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**THEY CAUSED THE
PANDEMIC!
CONSPIRATIONAL
BLAME, POLITICAL
BELIEFS, TRUST AND
HEALTH BEHAVIOURS
DURING COVID-19**

They caused the pandemic! Conspiratorial blame, political beliefs, trust, and health behaviors during the COVID-19 pandemic

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They caused the pandemic! Conspiratorial blame, political beliefs, trust, and health behaviors during the COVID-19 pandemic

Abstract

A number of conspiracy theories have been circulating about the COVID-19 since the beginning of the pandemic. In three studies, we assessed the relationship between ideology, partisanship, and conspiracy beliefs about COVID-19. Study 1 assessed the mediating role of conspiratorial blame on the relationship between political ideology and risk perception among US Americans and Indians. We found that conspiracy beliefs mediated this link only among US Americans. We also assessed the mediating role of conspiracy beliefs and trust in media on the relationship between partisanship and preventative health behaviors (Study 2a), including vaccination status (Study 2b) in India. Trust in traditional and non-traditional media and conspiracy theories both mediated the relationships between partisanship and necessary health behaviors (e.g., wearing a mask), but not non-necessary health behaviors (e.g., home remedies). It can be argued that temporal and contextual information need to be explored in cross-cultural examinations. Implications are discussed.

Keywords: political ideology, conspiratorial thinking, COVID-19, risk perception, health behaviors, vaccine hesitancy

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1. Introduction

Conspiratorial beliefs increase substantially during periods of crises (van Prooijen & Douglas, 2017), and the coronavirus pandemic was not very different. A Pew Research Centre report noted that 48% of US Americans have been exposed to at least some form of misinformation about the pandemic (Mitchell & Oliphant, 2020); 42.6% of rural Indians strongly believed that the pandemic was a conspiracy by China (Misra et al, 2020). Political ideology and conspiracy beliefs are linked (e.g., Hart et. al., 2018); conspiracy beliefs are positively linked with risk perception during a pandemic (e.g., Klofstad et al., 2019). For instance, US conservatives were less likely to perceive personal risk of the virus (Calvillo et al., 2020).

In the context of the COVID-19 pandemic, political communication has been mixed and has included conspiratorial information. Republican leadership in the US is said to have attributed the virus and its discourse to political motivations (Halon, 2020). In India, the pandemic was thought of as an Islamophobic conspiracy theory (Apoorvanand, 2020). We assess how political ideology (specifically, left-right or liberal-conservative self-placement and partisanship), conspiracy beliefs, risk perception, and health behaviors are linked.

Political Ideology and Conspiracy Beliefs

Conspiracy theories implicate powerful or malevolent groups in explaining events, often to suit one's own interests, borne out of a sense of disbelief that events could be random (Douglas et al., 2017). Previous research has indicated that individuals on the extremes of the political spectrum tend to believe in conspiracies (Van Prooijen et al., 2016). This may be attributed to their rigid thinking styles (Greenberg & Jonas, 2003). Further, personal uncertainties may provoke

individuals to endorse their ideologies more strongly (e.g., McGregor et al., 2013). The influence of motivated reasoning mechanisms have also been seen to reinforce ideological threats, with the Republicans believing that the Democrats exaggerated the potency of the virus (Miller & Saunders, 2016). Conspiracy beliefs also help people make sense of uncertainties (Van Prooijen & Jostmann, 2013), such as the COVID-19 pandemic. Exposure to conspiracy theories may also erode trust in powerful others and/or marginalized individuals (Einstein & Glick, 2014).

Conspiratorial blame, largely towards specific groups, could undermine trust and participation in political processes (Eberl et al., 2021). This relationship is especially found in the context of populism. That is, political beliefs (measured by self-placements on an ideology scale in the context of the US and India) inform how institutions, including the government and experts, are viewed (Huber and Schimpf, 2017). For instance, in India scientists are generally viewed as trustworthy (Pew Research Centre, 2020). Also, the Indian leadership had not initially blamed the virus on China (Pillai Rajagopalan, 2020). It indicates a relationship where trust in political and scientific institutions is negatively associated with conspiratorial beliefs as well as populism (Eberl et al., 2021).

Media literacy and trust in experts have also been seen to predict health behaviors such as vaccination (Jennings et al., 2021). Media consumption could make one suspect nefarious actions or hidden agendas, thus, it is likely that Indians who consume and trust news via unregulated and algorithmic channels such as social media would engage with and therefore believe in more conspiracies (Jennings et al., 2021) and therefore engage in fewer health behaviors.

Conspiracy Beliefs and Risk Perception

Conspiracy theories are linked to heightened reference to oneself, with an awareness of how others perceive them (i.e., narcissism). Belief in conspiracies has also been linked to paranoia -

a preoccupation with perceiving others' actions as intentionally malignant (e.g., Chickora et al., 2015). Conspiracy believers tend to engage in paranoid ideation (e.g. Klofstad et al., 2019; Marinthe et al., 2020), with the link between paranoia and conspiracy possibly stemming from a distrust towards authority. Thus, conspiracy beliefs might lead one to believe that the virus is less threatening, considering it to be a mere ploy by malignant/powerful others to ruin life (yours and others) in the country. Specifically, those who thought the virus was a hoax perceived the virus as less threatening (Imhoff & Lmberty, 2020). Interestingly, in a French population, conspiracy was also found to be associated with a heightened risk of personal contamination (Marinthe et al., 2020). We, however, are specifically interested in how conspiratorial blame affects perceptions of risk.

However, little is known about whether conspiracy beliefs predict perceptions of risk to others in contracting the virus. Theories of risk perception, however, have found that individuals are likely to be more risk averse when making decisions involving risk for others, compared to themselves (Montinari, 2018); this has been attributed to higher accountability and caution when making decisions for others (Charness & Jackson 2009), and to differential affective forecasting along with an inability to perceive the importance of emotions in risk taking when making decisions for others (Farrow & Rottenstreich, 2006).

Political Ideology and Risk Perception

Political conservatives tend to be more sensitive to threats, especially when considering physical threat (Crawford, 2017). Both Jost's (2003) motivated social cognition theory and Hibbing et al.'s (2014) negativity bias perspectives argue that conservatism is driven by individuals' psychological need to manage negative events, and conservatives may perceive threat, such as death anxiety more acutely. However, liberals tend to be more sensitive about certain specific

threats such as climate change, which has been attributed to news coverage (Carmichael et al., 2017). With respect to COVID-19, conservatives viewed themselves as less susceptible to the virus as they watched more conservative news media where Republican leaders were shown to downplay the effects of the virus (Calvillo et al, 2020). This however is in contrast to the Indian setting, where the leadership did not downplay the virus, leading to a greater risk perception towards COVID-19. Also, political beliefs could affect media consumption (e.g., Calvillo et al., 2020), which might in turn affect the acceptance of health behaviors as necessary (or vice versa). Though conservatism is linked to higher general perception of threat, how it affects perception of risk (personal as well as to others) with respect to COVID-19 is still unclear.

India is home to hundreds of political parties at the local and national level. However, given the landslide victory of the right-leaning or conservative BJP (Bhartiya Janata Party) in the 2014 and 2019 elections, it is imperative to note that the BJP's rhetoric often contains elements of puritanism, morality, majoritarianism and religion-based ethnocentrism. Considering this ubiquitous nature of BJP partisanship, we measure partisanship in terms of BJP-partisanship, non-BJP partisanship (operationalized as partisanship for a party that is not BJP), and non-partisanship (operationalized as not voting for any party).

The Importance of Context

Though a general conspiratorial mentality rooted in a “monological belief system” (van Prooijen et al, 2015, p. 2) has been proposed, wherein a mental framework for believing in multiple conspiratorial ideas is provided within a monolithic conspiracy belief, there has also been work indicating how belief in specific conspiracy theories may have roots in certain contexts. For instance, birther conspiracies (referring to rumors regarding Barack Obama's place of birth and citizenship) are endorsed by conservatives and those with anti-Black attitudes (Pasek, et al 2015),

hinting that from a cultural context conservatives are more likely to engage and endorse in multiple conspiratorial beliefs. In the context of the pandemic, at the time of data collection for Study 1 (April-May 2020), various sources presented different types of information; thus, those with a higher susceptibility to conspiratorial beliefs could have a propensity to endorse all non-contradicting conspiracy theories around COVID-19.

Further, news and other forms of media, including social media play an important role in providing context. For instance, misinformation, especially from partisan sources, may have buffered belief formation about COVID-19. Though studies have supported such a contention in the US (Calvillo et al., 2019), few studies have focused on conspiratorial belief formation in India. However, misinformation about the pandemic was rampant in India including among healthcare professionals (Datta et al., 2020), often taking the form of conspiratorial blame on the marginalized (e.g., Muslims; Lancet, 2020). False information about the virus included touting home remedies (e.g., Mallick, 2021; Menon, 2020; Bhowmick, 2021) and alternative medicines (ABP News, 2020). In other words, with misinformation being spread widely, the larger working class population were particularly susceptible to its negative effects (Arora et al., 2023). So far however, empirical studies on conspiracy beliefs, risk perception, or political ideology are lacking in India.

The Present Study

The present study aims to understand the relationships between belief systems and health behaviors. Specifically, given the unclear associations between ideology, risk perception, conspiratorial beliefs, and health behaviors, especially outside the context of Western Europe and

the US, we assess the belief systems behind risk perception in the first study and health behaviors in the second.

Study 1 assesses the mediating role of conspiratorial blame on the relationship between political ideology (self-placements on a left-right/liberal-conservative spectrum) and risk perception in India and the US. Specifically, conspiratorial blame was assessed in the two countries with respect to the following: a) scientists, b) interest groups, and c) the government covering up 1) the impending economic crash, and 2) setting up of an authoritarian government. Risk perception was defined in terms of one's belief that either they themselves or an average person in their country would contract COVID-19 within a 11–12-month period.

We chose these countries for two reasons: first, despite research about these constructs lacking in India, such beliefs exist and misinformation spreads rampantly in India (e.g., Akbar et al., 2021). Moreover, research on these constructs separately and together is conducted disproportionately in the US. Second, this research gap is especially glaring considering that the two countries had the largest number of positive cases as well as deaths due to COVID-19 (Dong et al., 2022), at the time of initial data analysis (March, 2021). Here, it is important to note that we do not assess the differences or similarities between the countries empirically. This is primarily because our data does not lend itself to such an analysis. Further, we do not have enough theoretical background about ideology, risk, or conspiracies in India to make comparative claims.

To further study how socio-political beliefs affect health behaviors in India, Study 2a assesses the mediating role of trust in media and conspiratorial beliefs about vaccine providers in the relationship between partisanship and preventative health behaviors among Indians. Study 2b also assesses the mediating role of trust in media and conspiratorial beliefs about vaccine providers in the relationship between partisanship and vaccine status among Indians.

Study 1

Given the work linking political ideology (i.e., placements on the left-right spectrum), conspiratorial beliefs, and risk perception, we argue that ideology would predict conspiratorial blame, specifically towards a) scientists, b) interest groups, and c) the government to cover up (i) the impending economic crash and (ii) to set up an authoritarian government. Further, we argue that conspiratorial blame would mediate the relationship between ideology and risk perception. This is likely because though ideology is linked to risk perception about COVID-19, this is perhaps exacerbated by beliefs in conspiracies, especially blaming powerful or malignant others. In other words, the conspiratorial belief that malignant others have caused the virus might alter the level of risk perceived about the virus.

Accordingly, we preregistered (see https://osf.io/td39c?view_only=21c030b3062f4327b047070212d9864f) the following hypotheses:

H1. Political ideology predicts conspiratorial blame among Indians (H1a) and US Americans (H1b).

H2. Conspiracy blame mediates the relationship between political ideology and risk of contracting COVID-19 among Indians (H2a) and US Americans (H2b).

2. Materials and Methods

¹Participants

¹ For sample size determination, any exclusions not related to missingness, and other variables, please see van Bavel et al (2022); a post-hoc power analysis is presented in Appendix B.

We used Indian and US American subsamples from larger, international studies conducted between April and May 2020 (Azevedo et al., 2022; van Bavel et al., 2022). Responses from 631 semi-representative Indian participants ($M_{\text{age}} = 33.02$, $SD = 11.83$, 256 women, 3 non-binary) were collected in English ($n = 299$) and Bengali ($n = 332$). US Americans comprised 1471 respondents ($M_{\text{age}} = 44.32$, $SD = 16.43$, 755 women, 4 non-binary; see Supplementary Table S1a for detailed participant characteristics). Participants were largely from urban areas for both countries (India = 496, US = 1146). Also, we used an exploratory and correlational design for study 1 and there were no major deviations from our preregistered plan.

Materials

Political Ideology. Participants responded to a single-item measure of political ideology (1 = very left-leaning/liberal; 10 = very right leaning/conservative).

Conspiratorial Blame. Conspiratorial blame was assessed with respect to the following: a) scientists, b) interest groups, and c) the government to cover up (i) the impending economic crash and (ii) to set up an authoritarian government. Specifically, participants were asked the extent to which they believed one of these parties engineered the pandemic using a Likert scale (0 = *Strongly disagree*; 10 = *Strongly agree*).

It measured intentions and motives through items such as “The coronavirus (COVID-19) was created as a cover up for the impending global economic crash”, “The coronavirus (COVID-19) is a conspiracy to take away citizen’s rights for good and establish an authoritarian government”, and “The coronavirus (COVID-19) is a hoax invented by interest groups for financial gains.”

Risk to self and others. The extent to which participants believed themselves (self) and an average Indian or a US American (others) were at risk of contracting COVID-19 before April 2021 was responded to on a scale of 0% (impossible) to 100% (certain).

Procedure

Participants filled in a large survey measuring a number of variables relating to social and moral psychology, including their behaviors related to COVID-19 as a part of a multi-site, multi-country study (for details, refer to van Bavel et al., 2022).

3. Results

Descriptive statistics and correlations for Study 1 are included in Supplementary Table S1b and S1c. Gender, knowing people who were infected with the virus, and marital status were used as controls, based on correlations with the variables of interest.

India

Right-wing political ideology in India significantly predicted conspiratorial blame (H1a). Right-leaning Indians were more likely to *blame scientists* for the virus ($b = .33$, $SE = .04$, $p < .001$, $R^2 = .09$). Believing that scientists are to blame negatively predicted perception of risk to self ($b = -.71$, $SE = .35$, $p = .04$, $R^2 = .02$), which also had an indirect effect on the relationship between ideology and risk to self ($b = -.24$, $SE = .12$, $p = .049$). However, conspiratorially blaming scientists was not a direct or an indirect predictor of perceiving risk to others.

Right-leaning Indians were also more likely to *blame interest groups* for the virus ($b = .28$, $SE = .05$, $p < .001$, $R^2 = .06$). However, blaming interest groups for the virus did not predict risk perception either for self or others. They also believed that the government was setting up more

authoritarian control through the virus ($b = .18$, $SE = .05$, $p < .001$). However, this did not affect perception of risk to self or to others.

Right-leaning Indian participants were also more likely to *blame the government* for the virus, citing the virus as a cover-up for the impending economic crash ($b = .17$, $SE = .04$, $p < .001$, $R^2 = .04$). Blaming the government also positively predicted a higher risk to self, for an average Indian ($b = .85$, $SE = .40$, $p = .018$). Further, believing that the virus was a cover up for the impending economic crash also indirectly affected perception of risk to others ($b = .15$, $SE = .07$, $p = .04$).

However, conspiratorial blame was not found to be a significant mediator in the relationship between risk perception and political ideology in India (H2a).

US

Political ideology significantly predicted conspiratorial blame among US Americans (H1b).

Right-leaning US Americans were likely to blame the virus on scientists ($b = .57$, $SE = .03$, $p < .001$); blaming scientists also positively predicted risk to self ($b = 1.14$, $SE = .25$, $p < .001$). There was a significant indirect effect (bootstrap = 1000) of blaming scientists on the link between ideology and risk to self ($b = .65$, $SE = .15$, $p < .001$). Similarly, blaming the virus on scientists also had a significant indirect effect on the link between ideology and risk to others ($b = .65$, $SE = .13$, $p < .001$).

Right-leaning Americans also blamed the virus on interest groups ($b = .54$, $SE = .03$, $p < .001$), which also positively predicted risk to self ($b = 1.35$, $SE = .24$, $p < .001$) and others ($b = 1.65$, $SE = .22$, $p < .001$). There was also a significant indirect effect of blame on interest groups on the

link between ideology and risk to self ($b = .72$, $SE = .13$, $p < .001$) and others ($b = .94$, $SE = .13$, $p < .001$).

Right-leaning participants also blamed the virus on the government, citing the economic crash ($b = .51$, $SE = .03$, $p < .001$), which positively predicted risk to self ($b = 1.89$, $SE = .24$, $p < .001$) and to others ($b = 1.57$, $SE = .22$, $p < .001$). There was also a significant indirect effect of blaming the government on the relationship between ideology and risk to self ($b = .97$, $SE = .14$, $p < .001$) and to others ($b = .80$, $SE = .12$, $p < .001$).

Similarly, right-leaning participants were more likely to believe that the virus was a cover up to set up an authoritarian government ($b = .49$, $SE = .03$, $p < .001$); this also positively predicted risk to self ($b = 1.76$, $SE = .24$, $p < .001$) and to others ($b = 1.88$, $SE = .22$, $p < .001$). Blaming the government also had a significant indirect effect on the relationship between ideology and perception of risk to self ($b = .86$, $SE = .12$, $p < .001$) and to others ($b = .91$, $SE = .12$, $p < .001$).

In contrast to Indians, conspiratorial beliefs in US Americans significantly mediated the relationships between political ideology and the perception that the virus is a risk to both self and others (H2b).

4. Discussion

This study aimed to explore the mediating effect of conspiratorial blame on various interest groups in the relationship between political ideology and risk perception of contracting the virus for oneself and others. In general, more right-leaning participants in India and the US blamed scientists, interest groups, and the government for the virus (H1a, 1b). However, this did not affect the relationship between ideology and risk in India (H2a), but did have an effect on the association

between ideology and risk in the US (H2b). We also found that political ideology did not directly affect risk perception.

Essentially, we found that both right-leaning Indians and US Americans are likely to blame various actors for the spread of the virus. Thus, in both countries, prominent narratives on news and social media were along the lines of blaming groups that conservatives usually consider their outgroups. US American Twitter users who believed that the pandemic is a deep state propaganda reference lies, corruption, or an effort to hurt the population (Havey, 2020). A moderate number of Indians also believed that China is responsible for deliberately causing the pandemic (Misra et al, 2020).

Whether conspiracy theories translated to risk perception, however, differed by country. In the US, conspiracy beliefs mediated the relationship between ideology and risk perception. This is in line with Calvillo et al.'s (2020) argument that conservatives watch conservative news media, where Republican leaders downplayed the effects of the virus, which perhaps affected risk perception among conservatives. Similarly, it is likely that conservatives engaged in social media discussions with other conservatives, who also believed that the virus was a hoax and was similar to the flu.

In contrast, Indians believed that the risk due to the coronavirus was high, especially in the period of data collection (April-May, 2021). Indian leadership did not downplay the virus, and strict lockdowns were in place, unlike in the US. In alignment, a large proportion of Indians also believed that the leadership would handle the crisis well. Therefore, it is likely that even if Indian conservatives believed that powerful others caused the virus, it did not impact risk perception in general.

Further, believing that scientists were to blame for the virus mediated the relationship between ideology and risk to self in the US, given the nationality of scientists was not specified. This is especially true because in general, scientists are viewed as trustworthy in India (Pew Research Centre, 2020), and that the virus originated in a Wuhan lab was a popular belief (Purohit, 2020), especially at the time. However, politically and diplomatically, unlike the US, Indian leadership had not blamed the virus on China at that time (Pillai Rajagopalan, 2020).

Next, believing that the virus was a cover up for the impending economic crash affected perception of risk to others. This has been attributed to differences in affective states when it comes to others (e.g., Farrow & Rottenstreich, 2006). On the other hand, it has also been argued that perceptions of social values influence risk taking for others (Stone & Allgaier, 2008). Further, participants are likely to assume that others are more risk taking in public health scenarios, such as a bird flu outbreak (Stone, Choi, et al., 2013). Thus, it is likely that believing in a coverup conspiracy might also influence and reinforce risk to others. Further, conservatives may also believe that the right-wing populist leadership is likely to make the right decisions to control the pandemic as well as the economic conditions resulting from regulations (e.g., Stokes et al., 2017), and therefore, the risks associated with the pandemic to others and oneself would be minimized.

Study 1 did not account for the role of media consumption and was largely exploratory in nature. Studies 2a and 2b are conceptual replications and extensions of Study 1.

Study 2

To test whether trust in media plays a role in conspiratorial blame, and whether trust and conspiratorial blame translates to health behaviors, we looked at two health behaviors in the same

sample of Indians: preventative health behaviors (PHBs; Study 2a) and vaccination status (Study 2b).

Specifically, Study 1 assumes that ideology would predict conspiratorial blame and risk perception, but does not assess how this translates to health behaviors (but see van Bavel et al., 2022). Further, the role of trust was assumed in Study 1. Study 2a and 2b more directly tests this assumption and investigates whether trust in media sources along with conspiratorial blame mediates the relationship between political partisanship and health behaviors specifically in the context of COVID-19 in India.

Vaccine Status

By the time of data collection for the second study (July 2021), vaccines were being made available in India. A crucial cornerstone in the road to recovery from the COVID-19 pandemic is vaccination, which research has consistently shown to protect people against diseases. However, hesitancy towards vaccine use continues to be a major public threat (WHO, 2019).

Some factors affecting COVID-19 vaccine hesitancy include concerns of vaccine efficacy and side effects (Cascini et al., 2021), perceiving the pandemic as harmless (Trioiano & Nardi, 2021), lack of trust in the government (Soares et al., 2021), and belief in misinformation about origins of the virus (Earnshaw et al., 2020). In India, the hesitancy to receive the vaccine is low (Goruntla et al., 2021) and the major reason for vaccine unwillingness are qualms about post-vaccination health effects (Umakanthan et al., 2021).

Between February and March 2021, the Indian Ministry of Health and Family Welfare opened up access to COVID-19 vaccination to those above the age of 50 years of age with comorbidities and all those above 65 years of age. Further, by May, all above the age of 18 were eligible to be vaccinated. However, there was an extreme short supply of dosages for the first few

months (see Hindustan Times, 2021; Ellyatt, 2021). The dataset used here was based on a survey collected before July 2021.

We preregistered the following hypotheses (see Appendix A for deviations; https://osf.io/h9mke/?view_only=c499da57a3eb442aa8a208e168a3c741):

H1: Trust in media (M1) and conspiracy beliefs (M2) mediate the relationships between partisanship and preventative health behaviors (PHBs).

H2: Trust in media (M1) and conspiracy beliefs (M2) mediate the relationships between partisanship and vaccine status.

5. Materials and Methods

Publicly available secondary data, which are a part of the YouGov-Mint-CPR surveys², were used in Studies 2a and 2b. There were no major deviations from our preregistered plan for Studies 2a and 2b; details about minor deviations are included in Appendix A.

Participants

The current studies draw from the sixth wave of the surveys, which were collected in July 2021. The total sample size included 10285 participants (51% men). Participant characteristics are

² Specifically, the surveys examine “the aspirations, anxieties, and attitudes of India’s digital natives,” and were collected by the market research company YouGov, along with the Indian financial daily newspaper Mint and the think tank Centre for Policy Research. For more details about the methodology, sample recruitment, and incentives, the reader is directed to the methodology note openly available on GitHub (YouGov-Mint-CPR, 2021).

reported in the methodology note. More detailed characteristics are included in Supplementary Table S2a. For power analyses, see Appendix B.

Variables

Partisanship. Partisanship was measured as a response to the question: “Which political party do you identify with the most?”, to which participants had to choose between eight political parties. Other response options to the question were “Don’t know/Can’t say”, “Don’t identify with any political party”, and self-report as “others.” Based on the distributions, we defined partisanship³ as “non-BJP partisans,” (coded as 1) that included all parties except BJP, “BJP partisans,” (coded as 2), and “non-partisans,” which included “Don’t know/can’t say” and “Don’t identify” (coded as 3). Those who responded as “others” were removed from the analyses (n = 297; 2.89%).

Trust in the media. Trust in media was measured as a response to the question “How much do you trust each of the following news sources?” Participants were provided with the following list: a) 24x7 news channels, b) Newspapers, c) Facebook, d) Twitter, e) YouTube, f) Digital news media- through website, YouTube, g) Messages shared on WhatsApp groups. A three-point rating scale was then used: 1 = Trust a lot, 2 = Trust a little, 3 = Do not trust at all. The responses were reverse coded, such that higher scores indicate higher trust.

We divided the media sources to assess whether traditional and non-traditional media play a differential role. Thus, the 24x7 news channels and Newspapers were included as traditional media and the others were summed to represent non-traditional media.

³ Due to the landslide victory of the right-leaning or conservative BJP in the May 2019 elections, opposition parties have been responding to the BJP’s policies rather than formulating or fighting for their own. Hence our coding for partisanship was based into three groups: “non-BJP partisans,” “BJP partisans,” and “non-partisans.”

Conspiratorial blame. Conspiratorial blame was measured as a response to a question about vaccine manufacturers (see Appendix). The items assessed attitudes about whether the manufacturers are doing “a huge service” (coded as 0) or “using the pandemic as an opportunity to charge high prices for their product and earn super profits” (coded as 1).

Preventative Health Behaviors (PHBs). PHBs included two types of behaviors: those that were necessary and officially communicated and those that were not necessary. The former included the following behaviors: wearing a mask, personal hygiene, refraining from touching objects, avoiding going out, stopping in-person meets; the latter included the following: reducing the consumption of alcohol/tobacco, home remedies to boost immunity (e.g., herbal drinks), and stopping the employment of house help.

Vaccine Status. Vaccine status was measured as a response to the question “Still thinking about COVID-19, which of the following best describes your vaccination status?” Participants were provided with the following response options: a) Taken both doses, b) Taken the first dose, c) Will take as soon as it’s available, d) Will avoid taking the vaccine, e) Unsure about taking the vaccine. Taking at least one dose was coded as 1, and taking none was coded as 0. For ancillary analyses, we also looked at vaccine hesitancy (i.e., “will avoid” and “unsure” coded as 1, and the rest coded as 0); further, to avoid dichotomizing a comparatively continuous variable, we looked at vaccine status discretely such that “will avoid” = 1, “unsure” = 2, “will take” = 3, “first dose” = 4, and “both doses” = 5. However, both doses of the vaccine were only available to a select group and many Indians under the age of 45 were only beginning to get access to the first dose at the time of the survey (July 2021). Therefore, the discrete 5-point scale was used only ancillary (rather than as the primary variable of interest).

6. Results

Study 2a

Descriptive statistics and zero-order correlations are presented in Supplementary Table S2b and Table S2c.

Age, gender, relationship status, employment status, education status, caste, whether the individual was the main wage owner of their household, and household size were significantly related to PHBs. Thus, these demographics were used as controls in the mediation and regression models where PHBs were the predicted variables.

Mediations were conducted using the jAMM module (Gallucci, 2020) in jamovi (The jamovi project, 2021) using contrasts (where non-partisans were used as the reference group), and were reproduced using the “jamm” module in the package “jmv” in R. Further, bias-corrected confidence intervals were calculated for 95%CI.

There was an indirect effect of conspiracy beliefs on the relationship between partisanship and non-necessary preventive health behaviors (PHBs; see Table 1a) when the partisans were non-BJP ones. However, trust in the media had no mediating effects on the partisanship and PHB relationship. On the other hand, for BJP partisans, trust and conspiracies had an indirect effect on partisanship and non-necessary PHBs. For necessary PHBs, trust and conspiracies together did not have an indirect effect, but separately did (Table 1b).

Trust, in traditional and non-traditional media, and conspiracy theories both mediated the relationships between partisanship and preventative health behaviors (Supplementary Table S3a, S3b, S3c; H1). Conspiracy beliefs and trust in non-traditional media negatively predicted PHBs, while only trust in traditional media positively predicted PHBs (Supplementary Table S3a; H1a).

Further, hierarchical regressions were conducted on jamovi (The jamovi project, 2021), and presented in Supplementary Table S4. The hierarchical contrast regressions involving partisanship used BJP partisans as the reference group, and those involving conspiracy beliefs used participants 'not believing' as the reference group. Those who believe in conspiracy theories about vaccine manufacturers were found to be less likely to engage in both necessary and non-necessary PHBs (H1a).

Moreover, higher the trust in media, the less likely one is to engage in necessary health behaviors and more likely to engage in non-necessary health behaviors. Specifically, the higher the trust in traditional media, the more PHBs were engaged in, both necessary and non-necessary. However, the higher the trust in non-traditional media, the lesser the PHBs were engaged in, both necessary and non-necessary (H1b).

Compared to BJP-partisans, both non-partisans and non-BJP partisans were significantly less likely to engage in both necessary and non-necessary PHBs. However, this relationship is not significant for non-partisans and BJP partisans in the case of necessary PHBs (H1c).

Trust in the media generally did not significantly predict conspiratorial beliefs. However, we found that the higher the trust in traditional media, the lower the conspiratorial belief. On the other hand, the higher the trust in non-traditional media, the higher was the conspiratorial belief (H1d).

Non-BJP partisans were more likely to trust the media, including traditional media . However, non-partisans were less likely to trust the media, as well as non-traditional media, compared to BJP partisans. BJP partisans were more likely to trust traditional media compared to non-partisans and non-BJP partisans (H1e).

Also, BJP partisans were less likely to believe in vaccine conspiracies, compared to both non-partisans and non-BJP partisans (H1f).

Study 2b

Mediations were conducted using the jAMM module (Gallucci, 2020) in jamovi (The jamovi project, 2021) using contrasts (non-partisans were used as the reference group), and were reproduced using the “jamm” module in the package “jmv” in R. Further, bias-corrected confidence intervals were calculated for 95%CI.

Trust in media and conspiracies separately had an indirect effect on the relationship between partisanship and vaccination status for non-BJP partisans. Also, trust in traditional and non-traditional media and conspiracy beliefs separately had an indirect effect on the relationship between partisanship and vaccination status for non-BJP partisans (Table 2).

For BJP partisans, only conspiracy beliefs had an indirect effect on the relationship between partisanship and vaccination status. However, both trust in traditional and non-traditional media indirectly affected the relationship between partisanship and vaccination status for BJP partisans (Supplementary Table S5).

Regressions were conducted in jamovi and are presented in Supplementary Table S4. Those who believed in conspiracies about vaccine manufacturers were less likely to be vaccinated (H2a). Higher the trust in the media (including both traditional and non-traditional), the more the likelihood of being vaccinated (H2b). BJP partisans were more likely to be vaccinated, compared to non-partisans and non-BJP partisans (H2c).

7. Discussion

Using data from a large sample of Indians, we explored the relationship between partisanship, conspiracies, trust in media, and PHBs. We found that the relationship between partisanship and health behaviors was mediated by conspiracy beliefs and trust in the media. Specifically, right-wing (BJP) partisans are more likely to engage in health behaviors compared to left-wing (non-BJP) partisans and non-partisans. Left-wing partisans had higher levels of trust in media, whereas non-partisans had lower levels of trust in media; this was especially true of non-traditional media such as online news media. However, BJP partisans were more likely to trust traditional media such as TV news.

The Indian news market is dominated by private, regional language channels; traditional media is often self-regulated and has strong partisanship. A recent survey (Newman et al, 2021) shows that 73% of respondents accessed news through smartphones, with a majority of them using social media channels such as Facebook and YouTube to consume their news. Further, only 38% of respondents trusted the news overall.

Next, our results find that those who trust traditional media were less likely to believe in conspiracies, whereas those who trusted non-traditional media were more likely to believe in conspiracies. Compared to BJP partisans, both non-BJP partisans and non-partisans were more likely to believe in conspiracy theories. This is in line with Imhoff et al. (2022) who argue that conspiracy mentality is a reaction to political control deprivation.

Our results specifically find that those leaning right tend to trust in traditional forms of media, whereas those leaning left tend to trust in non-traditional media. This is not in line with previous work done in other countries, where conservatives show a degree of mistrust in traditional media (Edelman Trust Barometer, 2021). However, this result may be attributed to discontent that

the left in India feels with the political establishment generally and with the news media that covers politics. Indeed, when polarization is high, citizens trust the government if the party-in-power shares their own political views; however, this is usually seen more in conservatives than liberals in the US (Morisi et al., 2018).

Our finding that BJP partisans engage in more health behaviors, including non-essential behaviors, are mediated via trust in traditional media. This might be because traditional media might be more lauding of the ruling party; the messaging of the BJP has been to engage in PHBs, compared to its compatriots in other countries. Further, it is likely that BJP partisans are more trusting of the government in general, and also its messengers, including news media. This is in line with Morisi et al.'s (2018) contention that there is ideological asymmetry in 'president-in-power' effect in that conservatives (those leaning right) in the US are more likely to support the president if the president is Republican. Of course, it is unclear whether Indians who lean right are less likely to support the party in power if the party is right leaning, compared to left leaning.

Further, PHBs are only one type of health behaviors. At the time of data collection, vaccines were starting to be widely available in India. We were interested in understanding whether trust in media and conspiracy beliefs about the vaccines are likely to mediate the relationship between ideology and vaccine status in India in Study 2b.

The results of Study 2b conceptually replicates those of Study 2a, in that those leaning right are more likely to engage in health behaviors, including vaccination. The relationship between conspiratorial beliefs about vaccine manufacturers and vaccination status is more complicated, in that though generally believers were less likely to be vaccinated, BJP partisans who believed in the conspiracies did not let their conspiratorial beliefs affect their vaccination status.

8. General Discussion

Study 1 shows that among Indians, ideology does not predict risk perception. In contrast, ideology predicts conspiracies about the origins of the virus. The second study, on the other hand, shows that non-BJP partisans engaged in fewer health behaviors and believed in more conspiracies about vaccine creators. This is also in contrast to previous work showing that conservatives engage in less PHBs (e.g., Rothgerber et al., 2021). Further, this is in contrast to previous research showing links between conspiracy beliefs and right-wing authoritarianism and authoritarian worldviews (e.g., Imhoff, 2015), and the political right (Jost et al., 2018). Other studies have shown a curvilinear relationship between ideology and conspiracy beliefs (e.g., van Prooijen et al., 2015). However, this is in line with a few studies showing the party-in-power effect (Morisi et al., 2019) and political control deprivation (Imhoff et al., 2022), wherein those leaning left are unlikely to trust the government if it is not formed by their partisans, perhaps because of anti-establishment beliefs in that case. The relationship between trust in the media, partisanship, and conspiracy beliefs makes better sense when one considers the content of conspiracy theories. It is possible that those who are not right-leaning may have a general mentality that the media is ineffective or complicit, and therefore are unlikely to oppose the government or party in power.

Previous work has shown that these beliefs might lead to withdrawing from mainstream political processes. Considering the content of the conspiracy beliefs measured in this study, then, it is likely that non-BJP partisans and non-partisans, because of their negative attitudes about the BJP as an establishment, feelings of political powerlessness, uncertainty, and disillusionment, and because of their beliefs about establishment-centric media may also hold negative views of that any group that supports them. They then may not engage in health behaviors, not because they do not perceive the risk (Study 1), but because they do not want to cooperate and engage in prosocial behaviors such as health behaviors, thereby not engaging in the same (Study 2a, 2b;

Imhoff et al., 2021). This may parallel findings that show how exposure to conspiracies reduced intentions to reduce one's carbon footprint (Jolley & Douglas, 2014).

Additionally, BJP, the political party forming the central (federal) government in India, instrumentalizes a religion-driven national identity (Chhibber and Verma 2019), and conspiracy-driven information may often be congruent with such national identity (e.g., Badrinathan & Chauchard, 2021). Specifically, Badrinathan and Chauchard (2021) test whether BJP partisanship is related to conspiratorial beliefs about miracle cures in India, and find that susceptibility to misinformation about COVID-19 is related to support for BJP. In other words, it may be argued that BJP partisans may believe more in “homegrown” cures.

We explored the conspiratorial belief that vaccine manufacturers are using the pandemic to make super-profits, and find that overall, Indians are unlikely to believe in it. This is especially true for BJP partisans, who have a lesser likelihood of believing the super-profit conspiracy, compared to viewing the vaccine as a “huge service.”

In a similar vein, we found that BJP partisans engaged in more non-required PHBs, ones that included behaviors such as home remedies and letting go of house-help. BJP partisans are likely to be socially conservative and more likely to identify with religious majoritarianism and national identity. We also found that BJP partisans engaged in more PHBs, including required PHBs, than non-BJP partisans and non-partisans. This is in line with other studies showing that those who identify with their country have higher support for public health policies (van Bavel et al., 2022). Specifically, national identity may motivate involvement in civic duties, including costly behaviors (such as health behaviors) that might benefit others in their countries (Kalin, & Sambanis, 2018). This is also in line with public messaging from BJP elites who have emphasised the sense of togetherness (e.g., Press Trust of India, 2021, 2022).

Similarly, with respect to vaccinations, trust in media and conspiracy beliefs mediates the relationship between partisanship and vaccination status. Further, those who believe in conspiracy beliefs were less likely to get vaccinated. BJP partisans are also more likely to be vaccinated, compared to non-partisans and non-BJP partisans.

In sum, our results indicate that it is necessary to study countries underrepresented in psychological science to get a full picture of social, political, and health behaviors. To the best of the authors' knowledge, this is the first study to investigate conspiracy theories, especially related to the coronavirus pandemic, in India. This is especially important as few studies in political psychology seem to be focused on India, particularly with respect to understanding political bases of health attitudes and behaviors. We were unable to make comparative claims because it is unclear how much of work on the constructs at hand are generalizable beyond the countries in which they are originally theorized and assessed. This study provides further empirical support to the idea that studies conducted in the US may not generalize to other countries (here, India). Future research, especially in political, social, and health psychology can attempt to draw samples from non-WEIRD countries such as India. Follow-up studies can also invest in theory-building in the areas of how ideology and motivated reasoning affect public opinion, especially in the context of global issues. Our first study uses a semi-representative sample in terms of age and gender in India, and our second study uses panel data that is representative of the Indian youth. Further, we use large datasets to study COVID-19 health behaviors over two points in time.

Our studies are not without limitations. First, considering the dynamic nature of public opinion especially related to the pandemic, we were not able to study the same variables over time. Instead, we chose variables based on what might be important at a particular point in time. Though this might have affected the results, it was necessary. Second, the sampling was almost entirely online. This was keeping with the social distancing requirements of the pandemic.

However, this raises questions about whether the study could be generalized to communities that were not online. It is also important to note here, though, that the specific parties blamed for the virus could largely be a function of social media. In other words, social media could have affected one's beliefs in certain conspiracy theories as well as risk perception; however, this was not accounted for in this study. Third, this was primarily a correlational study and therefore, causal relationships and mechanisms cannot be extrapolated based on these findings. Future research could assess health behaviors and conspiracies beyond the COVID-19 pandemic. Next, the present study used a single-item measure of political ideology or assessed ideology as partisanship. This was keeping in mind the length of the overall study (35-40 minutes) and using a comparable measure across countries. Previous work has indicated that ideology in India is more complex than these (e.g., Puthillam, Karandikar, & Kapoor, 2021), and therefore alternative methods to measure ideology should be used.

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Table 1a. The mediating role of trust and conspiracy beliefs in the relationship between party preferences and general preventative health behaviors (Study 2a)

	X	Mediator	B	SE	Bias Corrected Bootstrap CI		z
					95	95	
					LE	UE	
Indirect Effects	Non-BJP	Trust in media	0.002	0.002	-4.51e-4	0.007	1.110
		Conspiracy	0.069 ^{***}	0.009	0.054	0.091	7.287
		Trust + Conspiracy	-6.23e-5	0.000	-5.07e-4	-5.07e-4	-0.364
	BJP	Trust in media	0.018	0.013	-0.008	0.042	1.396
		Conspiracy	0.050 ^{***}	0.009	0.034	0.072	5.351
		Trust + Conspiracy	-5.55e-4	0.001	-0.003	-0.003	-0.404
Direct	Non-BJP		0.544 ^{***}	0.056	0.432	0.654	9.717
	BJP		0.244 ^{***}	0.069	0.103	0.376	3.552
Total Effect	Non-BJP		0.615 ^{***}	0.056	0.505	0.725	10.970
	BJP		0.311 ^{***}	0.067	0.179	0.443	4.628

Note. ^{***} p<.005, ^{**} p<.01, ^{*} p<.05

Table 1b. The mediating role of trust and conspiracy beliefs in the relationship between party preferences and required and non-required preventative health behaviors (Study 2a)

	X	Mediator	Required PHBs					Non-required PHBs				
			b	SE	Bias Corrected Bootstrap CI 95		z	b	SE	Bias Corrected Bootstrap CI 95		z
					LE	UE				LE	UE	
Indirect Effects	Non-BJP	Trust in media	0.005*	0.002	0.001	0.01	2.02	-0.003	0.001	-0.006	-6.21e-4	-1.945
		Conspiracy	0.054***	0.007	0.041	0.069	7.662	0.015***	0.003	0.009	0.022	4.555
		Trust + Conspiracy	-4.88e-5	0	-3.89e-4	0	-0.354	-1.35e-5	0	-1.19e-4	0	-0.364
	BJP	Trust in media	0.042***	0.009	0.025	0.062	4.548	-0.024***	0.006	-0.036	-0.013	-4.136
		Conspiracy	0.039***	0.007	0.026	0.053	5.62	0.011***	0.003	0.006	0.017	3.977
		Trust + Conspiracy	-4.35e-4	0.001	-0.003	0.002	-0.398	-1.20e-4	0	-7.20e-4	0.001	-0.398
Direct	Non-BJP		0.359***	0.04	0.281	0.438	8.887	0.186***	0.026	0.14	0.239	7.278
	BJP		0.227***	0.047	0.127	0.316	4.841	0.017	0.03	-0.041	0.073	0.562
Total Effect	Non-BJP		0.417***	0.04	0.34	0.495	10.559	0.198***	0.025	0.149	0.247	7.911
	BJP		0.308***	0.047	0.215	0.401	6.501	0.003	0.03	-0.056	0.062	0.105

Note. ***p<.005, **p<.01, *p<.0

Table 2. The mediating role of trust and conspiracy beliefs in the relationship between party preferences and vaccine status (Study 2b)

	X	Mediator	b	SE	Bias Corrected 95%CI		z
					LE	UE	
Indirect Effects	Non-BJP	Trust in media	-0.002*	0.001	-0.005	0.000	-2.180
		Conspiracy	0.004*	0.002	0.001	0.007	2.493
		Trust + Conspiracy	-3.37e-6	0.000	-3.21e-5	0.000	-0.338
	BJP	Trust in media	-0.021	0.003	-0.027	-0.016	-7.157
		Conspiracy	0.003*	0.001	0.001	0.005	2.353
		Trust + Conspiracy	-3.00e-5	0.000	-2.31e-4	0.000	-0.360
Direct	Non-BJP		0.097	0.012	0.072	0.119	7.972
	BJP		-0.026	0.015	-0.055	0.005	-1.683
Total Effect	Non-BJP		0.098	0.012	0.075	0.122	8.164
	BJP		-0.044**	0.014	-0.072	-0.016	-3.064

*Note. *p<.05, **p<.01, ***p<.001*

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Supplementary Table S1a. Participant Characteristics (Study 1)

		India	US
Gender	Men	366	710
	Women	256	755
	Non-binary	3	4
Marital Status	Single	286	608
	In a relationship	69	154
	Married	275	707
Employment Status	Employed Full Time	249	707
	Employed Part Time	64	161
	Unemployed/Looking for work	56	176
	Student	140	63
	Retired	23	272
	Other	98	90
Location	Urban	496	1146
	Rural	128	311
	Not Sure	5	14
Tested Positive	No	613	1328
	Yes	15	142
Know someone who has been tested Positive	No	569	1105
	Yes	60	365
Language	Bengali	332	0
	English	299	1471

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Supplementary Table S1b. Descriptive Statistics for variables relevant to Study 1

	Possible Range	India			US		
		N	M	SD	N	M	SD
Age		628	33.02	11.83	1466	44.32	16.43
Self-positioned socio-economic status	0-10	625	5.77	2.01	1469	5.3	2.33
Self-reported political ideology	0-10	613	4.66	2.62	1465	6.11	2.69
Risk to self	0-100	628	36.05	24.46	1468	45	30.17
Risk to an average countryperson	0-100	622	53.07	25.61	1467	53.37	27.29
Blaming scientists	0-10	631	5.34	3	1468	5	3.45
Blaming interest groups	0-10	631	4.04	3.04	1468	4.09	3.52
Blaming the government (economic crash)	0-10	631	3.34	2.95	1467	3.45	3.48
Blaming the government authoritarianism	0-10	631	3.61	2.99	1466	3.8	3.49
Conspiracy Beliefs (Sum)	0-40	631	16.33	9.57	1471	16.31	12.53

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Supplementary Table S1c. Zero-order correlations for variables relevant to Study 1

		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
<i>1. Political Ideology</i>	<i>r</i> [†]																	
	N																	
<i>2. Blaming scientist</i>	<i>r</i>	0.38 ^{***}																
	N	2076																
<i>3. Blaming interest groups</i>	<i>r</i>	0.36 ^{***}	0.68 ^{***}															
	N	2076	2098															
<i>4. Blaming the government – Economic</i>	<i>r</i>	0.34 ^{***}	0.60 ^{***}	0.71 ^{***}														
	N	2075	2098	2098														
<i>5. Blaming the government – authoritarianism</i>	<i>r</i>	0.33	0.60	0.74 ^{***}	0.80 ^{***}													
	N	2074	2097	2097	2097													

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<i>6.Risk of infection for self</i>	<i>r</i>	0.12 ^{***}	0.10 ^{***}	0.14 ^{***}	0.18 ^{***}	0.17 ^{***}				
	<i>N</i>	2075	2093	2093	2092	2091				
<i>7.Risk of infection for others</i>	<i>r</i>	0.08 ^{***}	0.12 ^{***}	0.18 ^{***}	0.18 ^{***}	0.18 ^{***}	0.65 ^{***}			
	<i>N</i>	2071	2087	2086	2086	2085	2089			
<i>8.Conspiracy Belief – sum</i>	<i>r</i>	0.40 ^{***}	0.82 ^{***}	0.89 ^{***}	0.89 ^{***}	0.90 ^{***}	0.17 ^{***}	0.19 ^{***}		
	<i>N</i>	2078	2099	2099	2098	2097	2096	2089		
<i>9.Risk Perception – self</i>	<i>r</i>	0.11 ^{***}	0.12 ^{***}	0.17 ^{***}	0.19 ^{***}	0.19 ^{***}	0.91 ^{***}	0.90 ^{***}	0.19 ^{***}	
	<i>N</i>	2078	2099	2099	2098	2097	2096	2089	2102	
<i>10.Gender</i>	<i>r</i>	-	-	-	-	-	-	0.03	-	0.016
		0.09 ^{***}	0.08 ^{***}	0.10 ^{***}	0.13 ^{***}	0.10 ^{***}	0.003		0.12 ^{***}	
	<i>N</i>	2070	2091	2091	2090	2089	2089	2082	2094	2094

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11.Age	r	0.02	-	-	-	-	-	-	-	-	-0.02					
	N	2070	0.17***	0.18***	0.26***	0.25***	0.06**	0.13***	0.24***	0.10***						
12.Marital Status	r	0.15***	0.05*	0.04*	0.02	0.04	0.08***	0.05*	0.05*	0.07**	-	0.26***				
	N	2075	2096	2096	2095	2094	2094	2087	2099	2099	0.06**	2093	2093			
13.Number of Children	r	0.14***	0.04	0.04*	0.01	0.01	0.05*	0.003	0.03	0.0377	-0.02	0.34***	0.42***			
	N	1984	2002	2002	2001	2000	2000	1993	2005	2005	1999	2000	2004			
14.Employment Status	r	-	-	-	-	-	-	-	-	-0.11***	0.17***	0.28***	-0.02	0.04*		
	N	2075	2096	2096	2095	2094	2094	2087	2099	2099	2093	2093	2098	2004		
15.Self-reported socioeconomic status	r	-	-	-	-	-	-	-	-	-	0.12***	0.003	-	-0.04	0.22***	
	N	2071	2091	2092	2091	2090	2089	2083	2094	2094	2086	2086	2091	1998	2091	
16.Geographic location	r	-0.03	0.02	0.001	0.02	0.03	0.01	-0.01	0.02	-0.001	0.03	0.01	-0.03	-0.02	0.13***	0.19***
	N															

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	N	2076	2097	2097	2096	2095	2094	2088	2100	2100	2092	2092	2097	2003	2097	2094		
<i>17. Tested positive</i>	r	0.16 ^{***}	0.18 ^{***}	0.21 ^{***}	0.23 ^{***}	0.22 ^{***}	0.20 ^{***}	0.11 ^{***}	0.24 ^{***}	0.17 ^{***}	-	-	-	-0.02	0.14 ^{***}	-	-0.01	
											0.04 ^{***}	0.10 ^{***}	0.003			0.14 ^{***}		
	N	2075	2095	2095	2094	2093	2094	2088	2098	2098	2090	2090	2095	2001	2095	2092	2098	
<i>18. Know someone who has tested positive</i>	r	0.13 ^{***}	0.07 ^{**}	0.07 ^{**}	0.07 ^{**}	0.08 ^{***}	0.20 ^{***}	0.12 ^{***}	0.08 ^{***}	0.18 ^{***}	0.02	-0.04	0.07 ^{**}	0.08 ^{***}	0.12 ^{***}	-	-0.03	0.27 ^{***}
															0.11 ^{***}			
	N	2075	2096	2096	2095	2094	2094	2088	2099	2099	2091	2091	2096	2002	2096	2093	2099	2098

Note: ^{*}r indicates Pearson's r; ^{*}p ≤ .05; ^{**}p ≤ .01; ^{***}p ≤ .001.

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Supplementary Table S2a. Participant Characteristics (Study 2a and 2b)

<i>No.</i>	<i>Variable</i>	<i>N</i>	<i>Percentage of Total N</i>	
	Gender	Men	5236	50.9%
		Women	5049	49.1%
		Tier 1	4274	41.6%
		Tier 2	2364	23.0%
		Tier 3	3647	35.5%
Relationship Status	Divorced	58	0.6%	
	In relationship, but not living with partner	441	4.3%	
	Living with partner	263	2.6%	
	Married	4458	43.3%	
	Separated	64	0.6%	
	Single	4946	48.1%	
	Widowed	55	0.5%	
Household Size	1	600	5.8%	
	2	834	8.1%	
	3	1678	16.3%	
	4	3078	29.9%	
	5	1855	18.0%	
	6	761	7.4%	
	7	338	3.3%	
	8 or more	469	4.6%	
	Don't know	205	2.0%	
Prefer not to say	467	4.5%		
Children	0	4140	40.3%	
	1	3036	29.5%	
	2	1503	14.6%	
	3	387	3.8%	
	4	192	1.9%	
	5 or more	127	1.2%	

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<i>No.</i>	<i>Variable</i>	<i>N</i>	<i>Percentage of Total N</i>
	Don't know	290	2.8 %
	Prefer not to say	610	5.9 %
Income	Below Rs 5000	824	8.0 %
	Don't know	298	2.9 %
	Prefer not to say	650	6.3 %
	Rs 5001 - 10000	803	7.8 %
	Rs, 500001 or above	336	3.3 %
	Rs. 100001-200000	690	6.7 %
	Rs. 10001-20000	1188	11.6 %
	Rs. 200001-300000	283	2.8 %
	Rs. 20001-30000	1333	13.0 %
	Rs. 300001-500000	270	2.6 %
	Rs. 30001-50000	1529	14.9 %
	Rs. 50001-75000	1181	11.5 %
	Rs. 75001-100000	900	8.8 %
Employment Status	Full time student	1937	18.8 %
	Not working	729	7.1 %
	Other	243	2.4 %
	Retired	118	1.1 %
	Unemployed	954	9.3 %
	Working full time (30 or more hours per week)	4459	43.4 %
	Working part time (8-29 hours a week)	1202	11.7 %
	Working part time (Less than 8 hours a week)	643	6.3 %

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<i>No.</i>	<i>Variable</i>	<i>N</i>	<i>Percentage of Total N</i>	
	Employment (Other)	Employee	5006	48.7 %
		Self-employed	5279	51.3 %
	Whether Main Wage Earner?	No	5454	53.0 %
		Yes	4831	47.0 %
	Education Level	Diploma or college certificate but not a graduate	1132	11.0 %
		Graduate or Post Graduate General (B.A., M. A., B Com, BSC etc.)	4730	46.0 %
		Graduate or Post Graduate Professional (MBA, MD, PhD etc.)	2722	26.5 %
		High School pass (SSC/HSC)	1380	13.4 %
		Literate but no formal schooling/School up to 4 years	115	1.1 %
		Not applicable: Illiterate	32	0.3 %
		Schooling between 5 and 9 years	174	1.7 %
	Caste	General	5750	55.9 %
		Not applicable	243	2.4 %
		OBC	2593	25.2 %

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No.	Variable	N	Percentage of Total N
	Prefer not to answer	677	6.6 %
	SC	703	6.8 %
	ST	319	3.1 %
Political Parties	All India Trinamool Congress (TMC)	358	3.5 %
	Bahujan Samaj Party	180	1.8 %
	Bharatiya Janata Party	4526	44.0 %
	Communist Party of India (Marxist)	293	2.8 %
	Don't identify with any political party	2645	25.7 %
	Indian National Congress	1190	11.6 %
	Nationalist Congress Party	413	4.0 %
	Others, please specify	297	2.9 %
	Samajwadi Party	167	1.6 %
	Shiv Sena	216	2.1 %
	Don't Believe	6796	66.1 %
	Believe	3489	33.9 %
	Not Vaccinated	3883	37.8 %
	At least one dose	6402	62.2 %
	Andaman & Nicobar Islands	6	0.1 %
Andhra Pradesh	569	5.5 %	
Arunachal Pradesh	16	0.2 %	

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<i>No.</i>	<i>Variable</i>	<i>N</i>	<i>Percentage of Total N</i>
	Assam	164	1.6 %
	Bihar	250	2.4 %
	Chandigarh	76	0.7 %
	Chhattisgarh	81	0.8 %
	Dadra & Nagar Haveli	4	0.0 %
	Delhi	1116	10.9 %
	Goa	37	0.4 %
	Gujarat	540	5.3 %
	Haryana	231	2.2 %
	Himachal Pradesh	56	0.5 %
	Jammu & Kashmir	46	0.4 %
	Jharkhand	131	1.3 %
	Karnataka	659	6.4 %
	Kerala	538	5.2 %
	Lakshadweep	2	0.0 %
	Madhya Pradesh	315	3.1 %
	Maharashtra	1577	15.3 %
	Manipur	21	0.2 %
	Meghalaya	20	0.2 %
	Mizoram	12	0.1 %
	Nagaland	33	0.3 %
	Odisha	178	1.7 %
	Puducherry	14	0.1 %
	Punjab	233	2.3 %
	Rajasthan	379	3.7 %
	Sikkim	13	0.1 %
	Tamil Nadu	665	6.5 %
	Telangana	605	5.9 %
	Tripura	11	0.1 %
	Uttar Pradesh	858	8.3 %
	Uttarakhand	122	1.2 %
	West Bengal	707	6.9 %

Table S2b. Descriptive Statistics for variables relevant to Study 2a and 2b

	N	Mean	Median	Standard deviation	Range
Preventative Health Behaviours (Non-required)	10285	1.18	1	1	0-3
Preventative Health Behaviours (Required)	10285	2.95	3	1.69	0-5
Preventative Health Behaviours	10285	4.13	4	2.38	0-8
Frequency of watching traditional media	10285	7.9	8	2.06	2-10
Frequency of watching non-traditional media	10285	7.97	8	1.9	2-19
Frequency of watching media	10285	15.9	16	3.44	4-20
Trust in traditional media	10285	4.71	5	1.12	2-6
Trust in non-traditional media	10285	10	10	2.38	5-15
Trust in media	10285	14.7	15	3.04	7-21

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
9.	r	-	0.272**	-	0.312**	-	0.079*	0.116**	0.411**											
<i>Whether</i>		0.22***	*	0.09**	*	0.15***	**	*	*											
<i>Main</i>				*																
<i>Wage</i>																				
<i>Earners</i>																				
	N	10285	10285	10285	10285	9613	9385	9337	10240											
10.	r	0.125**	0.231**	-	0.211**	0.025*	-	0.285*	0.277**	0.089*										
<i>Education</i>		*	*	0.14***	*		0.04**	**	*	**										
<i>Level</i>							*													
	N	10285	10285	10285	10285	9613	9385	9337	10240	10285										
11. Caste	r	0.079*	0.164**	-	0.086*	0.006	-	0.164**	0.075*	-0.03**	0.151**									
		**	*	0.16***	**		0.08**	*	**	*	*									
							*													
	N	9365	9365	9365	9365	8908	8740	8650	9332	9365	9365									
12.	r	0.088*	0.08**	-	0.109*	0.072*	0.036*	0.185**	0.08**	0.031**	0.156**	0.08**								
<i>Preventative</i>		**	*	0.09**	**	**	**	*	*	**	*	*								
<i>Health</i>				*																
<i>Behaviours</i>																				
<i>(Non-Required)</i>																				
	N	10285	10285	10285	10285	9613	9385	9337	10240	10285	10285	9365								

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
13.	r	0.161** *	0.154** *	- 0.13***	0.107** *	0.108* **	- 0.04** *	0.255* **	0.056* **	- 0.09** *	0.227** *	0.176** *	0.533* **							
		N	10285	10285	10285	10285	9613	9385	9337	10240	10285	10285	9365	10285						
		N	10285	10285	10285	10285	9613	9385	9337	10240	10285	10285	9365	10285	10285					
14.	r	0.151** *	0.143** *	- 0.13***	0.122** *	0.107** *	-0.01	0.26***	0.073* **	- 0.05** *	0.227** *	0.159** *	0.8***	0.934* **						
		N	10285	10285	10285	10285	9613	9385	9337	10240	10285	10285	9365	10285	10285					
15.	r	0	0.112** *	-0.03**	0.126** *	- 0.05** *	0.005	0.129** *	0.113** *	0.121** *	0.069* **	0.054* **	0.076* **	0.041* **	0.061* **					
		N	10285	10285	10285	10285	9613	9385	9337	10240	10285	10285	9365	10285	10285	10285				
16.	r	0.049* **	0.021* **	-0.01	0.074* **	-0	0.044* **	0.063* **	0.037* **	0.066* **	0.044* **	- 0.04** *	0.092* **	0.087* **	0.101** *	0.118* **				
		N	10285	10285	10285	10285	9613	9385	9337	10240	10285	10285	9365	10285	10285	10285				

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
17. Trust in non- traditional media	N	10285	10285	10285	10285	9613	9385	9337	10240	10285	10285	9365	10285	10285	10285	10285				
	r	-0.02	0.054* **	-0.03**	0.128** *	- 0.07***	0.058* **	0.051** *	0.125** *	0.208* **	-0.01	-	0.051* **	- 0.09**	- 0.04**	0.124* **	0.431** *			
18. Trust in media (general)	N	10285	10285	10285	10285	9613	9385	9337	10240	10285	10285	9365	10285	10285	10285	10285	10285			
	r	0.004	0.05** *	-0.02*	0.128** *	- 0.05**	0.062* **	0.064* **	0.112** *	0.188** *	0.01	-	0.074* **	- 0.04**	0.006	0.141* **	0.706* **	0.943* **		
19. Conspirac y Beliefs	N	10285	10285	10285	10285	9613	9385	9337	10240	10285	10285	9365	10285	10285	10285	10285	10285	10285	10285	
	r	- 0.04**	-0.02	-0	0.018	- 0.06**	0.015	-0.01	0.041* **	0.096* **	-0.02	-	-	-	-	-	-	-	0.052* **	0.017
20. Political Party	N	10285	10285	10285	10285	9613	9385	9337	10240	10285	10285	9365	10285	10285	10285	10285	10285	10285	10285	10285
	r	0.069* **	-0.01	-0.01	- 0.08**	0.065* **	- 0.07***	-0.02	-	-	0.057* **	0.102** *	0	0.097* **	0.069* **	- 0.05**	- 0.13***	- 0.22***	- 0.22* **	- 0.22* **
	N	9988	9988	9988	9988	9333	9109	9063	9944	9988	9988	9093	9988	9988	9988	9988	9988	9988	9988	998

Supplementary Table S3a. The mediating role of trust in traditional and non-traditional media and conspiracy beliefs in the relationship

between party preferences and general preventative health behaviors

		Traditional Media						Non-traditional media					
				Bias Corrected Bootstrap CI 95						Bias Corrected Bootstrap CI 95			
	Predictor	Mediator	B	SE	LE	UE	z	Mediator	B	SE	LE	UE	z
Indirect Effects	Non- BJP	Trust in media	0.014***	0.004	0.007	0.024	3.323	Trust in media	0.013**	0.004	0.006	0.023	2.985
		Conspiracy	0.064***	0.009	0.049	0.085	7.206	Conspiracy	0.067***	0.009	0.050	0.086	7.207
		Trust + Conspiracy	0.002***	0.001	0.001	0.004	3.547	Trust + Conspiracy	0.001*	0.000	0.000	0.002	2.398
	BJP	Trust in media	-0.040***	0.009	-0.059	-0.023	-4.231	Trust in media	0.048***	0.013	0.025	0.076	3.796
		Conspiracy	0.054***	0.009	0.038	0.074	5.806	Conspiracy	0.045***	0.009	0.031	0.066	5.107
		Trust + Conspiracy	0.006***	0.001	-0.009	-0.004	-4.988	Trust + Conspiracy	0.004**	0.001	0.001	0.007	2.714
Direct	Non- BJP		0.535***	0.058	0.421	0.660	9.177		0.535***	0.058	0.415	0.644	9.275
	BJP		0.303***	0.070	0.156	0.434	4.325		0.214**	0.070	0.073	0.349	3.083
Total Effect	Non- BJP		0.615***	0.056	0.505	0.725	10.970		0.615***	0.056	0.505	0.725	10.970
	BJP		0.311***	0.067	0.179	0.443	4.628		0.311***	0.067	0.179	0.443	4.628

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Supplementary Table S3b. The mediating role of trust in traditional and non-traditional media and conspiracy beliefs in the relationship

between party preferences and required preventative health behaviors

		Traditional Media							Non-Traditional Media				
		B	SE	Bias Corrected Bootstrap CI 95		z							
				LE	UE		B	SE	LE	UE	z		
Indirect Effects	X Non- BJP	Trust in media	0.008**	0.003	0.003	0.014	2.928	Trust in media	0.017***	0.004	0.010	0.026	4.191
		Conspiracy Trust +	0.051***	0.007	0.039	0.067	7.505	Conspiracy Trust +	0.052***	0.007	0.040	0.067	7.850
		Conspiracy	0.002***	0.000	0.001	0.003	3.692	Conspiracy	0.001*	0.000	0.000	0.002	2.343
	BJP	Trust in media	-	0.006	-0.035	-0.011	-3.676	Trust in media	0.066***	0.009	0.047	0.082	7.230
		Conspiracy Trust +	0.022***	0.007	0.030	0.057	5.873	Conspiracy Trust +	0.035***	0.007	0.023	0.050	5.297
		Conspiracy	-	0.001	-0.007	-0.003	-4.978	Conspiracy	0.003**	0.001	0.001	0.005	2.717
Direct	Non-BJP	0.005***	0.039	0.285	0.438	9.176	Conspiracy	0.348***	0.041	0.266	0.422	8.573	
	BJP	0.357***	0.048	0.199	0.393	6.106	Conspiracy	0.205***	0.051	0.096	0.301	4.053	

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		Traditional Media					Non-Traditional Media				
Total Effect	Non- BJP	0.417***	0.040	0.340	0.495	10.559	0.417***	0.040	0.340	0.495	10.559
	BJP	0.308***	0.047	0.215	0.401	6.501	0.308***	0.047	0.215	0.401	6.501

Supplementary Table S3c. The mediating role of trust in traditional and non-traditional media and conspiracy beliefs in the relationship between party preferences and non-required preventative health behaviors

		Traditional Media							Non-Traditional Media				
				Bias Corrected Bootstrap CI 95							Bias Corrected Bootstrap CI 95		
	X	Mediator	b	SE	LE	UE	z	B	SE	LE	UE	z	
Indirect Effects	Non-BJP	Trust in media	0.006 ^{***}	0.002	0.003	0.010	3.332	Trust in media	-0.005 ^{**}	0.002	-	-0.002	-2.694
		Conspiracy	0.013 ^{***}	0.003	0.007	0.021	4.051	Conspiracy	0.015 ^{***}	0.003	0.009	0.023	4.640
		Trust + Conspiracy	0.000 ^{**}	0.000	0.000	0.001	2.865	Trust + Conspiracy	0.000 [*]	0.000	0.000	0.001	2.045
	BJP	Trust in media	-0.017 ^{***}	0.004	-0.026	-0.010	-4.207	Trust in media	-0.018 ^{***}	0.005	-0.029	-0.008	-3.236
		Conspiracy	0.011 ^{***}	0.003	0.006	0.018	3.694	Conspiracy	0.010 ^{***}	0.003	0.006	0.016	3.906
		Trust + Conspiracy	-0.001 ^{**}	0.000	-0.002	-7.04e-4	2.865	Trust + Conspiracy	0.001 [*]	0.000	0.000	0.002	2.305
Direct	Non-BJP		0.178 ^{***}	0.026	0.124	0.225	6.832		0.187 ^{***}	0.025	0.136	0.232	7.576
	BJP		0.010	0.030	-0.045	0.074	0.347		0.010	0.030	-	0.072	0.324
										0.049			

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		Traditional Media					Non-Traditional Media				
Total Effect	Non- BJP	0.198 ^{***}	0.025	0.149	0.247	7.911	0.198 ^{***}	0.025	0.149	0.247	7.911
	BJP	0.003	0.030	-0.056	0.062	0.105	0.003	0.030	-0.056	0.062	0.105

Supplementary Table S4. Hierarchical Regression Analyses (Study 2a and Study 2b)

RQ	Predictor Variable	Predicted Variable	Comparison group	Reference Group	b	SE	95%CI Lower	95%CI Upper	t	F (overall model)	R ²
1a	Conspiracy Beliefs	Preventative Health Behaviours	Believing in conspiracies	Does not believe	-0.546 ^{***}	0.051	-0.645	-0.447	-10.806	119	0.137
1a	Conspiracy Beliefs	Necessary Preventative Health Behaviours	Believing in conspiracies	Does not believe	-0.413 ^{***}	0.035	-0.483	-0.344	-11.660	135	0.153
1a	Conspiracy Beliefs	Non-necessary Preventative Health Behaviours	Believing in conspiracies	Does not believe	-0.133 ^{***}	0.023	-0.178	-0.088	-5.825	44.2	0.0557
1b	Trust in media	Preventative Health Behaviours			-0.014 ^{ns}	0.008	-0.030	0.002	-1.727	107	0.125
1b	Trust in media	Necessary Preventative Health Behaviours			-0.031 ^{***}	0.006	-0.042	-0.019	-5.325	124	0.142
1b	Trust in media	Non-necessary Preventative Health Behaviours			0.016 ^{***}	0.004	0.009	0.024	4.453	42.9	0.0541
1b	Trust in traditional media	Preventative Health Behaviours			0.128 ^{***}	0.022	0.085	0.171	5.776	110	0.128
1b	Trust in traditional media	Necessary Preventative Health Behaviours			0.070 ^{***}	0.016	0.040	0.101	4.522	123	0.141

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RQ	Predictor Variable	Predicted Variable	Comparison group	Reference Group	b	SE	95%CI Lower	95%CI Upper	t	F (overall model)	R ²
1b	Trust in traditional media	Non-necessary Preventative Health Behaviours			0.058 ^{***}	0.01	0.038	0.077	5.776	44.2	0.0056
1b	Trust in non-traditional media	Preventative Health Behaviours			-0.051 ^{***}	0.01	-0.071	-0.030	-4.887	109	0.127
1b	Trust in non-traditional media	Necessary Preventative Health Behaviours			-0.064 ^{***}	0.007	-0.079	-0.050	-8.887	129	0.147
1b	Trust in non-traditional media	Non-necessary Preventative Health Behaviours			0.014 ^{**}	0.005	0.005	0.023	2.943	41.8	0.0528
1c	Partisanship	Preventative Health Behaviours	Non-BJP	BJP	-0.565 ^{***}	0.057	-0.678	-0.453	-9.866		
	Partisanship	Preventative Health Behaviours	Non-partisan	BJP	-0.255 ^{***}	0.064	-0.380	-0.129	-3.977	104	0.135
1c	Partisanship	Necessary Preventative Health Behaviours	Non-BJP	BJP	-0.378 ^{***}	0.04	-0.457	-0.299	-9.403		

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RQ	Predictor Variable	Predicted Variable	Comparison group	Reference Group	b	SE	95%CI Lower	95%CI Upper	t	F (overall model)	R ²
1c	Partisanship	Necessary Preventative Health Behaviours	Non-partisan	BJP	-0.080	0.045	-0.168	0.008	-1.772	117	0.149
	Partisanship	Non-necessary Preventative Health Behaviours	Non-BJP	BJP	-0.187***	0.026	-0.238	-0.137	-7.245		
	Partisanship	Non-necessary Preventative Health Behaviours	Non-partisan	BJP	-0.175***	0.029	-0.232	-0.118	-6.061	42.1	0.058
1d	Trust in media	Conspiracy Beliefs			0.000	0.002	-0.003	0.004	0.131	10.7	0.0141
1d	Trust in traditional media	Conspiracy Beliefs			-0.034***	0.005	-0.043	-0.024	-7.041	15.3	0.02
1d	Trust in non-traditional media	Conspiracy Beliefs			0.008***	0.002	0.003	0.012	3.447	11.8	0.0155
1e	Partisanship	Trust in media	Non-BJP	BJP	0.153*	0.076	0.004	0.303	2.014		
			Non-partisan	BJP	-1.326***	0.085	-1.493	-1.159	-15.594	62.4	0.0855

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RQ	Predictor Variable	Predicted Variable	Comparison group	Reference Group	b	SE	95%CI Lower	95%CI Upper	t	F (overall model)	R ²
1e	Partisanship	Trust in traditional media	Non-BJP	BJP	-0.124 ^{***}	0.028	-0.179	-0.069	-4.399	29.48	0.0423
			Non-partisan	BJP	-0.498 ^{***}	0.031	-0.559	-0.436	-15.841		
1e	Partisanship	Trust in non-traditional media	Non-BJP	BJP	0.277 ^{***}	0.06	0.159	0.395	4.592	62.8	0.086
			Non-partisan	BJP	-0.828 ^{***}	0.067	-0.960	-0.696	-12.288		
1f	Partisanship	Conspiracy Beliefs	Non-BJP	BJP	0.129 ^{***}	0.012	0.105	0.153	10.412	18.7	0.0273
			Non-partisan	BJP	0.034 ^{**}	0.014	0.007	0.061	2.473		
2a	Conspiracy Beliefs	Vaccine Status	Believing in conspiracies	Does not believe	-0.041 ^{***}	0.011	-0.063	-0.020	-3.779	32.5	0.0379
2b	Trust in media	Vaccine Status			0.017 ^{***}	0.002	0.013	0.020	9.617	40.7	0.047
	Trust in traditional media	Vaccine Status			0.042 ^{***}	0.005	0.032	0.051	8.758	39	0.0452

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RQ	Predictor Variable	Predicted Variable	Comparison group	Reference Group	b	SE	95%CI Lower	95%CI Upper	t	F (overall model)	R ²
	Trust in non-traditional media	Vaccine Status			0.018***	0.002	0.014	0.022	8.078	37.8	0.0438
2c	Partisanship	Vaccine Status	Non-BJP	BJP	-0.096***	0.012	-0.120	-0.072	-7.780	38.2	0.0498
			Non-partisan	BJP	-0.129***	0.014	-0.156	-0.102	-9.354		

Note. ***p<.001, **p<.01, *p<.05

Supplementary Table S5. The mediating role of trust in traditional and non-traditional media and conspiracy beliefs in the relationship between party preferences and vaccine status

		Traditional Media							Non-traditional media						
		Predictor	Mediator	b	SE	Bias Corrected Bootstrap CI95%		z	Mediator	b	SE	Bias Corrected Bootstrap CI95%		z	p
						LE	UE					LE	UE		
Indirect Effects	Non-BJP	Trust in traditional media		0.004**	0.001	0.002	0.006	3.833	Trust in non-traditional media	-0.005***	0.001	0.007	0.003	-3.942	<.001
			Conspiracy	0.003*	0.002	0.000	0.006	1.973	Conspiracy	0.004**	0.002	0.001	0.007	2.707	0.007
		BJP	Trust + Conspiracy	0.000	0.000	0.000	0.000	1.773	Trust + Conspiracy	0.000	0.000	0.000	0.000	1.720	0.085
			Trust in traditional media	-0.011***	0.002	-	0.008	-5.314	Trust in traditional media	-0.018***	0.003	-	0.024	-	6.488
		Conspiracy	0.002	0.001	0.000	0.005	1.935	Conspiracy	0.003**	0.001	0.001	0.005	2.531	0.011	

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		Traditional Media					Non-traditional media						
	Trust + Conspiracy	-0.000	0.00	-	-	-1.887	Trust + Conspiracy	0.000	0.00	0.000	0.001	1.836	0.066
			0	0.00	0.000			0					
Direct	Non-BJP	0.091**	0.01	0.066	0.115	7.513	0.099***	0.012	0.075	0.121	8.327	<.001	
	BJP	-0.035*	0.01	-	-	-2.289	-0.029	0.015	-	0.001	-1.933	0.053	
			5	0.066	0.007				0.059				
Total Effect	Non-BJP	0.098	0.01	0.075	0.122	8.164	0.098***	0.012	0.075	0.122	8.164	<.001	
	BJP	-	0.01	-	-0.016	-	-0.044**	0.01	-	-0.016	-	0.002	
		0.044**	4	0.072		3.064		4	0.072		3.064		

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Appendix

Sub-hypotheses for Study 2

H1a: Conspiracy beliefs negatively predict preventative health behaviors.

H1b: Trust in media positively predicts preventative health behaviors

H1c: Partisanship predicts preventative health behaviors

H1d: Trust in media negatively predict conspiracy beliefs

H1e: Partisanship predicts trust in media

H1f: Partisanship predicts conspiracy beliefs

H2a: Conspiracy beliefs negatively predict vaccine status

H2b: Trust in media positively predicts vaccine status.

H2c: Partisanship predicts vaccine status.

Appendix A. Deviations from Preregistration

1. Study 2

1.1 *The coding of parties*

We stated the following:

“In exploratory analyses, party preferences would be coded as follows:

NOTA = 1

BJP = 2

Shiv Sena = 3

INC, NCP, TMC = 4

Samajwadi Party, BSP, CPIM = 5

However, explorations would be conducted across parties coded discretely as well.”

However, this (the ancillary/exploratory analysis) was not done, owing to the volume of data already present. We discussed the variable manipulation in the paper:

“Considering the ubiquitousness of BJP partisanship, we measure partisanship in terms of BJP-partisanship, which is possibly related to religious ethnocentrism and hyper-nationalism, non-BJP partisanship, which has been operationalized as partisanship for a party that is not BJP (and therefore opposition parties at the state/local level) and non-partisanship, which is operationalized as not voting for any party. This is in line with previous assertions that the concept of partisanship that is common in political science literature in the West is not easily transferable to India (e.g., Arabaghatta Basavaraj, et al., 2021).”

The initial idea was that the parties coded “4” were offshoots of the Indian National Congress, and “5” are left-leaning parties in the Indian context. However, the sample sizes for these were also poorly distributed. See:

	Parties	Ns	Percentage of Total
1	NOTA	2645	25.71706
2	BJP	4526	44.00583
3	Shiv Sena	216	2.100146
4	INC, NCP, TMC	1961	19.0666

5	Samajwadi Party, BSP, CPIM	640	6.222654
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1.2 *Measurement of conspiracies*

Further, the following was stated:

“Conspiracy beliefs (M2) would be measured in terms of responses to: “Vaccine manufacturers like SII and Bharat Biotech have done a huge service by providing affordable vaccines to the country.” and “Vaccine manufacturers like SII and Bharat Biotech are using the pandemic as an opportunity to charge high prices for their product and earn super profits for themselves.””

However, participants were to choose between the two statements. Therefore, “Vaccine manufacturers like SII and Bharat Biotech have done a huge service by providing affordable vaccines to the country” was coded as “not believing in conspiracies” and “Vaccine manufacturers like SII and Bharat Biotech are using the pandemic as an opportunity to charge high prices for their product and earn super profits for themselves” as “believing in conspiracies.”

1.3 *Coding of missing data.*

The following was mentioned:

“The responses coded as “None of the above”, “Prefer not to say”, or ones where no responses are available, etc. will be re-coded as missing data.”

However, it wasn’t clarified that for the parties, “Don’t identify with any political party” was coded as “NOTA” but was not coded as missing data.

For the other variables, “None of the above”, “Prefer not to say”, or ones where no responses are available, etc. will be re-coded as missing data.

1.4 *Exploratory Analyses*

To further assess vaccine status, the following coding will also be used:

1. Taken both doses (CODED 5)
2. Taken the first dose (CODED 4)

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3. Will take as soon as its available (CODED 3)
4. Will avoid taking the vaccine (CODED 1)
5. Unsure about taking the vaccine (CODED 2)

Further, 4 and 5 would be re-coded as "vaccine hesitant" and 1, 2, and 3 will be coded as "not vaccine hesitant"

Finally, parties will be combined and coded separately, as discussed previously.

These exploratory analyses were not conducted, considering the volume of the data.

Appendix B. Power Analysis

1. Study 1

The data was collected based with a time and resource limitation in the earlier stages of the pandemic. However, based on the sample, a post-hoc power estimate was calculated through the shiny app for Monte Carlo Power Analysis for Indirect Effects (Schoemann et al., 2017). Based on the variables of ideology, conspiracies, and risk to self, with 5 replications, 5 Monte Carlo draws per replication, a random seed of 0, a confidence interval of 95%, and the given sample size of 631, the power for the indirect effect was estimated was .80 for India, and given the sample size of 1471, was 1 for the US sample.

Specifically, the following zero-order correlations and standard deviations were provided:

		X	M	Y
India	X	1		
	M	0.27	1	
	Y	-0.02	-0.06	1
	Std. Deviation	2.62	9.57	24.46
US	X			
	M	0.21		
	Y	.12	.99	
	Std. Deviation	2.69	30.65	30.17

2. Study 2a and 2b

This data was collected by external parties. Based on the sample, a post-hoc power estimate was calculated through the shiny app for Monte Carlo Power Analysis for Indirect Effects (Schoemann et al., 2017). Based on the variables general preventative health behaviours, trust in general media, party preferences, and conspiracies, with 1000 replications, 20000 Monte Carlo draws per replication, a random seed of 1234, a confidence interval of 95%, and the given sample size of 10285, the following power was estimated:

Parameter	Indirect Effects	N	Power
a1b1	Conspiracy Beliefs	10285	1

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a2b2	Trust in (general media)	10285	1
a1db2	Conspiracies X Trust in media	10285	0.07

Specifically, the following zero-order correlations and standard deviations were provided:

		X	M1	M2	Y
X	Partisanship	1			
M1	Conspiracies	-0.22	1		
M2	Trust in media	-0.1	0.017	1	
Y	Preventative health behaviours	0.097	0.14	0.074	1
Std. Deviation		0.739	0.473	3.04	2.38

Using the same parameters (i.e., 1000 replications, 20000 Monte Carlo draws per replication, a random seed of 1234, a confidence interval of 95%, and the given sample size of 10285), power analyses was conducted for the predicted variable vaccine status, and the following was found (again):

Parameter	Indirect Effects	N	Power
a1b1	Conspiracy Beliefs	10285	1
a2b2	Trust in (general media)	10285	1
a1db2	Conspiracies X Trust in media	10285	0.07

Specifically, the following zero-order correlations and standard deviations were provided:

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		X	M1	M2	Y
X	Partisanship	1			
M1	Conspiracies	-0.22	1		
M2	Trust in media	-0.1	0.017	1	
Y	Vaccine Status	-0.05	-0.04	0.141	1
Std. Deviation		0.739	0.473	3.04	0.48

Appendix C. Items used in the study (Data codebook)

Study 1.

Reference: van Bavel et al (2022).

Study 2.

<i>Variable Name</i>	<i>Item codes and items from the survey</i>	<i>Response options</i>
Age	age_in	
Gender	gender_in	
Relationship Status	maritalstatus_in	
Household Size	household_size_in	
Number of children in the household	household_children	
Household Income	monthly_HH_Income	
Education Level	education_in	
Employment Status	employment_status_in	
Religion	Religion_in	
Caste	Caste_in	
Political Party	P_Party	
Preventative Health Behaviours	M1_2. Which, if any, of the following measures have you taken since the onset of the second wave of Coronavirus (COVID-19) to protect yourself?	<ol style="list-style-type: none"> 1. Wore a face mask when in public places 2. Improved personal hygiene (e.g. washing hands frequently, using hand sanitiser) 3. Refrained from touching objects in public (e.g. using objects to press lift buttons)

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4. Home remedies (e.g. take steam, herbal drinks) to boost immunity
 5. Stopped calling maids/house-help to avoid the risk of infection
 6. **Got groceries and vegetables home delivered to avoid having to go out**
 7. **Stopped meeting relatives/friends in person**
 8. Reduced/stopped consumption of alcohol and/or tobacco

*Those in bold were coded as **required health behaviors** and the others were coded as non-required health behaviors.*

Vaccination Status	M3_1. Still thinking about Covid-19, which of the following best describes your vaccination status?
	<ol style="list-style-type: none"> 1. Taken both doses 2. Taken the first dose 3. Will take as soon as its available 4. Will avoid taking the vaccine 5. Unsure about taking the vaccine <p><i>1 and 2 were coded as “vaccinated” and 3, 4, and 5 were coded as “not vaccinated”</i></p>
Conspiracy Beliefs	M3_8. There has been a lot of discussion on vaccine manufacturers, such as the Serum Institute of India and Bharat Biotech lately. Which of these two sentences comes closest to your opinion about these companies: (CODED as CONSP)
	<ol style="list-style-type: none"> 1. Vaccine manufacturers like SII and Bharat Biotech have done a huge service by providing affordable vaccines to the country. 2. Vaccine manufacturers like SII and Bharat Biotech are using the pandemic as an opportunity to charge high prices for their product and earn super profits for themselves.

1 was coded as not believing in conspiracies and 2 was coded as not believing in conspiracies.

Trust in media

M4_1. How much do you trust each of the following news sources?

1. 24x7 news channels
2. Newspapers
3. Facebook
4. Twitter
5. YouTube
6. Digital news media- through website, YouTube
7. Messages shared on WhatsApp groups

Response Options:

- i) Trust a lot
- ii) Trust a little
- iii) Do not trust at all

1 and 2 were coded as traditional media, and 3,4,5,6, and 7 were coded as non-traditional media.

References

Schoemann, A. M., Boulton, A. J., Short, S. D. (2017). Determining Power and Sample Size for Simple and Complex Mediation Models. *Social Psychological and Personality Science*, 8(4), 379-386. doi:10.1177/1948550617715068