Exploring Conspiracy Beliefs Among African American Men & Women Who Are HIV Positive

A Comprehensive Pooled Literature Review

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Walden University, 2009

Thesis Committee Chair: Dr. Frederick Schultz

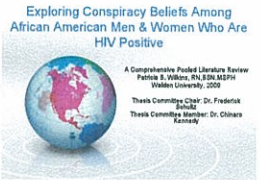
Thesis Committee Member: Dr. Chinaro Kennedy

APHA 137th Annual Meeting and Exposition: Poster Session

Title of Abstract: Exploring conspiracy beliefs among African American men and women who are HIV positive.

OBJECTIVES	CONTENT	TIME FRAME	PRESENTER	METHODS
Discuss cultural beliefs & opinions of populations affected by & infected with HIV.	Learn about current conspiracy theories among HIV positive men & women; and explore how conspiracy beliefs impact HIV prevention.	At the end of the poster session participants will have increased knowledge about conspiracy theories among populations.	Patricia Wilkins, RN-BSN, MSPH	Poster session: visuals & handouts.
Increase best practices in addressing cultural differences & how it impacts healthcare choices.	Address best treatment plans to incorporate cultural beliefs & opinions; and explore how cultural differences, beliefs, & opinions can affect healthcare.	At the end of poster session participants will have increased knowledge about how cultural beliefs & opinions can affect healthcare choices.	Patricia Wilkins, RN-BSN, MSPH	Poster session: visuals & handouts.

Exploring Conspiracy Beliefs Among African American Men & Women Who Are HIV Positive



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Introduction to the Study

- Andriote (2005), reported over 40 % of newly diagnosed HIV cases since 1981 have been African Americans. "HIV/AIDS is now the leading cause of death among African Americans ages 25 to 44 ahead of heart disease, accidents, cancer and homicide" (p.1)
- Due to this growing health problem in the African American community, prevention is ultimately the key to slowing the deadly virus. The researcher focused upon HIV positive patients and whether their beliefs can affect personal healthcare decisions.

Review of Literature

- A total of 340 articles were reviewed; 27 were selected that matched study criteria with only16 identified as studies.
- Conducting a systematic analysis of previous studies, this study compared research designs and interpretation of results.

Results: Table 3- Conspiracy Beliefs and Condom Usage

CB	Use Condoms	No Condom Use	TOTAL
Believe	796	746	1,542
Non-belief	1,105	446	1,551
TOTAL	1,901	1,192	3,093

- Note. Alpha = 0.05 Critical value = 3.8415
- Degrees of freedom = 1
- RESULTS:
- Chi-square = 125.705 p-value = 0.00
- Yates chi-square = 124.878 Yates p value = 0
- Cross checking with ODDS RATIO 796x446 / 746x1105 = OR 0.4306
- 95% confidence interval = from 0.3712 to 0.4997

Conclusion

- The researcher discovered two reoccurring themes reported by African American men and women: the government created AIDS to eliminate the black race (Williams et al. 2003); and family planning programs are intended to get rid of blacks (Simmons & Parsons, 2005).
- Results of the odds ratio were important findings, because those who were HIV positive, used condoms, adhered to HAART, and who were male, were less likely to believe in conspiracy beliefs than those who were HIV negative, did not use condoms and/or take HAART and female.

Purpose of the Study

- HO: There is no relationship between conspiracy beliefs and an individual's decision to use HAART and/or condoms.
- HA: There is a relationship between conspiracy beliefs and an individual's decision to use HAART and/or condoms.

Data Analysis

- Statistical calculations included compiling 2 x 2 contingency tables of summary estimates. Odds ratio calculator online with a 95% confidence interval were computed for Table 2 and Table 4, conspiracy beliefs and HIV disease and gender respectively.
- Results were computed for Table 3 and Table 5 by using an online calculator tool for chi- square distribution with an alpha level of significance (p = 0.05) and degree of freedom (df =1).

Results: Table 4- Conspiracy Beliefs and Gender

CB	Male	Female	TOTAL
Believe	372	417	789
Non-belief	252	141	393
TOTAL	624	558	1,182

- Note. Odds Ratio OR = 372x141 / 417x252 = 0.4991
- 95% confidence interval = from 0.3891 to 0.6403

Recommendations

- Society can no longer ignore the growing HIV/AIDS problem in this country. Ensuring HIV prevention efforts address cultural beliefs and attitudes; particularly, conspiracy beliefs among African Americans is essential.
- Local, state, and federal agencies need to mobilize resources to eliminate HIV/AIDS within the African American community, but with all racial/ethnic communities.

Criteria for Study Selection

- HIV positive African American men and women currently on antiretroviral therapy or who had previously taken HIV therapy.
- Conspiracy beliefs among African American community.
- HIV positive individual's beliefs or attitudes towards current healthcare providers and/or healthcare system.

Results: Table 2- HIV Conspiracy Beliefs and HIV Disease

C.B.	HIV +	HIV -	TOTAL
Believe	427	763	1,190
Non-belief	482	286	768
TOTAL	909	1,049	1,958

- Note. Odds Ratio OR = 427x286 / 763x482 = 0.33206
- 95% Confidence Interval = from 0.2751 to 0.4009

Results: Table 5- Conspiracy Beliefs and Adherence with HAART

CB	AdH./HAART	Non-AdH./HAART	TOTAL
Believe	75	139	214
Non-belief	79	61	140
TOTAL	154	200	354

- Note. Alpha = 0.05 Critical value = 3.8415
- Degrees of Freedom = 1
- RESULTS
- Chi-square = 15.743 p-value = 0.00007256
- Yates chi-square = 14.885 Yates p-value = 0.00011427
- Cross checking with ODDS RATIO 75X61 / 139X79 = OR 0.4166
- 95% confidence interval = from 0.2734 to 0.6451

References

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Table 1.

Summary of Studies Used in Comprehensive Pooled Literature Review.

Study	Population	Study design	Independent variable	Dependent variable	Covariates	Results
Bolanko et al. (2005)	*N = 300*	Cross-sectional	HIV Knowledge & Risk Behavior	HIV Infection Rates	Gender, drug usage, education, & socio-economic barriers.	69% of A.A. mistrusted info from the Government about HIV/AIDS & 48% believed HIV was manmade.
Bird and Bogart (2003)	*N = 71*	Cross-sectional	HIV Conspiracy Beliefs	Sexual behavior & attitudes	Gender	37% of subjects believed having children is the key to the survival of the A.A. population. 21% believed the Government encouraged condom use to keep the A.A. numbers down. Conspiracy beliefs were the reason why A.A. couples were not using condoms when having sex.
Bogart and Thorburn (2006)	*N = 500*	Cross-sectional	HIV Conspiracy Beliefs	Pregnancy prevention practices.	Gender, age, education, & socio-economic status.	A.A. males with lower education were more likely to believe Black genocidal conspiracy beliefs $p < 0.05$ & in women $p < 0.01$ decreased income attributed to belief in Black genocide & birth control is a form of genocide.
Bogart and Thorburn (2005)	*N = 500*	Cross-sectional	HIV Conspiracy Beliefs	Birth control practices & attitudes toward condom use.	Age, gender, socio-economic status, psycho-Social /black identity & Religiosity	48.3% of males believed HIV is a manmade virus & 48.2% of women believed this too. 43.6% of subjects believed people who take HIV meds are guinea pigs for the Government.
Hutchinson et al. (2007)	*N = 1,041*	Cross-sectional	HIV Conspiracy Beliefs	Sexual risk behaviors, & trusted source for info about HIV/AIDS	Gender, race and Ethnicity.	86% of all ethnic MSM subjects (n=696) agreed with at least 1 or more conspiracy beliefs. 50% of Black MSM believed the HIV virus was manmade. In all 3 minority groups 48% to 54% believed HIV does not cause AIDS.
Jain et al. (2006)	*N = 5,108*	Observational	Initiation of HAART & AIDS defining condition.	HIV/AIDS Survival	Age, gender, race & ethnicity.	A.A. were less likely to receive HAART than other groups $p < .001$ & AA. Continue to have worse survival rates than other races $p < .001$; survival 6 years after AIDS diagnoses was 76% for A.A, but 83%, 85% & 88% in other groups.
Kremer et al. (2006)	*N = 79*	Cross-sectional	Perspective, knowledge, & experience of subjects decision making about treatment.	Taking Antiretroviral Treatment	Race and ethnicity, gender, sexual orientation, & socioeconomic status.	87% of subjects considered surrogate markers (CD4 cell) in their decision to take or not take HAART, but over half of A.A. followed spiritual or worldview beliefs.
Oliva et al. (2005)	*N = 677*	Quasi-experimental	HIV Prevention Education	Attitudes toward condom use & risk reduction.	Age, gender, drug use, MSM, & sexually active.	60.4% of men & 57.4% of women had more than one sexual partner in the last 6 months. 40% of A.A. reported condoms keep you healthy to make babies in the future. 194 subjects reported exchanging sex for money, drugs, or shelter in the last year. 29.7% of 118 subjects reported sharing needles when injecting drugs. 40% in the intervention group compared to 13% in control group reported on importance of condom use.
Parsons et al. (2006)	*N = 306*	Cross-sectional	Religious Beliefs About HIV	Adherence with medical treatment for HIV & gaps in medical care.	Race, gender, education, & risk factor for HIV.	A.A. subjects believed sickness was due to sin $p = 0.041$ & HIV was a sin $p = 0.001$. 26 out of 229 were no longer in care compared to 2 of 46 non-A.A. $p = 0.021$. Accepting medical care was related to satisfaction with medical care & a stronger belief that HIV was not a sin in the eyes of God $p = 0.001$.
Richter et al. (2002)	*N = 33*	Cross-sectional	Attitudes Toward Antiretroviral Therapy	Compliance with HIV treatment & utilizing treatment when pregnant.	Age, education, gender, marital status, & employed.	A.A. women have the greatest risk of HIV infection & all subjects were of reproductive age. Many subjects had positive attitude toward taking HAART, but many reported concern about being a guinea pig.
Ross et al. (2006)	*N = 1,494*	Cross-sectional	HIV Conspiracy Beliefs	Condom use & tx behaviors.	Race and ethnicity, gender, education, & age.	29.4% of A.A. believed AIDS was created by the Government to kill blacks. In A.A. men a significant relationship between conspiracy beliefs & condom use $p = .03$
Simmons and Parsons (2005)	*N = 400*	Cross-sectional	HIV Conspiracy Beliefs	Attitude structure of churchgoers, elected officials & determinants of beliefs.	Age, gender, education, church attendance, & political group.	Elected officials believed in 8 of 11 conspiracy theories. Three of these beliefs are: 1. Family planning programs are intended to get rid of blacks. 2. AIDS is intended to wipe Blacks off the face of the earth. & 3. The Government is not telling the truth about AIDS.
Wheeler (2005)	*N = 50*	Cross-sectional	HIV Prevention	Health belief, practice, & experiences; and perception of HIV/AIDS.	MSM, economic status, current medical care, visits in last 30 days to medical provider & quality of life.	86% of MSM reported sexual contact with a female. Factors contributing to reasons to take HIV medicines: Blacks distrust of medical system, conspiracy & genocidal beliefs about HIV/AIDS.
Whetten et al. (2006)	*N = 611*	Cross-sectional	Trust in Healthcare Providers & the Government	Clinic and / or Doctor visits & taking HIV medications.	Gender, race and ethnicity, & socioeconomic status.	23% of A.A. believed that AIDS was created by the Government to kill minorities.
Williams et al. (2003)	*N = 749*	Cross-sectional	HIV knowledge, feelings, beliefs, & behaviors.	Rural & Urban HIV infected women.	Age, ethnicity, education, marital status, income level, lifestyles, & employment Status.	81.6% of rural subjects & 50.3% from urban areas believed HIV was created by the Government to destroy the Black race ; & 97.7% of rural subjects did not use condoms.
Williams (2002)	Not reported	Retrospective 1996 - 1999	HIV Infection Among African Americans	Incidence and prevalence of HIV; risk reduction activities; prevention strategies, & beliefs about HIV.	Gender and age.	60% of all AIDS cases diagnosed were seen in A.A. children aged < 1 to 12 years.

NOTES:

Thank-you for participating in this poster session.

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Sponser:

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