

A cross-country assessment of conspiracy beliefs, trust in institutions, and attitudes towards the Covid-19 vaccination

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Conspiracy beliefs have spread during the Covid-19 pandemic. It is important to understand them because of their potential to undermine trust in societal institutions and willingness to get vaccinated. In the present research ($N = 538$), we assessed the links between conspiracy beliefs, trust in institutions (e.g., government, WHO), and attitudes towards the Covid-19 vaccination across the USA, Brazil and the UK. A moderated mediation analysis revealed the crucial role of political leaders in linking conspiracy beliefs with vaccination attitudes. Trust in the president was positively associated with conspiracy beliefs in Brazil because of its conspiracist president at the time (Bolsonaro), which in turn was negatively associated with vaccination attitudes. In contrast, trust in political leaders at the time in the UK (Johnson) and the USA (Biden) was negatively associated with conspiracy beliefs. In conclusion, our findings contribute to understanding the underlying mechanisms that link conspiracy beliefs with trust and vaccination attitudes.

Keywords: Attitudes; Conspiracy beliefs; Covid-19; Trust; Vaccination.

An abundance of conspiracy beliefs emerged since the onset of the Covid-19 pandemic in early 2020. For example, in the UK, people have burned down cell towers, fearing that the virus spread was linked to 5G wireless technology (Satariano & Alba, 2022). In Brazil, Bolsonaro, president until the end of 2022, claimed that Covid-19 vaccines increase the risk of contracting Aids (Mishra, 2021). Similarly, people have used a hashtag on Twitter, suggesting others film “empty hospitals” to show that the pandemic was not real (Gruzd & Mai, 2020). These are just a few of many conspiracy beliefs linked to the Covid-19 virus. Such beliefs typically ignore official accounts and established evidence (van Prooijen & Acker, 2015). Conspiracy beliefs attempt “to explain the ultimate causes of significant social and political events and circumstances with claims of secret plots by two or more powerful actors” (Douglas et al., 2019, p. 4). They are problematic because they predict sceptical attitudes towards Covid-19 vaccinations (Pivetti et al., 2021),

support for the unproven Covid-19 medication hydroxychloroquine (Bertin et al., 2020), and lower institutional trust and non-compliance with measures to contain Covid-19 (Pummerer et al., 2022).

In the present research, we assessed how conspiracy beliefs are associated with attitudes towards vaccination against Covid-19 and whether this link is mediated by trust in societal institutions (e.g., government, WHO) frequently targeted by conspiracists. For instance, governments are targeted because of their role in developing and implementing public policies to fight the virus. In contrast, health-related institutions (e.g., the World Health Organization, pharma companies) are questioned about the recommended restriction measures adopted or vaccine development. Moving beyond past research, we also explore whether these associations are generalizable across or moderated by country. We focus on the USA, the UK and Brazil, as these countries were severely impacted by the spread of the Covid-19 virus.

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At the time of data collection, in the second half of 2021, despite the vaccination roll-out, all three countries were still facing dangerously high infection rates and deaths. Also, these countries' political leaders have dealt with the pandemic differently. At the time of data collection, Brazil was governed by a president who spread conspiracy theories about Covid-19 and the vaccine, making on average seven distorted or fake claims daily in 2021 alone (Mendes, 2022). Such statements can increase polarisation, shifting norms towards close-mindedness and fundamentalism (Wodak, 2015). In contrast, the then-British Prime Minister Johnson and the US President Biden took it relatively more seriously. This suggests that the link between conspiracy beliefs and trust in the president is positive in Brazil compared to the USA and the UK. Indeed, previous research has found that supporting a fundamentalistic government is associated with higher conspiracy beliefs (Demmrich & Hanel, 2023). Data, supporting tables (e.g., correlation matrix, full moderated mediation tables), are available as Supporting Information (https://osf.io/fx259/?view_only=b780cc44268f49cdb8bfdedabd7aa994).

METHOD

Participants and procedure

Participants were 538 individuals ($M_{\text{age}} = 32.50$, $SD_{\text{age}} = 12.66$; 307 women, 200 men, 23 non-binary), from Brazil ($n = 233$), the UK ($n = 106$) and the USA ($n = 199$). They were recruited using social media (e.g., Reddit, Facebook), and answered a self-report survey with the relevant questionnaires. We collected the data between September–October 2021. We aimed to recruit as many participants as possible and stopped recruitment after for several days no more participants signed up to the study. A sensitivity analysis with G*Power 3.1, which returns the effect size for a given sample size, revealed that our sample size is large enough to detect a small effect size of $f^2 = .02$ (for an interaction term to explain variance above and beyond two other independent variables) with a power of .95.

Material

Participants completed three scales. Participants from the UK and the USA completed the survey in English, and participants in Brazil had a Portuguese version, which we translated using back-translation procedures.

We used a three-item questionnaire adapted by Mari et al. (2021) to measure general conspiracy beliefs (Cronbach's alpha, $\alpha = .80$). These items are: (a) *When one looks at the bigger picture, it is easy to see that many seemingly unrelated events form part of a larger plan, orchestrated by powerful others acting in secrecy*; (b)

Many significant world events have occurred as a result of a conspiracy; (c) *Despite what the authorities say, large business and/or government routinely engage in sinister, secret activities in the name of profit*. Participants responded to each item using a seven-point scale (1 = Completely Disagree; 7 = Completely Agree). Mari et al. also tested whether the questionnaire is invariant cross-culturally (including the USA, the UK and Brazil): The authors established partial scalar invariance, which allows its use for mean comparisons (Milfont & Fischer, 2010). These items were averaged to compute a general score for conspiracy beliefs.

We measured trust in six societal institutions, using one item for each institution, following past research (e.g., Kääriäinen, 2007). Each item represents one institution: *local government, prime minister/president, United Nations, World Health Organization, pharma companies*. Participants rated their level of trust from 0 (*Do not trust at all*) to 10 (*Trust Completely*).

Finally, we created a measure of attitudes towards the Covid-19 vaccination ($\alpha = .98$). Using a bipolar scale from -3 to $+3$, participants indicated whether they have negative or positive views of the vaccine across eight items (i.e., *Bad–Good, Useless–Useful, Unfavourable–Favourable, Negative–Positive, Difficult–Easy, Unfair–Fair, Unnecessary–Necessary, Unreliable–Trustworthy*). These items were averaged to compute a general attitudes score. As the questionnaire was created specifically for this study, we performed a confirmatory factor analysis (with WLSMV estimator) to test its model fit, with results indicating an excellent fit: CFI = .94, TLI = .92, RMSEA = .044.

Data analysis

We performed moderated regressions and created a moderated mediation model using the open-source software JAMOVI, version 1.2.21.0 (<https://www.jamovi.org/>). We used 5,000 percentile bootstrap simulations for the moderated mediation model.

Additionally, we tested whether the attitude and conspiracy belief scales are invariant across our three samples using multi-group confirmatory factor analysis to test whether comparisons across samples are justified (Davidov et al., 2014; Milfont & Fischer, 2010). We found evidence for full metric invariance and partial scalar invariance, suggesting that we can make meaningful comparisons across groups (Byrne et al., 1989; Vandenberg & Lance, 2000). Detailed results are reported in the Supplemental Materials.

RESULTS

First, we examined the main effects of the country and correlations between all variables. Eight-one-way

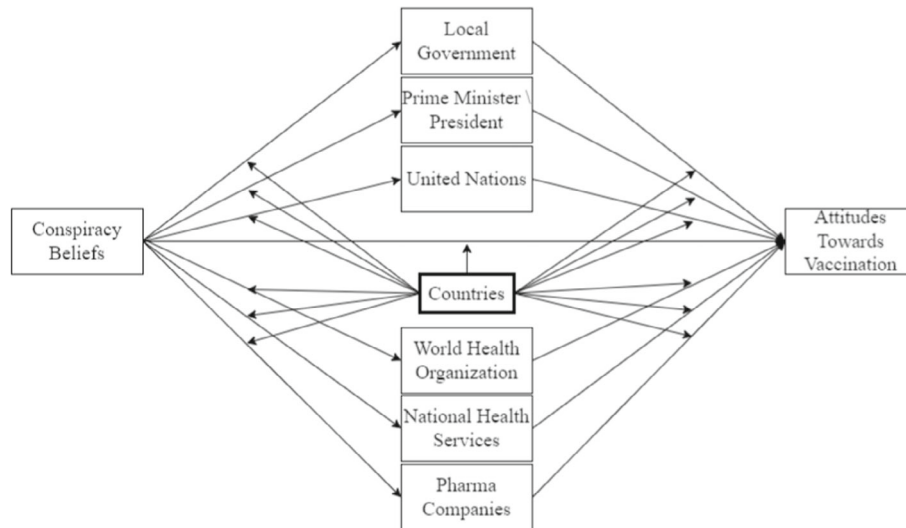


Figure 1. Moderated mediation model.

between-subjects ANOVAs with country as between-subject factor (Brazil vs. UK vs. USA) found that Brazilians reported more positive attitudes towards vaccination and higher trust levels across most items compared to the UK and the USA, whereas we found no difference between the UK and USA across most variables (detailed results are reported in the Supporting Information). Conspiracy beliefs correlated negatively with all other items, which in turn were positively correlated among each other (Tables S1–S4 for means, standard deviations and zero-order correlations across all participants as well as separately for each country).

Next, we performed three moderated regression analyses to assess whether the association between conspiracy beliefs and attitudes towards vaccination differs between countries, with one regression for each country pair. The associations between conspiracy beliefs and attitudes towards vaccination significantly differed between the USA versus Brazil, $\beta = .50$, $p < .001$ (i.e., the interaction of conspiracy beliefs with country was significant), and the UK versus Brazil, $\beta = .48$, $p < .001$, but not between the USA and the UK. In other words, as expected, the conspiracy–vaccination attitudes link was different in Brazil compared to the UK and the USA (Figures S1–S4). Therefore, we collapsed the USA and the UK data to keep our study parsimonious and increase statistical power.

In the next step, we tested a moderated mediation model considering the USA and the UK samples combined (coded as 1) and separated from the Brazilian sample (coded as 2).¹ As seen in Figure 1, we used conspiracy beliefs as predictors of attitudes, with all six trust variables as potential mediators. The country

variable moderated all three links (i.e., beliefs \leftrightarrow attitudes, beliefs \leftrightarrow trust, trust \leftrightarrow attitudes). Country moderated the links between conspiracy belief and attitudes ($\beta = .13$, $p = .003$) and between conspiracy and all trust variables ($\beta \geq .14$, $p \leq .002$). However, among the trust variables, only the link between trust in the political leader and attitudes was moderated by country, $\beta = -.20$, $p = .028$; cf. Table 1 for details.

Given this moderation by country, we next assessed the model's indirect, direct, and total effects for each country group separately (USA + UK, BR). Table 2 provides a compact overview of these results, with the standardised effect sizes and significance levels (for the full results, including the direct path between each pair of variables, see Tables S6 and S7). The total effects of conspiracy beliefs on attitudes were significant for the USA + UK ($\beta = -.58$, $p < .001$) but just marginally significant for Brazil ($\beta = -.12$, $p = .059$). Only trust in the political leader significantly mediated these associations for the USA + UK ($\beta = .09$, $p = .008$) and Brazil ($\beta = -.07$, $p = .035$), whereas trust in national health services ($\beta = -.12$, $p = .018$) was only a significant mediator for the UK + USA. After the inclusion of the trust mediators, the direct effects of conspiracy beliefs on attitudes were reduced for both groups: UK + USA ($\beta = -.27$, $p < .001$) and Brazil ($\beta = 0$, $p = .99$).

Table 2 presents the direct path between each pair of variables in the model (i.e., components). The strongest associations were between conspiracy beliefs and both trust in the United Nations and WHO ($\beta = -.54$, $p < .001$) for the USA + UK and trust in the president and attitudes ($\beta = -.43$, $p < .001$) for Brazil.

¹ To ensure the US and UK samples could be collapsed without compromising our results, we also tested the mediational model using just the two samples separated and removing the Brazilian sample. As expected, no significant moderation was found.

TABLE 1
Interactions with countries

Interaction	Outcome	Estimate	SE	Lower	Upper	β	Z	p
Conspiracy beliefs \times Countries	\Rightarrow Trust in the local government	.644	.165	.327	.975	.179	3.902	< .001
	\Rightarrow Trust in the Prime Minister/President	1.174	.139	.916	1.456	.331	8.446	< .001
	\Rightarrow Trust in the United Nations	.619	.189	.257	.997	.152	3.281	.001
	\Rightarrow Trust in the WHO	.793	.196	.407	1.183	.176	4.045	< .001
	\Rightarrow Trust in National Health Services	.787	.165	.465	1.114	.185	4.768	< .001
	\Rightarrow Trust in pharma companies	.516	.164	.199	.847	.138	3.148	.002
	\Rightarrow Attitudes towards vaccination	.320	.108	.100	.521	.132	2.974	.003
Trust in the local government \times Countries	\Rightarrow Attitudes towards vaccination	-.095	.068	-.232	.038	-.137	-1.398	.162
Trust in the Prime Minister/President \times Countries		-.209	.095	-.399	-.025	-.204	-2.200	.028
Trust in the United Nations \times Countries		-.017	.075	-.165	.132	-.029	-.220	.826
Trust in the WHO \times Countries		-.113	.103	-.320	.076	-.227	-1.095	.273
Trust in National Health Services \times Countries		-.062	.104	-.253	.147	-.134	-.599	.549
Trust in pharma companies \times Countries		-.030	.073	-.180	.103	-.047	-.417	.677

TABLE 2
Conditional mediation paths

Type	Effect	Average β	US + UK β	BR β
Indirect	Conspiracy beliefs \Rightarrow Trust in the local government \Rightarrow Attitudes towards vaccination	-.020	-.067	0
	Conspiracy beliefs \Rightarrow Trust in the Prime Minister/President \Rightarrow Attitudes towards vaccination	.056**	.086*	-.067*
	Conspiracy beliefs \Rightarrow Trust in the United Nations \Rightarrow Attitudes towards vaccination	-.030	-.050	-.013
	Conspiracy beliefs \Rightarrow Trust in the WHO \Rightarrow Attitudes towards vaccination	-.032	-.106	.003
	Conspiracy beliefs \Rightarrow Trust in National Health Services \Rightarrow Attitudes towards vaccination	-.060	-.123*	-.018
	Conspiracy beliefs \Rightarrow Trust in pharma companies \Rightarrow Attitudes towards vaccination	-.039	-.066	-.017
Component	Conspiracy beliefs \Rightarrow Trust in the local government	-.298**	-.477**	-.120
	Trust in the local government \Rightarrow Attitudes towards vaccination	.067	.140	-.004
	Conspiracy beliefs \Rightarrow Trust in the Prime Minister/President	-.176**	-.507**	.155*
	Trust in the Prime Minister/President \Rightarrow Attitudes towards vaccination	-.320**	-.169*	-.429**
	Conspiracy beliefs \Rightarrow Trust in the United Nations	-.386**	-.538**	-.234*
	Trust in the United Nations \Rightarrow Attitudes towards vaccination	.077	.092	.057
	Conspiracy beliefs \Rightarrow Trust in the WHO	-.362**	-.538**	-.186*
	Trust in the WHO \Rightarrow Attitudes towards vaccination	.089	.197	-.014
	Conspiracy beliefs \Rightarrow Trust in National Health Services	-.356**	-.541	-.171*
	Trust in National Health Services \Rightarrow Attitudes towards vaccination	.170	.227*	.104
Direct	Conspiracy beliefs \Rightarrow Attitudes towards vaccination	-.133*	-.269**	0
	Trust in pharma companies \Rightarrow Attitudes towards vaccination	.103	.128	.072
Total	Conspiracy beliefs \Rightarrow Attitudes towards vaccination	-.350**	-.578**	-.122

* $p < .05$; ** $p < .001$.

DISCUSSION

In the present research, we developed a moderated mediation model, with conspiracy beliefs being the independent variable and vaccination attitudes the dependent variable. We used trust in institutions as the mediator, and tested whether any of these pathways is moderated by the three countries heavily affected by the pandemic: the USA, Brazil and the UK. Due to the similarities between the US and UK data, we combined both countries.

Conspiracy beliefs were significantly associated with attitudes towards vaccination across the USA and UK, whereas in Brazil, the association was only marginally significant, supporting previous findings (e.g., Bertin

et al., 2020; Pivetti et al., 2021). However, going beyond past research, we found that these associations were moderated by country, indicating that aspects of the socio-political environment interact closely with the conspiracy beliefs in explaining attitudinal responses to the Covid-19 vaccination. While our model considered trust in various institutions, only trust in the political leader functioned as a mediator between conspiracy beliefs and vaccination attitudes. Interestingly, these effects occur in different ways across USA + UK and Brazil. In Brazil, conspiracy beliefs were associated with greater trust in the president, which, in turn, was linked with more negative vaccination attitudes. On the other hand, in the USA and the UK, conspiracy beliefs were associated

with lower trust in political leaders. Trust, in turn, was positively associated with attitudes towards vaccination. Such findings make sense in light of then-Brazilian president Bolsonaro's fake claims about Covid-19 vaccination (Mendes, 2022). In the UK and the USA, the political leaders aimed to mitigate such disinformation more and were therefore not supported by conspiracists. These differing findings between the countries highlight political leaders' central role during the pandemic and their power in disseminating *misinfodemics* (Mukhtar, 2021). We, therefore, speculate that if our research were replicated in Brazil in 2023 after the inauguration of the recently elected left-leaning Luiz Inácio Lula da Silva, the findings would flip and be similar to the USA and the UK.

It is also important to highlight significant associations between pairs of variables (e.g., components, Table 2) across our study. We found that conspiracy beliefs are linked to trust in the WHO across all groups. The WHO was frequently targeted by conspiracy theorists. For instance, former US president Trump, during his last year in the White House, frequently positioned himself against the WHO, incorrectly suggesting that the organisation was misleading people about the virus and was under the control of China (BBC News, 2020) and even withdrew from the WHO (Rogers & Mandavilli, 2020).

There are many reasons why people spread conspiracy beliefs (Douglas et al., 2017). For example, during the pandemic, we faced a complex situation that altered reality as we knew it, with conspiracy theories potentially seeking to provide simpler, albeit misleading, narratives (e.g., that the hospitals were empty and that the pandemic was not real; Gruzd & Mai, 2020). Further, by refusing to vaccinate, conspiracists may have felt like getting control back. Finally, individuals sceptical about vaccines and reinforcing such opinions might hold a more powerful status within a group with the same mentality. Nevertheless, it is vital to note that our findings are based on convenience samples and urge caution in generalising to other sample types (Simons et al., 2017). Further, it would be important to see whether our findings replicate other types of conspiracy theories than Covid-19-related ones.

CONCLUSION

Our findings contribute significantly to understanding how conspiracy beliefs are associated with attitudes towards COVID-19 vaccinations in a cross-cultural context, while reflecting on how trust in institutions can play different roles in this link. For instance, trust in the political leader was more strongly associated with conspiracy beliefs than trust towards other institutions, showing that political leaders' public stance on conspiracy theories can shape public health outcomes, such as influencing them to (not) get vaccinated, thus extending past research (Demmrich & Hanel, 2023). Further, our results

highlight the impact of culture on such associations. In Brazil, conspiracists trusted the president more, since he also believes in and spreads fake news about the pandemic (e.g., Idoeta, 2021; Mishra, 2021). This suggests that trust is not always positive and can lead to negative outcomes when the trusted institution is committed to spreading misinformation. Overall, our findings highlight that conspiracy beliefs are not an isolated phenomenon but a social and political issue with tangible impacts on public health. Therefore, to help mitigate the adverse effects of such beliefs, particularly in a situation of a global health crisis, proactive measures are needed to counter misinformation and foster trust in scientific and governmental institutions. Such countermeasures could potentially alleviate the adverse effects brought in by the messages of conspiracists and promote better health outcomes in times of need.

ETHICS STATEMENT

All procedures performed in this study involving human participants were in accordance with the 1975 Helsinki Declaration. Informed consent was obtained from all participants.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

Data S1. Differences between countries across all eight dependent variables.

Figure S1. Links between conspiracy beliefs and attitudes towards vaccination, per country.

Table S1. Correlation matrix—full sample.

Table S2. Correlation matrix—USA.

Table S3. Correlation matrix—Brazil.

Table S4. Correlation matrix—UK.

Table S5. Moderation effects (interactions).

Table S6. Moderation effects (interactions).

Table S7. Conditional mediation.

Table S8. Results of multi-group CFA to test for measurement invariance (attitudes).

Table S9. Results of multi-group CFA to test for measurement invariance (conspiracy beliefs).

Table S10. Results of approximate Bayesian invariance testing (conspiracy beliefs).

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