

# Are HIV conspiracy beliefs deleterious to African American's sexual health ?



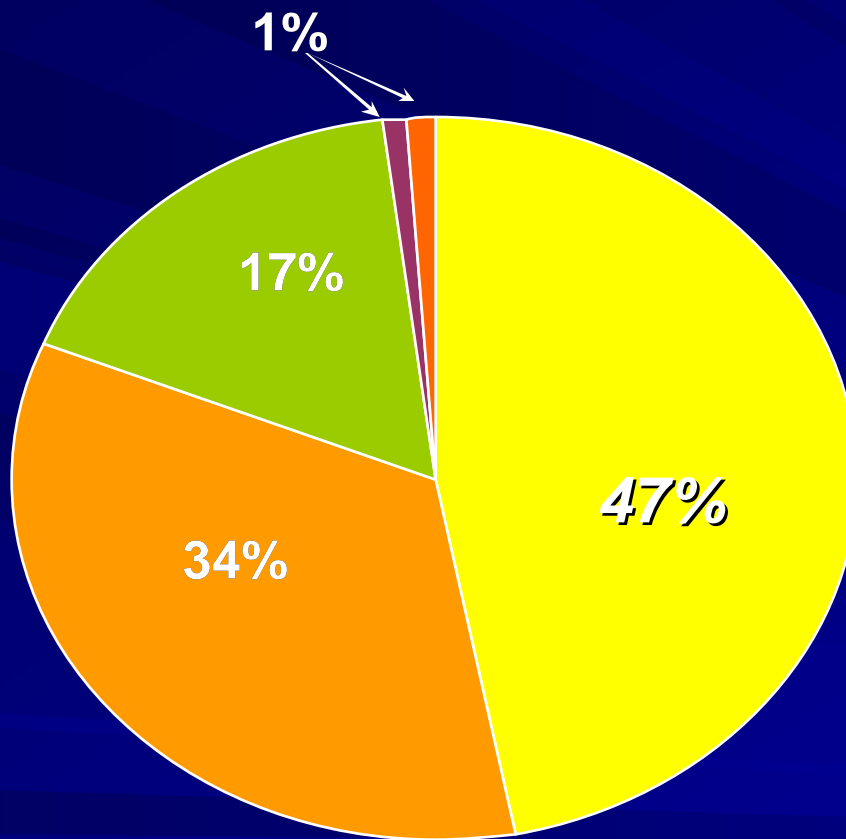
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# Epidemiology of HIV by Ethnicity and Gender

# People Living With HIV in the U.S., by Race/Ethnicity, 2003



Total: 1,039,000 –  
1,185,000 people

- Black
- White
- Hispanic
- Asian/PI
- AI/AN

Source: Glynn et al. 2005 National HIV Prevention Conference, Presentation T1-B1101.

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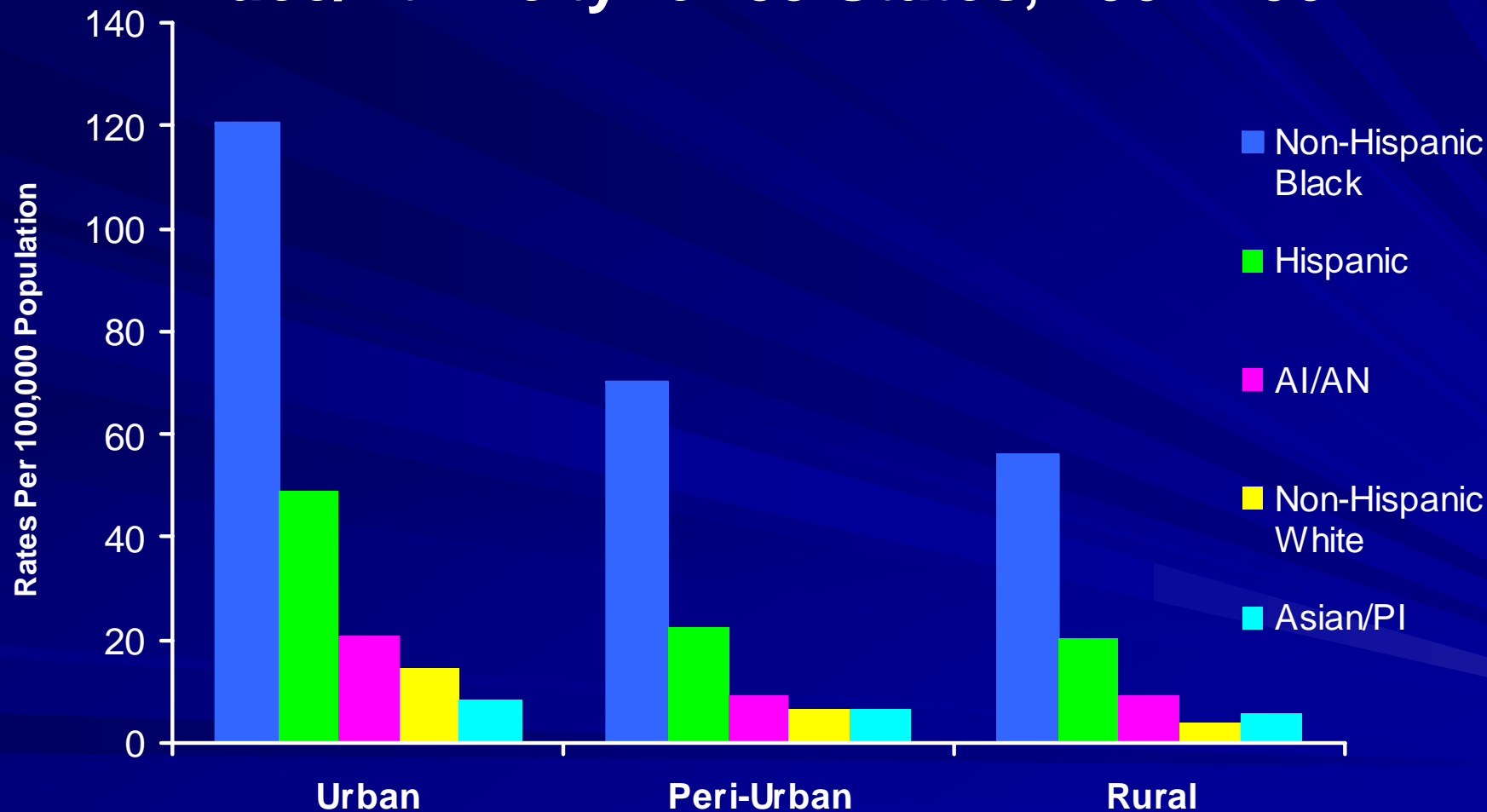
Asian/PI=Asian/Pacific Islander  
AI/AN=American Indian/Alaska Native

# HIV and AIDS in Black Americans

- Estimated HIV infected blacks aged 18-49 years
  - 2% 1999-2002
- More blacks report being tested for HIV
  - 67% compared with 45% of whites
- More blacks test late for HIV\*
  - 40% compared with 37% of whites

Source: Kaiser Family Foundation. HIV/AIDS Policy Fact Sheet: Black Americans and HIV/AIDS, December 2006. \*AIDS diagnosed within 12-months of HIV diagnosis. South Carolina Cancer Prevention and Control Program, University of South Carolina

# Estimated Average Rates<sup>†</sup> of HIV Diagnoses by Metropolitan Statistical Area (MSA) and Race/Ethnicity for 33 States, 2001-2004<sup>††</sup>



MSAs of >500,000=Urban  
 MSAs of 50,000-500,000=Peri-Urban  
 MSAs of <50,000=Rural

MSA  
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<sup>†</sup>Rates are average rates per 100,000 population in the 33 States, 2001-2004.  
<sup>††</sup>Trends reported in text not shown here.

# AIDS in Blacks and Hispanics

Of the 733,374 AIDS cases reported to CDC through 1999, Blacks and Hispanics accounted for

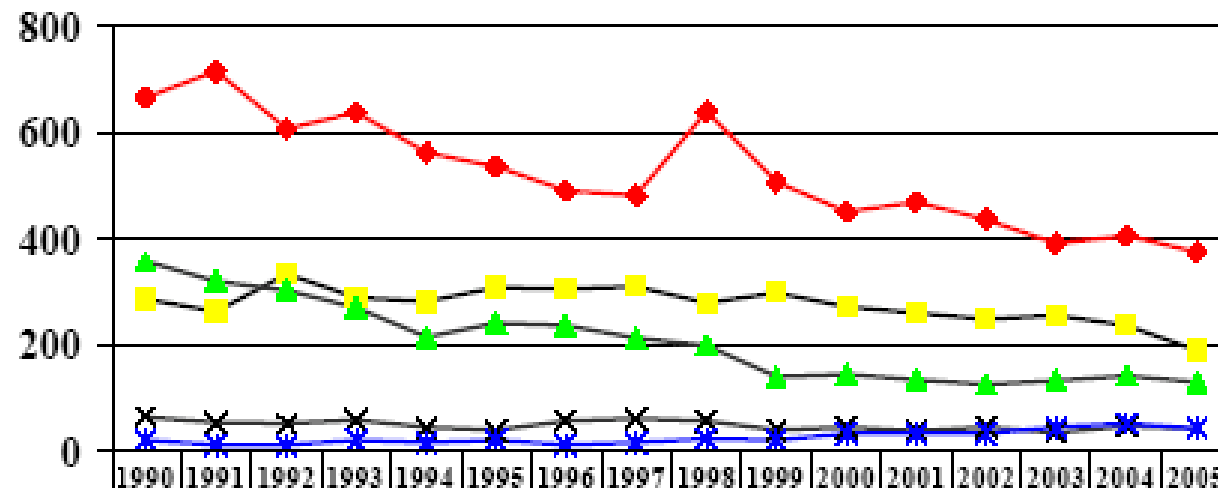
55% of total  
77% of women  
79% of heterosexuals\*  
82% of children

Of AIDS cases reported in 1999, 67% were among Black and Hispanic adults and adolescents.

\*Heterosexual injection drug users and persons with heterosexually acquired HIV  
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## South Carolina HIV/AIDS Cases by Year of Diagnosis by Race and Sex



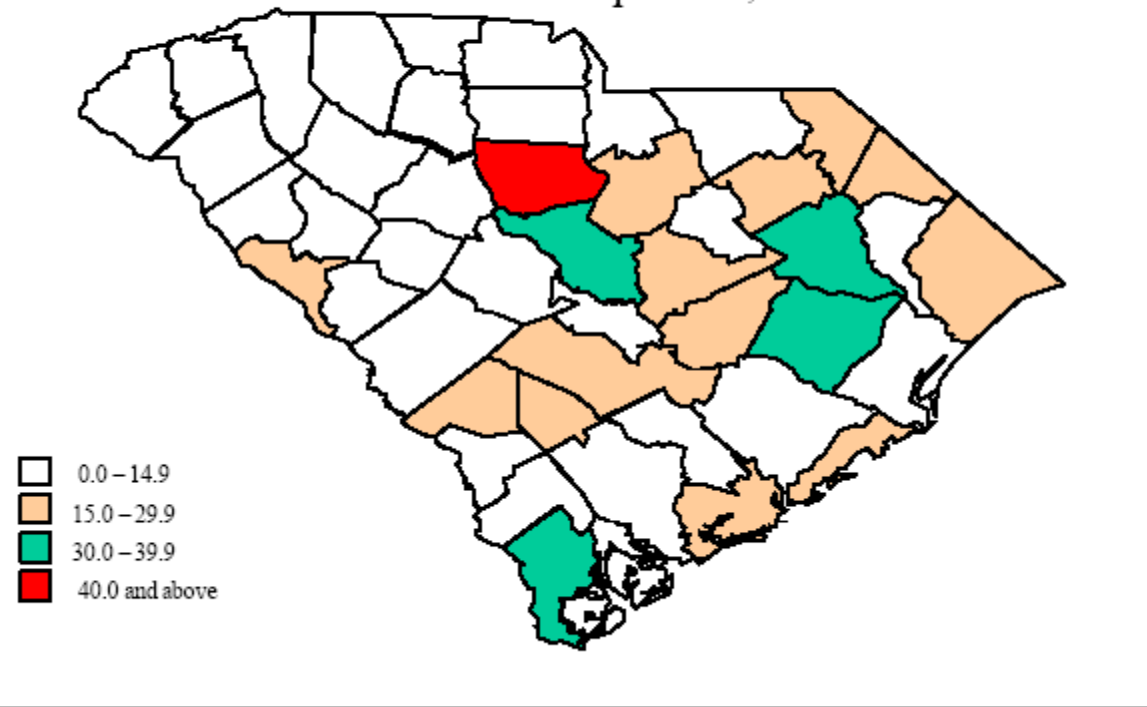
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
◆ Black Male	667	716	607	638	562	536	492	483	640	507	450	471	437	391	405	374
■ Black Female	284	261	333	288	281	306	305	309	278	296	271	258	246	254	234	188
▲ White Male	357	317	302	268	214	239	234	211	198	138	143	134	124	131	140	129
✕ White Female	62	52	51	56	43	37	54	59	54	38	43	36	43	33	46	41
✱ Other/Unk	18	10	10	19	15	20	10	14	22	20	31	31	32	42	50	41

Note: AIDS cases are included in counts of HIV cases.

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## 2005 SC AIDS

Incidence Rates per 100,000



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# Cultural Beliefs are important!

- To understand factors contributing to this racial disparity, it is necessary to examine attitudinal barriers to sexually transmitted disease control and prevention as they relate to ethnicity.
- Utilization of health care, quality, and access are directly influenced by race and cultural norms.

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**HIV Conspiracy beliefs are found to be barriers to STD prevention in several studies.**

**Mays, VM & Cochran, SD (1996).**

**Cothran PE & Fedor M (1992).**

**Klonoff EA & Landrine H (1999).**

# Objectives

- This study explored the effects of HIV conspiracy beliefs (HIVCON) and gender on sexually transmitted disease (STD) risk and protective behaviors among African Americans (AAs).
- HIVCON was identified as a barrier to STD control and prevention in previous studies.
- The positive effects of HIVCON were not previously considered.
- The objective of this study was to understand the contribution of HIVCON to racial disparities in both STD risk and protection.
- It was expected that HIVCON and male gender would increase risky sexual behaviors and attitudes.

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# Methods

# Target population

- African Americans
- Ages 25-54
- English speaking
- From syphilis impacted communities
- Rural from Orangeburg/ Bamberg
- Urban from Richland county

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# Sampling

- SRA, A marketing research firm, identifies telephone numbers, by census data, motor vehicle data, credit data, and creates a telephone number database of probability sampled exchanges matching demographics of the targeted population.

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# Sampling

- **We used a 6% random sample of stratified probability phone numbers purchased from a marketing firm**
- **To address the problem of high numbers of unlisted numbers for African American households, random digit telephone dialing procedures designed by the Institute of Survey Research Laboratory (SRL) at the University of South Carolina, Columbia**

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# CATI Procedure

- The Center for Survey Research at the University of South Carolina conducted the surveys by telephone in June and July of 1997. Each interview took approximately 20 minutes to complete.
- The target population was recruited by CATI survey of lower SES, African Americans between the ages of 25 to 54, residing in syphilis-impacted communities in Richland county and Orangeburg/Bamburg.

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# Response Rates

- The response rate in Richland County was 67.0%; in Orangeburg, it was 63.0%. The refusal rate in Richland was 14.3%; in Orangeburg, 16.7%.
- This response rate, although low, is within national norms for lower SES African American target populations and is higher than mail survey rates.

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# Survey Instrument

- The Behavioral Responses and Surveillance Survey (BRASS) consists of open- and closed-ended items designed to obtain both retrospective and current data about the target population's sexually-related cultural beliefs, sexual socialization, practices, and risk-taking, as well as condom use and genital screening.

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# HIV Conspiracy Question

- How true or untrue is this statement? The HIV virus was created to hurt minorities? Would you say it is not at all true, a little true, somewhat true, or very true?

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# Conspiracy Rationale Question

- Why do you believe that HIV was created to hurt minorities?

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# Coding of Open ended Conspiracy theory responses

- Preliminary coding took place at the USC Survey Research Lab
- Secondary coding took place at the USC Behavioral Medicine Research Laboratory
- In the secondary coding broad themes were generated and responses were categorized by theme.

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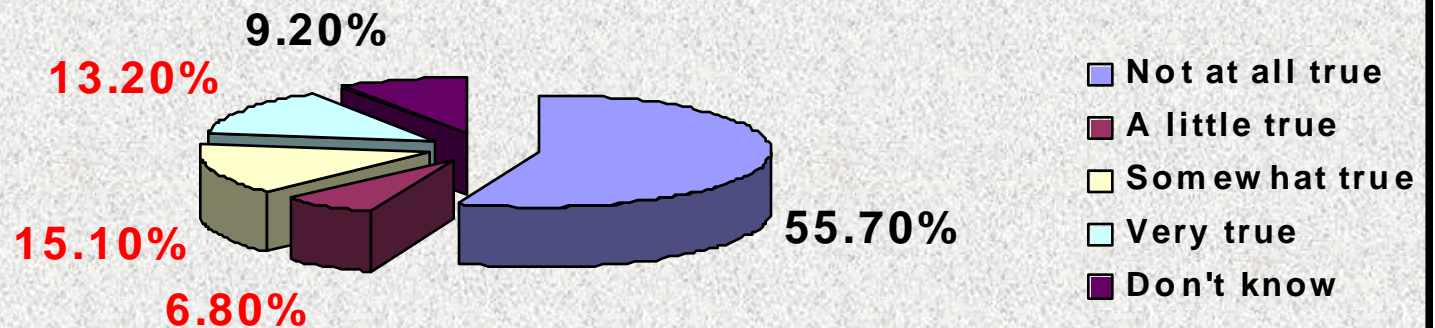
# Results

# Sample Characteristics



## Attitudes Regarding Pathogenesis of the HIV Virus

"How true is this statement-- The HIV virus was created to hurt minorities. Would you say this is not at all true, a little true, somewhat true, or very true?"



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# Belief in Conspiracy

35.1% of respondents reported HIVCON.

50.0% reported knowledge about the Tuskegee Syphilis Experiments.

Notably, knowledge about the Tuskegee Studies was unrelated to HIVCON. ANCOVA's indicated that males who endorsed HIVCON were more likely to report monogamous sexual relationships than:

- 1) males who did not endorse HIVCON and
- 2) all females, regardless of HIVCON beliefs.
- 3) Males who endorsed HIVCON were more likely to obtain free condoms from clinics than other males and all females.
- 4) Contrary to the extant literature, gender and HIVCON had no effect on risk behaviors.

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# **Why do you believe that HIV was created to hurt minorities?**

**(N= 164)**

## **■ Illustrative comments....**

**“I don't trust much of society, whites have done much to hurt us.”**

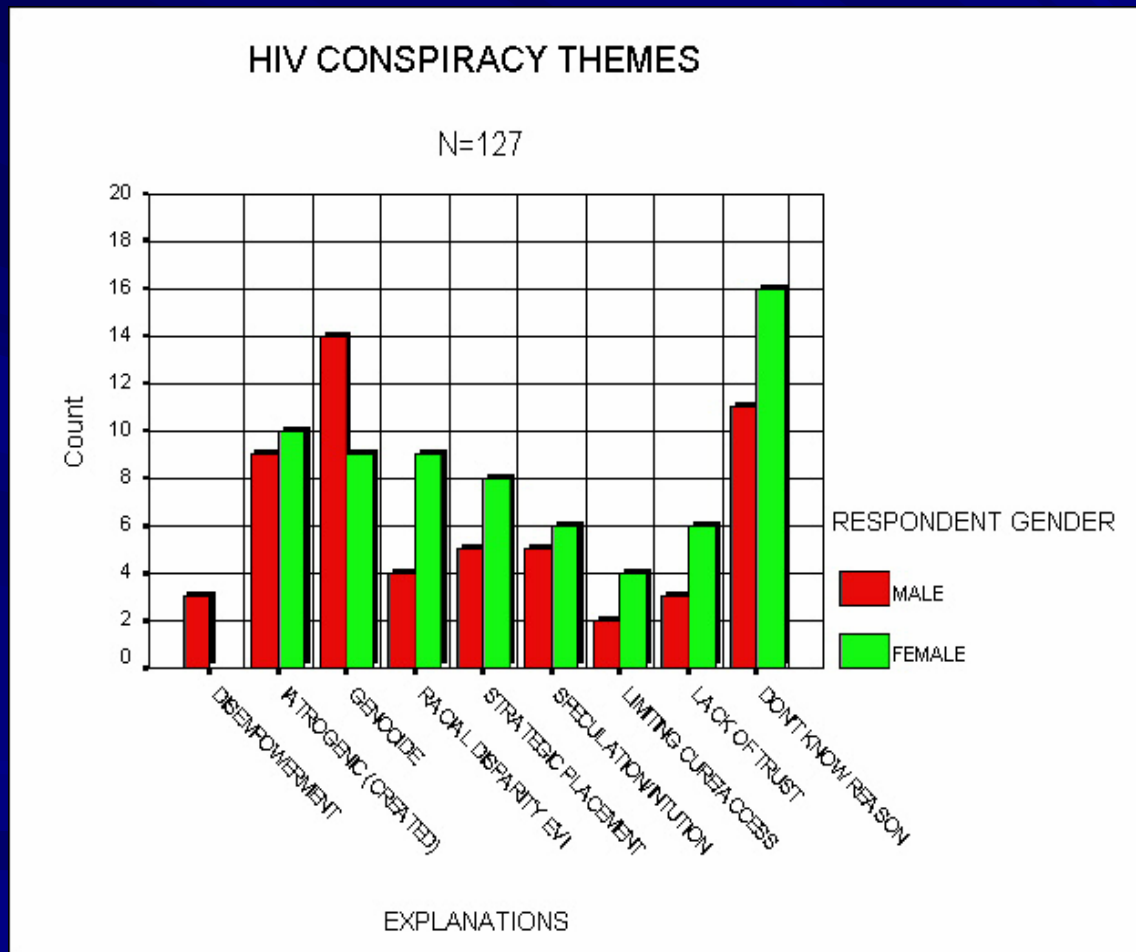
**“I believe that there is a cure for AIDS, but it is not being used for Black people.”**

**“I believe that people do things to keep them down and experiment on them.”**

**“I feel that if there is a group of people who were trying to get rid of the Black race, then this would be a good way to do it.”**

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# Conspiracy Themes and Gender Differences.



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# There was an interaction for Gender and Belief in Conspiracy

## Tests of Between-Subjects Effects

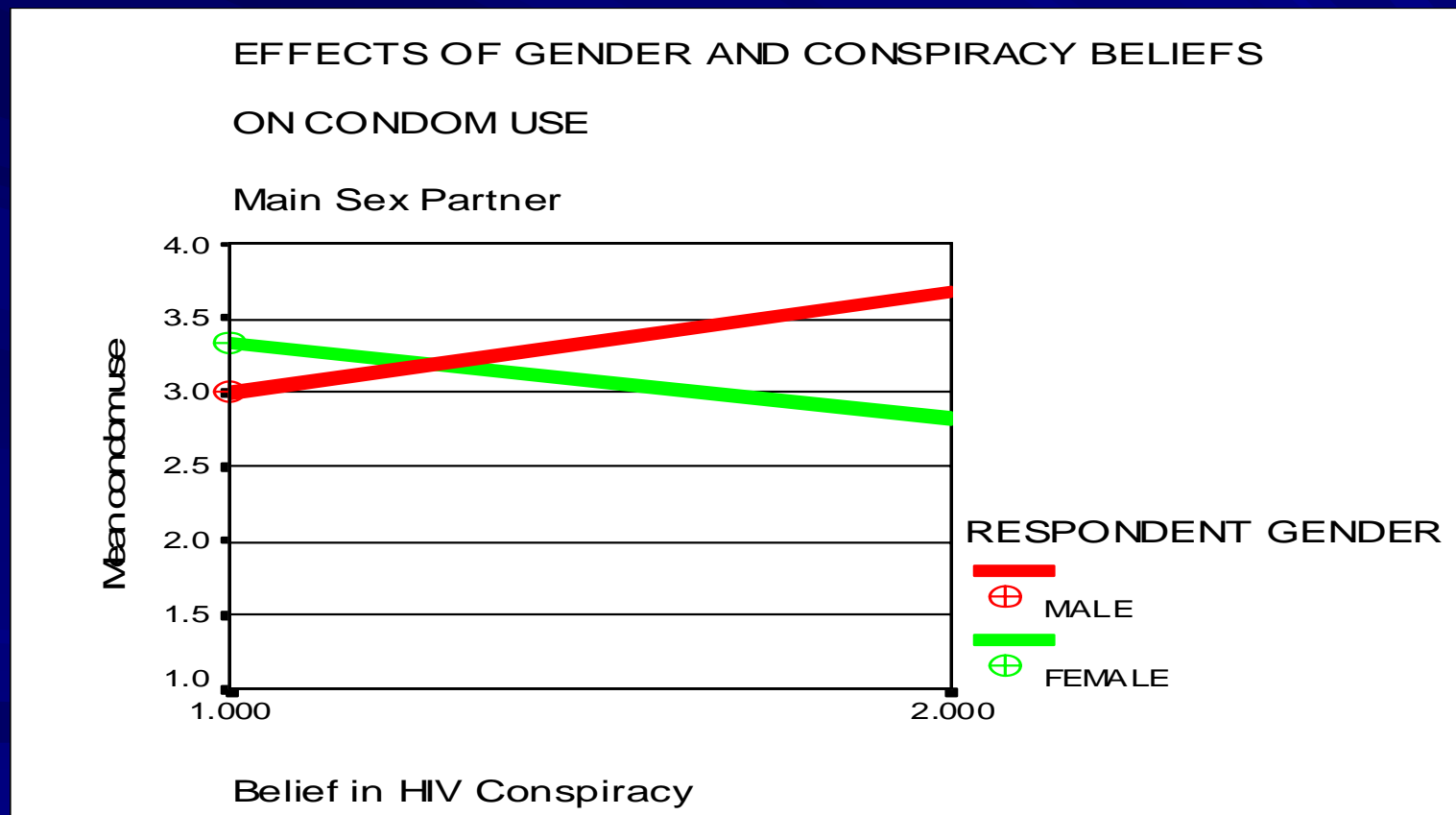
Dependent Variable: HOW OFTEN USE CONDOM W/MSP

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	80.718 <sup>a</sup>	4	20.180	8.236	.000
Intercept	65.394	1	65.394	26.691	.000
DEM1	55.742	1	55.742	22.751	.000
CONSPIRA	.389	1	.389	.159	.690
DEM8	4.338	1	4.338	1.771	.184
CONSPIRA * DEM8	21.591	1	21.591	8.812	.003
Error	651.710	266	2.450		
Total	3519.000	271			
Corrected Total	732.428	270			

a. R Squared = .110 (Adjusted R Squared = .097)

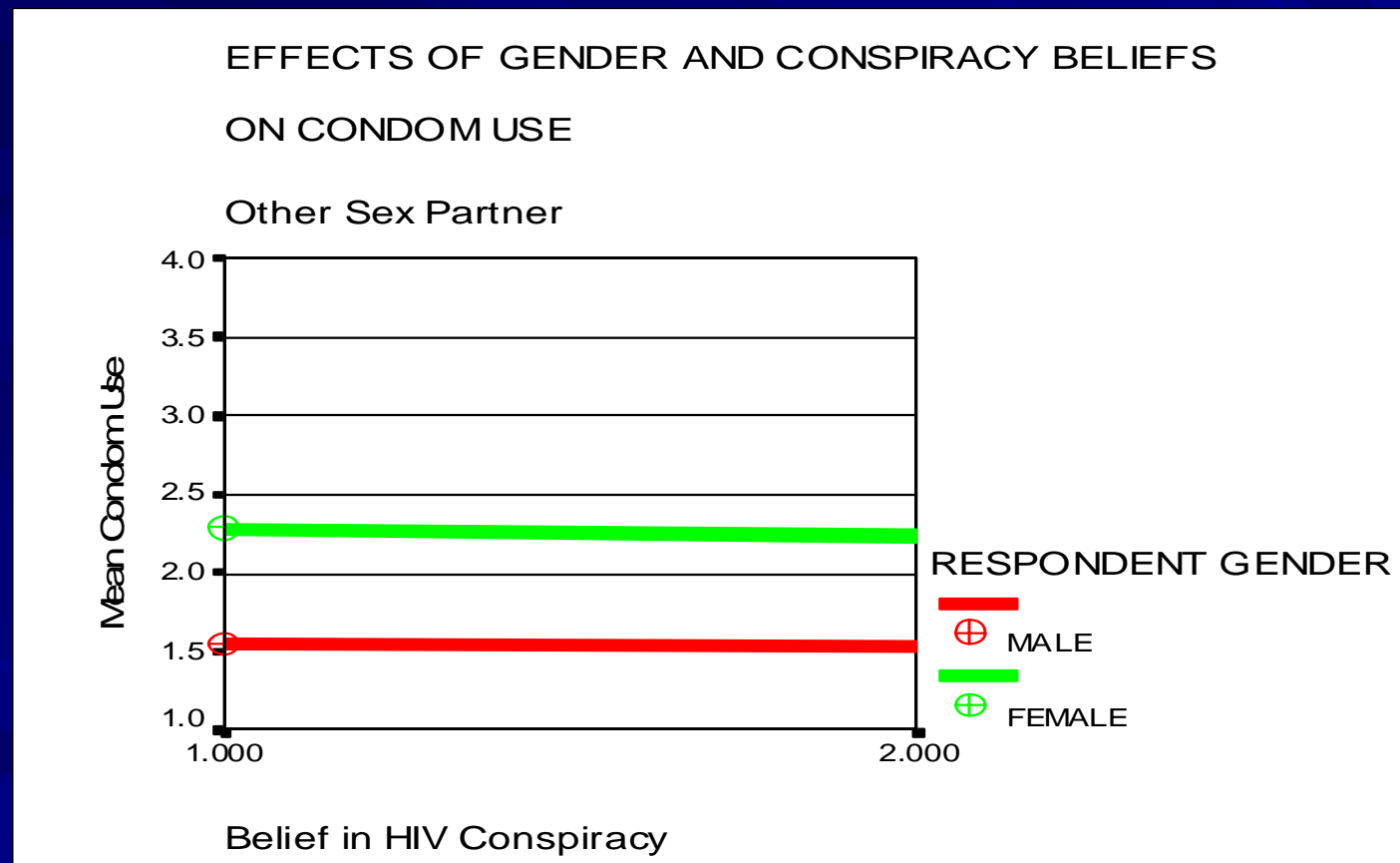
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# Interaction of Gender and Conspiracy Beliefs on Condom Use



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# Conspiracy Beliefs didn't effect condom use with "other" sex partners



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# Discussion

# Conclusions

- The results do not support the prevailing assumption that HIVCON deleteriously affects protective behaviors and increases risk behaviors.
- To the contrary, it appears that HIVCON may increase the salience of monogamous sexual relationships among Black males.H
- IVCON affected the utilization of free condom distribution sites among AA men, but not women.
- The positive implications of HIVCON must be fully investigated.
- Policy which supports translational research will facilitate the application of our findings to prevention efforts in communities of color.

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# Implications

- **The prevalence and health-related implications of blacks' AIDS-conspiracy beliefs must be fully investigated, and such beliefs must be addressed in culturally tailored, gender-specific AIDS prevention programs for blacks.**

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