

## **Do African Americans that are HIV-Positive Endorse HIV/AIDS Treatment Conspiracies?**

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### **Abstract**

This exploratory study investigates the endorsement of HIV/AIDS treatment-related conspiracy beliefs among HIV-positive African Americans living in Alabama's Black Belt, a historically underserved region in the rural South. Using a cross-sectional survey conducted at an AIDS outreach clinic, 205 HIV-positive African American participants completed self-administered questionnaires assessing agreement with three established HIV/AIDS conspiracy beliefs. The study also examined differences in beliefs by gender and age. Results indicate that 56.1% believed a cure for AIDS is being withheld from the poor, 36.6% believed patients are used as human guinea pigs, and 28.9% believed HIV medications are poison. No statistically significant associations were found between conspiracy beliefs and gender or age. These findings highlight the persistence of HIV/AIDS conspiracy beliefs in rural African American communities, which may hinder treatment adherence and public health efforts. Culturally tailored interventions that acknowledge historical mistrust and are delivered by trusted community members are essential to improving HIV/AIDS outcomes in these populations.

**Keywords:** HIV/AIDS; Conspiracy beliefs; African Americans; Rural health; Black Belt Alabama; Antiretroviral therapy; Health disparities; Medical mistrust; HIV-positive; Public health education

### **Introduction**

Conspiracy beliefs about HIV/AIDS have been endorsed by significant percentages of African American population in prior research [1-3,6]. However, almost no research has investigated such conspiracies among African Americans that are HIV-positive. In this exploratory study I sought to provide preliminary answers to two research questions: (1) Do African Americans who are HIV positive endorse treatment conspiracy beliefs about HIV/AIDS? (2) Are there differences, if any, by sociodemographic variables (gender and age) regarding these beliefs? It is important to document whether HIV-positive African Americans endorse HIV/AIDS conspiracies because such beliefs can lead African Americans to be distrustful of HIV/AIDS related information and intervention efforts [6].

### **Method**

The study area, Alabama's Black Belt, is a region where most of the African American Alabamians live [4]. While there is a distribution of African Americans across Alabama, many continue to be concentrated in the southern portion of the state

called the Black Belt. Black Belt as used in this work designates the counties where African Americans outnumber the whites, that is the density of black people [4-5]. The region is one of the poorest in the nation and the majority of the residents are welfare dependent [7].

### **Data Collection**

The cross-sectional self-administered survey was conducted at an AIDS Outreach Organization in Alabama that provides medical and social support services to HIV-positive persons who live in 23 counties in Southeast Alabama. The agency is providing services to more than 1,110 patients. Out of the 1,110, 822 are African Americans. A convenient sample of 205 African Americans out of 822 who were using the clinic participated in the study. All the respondents are currently taking antiretroviral medications.

For confidentiality purposes, only the staff of the AIDS Outreach informed the patients of the opportunity to participate in the study. The Adherence Nurse gave the questionnaire to

patients and they completed the survey on a voluntary basis in a private room within the clinic after obtaining verbal informed consent. Each participant was given a \$15 Wal-Mart gift card after completing the questionnaire. This procedure was reviewed and approved by the institutional review board of Tuskegee University.

**Measures**

I adapted the three conspiracy beliefs from previous studies (Table 1) [1-3]. Participants recorded their agreement with statements capturing HIV/AIDS conspiracy beliefs using options of 1 (disagree strongly) to 5 (agree strongly). The options were collapsed into two categories for the bivariate analyses presented in Table 1. Respondents were asked questions to assess their gender and age. Gender is sex of the respondent (1 = male and 2 = female). Age is age of the respondent in years. Age was dummy coded as young (18-34) and old (35-63) for the analysis.

**Statistical Analyses**

Frequency distributions and descriptive statistics were first generated for all the variables of interest using SPSS 17.0. Bivariate analyses were performed to examine the relationship between the variables.

**Results**

Of the 205 respondents, 57.6% were male and 42.4% were female. More than half were 34 years old or younger and 37.1% were 35 years or older. About 58% were single, 17% were married and 11% were divorced at the time of the study. Twenty-three percent reported not having formal education up to high school while only 31% reported completing high school/GED. Only 15% reported having a four-year college education.

Data in Table 1 indicate that more than half (56.1%) somewhat or strongly believed the government’s role in withholding a cure for AIDS from the poor. Over one-third (36.6%) somewhat or strongly agreed that “people who take the new medicines for HIV/AIDS are human guinea pigs for the government,” while 28.9% somewhat or strongly endorsed the statement that “the medicine that doctors prescribe to treat HIV is poison.” The chi-square statistics presented in Table 1 and 2 show that gender and age are not statistically related to endorsing treatment conspiracy beliefs about HIV/AIDS.

**Discussion**

To my knowledge, the present study is the first to examine the extent to which treatment conspiracy beliefs about HIV/AIDS

are endorsed among African Americans who are HIV-Positive living in the rural south. Some HIV-positive African Americans endorsed the conspiracy beliefs. In this rural sample, 36.6% somewhat or strongly agreed that “People who take the new medicine for HIV are human guinea pigs for the government.” These results resemble those of previous studies in the African American population. For example, Bogart and Thornbun [2] found that 43.6% of African Americans aged 15 to 44 years somewhat or strongly believed that “people who take the new medicines for HIV/AIDS are human guinea pigs for the government.”

There were no statistically significant relationships between gender and endorsing conspiracy beliefs. There may be observed differences, but they do not vary enough for us to be sure (at least 95% of the time) that they are results of true relationships as opposed to chance occurrence.

Overall, these findings suggest that HIV/AIDS conspiracy beliefs among African Americans must be acknowledged and addressed in a culturally tailored HIV/AIDS prevention and education programs. This is because these conspiracy beliefs may be a barrier to HIV prevention and treatment efforts to halt the epidemic in African American communities where it is taking a terrible toll. For example, HIV-positive African Americans who endorsed treatment-related conspiracy beliefs (e.g., “people who take the new medicine for HIV/AIDS are human guinea pigs for the government”) may be less likely to adhere to antiretroviral therapies and prevention messages.

To be useful, HIV/AIDS prevention messages addressing conspiracy beliefs may need to be delivered by trusted members of African American communities. Whenever possible, African American professionals from local health departments and community-based organizations are to be used to present HIV/AIDS education because it may foster the trust of African Americans. Such community-based and peer-delivered intervention messages may reduce risky sexual behaviors. Furthermore, health educators or public health officials working against the spread of HIV/AIDS must demonstrate both openness and sensitivity to questions about conspiracy beliefs and mistrust prevalent in the African American communities. This will help in understanding the historical roots and social context from which such questions arise. Conspiracy beliefs are not unique to HIV/AIDS alone but related to broader beliefs about conspiracies with the United States society as a whole such as family planning and drugs. As Bogart and Thornbun put it “to obtain the trust of black communities, government

Table 1: HIV/AIDS Treatment Conspiracy Beliefs Endorsed Overall and by Gender (N = 205).

	% Agreeing Somewhat and Strongly			
	Overall (n=205)	Men (n=118)	Women (n=87)	X <sup>2</sup>
There is a cure for AIDS, but it is being withheld from the poor	56.1	50.1	64.3	6.15
The medicine that doctors prescribe to treat HIV is poison	28.9	28.1	29.8	0.54
People who take the new medicine for HIV are human guinea pigs for the government	36.6	38.1	34.5	0.67

Table 2: HIV/AIDS Treatment Conspiracy Beliefs Endorsed Overall and Age (N = 205).

	% Agreeing Somewhat and Strongly			
	Young	Old	X <sup>2</sup>	
There is a cure for AIDS, but it is being withheld from the poor	60.5	48.7	8	6.15
The medicine that doctors prescribe to treat HIV is poison	30.3	26.4	2.06	
People who take the new medicine for HIV are human guinea pigs for the government	36.4	38.8	1.82	

and public health entities need to acknowledge the origin of conspiracy beliefs openly in the context of historical discrimination” [2] 213-218.

### Conclusion

This study provides preliminary evidence that a significant proportion of HIV-positive African Americans in Alabama's Black Belt endorse treatment-related conspiracy beliefs about HIV/AIDS. While no significant differences were found by gender or age, the high levels of belief in such conspiracies underscore the need for culturally sensitive public health interventions.

These beliefs, if unaddressed, may contribute to medical mistrust and reduced adherence to antiretroviral therapy. Future HIV/AIDS education and prevention programs must acknowledge and respond to the historical and social contexts that shape these perceptions, using trusted community voices to foster credibility and engagement. Continued research with larger and more diverse samples is necessary to fully understand the scope and impact of these beliefs across different demographic and geographic groups.

### Limitations of the study

The study has some limitations. The sample size is small. Additional research on these issues with a larger sample is needed to understand the breadth and complexity of beliefs in conspiracies about HIV/AIDS and relationships to sociodemographic

variables. Place of residence was not considered in this study. Future research is needed to examine the contribution of this important variable to conspiracy beliefs. We want to know if there are differences among African American in rural and urban areas with regard to HIV/AIDS conspiracy beliefs.

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