Conspiracy theories about HIV—such as the belief that people who take antiretroviral (ARV) drugs are guinea pigs for the government—were associated with poorer adherence to ARV treatment in African-American HIV-positive men, according to a study published online December 1 in the Journal of Acquired Immune Deficiency Syndromes (JAIDS).

Numerous studies have documented that a significant proportion of HIV-positive African Americans hold misconceptions about the virus and its treatment, ultimately leading to mistrust of the government and the medical establishment when it comes to HIV. Such distrust is often tied to the history of the infamous Tuskegee study, conducted between 1932 and 1972, in which syphilis treatment was withheld from African-American men to study the effects of the disease.

To assess the impact of conspiracy beliefs in African-American men, Laura Bogart, PhD, from Harvard Medical School in Boston, and her colleagues recruited 214 HIV-positive African-American men. One-month follow-up data were available for 177 men, who were included in the final analysis. On average, the men had very low incomes, most identified barriers to health care, and only about 15 percent were employed. About 75 percent, however, had at least a 12th-grade education.

Bogart’s team surveyed both non-treatment-related and treatment-related beliefs held by the study participants. Non-treatment beliefs included: HIV is a manmade virus produced in a government laboratory and created and spread by the CIA, and/or the government created HIV to control the black population. Treatment-related beliefs included: The government is withholding the cure for HIV, people on ARVs are guinea pigs for the government, and ARV treatments are poison and even actually cause AIDS.

Nearly two thirds of the participants agreed with at least one of the conspiratorial statements about HIV, while 48 percent agreed with two or more. The most commonly held belief was that HIV was manmade. There was essentially no difference in income level or education between those who held conspiratorial beliefs and those who did not.

On average, the participants took only 68 percent of their prescribed doses, and less than 25 percent had optimum adherence. When adjusting the data to account for a variety of factors, such as education and income, treatment-related conspiratorial beliefs were associated with poor
adherence, while more general non-treatment-related beliefs were not.

In closing, the authors write, “the prevalence of [HIV conspiracies] found in this and other studies...cannot be dismissed as rare or extreme. Such beliefs can ultimately contribute to decreased survival time (and further disparities) by discouraging appropriate treatment behavior. Adherence-promoting interventions that openly address and acknowledge HIV misconceptions, and identify and then target sources of misconceptions in communities, may contribute to overcoming such mistrust.”

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