**The Enemy of *‘Ummah*: Jewish conspiracy belief indirectly affected vaccination decisions**

# Abstract

In our three pre-registered studies, we aimed to unravel the root and the societal implications of belief in Jewish conspiracy among Indonesian Muslims. Our findings in Study 1 (*N*=385) confirmed our predictions that symbolic threat and collective narcissism are strongly related to Jewish conspiracy belief and mediated the association between religious zeal and Jewish conspiracy belief. In Study 2 (*N*=370), we found that Jewish conspiracy belief indirectly predicted vaccination refusal and delay through vaccination conspiracy belief, and observed no evidence to confirm the moderating role of religiosity in reinforcing vaccination conspiracy belief. In Study 3 (*N*=396), we replicated our findings in Study 2 that belief in Jewish conspiracy theory was strongly related to vaccination conspiracy belief. Also, participants who blamed the Jews for the coronavirus pandemic inclined to refuse coronavirus vaccination if it is available. We argued that religiosity might not directly be related to conspiratorial thinking but instead, it activates a sense of outgroup threats among religious individuals thus they are more likely to endorse Jewish conspiracy theories. Despite the assumption that Jewish conspiracy theory is somehow benign, our findings disputed this premise.

*Keywords:* Jewish conspiracy beliefs, Indonesian Muslims, religiosity, outgroup threat, vaccination.

In 1986, a Muslim cleric from Sumbawa, Indonesia complained to a researcher from the Indonesian Institute of Science (*Lembaga Ilmu Pengetahuan Indonesia*—LIPI) that his congregation were no longer interested in learning to recite Qur’an independently due to the popularity of the cassette. The new technology, in his opinion, endangered the *‘ummah* and he suspected that the Jews and Zionists were somehow behind the creation of this technology with the aim to abolish Muslims’ values (van Bruinessen, 1994). The wild speculations about Jews and vaccinations had been also causing a serious public health concern in 2019—resulting in a low Measles-Rubella (MR) vaccination coverage in several areas in Indonesia, including Aceh (11.32%), Riau (41.63%), West Sumatera (44.49%) as the bottom three provinces (Sitohang, 2019). Despite the perspective of Islamic laws that undoubtedly allows vaccination (Mulia, 2018), a number of people keep defending their choice to reject vaccination—citing religious incompatibility as their main reason. Some even justify this rationale by raising senseless suspicion that vaccine is a part of the Jews’ hidden agenda to taint the purity of Muslim children (Riyanto, 2018).

In recent days during the coronavirus outbreak, a rampant spread of misinformation deceives people into thinking that the Jews are the mastermind of the virus. As the Islamic leaders announced a *fatwa* (edict)—urging their followers to observe daily prayers at home and to avoid congregation (Burhani, 2020), people are convinced that the virus was deliberately made by the Jews to alienate Muslims from their places of worship. The magnitude of Jewish conspiracy theories is still staggering, even after Muhammadiyah, one of the largest Islamic organisations in Indonesia, made a public call to stop circulating such nonsense rumour (Saputra, 2020).

Although Jewish conspiracy theories are widespread in Southeast Asia, especially in Indonesia and Malaysia (Ainslie, 2019; Reid, 2010) and others regions that are Muslim-majority, such as the Middle East and North Africa (Nyhan & Zeitzoff, 2018), it is nonetheless difficult to comprehend why Indonesian Muslims often point their fingers to the Jews—a minuscule religious group that is barely existent in the archipelago (Franke, 2013). From the historical standpoint, there are a few speculations about the origin of such wishful thinking—van Bruinessen (1994) argued it was firstly introduced by the clerics who spent their religious training in the Middle East where the rhetoric is ubiquitous and politically powerful, while Reid (2010) suspected that it is very likely that the rhetoric was introduced *de novo* and might work as “a safe surrogate” for the resentment towards the Indonesian Chinese (Siegel, 2000). One might also suspect that the Jews stereotypes are derived from the interpretation of the Qur’an, yet Islamic scholars carefully translated Judaism and Jews representations in the scripture as ambiguous rather than despicably negative—emphasising that Jews are not all alike (Ali, 2010). Solidarity with Palestinian Muslims might only tell us a little part of the story since Indonesian Muslims liken Jews to liberalism, secularism, globalisation, and virtually all modern-ills that assail Islamic values (Siegel, 2000; van Bruinessen, 1994).

Unlike in other countries where the anti-Jews rhetoric is also popular, such as in Poland where the conspiracy theories related to Jews are particularly profound among the right-wing extremists (Bilewicz, Michał & Krzeminski, 2010; Cichocka et al., 2015; Golec de Zavala & Cichocka, 2012), Jewish conspiracy theory in Indonesia and neighbouring Malaysia is public, widespread, and worse, perpetuated by public figures, such as politicians, clerics, and celebrities (Reid, 2010; Swami, 2012; van Bruinessen, 2002). Although historians found compelling data that the theory has been circulating for centuries, the anti-semitism rhetoric was greatly exacerbated during the New Order regime (Siegel, 2000).  A contrived document—*The Protocols of the Elders of Zion* whichcontains an allegation of Jews’ despicable conspiracy to destroy Islamic values, fueled the conspiracy belief about Jews and was deliberately circulated and endorsed by a number of military circles during the New Order regime (van Bruinessen, 2002). The New Order dictator, General Soeharto, notoriously raised an allegation that his downfall during the Asian financial crisis in 1998, was a result of Jewish conspiracy (Hadler, 2004).

The anti-Jewish rhetoric, albeit intense, is seemingly harmless because it is rarely channelled into discrimination or violence due to lack of any Jewish community presence in the region (Ainslie, 2019). The dearth of evidence that demonstrates the societal impact of Jewish conspiracy belief in Southeast Asia perpetuates this assumption. On the contrary, sheer evidence from previous research demonstrates that conspiracy belief acts as an anti-science narrative and could lead to real danger to our daily lives (Douglas et al., 2019), such as raising doubt about vaccination (Jolley & Douglas, 2014), enticing prejudice towards minority groups (Imhoff & Lamberty, 2017; Jolley et al., 2019), reducing intention to adopt sustainable behaviours (Lewandowsky et al., 2013), decreasing political engagement (Jolley et al., 2018), and further, justifying violence (Jolley & Paterson, 2020). Additionally, prior research provides evidence that belief in Jewish conspiracy specifically was closely associated with generalised anti-Jewish and anti-Western attitudes (Nyhan & Zeitzoff, 2018), while negative stereotypes of these groups were also related to belief in conspiracy theories about terrorism (Mashuri & Zaduqisti, 2015) and could potentially lead to aggressive inclination towards both groups (Mashuri & Zaduqisti, 2019).

Much past research has been dedicated to investigating personal factors behind conspiratorial ideation, such as lack of analytical thinking (Swami et al., 2014), illusory correlations (Vitriol & Marsh, 2018), right-wing authoritarianism and social dominance orientation (Swami, 2012), or lack of control (Kofta et al., 2020). Nevertheless, to investigate the role of Jewish conspiracy, intergroup context deserves greater attention since Muslims in Southeast Asia perceive Jews mostly as an ideological scapegoat, instead of seeing them as a real threat (Reid, 2010; van Bruinessen, 2002). Conspiracy theory is also *collective* in nature—stemming from the motivation to maintain ingroup’s positive image, especially when it is deeply embedded in their social identity and perfectly aligned with the group goals (Krekó, 2015).

Conspiracy theories are particularly omnipresent in the time of crisis (van Prooijen & Douglas, 2017) or when the ingroup’s image is severely or situationally threatened. In this case, group members who uphold the conspiracy tendency are in search of outgroups that can be blamed for their misfortunes or inferior position—leading to a defensive identification to the group, which is often conceptualised as collective narcissism (Cichocka et al., 2015). Collective narcissists tend to see their groups as an extension of their own self-worth and thus constantly seek external validation of both their individual greatness and the eminence of their ingroup—reflecting the presence of unstable collective self-esteem and inflated image of ingroup’s positivity (Cichocka, 2016; Golec de Zavala et al., 2009). They are overly sensitive to in-group insult and tend to retaliate against any attack on their ingroup’s image with both direct and indirect hostility (Golec de Zavala et al., 2016). Studies in the UK (Golec de Zavala et al., 2017) and in Poland (Cichocka et al., 2016; Marchlewska et al., 2019) provides strong evidence of the relationship between collective narcissism and conspiracy mentality. At last, a longitudinal study in the US also shows that collective narcissism was closely related to the growth of conspiracy mentality over the course of the 2016 US Presidential election (Golec de Zavala & Federico, 2018)

Although previous research has linked conspiracy mentality with religiosity-like constructs, such as paranormal belief (Darwin et al., 2011), and aligned conspiracy belief with quasi-religiousness (Franks et al., 2013), evidence to connect the dots between religiosity and conspiracy belief still remains scarce. Meanwhile, conspiracy theories are quite often plaguing religious communities (Marchlewska et al., 2019; Mashuri & Zaduqisti, 2015). Prior research reveals evidence of the possible link between religious belief, but not religious identification, and conspiracy belief (Jasinskaja-Lahti & Jetten, 2019). We, nonetheless, still need to fill an important gap—why do religious individuals who believe in conspiracy theories not change their opinion even after being exposed with solid counter-arguments from religious authorities?

**Overview of current studies**

In our three pre-registered studies, we sought to answer these following questions; (1) do religious individuals tend to endorse conspiracy theories? (2) does belief in Jewish conspiracy lead to real consequences, such as vaccination decisions? And (3) under what circumstances do Indonesian Muslims associate Jewish and vaccine conspiracy? Our first study aimed to unravel the first question—we suspected religiously zealous individual would incline to endorse Jewish conspiracy belief and since Muslims primarily believe Jews are threats to Islamic worldview, the effect would be parallelly mediated by symbolic threat (Stephan & Stephan, 2000) and collective narcissism (Golec de Zavala, 2011).

Our second study intended to test our predictions that those who believed Jewish conspiracy theories would fall trap into thinking that vaccine is a product of a malevolent conspiracy, especially in individuals who declared religiosity plays an important part in their lives. This is because previous studies mention that religious incompatibility was a profound motivation for vaccination rejection, especially in Asia (Dubé, Gagnon, et al., 2014; Larson et al., 2016). We also expected that vaccine conspiracy belief would be a strong predictor of vaccine refusal and delay (Dubé, Vivion, et al., 2014; Jolley & Douglas, 2014). At last, we wanted to lay out the conditions that allowed Jewish conspiracy belief to be transformed into vaccine conspiracy belief. We suspected that when individuals’ social identity is under attack and when religious authorities publicly scorn vaccination, one would be more likely to uphold vaccine conspiracy belief. Since societal upheavals, such as the coronavirus pandemic is a breeding ground of derogatory views on “the common enemy” and conspiracy theories, we were also interested in finding out how blaming on certain social groups for coronavirus would affect coronavirus vaccination intention.

Our studies offer insight into the current body of knowledge by uniquely putting Muslims in picture of a politically and socially dominant group—a bit different from existing research that portrayed Muslims as a stereotyped group that signifies cultural threats (Swami et al., 2018) or as deprived religious minorities (van Prooijen et al., 2018). Apart from this, a global survey reported that young Indonesians believed that religiosity is focal to their happiness (Heriyanto, 2018)—diverged from the global trend. Our studies, therefore, propose an insightful contribution to the inquiry about the nexus between conspiracy mentality and religiosity, particularly in a religious community, while similar research mainly conducted in relatively secular communities (Jasinskaja-Lahti & Jetten, 2019; Marchlewska et al., 2019).

**Disclosures**

Our materials, raw data, codebook, and codes of all studies are available on Open Science Framework (OSF; <https://osf.io/2gdwn/?view_only=4e2f5f3276674b788f98afc815b2f076>). Preregistration of Study 1, Study 2, and Study 3 are available at <https://osf.io/uabxt/?view_only=2edc223fe4314f038eacb7042e09ebd9>; <https://osf.io/23rvt/?view_only=0baf2faf2c39443cbc54055c059319b7>; and  <https://osf.io/7w5nf/?view_only=653ffe759f5546cdaac0a6e85e784b0f> respectively.

**Study 1**

This study aimed to test our first prediction that religiously zealous participant would be more likely to endorse Jewish conspiracy theories through a parallel mediation (symbolic threat and collective narcissism). We also expected that symbolic threat would yield a direct effect on collective narcissism since it commonly emerges as a defensive strategy to cope with outgroup threats (Cichocka, 2016; Golec de Zavala et al., 2009).

# Method

## Participants and Procedure

Prior to data collection, we planned our sample size using a Monte Carlo simulation (Beaujean, 2014) using the simsem package in R (Pornprasertmanit et al., 2020; R Core Team, 2019). In order to detect prespecified small-to-medium correlations with 90% statistical power, we needed to recruit at least 328 participants. At the end of data collection, we finally recruited 385 (76.3% female) Indonesian Muslims by circulating invitations in several social media and instant messaging platforms. Participants averaged 21.57 years (*SD*=5.66) and ranged from 18 to 53 years.

After giving their consent to participate, we measured participants’ belief in a Jewish conspiracy, using the translated version of Belief in Jewish Conspiracy scale (Swami, 2012) by indicating their opinion (1=strongly disagree, 7=strongly agree) to 12 statements. Items were including, “Jews are attempting to establish a secret world government”, “the Holocaust is a myth fabricated to serve Jewish interest”, and “Jews are responsible for the social and moral ills in this country”. We estimated its reliability using bootstrapped ω total (*ωt*) (Dunn et al., 2014) and estimated its 95% confidence interval by using a bias-corrected and accelerated (BCa) bootstrap (Kelley, 2018; Kelley & Pornprasertmanit, 2016) with 1000 iterations, yielding a good reliability coefficient (*ωt*=.912 [.897, .928]).

We also measured participants’ collective narcissism by asking them to complete the translated version of the 9-item Collective Narcissism scale (Golec de Zavala et al., 2009). Participants were asked to indicate their support (1=strongly disagree, 7=strongly agree) to items such as, “If Muslims were the majority religious community in the world, then the world would be a better place” and “Not everyone understands the virtues of being a Muslim”. We estimated its reliability and yielded an acceptable reliability coefficient (*ωt*=.821 [.790, .848]).

Subsequently, participants were required to complete an 8-item Symbolic Threat scale (Stephan & Stephan, 2000, 2017) by indicating their agreement (1=strongly disagree, 7=strongly agree) to items such as, “Jews destroy the Muslims’ faith by spreading liberalism and secularism” and “All individuals who claim to be Muslim should feel sad and offended when Jews attack Palestinians”. A reliability analysis yielded a good reliability coefficient (*ωt*=.864 [.838, .883]).

At last, we measured participants’ religious zeal by using the translated version of Religious Zeal scale (McGregor et al., 2013). Participants indicated their opinion (1=completely different from my views, 5=completely fits my values) to items, such as “My religious teachings are based on absolute truths” and “I justify acts of violence, both verbal and physical if it has to be done to defend my beliefs”. Reliability analysis showed a good reliability coefficient (*ωt*=.864 [.838, .883]).

# Results and Discussion

To test our hypothesis, we performed a full structural equation modelling, treating all scale items as ordinal, and all variables as latent variables. To estimate model parameters, we used diagonally weighted least squares (DWLS) estimator, which is more accurate in yielding factor loading estimates in a model with ordinal variables (Li, 2016). We conducted our analysis with the help of the lavaan package in R (Yves, 2012) (see Table 1 for the descriptive statistics).

Table 1.

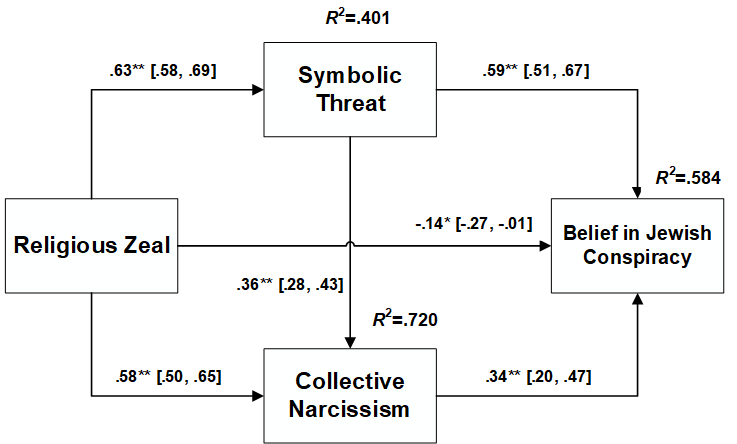
Mean, Standard Deviations of Variables, and Zero-Order Correlations (*N*=385)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | ***M* (*SD*)** | **1** | **2** | **3** | **4** |
| 1. Belief in Jewish Conspiracy | 4.11 (1.14) | — |  |  |  |
| 1. Symbolic Threat | 3.68 (1.19) | .67 | — |  |  |
| 1. Collective Narcissism | 4.29 (0.98) | .58 | .64 | — |  |
| 1. Religious Zeal | 3.85 (0.67) | .46 | .58 | .70 | — |

*Note*. All correlations are significant at *p*<.001 level.

Factor loadings in the measurement model were all significant, *p*<.001, and in general, satisfactory—ranging from moderate-to-large loadings (0.333-1.953). After assessing absolute and incremental fit indices, we concluded that the model was overall a good fit. As shown in Figure 1, religious zeal was significantly associated with belief in Jewish conspiracy (*B*=-0.088, *SE*=0.043, *p*=.041), but the loading was too small to be deemed meaningful. Religiously zealous participants were more likely to perceive Jews as a symbolic threat (*B*=0.682, *SE*=0.046, *p*<.001) and tended to hold an unrealistic belief about the Muslim’s greatness (*B*=0.506, *SE*=0.046, *p*<.001), while both symbolic threat (*B*=0.344, *SE*=0.037, *p*<.001) and collective narcissism (*B*=0.242, *SE*=0.057, *p*<.001) significantly predicted belief in Jewish conspiracy. Also, participants who perceived Jews as a symbolic threat would be more likely to have higher collective narcissism (*B*=0.288, *SE*=0.037, *p*<.001).

After accounting for the effect of symbolic threat and collective narcissism to explain belief in Jewish conspiracy, the direct effect of religious zeal still remained significant, even though the loading was too small—suggesting the possibility of mediation paths. Both indirect effects of religious zeal through collective narcissism (standardised IE=0.122, *SE*=0.030, *p*<.001) and symbolic threat (standardised IE=0.235, *SE*=0.028, *p*<.001) were all statistically significant.



*Figure 1*. Structural Model of Study 1. *N*=385. Standardised coefficients with 95% confidence intervals (CIs). Absolute Fit: χ2=3304.976, df=939, *p*<.000,  SRMR=.073. Incremental fit: RMSEA=.073 [.070, .076], *p*RMSEA<.000, CFI=.978, TLI=.976, GFI=.976. \**p*<.05, \*\**p*<.001.

Our study provided strong evidence to support an association between symbolic threat, collective narcissism, and Jewish conspiracy belief as previously confirmed by previous research (Cichocka et al., 2016; Mashuri & Zaduqisti, 2015). We also demonstrated that the salience of religious worldviews—represented by religious zeal, predicted stronger support of anti-semitism conspiracy, but the relationship was fully mediated by symbolic threat and collective narcissism. Simply put, religious zeal activates a sense of outgroup threats, entices delusions of grandeur about their ingroup as a defensive coping mechanism [(Golec de Zavala, 2018)](https://www.zotero.org/google-docs/?AXt0Dy), and subsequently leads to a greater endorsement of Jewish conspiracy belief with the aim to protect ingroup positive image. Although we successfully exhibited an underlying mechanism of the emergence of Jewish conspiracy theories, the actual impact of Jewish conspiracy belief still remained unclear.

**Study 2**

Study 2 allowed us to expand our questions regarding the interplay between religiosity, belief in Jewish conspiracy, vaccine conspiracy belief, and vaccination decisions. We predicted that belief in Jewish conspiracy would positively affect vaccine refusal and delay through vaccine conspiracy belief. The mediation would be conditional—participants who believed Jewish conspiracy theories and declared religiosity was important in their life would be more likely to endorse vaccine conspiracy theories.

# Method

## Participants and Procedure

Before collecting our sample, we planned our sample size using a Monte Carlo simulation and in order to obtain an optimal chance (80-90%) to detect small-to-medium correlations between predictors and the outcome variable, we should recruit at least 274 participants. After collecting data, we managed to enlist 370 Indonesian Muslim parents (*M*age=29.14, *SD*age=4.66, Range=19-47, Female=78.64%), who, at the time of data collection, had children under 5 years (60 months) of age (*M*age=14.48 months, *SD*age=15.15 months, Range=0-60 months). We circulated the invitation to join the study through social media platforms and instant messaging apps.

After giving their consent to participate, participants were directed to fill out the immunisation behaviour subscale of the Parent Attitude about Vaccine (PCAV) scale (Opel, Mangione-Smith, et al., 2011; Opel, Taylor, et al., 2011). The subscale was intended to measure participants’ decision to delay or refuse vaccination for their children and for research purposes, we translated the scale to Bahasa Indonesia. We required participants to report their decision by answering 6 questions, such as, “Have you ever postponed your child getting vaccinated for reasons other than illness or allergies?” and “Overall, how hesitant about childhood shots would you consider yourself to be?” with various range of options. We subsequently scored each question adhering to the scoring guide provided by the scale creator. After carefully conducting a reliability analysis, we decided to drop one item (“It is my role as a parent to question shots”) due to its very low item-total correlation coefficient. After dropping an item, the scale reliability was significantly improved (*ωt*=.850 [.806, .883]).

Additionally, we asked participants to complete the Belief in Jewish Conspiracy Scale, the same scale we used in Study 1. Reliability estimation yielded a very good reliability coefficient (*ωt*=.948 [.937, .957]). Subsequently, participants were asked to complete the translated version of the Vaccine Conspiracy Belief scale (Shapiro et al., 2016). We asked participants to indicate their agreement (1=strongly disagree, 7=strongly agree) to 8 items, such as, “Pharmaceutical companies cover up the dangers of vaccines” and “The government is trying to cover up the link between vaccines and autism”. Reliability analysis revealed a very satisfying coefficient (*ωt*=.969 [.961, .975]).

At last, to measure whether religion is a pivotal part of participants’ life, we asked participants to fill out the translated version of the Centrality of Religiosity Scale (Huber & Huber, 2012). Participants indicated their agreement (1-5) to 5 items, such as, “How often do you experience situations that make you more convinced that God or something divine is involved in your life?” and “How often do you perform compulsory worship? (fasting, five daily prayers, etc.)”. After conducting a reliability test, we concluded that the scale was moderately reliable (*ωt*=.686 [.602, .763]).

# Results and Discussion

To test our hypothesis, we built a moderated-mediation model by treating all variables in the model as observed variables. Before proceeding to analysis, we summed each item score and entered them to data analysis (see Table 2 for the descriptive statistics). We also created a two-way interaction term between centrality of religiosity and vaccine conspiracy belief by centring the score of both variables around their mean beforehand. To estimate model parameters, we chose to use Maximum Likelihood (ML). After examining the absolute and incremental fit indices, we concluded that the model was overall satisfyingly fit (see Figure 2).

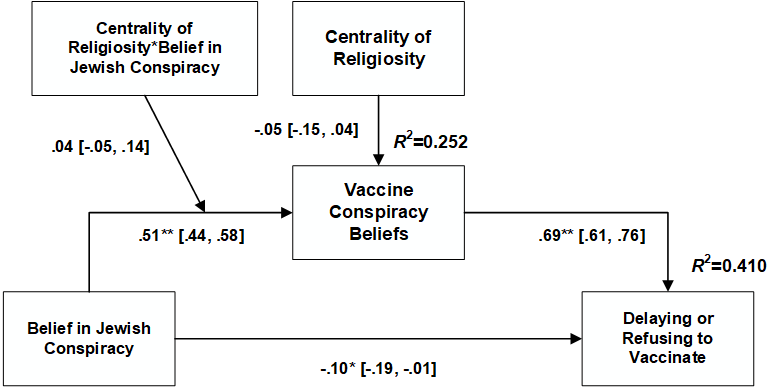
Table 2.

Mean, Standard Deviations of Variables, and Zero-Order Correlations (*N*=370)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | ***M* (*SD*)** | **1** | **2** | **3** | **4** |
| 1. Vaccine Refusal and Delay | 0.30 (0.67) | — |  |  |  |
| 1. Belief in Jewish Conspiracy | 4.14 (1.44) | .236\*\* | — |  |  |
| 1. Vaccine Conspiracy Belief | 2.50 (1.53) | .634\*\* | .495\*\* | — |  |
| 1. Centrality of Religiosity | 4.14 (0.56) | .030 | .221\*\* | .043 | — |

*Note*. \*\**p*<.001

# As seen in Figure 2, belief in Jewish conspiracy had a significant direct effect on vaccination refusal and delay (*B*=-0.018, *SE*=0.008, *p*=.025), but the slope was too small compared to our smallest effect size of interest so that it was hardly considered meaningful. Moreover, participants who showed higher endorsement to Jewish conspiracy theory were more likely to also endorse vaccine conspiracy theory (*B*=0.363, *SE*=0.033, *p*<.001). We found no evidence to support associations between centrality of religiosity with vaccine conspiracy beliefs (*B*=-0.240, *SE*=0.215, *p*=.264). The interaction effect of centrality of religiosity with belief in Jewish conspiracy to predict vaccine conspiracy beliefs was not significant too (*B*=0.009, *SE*=0.009, *p*<.351). More importantly, participants who believed vaccine conspiracy theory were more likely to delay or refuse vaccination for their children (*B*=0.166, *SE*=0.011, *p*<.001) and since the direct effect of Jewish conspiracy belief was still significant, even after accounting the effect of vaccine conspiracy beliefs, we calculated the index of moderated mediation (IMM)—resulting in a non-significant IMM (IMM=0.001, *SE*=0.002, *p*=.352).



*Figure 2.* Moderated-Mediation Model of Study 3. *N*=370. Standardised coefficients with 95% confidence intervals (CIs). Absolute Fit: χ2=1.218, df=2, *p*=.544,  SRMR=.009. Incremental fit: RMSEA=.000 [.000, .089], *p*RMSEA=.769, CFI=1, TLI=1, GFI=.997. \**p*<.05, \*\**p*<.001.

In this study, we found that vaccine conspiracy belief mediated the relationship between Jewish conspiracy belief and vaccine refusal and delay. We also detected strong evidence that vaccine conspiracy theory affected parents’ decision to delay or refuse vaccination for their children. In other words, belief in Jewish conspiracy indirectly affected vaccination refusal and delay—diverged from the common assumption that it is harmless in nature (Ainslie, 2019). Our findings also amplified the notion that conspiracy belief, in general, is dangerous and affects vaccination decisions (Jolley & Douglas, 2014, 2017). However, we failed to elucidate the role of religiosity in augmenting vaccination refusal and delay. Additionally, our findings were unable to answer the question of why two seemingly unrelated issues, which are Jews and vaccination, prevailed upon our participants to endorse the senseless belief that vaccination is a product of a malicious conspiracy.

**Study 3**

In Study 3, we intended to map out under what conditions belief in Jewish conspiracy would lead to stronger confidence in vaccination conspiracy theories. We performed an experimental study predicting that participants whose identity were threatened and exposed by the contentment of religious authorities on the vaccination programme, would be more likely to hold vaccination conspiracy theories. In regards to coronavirus pandemic, in this study, we also tested our prediction that participants who blamed on the outgroups, such as the Jews, Chinese Indonesians, and Chinese Nationals would be more likely to refuse coronavirus vaccination, while those who blamed on the ingroups, such as their fellow Muslims and Indonesians, would be less likely to do so.

# Method

## Participants and Procedure

In Study 3, we conducted an experimental online study with a 2 (identity threat: yes vs. no) × 2 (religious endorsement for vaccines: endorsed vs. opposed) between-subject design with belief in Jewish conspiracy as a continuous between-subjects moderator. Before starting to collect data, we planned our sample size using a Monte Carlo simulation. Aiming at 90% statistical power to detect small-to-medium correlations, we had to recruit at least 368 participants. Our final sample consisted of 403 participants, but after excluding those who failed attention check (*N*=7), we ended up with 396 individuals (Female=63.38%, *M*age=27.66, *SD*age=8.67, Range=18-58) who were recruited by seeing the advertisement of our study circulated on various social media platforms and instant messaging apps.

Participants were presented with a detailed information letter and were informed that our study was about investigating the interplay of vaccination attitudes and intergroup process. After providing consent to participate, participants were exposed to three filter questions, which only allowed Muslims who aged 18 years or above and did not work as a health care worker, at the time of data collection, to proceed to the next part of our study. We asked participants to complete the Belief in the Jewish Conspiracy scale, which was used in Study 1 and 2. Reliability analysis resulted in a very good reliability coefficient (*ωt*=.961 [.954, .967]). Afterwards, we applied block randomisation, which randomly assigned participants to four different groups (threatening, endorsed; non-threatening, opposed; non-threatening, endorsed; and threatening, opposed) by also balancing gender proportion in each group. To set up the randomisation process, we utilised a random number generator using urns, which is available as a feature on SoSci Survey.

At first, participants were randomly assigned to one of two conditions. In the *identity threat* *condition* (N=199), participants were given a partly-fictional news article about Israeli soldiers attacking Al-Aqsa Mosque, capturing, and torturing Palestinian Muslim children, while in the *control condition* (N=197), participants were not provided with the news at all. To perform a manipulation check, we required participants to fill out a symbolic threat questionnaire, which was previously used in Study 1. Reliability analysis yielded a very good reliability coefficient (*ωt*=.910 [.896, .923]).

Afterwards, participants were again randomly selected to one of two conditions. In the *religious authorities’ endorsement* (*N*=198), participants were provided with a piece of entirely fictional news about cooperation between Biofarma, Inc., an Indonesian state-owned vaccine company and BiondVax, Inc., from Israel to manufacture coronavirus vaccines, which was facilitated and supported by the Foods, Drugs, and Cosmetics Assessment Institute (*Lembaga Pengkajian Pangan, Obat-Obatan, dan Kosmetik*—LPPOM) of the Indonesian *‘Ulema* Council (*Majelis ‘Ulama Indonesia*—MUI). LPPOM MUI is the only authorised body to issue *halal* certificates in Indonesia—implying that the vaccine would be admissible according to the *sharia’* law. Meanwhile, in the *religious authorities’ contention* (*N*=198), participants were given the same article, but in slightly different wording, where the cooperation was instead facilitated by the Indonesian Health Ministry and LPPOM MUI opposed it since the cooperation would entice the controversy among the *‘ummah*. To check the validity of this manipulation, participants were asked whether they were “hesitant to use the coronavirus vaccine produced by the Israeli company” in the range of 1 (least compatible with my position) to 7 (very compatible with my position) (*M*=2.8, *SD*=2.09).

Next, participants were presented with the Vaccine Conspiracy Beliefs Scale, which we also used in Study 2. After checking its reliability, we concluded that the scale was reliable (*ωt*=.960 [.952, .969]). Also, we asked participants which social groups that they tended to blame on for coronavirus outbreak (When you think about problems caused by coronavirus (COVID-19), which of the following groups do you blame to some extent and should be held responsible for the coronavirus pandemic problem?) in the scale of 1 (very much to be blamed on) to 5 (completely not to be blamed on). We presented the Blame Scale using Kunin faces—negative responses were portrayed by unhappy faces. The social groups were Jews, Indonesian Chinese, Chinese Nationals, Muslims, and Indonesians. The Blame Scale was moderately reliable (*ωt*=.816 [.781, .847]).

Participants subsequently were asked to identify their intention to vaccinate themselves (If a vaccine for coronavirus is available, how likely are you to vaccinate yourself?) and their families (If a vaccine for coronavirus is available, how likely are you to vaccinate your family?) in the scale of 1 (very much likely to refuse) to 7 (very much likely to accept). Reliability analysis showed a good reliability coefficient (*ωt*=.975 [.970, .980]). At last, we also asked participants how often they directly interacted with Jews on the scale of 1 (never at all) to 4 (almost every day).

After completing all parts of the study, participants were fully debriefed, thanked, and offered a chance to enter a prize draw. Participants were fully informed about the fictitious nature of the news article and we also provided factual information about the coronavirus vaccines.

# Results and Discussion

***Manipulation Check***. To test the validity of the identity threat manipulation, a *t-*test (Patil, 2018) for independent groups was conducted with identity threat conditions as an independent variable while symbolic threat as a dependent variable. Manipulation check was failed, even though participants’ symbolic threat was slightly higher in the *threatening condition* (*M*=3.28, *SD*=1.47) than in the *non-threatening condition* (*M*=3.03, *SD*=1.68), *t*(386.32)=-1.58, *p*=.114, Hedges’ *g*=-0.16 [-0.36, 0.04]. In support of the religious authorities endorsement, participants were slightly less hesitant in taking vaccination when it was endorsed by religious authorities (*M*=2.63, *SD*=1.99) rather than when it was opposed (*M*=3.08, *SD*=2.02), *t*(393.92)=2.26, *p*=.025, Hedges’ *g*=0.23 [0.03, 0.42]. Descriptive statistics and zero-order correlations for the variables of interest are provided in Table 3.

Table 3.

Mean, Standard Deviations of Variables, and Zero-Order Correlations (*N*=396)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | ***M* (*SD*)** | **1** | **2** | **3** | **4** |
| 1. Vaccine Conspiracy Belief | 2.45 (1.62) | — |  |  |  |
| 1. Belief in Jewish Conspiracy | 3.55 (1.67) | .709 | — |  |  |
| 1. Blame | 3.34 (0.88) | -.348 | -.404 | — |  |
| 1. Vaccination Intention | 2.50 (1.75) | -.572 | -.398 | .249 | — |

*Note*. VCB = Vacine Conspiracy Belief; BJC = Belief in Jewish Conspiracy; BL = Blame; VI = Vaccination Intention. All correlations are significant at *p*<.001 level.

# *Vaccine Conspiracy Belief.* We expected that participants whose identity was threatened and presented with contentment from religious authorities would be more likely to believe vaccine conspiracy theories compared to those whose identity was not threatened and presented with vaccine endorsement from religious authorities. To test our hypothesis, we performed a bootstrapped moderated regression analysis with 10000 iterations, with vaccine conspiracy belief as a dependent variable and belief in Jewish conspiracy as a between-subject covariate. We also tested two-way interactions between belief in Jewish conspiracy with identity threat, belief in Jewish conspiracy with religious authorities endorsement, and identity threat with religious authorities endorsement. Belief in Jewish conspiracy was centred around its mean prior to analysis. Identity threat (-1=control, 1=threatening) and religious authorities endorsement (-1=opposed, 1=endorsed) were effect-coded (Kugler et al., 2018).

In sum, our model showed a good fit (*F*(6,389)=66.46, *p*<.001, *R*2=.506) and it accounted for 50.6% of the vaccine conspiracy beliefs variance. We checked model diagnostics, including homoscedasticity, residual normality, and Cook’s distance and the model did not violate any assumptions of linear regression. Our result showed that only belief in Jewish conspiracy (*B*=0.455 [0.409, 0.5], *SE*=0.023, *t*=19.671, *p*<.001) significantly predicted vaccine conspiracy belief. We did not find compelling evidence to conclude the effect of identity threat (*B*=0.239 [-0.667, 1.145], *SE*=0.461, *t*=0.519, *p*=.604), religious endorsement (*B*=-0.364 [-1.274, 0.544], *SE*=0.462, *t*=-0.789, *p*=.431), or two-way interactions between belief in Jewish conspiracy with identity threat (*B*=-0.012 [-0.057, 0.033], *SE*=0.023, *t*=-0.535, *p*=.593), belief in Jewish conspiracy with religious authorities endorsement (*B*=-0.020 [-0.065, 0.024], *SE*=0.023, *t*=-0.885, *p*=.377), and identity threat with religious authorities endorsement (*B*=0.243 [-0.666, 1.152], *SE*=0.462, *t*=0.526, *p*=.599) to predict vaccine conspiracy belief.

***Coronavirus Vaccination Intention.*** We hypothesised that participants who blamed the outgroups (Jews, Chinese Indonesians, and Chinese Nationals) would be more likely to refuse coronavirus vaccination when it is available, while those who blamed the ingroups (Muslims and Indonesians) would be less likely to do so. In order to test this hypothesis, we conducted a multiple linear regression analysis with vaccination intention as a dependent variable and blame (on Jews, Chinese Indonesians, Chinese Nationals, Muslims, and Indonesians) as dependent variables. In general, our model was a good fit (*F*(5,390)=17.42, *p*<.001, *R*2=.182) and accounted for 18.2% of coronavirus vaccination intention variance. We also examined model diagnostics, including homoscedasticity, residual normality, and Cook’s distance and the model did not violate any assumptions of linear regression.

As expected, our analysis showed that participants who blamed the Jews (*B*=1.102 [0.760, 1.444], *SE*=0.174, *t*=6.332, *p*<.001) for coronavirus pandemic would be more likely to refuse vaccination if it is available. The result was interesting because the majority of our participants (66.67%) reported that they never directly interacted with Jews, while only 2.52% reported that they interacted with Jews almost daily, 19.19% said several times, and 11.61% declared only once. On the contrary, participants who blamed their fellow Muslims (*B*=-0.439 [-0.852, -0.027], *SE*=0.209, *t*=-2.095, *p*=.036) were less likely to refuse vaccination.

More interestingly, we did not find evidence to confirm that blaming Chinese Indonesians (*B*=0.216 [-0.158, 0.591], *SE*=0.190, *t*=1.133, *p*=.257), Chinese Nationals (*B*=0.181 [0.760, 1.444], *SE*=0.164, *t*=1.108, *p*=.268), or fellow Indonesians (*B*=-0.312 [-0.671, 0.046], *SE*=0.182, *t*=-1.712, *p*=.087) would affect participants’ coronavirus vaccination intention.

***Discussion***. We replicated our findings in Study 2 that belief in Jewish conspiracy was strongly associated with vaccine conspiracy beliefs. In stark contrast to our hypothesis, our analysis did not yield any substantial evidence to support the effect of both identity threat and religious authorities endorsement to vaccination on conspiracy belief about the vaccine. Although previous research demonstrated that conspiracy belief is particularly stronger when group identity is under attack (Jolley et al., 2018; Mashuri & Zaduqisti, 2015), our research did not provide any support for the hypothesis that those who upheld Jewish conspiracy theory and whose identity was under attack would be more likely to have a stronger belief in vaccine conspiracy. We also initially suspected that religious authorities' endorsement to vaccination would attenuate the correlation between Jewish and vaccine conspiracy belief, but again, we failed to find any evidence to accept this hypothesis. In sum, although sheer evidence suggests that religious incompatibility is a prominent factor of vaccine hesitancy (Dubé, Gagnon, et al., 2014; Larson et al., 2016), we reckon that its underlying cause is much more complex than what we have seen on the surface since religious conspiracy theorists would not easily give up their illogical views even after being countered by religious authorities.

  During the crisis, the tension between social groups is intensified as group members are extremely motivated to make sense of the crisis while protecting their ingroup’s reputation at the same time. As for the coronavirus pandemic, the crisis activates “othering” hypothesis that subsequently leads to intensified xenophobic attitudes towards certain social groups since it becomes central in the rhetoric of the elites (Reny & Barreto, 2020). For example, studies in the US demonstrated that the upsurge of prejudice towards Asians during coronavirus outbreaks has been staggering (Croucher et al., 2020; Reny & Barreto, 2020) while blaming the Jews for the pandemic is unsurprisingly common among Islamists in Turkey and Iran as well as white supremacists in West Europe (Topor, 2020). However, scarce evidence confirms the conjecture of how these derogatory attitudes would affect the effort of curbing the infections. In our study, it is uncanny that we observed a strong proof that blaming on an almost non-existent group could prevail upon our participants to potentially refuse vaccination, while so far, vaccination is admittedly one of the most effective strategies to eradicate the disease. Put simply, we reject the purportedly benign nature of the anti-Jews rhetoric since it is neither harmless nor negligible.

# General Discussion

Jewish conspiracy theories are popular belief in Southeast Asia, especially in Indonesia and neighbouring Malaysia, albeit the fact that Jews are minuscule and almost invisible religious minorities in the region. Despite the assertion that conspiracy belief against Jews is rather trivial (Ainslie, 2019), our research demonstrated otherwise. Jewish conspiracy theories are not benign and could convey real-life consequences, such as anti-Sino racism (Swami, 2012) and vaccination decisions. Our study showed that conspiracy belief about Jews was associated with a stronger belief about vaccine conspiracy (Study 2 and 3) and could indirectly affect vaccination refusal and delay (Study 2) so that it disproves the premise of the harmfulness of the Jewish conspiracy belief. The danger of anti-semitism rhetoric was also reflected in Study 3 since participants who blamed Jews for coronavirus pandemic would be more likely to refuse vaccination for themselves and their families, if the vaccine is ever available. It is, however, still unclear how and when our participants equated the idea of anti-semitism with vaccination.

Our suspicion lies in the deeply held views on Jews among Muslims that perceives them as cunningly intelligent, but lack of moral qualities (Reid, 2010). It is then not surprising that the Islamists carelessly correspond a morally-contentious product of advanced technology, such as vaccines, with Jewish conspiracy. According to the Stereotype Content Model (Cuddy et al., 2008, 2009), our perception of outgroups is determined by two factors; perceived competence and warmth. It is possible that Indonesian Muslims perceive Jews as highly competent, but lack of warmth, quite similar to how Poles see Jews (Bilewicz, Michał & Krzeminski, 2010)—inducing group deprivation then subsequently lead to the suspicion that the Jews are conspiring against Muslims (Biddlestone et al., 2020). However, future research is needed to shed light on this conjecture.

Past research suggests that conspiracy belief would prevail when ingroup’s image is seriously attacked (Cichocka et al., 2016; Jolley et al., 2018; Mashuri & Zaduqisti, 2015), but we did not observe any evidence to support this premise (Study 3). This could signify the commonality of Jewish conspiracy theories among Indonesian Muslims since it is more likely to serve its function as ideological underpinnings. We also failed to witness the effect of religious authorities endorsement to the vaccine on debilitating the association between Jewish and vaccination conspiracy belief (Study 3). This indicates vaccine hesitancy in a religious community, such as Indonesia, might go beyond a mere religious incompatibility. Endorsement from clerics did not easily change participants’ conspiracist ideation, while typically in Indonesia, “even liberal suspicion need not undermine Islamic authorities” (Long, 2017, p. 713).

We also did not find any substantial evidence to support the role of religion centrality in reinforcing the association between Jewish and vaccination conspiracy (Study 2) and found that religious zeal only indirectly affected Jewish conspiracy belief (Study 1). Although the dialogue between science and religion has been seemingly contentious and several pieces of evidence set in the positive association between religiosity and endorsement to the anti-science narratives (McPhetres & Zuckerman, 2018; Rutjens et al., 2018), including conspiracy belief (Jasinskaja-Lahti & Jetten, 2019), our research suggested that this connection is somewhat spurious. In a predominantly religious community, such in Indonesia, it is more likely that intergroup aspects render religious worldview into championing conspiracy belief.

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