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Conspiracy Beliefs about the Origin of HIV/AIDS in Four Racial/Ethnic Groups

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Abstract

We examined beliefs about the origin of HIV as a genocidal conspiracy in men and women of four racial/ethnic groups in a street intercept sample in Houston, Texas. Groups sampled were African American, Latino, non-Hispanic white, and Asian. Highest levels of conspiracy theories were found in women, and in African American and Latino populations (over a quarter of African Americans and over a fifth of Latinos) with slightly lower rates in whites (a fifth) and Asians less than one in ten). Reductions in condom use associated with such beliefs were however only apparent in African American men. Conspiracy beliefs were an independent predictor of reported condom use along with race/ethnicity, gender, education, and age group. Data suggest that genocidal conspiracy beliefs are relatively widespread in several racial/ethnic groups and that an understanding of the sources of these beliefs is important to determine their possible impact on HIV prevention and treatment behaviors.

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Conspiracy beliefs about the origin of HIV and the role of the government in the AIDS epidemic are prevalent, particularly in the African American community. Klonoff and Landrine (1999) found in a random door-to-door survey of African Americans in California that 27% of African Americans endorsed the belief that “HIV/AIDS is a man-made virus that the federal government made to kill and wipe out black people”, and a further 23% were unsure. More recently, Bogart and Thorburn (2005) conducted a random telephone survey of African Americans living in the contiguous U.S. They found that “AIDS is a form of genocide against blacks”, (5-point Likert scale, strongly agree to strongly disagree) over 20% of men and 12% of women somewhat or strongly agreed; for the question “AIDS was produced in a government laboratory”, over 30% of men and 24% of women agreed. Both studies note the history of the Tuskegee syphilis study (Jones, 1993) and its potential role in generating mistrust of the government with regard to treatment and racial discrimination and disparities in the health care system. These beliefs have potentially dangerous consequences for HIV prevention and AIDS treatment: Bogart and Thorburn note that HIV/AIDS conspiracy beliefs were significantly associated with negative condom attitudes and inconsistent condom use, and may represent a facet of negative attitudes toward condom use among black men.

Findings from a recent study on HIV vaccine acceptability among communities at risk suggest that conspiracy beliefs may be widespread and reflect substantial mistrust of the government and health care system among both African Americans and Latinos (Newman, et al, 2004). In this study, a higher percentage of Latinos expressed their mistrust of the government and physicians when compared to other ethnic groups. Approximately 55% of Latinos and 50% of

African Americans, for instance, reported believing that the government secretly had an HIV vaccine. HIV vaccine acceptability, in addition, was lower for those who believed physicians experiment on people without consent (Latinos 38%, African Americans 25%, Whites 15%).

This recent study suggesting that both Latinos and African Americans report HIV/AIDS conspiracy beliefs indicates that a sole focus on the African American community may obscure the possibility that conspiracy theories may be common in other populations at risk. Indeed, if they are a facet of negative condom use attitudes, they might be expected to occur in other racial and ethnic populations. We analyzed data from a study in which HIV/AIDS conspiracy beliefs were investigated in order to determine (1) their distribution in other racial/ethnic groups, and (2) their relationship to reported condom use.

Methods

Data for the present analysis came from a larger community-based anonymous survey (Ross et al., 2003; Essien et al., 2000, 2005) designed to determine knowledge, misconceptions, and sources of information in minority populations regarding HIV transmission. The study relied on self-administered questionnaires and respondents were recruited from public parks, mass transit locations, malls and shopping centers in southwest and downtown areas of Houston, Texas. These neighborhoods have substantial minority populations. Data were collected in 1997–1998. Inclusion criteria were age above 18 and ability to fill out a questionnaire in English. Trained interviewers asked for participation in the study and all participants were advised that they could refuse to answer any questions and that participation was both voluntary and anonymous. Those who agreed to participate were given the questionnaire to complete and deposit in a sealed box: those who declined to participate (estimated at about 40%) were counted as non-responders. Lack of time was the excuse given by the great majority of non-responders, followed by lack of facility in English. Return of the questionnaire was taken as evidence of consent. The study was approved by the relevant university human subjects review board. The questions relevant to the present analysis were “AIDS is an agent of genocide created by the United States government to kill off minority populations” (true, false, don’t know) and for condom use, “What percentage of your partners use condoms during sexual contact?” (none, 25%, 50%, 75%, 100%). Significance was set at the 5% level (2-tailed).

Results

Demographic data on the four racial/ethnic samples are shown in Table 1. Data on proportions believing in the conspiracy question are presented in Table 2. In response to the question about the percentage of sexual partners with whom condoms are used, the African American male sample data indicated a significant relationship ($\chi^2 = 10.87$, $df=4$, $p=.03$) in the direction of those with conspiracy beliefs (true + unsure vs false) using condoms less. Just using true vs false and excluding unsure responses produced a similar result ($\chi^2 = 12.56$, $df=3$, $p=.02$). None of the other male or female ethnic/racial groups approached significance on this question with either trichotomized or dichotomized conspiracy beliefs.

Carrying out a multinomial logistic regression on the trivariate (yes, unsure, no) conspiracy belief variable, with race/ethnicity, gender, age group, and education level as the independent variables, only two racial/ethnic categories (African American and Latinos) were significant from the comparison group (non-Hispanic White) at $p<.01$ as predictors ($Exp(B)=2.83$, and $Exp(B)=3.14$, respectively). Using bivariate logistic regression (conspiracy beliefs true vs false, excluding “don’t know” responses) on the same variables produced a similar result, with race/ethnicity as the sole significant predictor at $p<.001$ with $Exp(B)=2.02$ and 1.36 , respectively. Multiple regression analysis of the predictors of condom use (conspiracy beliefs, gender, education, race/ethnicity, age group) indicated that all of these variables were

significant predictors, using a simultaneous entry strategy, at $p < .02$ ($F = 19.66$, $df = 5$, $R^2 = .073$), although the variance accounted for is modest.

Discussion

These data must be interpreted with the caveats that they are based on a nonrandom convenience sample, an English questionnaire, and that this is a sample collected from public places in 1998 with a refusal rate approaching half. Those not fluent in English would be underrepresented, and those who regularly frequent public places would be strongly over-represented. It is also possible that non-English-speaking Latinos may hold different levels of conspiracy beliefs from English-speaking Latinos. Nevertheless, these data do demonstrate, with the above limitations, that conspiracy beliefs are not limited to the African American population, but are almost as prevalent in the Latino sample and well represented in the non-Hispanic White sample. The Asian sample has the lowest proportion endorsing the belief that HIV/AIDS is part of a conspiracy. These data suggest that the Tuskegee scandal may not be a full explanation of the genesis of conspiracy beliefs, and that there is a more general suspicion of the federal government as a promoter of HIV (although Tuskegee may explain suspicion in groups other than African Americans). Exploration of factors underlying these beliefs in populations in addition to African Americans is warranted, especially as conspiracy beliefs do make a significant, though modest, independent contribution to the prediction of reported condom use.

Similar to Bogart and Thorburn's (2005) findings, there were no significant gender differences in conspiracy beliefs. Our African American data (29.4% agree) are close to the 26.5% "agree" finding of Klonoff and Landrine (1999) in African Americans in California. Our data also reproduce, albeit with somewhat differently worded items, the finding of Bogart and Thorburn (2005) on the prevalence of conspiracy-theory believers, and their findings that conspiracy beliefs in African American men are associated with lower reported condom use. However, this was not the case in the other racial/ethnic samples and may be specific to the African American population. The relatively high prevalence of HIV-related conspiracy beliefs, especially among Latinos, suggests that conspiracy beliefs are a phenomenon that is more widely distributed than just the African American community.

Conspiracy beliefs among Latinos may have their origin in several sources. Latinos in Texas have historically suffered racism: in the history of Texas, there were more Mexicans lynched than African Americans (Carrigan & Webb, 2003) and this type of oppression becomes part of the collective consciousness of a people. Mistrust can be generalized to other institutions, including the health care system. Recent xenophobic trends in the United States have included the targeting of Latin American immigrants as the source of social and economic problems and have even led to the introduction of anti-immigrant legislation that would prohibit access to emergency rooms and limit undocumented people's access to hospitals. In the United States, African American, Puerto Rican, Chicano, indigenous, and poor women have been more likely to be sterilized than White women from the same or higher socioeconomic classes. Women with physical disabilities whom physicians judge to be "unfit to reproduce" have also been sterilized since the eugenics movement in the 1920s. By 1968, in a 30-year period, a third of the women of childbearing age had been sterilized in Puerto Rico. Sterilization abuse was so common among African American women in the South that a woman's having her fallopian tubes tied or uterus removed without her knowledge or consent was called the "Mississippi appendectomy" (Wilcox, 2002). A class action suit in Los Angeles revealed that Chicano women were being sterilized immediately after giving birth. The non-English speaking women had been given sterilization consent forms in English and were told the operation was to deal with the after-effects of the pregnancy (Stern, 2005). Suspicion of health-related motives in Latinos, while speculative, are thus not hard to account for.

Relatively widespread beliefs in HIV conspiracy appear to occur across several racial and ethnic groups, and these data also suggest that conspiracy beliefs do make a significant contribution to reported condom use. More detailed investigation into the sources of such beliefs, using qualitative approaches, are warranted, and further research into the origin of this belief is appropriate.

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Table 1
Demographic Characteristics of the Study Sample

	African Americans (n=441)	Hispanic Americans (n=456)	Whites (n=297)	Asians (n=300)
Sex				
Male	206 (46.7%)	252 (55.3%)	200 (67.3%)	148 (48.7%)
Female	235 (53.3%)	204 (44.7%)	97 (32.7%)	154 (51.3%)
Age (years)				
18–29	122 (27.7%)	208 (45.6%)	36 (12.1%)	126 (42.0%)
30–39	195 (44.2%)	162 (35.5%)	164 (55.2%)	120 (40.0%)
40–49	111 (25.2%)	77 (16.9%)	92 (31.0%)	39 (13.0%)
50+	11 (2.5%)	8 (1.8%)	5 (1.7%)	15 (5.0%)
	Missing n=2	Missing n=1		
Education				
High	236 (53.5%)	314 (68.9%)	89 (30.0%)	120 (40.5%)
School/GED				
Above high school	203 (46.0%)	131 (28.7%)	202 (68.0%)	176 (59.5%)
	Missing n=2	Missing n=11	Missing n=6	Missing n=4
Income				
Legally employed	249 (56.5%)	199 (43.6%)	188 (63.5%)	234 (78.0%)
Welfare	75 (17.0%)	80 (17.6%)	71 (24.0%)	30 (10.0%)
Illegal activities	117 (26.6%)	164 (36.0%)	34 (11.5%)	36 (12.0%)
		Missing n=13	Missing n=4	

Table 2

Belief in AIDS as a genocidal conspiracy (%)

	African American		Hispanic		Asian		White	
	Men	Women	Men	Women	Men	Women	Men	Women
AIDS is an agent of genocide created by the US government to kill off minority populations								
True	27.3	31.2	21.4	23.8	11.2	7.2	19.6	21.7
Don't know	16.6	18.6	12.5	18.5	7.0	4.0	3.5	5.2
Total <i>n</i>	206	235	251	204	145	154	200	97

All gender differences within race/ethnicity ns at $p > .1$