The Unique Relationship Between Quality of Life and Consumer Trust in Market-Related Institutions Among Financially Constrained Consumers in a Developing Country

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This study focuses on how relationships among constructs representing (1) consumer trust in market-related institutions (CTMRI), (2) distrust for individuals (DFI), and (3) subjective quality of life (QOL) differ across groups separated by the poverty line in a developing country (Turkey). A comparison of models across the two groups using multisample confirmatory factor analysis indicates that there is a correlation only between CTMRI and QOL for consumers below the poverty line (r = .43); there are no correlations between any of the three constructs for consumers above the poverty line. Accordingly, there is a unique relationship between QOL and CTMRI among financially constrained consumers in a developing country. Below the poverty line, consumers with lower trust in market-related institutions tend to report lower QOL, while those with higher trust in market-related institutions tend to report higher QOL.

Keywords: consumer trust, institutional trust, quality of life, poor consumers, financially constrained consumers

The World Bank's 2000 report suggests that for economic growth to translate into an improved quality of life (QOL) for the poor, trustworthy and transparent institutions will be needed in developing countries (Wolfensohn 2000). Scholars are increasingly viewing the market, or marketplace, as a critical set of institutions for society's well-being (Mittelstaedt and Kilbourne 2006; Wilkie and Moore 1999). Led by network theorists and experimental social psychologists, researchers of markets have come to regard trust as a mechanism that links buyers and sellers in market exchanges (Fligstein and Dauter 2007). Importantly, the scope of trust's influence goes beyond the marketplace. Researchers have found that the degree of trust people accord to one another and to institutions in their society contributes positively to a higher QOL for them (Michalos 1990). Thus, we study market-relevant trust constructs to gain insights into how they might differentially affect QOL for the poor and the nonpoor in a developing country.

This study focuses on consumers' perceptions of trust in market-related institutions (CTMRI), such as (1) government regulators, (2) consumer groups, (3) manufacturers and business, and (4) both the news and the entertainment media. A key feature of the study design enables us to compare people above the poverty line with those below the poverty line (financially constrained consumers) in the context of a developing country, namely, Turkey. The main focus of our study compares the relationship among CTMRI, QOL, and distrust for individuals (DFI) across two groups separated by the poverty line.

In preparing to address this research issue, we first examine CTMRI and then study the possible difference in levels of QOL for financially constrained consumers and for those who are not financially constrained. The article begins with a review of relevant literature on trust, poverty, and QOL that provides a foundation for the focal research question of the study. Then, we introduce our research design and present the results of our study. We conclude with a discussion of the public policy implications of our research and directions for further research.

Theoretical Foundations

Linking Institutional Trust and QOL

An increasing number of studies are addressing the linkages between trust in public institutions and country development (Fukuyama 1995) as well as the linkages between trust in public institutions and the well-being of citizens in a country (Inglehart 1999). Many researchers have found evidence for the positive relationship between economic performance and both trust among people in a society and trust in institutions. Importantly, those who have investigated the relationship between trust in social institutions and eco-

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nomic well-being have focused almost exclusively on public perceptions of governmental institutions (political trust) and have not considered other important institutions of society, such as those related to the markets.

Trust acts like a lubricant and makes any group run more efficiently (Fukuyama 1995). Importantly, sociologists regard trust as a necessary condition for the existence of societal institutions (Lewis and Weigert 1985). Quality-of-life researchers regard trust as a "necessary condition for high [QOL], security and a market and exchange-based economy" (Michalos 1990, p. 619). Almost all contemporary research on subjective well-being, QOL, happiness, and satisfaction with life demonstrates that positive attributes, such as trust, contribute more than anything else to these desirable states. For this reason, Michalos (1990) proposes a positive association between measures of trust and subjective well-being. Inglehart and Rabier (1986) use society as the unit of analysis in their study and find support for a positive relationship between the levels of trust in societies and the subjective well-being observed in these societies.

The current study combines these two areas of research—namely, institutional trust and QOL marketing. There is now a substantial literature on trust in the extant social sciences. Dyadic, or horizontal, trust is trust in other people or specifically identified individuals. This type of trust is also closely linked to social trust (Freitag 2003), which is a belief that strangers can be trusted (Uslaner 2002). Unlike dyadic, interpersonal, or social trust among people, there has been relatively little work conducted on "holistic" (Hudson 2006), "vertical" (Newton 1999), or, as we call it here, "institutional" trust (Rose and Mishler 1997). This study brings needed focus on this topic of institutional trust.

Although research in QOL and marketing has primarily examined QOL and consumer perceptions of business enterprises or marketing practices (Sirgy 2001; Sirgy et al. 2006), no research has simultaneously focused on the relationship between governmental/nongovernmental organizations and citizens' QOL. This study addresses this gap. Accordingly, in the context of a developing country, an important question of our study is related to whether public perceptions of trust in societal institutions are related to people's QOL perceptions. Going beyond this question, the purpose of our study is to examine whether financial constraint moderates such a relationship.

Life satisfaction, or QOL, depends on doing well in major areas of life, such as relationships, health, work, income, spirituality, and leisure (Diener and Biswas-Diener 2008, p. 236). Having a well-functioning marketplace is likely to lift psychological burdens from citizens (reducing uncertainty or fears about economic prospects), thus freeing the capabilities of citizens in a society (because of lower corruption and because of fewer resentments due to economic injustice). In this way, a positive relationship between CTMRI and QOL can be envisioned. However, will the relationship be stronger or weaker for financially constrained consumers than for those who are not financially constrained?

Institutional Trust

Various definitions have been offered for trust; however, a key feature of any definition is that trust is important when people must act in the face of uncertainly and risk. In other words, trusting is a crucial strategy for dealing with an uncertain and uncontrollable future. In this way, trust can be understood as a simplifying strategy that enables people to adapt to complex social environments and thus benefit from increased opportunities (Earle and Cvetkovich 1995, p. 38).

Institutional trust is the public trust in institutions (the specific structural arrangement within which actions and interactions take place; Sztompka 1999). Objects of such trust include the media, the military, the police, different branches of government, and aggregates of the following: schools, universities, churches, banks, security exchanges, regulatory agencies, and business enterprises (Rose and Mishler 1997; World Values Survey 2008). Trust in institutions is conceptually different from dyadic trust. In the case of institutional trust, people consider the extent to which they trust the institution (the government or a firm) to fulfill its role in a satisfying manner. For example, a lack of trust in the news media may lead people to rely on other sources (e.g., family, friends) for information.

There are two rival explanations for the determination of institutional trust (Hudson 2006, p. 47). Cultural theorists argue that it is exogenous, based on interpersonal and social trust, and learned early in life (e.g., Inglehart 1997). Conversely, institutional theorists argue that institutional trust is largely endogenous and therefore is affected by institutional performance (Hetherington 1998; Hudson 2006; North 1990). The cultural theory–based view suggests that people's assessments of institutions are learned in the context of a particular culture and pass from one generation to the next without much impact from the performance of the institution. In addition, trust in societal institutions may be a function of a "culture of trust" (Inglehart 1997, p. 172). In accordance with this view, interpersonal, or social, trust is correlated with institutional trust.

We agree with Hudson (2006) that these two explanations of institutional trust may also be viewed as complementary. For this reason, we include both perspectives in our model of trust and QOL. The institutional theorists' perspective is captured in the CTMRI construct, and that of the cultural theorists is captured in the DFI construct.

From depth interviews and focus groups with consumers in the midwestern and western United States, Ekici (2004) provides an initial understanding about how consumers perceive the roles of various market-related institutions in the food safety system. The study indicates that consumer trust in the food safety system may be related to CTMRI for food. However, to date, researchers have not attempted to measure CTMRI, a key metric for the functioning of a market.

In addition, we propose that CTMRI might be gauged through a second-order factor analysis approach (Bollen 1989). In this way, trust in institutions, such as business or government regulatory agencies, would combine to identify a metaconstruct representing CTMRI. Developing a way to measure CTMRI is a valuable contribution to research on

institutional trust because most research on institutional trust has taken a microlevel focus on one or several elements of a set of institutions, such as the Federal Trade Commission or the Federal Communications Commission (Abbott and Dalton 1999; Lazarus 1991; McGarity 1986; Renn and Levine 1991). To date, however, researchers of institutional trust have not taken a macro view of a comprehensive set of institutions constituting an aggregate institution (e.g., government regulation). Likewise, researchers have not taken a macro view of several aggregate institutions functioning together as part of society's market ecosystem, such as the media, business, or government regulation (Hudson 2006; Norris 1999a, b; Rose and Mishler 1997).

Proposed Model and the Research Question

Our model summarizes the focal question we pose in our study: How might the network of relationships among CTMRI, DFI, and subjective QOL differ for people living below the poverty line and those living above the poverty line? In other words, the specific design of the study enables us to compare these relationships for those who are financially constrained with those who are not. To accomplish this objective, we must first understand the reliability of the measures for the subdimensions of CTMRI and confirm the proposed second-order structure for CTMRI. Then, we can study CTMRI's relationship to the other constructs (QOL and DFI) in our model.

Drawing from an institutional theory perspective and the QOL–marketing framework, we argue that CTMRI can be understood by assessing the extent to which public and private market-related institutions are perceived as being effective in QOL marketing. This could be measured by consumers' trust that these institutions will deliver outcomes such as (1) safe products, (2) appropriate regulation, (3) accurate news and positive entertainment, and (4) uncorrupted nongovernmental organization activity in the consumers' best interest. We propose that consumers will trust market-related public and private institutions as long as they perceive these institutions as effective in performing their tasks and having integrity.

As we noted previously, cultural theorists who study the relationship between trust and subjective well-being across countries argue that the formation of institutional trust is based mainly on social or interpersonal trust. Inglehart (1999) finds that interpersonal trust is linked to subjective well-being. In addition, using the 1981 World Values Survey, Inglehart and Rabier (1986, p. 53) report that people are significantly more likely to be happy if they trust those around them. In our model, we interpret interpersonal trust as the negative of the construct DFI.

Therefore, we first delineate the nature of CTMRI and its ability to holistically represent trust in the marketing system based on consumer trust in four basic market-related institutions: (1) business, (2) government, (3) media, and (4) consumer groups. In this way, the citizen-perceived performances of four market-related institutions provide the means to assess the institutional theorists' view of trust. To account for the cultural theorists' view of trust, we also include DFI in our model. Here, the opposite of people's tendency to distrust other people represents a major influence on institutional trust. As a result, our model allows us to compare how CTMRI and DFI correlate with QOL (people's subjective well-being) across two groups: those living below the poverty line (financially constrained consumers) and those living above the poverty line.

QOL for Financially Constrained Consumers

Quality-of-life research regarding financially constrained consumers has primarily examined specific vulnerable groups, such as welfare recipients, the homeless, and poor children and their families who live in the developed world. For example, in studies of welfare recipients, researchers have suggested that the QOL of welfare recipients is low because they are unsuccessful in obtaining goods and services to meet their most basic needs (Hill 1998; Hill and Macon 1996; Hill and Stephens 1997). In addition, mothers receiving welfare benefits may require other forms of support, such as counseling or medical treatment, because of their stressful living conditions.

According to researchers (Biswas-Diener 2008; Easterlin 2001), the relationship between income and QOL (e.g., happiness) is complex. Material wealth appears to be most important for the subjective well-being of people living in impoverished conditions (though a strong desire for wealth can diminish subjective well-being even among the affluent because of excessive materialism). At the national level of analysis, Diener and colleagues (1999) find a strong positive relationship between the wealth of countries and the average subjective well-being ratings of the citizens of these countries. Because rich countries tend to be more democratic and egalitarian than poorer countries, the wealth effect these researchers find may be due in part to the indirect effects of other benefits rather than wealth itself.

We agree with researchers of financially constrained consumers (i.e., consumers who are below the poverty line) who propose that income is positively related to subjective QOL. Approximately 30 years ago, a cross-country study that focused on the poor (Gallup 1977) found that poverty-stricken people in every country surveyed were not happy with their lives. With respect to such a finding, Maslow's need theory may elucidate the relationship between income and QOL. According to Maslow's theory, higher need gratifications are likely to result in higher levels of subjective well-being. As Sirgy (2001, p. 156) explains, "people who have higher incomes are likely to have both their lower and some of their higher needs met, resulting in moderate to high levels of subjective well-being. In contrast, people who have low incomes are likely to be preoccupied with meeting their lower-order needs. This may result in low levels of subjective well-being." As a result, in our study, we expect to observe lower subjective QOL for people who live below the poverty line than for those who live above the poverty line.

Differences in Trust and QOL Relationships Below and Above the Poverty Line

We believe that previous studies on the relationship between trust and QOL have overlooked the moderating role of socioeconomic background (low versus high income) in understanding these relationships. The institutional theorists' view of trust suggests that beliefs about the performance of a particular institution affect people's

assessment of that institution (e.g., North 1990). In other words, direct and indirect experiences with the institutions affect people's quality perceptions of the institution. These perceptions then contribute to a person's trust (or distrust) in the institution (Ekici 2004; Hudson 2006). In addition, socioeconomic variables (mainly income) may affect the formation of institutional trust for various reasons.

Direct experience with institutions may show a difference between people with different socioeconomic backgrounds. A low-income consumer may purchase inferior-quality products and may have different interactions with retailers than a relatively wealthy, higher-income consumer. Indeed, a geographically defined institution, such as a set of local retail establishments, may itself differ in poor neighborhoods than in rich neighborhoods in terms of customer service, store hygiene, treatment of customers, product assortment, and store design. In addition, people from different income groups may choose different news and entertainment media outlets and therefore may have different opinions as to whether the news and entertainment media can be trusted.

Previous research has not provided a clear picture on whether the poor (or nonpoor) have less (more) trust in market-related institutions. Researchers have linked education and income to social trust, arguing that both education and income make people more open-minded (Freitag 2003). As Hudson (2006, p. 49) concludes, "more educated and indeed wealthier people should exhibit a greater degree of institutional trust." This argument is in line with Putnam's (2000) observation that in all societies, the "have-nots" are less trusting than the "haves" most likely because the have-nots are treated with less respect.

However, the trust that the poor have in market-related institutions and for others is not likely to be a simple phenomenon. Because of their resilience, many of the poor have faced daunting circumstances of material and psychological stress but have endured for years and have not accepted exclusion from society (Hill and Stephens 1997). Likewise, many among the poor frequently manifest compassion for others, despite their lack of material resources. In summary, measuring the trust that poor consumers in a developing country have in institutions and for others is an important undertaking of this study. Likewise, measuring the nomological network of relationships among CTMRI, QOL, and DFI will provide a better understanding of how consumers in a developing country simultaneously think about themselves, others, and societal institutions. As a result, the formal overarching research question of our study is as follows:

> RQ: How similar is the pattern of relationships among CTMRI, QOL, and DFI for people living below the poverty line compared with those living above the poverty line?

Research Design

This study focuses on understanding the nature of developing country consumers' CTMRI and how CTMRI is related to QOL and DFI. We first attempt to find the underlying structure of CTMRI. We then ask whether QOL mean scores differ for consumers above and below the poverty line in a developing country. Finally, we examine how CTMRI, QOL, and DFI are related and how such relation-

ships might be similar across groups representing people below and above the poverty line. Importantly, we collected data from "poor consumers" (with a monthly household income below the poverty line of 1,500 new Turkish lira [YTL]) and nonpoor consumers in three major metropolitan cities of Turkey—(1) Istanbul, (2) Ankara, and (3) Izmir—as well as in Ereğli, a large town near the Black Sea. The survey procedure resulted in 186 usable surveys for poor consumers and 132 for nonpoor consumers.

Todaro and Smith (2003) note that the most important similarities among developing countries are low levels of standard of living and productivity. The developing country Turkey, which served as the context of the study, is classified as a middle-income country (such countries have a 2001 gross national income per capita between $746 and $2,975). Turkey's gross national income per capita was $2,530 in 2003, ranking it 93rd among the world's countries on this measure of output (The World Bank 2003). Its 2004 Human Development Index ranking was 92nd, which places it in the category of "medium human development" (United Nations Development Program 2006). The poverty line in Turkey at the time of the study's design was approximately 1,867 YTL per month for a four-member family, according to Türk-İş, the leading confederation of labor unions (*Radikal* 2008).

Although short business cycles ending in economic crisis characterized Turkey's economy in the 1990s, current economic indicators suggest that people in Turkey earn the highest per capita income in the history of the Turkish Republic. In addition, the inflation rate, at one time close to 100%, has been under control and has been in single digits for two consecutive years. Despite these favorable economic indicators, people in Turkey express dissatisfaction with both their economic conditions and their lives in general. According to the Turkish government, approximately 75% of the people are not satisfied with the income they make (State Statistics Institute 2008). For those below the poverty line, 85% report that they are dissatisfied. Currently, 30% of the people in Turkey are below the poverty line, and 20% (approximately 15 million people) make less than US$2 a day.

The inequality in income distribution makes this picture even more disturbing. Although Turkey has passed some of the newly added European Union–member countries in terms of per capita income, the income distribution in Turkey has a bimodal character. The poorest 20% make 5% of the national income, whereas the richest 20% make approximately 50%. In 2007, Turkey's Gini coefficient was 43.6 (suggesting a bit more income inequality than in the United States, which had a Gini coefficient of 40.8, but not nearly as much inequality as Brazil, which posted a 57). Surprisingly, Turkey boasts 26 of the world's billionaires (*Forbes* 2007), represented by family-owned conglomerates, such as Koç and Sabanci.

An attractive aspect of Turkey for a research project focused on CTMRI and QOL is that it has a modernizing economy that has experienced many challenges that other developing countries have also faced in the last 40 years. During this time, Turkish consumers have experienced not only substantial economic growth but also acute turns in the business cycle, hyperinflation, price controls, rapid currency devaluation, natural disasters (earthquakes), civil

unrest, government corruption, military-run governments, and both domestic and internationally sponsored terrorism. In other words, Turkish consumers have experienced much of what consumers in other developing countries might experience.

Despite these economic challenges, consumerism has taken hold in Turkey. The first consumer advocacy group was established more than 30 years ago, and today more than 25 nationwide consumer advocacy associations and related nongovernmental organizations (including consumer chapters of Chambers of Commerce) periodically provide the public with information regarding products, companies, and their activities.

From a sociological point of view, Turkey shares many features with other developing countries. The country has multiple ethnic groups (e.g., Kurds, who constitute 20% of the population; Romani) that continue to work out their place in society—sometimes with rancor. Democracy is the law of the land, though the issue of how secularized the society will remain animates political discussions and court decisions today. There is an active media that reports the news from a variety of political perspectives, but government censorship excludes certain sensitive topics, such as those that might exacerbate tense relations with neighboring countries or antagonize relations between groups within Turkey. In terms of relative poverty, in 2004, Turkey ranked 22nd among 108 developing countries on the United Nations' Human Poverty Index for developing countries (Human Development Report 2008). (Brazil ranked just above and Venezuela ranked just below Turkey on this measure in terms of how many people in a country fall below a threshold level.) In summary, Turkey is a developing country in many respects and is representative of developing countries in important ways for researchers. For the last 40 years, citizens in Turkey have experienced the operation of market-related institutions, so they are in a valuable position to report on their trust in market-related institutions.

Methods

Scale Development Overview

We conducted a survey with a broad cross-section of Turkish consumers age 21 and older following the protocols that Peterson and Ekici (2007) use in their study of developing-country consumers. We used seven-point Likert-type scales (1 = "strongly disagree," and 7 = "strongly agree"). Afterward, we performed a data analysis, which resulted in a final list of 13 items that identified four constructs related to

CTMRI. Confirmatory factor analysis using structural equation modeling then derived a second-order factor representing CTMRI. In a subsequent comprehensive modeling effort, we allowed this second-order factor to be correlated with QOL and DFI to understand more fully the nomological network related to CTMRI, QOL, and DFI. The final models in our study include six first-order constructs and one second-order construct.

Survey Procedures

Before we administered the survey, a professional translation company in Turkey conducted a parallel translation into Turkish (from English) using both native English and native Turkish speakers (Douglas and Craig 2006). Then, the survey was administered at several locations in four cities of Turkey. We used quota sampling based on age. We gave a small cash incentive to respondents who completed the survey. To obtain a suitable number of nonpoor consumers for comparison with the poor, we conducted a second data collection effort using judgment sampling.

We collected data in the three largest metropolitan cities in Turkey and in a town of approximately 90,000 residents in the Black Sea region. Together, the three cities of Istanbul, Ankara, and Izmir represent one-third of the entire population of Turkey. In 1994, these three cities accounted for only 15% of the population. During the last two decades, however, these cities have received many migrants from eastern and southeastern parts of Turkey. Economic and environmental difficulties (e.g., drought) along with violence related to the PKK (Kurdish Workers Party) terrorists' guerrilla war against the Turkish army in the Southeast account for this migration phenomenon.

We collected data from four different research sites in Istanbul (two relatively urban neighborhoods and two relatively rural neighborhoods in which most of the recent migrants dwell), three research sites in Ankara (one urban and two rural neighborhoods), and two research sites in Izmir (one urban and one rural neighborhood). Because these cities usually receive migration from eastern and southeastern Turkey (and not much from the northern Black Sea area), we made a special effort to collect data in Ereğli so that we could improve the representativeness of our sample. We took all these steps to obtain a sample that was representative of the developing country of Turkey.

Results

The survey procedures resulted in 318 usable surveys. Of the respondents, 58% were male, 51% were married, and

Table 1.   Average Combined Monthly Household Income

Household Income Bracket	Frequency	%	Cumulative %
I am a dependent, and I don't know.	28	8.8	8.8
<500 YTL	44	13.8	22.6
501–1,500 YTL	114	35.8	58.5
1,501–3,000 YTL	78	24.5	83
3,001–5,000 YTL	25	7.9	90.9
5,001 or more YTL	29	9.1	100
Total	318	100	

48% were between the ages of 21 and 30. The modal value for education level was "high school graduate." Of the respondents, 77% reported working outside the home on a regular basis. The modal value for monthly household income was 501 YTL–1,500 YTL (approximately US$300–$1,000). Of the sample, 59% was at or below a threshold of 1,500 YTL per month for a household, which we used to identify the poverty line more conservatively. Table 1 pre-

sents details on the distribution for combined household income of the sample group.

Table 2 presents mean values on the items for respondents above and below the poverty line. Note that most of the mean values are in the range of 2 to 3 on the scales. Thus, the respondents expressed general disagreement regarding the positively phrased statements about QOL and trust in the market-related institutions. In summary, the

Table 2.   t-Tests of Means Below (n = 186) and Above (n = 132) the Poverty Line

	Poverty Line	M	σ	t-Value	Significance
QOL					
q2.1: My life is close to my ideal.	Below	2.88	1.13	–2.58	.01
	Above	3.19	1.02		
q2.2: Conditions of my life are excellent.	Below	2.84	1.00	–4.97	.00
	Above	3.40	1.00		
q2.3: I am satisfied with my life.	Below	3.35	1.19	–3.18	.00
	Above	3.73	.97		
q2.4: I have gotten the important things I want in life.	Below	2.89	1.12	–3.82	.00
	Above	3.35	1.02		
q2.5: If I could live my life over, I would change almost nothing.	Below	2.44	1.25	–4.08	.00
	Above	3.02	1.24		
Trust in Manufacturers and Business: "I trust …"					
q7.1: Manufacturers to ensure product safety.	Below	2.56	1.07	–.35	.73
	Above	2.60	.94		
q7.2: Manufacturers to package products appropriately.	Below	2.73	1.09	–.23	.82
	Above	2.76	.94		
q7.3: Businesses to abide by regulations protecting consumers.	Below	2.45	1.17	.19	.85
	Above	2.42	.90		
q7.4: Businesses to efficiently provide what consumers want.	Below	2.54	1.08	–.22	.82
	Above	2.57	.93		
Trust in Government Regulation: "I trust …"					
q7.5: The government to retain its integrity when lobbied by firms.	Below	2.35	1.29	1.42	.16
	Above	2.17	1.07		
q7.6: Government to protect consumers.	Below	2.45	1.28	1.33	.19
	Above	2.27	1.05		
q7.7: Government to appropriately regulate firms.	Below	2.37	1.21	1.43	.15
	Above	2.19	1.02		
q7.8: Government to do research that will ensure public safety.	Below	2.50	1.26	1.71	.09
	Above	2.27	1.09		
Trust in Consumer Groups: "I trust …"					
q7.11: Consumer groups to offer credible information.	Below	3.03	1.09	–2.03	.04
	Above	3.27	1.00		
q7.12: Consumer groups to educate the public.	Below	2.97	1.07	–1.12	.26
	Above	3.11	1.01		
q7.13: Consumer groups to remain independent of business.	Below	2.79	1.08	–1.71	.09
	Above	2.99	1.00		
Trust in News Media and Entertainment Media: "I trust …"					
q7.15: The news media to serve as a watchdog against wrong-doing to consumers.	Below	2.54	1.25	1.95	.05
	Above	2.28	1.12		
q7.16: The entertainment media to create enough entertainment that is safe for all consumers.	Below	2.16	1.14	.52	.60
	Above	2.09	1.04		
DFI					
q8.2: Most of the time, people care only about themselves.	Below	3.97	1.12	–.55	.58
	Above	4.04	.96		
q8.3: Most people would try to take advantage of you if they could.	Below	3.97	1.10	–.08	.94
	Above	3.98	.98		
q8.6: Generally speaking, you can't be too careful in dealing with people.	Below	4.35	.98	.49	.63
	Above	4.30	.91		

Notes: The notation of "q#.#" refers to individual items we used in the survey.

respondents reported that QOL and trust in market-related institutions in their country could be much improved.

Data Analysis

We conducted common factor analysis with a pooled set of 21 items, which included all the items measuring the four proposed CTMRI constructs, as well as the QOL construct and the DFI construct. As previously stated, we selected DFI for inclusion because it brings the cultural theorists' view of trust in institutions into the study and facilitates an understanding of how CTMRI functions in a nomological network of related constructs (Gerbing and Anderson 1988). Maximum likelihood extraction with oblique rotation initially identified four factors. We employed Steenkamp's (2004) survey research/theory-testing paradigm. In accordance with this paradigm, we employed four criteria for satisfactory results in construct identification and theory testing as follows:

1. Reliability (Cronbach's $\alpha > .7$),
2. Validity (factor loadings > .4, with a simple structure among the factors),
3. Overall model fit (comparative fit index [CFI], Tucker–Lewis fit index, and goodness-of-fit index > .9; root mean square error of approximation [RMSEA] and standardized root mean square residual < .08), and
4. Support for hypotheses ($p < .05$).

After initial analysis, the CTMRI dimensions needed item purification to achieve healthy reliabilities. We dropped 3 of the items proposed to identify constructs of CTMRI. This resulted in 13 items that identified the four constructs according to Steenkamp's criteria. After item purification, we ran maximum likelihood factor analysis again on the remaining items. The remaining CTMRI constructs related to trust in macrolevel institutions as follows: trust in government regulation, trust in consumer groups, trust in manufacturers and business, and trust in news media and entertainment media. These four multiple-item constructs had a high enough reliability to be included in a multiple-indicator measurement model for the assessment of the internal and external consistency of the four scales for these constructs (Gerbing and Anderson 1988). The Pearson product-moment correlations for the items used in modeling appear in Table 3.

In summary, the items in our analysis focused on four different dimensions of CTMRI. We then used these four constructs to derive a second-order factor to represent CTMRI. Our final model included the subjective QOL construct and another representing DFI to allow for assessment of convergent, discriminant, and nomological validity of the CTMRI construct (Hair, Anderson, and Tatham 1991). The 13 items identifying the four dimensions of CTMRI appear in Table 2, along with 5 items representing subjective QOL and 3 items representing DFI.

Final Modeling and Statistical Testing

To understand whether people living below the poverty line in a developing country have a lower subjective QOL than those living above the poverty line, we first compared the descriptive statistics for each group and found them to be in accordance with our expectations of those below the line being younger and single (see Table 4). We then employed t-tests that showed that the difference was significant for all the QOL measures (Table 2). Respondents living below the poverty line reported a mean score on all the subjective QOL items that was lower than the mean score of those living above the poverty line. We expected this because the literature has previously noted this moderating effect of income on QOL (Sirgy 2001).

After laying a foundation for assessing the research question of the study with these analyses, we compared groups on both sides of the poverty line to assess the similarity of the models for CTMRI, QOL, and DFI. For each group, we conducted a covariance analysis using AMOS 7 to evaluate the factor structure of the 13 CTMRI items (Bollen 1989) and to estimate the four CTMRI factors, the QOL construct, and the DFI construct in a confirmatory factor analysis model. To make an equivalent comparison of the groups, we used an equal number of respondents from each group. This meant that we randomly selected 132 respondents from those below the poverty line to compare with the 132 respondents living above the poverty line.

The final model for the group below the poverty line posted a chi-square value of 312.8 (d.f. = 182). Comparative fit indicators suggested a good fit for the model (CFI = 1.0, and RMSEA = .07) (Bentler 1990). The final model for the group above the poverty line posted a chi-square value of 281.7 (d.f. = 182). Comparative fit indicators suggested a good fit for the model (CFI = .93, and RMSEA = .06). Figures 1 and 2 depict the modeling results.

In summary, the only meaningful difference that emerged from comparing the models in Figures 1 and 2 was that the CTMRI–QOL relationship was statistically significant at $p = .05$ in the group below the poverty line, but this was not the case for the group above the poverty line. All the other loadings were statistically significant and generally similar across the two models. No other interconstruct correlations were statistically significant in either of the models.

To provide a more rigorous comparison between the two models of Figures 1 and 2, we assessed measurement invariance across both groups using multisample confirmatory factor analysis (Chen Sousa, and West 2005; French and Finch 2006; Steenkamp and Baumgartner 1998). We found evidence for configural invariance (the pattern of loadings for items on factors), metric invariance (the loadings for items on factors), and the invariance for both factor covariance and factor variance, because the discrepancy functions had minimum discrepancy values with associated p-values greater than .05. However, we did not find evidence for error variance (measurement error) invariance, because the discrepancy function had a minimum discrepancy value with an associated p-value less than .05. However, Chen, Sousa, and West (2005) note that error variance invariance can be difficult to achieve because the sources of error are likely to be diverse across groups. Therefore, the measurement invariance we found was high and allowed for nested-model testing using multisample confirmatory factor analysis.

In our subsequent multisample confirmatory factor analysis nested-model testing, we allowed the measurement

Table 3. **Pearson Product-Moment Correlations**

	q2.1	q2.2	q2.3	q2.4	q2.5	q7.1	q7.2	q7.3	q7.4
q2.1									
q2.2	.56*								
q2.3	.52*	.60*							
q2.4	.49*	.59*	.57*						
q2.5	.46*	.42*	.55*	.52*					
q7.1	.18*	.16*	.19*	.18*	.22*				
q7.2	.10*	.13*	.16*	.13*	.21*	.73*			
q7.3	.21*	.17*	.21*	.18*	.26*	.60*	.59*		
q7.4	.20*	.18*	.20*	.21*	.21*	.55*	.55*	.64*	
q7.5	.05	.05	.10	.14*	.16*	.39*	.32*	.45*	.47*
q7.6	.08	.15*	.12*	.19*	.18*	.41*	.37*	.43*	.46*
q7.7	.08	.11*	.14*	.13*	.18*	.39*	.36*	.47*	.49*
q7.8	.01	.06	.08	.14*	.12*	.34*	.33*	.38*	.44*
q7.11	.10	.19*	.17*	.31*	.23*	.30*	.32*	.34*	.38*
q7.12	.10	.13*	.15*	.26*	.26*	.29*	.27*	.34*	.33*
q7.13	.14*	.15*	.21*	.26*	.26*	.27*	.24*	.38*	.40*
q7.15	.21*	.10	.06	.08	.07	.15*	.16*	.15*	.21*
q8.2	.02	.07	.03	.05	.02	−.08	−.04	.03	.06
q8.3	−.05	.00	−.03	.01	.03	−.01	.09	.04	.05
q8.6	.08	.09	.04	.05	.04	−.02	−.01	.05	.07

	q7.5	q7.6	q7.7	q7.8	q7.11	q7.12	q7.13	q7.15	q7.16	q8.2	q8.3
q7.6	.73*										
q7.7	.72*	.77*									
q7.8	.74*	.71*	.78*								
q7.11	.24*	.22*	.24*	.23*							
q7.12	.28*	.25*	.26*	.27*	.73*						
q7.13	.29*	.27*	.25*	.22*	.65*	.76*					
q7.15	.23*	.22*	.21*	.20*	.20*	.19*	.24*				
q8.2	.07	.03	.00	−.01	.12*	.13*	.08	.04	−.02		
q8.3	.01	.06	.05	.01	.09	.10	.05	.10	.04	.63*	
q8.6	−.07	−.04	−.05	−.03	.07	.06	.07	.12	.00	.44*	.46*

*Pearson correlation coefficient is statistically significant at *p* = .05.
Notes: The notation of "q#.#" refers to individual items we used in the survey.

residuals to be unconstrained because we did not want to assume unrealistically that the error terms would be identical across the two groups. We first measured a baseline model in which we constrained all coefficients except the correlation between CTMRI and QOL to be equal across the two sample groups (χ^2 = 387, d.f. = 597.5). We then measured a nested model in which all proposed coefficients were constrained to be equal (χ^2 = 388, d.f. = 602.4). The likelihood ratio (chi-square difference test) for comparing the nested model with the baseline had 1 degree of freedom and was 4.9. This exceeded the criterion value of 3.84 for such a test with 1 degree of freedom. Thus, these results suggest that we can be 95% confident that the models from the two samples are the same, except for the CTMRI–QOL linkage.

Discussion

Major contributions of this study include identifying a successful approach for CTMRI measurement and discovering a moderating role for income in the CTMRI–QOL relationship. Poor people who distrust market-related institutions tend to report a lower QOL, while poor people who report more trust in market-related institutions report a higher QOL. In comparison, differences in CTMRI appear to be independent of QOL for those living above the poverty line. In other words, CTMRI matters for the QOL of the poor (Figure 1), while independence characterizes the relationship between these two constructs for those who are not poor (Figure 2).

Table 4.   Descriptive Statistics for Groups Below and Above the Poverty Line (in %)

Variable	Value	Below the Line	Above the Line
Gender	Female	39	46
	Male	61	54
Marital status	Married	45	59
	Never married	53	37
	Divorced/separated/widowed	2	4
Age	21–30	55	39
	31–40	22	41
	41–50	12	10
	51–64	11	8
	65 or over	1	1
Education	Less than high school	10	6
	High school graduate	39	18
	College graduate	17	11
	University graduate	23	35
	Graduate degree	11	30
Work outside the home?	No	30	12
	Yes	70	88

The Financially Constrained Consumer

The lack of a relationship between CTMRI and QOL for those who are not financially constrained in a developing country could be due to a sufficient number of people in this group using their financial resources to insulate themselves from the operations of market-related institutions when they distrust these institutions. For example, Bertrand, Mullainathan, and Shafir (2006) note how the "unbanked" poor use alternative financial institutions, such as check cashers (which charge higher fees than banks), while the nonpoor have a greater participation in the mainstream financial institutions, such as banks.

The financially constrained consumer is likely to be focused more frequently on satisfying lower-order needs in Maslow's hierarchy of needs, such as survival, security, and social needs (Sirgy 1986, 2008). Consequently, the perceived protection offered by market-related institutions, such as those featured in our study, has an undeniable impact on financially constrained consumers' QOL. Market-related institutions matter more for these consumers because the effective operations of these institutions deliver consumer protection (Petty 2005). In short, consumer protection of lower-order needs matters more to the financially constrained because the poor have narrow margins of error (Bertrand, Mullainathan, and Shafir 2006). Accordingly, trusting these institutions offers financially constrained consumers greater peace of mind about dealing with a complex and possibly threatening commercial environment. Such peace of mind likely accounts for the positive correlation of CTMRI and QOL for the financially constrained consumer.

Alternatively, people who are not financially constrained have more secure resources for lower-order needs and are likely to be focused on higher-order needs, such as esteem and self-actualization. The nonpoor frequently exercise choice in the marketplace because they can overcome market-related constraints. For example, the nonpoor can travel to higher-quality retailers that are further from their homes ("out-shopping"). They can buy higher-priced branded products. They can also buy privately sourced services rather than government-provided services in the areas of health insurance and education. In short, the QOL of the nonpoor appears to be buffered from variations in CTMRI. In comparison, Hill and Stephens (1997) describe how feelings of loss of control may dominate the existence of the poor. In general, vulnerable consumers are characterized by diminished power in the marketplace (Baker, Gentry, and Rittenburg 2006). Such knowledge yields insight into the vulnerability of financially constrained consumers in developing countries who distrust market-related institutions. These consumers face a "triple jeopardy" for experiencing a markedly lower QOL than most consumers in developed countries because they are (1) poor, (2) living in a developing country, and (3) distrustful of market-related institutions.

Improving Institutional Quality

The findings of this study have many implications for researchers of constrained consumption and of markets and development. For example, our results suggest that if CTMRI is degraded by a societal evil, such as corruption, the QOL for the poor is likely to be adversely affected in ways that the nonpoor are not likely to experience. Practically speaking, this means that if policy makers wanted to improve QOL for the poor, they could focus on improving the effectiveness of market-related institutions, such as government regulators, consumer groups, manufacturers and business, and the media.

Further research needs to be conducted to understand the correlational nature of the CTMRI–QOL relationship—especially for people below the poverty line in a developing country. Note that unidirectional causality cannot be assumed at this stage of research on this relationship. For example, because life satisfaction depends on doing well in major areas of life (e.g., relationships, health, work, income, spirituality, leisure), doing better in these areas is likely to contribute to higher levels of CTMRI according to our model. However, because the CTMRI–QOL relation-

**Figure 1.   Nomological Network Model for Financially Constrained Consumers**
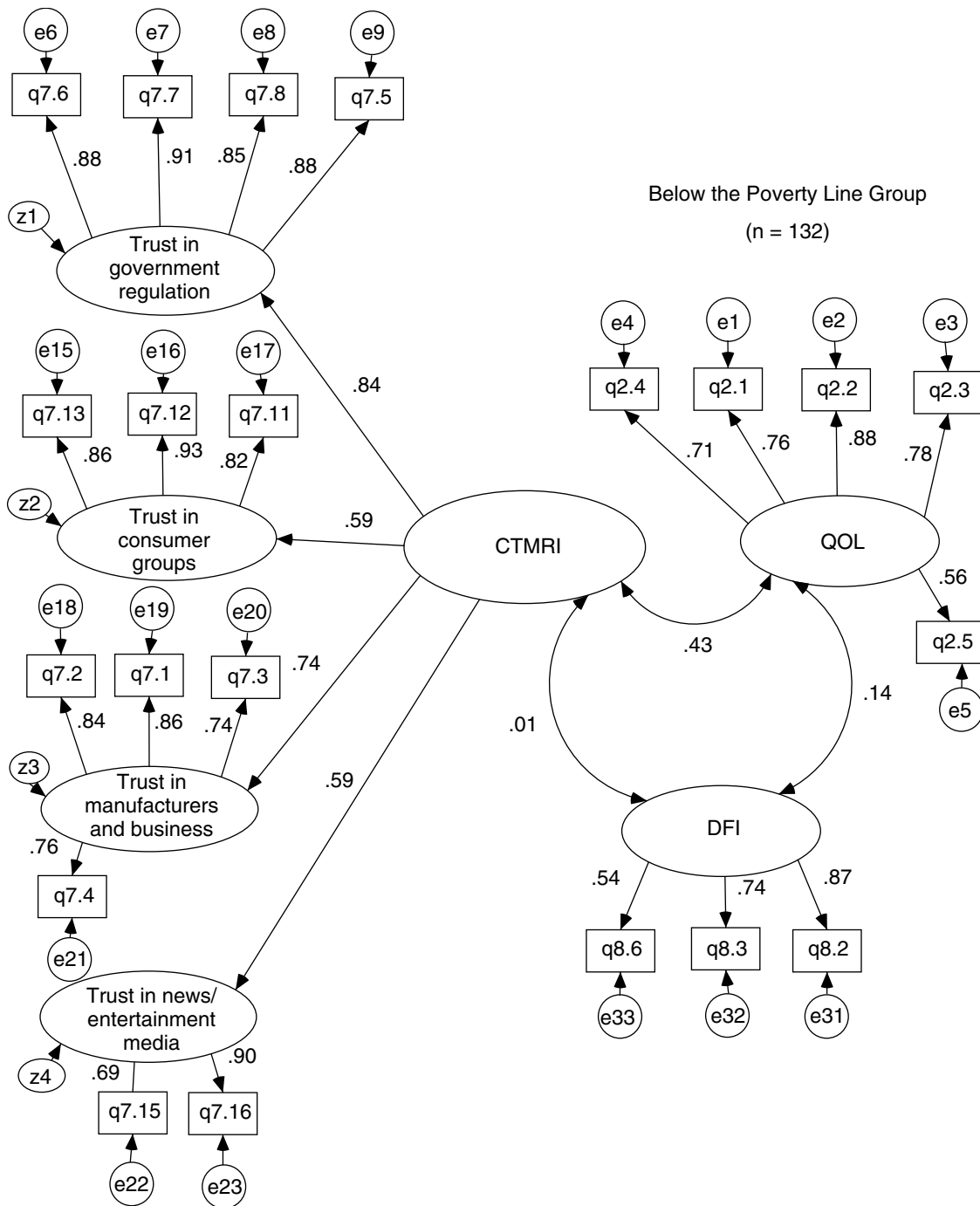
Notes: The notation of "q#.#" refers to individual items we used in the survey.

ship is understood to be bidirectional at this stage of research, the flow of influence would also be in the other direction. In other words, increasing CTMRI would likely correspond with a higher QOL for people below the poverty line in a developing country.

In our study, when we analyze the subfactors of CTMRI in the models of Figure 1 and Figure 2, the most influential subfactor for CTMRI is trust in government regulation. All the items load highly on this subfactor, which comprises elements related to (1) regulating business, (2) ensuring

Figure 2. Nomological Network Model for Consumers Who Are Not Financially Constrained
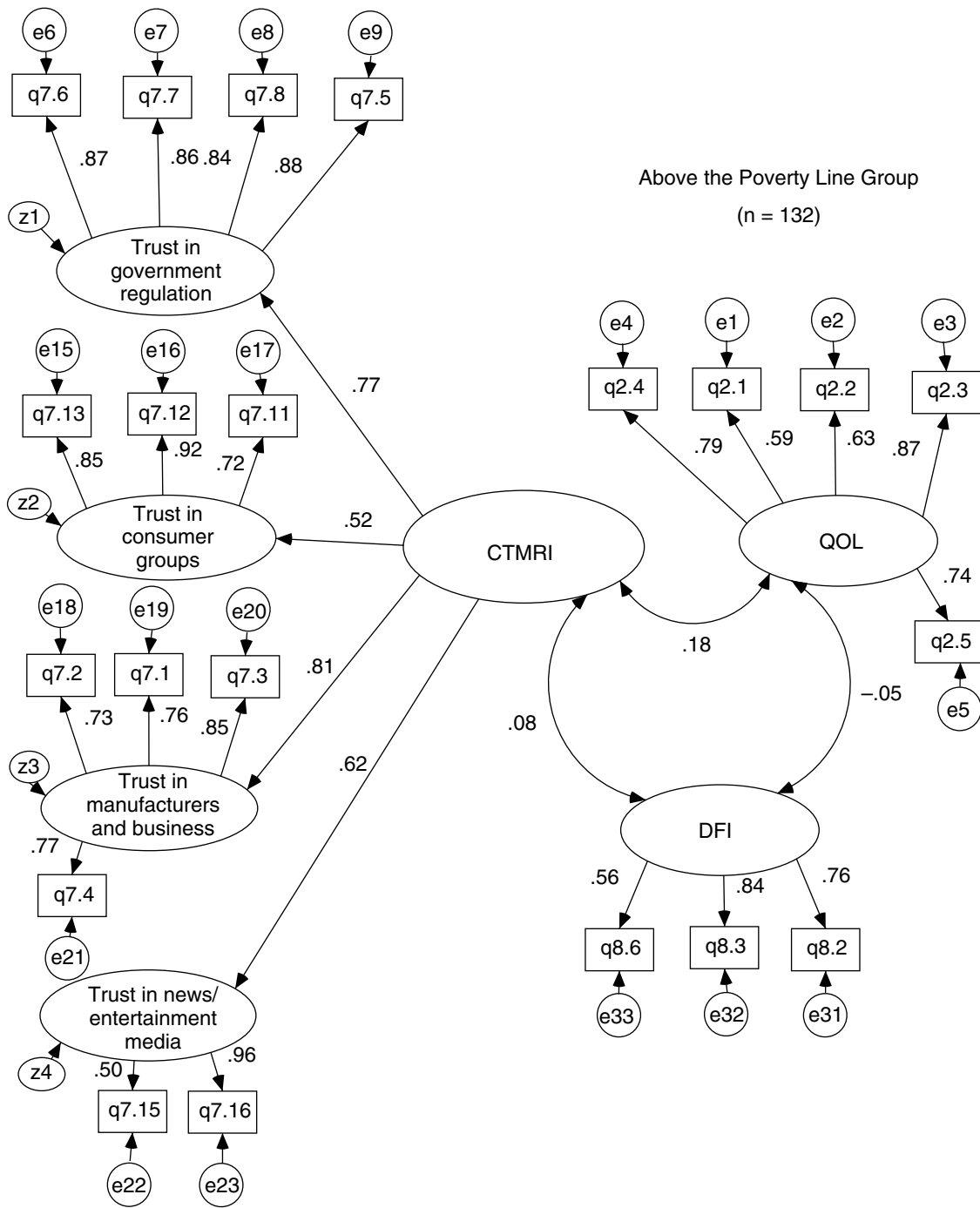
Notes: The notation of "q#.#" refers to individual items we used in the survey.

public safety, (3) protecting consumers, and (4) retaining integrity when lobbied by firms. In summary, the most influential dimension of CTMRI deals with the effective regulation of business. Accordingly, improving the institutional quality of regulatory agencies in a developing country will increase CTMRI more than a comparable increase in trust in any other institution.

Leading researchers in development studies have highlighted the critical nature of reducing corruption in developing countries so that cost burdens and uncertainty for firms can be reduced (Easterly 2001; Prahalad 2005; Sen 1999). Both economic growth and the cost of living for a country are affected by corruption. Economic growth results from lower corruption because commercial transactions are

facilitated and the private sector is able to develop. A lower cost of living within a country results from the smooth flow of goods and services. Research suggests that citizens' perceptions of corruption in their country correlate highly with consumer price indexes (Lipset and Lenz 2000) and that countries with rampant corruption (e.g., Iran, the Democratic Republic of the Congo) have the highest cost of living (Peterson and Malhotra 1997).

Importantly, regulations by themselves do not ensure effective business regulation. When too many regulations exist, red tape proliferates, and regulators can lapse into rent-seeking behavior, in which bribes by businesspeople determine the actual interpretation of the regulations. Prahalad (2005) asserts that the consequence of too many microregulations can be the same as not having laws in the first place. An informal sector emerges outside the law of the land, and corruption becomes the cost of doing business.

Not surprisingly, poor businesspeople and poor consumers are constrained in operating in such an informal sector. Nevertheless, the poor have costs thrust upon them by corruption. For example, when a poor person's land is appropriated by corrupted government decisions, such a person suffers the costs of dislocation as well as the psychic costs of losing his or her connection with a place with transcendent value to the extended family. In this way, the poor consumer's desire for effective business regulation likely comes from a desire to avoid the multiple constraints imposed by the uncertainty of having no access to such an informal sector because of corruption.

Trust in consumer groups and trust in media are also influential in the formation of CTMRI. Similar to political trust, developing country consumers expect consumer groups to stay away from corruption as they perform their functions. Quality consumer education and credible information can be provided as long as consumer groups remain independent. Again, transparency regarding steps taken to ensure objectivity and independence will boost trust in consumer advocacy groups. An example of how this can be done is the way *Consumer Reports* accepts no free products from manufacturers when conducting evaluation tests of products. All goods are purchased from retailers, and this is included in all descriptions of product testing.

Another example is evident in the success of the Consumer Protection Chapter of the Ankara Chamber of Commerce (in Turkey), which conducts and disseminates reports regarding consumer protection and (un)fair business practices based on consumer complaints. In Ankara, many consumers rely on the reports and the complaint mechanisms of the Ankara Chamber of Commerce because they view these reports as more impartial than those produced by the Turkish Ministry of Industry and Trade (Aksoy 2007).

News and entertainment media are also important for CTMRI. Consumers want to perceive the news media as a strong watchdog to protect them from the wrongdoings of others, including business and government. The entertainment media is trusted to the extent that they provide entertainment that is safe for all consumers. Quality-of-life marketing suggests that firms offer products not only to enhance customer well-being but also to preserve the well-being of all other stakeholders. As a result, QOL marketing

principles can provide guidance for the managers and employees of microlevel media institutions (e.g., newspapers, radio, television stations) in their attempts to increase public trust in them.

Safe entertainment can be made available through both self-regulation and formal regulation. Regarding self-regulation in developing countries, we suggest that microlevel media institutions establish "editorial ombudsmanship" that would provide an internal check and self-evaluation regarding (1) incomplete reporting, (2) ethically questionable programming, and (3) complaints from audience members. Regarding formal regulation in developing countries, government regulators in Turkey, such as RTÜK (the Radio and Television Higher Counsel), can enhance public trust in the media by establishing a ratings and parental advisory system for television programming. This could be extended to video games and Web sites as well.

Moving to a Citizen-Centered Government

Policy makers intent on boosting the government's role in CTMRI could strategically approach this topic by transforming what might currently be an institution-centered government into a citizen-centered government (Prahalad 2005). Having a bureaucracy that is accountable to the citizens who elect the government would characterize such a transformation and would stand in stark contrast to the circumstances that characterize most developing countries, in which citizens must adjust to the requirements of the bureaucracy and government.

Five steps are important in any transition to a citizen-centered government. In line with Prahalad's (2005) work and the results of this study, such a government could bring the greatest impact in terms of improving the QOL of people living below the poverty line in a developing country. First, current regulations should be revised so that they are widely understood and clearly enforced. In this way, selective interpretation by bureaucrats would be reduced, if not eliminated. Second, managers of bureaucracies that regulate firms must be held accountable for efficient operations. Specifically, speed in the completion of transactions should be an important metric of efficient operations because delays are one way bureaucracies can impose costs on firms and citizens. Third, use of digital technologies should be integrated into government operations when possible. Examples of e-government initiatives, such as in the Indian state of Andhra Pradesh, have had remarkable success in establishing transparency and speedy cycle times for government processes when government systems and services were brought online for tasks such as land registration (Prahalad 2005, p. 85). Fourth, human resources practices for governments should be revamped so that regulators are appropriately paid. Fifth, we must emphasize the value of a free press in publicly exposing corrupt officials and disseminating news about the trials of such officials. In this way, civil servants are likely to remain as such and will be less likely to lapse in their duties. This implies a strong judicial system to protect journalists and to prosecute those who commit crimes as regulators, as well as societal embrace of the rule of law.

Further Research

In light of our findings, we suggest several future studies. The design of the current study enabled us to capture developing country consumers' perspectives on their trust in the market-related institutions constituting the aggregate marketing system of their society. This is akin to bringing the "voice of the consumer" to public policy issues regarding the performance of societal institutions (Ekici 2002; Griffin and Hauser 1993). Taking a microlevel approach to institutional trust could result in extending our study by having consumers rate their trust in specific government regulatory agencies. This would allow policy makers to determine which agencies are trusted more than others. In the context of developing countries, in which government inefficiencies result from patronage, kinship, and corruption, such a move could be a transformative step toward increased transparency and improved management of government regulatory agencies.

A technique for inspired leaders of developing countries to take action on the findings from such "voice-of-the-consumer" research would be to convene a societal forum in which such results and insights could be shared with leaders from the respective market-related institutions. These representatives might include managers of large private product and service firms, newspaper and television channel executives, senior journalists, anchormen/anchorwomen, producers of entertainment media, directors and managers of consumer activists groups, governmental branches, offices, and municipalities. The objectives of such a forum might include (1) communicating the findings of the current study with as many institutional representatives as possible, (2) determining the effective efforts these organizations already make to enhance consumer trust in them, and (3) determining what activities all microlevel institutions can pursue to enhance the QOL of the poor.

We conducted this study in a single developing county context. Although the generalizability of our findings to all the other developing countries may not be universal, a single-country study has the advantage of bringing focus on the aggregate marketing system of a society. However, we look forward to other researchers joining in our effort to evaluate the items, constructs, and models of this study in other country contexts. Such contexts should also include developed countries, so that researchers can more completely understand the phenomena related to CTMRI. Using two case studies, Singh and colleagues (2005) study the interconnectedness of market relationships in the United States and use the notion of trust to capture the strength of market relationships among firms, consumers, commercial and noncommercial intermediaries, and regulatory agencies. Building on the insights of this work with the approach we put forth in this study would be timely.

Finally, performing additional subgroup analyses within a country using variables such as (1) ethnicity, (2) political affiliation, (3) civic engagement, and (4) domestic migration would yield important insights into CTMRI. For example, in Turkey, there might be an interaction among these variables among Kurds who still live in the southeastern part of Turkey (a region marked by civil unrest) who have not voted in recent elections. Such consumers might have lower levels of CTMRI than Kurds who have moved to a major city and have pursued assimilation in mainstream Turkish society.

Conclusion

This study provides researchers a first look at the nature of CTMRI. Employing a survey-based, large-sample empirical effort and correlation analysis of our data using structural equation modeling, we successfully derived a second-order factor representing CTMRI. In addition, we evaluated a nomological network for CTMRI and identified a positive correlation between CTMRI and QOL. In subsequent subgroup analysis, a comparison of respondents living below and above the poverty line suggested that those below the poverty line reported lower levels of subjective QOL. Furthermore, a comparison of models for the two groups using multisample confirmatory factor analysis indicated a moderately sized, positive correlation between CTMRI and QOL for consumers below the poverty line, though we found no such correlation between these constructs for those above the poverty line.

The results of our study suggest that financially constrained consumers have more at stake in the proper conduct of market-related institutions because the level of their life quality moves with changes in trust in these institutions. For economic growth to translate into an improved QOL for the poor, trustworthy and transparent institutions are needed, along with an impartial judicial and legal system and greater civil and political liberties (Wolfensohn 2000). Accordingly, for a developing country that is constrained in its ability to provide all people with incomes that would move them out of poverty, the results of our study suggest that focusing on improving the operation of market-related institutions would likely improve the QOL of the poor because trust in these institutions would increase and a better functioning marketplace would result. Although this remains to be explored in future studies, hope for consumers' own social mobility could well be the key outcome of improved CTMRI.

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