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Conspiracy beliefs and pandemic related behaviours: a study from India

Chahat Dubey^{1*}, Noufal T. Hameed², Sisira C. Satheesan³

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*Correspondence: Chahat Dubey,

E-mail: chahatdubey2015@gmail.com

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ABSTRACT

Background: COVID-19 pandemic is still affecting large sections of populations all over the world. Thousands of deaths and damages to life that are indescribable, the pandemic has not yet come under control. Several studies show a significant impact of the same on mental health. The present study aimed at understanding conspiracy beliefs and pandemic related behaviors. It also aimed at documenting the level of distress reported.

Methods: The cross-sectional quantitative study was conducted among the public from India. The study assessed conspiracy beliefs, pandemic related behaviors, and psychological distress using standardized questionnaires. Basic demographic details were also collected. The questionnaires were converted to Google form, and the link was sent to the public along with a description of the study. Quantitative analysis was used, including frequency, mean, standard deviation, and student t-test.

Results: Hundred and thirty individuals (49 males and 81 females) participated in the study (mean age=29 years). About half of the participants reported higher levels of distress. No significant gender difference was found on the endorsement of conspiracy beliefs or in engagement in pandemic related behaviors. Engagement in pandemic related behaviors was significantly higher among participants who reported high levels of distress. However, on the endorsement level of conspiracy beliefs, there was no significant difference between those who reported high or low levels of distress.

Conclusions: Endorsement of conspiracy beliefs, engagement in pandemic related behaviors, and psychological distress are important variables that require attention at the present scenario.

Keywords: Conspiracy beliefs, Pandemic related behaviors, COVID-19

INTRODUCTION

The coronavirus disease (COVID-19) is one of the greatest challenge human kind has confronted since World War II. Confirmed in more than 200 countries, it caused hundreds of thousands of deaths. Although the cure has finally arrived, the numbers are still increasing in many places. As of now, the death toll stands as high as 2.1 million, along with a hundred million plus infected cases. Along with the vaccination, governments have been forming and implementing strategies for the public to curb the virus. A considerable part of such attempts involved educating the public about the COVID-19 illness and related issues. The vast popularity of the internet and various social media has

encouraged the various governmental and non-governmental agencies to spread awareness about the same.³

While a crucial means of communicating with masses, social media also leads to the spread of unscientific claims spreading regarding the cause and nature of the COVID-19 illness (Anneliese Depoux, Sam Martin, Emilie Karafillakis, Raman Preet, Annelies Wilder-Smith, Heidi Larson, 2020), creating a favorable environment for the spread of conspiracy theories.^{4,5}

Conspiracy theories influence the public psyche during societal crises, such as natural disasters, wars, terrorist

¹Indian Institute of Psychology and Research, Bangalore, Karnataka, India

²Thanal Academy of Rehabilitation Studies, Kozhikode, Kerala, India

³Government Mental Health Centre, Kozhikode, Kerala, India

attacks, when people seek to make sense of a chaotic world. While the beliefs in conspiracy theories can provide some guide for pandemic attitudes and behavior, it can also lead people to not follow the standard governmental or scientific protocols and behaviors in favor of their policies of protection against the pandemic.^{6,7}

Considering the COVID-19 pandemic management relies primarily upon social and behavioral changes, we must understand the various factors that influence such efforts. The current understanding is that the COVID-19 pandemic is here to stay for long, requiring long-term public behavior changes suggesting a need for gaining a better understanding about the same. 9

The present study aimed to understand the conspiracy beliefs and pandemic-related behavior among India's general population. Specifically, the study looked into gender differences in the variables. Besides, the study looked into the psychological distress experienced by the people.

METHODS

The present study adopted a cross-sectional quantitative design. All the study samples were required to have the ability to read and write English and above the age of 18 years. The assessment tools included: COVID-19 conspiracy beliefs scale; the Kessler's distress scale; and self-reported pandemic related behavior questionnaire.^{7,10}

The survey draft was entered into a Google form, and the link was generated. The survey link and a brief introduction to the study were shared on various social media platforms.

Further, each participant was required to declare their consent to be part of the study and their age (as above 18) before accessing the rest of the survey assessments. Data was collected from 2nd October 2020 to 8th October 2020. The data was analyzed using quantitative measures such as frequency, percentage, student t-test, and correlation.

RESULTS

A total of 130 participants (49 males and 81 females) with a mean age of 29 years (SD=10.92) took part in the survey. A vast majority of them had education equal to or above graduation (85%). Further, about half of the participants (48.5%) scored 20 or above on the scale for distress, indicating the presence of significant distress. Female participants had slightly higher distress levels (mean=21.69, SD=8.98) than the male participants (mean=19.69, SD=7.80), which was not statistically significant (t=-1.29, df=127). Further analysis revealed a significant age difference between the high distress and low distress group. The average age of the high distress (M=26.63, SD=9.45) group was significantly lower than the low distress (M=32.12, SD=11.60) group (t=-2.93, df=127).

As shown (Table 1), no significant difference was found between male and female participants on the scores of conspiracy beliefs and pandemic related behaviors.

As shown (Table 2), a significant difference was found in pandemic related behavior. The high distress group reported engaging in pandemic related behaviors significantly higher than the low distress group. No significant difference was found on the level of conspiracy beliefs help by both categories.

Table 1: Gender differences in conspiracy beliefs and pandemic related behavior.

	Group						95% CI		
Outcome	Male			Female			for mean	t	df
	M	SD	N	M	SD	N	difference		
Conspiracy beliefs	20.54	6.40	48	20.27	6.76	81	-2.12, 2.66	0.224	127
Pandemic related behavior	63.60	12.12	48	66.86	9.63	81	-7.09, .57	-1.69	127

Table 2: Differences in conspiracy belief and pandemic related behaviors based on the distress scores.

	Group						95% CI		
Outcome	Low distress			High distress			for mean	t	df
	M	SD	N	M	SD	N	difference		
Conspiracy beliefs	20.79	6.11	67	19.89	7.07	63	-1.39, 3.19	0.78	128
Pandemic related behavior	63.78	10.34	67	67.94	10.89	63	-7.85,48	-2.23*	128

^{*}significant at the 0.05 level (2-tailed)

DISCUSSION

The present study aimed at understanding conspiracy beliefs, pandemic-related behaviors, and psychological distress among India's general population. The study had a preponderance of female participants. Also, the participants belonged mostly to the young adult age. Regarding the gender disparity, findings remain inconclusive. Studies show gender differences in survey participation but provide a mixed result, depending on the

survey mode.¹ This is despite the findings that men are more comfortable using the internet than women.

Further, the assessment showed that about half of the participants had significant distress, which is in line with the existing findings.² Understandably, the death, loss, and on-going uncertainties of the pandemic can be severely distressing. Similarly, when the average age of those in the high distress group was higher than those in the low distress group. Studies suggest that young adults are at a higher risk of experiencing psychological distress during pandemics.¹³

The finding that distress is higher among young adults becomes more important when considering that this is the age where most mental illnesses have an onset. ¹⁰ Higher levels of distress among young adults have important implications for public health.

The present study did not find any gender differences in either conspiracy beliefs or pandemic related behaviors. However, the current findings suggest that there are gender differences in endorsing conspiracy beliefs. For example, one study has shown that men tend to believe in conspiracy theories than women. ¹⁴ Similarly, there are findings from the gender differences in pandemic related behaviors such as wearing a mask and practicing social distancing. ¹⁵ Further, culture also has been found to influence these variables. ¹⁶

Based on the level of distress, there was no significant difference between the levels of conspiracy beliefs endorsements. However, high distress group participants reported as engaging in pandemic related behaviors significantly higher than the low distress group. Psychological distress is found to influence engagement in pandemic related behaviors.¹⁷ Distress and pandemic related behaviors are also significant in light of recent findings that COVID-19 and the following life-changes can increase the risk of mental illnesses, including OCD.¹⁸ Further, anxiety disorders such as panic and generalized anxiety disorders are also increasing.¹⁹

CONCLUSION

The present study aimed at understanding conspiracy beliefs and pandemic related behaviors among the Indian public. The study shows a higher proportion of participants experiencing distress, which warrants immediate action to alleviate the same. This is especially true considering the relationship between high distress and higher levels of pandemic related behaviors. Considering that the pandemic is here to stay for long, with its continuing implications for life, we need more and more studies on its impact on mental health.

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