is associated with health and mental health impairments such as depression, anxiety, eating disturbances, and poorer quality of life [2,3]. Internalized weight bias can negatively impact those with high weight but also individuals across the weight spectrum, regardless of body mass index.

The introduction of measurement tools to assess internalized weight bias has facilitated a burgeoning field of research on its causes, correlates, and consequences [4]. The Weight Bias Internalization Scale (WBIS) [2] measures the extent to which respondents believe that negative attitudes about overweight apply to themselves. The scale has been translated from its original English into multiple languages [5,6], enabling international research and cross-cultural examinations of internalized weight bias. The scale has also



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been slightly modified for use across the weight spectrum (WBIS-M) [7] and in children (WBIS-C) [8] and adolescent youth (WBIS-Y) [9].

Although the impact of internalized weight bias has been investigated in a number of countries, including within East Asia [10,11], a focus of future research should also include weight bias and its internalization in South Korea. Physical appearance and weight are strongly emphasized in South Korea, evidenced by the highest global rates of cosmetic surgeries and the growing rates of eating disturbances [12,13]. Given the societal preoccupation with thinness, body size, and rejection of higher weights, it is not surprising that levels of disturbed eating and body dissatisfaction in South Korea may be among the highest worldwide [14]. Weight concerns mediated the relationship between measured weight and depressive symptoms among South Korean adults [12]. Similarly, South Korean girls who overestimated their body weight were at greater risk of depression [15].

Although recent research from South Korea highlights the significance of constructs that may originate from internalized weight bias, such as depressive symptoms, weight overestimation, and appearance-focused cultural trends, internalized weight stigma has not yet been studied in South Korea. To fill this gap, the present study aimed to provide the first Korean language version of the WBIS and examine its reliability, factor structure, and construct validity, among a sample of South Korean adult women.

2. Materials and Methods

2.1. Participants

The participants in the present study were 237 women ($M_{age} = 29.84$; $SD = 7.96$) from South Korea, who were recruited through study descriptions and flyers via email. Inclusion criteria included female-identifying individuals in the community who were at least 18 years old and proficient in Korean. Participants were compensated for their time with a \$5 gift card. Informed consent and data were collected via Qualtrics. Participants completed a battery of self-report questionnaires.

2.2. Translation Procedure

Translators for this study were two graduate students who were both native Korean and fluent English speakers. The translation process was conducted following the guidelines provided by Brislin [16]. First, the WBIS, with weight-neutral language [2,7], was translated from English to Korean by a translator, and subsequently back-translated to English by another translator. Then, the principal investigator compared the original and back-translated versions to evaluate concept equivalence. Both translators and the principal investigator met to discuss and resolve any discrepancies between items until consensus was achieved regarding wording, meaning, and cultural appropriateness. Final items were selected based on their ability to preserve the conceptual content of the original measure while remaining understandable to Korean-speaking respondents.

2.3. Measures

2.3.1. Weight Bias Internalization Scale-Modified (WBIS)

The newly translated Korean language version of the WBIS was administered (the K-WBIS; see Table 1). This 11-item measure is based on the Weight Bias Internalization Scale [2,7] and assesses internalized weight bias. In a slightly modified version of the scale, the authors changed the word “overweight” to “my weight” to make the scale accessible to individuals from diverse weight backgrounds (sample item: Because of my weight, I feel that I am just as competent as anyone). Participants rated the extent to which they agree with each statement on a 7-point Likert-scale (i.e., Strongly disagree to Strongly agree).

Higher scores indicate greater internalized weight bias. Based on a sample of 150 community participants, Cronbach's alpha was 0.94 [7].

Table 1. Factor loadings of final CFA Model.

Item #			Estimate (S.E.)	z
Item 2	I am less attractive than most other people because of my weight.	나는 몸무게 때문에 대부분의 사람들보다 덜 매력적이다.	0.70 (0.04)	18.30
Item 3	I feel anxious about my weight because of what people might think of me.	나는 다른 사람들의 시선 때문에 몸무게가 신경쓰이고 걱정된다.	0.67 (0.04)	16.94
Item 4	I wish I could drastically change my weight.	내 몸무게를 극적으로 바꿀 수 있었으면 좋겠다.	0.64 (0.04)	14.51
Item 5	Whenever I think a lot about my weight, I feel depressed.	내 몸무게에 대해 많이 생각하면 우울해진다.	0.77 (0.03)	23.17
Item 6	I hate myself for my weight.	내 몸무게 때문에 내 자신이 싫다.	0.87 (0.03)	32.82
Item 7	My weight is a major way that I judge my value as a person.	인간으로서 나의 가치를 판단하는 주요한 기준이 나의 몸무게이다.	0.71 (0.04)	18.26
Item 8	I don't feel that I deserve to have a fulfilling social life, because of my weight.	몸무게 때문에 만족스러운 사회생활을 누릴 자격이 없다는 생각이 든다.	0.67 (0.03)	19.45
Item 9	I am OK being the weight I am.	나는 내 몸무게가 괜찮다고 생각한다.	0.60 (0.05)	11.96
Item 10	Because of my weight, I don't feel like my true self.	몸무게 때문에 진짜 나답게 살고 있지 못한 것 같다.	0.75 (0.03)	21.78
Item 11	Because of my weight, I don't understand how anyone attractive would want to date me.	몸무게 때문에 매력적인 사람은 아무도 나와 사귀고 싶어하지 않을 것 같다.	0.76 (0.03)	22.21

2.3.2. Body Shape Questionnaire-Brief Form (BSQ-8C)

This 8-item measure assesses concerns related to body shape [17–19]. Using a 6-point Likert scale (i.e., Never to Always), participants responded to questions regarding their body shape concern over the past four weeks (sample item: Have you been afraid that you might become fat or (fatter)?) Higher scores on this measure indicate greater body dissatisfaction. Based on community and clinical samples of women, psychometric analyses have demonstrated good concurrent and discriminative validity [17]. Psychometric properties for the BSQ-8C have also demonstrated high test–retest reliability ($r = 0.95$), internal consistency (Cronbach's alpha = 0.92), and convergent validity with the Shape Concern subscale from the EDE-Q ($r = 0.90$, $p < 0.001$) [20]. The Korean version of the BSQ-8C used in the

present study was derived from a previously translated Korean version that has been used in prior research [21,22].

2.3.3. Sociocultural Attitudes Towards Appearance Scale-4 (SATAQ-4)

The SATAQ-4 was developed to assess sociocultural influences and internalization of appearance ideals [19,23]. This measure consists of 22 items on five subscales (thin/low body fat internalization, muscular/athletic internalization, family pressure, peer pressure, and media pressure), and utilizes a 5-point Likert scale (i.e., Definitely disagree to Definitely agree; sample item: I feel pressure from the media to look in better shape). Higher scores indicate greater internalization of sociocultural ideals. Cronbach's alpha for the SATAQ-4 subscale scores were 0.82 or higher for U.S. women and 0.84 or higher for non-U.S. women [23]. The SATAQ-4 subscales used in the present study were derived from a previously translated Korean version that has been used in prior research [19].

2.3.4. Acceptance of Cosmetic Surgery Scale (ACSS)

This scale consists of 15 items and measures three attitudes related to cosmetic surgery: (1) Intrapersonal (i.e., self-oriented benefits of cosmetic surgery); (2) Social (i.e., social motivations for cosmetic surgery); (3) Consider (i.e., likelihood of having cosmetic surgery) [24]. Participants rate the extent to which they agree with each attitudinal statement on a 7-point Likert scale (i.e., Strongly disagree to Strongly agree; sample item: Cosmetic surgery can be a big benefit to people's self-image). Higher scores indicate greater acceptance of cosmetic surgery. This measure has demonstrated good convergent and discriminant validity, internal reliability, and internal consistency with an undergraduate sample of men and women [24]. In the Swami et al. study [25] with females in the United Kingdom, Cronbach alpha coefficients were high for each of the subscales: Intrapersonal (0.94), Social (0.93), and Consider (0.86). To create a Korean version, two native Korean, fluent English-speaking graduate students translated the ACSS based on Brislin's [16] guidelines, using forward and back translation, after which the principal investigator and translators reviewed discrepancies and reached consensus on concept equivalence. Because the Korean ACSS was developed specifically for the present study, its psychometric properties have not yet been independently evaluated in Korean-speaking samples. Therefore, correlations involving this measure should be interpreted as preliminary.

2.4. Analytic Strategy

Analyses were conducted using IBM SPSS Statistics Version 29.0.1.0 (IBM Corp., Armonk, NY, USA) and Mplus Version 8 (Muthén & Muthén, Los Angeles, CA, USA). Specifically, descriptive statistics were conducted using SPSS and confirmatory factor analyses (CFA) were conducted in Mplus to evaluate the factor structure of the K-WBIS. A Likert-type response scale is ordinal by definition, and previous research suggests that treating such items as continuous may lead to biased factor loadings and correlations when distributions deviate from normality [26]. Accordingly, the K-WBIS items were analyzed using the weighted least squares mean- and variance-adjusted estimator (WLSMV), which provides robust estimation for categorical outcomes [27–29]. Models were estimated using theta parameterization, which allows item residual variances to be freely estimated rather than fixed. Theta parameterization is particularly advantageous in ordinal CFA when evaluating potential local dependence or residual associations among items, as it provides a more transparent representation of unexplained item variance and facilitates theoretically justified model refinement [29,30]. Missing item responses were left as system-missing and handled using all available data under WLSMV estimation, retaining partially complete cases and avoiding biases associated with listwise deletion or ad hoc imputation [31]. To reduce the likelihood of convergence on local solutions, models were also estimated

using multiple random sets of starting values. The use of random starts is recommended when fitting latent variable models with categorical indicators and additional parameters (e.g., residual covariances), as these models may exhibit complex likelihood surfaces with local optima [32,33]. Model fit was evaluated using multiple indices, including the comparative fit index (CFI), Tucker–Lewis index (TLI), root mean square error of approximation (RMSEA) with 90% confidence intervals, and the standardized root mean square residual (SRMR), consistent with widely used recommendations emphasizing a multifaceted approach to model evaluation rather than reliance on a single index [29,34].

3. Results

An initial CFA specifying a single latent factor underlying all 11 WBIS items was estimated to evaluate the hypothesized unidimensional structure. Results yielded poor model fit, with CFI and TLI values below conventional thresholds and a markedly elevated RMSEA, indicating substantial misfit between the model and observed data (see Table 2). Results indicated that one reverse-keyed item, Item 1, exhibited a negligible and non-significant standardized factor loading and explained virtually none of the scale’s variance. Such near-zero loadings are widely interpreted as evidence that an item does not adequately represent the intended latent construct within a given sample [29,35]. Item 1 was removed from subsequent analyses (see Table 1).

Table 2. Model comparisons.

Model	χ^2	RMSEA (CI 90%)	CFI	TLI	SRMR
1 Factor CFA Random	357.343 *	0.208 [0.188, 0.228]	0.857	0.821	0.072
1-Factor CFA 1R removed	275.633 *	0.204 [0.182, 0.227]	0.890	0.858	0.060
1-Factor CFA M1	214.570 *	0.179 [0.157, 0.203]	0.917	0.890	0.052
1-Factor CFA M2	177.772 *	0.163 [0.140, 0.187]	0.934	0.909	0.047

* $p < 0.001$.

A revised one-factor CFA including the remaining 10 items demonstrated modest improvement in fit (see Table 2); however, incremental fit indices remained below recommended cutoffs and RMSEA remained elevated. Importantly, all retained items exhibited statistically significant standardized loadings of moderate to strong magnitude, indicating that the latent construct of weight bias internalization was coherently represented by the remaining indicators. This pattern, with strong item loadings alongside suboptimal global fit, is commonly interpreted as evidence that a unidimensional factor structure is present but that strict CFA assumptions (e.g., zero residual correlations) may be overly restrictive [36,37].

To evaluate whether localized item dependencies (i.e., item-specific associations beyond the general factor) contributed to residual misfit, modification indices were examined. The largest modification index suggested residual covariance between item number seven and item number eight, which share highly overlapping content related to global self-evaluation and shame. The residual covariance between these items was large and statistically significant, consistent with the presence of local dependence beyond the general factor, which is frequently observed in self-referential stigma and self-concept measures [37,38].

Given the remaining evidence of localized misfit, a second theoretically justified residual covariance was added between item number four and item number five, which also reflects closely related content and adjacent item placement. This further improved model fit, yielding CFI and TLI values within the acceptable range and a low SRMR, although RMSEA remained elevated (RMSEA = 0.163, 90% CI [0.140, 0.187]). All standardized factor

loadings remained stable and substantial (see Tables 1 and 2). These modifications were limited to two theory-driven residual correlations and did not materially alter the magnitude or pattern of standardized factor loadings. Notably, RMSEA has a documented tendency to over-reject substantively adequate models estimated with WLSMV for ordinal indicators. Elevated RMSEA in ordinal CFA models estimated with WLSMV has been documented in prior methodological work, particularly in the presence of local dependence, modest sample sizes, and multiple estimated thresholds per item [39–41]. Simulation studies suggest that RMSEA may over-reject correctly specified or substantively adequate models under these conditions, whereas SRMR and incremental fit indices may better reflect the degree to which the model reproduces observed associations among ordinal indicators [39,42].

The results provide preliminary support for a largely unidimensional structure for the K-WBIS comprising 10 items, with evidence of localized item dependencies that are theoretically interpretable and consistent with prior research on self-evaluative stigma constructs. The persistently elevated RMSEA likely reflects the combined effects of ordinal estimation, remaining minor local dependence, and model complexity rather than a failure of the underlying factor structure. Accordingly, conclusions regarding factorial validity were based on converging evidence from item-level loadings, incremental fit indices, and SRMR, in line with recommendations for evaluating CFA models with categorical indicators [29,35]. Because both the removal of Item 1 and the specification of residual covariances were evaluated within the present sample, the resulting 10-item model should be considered a preliminary refinement that requires replication in independent Korean-speaking samples.

To assess construct validity, Pearson correlation coefficients were computed between the K-WBIS and other established constructs (see Table 3). Significant positive correlations were observed for the K-WBIS with the Body Shape Questionnaire ($r = 0.81$), Thin/Low Body Fat Ideal Internalization subscale ($r = 0.36$), Muscular/Athletic Ideal (0.21), Family Pressure ($r = 0.54$), Media Pressure ($r = 0.35$), and Peer Pressure ($r = 0.69$) subscales of the SATAQ-4. Also, the K-WBIS was significantly correlated with the Acceptance of Cosmetic Surgery Scale ($r = 0.27$). Internal consistency was evaluated using Cronbach's alpha and McDonald's omega coefficients calculated from observed item responses. Internal consistency for the K-WBIS indicated excellent reliability, Cronbach's alpha = 0.90 and McDonald's omega = 0.91.

Table 3. Correlations between K-WBIS and other established measures.

Measure	1	2	3	4	5	6	7	8
1. K-WBIS	-							
2. SATAQ_Thin	0.36 **	-						
3. SATAQ_Muscular	0.21 **	0.11	-					
4. SATAQ_Family	0.54 **	0.19 *	0.13	-				
5. SATAQ_Peer	0.69 **	0.37 **	0.34 **	0.61 **	-			
6. SATAQ_Media	0.35 **	0.43 **	0.15	0.31 **	0.35 **	-		
7. ACS	0.27 **	0.33 **	0.18 *	0.05	0.28 **	0.07	-	
8. BSQ-8C	0.81 **	0.40 **	0.24 **	0.48 **	0.60 **	0.46 **	0.25 **	-

* $p < 0.05$. ** $p < 0.001$.

4. Discussion

The present study aimed to translate and evaluate the psychometric properties of the K-WBIS for Korean adult women. Consistent with prevailing theoretical models, internalized weight stigma was best represented as a largely unidimensional self-evaluative construct within this sample [2,7]. A unidimensional 10-item structure demonstrated ac-

ceptable model fit following the removal of Item 1 (“Because of my weight, I feel that I am just as competent as others”), a reverse-keyed item that exhibited a negligible factor loading and did not meaningfully represent weight bias internalization in this sample. This finding is consistent with prior translation studies of the WBIS, which have similarly reported poor performance of Item 1 [5,10,11]. Psychometric research suggests that reverse-worded self-evaluation items often function inconsistently in cross-cultural contexts due to response-style effects, semantic ambiguity, and method variance [43–46].

Conceptual models of internalized stigma emphasize that self-devaluation often extends beyond identity to expectations of diminished social inclusion and altered interpersonal treatment, resulting in closely linked beliefs about worth and deservingness [47–49]. Allowing a small number of theory-driven residual covariances improved model fit while preserving a clear unidimensional factor structure. These localized item dependencies are theoretically interpretable and do not necessarily indicate multidimensionality. The residual covariance between Items 7 (“My weight is a major way that I judge my value as a person”) and 8 (“I don’t feel that I deserve to have a really fulfilling social life, as long as I’m overweight”) reflects a shared self-evaluative process in which body weight serves as a basis for self-worth and deservingness. In this context, Item 7 captures global self-worth contingent on weight, whereas Item 8 reflects downstream beliefs about entitlement to positive social experiences. Similarly, the residual covariance between Items 4 (“I wish I could drastically change my weight”) and 5 (“Whenever I think a lot about being overweight, I feel depressed”) reflects affectively laden cognitive responses to one’s weight, associating weight dissatisfaction with depressive affect elicited by weight-related rumination. Prior research on internalized weight stigma consistently reports the association between negative weight-related self-appraisals and emotional distress [2,49]. The shared variance between these items likely reflects this affective-cognitive linkage rather than a distinct latent dimension. Notably, residual covariances were theory-driven and limited in number, and did not materially alter the magnitude or pattern of standardized factor loadings, supporting their interpretation as localized item dependence rather than overfitting. Nevertheless, because these modifications were identified and evaluated within the same sample, they should be interpreted as preliminary refinements rather than definitive evidence of the latent structure. Replication of the 10-item model in independent Korean-speaking samples is needed to determine whether the observed item removal and residual dependencies generalize beyond the present sample.

Additionally, the 10-item model yielded RMSEA values that remained above conventional cutoffs; thus, this finding should be interpreted with caution. Methodological research has demonstrated that RMSEA tends to over-reject substantively adequate models estimated with WLSMV for ordinal indicators, particularly in the presence of modest sample sizes, multiple thresholds, and localized item dependence [39,41]. Under these conditions, incremental fit indices and SRMR may provide more informative indicators of model adequacy [42]. Accordingly, the overall pattern of fit indices observed in the present study provides preliminary support for a substantively coherent unidimensional model, although elevated RMSEA suggests that conclusions regarding factorial validity should be interpreted with appropriate caution and replicated in future studies.

Regarding construct validity, the K-WBIS was significantly correlated with other established body-image-related measures. However, because the Korean version of the ACSS was translated specifically for the present study and has not yet undergone independent psychometric evaluation, associations involving this measure should be interpreted as preliminary. Based on the preliminary exploration of the K-WBIS and its relationship with other relevant constructs, higher scores on internalized weight bias were positively associated with measures of body shape concerns, thin ideal, muscular ideal, tripartite

model of influence, and cosmetic surgery acceptance. These findings lend additional support to the validity of the K-WBIS. Previous studies have suggested the salience and importance of appearance to Korean identity and social experiences [50,51]. The novel association between internalized weight bias and cosmetic surgery acceptance found here suggests that individuals in South Korea may view cosmetic surgery as one potential strategy for improving or addressing appearance-related dissatisfaction and weight-related self-stigma [52].

Limitations and Future Directions

Several limitations of the present study should be noted and point to important directions for future research. First, the final 10-item model was derived through theory-driven model refinement procedures conducted within the same sample used for model evaluation. Consequently, the observed item removal and residual covariance specifications may reflect sample-specific characteristics and should be replicated in independent Korean-speaking samples before being considered established features of the measure.

Although the BSQ-8C and SATAQ-4 subscales used in the present study were derived from previously translated Korean versions that have been used in prior research, the Korean version of the ACSS was translated specifically for the present study and has not yet undergone independent psychometric evaluation. Consequently, correlations involving the ACSS should be interpreted cautiously until additional research establishes its psychometric properties in Korean-speaking samples. Additionally, construct validity analyses relied on Pearson correlations. Although these analyses were conducted using composite scale scores, future research may benefit from examining the robustness of findings using nonparametric or robust correlation methods.

Another limitation is that anthropometric data, including BMI and weight-status information, were not collected. Because the WBIS-M was designed for use across the weight spectrum [7], the absence of weight-status information limits characterization of the sample and precludes examination of whether K-WBIS scores differ across objective or perceived weight-status groups. Future research should include both objective and self-reported indicators of weight status to evaluate the generalizability of the present findings and to examine whether psychometric properties differ across weight-related subgroups.

Although the K-WBIS demonstrated a largely unidimensional structure and strong internal consistency in this sample, measurement invariance was not examined. Establishing invariance across relevant subgroups, for example, by weight status, age cohorts, or clinical versus community samples, as well as across cultural contexts (e.g., K-WBIS versus the original English WBIS-M used in U.S. samples), represents a critical next step to ensure that scores are interpreted equivalently and that meaningful within- and cross-cultural comparisons can be made [53]. More broadly, translating measures into different languages inherently raises questions regarding how items are interpreted by respondents, even when translations are conducted by native speakers and follow established guidelines. Future research should therefore examine whether linguistic nuances or cultural differences in how constructs are understood may influence responses to weight-related stigma measures and their associations with health-related behaviors and outcomes, including diet and obesity-related variables [48,54,55]. Item-level analyses, such as differential item functioning (DIF), would be valuable for identifying potential item bias across subgroups and for strengthening the cross-cultural interpretability of the K-WBIS [56].

An additional limitation concerns the cultural adaptation process. Although the translation followed established forward- and back-translation procedures and included consensus review among bilingual translators and the principal investigator, additional methods commonly recommended in cross-cultural instrument development, such as

cognitive interviewing, respondent debriefing, expert panel review, and pilot testing, were not conducted [57]. These approaches may provide valuable information regarding how respondents interpret individual items and whether culturally specific meanings influence responses. Future studies should consider incorporating qualitative evaluation methods to further evaluate the semantic and cultural equivalence of the K-WBIS and provide additional evidence regarding the interpretability of responses among Korean-speaking populations.

Lastly, the sample size, while adequate for initial model estimation, was modest given the use of ordinal indicators, WLSMV estimation, multiple item thresholds, and the inclusion of theory-driven residual covariances. Prior simulation research indicates that larger samples improve the stability of parameter estimates and the accuracy of model fit evaluation in categorical CFA, particularly when robust weighted least squares estimators are used [40,58]. Replication of the present findings in a larger sample would further strengthen confidence in the factor structure and reduce concerns regarding sample-specific model refinement or overfitting [59]. Third, the removal of a reverse-keyed item is consistent with broader psychometric evidence suggesting that reverse-worded self-evaluation items may introduce method effects and function inconsistently across cultural contexts; however, future studies may benefit from formally evaluating such effects using alternative scale formats or item wording [44].

5. Conclusions

The present study provides the first translation and validation study of the K-WBIS among Korean adult women, addressing a critical gap in the assessment of internalized weight stigma within a sociocultural context characterized by strong appearance norms and weight-related pressures [12,13]. The findings provide preliminary evidence supporting the psychometric performance of the K-WBIS as a largely unidimensional measure of internalized weight bias among South Korean women, with strong internal consistency and meaningful associations with body dissatisfaction, sociocultural appearance pressures, and acceptance of cosmetic surgery. These results are consistent with previous studies conceptualizing internalized weight stigma as a self-evaluative construct linking negative weight-related beliefs to broader judgments of self-worth and social value [2,49].

By providing a culturally adapted and empirically supported measure, this study lays the groundwork for future research examining the role of internalized weight bias in mental health, eating-related behaviors, and broader health outcomes in South Korea. The availability of the K-WBIS enables both within- and cross-cultural explorations of weight stigma and its consequences. This instrument also facilitates efforts to advance stigma-informed prevention and intervention initiatives.

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Abbreviations

The following abbreviations are used in this manuscript:

ACSS	Acceptance of Cosmetic Surgery Scale
BSQ-8C	Body Shape Questionnaire, 8-Item Version C
CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
K-WBIS	Korean Weight Bias Internalization Scale
RMSEA	Root Mean Square Error of Approximation
SATAQ-4	Sociocultural Attitudes Toward Appearance Questionnaire-4
SRMR	Standardized Root Mean Square Residual
TLI	Tucker–Lewis Index
WBIS	Weight Bias Internalization Scale
WBIS-M	Modified Weight Bias Internalization Scale
WBIS-Y	Weight Bias Internalization Scale for Youth
WLSMV	Weighted Least Squares Mean and Variance adjusted

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