THE PREDICTORS OF CONSPIRACY THEORY BELIEF IN TÜRKİYE DURING THE COVID-19 PANDEMIC

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2024

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Thesis submitted to the

Institute for Graduate Studies in Social Sciences

in partial fulfillment of the requirement for the degree of

Master of Arts

in

Sociology

by

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2024

The Predictors of Conspiracy Theory Belief

in Türkiye during the COVID-19 Pandemic

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May 2024

DECLARATION OF ORIGINALITY

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ABSTRACT

The Predictors of Conspiracy Theory Belief in Türkiye

During the Covid-19 Pandemic

Conspiracy theories tend to emerge as alternative narratives to the information provided by legitimate authorities and become widespread in times of epistemic uncertainty. While prior research has explained the belief in conspiracy theories through information deficiency or the psychological and cognitive characteristics of individuals, these explanations fall short in accounting for the sociological factors that contribute to the proliferation of alternative truth discourses with eroding trust in political and scientific authorities. This thesis aims for an expanded understanding of conspiracy theory beliefs by incorporating trust as a sociological predictor in a global health crisis context. It investigates how trust in political institutions, healthcare services, scientists, and the news media is connected to belief in health-related conspiracy theories during the COVID-19 pandemic, controlling for sociodemographic factors such as class, religiosity, and political ideology. Research data is obtained from the Turkey COVID-19 Values Study (TCVS) Survey, which was conducted face-to-face with 1500 participants between April and May 2022. According to the multiple regression analysis, people who distrust political institutions, healthcare services, and scientists have significantly higher levels of conspiracy theory belief. Moreover, lower class and greater religiosity predict lower belief in conspiracy theories. The findings indicate that building trust during the communication of health-related information and management of public health might decrease belief in conspiracy theories in times of informational uncertainty.

ÖZET

Türkiye'de COVID-19 Pandemisi Sırasında Komplo Teorilerine Olan İnancın Belirleyicileri

Komplo teorileri, meşru otoritelerin sunduğu bilgilere alternatif anlatılar olarak ortaya çıkmakta ve epistemik belirsizliğin olduğu dönemlerde yaygınlaşma eğilimi göstermektedir. Geçmiş araştırmalar komplo teorilerine olan inancı bilgi eksikliği veya bireylerin psikolojik ve bilişsel özellikleri üzerinden açıklamıştır. Ancak bu çalışmalar, siyasi ve bilimsel otoritelere duyulan güvenin aşınmasına ve alternatif hakikat söylemlerinin çoğalmasına katkıda bulunan sosyolojik faktörleri açıklamakta yetersiz kalmaktadır. Bu tez, küresel bir sağlık krizi bağlamında sosyolojik bir faktör olarak güveni inceleyerek komplo teorisi inançlarının daha iyi anlaşılmasını amaçlamaktadır. Bunun için ekonomik sınıf, dindarlık ve siyasi ideoloji gibi sosyodemografik faktörleri kontrol ederek siyasi kurumlara, sağlık hizmetlerine, bilim insanlarına ve haber medyasına duyulan güvenin COVID-19 salgını sırasında sağlıkla ilgili komplo teorilerine olan inançla bağlantısını incelemektedir. Araştırma verisi, Nisan-Mayıs 2022 tarihleri arasında 1500 katılımcıyla yüz yüze gerçekleştirilen Türkiye COVID-19 Değerler Araştırması (TCVS) Anketinden elde edilmiştir. Çoklu regresyon analizine göre siyasi kurumlara, sağlık hizmetlerine ve bilim insanlarına güvenmeyen kişilerin komplo teorisi inancı anlamlı düzeyde daha yüksek bulunmuştur. Ayrıca düşük ekonomik sınıftan olan ve dindar kişilerin komplo teorilerine daha az inandığı bulunmuştur. Bulgular, bilgi belirsizliğinin yüksek olduğu dönemlerde sağlıkla ilgili bilgi paylaşımında ve halk sağlığının yönetiminde güven inşa etmenin komplo teorilerine olan inancı azaltabileceğini göstermektedir.

ACKNOWLEDGMENTS

I would like to express my sincerest gratitude to my thesis advisor, Dr. Ceylan Engin, the esteemed founder of the Sociology Data Lab, whose vision and guidance paved the way for this resaearch. I also would like to extend my acknowledgements to my thesis committee members, Dr. Mathew Creighton and Dr. Sinan Erensü, for their valuable insights and constructive feedbacks which significantly enriched the quality of this work. A special thanks is also owed to the vibrant community of the Sociology Data Lab, with a genuine recognition to Ladin Toplu and Eralp Karduz who encouraged me and supported me both intellectually and emotionally during the research and writing process. Finally, I am deeply grateful to my family, especially my aunt Sema Erkan and my parents who beared the emotional challenges of the journey with me. Their support has been a constant source of strength and inspiration throughout my academic life.

This work is supported by the Boğaziçi University Research Fund [Grant number 21B08SUP2].

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CHAPTER 1

INTRODUCTION

Conspiracy theories are defined as proposed explanations of social reality or important events through the intended actions of certain actors (Pipes, 1997; Dentith, 2014). People tend to believe in conspiracy theories to explain complex events in a simple way, especially when there is epistemic uncertainty (Pagán, 2004; Sunstein & Vermeule, 2009; Starbird, 2017) or an event that triggers anxiety, stress, and fear (Pelkmans & Machold, 2011; Grzesiak-Feldman, 2013; Uscinski & Parent, 2014; van Prooijen & van Vugt, 2018). Hence, despite their prevalence throughout human history, conspiracy theories become more popular during crises that are beyond the control of individuals, such as natural disasters, disease outbreaks, or terrorist attacks (Wood, 1982; Carlsen & Glenton, 2016; Kou, Gui, Chen, & Pine, 2017; Bergmann, 2018). The COVID-19 pandemic was a recent health crisis in which belief in conspiracy theories on health issues and COVID-19 pandemic have been widespread (Gallup International Association, 2020; Leonard & Philippe, 2021). Some of these theories claim that the pandemic was planned by certain institutions for population control, vaccines contain microchips for personal tracking, 5G technology causes the pandemic, or the pandemic is deliberately exaggerated for the interests of certain people (Imhoff & Lamberty, 2020; Jolley & Paterson, 2020; Satariano & Alba, 2020; Shahsavari, Holur, Wang, Tangherlini, & Roychowdhury, 2020; Douglas, 2021).

With the COVID-19 pandemic, conspiracy theories has become a popular topic of discussion, not only among the public but also in academic research. One reason for increasing interest in conspiracy theory research was the increasing concerns about the negative consequences of conspiratorial beliefs. As previous

research also shows, belief in conspiracy theories tends to decrease trust in public institutions (Douglas, Sutton, & Cichocka, 2017; European Commission, 2020; Mari et al., 2021) and scientific knowledge (Lewandowsky, Gignac, & Oberauer, 2013; Harambam & Aupers, 2015; Freeman et al., 2020; Rutjens & Većkalov, 2022), increase conflicts among social groups (van Prooijen, Spadaro, & Wang, 2022), and lead to political inaction (Jolley & Douglas, 2013; Imhoff & Bruder, 2014).

In the health context, belief in conspiracy theories may threaten both individuals' health and the public health. Studies show that individuals who believe in conspiracy theories are more skeptical of vaccines (Freeman et al., 2020; Jolley & Douglas, 2014; Oliver & Wood, 2014) and health authorities (Leonard & Philippe, 2021), comply less with public health measures (Alper, Bayrak, & Yilmaz, 2020), reject medical treatment more (Kalichman, 2009), and visit health care services less often (Douglas et al., 2015). In line with these findings, during the COVID-19 pandemic, believing in conspiracy theories was associated with lower compliance with the measures to combat the outbreak, such as social distancing, and vaccination (Freeman et al., 2020). Given these negative outcomes, conspiracy theories have become a major concern for the well-being of public as well as the effective management of the pandemic. It is important to understand what drives the belief in conspiracy theories among individuals to address these potential negative consequences. In this context, this study asks, "What are the predictors of belief in health-related conspiracy theories in Türkiye during the COVID-19 pandemic?"

Belief in conspiracy theories is interpreted as a crippled epistemic practice that relies on indirect information to explain complex social relations; or it was simply a result of lack of available information (Pagán, 2004; Sunstein & Vermeule, 2009). However, despite the increasing education levels, advances in scientific

knowledge, and ease of access to information through various media channels, conspiracy theories still exist (Harambam, 2017; Mancosu et al., 2021). Thus, previous approaches that focus on the information-deficiency is insufficient to explain the emergence of a conspiracy culture in the last few decades (Mancosu, Seddone, Bobba, & Vegetti, 2021). Moreover, several studies demonstrated that even when correct information is provided, it does not necessarily result in correction of the misinformation or conspiratorial beliefs and change individuals' behavior accordingly (Berinsky, 2015; Cobb, Nyhan, & Reifler, 2012; Baumgaertner, Carlisle, & Justwan, 2018).

Believing in conspiracy theories is a complex process since people tend to engage in motivated reasoning and interpret the provided information according to their prior knowledge or beliefs (J. Leman & Cinnirella, 2007; Sunstein & Vermeule, 2009; Kou, Gui, Chen, & Pine, 2017; Starbird, 2017; Shahsavari et al., 2020), such as their ideological dispositions (Mancosu, Vassallo, & Vezzoni, 2017; Uscinski, 2018). In other words, people selectively accept information that aligns with their already-existing views, attitudes or beliefs. Thus, understanding the belief in conspiracy theories requires an investigation of individuals' motivations or characteristics that are associated with belief in these theories, scholars from various academic backgrounds have investigated who believes in conspiracy theories.

Previous studies investigated predictors of conspiracy theory beliefs through individual characteristics and cognitive skills such as lower analytical thinking (Swami, Voracek, Stieger, Tran, & Furnham, 2014), the need for cognitive closure (Leman & Cinnirella, 2013), high anxiety (Grzesiak-Feldman, 2013), and delusional thinking (Dagnall, Drinkwater, Parker, Denovan, & Parton, 2015). On the other hand, sociological and anthropological research on conspiracy theories has focused

on “exploring the meaning these forms of knowledge have for all those concerned and how they influence people’s everyday lives and their societies at large” (Harambam, 2017, p. 22). From a sociological framework, conspiracy theories are often interpreted as individuals' struggles to make sense of social relations (Jameson, 1990; Marcus, 1999) or a mechanism to cope with ambiguity and stress in the modern world (Kossowska & Bukowski, 2015). These interpretations also referred to post-truth era in which people construct their own truth and reality based on their existing preconceptions (Lewandowsky, Ecker, & Cook, 2017). The acceptance of truth is explained in psychology, through biased assimilation, and motivated reasoning (Leman & Cinnirella, 2013; Miller, Saunders & Farhart, 2016) especially when there is high uncertainty. Respectively, various studies found a relationship between different ideologies such as religiosity (Mancosu et al., 2017; Sayın & Bozkurt, 2022) or political view (McHoskey, 1995; Uscinski & Parent, 2014; Kossowska & Bukowski, 2015; Renard, 2020) and belief in conspiracy theory.

On the other hand, some studies referred to the increasing epistemological doubt on the truth claims during the post-truth era (Aupers, 2012; Harambam & Aupers, 2014). Thus, belief in conspiracy theories can be considered as a rejection of information provided by authorities or official accounts. In this context, conspiracy theories reflect the discontent or distrust regarding provided information, or a suspicion of certain actors, such as political authorities and scientific experts that provide the information (Renard, 2020; Mancosu et al., 2021). In other words, “conspiracy theories unveil crises of trust, legitimacy, representation, and meaning that are temporarily and hierarchically situated” (Fassin, 2002: 411). In this regard, several studies explain belief in conspiracy theories through distrust in the authority of experts or political figures (Knight, 2000; Heins, 2007; Aupers, 2012).

Studies on the relationship between trust and conspiracy theory beliefs predominantly focus on how conspiracy theories decrease trust (Keeley, 1999; Einstein & Glick, 2014; Pummerer et al., 2021; Mari et al., 2022). However, recent research shows that this relationship can be formulated from the opposite direction as well. In other words, trust in certain institutions or actors may influence the belief in conspiracy theories (Uscinski & Parent, 2014; Kou et al., 2017). Given the uncertainty of the available information during the COVID-19 pandemic and the post-truth context, public trust in certain agents that manage this health crisis and inform the public has played an instrumental role in people's tendency to seek alternative narratives to make sense of the situation. This thesis argues that people's conspiratorial beliefs and behavior are influenced by their trust in political institutions, healthcare services, scientists, and the news media. More specifically, it argues that distrust in these institutions and actors can predict higher conspiracy theory beliefs. To test this relationship, the influence of trust in macro-level institutions and services that individuals rely on during a health crisis on the belief in health-related conspiracy theories is examined using multiple regression analysis. It is proposed that lower trust in political institutions, healthcare services, scientists, and the news media, which play a central role in the management of the pandemic, can predict higher belief in conspiracy theories on health issues. The regression analysis controls for the demographic characteristics of the sample along with religiosity and political ideology as the ideological dispositions of the individuals.

Overall, the existing research on predictors of conspiracy theories usually focus on either individual-level psychological characteristics or the political/religious ideologies of the believers. However, research on the relationship between conspiracy theories and the individuals' perception of their broader system of

political and scientific institutions has been comparatively limited, especially in non-Western contexts, as the majority of the studies focus on Western democracies (Butter & Knight, 2018; Bordeleau, 2023). This research might broaden our understanding of conspiracy theories while complementing the existing research on psychological and ideological predictors of conspiracy theory beliefs trough an examination of the role of trust as a sociological predictor of conspiratorial beliefs.

Moreover, this research aims to contribute to the literature in Türkiye with its specific focus on health-related conspiracy theories and enables a comprehensive view of conspiratorial beliefs beyond Western democracies. Conspiracy theories have received considerable attention in Türkiye, but most of these studies focus on political discourse (De Medeiros, 2018; Gürpınar, 2019) or predictors of generic conspiracy theories (Nefes & Aksoy, 2023). Despite the increasing interest in health-related conspiracy theories during the COVID-19 pandemic, there is still a limited number of studies on belief in medical conspiracy theories. Furthermore, existing literature examined the predictors of health-related conspiracy theories, with a primary emphasis on socio-demographic, psychological, and ideological factors (Alper et al., 2020; Salalı & Uysal, 2020; Erisen, 2022; Pivetti, Paleari, Ertan, Di Battista, & Ulukök, 2023). Nevertheless, the examination of trust relationships within the larger systems that encompass individuals' lives has not been explored in the context of conspiratorial beliefs. This thesis aims to address this gap in the literature by investigating the influence of trust in agents and institutions on health-related conspiracy theories, specifically in Türkiye, using the 2022 Turkey COVID-19 Values Study (TCVS)[1] survey data.

[1] 2022 Turkey COVID-19 Values Study (TCVS) is a survey-based research that investigate the demographic and social change in Türkiye during the pandemic.

Understanding the relationship between trust and belief in health-related conspiracy theories is expected to enhance our understanding of who believes in conspiracy theories and the influence of trust for adoption of alternative beliefs. Respectively, it may offer insight for the development of strategies to improve health communication as well as manage health and health crises more effectively.

The structure of this thesis is as follows: The Chapter 1 (Introduction) introduces the background of this research and explains the research question that the thesis examines. The Chapter 2 (Literature Review) provides a literature review of conspiracy theory research and includes four sub-sections. The first section, Conspiracy Theories: Definition and Approaches, starts with the definition of conspiracy theories and their general characteristics, and provides a brief background on their popularity among the public. Then changing conceptualizations and theoretical frameworks in conspiracy theory literature in the last decades are introduced. After a discussion of where this thesis stands within the theoretical discussions, Conspiracy Theories during Health Crises section moves to an investigation of conspiracy theories specifically in the health context. As this research is conducted in Türkiye, it also presents background information on health conspiracy theories and how the pandemic situation has contributed to the spread of these theories in the country. In Predictors of Conspiracy Theory Belief section, previous research on predictors of conspiracy theory beliefs is examined, and trust as a social predictor is justified. In the Hypotheses section, four hypotheses on the influence of trust in political institutions, healthcare services, scientists, and the news media are formulated based on the previous review of the literature. The Chapter 3 (Research Method and Methodology) presents the research method and methodology, providing details on the 2022 Turkey COVID-19 Values Study survey

data that is used for the research, the sampling process, and the operationalization of the variables for the analysis. The Chapter 4 (Findings) presents the descriptive findings and multiple regression results of four models. The models predict the belief in conspiracy theory through the four hypothesized trust variables for political institutions, healthcare services, scientists, and news media. This section is followed by a discussion of the key findings on the relationship between trust in political institutions, healthcare services, scientists, and the news media based on the proposed hypotheses and sociodemographic predictors of conspiracy theory beliefs. The final chapter, Chapter 5 (Conclusion) includes the summary of the research, its contributions to the literature, and its implications for health policies are presented. Finally, it outlines limitations of this thesis and provides recommendations for future research.

CHAPTER 2

LITERATURE REVIEW

2.1 Conspiracy theories: Definition and approaches

2.1.1 Definition and popularity

Conspiracy and conspiracy theory terms are usually used interchangeably; however, they do not mean the same. A conspiracy is a "secret plan made by two or more people to do something bad, illegal, or against someone's wishes" (Cambridge Dictionary, 2024), while a conspiracy theory is a proposed explanation of social reality or important events through the intended actions of certain actors (Pipes, 1997; Dentith, 2014). If a conspiratorial statement's accuracy is unknown, it is considered a conspiracy theory. If the statement is inaccurate, it is misinformation. However, if a conspiracy theory turns out to be accurate, it is a conspiracy. For instance, until it was proven to be right, the Watergate Scandal[2] was considered a conspiracy theory. What this thesis aims to explore is the belief in conspiracy theories, statements whose accuracy is inconclusive. However, both conspiracies and conspiracy theories share same characteristics apart from the accuracy aspect.

Conspiracy theories differ in terms of their scope, the agents that they hold responsible, or the aim of the explained actions. While some conspiracy theories may take place in a local organization, such as a workplace (Douglas & Leite, 2016), others may extend beyond the physical boundaries of our planet and involve aliens. Despite the variance, conspiracies involve three conditions, according to Matthew

[2] The Watergate Scandal initially emerged as a theory proposing unlawful actions within President Nixon's government, but subsequent investigations verified it as an authentic conspiracy. The incident involved the unlawful intrusion into the Democratic National Committee headquarters and subsequent endeavors by Nixon's staff to hide their participation, ultimately resulting in Nixon's resignation and criminal charges against multiple members of his administration.

R.X. Dentith (2014), which are the secrecy condition, the goal condition, and the conspirator condition. The first one, the secrecy condition, refers to the effort to hide the plot from the public to decrease awareness of the plan. The second condition, the goal, refers to the intended outcome that is planned by the conspirators. These intended acts might include taking political and economic power, unlawful surveillance, or violations of public rights that threaten people themselves, their privacy, or their rights. Finally, the third condition is the conspirator, the responsible agent behind the plot. The conspirator is usually a "small, powerful group of individuals" (Byford, 2011: 2), but it can also be an individual, an institution, or an influential industry (van Prooijen & van Vugt, 2018). Even though the conspirators are usually high-power actors (Imhoff & Bruder, 2014), there are also conspiracy theories that attribute responsibility to stigmatized groups (van Prooijen & van Vugt, 2018) such as the Great Replacement Theory[3].

It has been historically shown that certain conditions such as natural disasters and societal discontent have increased conspiracy theories and their influence (Groh, 1987; Pipes, 1997). For instance, the plague in Europe in the mid-fourteenth century paved the way for the emergence of conspiracy theories due to the uncertainty and lack of scientific knowledge regarding the origin of the virus and its treatment. Sometimes conspiracy theories themselves contributed to the justification of revolutions and wars (Groh, 1987; Wood, 1982; Pipes, 1999), as well as the rise of authoritarianism (Bergmann, 2018). During the French Revolution, the Jacobins criticized the corrupting elites by spreading conspiracy theories that claimed that certain groups aimed to dominate the world. Later, in the World Wars and the Cold

[3] The Great Replacement Theory proposes that the white population and its culture will disappear due to the migration of non-white people (Britannica, 2024).

War, the discourse on a hegemonic quest for world dominance was widely used to justify the invasion of other countries. An extreme example is the Nazi ideology that emerged between two World Wars and asserted Jewish people to conspire against the German nation and used conspiracy theories as a propaganda tool to provoke reactions against the New World Order[4] (Byford, 2011). Despite the advances in science and the availability of scientific knowledge, conspiracy theories have not lost their popularity during the last century (Grzesiak-Feldman, 2013; Uscinski & Parent, 2014; Oliver & Wood, 2014; Harambam, 2017; Mancosu et al., 2021). In fact, by giving reference to the World Wars, widespread upheavals around the world, and increasing totalitarianism, Pipes (1997) argues that conspiracy theories have especially become more influential in the mid-twelfth century. To investigate whether there has been a change in the popularity of conspiracy theories in the last century, Uscinski and Parent (2014) examined conspiracy letters addressed to the New York Times and Chicago Tribune magazines between 1890 and 2010. Their analysis concluded that overall conspiratorial conversations in the US have been around similar levels in the letters, and "conspiracy theories never really go out of fashion" (p. 128). A different study examined nationally representative surveys conducted between 2006 and 2011 on the endorsement of conspiracy theories such as 9/11 being planned by the US government, George Soros controlling the US government, or the financial crisis being organized on purpose. The study found that half of the citizens believe in at least one conspiracy theory in the US (Oliver & Wood, 2014). Instead of disappearing in time, conspiracy theories have become a part of popular culture and contemporary politics (Harambam, 2017; Mancosu et al.,

[4] New World Order conspiracy theory asserts that a secret elite group aims to obtain domination of the whole World to establish a single and authoritarian government to destroy nation-states.

2021) due to increasing skepticism and distrust of scientific authorities and scientific knowledge (Heins, 2007; Aupers, 2012) and the appropriation of conspiratorial discourses by populist leaders (Pipes, 1997; Byford, 2011). In line with this popularity, interest in conspiracy theory research has also increased in academia in the last few decades.

2.1.2 From stigmatization to de-stigmatization

Academic research on conspiracy theories and belief in these theories has developed very late, despite the existence and popularity of conspiracy theories throughout centuries (Butter & Knight, 2018). In fact, the previous works did not conceptualize conspiracy theories as a scholarly subject until the mid-twelfth century. Initial works in the literature consisted of critiques of conspiracy theories instead of an investigation of what these theories are, how they emerge, or who believes in them. The focus of the critiques was consequential formulations of conspiracy theories as well as their assumptions of agency, intentionality, and causality (Harambam, 2017). One of the earliest works of conspiracy theory literature was made by Karl Popper, who criticized the conspiracy theory of society[5] (Harambam, 2017). He explained that scientific inquiry is based on the falsification of theories through empirical methods and tests that are agreed upon (Popper, 1963). However, conspiracy theories are generated upon observation of certain events, and they deliberately appropriate any given output to support the initial theory (Clarke, 2002; Popper, 2005). Popper despised how conspiracy theories are formulated through confirmations instead of falsifications because such formulation enables manipulation of the given information to support a desired outcome. As the selective acceptance of evidence

[5] See The Open Society and Its Enemies (Popper, 2002).

makes conspiracy theories unfalsifiable, conspiracy theories were regarded as a non-scientific way of explaining society. In his historical analysis of conspiracy theories, Groh (1987) directed a similar criticism towards conspiracy theories in his historical analysis. He explained that the intentional causal connections formulated by conspiracy theories undermine the complex reality of "structural pressures, economic influences, and political constellations" (Groh, 1987, p. 10). There were many other examples of studies in which conspiracy theories were seen as unsophisticated and unscientific statements (Knight, 2000; Pipes, 1999), which are not worth studying academically. Existing works often frame conspiracy theories as products of paranoid minds or poor cognitive skills (Hofstadter, 1979; Coady, 2018). Moreover, a group of researchers approached conspiratorial beliefs as a sort of mental dysfunction, illness (Darwin, Neave, & Holmes, 2011), or an abnormal way of seeing the world (Clarke, 2002). This approach has also influenced the research questions on how psychological characteristics and cognitive abilities influence individual beliefs in conspiracy theories (Fassin, 2002; Butter & Knight, 2018; Douglas et al., 2017).

The increasing popularity of conspiracy theories in popular culture and the number of studies in cultural studies influenced conspiracy theory research to adopt sociological and anthropological frameworks for understanding who believes in conspiracy theories, what the motivations behind conspiratorial beliefs are, and the meanings attributed to conspiracy theories (Knight, 2000; Fenster, 2008; Pelkman & Machold, 2011; Harambam & Aupers, 2014; Kossowska & Bukowski, 2015; Fassin, 2002). The scope of these works included, but was not limited to an examination of social, cultural, and political conditions that are associated with the emergence and dispersion of conspiracy theories, the motivations behind the belief in conspiracy

theories, the formulation of these theories, and the meanings behind these theories (Harambam, 2017; Fassin, 2002). This alternative approach emphasized that since false science stigma is not natural but constructed within social life and power hierarchies (Pelkmans & Machold, 2011), negative labels around conspiracy theories need to be approached with caution in academic studies (Bergmann, 2018). Similarly, people who believe in conspiracy theories are not necessarily irrational or passive believers in certain ideas, but they actively question the legitimacy of the authorities who claim to provide mainstream information (Harambam & Aupers, 2015).

Some of these works offered alterative interpretations of conspiracy theories as the struggle of individuals with the complexities of the postmodern age (Harambam, Grusauskaite, & de Wildt, 2022) to make sense of social relations (Jameson, 1990; Marcus, 1999) or to restore the lost sense of subjectivity in a corporate global capitalist system of neoliberal economy (Mason, 2002; Heins, 2007). In other words, conspiracy theories might be a strategy to cope with ambiguity and the stress of uncertainty (Kossowska & Bukowski, 2015) or power imbalances (Heins, 2007; Uscinski & Parent, 2014). Sullivan, Landau, and Rothschild (2010) explained that conspiracy theories may compensate for the decreasing control of individuals over their surroundings by attributing the perceived problems to a political enemy. Similarly, Uscinski and Parent (2014) interpreted conspiracy theories as "weapons of the weak and on balance an adaptive behavior" (p. 17) and asserted that some groups in society use conspiracies as a *warning system* to deal with their weakness over the powerful groups (van Prooijen & van Vugt, 2018). Conspiracy theories can act as tools for the weak to defend themselves against the powerful and feel safe. In other words, knowing enables one to respond to the

power of the elites, and conspiracy theories act as “an early warning system for group security” (Uscinski & Parent, 2014, p. 17). Thus, these works challenged the assumption that conspiracy theories are inherently wrong or based on unwarranted beliefs (Clarke, 2002; Dentith, 2014; Harambam & Aupers, 2017; van Prooijen & van Vugt, 2018). The use of conspiracy theories as a defense and empowerment tool may also help disadvantaged groups challenge the transparency and accountability claims of the public authorities (West & Sanders, 2003), which may also reveal real conspiracies.

These examples and justifications do not deny that some conspiracy theories might be adopted by powerful actors for manipulative purposes (Bergmann, 2018) or that they have negative consequences. On the contrary, conspiracy theories can be used by oppressors who are “strong enough to make conspiratorial enemies out of their opponents” (de Medeiros, 2018, p. 36). It is common to see populist leaders around the world using conspiracy theories, in their discourse against corrupted elites or external threats (Pipes, 1997; Byford, 2011; Bergmann, 2018). Conspiracy theories have been playing a significant role in the political discourse of populist leaders to accuse opposition groups or external enemies of the country’s social, economic, or security problems or to provide legitimacy for authorities to expand their power (de Medeiros, 2018; Morris, 2020; Yılmaz & Shipoli, 2021). Thus, it is important to examine conspiracy theories within their own contexts to understand what these theories tell, who produces them, and who believes in them. As Pelkman and Machold (2011) say, to make sense of conspiracy theories, “contextualization of conspiracy theories is a good step forward” (p. 74). Instead of labeling conspiracy theories as false statements or the products of delusional and dysfunctional minds,

contextualization, politicization, and historicization are necessary for understanding belief in conspiracy theories.

Another significant aspect of this sociocultural shift has been the recognition of conspiracy theories as responses to social crises and discontent within society (Jameson, 1990; Marcus, 1999; Mason, 2002). As an alternative to framing conspiracy theories as an evil that causes crises and discontent, it can be argued that social problems or distrust in certain actors may be the reason why conspiracy theories exist in the first place (Byford, 2011; Fassin, 2022). The underlying idea is that conspiracy theories "are embedded in socio-political fields" (Pelkman & Machold, 2011, p. 68). Hence, these theories can provide valuable input, such as the revelation of crises of trust and legitimacy (Fassin, 2002) or the inconsistencies in official narratives (Clarke, 2002; Heins, 2007; Swami & Coles, 2010). In other words, belief in conspiracy theories might reflect the discontents of society or a result of decreased trust due to inconsistencies in the information provided by authorities (Clarke, 2002; Heins, 2007; Swami & Coles, 2010). As conspiracy theory narratives challenge the official versions of "truth" and the legitimacy of authorities that provide information (Harambam & Aupers, 2014), they might "unveil crises of trust, legitimacy, representation, and meaning that are temporarily and hierarchically situated" (Fassin, 2002, p. 411). Health context is particularly important to investigate this relationship since health decisions and the well-being of the public depend on health information based on scientific knowledge, health policies developed by political institutions, and the news media through which the information is communicated. The recent COVID-19 pandemic has demonstrated the importance of investigating the belief in conspiracy theories, as these theories hindered the efforts of effective management of the crisis by influencing people's

decisions on compliance with pandemic measures, vaccine acceptance, or acceptance of scientific knowledge. Although the majority of the previous studies have investigated this relationship from the opposite direction by treating conspiracy theories as a predictor of decreasing trust levels, this study will analyze how distrust predicts health-related conspiracy theory beliefs.

2.2 Conspiracy theories during health crises

Harambam (2017) interprets conspiracy theories as "categories of meaning that inform and direct behavior and have as such empirical consequences" (p. 26). These consequences may vary depending on the conspiracy theory or the context. While it is true that certain conspiracy theories reflect legitimate suspicions and lead to increased transparency or help to reveal a real conspiracy (Clarke, 2002; Swami & Coles, 2010; Harambam et al., 2022), some may cause damage (Douglas et al., 2017; Mari et al., 2021; Rutjens & Većkalov, 2022). When it comes to health context, people who believe in conspiracy theories tend to be more skeptical of vaccines (Freeman et al., 2020; Douglas & Karen, 2014; Oliver & Wood, 2014) and health authorities (Leonard & Philippe, 2021), comply less with public health measures (Alper et al., 2020), reject medical treatment more (Kalichman, 2009), visit health care services less often (Douglas et al., 2015), and mistrust official information sources and public authorities more (Jolley & Douglas, 2014). For this reason, it is particularly important to understand the belief in health-related conspiracy theories for the development of strategies against the theories that might lead to negative health outcomes.

Despite the existence of medical conspiracy theories throughout human history, they particularly become more prevalent during health crises. The increased

prevalence might be attributed to increasing stress, anxiety and uncertainty which are associated with spread of conspiracy theories and higher tendency to believe in these theories (Grzesiak-Feldman, 2013; van Prooijen, 2018). One of the earliest examples dates back to the bubonic epidemic in Europe during the mid-fourteenth century. The emergence of the outbreak was explained by an agreement between Jewish people and the Devil to bring destruction to Christianity (Groh, 1987). Even though there has been scientific advancement to explain diseases, medical conspiracy theories have not lost their popularity in recent outbreaks (Kou et al., 2017; Bergmann, 2018; Mancosu et al., 2021). These conspiracy theories usually involve denial of certain diseases, or they question the origin of the disease, while some might involve skepticism towards the big pharma industry or medical methods (Kou et al., 2017; Shahsavari et al., 2020; Turunç, 2021). For instance, it has been argued that the CIA produced HIV/AIDS (Pipes, 1999) or that the pharmaceutical industry deliberately spread certain diseases to increase their profit.

Shahsavari et al. (2020) explains that acceptable information is formed based on "a shared world view, a reservoir of existing stories, and a shared understanding of story structure" (2020:3). In line with his explanation, conspiracy theories during health crises often appropriate similar arguments that were previously used to explain previous events, despite the variance of diseases and their impacts on health and society. The continuance of the narrative in various contexts is also in line with the arguments of selective acceptance of information that aligns with individuals' previous knowledge and beliefs (Sunstein & Vermeule, 2009; Leman & Cinnirella, 2013).

During the Zika pandemic, the popular conspiracy theories involved the creation of the virus in the laboratory for population control and distrust against

corrupt politicians, elites, and the pharma industry (Kou et al., 2017). There were also conspiracy theories around certain diseases targeting specific groups in society. For instance, it is proposed that HIV/AIDS be created in laboratories to target specifically Black communities and homosexuals to control their populations (Bergmann, 2018).

More recently, vaccine skepticism and distrust in health authorities emerged as major issues among people who believe in conspiracy theories (Freeman et al., 2020; Douglas & Karen, 2014; Leonard & Philippe, 2021; Oliver & Wood, 2014). These individuals comply with public health measures less (Alper et al., 2020), reject medical treatment more (Kalichman, 2009), visit health care services less often (Douglas et al., 2015), mistrust official information sources and public authorities more (Jolley & Douglas, 2014), and engage in self-destructive health behavior more.

The COVID-19 pandemic was a recent example of a high-uncertainty situation at the global level in which epistemic authorities did not have a consensus over the health information and management of the outbreak. Since the discovery of the coronavirus, speculations on the existence and origin of the virus, measures that can be taken against the disease, and the consequences of the outbreak have disseminated even faster than the virus itself. Surveys conducted during the COVID-19 pandemic also confirmed that belief in conspiracy theories was widespread. An international Gallup survey (2020) conducted in 28 countries revealed that around one-third of the people believe the pandemic was deliberately planned by an external group (Leonard & Philippe, 2021).

In line with the previous research, belief in conspiracy theories was also found to be connected to lower compliance with social distancing regulations, decreased willingness to get tested (Freeman et al., 2020), and lower vaccine

acceptance (Akarsu et al., 2020) during the COVID-19 pandemic. The negative impact of conspiracy theory belief is not limited to health behavior; it expands to social and political areas as well. For example, there have been protests to burn down 5G cell towers due to the unwarranted claims that the telecommunications industry is responsible for spreading coronavirus through 5G technology (Satariano & Alba, 2020). Considering the negative impact of conspiracy theory beliefs on health behavior, understanding the determinants of conspiratorial beliefs can play a crucial role in managing health crises and improving public health.

Common conspiracy theories around the COVID-19 was similar to the historical medical conspiracies mentioned above. One of these theories argued that coronavirus is deliberately produced in a lab as a bioweapon (Douglas et al., 2021; BBC, 2023). Moreover, as older adults and people with previous disease histories were presented as risky groups during the COVID-19 pandemic (World Health Organization [WHO], n.d.), conspiracy theories argued that the coronavirus was produced to target a population that might be seen as a burden to society (ODA TV, 2020).

Another common health conspiracy theory proposes that the vaccines are not effective, yet certain institutions promote these vaccines for commercial interest, and health policies are significantly influenced by the pharma industry (Smallman, 2009). For instance, during the H1N1 outbreak, conspiracy theories proposed that pharmaceutical companies deliberately produce diseases for economic interest and that vaccines are promoted not because they are effective but for the interest of the pharmaceutical industry (Carlsen & Glenton, 2016). Similarly, certain theories argue that COVID-19 vaccines are ineffective, yet the pharma industry promotes them, or vaccines cause diseases, but the industry hides these facts. There were also

conspiracy theories about vaccines that blame certain elites and theories that speculated vaccines' side effects, such as harming the immune system, causing more diseases and deaths, and causing miscarriages (Doğruluk Payı, 2021). Moreover, it is argued that "COVID-19 vaccines involve microchips for personal tracking" (Shahsavari et al., 2020; Islam et al., 2021; Ullah et al., 2021).

A possible explanation for the increasing popularity of conspiracy theories during crisis times is that scarce and uncertain information lead people to interpret their experiences based on their ideological predispositions (Uscinski, 2019) and selectively accept information that is coherent with their prior knowledge and beliefs (Leman & Cinnirella, 2007; Sunstein & Vermeule, 2009; Kou, Gui, & Chen et al., 2017; Starbird, 2017; Shahsavari et al., 2020). Hence, to provide stress relief and bring explanation to complex events, alternative mechanisms such as conspiracy theories, rumors, and pseudoscience may be adopted (Kou et al., 2017; van Prooijen & Douglas, 2017; European Commission, 2020). Moreover, fear- and anxiety-triggering events and stressful conditions such as political transformations, natural disasters, or disease outbreaks are also positively correlated with increased engagement with conspiracy theories (Pelkmans & Machold, 2011; Grzesiak-Feldman, 2013; Uscinski, 2014; Van Prooijen, 2018). In line with these findings, previous research shows that during health crises, conspiracy theories may be used as a collective mechanism for making sense of the disease by using the limited information provided from alternative sources (Carlsen & Glenton, 2016; Kou et al., 2017).

Amidst the epistemic uncertainty, the information shared as well as the strategies adopted by these agents influence public attitudes and conspiratorial beliefs. The measures taken against diseases usually threaten the interest of

individuals and lead to economic losses, increasing inequality, and psychological damage. Such outcomes increase the tendency to believe in xenophobic explanations that blame *the other* for the outbreak of the disease (Sullivan et al., 2010; Grzesiak-Feldman, 2013). This tendency was also reflected in the government responses that adopted a war discourse and militaristic metaphors to handle the COVID-19 pandemic (Giorgis, Semenets, & Todorova, 2023) as well as xenophobic references to the virus as a "Chinese virus" (Kania, 2022). Through influencing people's perception of the disease and the vaccines to blame an external enemy, these narratives contributed to the proliferation and spread of conspiracy theories as well.

When legitimacy of knowledge or evidence is suspicious, people tend to seek alternative platforms through which they filter new information that fits their prior knowledge and belief (Sunstein & Vermeule, 2009; Leman & Cinnirella, 2013; Kou et al., 2017). Governments and scientific authorities also play a central role in shaping conspiratorial beliefs as they are the legitimate source of information on health-related issues and the management of health crises. Thus, it is also necessary to understand the attitudes of political authorities on health issues.

The pandemic responses of governments differed in accordance with the countries' broader economic and social interests. Some leaders did not take the pandemic seriously and chose to adopt looser measures, such as Donald Trump in the US or Jair Bolsonaro in Brazil (Mayer, 2020; Aydın-Düzgit et al., 2021). On the other hand, leaders such as Recep Tayyip Erdoğan in Türkiye, Victor Orban in Hungary, and Narendra Modi in India chose to take the COVID-19 pandemic seriously but took illiberal responses[6] (2020). In these cases, leaders took advantage

[6] According to Mayer's analysis (2020), illiberal responses refer to the enforcement of pandemic measures inconsistently. For instance, in Turkey, despite a partial lockdown and the prohibition of public gatherings like weddings and funerals, the ruling party held its ordinary congress in front of a large crowd (BBC, 2021) and arranged a Friday prayer to commemorate the reopening of Hagia Sofia

of the disease to increase their authoritarian power (Morris, 2020), yet scandals over data manipulation and illiberal implementation of pandemic management policies resulted in an inconsistent information flow from various sources (Mayer, 2020; Laebens & Öztürk, 2022). This situation further complicated access to accurate and reliable information and created a suitable environment for reliance on alternative narratives. Studies show that the provided information and the implemented policies are not aligned or contradictory; epistemic uncertainty increases while trust in authorities and the provided information decreases. Both situations increase belief in conspiracy, as previous research has demonstrated (Kou et al., 2017; van Prooijen & Douglas, 2017; Uscinski, 2018; European Commission, 2020). Thus, even when medical conspiracy theories are not endorsed by the government directly, it is important to examine how post-truth politics have influenced health-related conspiracy theories in Türkiye, a country that has been ruled by the Justice and Development Party (AKP) and has adopted populist discourse and policies for more than two decades. Thus, the next section will provide background on the general conspiratorial narratives in the country, as well as conspiracy theories on health. Moreover, it will discuss the possible links between the adoption of post-truth politics in the pandemic response (Balta & Özel, 2020; Laebens & Öztürk, 2022) and conspiratorial beliefs.

as a mosque. Moreover, when the country was in partial lockdown and less than 15 percent of the population was vaccinated, the Ministry of Culture and Tourism shared an advertisement video that invited tourists to enjoy their holidays with the vaccinated tourism staff (Mengü, 2021). Political authorities' inconsistencies in implementing pandemic restrictions also contributed to a decrease in trust in the public information they shared.

2.1.2 Health-related conspiracy theories in Türkiye

Although studies on medical conspiracy theories were conducted predominantly in other countries, theories on population control, evil pharmaceutical industry, hidden side effects of the vaccines, and the origin of the virus were also widespread in Türkiye as well (Özdemir, 2021; Doğruluk Payı, 2021; Eslen-Ziya & Pehlivanlı, 2022; Nefes, 2023). In the context of Türkiye, conspiracy theories usually target colonialist-imperialist threats and blame corrupted elites for conspiring against the country and Muslims (De Medeiros, 2018; Gürpınar, 2019; Balta, Kaltwasser, & Yagci, 2021; Yılmaz & Shipoli, 2021). Popular conspiracy theories assert that the hegemonic powers of the world conspire against Türkiye to hinder its development (Bianet, 2020; Yılmaz & Shipoli, 2021). These theories usually target certain institutions, nations, terrorist groups, wealthy people, and families, or simply any political opposition group (Yılmaz & Shipoli, 2021). Popular medical conspiracy theories and COVID-19 conspiracy theories are influenced by these narratives. For instance, in qualitative research on childhood vaccinations, the participants state that they are skeptical of the vaccines because they distrust pharmaceutical companies and influential names such as Bill Gates or the Rockefeller family (Turunç, 2021). The foreign origin of the vaccines, the belief that vaccines are used as biological weapons, or believing that the vaccines change human DNA or sterilize people are the reasons behind conspiracy theories on vaccines (Turunç, 2021; Aslan, Özkara, Kasım, & Aksoy, 2023). It is also important to note that these narratives and skepticism towards certain families, the West, or pharmaceutical companies show similarities with the conspiracy theories that were endorsed for the HIV/AIDS or Zika pandemic (Kou et al., 2017; Bergmann, 2018).

Skepticism and conspiratorial narratives were also prevalent throughout the pandemic, especially regarding the COVID-19 vaccines, which were developed in an exceptionally short period of time. For instance, the anti-vaccine conspiracy theories generally target the World Health Organization and Bill Gates Foundation for experimenting on the population (Özdemir, 2021; Nefes, 2023). A famous writer and journalist among religious conservatives in Türkiye, Abdurrahman Dilipak, was one of the most popular conspiracy theorists and anti-vaccine defenders during the pandemic. Dilipak's speeches have circulated through both traditional media and social media, reaching a wide audience in Türkiye (Nefes, 2023). His arguments mainly involved Islamic and libertarian oppositions to vaccines. For instance, he claimed that the virus is a biological agent produced in the laboratory and said, "I will not be a cyborg; I will not get chips" (Haber Global, 2021), as he believes the COVID-19 vaccines inject chips into people's bodies. Since the origin of the disease is Chinese and the vaccines in Türkiye were also imported from China, the skepticism towards China influenced conspiracy theory narratives (Erdoğan, Uyan-Semerci, Türkarslan, & Kuzlukoğlu, n.d.; Konda, 2021). However, this narrative was common in the public compared to other countries, such as the US. The fact that these theories predominantly demonized the West but not China can be explained through the high acceptance of general anti-imperialist conspiracies against the West as well as the country's pandemic management strategy. As stated previously, conspiracy theories are embedded in social and political life. The prevalence of anti-imperialist conspiracy theories throughout the pandemic exemplifies this embeddedness and how conspiracy theories are connected to the official narratives.

The political discourse throughout the pandemic can show how post-truth politics have shaped public trust in government, healthcare services, and scientific

experts, as well as the conspiratorial discourses in a context of epistemic uncertainty. Hence, it is important to consider how the pandemic was managed in Türkiye to understand the belief in conspiracy theories during the pandemic. President Erdoğan did not frame his main narrative around blaming an external enemy in the case of the pandemic and adopted a discourse on how Türkiye managed it professionally, scientifically, and efficiently (Aydın-Düzgit, Kutlay, & Keyman, 2021). The pandemic communication strategy of the government aimed to build a strong image for healthcare services and professionals. The public was informed regularly about the disease, cases, death rates, and restrictions through the official announcement of Health Minister Dr. Fahrettin Koca in the media. For a while, these announcements have monopolized the information on the disease in a way, as the pandemic measures were presented to be taken by scientific authorities and experts such as the Coronavirus Scientific Advisory Board and the Ministry of Health (Kemahlıoğlu & Yeğen, 2021; Laebens & Öztürk, 2022). This technocratic framing of the management not only made people trust in government during the first months but also enabled the government to create a populist discourse against the West that emphasized how Türkiye succeeded what the West failed (Laebens & Öztürk, 2022).

However, the scientific approach and success narratives were limited to public speeches and were not reflected in actions. In the following months, the epistemic uncertainty has increased with the contradictions revealed in the official data as well as the narratives of the public authorities and health professionals. There were scandals about the transparency of the statistics shared with the public (Laebens & Öztürk, 2022); information on the actual COVID-19 cases and death rates was either hidden from the public or undercounted.[7] There was a contradictory

[7] Death-rate statistics on the Health Ministry website were around 2.5 times less than the World Health Organization's calculations for Türkiye (TTB Haberler, 2022). The misleading statistics were

information flow from different sources on the COVID-19 statistics. The annual evaluation report of the Turkish Medical Association (TMA)[8] estimated the COVID-19 deaths at more than 275 thousand and declared the association's skepticism towards the data shared by the Ministry of Health, which estimated the death number at around 80 thousand (TTB, 2022a). Later, the World Health Organization's estimations were released as 264 thousand, which was in line with TMA's estimations (TTB, 2022b). Not only the number of deaths but also the number of confirmed COVID-19 cases and hospitalized people were either manipulated or underreported in a way that is against the World Health Organization's definitions and calculation methods (Balta & Özel, 2020). Such inconsistencies in the publicly shared data disrupted trust in health institutions and official authorities that were supposed to inform the public.

On the other hand, there was also uncertainty regarding the information provided on the TURKOVAC vaccine.[9] While these conspiracy theories on vaccines were already common, the politicization of the Turkish vaccine increased skepticism towards information provided on vaccines. There has been a divergence between TMA and political authorities on the TURKOVAC vaccine, which obtained emergency-use permission and became available to the public at the end of 2021 (T.C. Sağlık Bakanlığı, 2021). TMA criticized the permission decision because the

also presented in the news media every day to inform the public on the disease. Another scandal on the misleading data was pointing the Turkish Statistical Institute (TURKSTAT). The former head of TURKSTAT, Birol Aydemir, explained that this failure might be attributed to either the inconsistencies detected in the analyses of the daily data or administrative data not being collected at all yet.

[8] TMA is a professional association that represents doctors in Türkiye. It is one of the most influential institutions in the country on health issues. Moreover, according to a poll conducted in 2022, TMA is one of the most trusted institutions in the country after the security institutions (Stiftung, 2024).

[9] TURKOVAC is a vaccine developed by the Ministry of Health in Türkiye against the COVID-19 disease. The first clinical trials of the vaccine started in November 2020; the second trials started in February 2021. The third trials started at June 2021, and the vaccine obtained emergency-use permit before the completion of these trials.

scientific findings on the safety and efficacy of the vaccine were not sufficient (TTB Haberler, 2021). Upon this critique, Erdoğan condemned TMA by declaring the institution a fraud and liar (Independent, 2022). As conspiracy theories on the vaccines were already circulating, this circulation of contradictory information provided by political authorities and health experts might have also increased vaccine skepticism towards and conspiratorial beliefs on vaccines.

As the literature shows, high-anxiety situations, as well as epistemic uncertainty, are influential in the increasing popularity of health conspiracies in the context of a pandemic. On the other hand, the actions taken by epistemic authorities, political actors, and scientists in this case might increase the uncertainty by providing contradictory and inconsistent information (Mayer, 2020; Laebens & Öztürk, 2022). Given the lack of accurate and reliable information, people may rely on alterative narratives and endorse conspiracy theories (Kou et al., 2017; van Prooijen & Douglas, 2017; Uscinski, 2019; European Commission, 2020). To combat these theories and their potential negative influence on society and public health, it is necessary to understand what drives the belief in conspiracy theories. The next section will examine the previous studies on the predictors of conspiracy theory beliefs and propose that trust, as a sociological concept, can be a predictor of conspiratorial beliefs.

2.3 Predictors of conspiracy theory belief

The recent literature on belief in conspiracy theories was developed around two main areas: some studies focused on the negative outcomes of conspiratorial beliefs and explained certain phenomena through belief in conspiracy theories, whereas others were interested in the question of who believes in conspiracy theories. Recent

literature has addressed the question of who believes in conspiracy theories in various ways. While the majority of the literature consists of psychological and demographic predictors of conspiracy theories, a relatively small number of studies have investigated social factors, such as the influence of group identity, social media use, or trust in certain institutions (van Mulukom et al., 2022). When it comes to the relationship between trust and conspiracy theories, studies predominantly focus on the influence of conspiracy theory beliefs on decreasing trust levels. However, the research that explains conspiratorial beliefs through decreased trust is limited.

Believe in other conspiracy theories is a significant predictor of believing in one theory (Goertzel, 1994; Freeman et al., 2020; Sayın & Bozkurt, 2022). For this reason, Pipes (1997) writes, "Conspiracy refers to an act, conspiracy theory to a perception" (p. 21) to explain that conspiracies are not individual or independent statements, but they are "a way of seeing life" (p. 2). Similarly, Uscinski and Parent (2018) explain that conspiratorial thinkers have a predisposition to see what is happening around them through an ideological lens of conspiracy, and they try to place individual events within those conspiratorial belief systems. Moreover, the strong relationship between beliefs in different conspiracy theories is also valid for contradictory statements in some studies (Wood, Douglas, & Sutton, 2012; Miller, 2020). To explain this relationship, van Prooijen and Acker (2015) argue that people who believe in conspiracy theories do not necessarily believe in the contradictory statements at the same time, but they indicate their general disbelief in the official narrative.

When it comes to studies in psychology, higher conspiracy theory beliefs were found to be related to lower analytical thinking (Swami et al., 2014), intuitive thinking (Alper et al., 2020), delusional thinking (Degnall et al., 2015), as well as the

tendency to attribute agency to inanimate objects (Oliver & Wood, 2014; Douglas et al., 2017), and anxiety (Grzesiak-Feldman, 2019). Furthermore, studies also found dissatisfaction with provided explanations and a need for cognitive closure are linked to higher belief in conspiracy theories (Leman & Cinnirella, 2013).

A vast literature is dedicated to conspiracy theories in Türkiye, yet these studies usually focus on the use of conspiracy theories as a political discourse (de Medeiros, 2018; Gürpınar, 2019) or on the predictors of generic conspiracy theories (Nefes & Aksoy, 2023). For instance, Nefes and Aksoy (2023) examined generic conspiratorial beliefs through political and religious beliefs. The examined statements involved conspiracies of the external enemies against the sovereignty of the country through individuals' opinion on major event in the country. They found that both higher support for opposition and being religious predict higher conspiracy theory beliefs. On the other hand, a relatively limited number of studies have examined health-related conspiracy theories.

With the recent COVID-19 pandemic, the predictors of vaccination and health-related conspiracy theories gained popularity in Türkiye, yet the conspiracy theories in the health context have been limited to COVID-19-specific theories in these studies. The majority of the studies from Türkiye in the context of COVID-19 and health-related conspiracy theories have generally focused on the relationship of conspiracy belief with the compliance of preventive measures, support for government restrictions, vaccine skepticism, and trust in experts (Alper et al., 2020; Salalı & Uysal, 2020; Erisen, 2023; Pivetti et al., 2023). For instance, Pivetti et al. (2023) focused on the influence of conspiracy theory beliefs on vaccination attitudes and compliance with government measures. There are also studies that examine predictors of health-related conspiracy theories, most of which focus on the

relationship between socio-demographic, psychological factors, or ideological beliefs (Alper et al., 2020; Karabela, Coşkun, & Hoşgör, 2021). However, studies on the influence of trust relationships on the broader systems that encompass individuals' lives based on conspiratorial beliefs remain limited. This thesis aims to fill the gap in the literature by examining the relationship between trust in certain agents and institutions and health-related conspiracy theories in the context of Türkiye.

To sum up, predicting conspiracy theories through personality traits or having a conspiratorial mentality may fall short of accounting for the influence of individuals' perceptions of their social settings on their beliefs. Social predictors may contribute to a broader understanding of conspiracy theories. Conspiratorial beliefs can be shaped and re-shaped by social factors such as power relations in society or trust in official narratives or authorities. Existing research on conspiracy theories in sociological studies generally focuses on the negative outcomes of conspiracy theories. Although there are important studies that investigate social and political predictors of belief in conspiracy theories, including attitudes towards institutions, science, the preservation of group identities, and the influence of the media (Harambam, 2017; Butter & Knight, 2020; van Mulukom et al., 2022), the number of these studies is limited. Existing research has found trust relations between individuals and their broader social context are associated with belief in conspiracy theory (McHoskey, 1995; Sullivan et al., 2010; Jolley & Douglas, 2014; Kou et al., 2017; Pummerer et al., 2021; Mari et al., 2022). This thesis tests the influence of trust on the belief in health-related conspiracy theories within the context of Türkiye and the COVID-19 pandemic.

2.3.1 Trust and conspiracy theory belief

Conspiracy theories challenge the official versions of "truth" and the legitimacy of science as the "power to define, describe, and explain bounded domains of reality" (as cited in Harambam & Aupers, 2014, p. 2), according to Gieryn. Knight (2000) and Heins (2007) explain that conspiracy theorists simply do not trust in "experts and ready-made media offerings" (Heins, 2007, p. 790) in global society. Similarly, Wood and Douglas (2013) describe conspiracists as people who do not believe in mainstream information resources, such as the media and public institutions. So, investigating individuals' trust in the broader systems and services that are above them might be useful in understanding belief in conspiracy theories. To examine this relationship, this section will explain what trust means, what makes trust particularly important in the pandemic context, and how it is connected to conspiracy theories. Then, four hypotheses will be presented based on the relationship between trust and belief in conspiracy theories.

Trust is defined in various ways, but in simple terms, it means "to believe that someone is good and honest and will not harm you, or that something is safe and reliable" (Cambridge Dictionary, 2024). Similarly, Liu et al. (2018) define it as "an overall grasp of the risks of opening oneself up to a range of dependencies on others" (p. 790). The emphasis on dependency is as important as trust since the management of dependencies builds the relationship between individuals and their environments, social groups, or institutions that encompass their lives. For this reason, Liu et al. (2018) conceptualize trust as a framework for making sense of social reality. On the other hand, distrust is described as the "feeling that one prefers to avoid a vulnerable position toward powerful institutions due to negative expectations" (van Prooijen et al., 2022, p. 65).

Distrust in a certain institution or people makes people believe that these institutions or people do not function in line with their interests or the well-being of society (Weinert, 2018). As a result, while trust in institutions is associated with active engagement in political, economic, and social institutions and participation (Mari et al., 2021), distrust is associated with decreased faith in political participation and a lost sense of control. In the context of health crises, trust in official authorities, scientists, healthcare institutions, and the media is known to be associated with compliance with health measures and the success of crisis management (Smallman, 2015; Masumbuko Claude, Underschultz, & Hawkes, 2019; Leonard & Philippe, 2021). On the other hand, during the Ebola epidemic in Congo, distrust in the official response and denial of medical discourse have led to social resistance and non-compliance with health measures (Masumbuko Claude et al., 2019).

Despite its important role, trust levels have been declining globally during the last decades (Fukuyama, 1996; Twenge, Campbell, & Carter, 2014; Ahrendt, Consolini, Mascherini, & Sándor, 2022). Although academic studies in Türkiye for measuring trust levels are limited, analyses by several research companies indicate an increasing distrust in the government, media, Parliament, and Central Bank (Gazete Duvar, 2022; European Commission, 2023; Stiftung, 2024). The general decline in trust is related to the post-truth era that "empowers people to choose their own reality, where facts and objective evidence are trumped by existing beliefs and prejudices" (Lewandowsky et al., 2017, p. 361). With respect to this empowerment, not only the legitimacy of scientific truth has been questioned, but also the faith and trust in scientists and any institution that claimed authority over information have been shattered (Renard, 2020). Thus, the post-truth era complicated the relationship between truth and trust further by offering alternative truths when the provided truth

is not accepted. This complex relationship enables the proliferation of conspiracy theories, as these theories represent "epistemological doubts about the validity of scientific knowledge claims and ontological insecurity about rationalized social systems like the state, multinationals, and the media" (Aupers, 2012, p. 22). When certain groups, epistemic authorities, and institutions are perceived as not trustworthy, alternative truths based on ideology and existing beliefs replace the official narratives. As a result, conspiracy theory believers "deconstruct official versions of the truth" (Harambam & Aupers, 2015: 6) by questioning the truth claims of epistemic authorities and the objectivity of science. As conspiracy theories are born out of distrust towards the official explanations or truth claims and they offer alternative explanations, higher distrust is often associated with higher conspiracy theory beliefs (McHoskey, 1995; Kou et al., 2017; Pummerer et al., 2021; Mari et al., 2022).

When it comes to trust in healthcare, political institutions, science, or the news media, the existing research generally investigates belief in conspiracy theory as a predictor of lower trust. However, there are also studies that formulate this relationship from the opposite way and show that lower trust can be a predictor of conspiracy theory beliefs as well (Keeley, 1999; Uscinski & Parent, 2014). As skepticism towards political and scientific institutions were widespread during the pandemic due to uncertainty on the disease. However, people were dependent on the information provided through these institutions as well. As conspiracy theories offer alternative narratives to official narratives, distrust can be an appropriate predictor of conspiratorial beliefs. Thus, this thesis argues that trust in agents and institutions that individuals are dependent on influences their belief in conspiracy theories on medical issues during the pandemic. It specifically focuses on trust in political institutions,

healthcare services, scientists, and the news media for the central role of these agents during the pandemic.

2.4 Hypotheses

2.4.1 Trust in political institutions and conspiracy theory belief

Political institutions are conceptualized in various ways, depending on the context and aim of the studies. Generally, trust in political institutions refers to trust in governing agents, democratic processes, implementing actors for democratic processes, and political parties. Regardless of the different conceptualizations of the term, studies find consistent results for a negative relationship of trust in governing institutions such as the government, political parties, and parliament with endorsement of conspiracy theories (Keeley, 1999; Miller et al., 2016; Bruder & Kunert, 2021; Pummerer et al., 2021; Mari et al., 2021; Kou et al., 2017). However, a significant part of the research that examined the relationship between political trust and conspiracy theory beliefs focused on understanding the role of conspiracy theory beliefs in decreasing trust in public institutions and public information (Keeley, 1999; Einstein & Glick, 2014; Pummerer et al., 2021; Mari et al., 2022). On the other hand, several studies examined this relationship from the opposite direction which means that believing in conspiracy theory can be explained through decreasing trust towards political authorities and institutions (Uscinski & Parent, 2014; Kou et al., 2017; Mancosu et al., 2021). Most of these studies were conducted in the US or European countries context, while the non-Western literature is limited. This study argues that conspiracy theory beliefs can be predicted through increasing distrust in the context of Türkiye as well.

As explained previously, distrust of certain actors or institutions involves a suspicion towards these agents because their actions might not align with the individuals' or society's best interests (Weinert, 2018; van Prooijen et al., 2022). Since conspiracy theories are also born out of suspicion and distrust, the literature indicates a relationship between trust in political institutions and belief in conspiracy theories. Uscinski and Parent (2014) examined the belief in political conspiracy theories that imply society is controlled by a group of people who are unknown to the public. Those who trusted the government showed significantly lower endorsements for these theories. Schlipphak, Isani, and Back (2022) examined the relationship between belief in generic conspiracy theories and political distrust using two data sets from five countries (Germany, Poland, Jordan, Sweden, and France). The study confirmed the negative relationship between trust and conspiratorial beliefs in the context of different countries. However, it is important to note that the influence of distrust on conspiratorial beliefs was lower in contexts where the government endorses conspiracy theories. Türkiye is a country in which conspiracy theories are commonly appropriated by the populist government on political, economic, and social issues (Gürpınar, 2019). Yet, this study investigates the belief in health-related conspiracy theories, and as explained in the previous section, health-related conspiracy theories were not directly endorsed by the governmental authorities or used as a communication strategy during the pandemic.

Studies that focus on Türkiye did not examine the relationship between political trust and conspiracy theory beliefs specifically by using trust as an explanatory variable. However, some research included trust variables and perceptions of political institutions in their analyses. Pivetti et al. (2023) measured trust in institutions that were responsible for handling the pandemic although they

did not include political institutions in the study. The findings indicated that lower trust is associated with higher COVID-19 conspiracy theory beliefs. As conspiracy theories often arise from a skeptical view of governmental authorities and official narratives (Knight, 2000), it is plausible to anticipate a similar pattern in Türkiye for the belief in conspiracy theories during the pandemic. Hence, my thesis tests the following hypothesis:

H_1 Greater trust in governmental institutions is associated with lower conspiracy theory belief.

2.4.2 Trust in healthcare services and conspiracy theory belief

Another important influence on shaping opinion on health-related statements is the perception of healthcare. Healthcare services encompass the range of services provided by healthcare institutions with the aim of safeguarding and enhancing health, preventing diseases, treating patients for disabilities, offering medical and social rehabilitation services, and ensuring that people have access to quality healthcare throughout their lives (Altan, Ekiyor, & Ünalan, 2021).

Health systems are complex organizations, and trust in the services provided by them is important for the quality of the services, the well-being of society (McKee, Greenley, & Permanand, 2023), and patients' health decisions such as acceptance of medical treatment or vaccines (Daly, Jones, & Robinson, 2021). On the other hand, the absence of trust in health services is associated with harmful health decisions and conspiracy theory beliefs on health issues (Thorburn Bird & Bogart, 2003; Earnshaw, Bogart, Klompas, & Katz, 2016). The relationship between trust in healthcare and conspiratorial beliefs is usually examined through trust in

healthcare institutions, services, and organizations. Bruder and Kunert (2021) found a significant negative association with conspiracy theory beliefs for both variables in their study of the influence of trust in public healthcare institutions and the healthcare system. Distrust in healthcare services is also associated with a higher belief that health service providers are acting for their financial interests (Gilson, 2003).

In Türkiye, a study by Wu et al. (2024) examined the relationship between conspiracy theory beliefs and trust in different health authorities. As healthcare is polarized in Türkiye, they analyzed the politicized health authorities, such as the ministry, and the independent health authorities separately. The study demonstrated that the influence of trust in health authorities depends on the alignment of the given conspiracy theory with the political attitudes of the individuals. Another study that examined psychological predictors of COVID-19 conspiracy theories analyzed trust in the Health Ministry to operationalize trust in health authorities and did not find a significant relationship (Erisen, 2022). The Health Ministry is a politized actor, and as Wu et al.'s (2024) study indicates, the political nature of the institution might have resulted in this finding. However, the studies focusing on trust in overall healthcare services, which refers to individuals will trust in the services provided by healthcare institutions and professionals within the healthcare system, are lacking in the context of Türkiye. In line with the literature from different countries, distrust in healthcare services is expected to predict higher belief in health-related conspiracy theories in this study. Thus, the second hypothesis of this thesis is:

H_2 Greater trust in healthcare services is associated with lower conspiracy theory belief.

2.4.3 Trust in scientists and conspiracy theory belief

Science and scientists are often targeted by conspiracy theories for serving the interests of powerful elites or private companies and being threats to society's morals (Rutjens & Većkalov, 2022). Given the post-truth context, the legitimacy of scientific authorities and scientific knowledge has declined in the previous decades. Moreover, the widespread use of post-truth discourse in populist politics has contributed to the decline of science's legitimacy further (Eslen-Ziya & Pehlivanlı, 2022). When it comes to health context, this decline is associated with significant health damage for individuals and the general public (Smallman, 2015; Masumbuko Claude et al., 2019; Leonard & Philippe, 2021). Given the high uncertainty during the pandemic and the lack of scientific knowledge on the novel coronavirus, the COVID-19 context has been fertile ground for the emergence of alternative truths, specifically conspiracy theories, based on subjective emotional and ideological evaluations of individuals.

According to the existing research, there is a negative relationship between trust in science and conspiracy theory beliefs on various topics (van Mulukom et al., 2022) such as genetically modified seeds (Lewandowsky et al., 2013) and COVID-19 (Freeman et al., 2020; Bruder et al., 2021). There is a limited number of studies examining the relationship between trust in scientists and conspiracy theories in Türkiye, except for several studies that examined COVID-19 conspiracy theories (Sayın & Bozkurt, 2021; Eslen-Ziya & Pehlivan, 2022; Erisen, 2023; Pivetti et al., 2023). However, there are studies on related subjects that can provide insight into the relationship between scientific trust and conspiratorial beliefs. For instance, trust in scientists is found to be related to compliance with measures such as wearing masks,

obeying social distance rules, or staying home during the pandemic (Muğaloğlu, Kaymaz, Mısır, & Laçin-Şimşek, 2022). Since trust in scientists and the information provided by them is important in choices of health behavior and belief in misinformation, a similar relationship can be expected for belief in conspiracy theories as well. Another study from Türkiye analyzed COVID-19 vaccine hesitancy discourse on Twitter and online news found that conspiracy theory belief is related to distrust in medical experts and science (Eslen-Ziya & Pehlivan, 2022). Another study from Türkiye during the pandemic conducted by Erisen (2023) confirms the same relationship: lower trust in scientists predicts higher conspiracy theory beliefs. Sayın and Bozkurt (2021) examined the influence of trust in scientific authorities on belief in conspiracy theories about COVID-19. The COVID-19 conspiracy theories involved statements on whether the disease is planned by powerful groups, whether the coronavirus is a hoax, and whether the cure is known but deliberately hidden. The study found a negative correlation between conspiratorial beliefs and trust in scientists. Conspiracy theories are related to the denial of scientific knowledge or scientific authorities and seeking alternative truths (Lewandowsky et al., 2013; Harambam & Aupers, 2015). Studies in the literature, both in international and Turkish contexts, support this relationship by demonstrating that conspiracy theory belief is more prevalent among people who distrust science and scientific authorities (van Mulukom et al., 2022; Erisen, 2023). Hence, a negative relationship between trust in scientists and conspiracy theory belief is expected.

H_3 Greater trust in scientists is associated with lower conspiracy theory belief.

2.4.4 Trust in news media and conspiracy theory belief

People obtain information from the media; thus, their trust in the news sources is important for them to shape their opinions based on the provided information. However, manipulative information and misrepresentations of the facts in the media may increase distrust in the information shared in the media (Renard, 2020). Previous research finds that lower trust in the media is associated with conspiracy theory belief as people tend to search for alternative narratives for gathering information (Stojanov & Douglas, 2021; Pivetti, Melotti, Bonomo, & Hakoköngäs, 2021). Since the beginning of the pandemic, the media has played an important role in conveying updates regarding the disease. Official authorities such as the Health Minister and President Erdoğan addressed the public regularly through both traditional and social media in Türkiye. Thus, trust in the news media might be influential on conspiratorial beliefs in health-related issues.

The existing studies examine how the perception of the information in the media influences conspiracy theory beliefs. For instance, a study examined the relationship between individuals' opinions on information contamination in the media and conspiracy theory beliefs in Türkiye (Pivetti et al., 2023). However, since their studies included individuals' opinions on the information provided by the government as well, the influence of trust in the news media remained investigated. The information shared on the news in Türkiye was initially framed as scientific and based on expert knowledge; the news was in line with the daily speeches given by the Minister of Health, and data on COVID-19 were open to the public. With increasing concerns about data transparency and the implementation of pandemic measures, trust in the news media has declined. It is also important to note that there is widespread skepticism of the news media in Türkiye due to the government

control over the mainstream media (Media Ownership Monitor, 2016). Bozdağ and Koçer (2023) argue that the instrumentalization of the news media for authoritarian purposes in Türkiye increases distrust in the news media facilitates the spread of misinformation. In this respect, the similar influence can also exist for belief in conspiracy theories. As trust in the information provided in the news media has been crucial not only for informing the public but also for shaping their perception of the pandemic, the low trust in the news media in Türkiye is expected to increase likelihood of believing in conspiracy theories. Thus, the final hypothesis posits that:

H_4 Greater trust in news media is associated with lower conspiracy theory belief.

The following chapter outlines the research design, data collection and sampling processes and operationalization of the variables that are used to investigate the relationships between trust in governmental institutions, healthcare services, scientists, the news media, and belief in conspiracy theories. Later, these four hypotheses are tested, and the results are discussed within the context of the COVID-19 pandemic in Türkiye.

CHAPTER 3

RESEARCH METHOD AND METHODOLOGY

This chapter presents the methodological approach adopted to examine the factors that influence belief in health-related conspiracy theories in Türkiye during the COVID-19 pandemic. First, the data and sampling process that were used in the research is introduced. Later, operationalization of the dependent variable (belief in health-related conspiracy theories), independent variables (trust in political institutions, healthcare services, scientists, and the news media) and control variables (gender, age, education, class, political ideology, and religiosity) is explained. Finally, the data preparation and statistical analysis procedures is presented.

3.1 Data and sampling

This research uses the 2022 Turkey COVID-19 Values Study (TCVS) Survey[10] examine the predictors of belief in conspiracy theories during the pandemic. TCVS Survey was conducted face-to-face Computer Assisted Personal Interviewing (CAPI) with 1500 people during the second year of the pandemic (April 15-May 29, 2022). During this time, the COVID-19 lockdown measures were no longer in place yet measures such as face masks and social distancing were still implemented in Türkiye.

For the sample selection, TCVS used the 12 nomenclature of Territorial Units for Statistics (NUTS)-1 Regions in Türkiye, which is determined by Eurostat. These regions are Istanbul, West Marmara, Aegean, East Marmara, West Anatolia,

[10] 2022 Turkey COVID-19 Values Study Survey is designed to examine individual values and attitudes in Türkiye. The second section of the survey investigates the trust levels in institutions, and belief in health-related conspiracy theories.

Mediterranean, Central Anatolia, West Black Sea, East Black Sea, Northeast Anatolia, Central East Anatolia, and Southeast Anatolia Regions. Among these geographical regions, 12 cities (Istanbul, Tekirdağ, İzmir, Bursa, Ankara, Antalya, Kayseri, Erzurum, Gaziantep, Trabzon, Malatya, and Zonguldak) and from the cities, sixty-four neighborhoods were randomly selected to conduct the fieldwork. At the neighborhood level, a random walk procedure[11] was implemented in selected streets. Finally, a proportional quota sampling was used according to the demographic proportions (age, gender, and population size) of the twelve regions (see Appendix, Table 1).

The participants in the survey are all over 18 years old. Out of 1849 potential respondents who were contacted, 68 were excluded due to quota restrictions. Among the contacted people, 90 respondents started the survey but did not complete it, and 201 people rejected participating in the survey at the beginning. Overall, 1500 samples were collected in accordance with the quota distribution.

3.2 Variables

3.2.1 Dependent variable: Conspiracy theory belief

Existing literature shows that belief in a certain conspiracy theory is strongly correlated to belief in another conspiracy theory (Goertzel, 1994; Dyrendal, 2020; Freeman et al., 2020; Sayın & Bozkurt, 2022). For this reason, majority of the

[11] For the random walk procedure, the first building with an odd number at the beginning of each street was chosen. The interviewer knocked on the door with the lowest door number, and if the resident did not answer, the interviewer knocked on the next door, and the process continued until one survey was completed in that building. After that, the interviewer crossed the street and continued to the building located crosswise to the first building. For the second building, the interviewer started knocking on the doors, starting from the top floor to the bottom. The process continued until the interviewer reached an adequate number of samples on the street. In each street, the number of samples that could be collected was limited to three. When the quota is reached, the interviewer goes to the next street on the route until the target sample quota in the neighborhood is completed. The procedure was applied by two separate teams at both ends of the neighborhood.

quantitative studies have combined several conspiracy theories in a single scale. Moreover, there have been attempts to create generic conspiracy theory scales to operationalize conspiracy theory beliefs in order to make research comparable (Brotherton, French, & Pickering, 2013; Bruder, Haffke, Neave, Nouripanah, & Imhoff, 2013; Imhoff & Bruder, 2014). Some of these scales, such as the Generic Conspiracist Scale (GCB), developed by Bortherton et al. (2013) and the Conspiracy Mentality Questionnaire (CMQ) by Bruder et al. (2013), aim to be applied to all conspiratorial contexts. There are also scales that are designed to understand conspiracies in certain contexts, such as the Belief in Conspiracy Theories Inventory (BCTI) by Swami, Chamorro□Premuzic, and Furnham (2009), which examines the 9/11 conspiracy theories. However, the existing conspiracy scales do not apply for health-related context. Since this thesis specifically investigates the belief in COVID-19 and health-related conspiracy theories a new conspiracy scale is operationalized using the survey questions in TCVS. The variable that measures the belief in conspiracy theories, *conspiracyscale*, is operationalized as a factor of four conspiracy statements on medical and vaccine-related issues. Agreement levels for the following statements were asked of the participants: (1) Societies are tried to be controlled through the Coronavirus vaccine. (2) Coronavirus is a consequence of deliberate and secret actions of some governments or institutions. (3) Pharmaceutical companies prevent effective methods that can cure serious diseases to gain more profit. (4) Vaccines harm immune system and expose us to various diseases.

To measure the agreement level for the conspiracy statements, a Likert scale is used on a scale from 1 (*I disagree strongly*) to 5 (*I agree strongly*). The respondents who did not respond to at least two of the questions were excluded from the scale. The Eigenvalue in the factor analysis for the first factor is 1.61, which

meets the Kaiser's criterion for explaining the variance using a single variable. The Cronbach's alpha (α) for the four statements is 0.740, which indicates the internal consistency of the factor variable is reliable (Acock, 2014). The consistency of the items allows for the creation of a conspiracy belief scale by averaging the responses in four items.

3.2.2 Independent variables: Trust

Trust is generally measured using Likert-scale questions that directly ask the respondents about their level of trust in a certain institution or actor (Meuer & Imhoff, 2021; Mari et al., 2022). The guidelines of the Organisation Economic Co-operation and Development [OECD] (2017) for measuring trust recommend using neutral survey questions with a Likert scale from 0 (*I do not trust at all*) to 10 (*I completely trust*). Meuer and Imhoff (2021) also use an 11-point Likert scale to measure the trust levels of the respondents. In line with the OECD guideline, the trust questions in the TCVS survey for government, political parties, parliament, healthcare services, and scientists are evaluated on a scale from 0 (*I do not trust at all*) to 10 (*I completely trust*).

All trust questions in the survey were asked in the same format. Trust in healthcare institutions is coded as *healthtrust*; trust in scientists is coded as *scitrust*; and trust in the news media is coded as *newstrust*. Trust in political institutions is operationalized as a factor variable since it encompasses several institutions. In the literature, political institutions are operationalized in different ways according to the purpose of the study. For instance, Liu et al. (2018) operationalize trust in governing institutions in three categories: trust in representative institutions (such as political parties and prime ministers) and trust in implementation institutions (such as

judiciary actors and election outcomes). The third group, trust in security institutions, includes trust in the police and military. With the presidential system, political power is centralized in the President, and separation of powers does not work effectively in practice (EU Commission, 2023). Although trust levels in government, political parties, the judiciary system, the parliament, and the police are evaluated in separate questions in the survey, they refer to the same actor in practice. Thus, a scale will be operationalized for a single political trust item consisting of the government, political parties, and the legal system. The Cronbach's alpha (α) of the three items is 0.832, which also meets the criteria for the existing relationship among the statements. The factor analysis showed that the Eigenfactor for the first factor is 1.759, above the threshold of 1 for an acceptable value for generating a scale. The variables are combined into a single variable that is labeled as *poltrust*, which is calculated as the mean of three statements.

3.2.3 Control variables

Various demographic characteristics and ideological dispositions are also considered examining the determinants conspiracy theory belief. These variables are age, gender, education, income, political, and religious ideology. In previous studies, the findings on age for predicting conspiracy theory belief are inconclusive (van Mulukom et al., 2022). There are studies that show there is no relationship between age and conspiracy theory beliefs (Mancosu et al., 2021) whereas some studies found that being older (van Mulukom, 2022) and younger (Freeman et al., 2020) predict higher conspiracy theory belief. To test the relationship between age and health-related conspiracy theory belief, age variable is included in the regression models as a control variable. The variable *age* is calculated using the respondents' birth year.

Similar to age, the relationship between gender and conspiracy theory belief is also inconclusive, and dependent on the context. While Cassese, Farhart, and Miller (2020) found that men are more likely to endorse COVID-19 conspiracy theories, Thorburn Bird and Bogart (2003) examined conspiracy theories on birth control and found that women are more likely to believe in them. On the other hand, several research did not find significant difference among genders in conspiratorial beliefs in general (Jolley & Douglas, 2014; Uscinski & Parent, 2014; Mancosu et al., 2021). This research also controls the gender difference in health-related conspiracy theory beliefs. The gender question in the survey consisted of three response choices (*Female*, *Male*, and *Other*). All the respondents either chose female or male options, so *gender* variable is coded as a dummy variable where 0 is "Female" and 1 is "Male".

According to previous studies, higher education decreases the tendency to believe in conspiracy theories, yet the influence of education depends on the context of the conspiracy theory. For example, in terms of political conspiracy theories, people who have higher political knowledge are more likely to believe in conspiracy theories since they tend to trust political actors less in a study of Miller, Saunders, and Farhart (2015). Their research demonstrated that having more knowledge on an issue may lead people to hold on to their existing worldviews. Moreover, Alper (2022) found that in countries where there is high corruption, increased education does not predict conspiratorial beliefs, which points to the important role of the political context. To test the influence of education on health-related conspiracy belief in the context of Türkiye, education level is included in the analysis. The survey question asks the last school that the respondents graduated. According to the responses, *educ* variable is recoded according to years in education.

Studies generally find that lower income predicts higher belief in conspiracy theories since lower income groups tend to feel more powerless and marginalized (Uscinski & Parent, 2014). An extensive literature review by van Mulukom et al. (2022) also supported that people with lower income levels are more likely to believe in conspiracy theories, but this relationship may differ depending on conspiracy theory. In this research, class is included in the analysis as a control variable to predict health-related conspiracy theories. Perceived class of the respondent is coded as *class*. The participants placed themselves on a scale from 1 (*upper class*) to 5 (*lower class*). Later, the scale is reversed from 1 (*lower class*) to 5 (*upper class*).

Political ideology might also be influential on the tendency to interpret certain events through a conspiratorial framework. McHoskey's (1995) examined the belief in conspiracy theories about the John F. Kennedy assassination while Uscinski and Parent (2014) examined the conspiracy theories that assert how people's lives are secretly controlled by other agents even in democratic societies. Both studies found a relationship between extreme political ideologies and conspiracy theory belief. van Prooijen and Krouwel (2019) explain that people who have extreme ideologies tend to see their opposite ideologies as wrong and dangerous for the society. Hence, political extremists are more likely to believe that people from opposite worldviews are conspiring against the society. However, the influence of political ideology on the conspiratorial beliefs may vary in different contexts. For instance, previous studies from Türkiye are inconclusive on the relationship between political view and conspiracy theory belief. Pivetti et al. (2023) analyzed both conspiracy theories on general topics such as the moon landing, and COVID-19 specific conspiracy theories. The study found that people who place themselves at the center or the left of the political scale tend to believe in COVID-19 conspiracy

theories more in Türkiye, yet the relationship for general conspiracy theories was not significant. A different study from Türkiye found the opposite: those who endorse right-wing ideologies are more likely to believe in COVID-19 conspiracy theories (Alper et al., 2021). To test whether political ideology can predict health-related conspiracy theories in the context of Türkiye, political ideology is included in the regression analysis. The survey question on political ideology asks the respondents whether they see themselves as belonging to the left or right ideology. The respondents place themselves on a scale from 0 (*Left*) to 10 (*Right*). The variable is coded as *leftright* after the answers were categorized as 1 (*Left*), 2 (*Center-left*), 3 (*Center*), 4 (*Center-right*), and 5 (*Right*). The reference point is taken as center, to test the influence of both political extremes.

Similar to the influence of political ideology, religiosity is found to be associated with higher conspiracy beliefs (Mancosu et al., 2017; Sayın & Bozkurt, 2022). However, the impact of religion varies depending on the context, as there are also studies indicating a negative relationship between religion and conspiracy beliefs (Freeman & Bentall, 2017). This study will test this relationship in the context of Türkiye and health-related conspiracy theory beliefs. The religiosity variable initially involved respondents' self-placed importance of God and religion in their lives and frequency of performing *namaz* (salat). However, the praying frequency and self-assessed questions showed different patterns. Most of the people in Türkiye think God and religion are important in general, as it has become a cultural and ideological belief or a part of social identities (Ete & Yargı, 2023) rather than a reflection of religiosity. The frequency of salat is chosen to assess higher religiosity as it may capture the difference among religious and non-religious groups better. Thus, the religiosity variable is operationalized using the question on

respondents' frequency of performing salat and coded as *relig* in the analysis. The response choices were scaled from 1 (*several times a day*) to 7 (*less than once a year or never*).

3.3 Data analysis

The calibration of the sample was made by weighting the quota samples to equal population totals for age groups (18-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 60-64, 65-69, 70-74, and 75+), gender (female and male), and geographical location (12 NUTS-1 regions in Türkiye). The most used form of weighting for non-probability samples, poststratification, has been utilized to increase efficiency and address potential errors in sampling using R (Baker et al., 2013). For the analysis of the survey data, missing values were removed using listwise deletion method (Remaining sample size, N = 1263). For the prediction of conspiracy theory belief using trust variables (trust political institutions, healthcare services, scientists and news media) and sociodemographic variables (age, gender, education, class, political ideology and religiosity) a multiple regression analysis was performed to analyze the predictors of conspiracy theory belief STATA/MP 2 Core Software.

The following section presents the findings on the distribution of the sample, descriptive analysis of conspiracy theory belief, and the regression results for the models that test the hypotheses. Later, it discusses and interprets the regression results within the context of pandemic in Türkiye. Finally, it discusses the limitations of the study and offers recommendations for future research.

CHAPTER 4

RESEARCH FINDINGS

4.1 Findings

This thesis investigates the predictors of conspiracy theory belief in Türkiye during the COVID-19 pandemic using quantitative data from the Turkey COVID-19 Values Study (TCVS) Survey. The research primarily focuses on the relationship between conspiratorial beliefs and trust in political institutions, healthcare services, scientists, and the news media. Along with the social predictor of trust, it also examines several sociodemographic predictors: age, gender, education level, class, religiosity, and political ideology. This section introduces the demographic composition of the sample, and the descriptive findings. Then it presents the results for the regression analysis and interpret the results based on the proposed hypotheses and the context of pandemic in Türkiye.

The descriptive results show that for the first conspiratorial statement, “Societies are trying to be controlled through the Coronavirus vaccine," the most frequent answer is “agree” (33.77%), and the mean is 3.4 (*SD* = 1.56). Overall, 52.61% of the people either strongly agree or agree with the statement (see Appendix, Table 2). For the second conspiratorial statement, “Coronavirus is a consequence of deliberate and secret actions of some governments or institutions," the most frequent answer is “agree” (28.80%) and the mean is 3.27 with a standard deviation of 1.54. The percentage of respondents who agree or strongly agree is lower compared to the first statement with 44.83%. For the third conspiratorial statement, “Pharmaceutical companies prevent effective methods that can cure serious diseases to gain more profit," the most frequent answer is also “agree”

(30.86%) and the average of the responses is 3.43 (*SD* = 1.16). Moreover, 48.56% either strongly agree or agree with the statement. For the last conspiratorial statement, “Vaccines weaken our immune system and expose us to many diseases," has the lowest agreement level compared the first three statement with the average response of 2.82 (*SD* = 1.10). While 45.35% of the respondents strongly disagree or disagree, 27.67% neither agree nor disagree, and 26.99% either agree or strongly agree. When it comes to the conspiracy scale, the average response is 3.21 (*SD* = .86) and the median is 3.25.

The median answer for trust in political institutions is 4.66 and the mean is 4.60 (*SD* = 2.48), which is the lowest among trust questions. News media have the second lowest trust levels with the median of 5 which is at the center of the scale (*M* = 4.48, *SD* = 2.63). Healthcare services are trusted slightly more than political institutions with a median of 6, and trust in scientists is the highest among other variables with a median of 7 (*M* = 6.49, *SD* = 2.28) (see Appendix, Table 3).

Among the completed surveys, 744 (49.6%) are male and 756 (50.4%) are female. The respondents are between 18 and 82 years old (see Appendix, Table 3). While the majority of the respondents are 30–49-year-olds (40.3%), this group is followed by 50–74-year-olds (29.7%), 18–29-year-olds (25.3%), and 75+ year-olds (4.7%). Thus, most of the respondents are in the middle age group. Almost half of the respondents (47.9%) place themselves in the middle class, 33.9% are either in the lower-middle or lower class, and the remaining 18.0% are either in the upper or upper middle class. The mean answer for class is 3.22 for the class (*SD* = .98), which corresponds to the middle to lower-middle class. More than half of the respondents has at least a high school degree (60.67%). While 1.67% of the respondents did not obtain any education degree, 16.40% of them graduated from primary school,

21.27% graduated from secondary school, 40.40% graduated from high school, and the remaining 20.27% obtained at least a university degree. The average years in education according to the last graduated school is 10.7 years (*SD* = 3.85). On the left-right scale, 39.63% of the respondents placed themselves at the center. While 19.21% consider themselves at the center-right, 16.62% is at the center-left, 12.88% is closer to the right in their political beliefs, and the remaining 11.66% consider themselves to be on the left. The answers to the left-right scale show that the majority of the people's political ideology is the center as the mean response of the scale is 5.1 (*SD* = 2.79). When it comes to praying (salat) frequency, 24.37% either prays less than once a year or never whereas 24.23% of the respondents pray several times a day. While 15.31% pray only on special days such as holidays or funerals, 11.94% pray only once a week.

The conspiracy theory beliefs of the respondents are predicted through trust and sociodemographic variables using multiple linear regression (see Appendix, Table 4). The sampling weights are added to the analyses in all models. The first linear regression, Model 1, tests the influence of trust in political institutions and the control variables (age, gender, education level, class, religiosity, and political ideology) on conspiracy theory belief. In Model 2, trust in healthcare services is tested with the control variables. In Model 3, trust in scientists is tested with the control variables. In Model 4, trust in the news media is tested along with the control variables. In the final model, Model 5, all trust variables (trust in political institutions, healthcare services, scientists, and news media) and control variables are included to predict belief in conspiracy theories.

The Model 1 shows the relationship between conspiracy theory belief and trust in political institutions along with the control variables age, gender, education,

class, ethnicity, religiosity, and political ideology. The analysis shows that there is negative and significant relationship between trust in political institutions and belief in conspiracy theories controlling for other variables (b = -.0951, p < .000). More specifically, for a unit of increase in the political trust, the belief in conspiracy theories decrease by 0.095 units. This means that people who distrust political institutions more, tend to believe in conspiracy theories more. In this model, perceived class of the participants also has a positive and significant influence on conspiracy theory belief (b = .0752, p < .006); which means that those who perceive themselves to belong higher classes are more likely to believe in conspiracy theories. Moreover, higher education predicts lower conspiracy theory belief (b = -.0184, p < .009). Finally, there is a negative and significant relationship between religiosity and conspiracy theory belief (b = -.037, p < .002). According to the Beta coefficients, the best predictor of this model is trust in political institutions (β = -.2677), which is followed by religiosity (β = -.095), class (β = .0838), and education (β = -.0806) (see Appendix, Table 5). The regression equation is also significant (F(10, 1252) = 11.17 , p < 0.00), and R-squared value of Model 1 is 0.0893, which means that sociodemographic variables and the political trust predictors can explain 8.93% of the variance in conspiracy theory belief.

In order to test the second hypothesis, trust in healthcare services and the same control variables used in the Model 1 (gender, age, education, class, political ideology and religiosity) are included in the Model 2. According to the analysis, there is a significant negative relationship between trust in healthcare services and conspiracy theory belief as expected (b = -.113, p < .000). With a unit of increase in healthcare trust, conspiracy theory belief is expected to decrease by 0.11 units controlling for other variables. In addition to the independent variable, lower

education (b = -.0146, p < .000), higher class (b = .0553, p < .007), and higher religiosity predicts lower belief in conspiracy theories. According to the standardized coefficients, the best predictor is trust in healthcare services (β = -.3051) in this model, which is followed by religiosity (β = -.1127), education (β = -.0637) and class (β = .0616) (see Appendix, Table 5). The regression model is significant (F(10, 1252) = 14.64, p < .000). R-squared for Model 2 is 0.1233, thus by using trust in healthcare services in the model can help to explain 12.33% of the variance in conspiracy theory belief.

For the third hypothesis, trust in scientists tested along with the control variables. The relationship between scientists trust and conspiracy theory belief is negative and significant, (b = -.0915, p < .000) which means that as trust scientists increases one unit, the belief in conspiracy theories decreases by 0.09 units controlling for other variables. In other words, people who distrust in scientists more, are more likely to believe in conspiracy theories. Moreover, people who are place themselves in the left ideology are more likely to believe in conspiracy theories compared to the people who place themselves at the center (b = .231, p < .010). Finally, higher religiosity predicts (b= -.0522, p < .000) lower conspiracy theory belief. According to the Beta coefficients, the best predictor in the model is trust in scientists (β = -.2300), followed by religiosity (β = -.134) and left ideology (β = .0845) (see Appendix, Table 5). The model is also significant (F(10, 1252) = 10.46, p < .000) and the R-squared is 0.0910. Thus, using trust in scientists as the independent variable explains 9.10% of the variance in the conspiracy theory belief.

The Model 4 tests the influence of trust in news media along with the control variables. When trust in news media increase by one unit, conspiracy theory belief decreases by 0.01 unit controlling for other variables. The relationship is negative

and significant (b = -.0612, p < .000). In addition to trust in news media, the influence of education (b = -.0188, p < .008), class (b = -.0599, p < .031), and religiosity (b = -.0415, p < .001) on conspiracy theory belief are found to be significant. According to the Beta coefficients, the trust in media is the most influential variable (β = -.0612) which is followed by class (β = .0599), religiosity (β = -.0415), and education (β = -.0188) (see Appendix, Table 5). The overall regression model is significant (F(10, 1252) = 7.73, p < .000) and the value of the R-squared is 0.0669, which means that using trust in news media variable explains 6.69% of the variance in the dependent variable.

The Model 5 includes all trust variables (political institutions, healthcare services, scientists and news media) as the dependent variables as well as the control variables.

The results for the hypothesized variables are as follows: The first hypothesis was "There is a negative relationship between trust in governmental institutions and conspiracy theory belief". The results show that as trust in political institutions increases by one unit, conspiracy theory belief decreases by 0.034 units, controlling for other variables (b = -.0343, p < .033). This result confirms the significant negative relationship between the two variables.

The second hypothesis expected that "Trust in healthcare services is negatively associated with conspiracy theory belief." According to the final model, a unit of change in trust in healthcare services has 0.07 unit decrease in in conspiracy theories controlling for other variables (b = -.0749, p < .000). Thus, the second hypothesis is also confirmed as trust in healthcare services and belief in conspiracy theory has a significant and negative relationship.

The third hypothesis proposed that "Trust in scientists is negatively associated with conspiracy theory belief." The regression results show that a unit of increase in scientist trust decreases conspiracy theory belief by 0.45 unit controlling for other variables (b = -.0386, p < .006). The third hypothesis is also confirmed since the relationship is negative and significant.

The last hypothesis was "Trust in news media is negatively associated with conspiracy theory belief." The regression coefficient (b) for trust in news media in the Model 4, which does not include other trust variables, is -.0612 whereas the p value is .000. These results indicate that the relationship between belief in conspiracy theories and trust in news media is significant. However, in the final model which includes all trust variables along with controls, the influence of news media is no longer significant (b = -.0089, p < .517). Although trust in news media is an influential factor for conspiracy theories, once trust in political institutions, healthcare services and scientists are added to model, trust in news media loses its significance in the Model 5. Thus, the fourth hypothesis cannot be confirmed according to the Model 5.

The regression analysis shows that the relationships of gender, age, education, and political ideology of the respondents with belief in conspiracy theories are not statistically significant. In addition to the dependent variables, the influence of class (b = .0681, p < .009) and religiosity (b = -.0391, p < .001) are also found to be significant. With each unit of increase in perceived class, people are more likely to believe in conspiracy theories by .07 unit controlling for other variables. In addition, for every unit increase in religiosity, tendency to believe in conspiracy theories decreases by 0.04 units.

In the Model 5, Beta coefficients indicate that trust in healthcare services (β = -.2027) predicts belief in conspiracy theories better than other variables (see Appendix, Table 5). This variable is followed by religiosity (β = -.1006), trust in scientists (-.0969), trust in political institutions (β = -.0965), and class (β = -.0759). The final model is also statistically significant ($F(13, 1249) = 12.09$, $p < .000$). The R-squared of the Model 5 is 0.1384, which is higher than using single trust variables in the first four models. The final R-squared value shows that 13.84% of the variance in conspiracy theory scale can be explained by using control variables, and trust in political institutions, healthcare services, scientists, and news media. Overall, Model 5 confirms the first three hypotheses that expect a negative relationship of belief in health-related conspiracy theories with trust in, healthcare services and scientists. Among the dependent variables, trust in healthcare institutions has the greatest influence on belief in conspiracy theories and it is followed by trust in scientists and political institutions.

4.2 Discussion of the findings

Conspiracy theories have become widespread during the recent COVID-19 pandemic due to high epistemic uncertainty regarding the disease and its treatment. As a result, many people endorsed conspiracy theories to fill in their knowledge gaps. These theories were usually formulated about the secret plots behind the origin of the virus, using the virus to control people, and the effectiveness or safety of the vaccines. Understanding conspiracy theories is not only important in addressing their negative consequences but also for understanding how they reflect distrust in certain agents and institutions.

This thesis argues that investigating trust may help predict conspiracy theory beliefs. To investigate this relationship, it examines the predictors of health-related conspiracy theory belief in Türkiye during the COVID-19 pandemic using the 2022 TCVS Survey data. More specifically, it examines the influence of trust in political institutions, healthcare services, scientists, and the news media as important agents in a health crisis context in predicting conspiracy theory beliefs. In addition to trust variables, sociodemographic characteristics (age, gender, education, class, religiosity, and political ideology) are controlled for understanding conspiracy theory beliefs. Four hypotheses are tested regarding the influence of trust in predicting higher conspiracy theory belief; the first hypothesis proposes that lower trust in political institutions predicts higher conspiracy belief. The second hypothesis argues that lower trust in healthcare services predicts higher conspiracy beliefs. The third hypothesis proposes that lower trust in scientists predicts higher conspiracy theory beliefs. Finally, the fourth hypothesis argues that lower trust in new sources predicts higher conspiracy beliefs.

The descriptive results indicate that belief in health-related conspiracy theories is widespread, as almost half of the respondents agreed with each conspiracy statement. When it comes to the independent variables, most people distrust the political institutions (government, political parties, and legal system) in the country. Compared to other variables, political institutions have the lowest trust levels, followed by the news media, healthcare services, and scientists. As the findings on low trust are in line with the previous studies (Fukuyama, 1996; Twenge et al., 2014; Ahrendt et al, 2022; European Commission, 2023; Stiftung, 2024), this study confirms the existence of a trust crisis for political institutions.

Political institutions have played an important role during the pandemic in taking decisions about pandemic management strategies. These strategies included providing information to the public, deciding on the pandemic measures which often conflict with economic and social interests of the public, and providing available vaccines and treatments to the citizens. As these institutions were in charge of the management of the pandemic, it is expected that people's conspiratorial beliefs are influenced by their perception of political institutions and trust in these institutions. The regression results support this relationship by showing that higher distrust in political institutions is a significant predictor of increased belief in health conspiracy theories during the pandemic. The findings are in line with the existing literature that there exists a negative relationship between trust in political institutions and belief in conspiracy theories (Keeley, 1999; Miller et al., 2016; 2020; Bruder et al., 2021; Pummerer et al., 2021; Mari et al., 2022; Kou et al., 2017). The WHO (2008) emphasizes that building trust in authorities through increased transparency and timely information is essential for improving outbreak communication as well as combatting misinformation and rumors. As the findings also confirm efforts to build trust towards these institutions are recommended to decrease belief in conspiracy theories, considering the importance of public acceptance of the provided information and the pandemic decisions taken by political authorities during a high-uncertainty health crisis.

The multiple regression results also confirm the existing literature on the negative relationship between trust in healthcare services and belief in conspiracy theories. It is likely that people who distrust healthcare services more, believe in conspiracy theories more. Moreover, the influence of trust in healthcare services is greater than that of other trust variables in the model. This implies that actions that

would damage public trust in healthcare, such as hate speeches by political authorities against healthcare professionals, would increase belief in health-related conspiracy theories.

During the pandemic, the TMA and medical professionals in the hospitals often shared their personal experiences in the media to warn about the severity of the pandemic during the normalization periods (BBC News, 2020). Yet these warnings were condemned by political figures and the president for leading the public to panic and distrust (Bianet, 2020). This contradiction regarding the situation in hospitals and the working conditions of healthcare workers might damage trust in healthcare services and increase conspiracy theory endorsement. On the other hand, the results indicate that investing in public trust in healthcare services would decrease the belief in conspiracy theories. To increase public trust in healthcare, it is recommended to improve the quality and inclusiveness of health services as well as to support the confidence of healthcare providers, both professionals and institutions (Ertong, 2011).

Trust in scientists is also examined as a predictor of health-related conspiracy theory beliefs. The survey responses show that scientists are trusted the most among other actors, and the results confirm that increasing trust in scientists is associated with lower conspiracy theory beliefs, according to the third hypothesis proposed. The initial position of the Turkish government during the pandemic was to frame its response in a scientific and technocratic way. Moreover, the initial information were shared with the public through the Ministry of Health, and the role of the Coronavirus Scientific Advisory Board was emphasized in explaining the pandemic measures (Aydın-Düzgit et al., 2021; Kemahlıoğlu & Yeğen, 2021; Laebens & Öztürk, 2022).

The findings suggest that this emphasis on the scientific basis of the pandemic management decisions as well as communication of the information through scientists could be beneficial to keep belief in conspiracy theories at lower levels. On the other hand, disregarding scientific advice or disseminating contradictory information with scientific authorities may result in an increase in conspiracy theory endorsement. There were several cases in which the statements of scientists and political authorities diverged during the pandemic including the decisions taken on early normalization (BBC News, 2020), and the emergency-use of TURKOVAC vaccine (TTB Haberler, 2021; Independent, 2022).

The relationship for trust in the news media and conspiracy theory beliefs was also examined in the analysis. The direction of the relationship is found as hypothesized: higher trust in news sources is also associated with lower conspiracy beliefs. However, the relationship is found to be not significant after accounting for other trust variables in the model. The results imply that the relationship between the news media and conspiracy theory beliefs might be more complex than this hypothesis. A possible explanation can be the influence of contextual factors. For instance, the news media in Türkiye is highly polarized and alternative news resources are common due to distrust of the mainstream media sources (Bozdağ & Koçer, 2023). Given this polarization, it is unclear what people understand from the news media or whether they evaluate their trust based on the information quality or ideological dispositions. In this context, the preference of mainstream media or alternative news media as a source of information might be more influential than overall trust in news media. Further investigation of whether people who rely on traditional news resources or social media differ in terms of the influence of trust in

news media may enhance our understanding of the influence of trust in media on conspiratorial beliefs.

Unlike in most European countries, the findings show that religiosity negatively predicts conspiracy theory beliefs. Lower conspiratorial beliefs among more religious groups contradicts with the previous research in Türkiye as well (Alper et al., 2021; Pivetti et al., 2023). As people tend to evaluate new information through their pre-existing beliefs and worldviews under high uncertainty, they might choose to believe in statements that are coherent with these beliefs (Leman & Cinnirella, 2007; Sunstein & Vermeule, 2009; Kou et al., 2017; Starbird, 2017; Miller et al., 2016; Uscinski, 2019). During the pandemic, religious authorities in Türkiye usually supported the narratives of the government authorities as well as scientific discourse in terms of pandemic measures and vaccine encouragement (T.C. Diyanet İşleri Bakanlığı, 2020; TRT Haber, 2021). This approach of religious authorities might have influenced more religious people to believe in conspiracy theories less. In line with this explanation, Dal and Tokdemir (2022) also found that religious people are more likely to get COVID-19 vaccines and the relationship is mediated through higher institutional trust among religious people. Thus, it is recommended to consider the possible mediators such as trust in religious, political and scientific authorities. As religiosity is related to conspiracy theory beliefs in the COVID-19 pandemic context, authorities may take advantage of their influence on directing people to correct information during health crises. Developing communication strategies that align with religious people's beliefs and values may be an effective strategy for making public health information more credible and acceptable.

Finally, it is important to note the implications of the operationalization of religiosity variable. Instead of measuring self-assessed religiosity of individuals, the level of religiosity in this thesis was operationalized as the frequency of performing salat, which is an indicator of greater religiosity. Compared to the number of people in Türkiye who believe that religion and God is important in their lives, the people who pray frequently consist of a smaller and more religious group. Thus, the difference in results may be attributed to the measurement choice.

On the other hand, it is interesting that the higher class predicts higher conspiracy theory beliefs. The existing literature generally supports the opposite since lower-income groups feel more marginalized and powerless in society (Freeman & Bentall, 2017; Mancosu et al., 2017; Sayın & Bozkurt, 2022). As the findings contradict the literature, it might be useful to be skeptical of the results on perceived class. However, one interpretation is that the relationship between perceived class and conspiratorial beliefs might depend on the context. The influence of perceived class requires further research to understand the confounding variables for the existence of this relationship. For instance, based on the results, it may be suggested that this positive relationship might also exist due to the relationship between trust in political institutions and class. It might be the case that higher-class groups trust in political institutions less, and as lower trust is associated with higher conspiracy theory beliefs, higher class might predict conspiracy theories. It might also be the case that media consumption preferences of different income groups might influence the direction of the relationship.

Regarding other socio-demographic controls, education level did not predict the conspiracy theory belief. It is important to pay attention to education, which is a marginally insignificant variable. The findings show that when trust is considered,

education alone cannot help to combat conspiratorial beliefs, as also confirmed in this research. Thus, educating the public may not necessarily decrease the belief in conspiracy theories when trust is unaddressed. The findings suggest that there might exist other factors that influence the impact of education on endorsement of conspiracy theories. It is possible that higher education may lead to lower trust in authorities (Miller et al., 2016) or enable people to draw connections among events and hold more firmly on to their judgements. Thus, both higher and lower education might be associated with lower trust in scientific and political authorities in a health context. Moreover, preference of alternative media, which is more common among educated groups (Müller & Schulz, 2018) might be another factor that contributes to higher conspiratorial thinking as both conspiracy theories and alternative media offer alternative narratives to the mainstream narratives.

The results on gender and age group are also not significant which is compatible with the literature. There is no evidence for health-related conspiracy theory beliefs in Türkiye to differ among genders and age groups. Moreover, political ideology also did not predict belief in conspiracy theories in the final model. The influence of political ideology on conspiratorial beliefs differs according to the content of the conspiracy theories as well as the context of the research in previous studies (van Prooijen & Krouwel, 2019; Pivetti et al., 2023). This study shows that when it comes to health-related conspiracy theories, the influence of political ideology on the endorsement of conspiracy theories is inconclusive. The conspiracy theories in the survey does not target a specific political group which might be endorsed regardless of political views. Moreover, COVID-19 was an ongoing crisis that affected everyone's lives in some ways personal experiences might have influenced people's responses rather than their political ideologies.

Overall, the study results are in line with the existing literature in terms of the significant influence of trust in experts and authorities on people's conspiratorial beliefs. The implications of the relationship play a guiding role, especially in the context of communication about health-related issues and the management of a health crisis. One of the most influential actors during a health crisis are the political actors that are in charge of the management of the pandemic, the healthcare services provided throughout the outbreak. Another is the scientists who provide the scientific basis for the pandemic measures adopted by the governors as well as the information that guides the public, trust in these agents might help to restore the feeling of powerlessness and decrease the anxiety of uncertainty that triggers conspiratorial beliefs (van Prooijen, 2018; Murphy, McCarthy, Sargeant, & Williamson, 2022). It is recommended that accountability and transparency be central to the communication of health crises to build public trust in the authorities that provide information (WHO, 2008; Leonard & Philippe, 2021).

As previously explained, epistemic authorities that are influential in health communication and pandemic management have often shared contradictory information. The government was not only transparent about the COVID-19 data but also shared information that contradicted that with health professionals and scientists. These actions increased skepticism towards political institutions, and the results indicate that decreased trust might be influential in widespread conspiratorial beliefs about health among the public. Providing coherent and transparent information and taking actions in line with the provided information would be an influential strategy against conspiratorial beliefs that might have a negative impact on the management of a future health crisis and health decisions.

To sum up, conspiracy theory belief is associated with lower compliance with public health measures (Alper et al., 2020), rejection of medical treatment (Kalichman, 2009), and fewer visits to healthcare services (Douglas et al., 2015). Thus, addressing conspiracy theories is beneficial not only for a health crisis context but also for public health in general. When the right strategies are adopted to decrease conspiracy theory beliefs, especially in the health context, these potential problems can also be prevented. One step for targeting the people who are more likely to believe in conspiracy theories is to understand the predictors of conspiratorial beliefs. As this study suggests, strengthening trust in healthcare services, political institutions, and scientists might potentially help to increase compliance with health measures, vaccine acceptance, increased visits to healthcare services, and enhance the overall management of health crises in general.

CHAPTER 5

CONCLUSION

Conspiracy theories are defined as explanations for social phenomena or important events, ascribing actions to individuals or groups (Pipes, 1997; Dentith, 2014). These theories tend to emerge when people encounter epistemic uncertainty ((Pagán, 2004; Sunstein & Vermeule, 2009; Starbird, 2017) or anxiety-triggering and stressful events (Pelkmans & Machold, 2011; Grzesiak-Feldman, 2013; Uscinski & Parent, 2014; Van Prooijen & van Vugt, 2018). In these situations, people strive to find simplified explanations for complex events for an epistemological and psychological relief. In this regard, crises such as natural disasters, disease outbreaks, or terrorist attacks frequently trigger the spread of conspiracy theories (Wood, 1982; Carlsen & Glenton, 2016; Bergmann, 2018). The COVID-19 pandemic has generated a widespread acceptance of conspiracy theories, fueled by the ambiguity surrounding the disease and its management. People have relied on conspiracy theories to address gaps in their knowledge, specifically regarding the origins of the virus, its alleged purpose for controlling the population, and doubts about vaccines (Imhoff & Lamberty, 2020; Jolley & Paterson, 2020; Shahsavari et al., 2020; Douglas, 2021).

In the recent years, the study of conspiracy theories and the people who believe in them has increased due to increasing concerns about the potential consequences such as increased political polarization (van Prooijen et al., 2022) and a decreased willingness to comply with public health measures (Alper et al., 2020). Comprehending these theories is essential, not only due to their potential adverse effects but also because they reveal the public's lack of confidence in epistemic authorities, healthcare services, and the media. The present research on conspiracy

theories focuses on individual-level psychological traits or political ideologies as factors that can predict belief in such theories. Nevertheless, the significance of trust within broader institutional frameworks is not thoroughly examined as a predictor of conspiracy theory beliefs, especially in non-Western settings (Butter & Knight, 2018; Bordeleau, 2023). Addressing this gap in the literature, this thesis examined the factors that predict belief in health-related conspiracy theories in Türkiye during the COVID-19 pandemic, with a specific focus on trust in political institutions, healthcare services, scientists, and the news media.

The descriptive analysis uncovered a prevalent acceptance of health-related conspiracy theories among the participants. Moreover, the analyses revealed a significant relationship between trust in political institutions and a higher tendency to believe in conspiracy theories, in line with previous research findings (Keeley, 1999; Miller et al., 2016; 2020; Bruder et al., 2021; Pummerer et al., 2021; Mari et al., 2022; Kou et al., 2017). Fostering transparent communication and accountability within political institutions can help combat the spread of health conspiracy theories through increasing trust in these institutions. Trust in healthcare services exerted a more significant negative influence than other trust factors on conspiracy theory beliefs. Thus, efforts to build trust in these services through open engagement with the public can further help to decrease conspiratorial beliefs. Greater confidence in scientists was linked to reduced acceptance of conspiracy theories, whereas a significant relationship could not be confirmed for trust in the news media.

In terms of demographic and ideological characteristics, the analysis demonstrated that religious individuals displayed a lower inclination towards believing in conspiracy theories while the literature on Western countries that are predominantly Christian, generally supports the opposite direction. This study

demonstrates the need for reconsidering the influence of religiosity on conspiratorial beliefs for Muslim populations as well as an investigation of the mechanism through which religiosity is influential on conspiratorial beliefs. Moreover, contrary to the existing literature, higher class is associated with greater conspiracy theory belief. Thus, further investigation is necessary to understand the potential impact of confounding variables on the greater tendency of individuals from a higher class to believe in conspiracy theories.

It is critical to address conspiracy theories not only during health crises but also for the overall improvement of public health due to their potential negative impact on health behavior and willingness to comply with health measures. These findings emphasize the significance of trust in experts and authorities in countering conspiratorial beliefs, especially in the context of health. Transparent and accountable communication during health information and during health crises is essential for strengthening public trust and mitigating skepticism towards political institutions. In this regard, a coherent and clear communication of health information can reduce the acceptance of health-related conspiracy theories and improve public health management.

This research has several limitations in terms of the sampling process and the study design. First, the sampling process was not completely randomized, as the quota restrictions were implemented at the final stage according to the population size of the region, age, and gender distribution. However, as the sample distribution is coherent with the census distribution, it still represents the population characteristics (see Appendix, Table 1). Different decisions taken throughout the pandemic might have influenced public trust and the level of agreement with conspiratorial statements. As this study was based on a cross-sectional survey, it only

captures people's beliefs and attitudes at one point in the pandemic. The potential change in trust levels throughout the pandemic cannot be interpreted in this research, and a longitudinal design would help to understand the influence of trust on conspiratorial beliefs better. Additionally, the news media in Türkiye is highly polarized in terms of political inclinations, and the question on the news media might not capture the different media preferences of the respondents when answering the question. Including the media consumption preferences of the respondents in the model might be useful to analyze the relationship between trust in media and belief in conspiracy theories for future studies. Moreover, it might also be useful to include trust in religious institutions, as there is a significantly negative relationship between religiosity and belief in conspiracy theories which might be related to higher trust in religious institutions that adopted a pro-vaccine discourse during the pandemic. Thus, it is important to consider that these people may rely on information provided by religious authorities. Finally, as the findings on the influence of class for predicting belief in conspiracy theories in this research differs from the previous findings (Freeman & Bentall, 2017; Mancosu et al., 2017; Sayın & Bozkurt, 2022), it is important to investigate the relationship between the two further. This discrepancy challenges the reliability of using perceived class as a predictor of conspiracy beliefs. Future research should explore contextual factors shaping this relationship for a deeper understanding of the complex relationship between class and conspiracy theory beliefs.

Despite its limitations, this thesis contributes to the understanding of conspiracy theories by examining the influence of trust on health-related conspiracy theory beliefs. It addresses a gap in the existing literature and examines the specific dynamics of health-related conspiratorial beliefs. The contribution of this thesis also

includes the contextualization of the conspiracy theories and predictors of their endorsement within the socio-political environment of Türkiye. Moreover, it offers insights for future studies and practical interventions for combating conspiracy theories and improving public health in Türkiye. Finally, this thesis demonstrates that it crucial to advocate for transparent, coherent, and consistent communication and trust-building measures to address the belief in conspiracy theories and mitigate their negative impact.

APPENDIX

STATISTICAL TABLES

Table 1. Sample and Census Distribution

Variables	Sample	Census
Gender		
Female	50.4%	50.5%
Male	49.6%	49.5%
Age Group		
18-29	25.3%	25%
30-49	40.3%	40%
50-74	29.7%	30%
75+	4.7%	5%
Total	100%	100%
N	1,500	61,941,973

Source: TCVS, 2022; TURKSTAT, 2021

Table 2. Distribution of Trust Levels

Conspiracy theories	Completely disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Total
Societies are tried to be controlled through the Coronavirus vaccine (N=1,454)	5.64%	18.57%	23.18%	33.77%	8.84%	100%
Coronavirus is a consequence of deliberate and secret actions of some governments or institutions (N=1,441)	6.11%	22.14%	26.93%	28.80%	16.03%	100%
Pharmaceutical companies prevent effective methods that can cure serious diseases to gain more profit (N=1,458)	6.31%	19.96%	25.17%	30.86%	17.70%	100%
Vaccines weaken our immune system and expose us to many diseases (N=1,471)	8.57%	36.78%	27.67%	17.95%	9.03%	100%

Source: TCVS, 2022

Table 3. Descriptive Statistics

Variables	*N*	Mean	*SD*	Min.	Max.
Societies are tried to be controlled through the Coronavirus vaccine	1,454	3.41	1.15	1	5
Coronavirus is a consequence of deliberate and secret actions of some governments or institutions	1,441	3.26	1.15	1	5
Pharmaceutical companies prevent effective methods that can cure serious diseases to gain more profit	1,458	3.33	1.16	1	5
Vaccines weaken our immune system and expose us to many diseases	1,471	2.82	1.10	1	5
Conspiracy Index	1,468	3.21	.85	1	5
Political institutions	1,469	4.60	2.48	0	10
Healthcare services	1,491	6.13	2.40	0	10
News media	1,483	5.48	2.63	0	10
Scientists	1,490	6.49	2.60	0	10
Gender					
Woman	756			0	1
Man	744			0	1
Age	1500	42.88	16.41	18	82
Education	1500	10.70	3.86	0	18
Political Ideology (Left-Right)	1312	5.10	2.79	0	10
Left	153			0	1
Center-left	216			0	1
Center	520			0	1
Center-right	252			0	1
Right	169			0	1
Religiosity	1,314	3.52	.72	1	4
Class	1,449	3.22	.98	1	5

Source: TCVS, 2022

Table 4. Regression Coefficients

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Male	-0.0228 (-0.48)	-0.0757 (-1.59)	-0.0402 (-0.84)	-0.0174 (-0.36)	-0.0742 (-1.59)
Age	0.00188 (1.21)	0.00232 (1.52)	0.00140 (0.90)	0.00139 (0.89)	0.00212 (1.39)
Education	-0.0184** (-2.62)	-0.0146* (-2.12)	-0.00894 (-1.27)	-0.0188** (-2.64)	-0.0133 (-1.93)
Class	0.0752** (2.78)	0.0553* (2.16)	0.0339 (1.28)	0.0599** (2.16)	0.0681** (2.60)
Political Ideology (Left-Right)					
Left	0.00437 (0.05)	0.100 (1.17)	0.231** (2.59)	0.126 (1.37)	0.0511 (0.56)
Center left	-0.0359 (-0.48)	0.0222 (0.32)	0.0764 (1.08)	-0.01222 (-0.16)	0.00319 (0.05)
Center right	-0.00711 (-0.11)	-0.0396 (-0.62)	-0.0607 (-0.93)	-0.0656 (-0.99)	0.0108 (0.17)
Right	0.102 (1.33)	0.0816 (1.05)	0.0324 (0.41)	0.0385 (0.50)	0.120 (1.56)
Religiosity	-0.0370** (-3.12)	-0.0438*** (2.14)	-0.0522*** (-4.50)	-0.0415*** (-3.48)	-0.0391*** (-3.44)
Trust in political institutions	-0.0951*** (-7.94)				-.0343* (-2.14)
Trust in healthcare services		-0.113 *** (-9.91)			-0.0749*** (-5.50)
Trust in scientists			-0.0915*** (-7.41)		-0.0386** (2.74)
Trust in news media				-0.0612*** (-5.61)	-0.00899 (-0.65)
_cons	3.816*** (24.12)	4.172*** (25.19)	4.056*** (23.29)	3.689*** (23.35)	4.372*** (24.55)
N	1263	1263	1263	1263	

t statistics in parentheses
* p < 0.05, ** p < 0.01, *** p < 0.001
Source: TCVS, 2022
Control groups: Female, center political ideology

Table 5. Beta Coefficients of Regression Models

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Male	-.0129	-.0425	-.0229	-.0099	-.0422
Age	.0350	.0431	.0261	.0258	.0395
Education	-.0806	-.0637	-.0390	-.0823	-.0581
Class	.0838	.0616	-.0390	.0667	.0759
Political Ideology					
Left	.0016	.0366	.0845	.0459	.0186
Center left	-.0150	.0093	.0320	-.0051	.0013
Center right	-.0032	-.0178	-.0273	-.0296	.0048
Right	.0390	.0311	.012	.0146	.0457
Religiosity	-.095	-.1127	-.134	-.1066	-.1006
Trust in political institutions	-.2677				-.0965
Trust in healthcare services		-.3051			-.2027
Trust in scientists			-.2300		-.0969
Trust in news media				-.1835	-.0269
N	1263	1263	1263	1263	

Source: TCVS, 2022
Control groups: Female, center political ideology

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