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Breaking the Brand Myth: Knowledge, Attitude and Practice Regarding Generic Medicines Among General Population

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ABSTRACT

Background: Generics are therapeutically equivalent to their branded counterparts yet they are not accepted amongst Indian Population due to their concerns about quality, safety and efficacy. Hence this study aims to assess the knowledge, attitude and practice (KAP) regarding generic medications in general population residing near Government Doon Medical College and Hospital, Dehradun.

Methodology: This descriptive survey using Google forms was conducted among 432 adults residing within a 5 km radius of GDMCH. Percentage was used to calculate Composite KAP scores. Associations between categorical variables were examined using chi-square tests. Pearson's correlation coefficients were calculated to assess inter-dimensional relationships and effect sizes

Results: Composite scores for knowledge, attitude, and practice were 70.9%, 62.3% and 67.0%, respectively. Weak positive correlations were observed between the KAP dimensions ($r = 0.182–0.249$). KAP scores did not differ significantly by age, sex, or residential location (all $p > 0.05$).

Conclusion: Although there is widespread awareness, high price vs quality misconception and a lack of doctor engagement limits generic drug acceptance. The weak KAP intercorrelations suggest that knowledge alone is not sufficient to motivate behavioural changes indicating that interventions such as patient counselling, community IEC campaigns, and generic prescribing training for physicians are required.

KEYWORDS: *Generic Drugs; Nonproprietary Drugs; Health Knowledge, Attitudes, Practice; India; Cross-Sectional Studies*

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INTRODUCTION

Promoting affordable medication is crucial in a country like India where a considerable proportion of the population continues to bear significant out-of-pocket costs.[1] Generic drugs are therapeutically equivalents comparable to their branded counterparts as they share the same active pharmaceutical ingredient (API) but are marketed at a reduced cost.[2]

In recent years, the Indian government has increased its efforts to promote the use of generic medications using schemes like Pradhan Mantri Bhartiya Janaushadi Pariyojana (PMBJP). It aims to deliver cost-effective medicines through specialized Jan Aushadhi Kendras. These outlets provide medicines at 50-90% lower prices than branded equivalents which has resulted in saving thousands of crores each year.[3,4] Despite these efforts popularity of generics in the community still remains variable due to misconceptions over quality, efficacy, and brand trust.[5]

Understanding these factors at the local level is critical for modifying awareness initiatives and facilitating accessibility. Dehradun, a semi-urban city in Uttarakhand with heterogeneous socioeconomic demographics is an appropriate and understudied region for our research. The purpose of this study was to analyse generic medicine knowledge, attitudes, and practices among the general population living within 5 km of Government Doon Medical College and Hospital, with a focus on their perceptions of cost, quality, and legal rights to choose generics.

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MATERIALS & METHODS

Setting and Timeline

The study was conducted in Dehradun with individuals living within a 5-kilometer radius of the Government Doon Medical College and Hospital (GDMCH). Study protocol was approved by the Institutional Ethics Committee of the

Government Doon Medical College (GDMC/IEC/2024/64). Data was collected for six months (February to July 2025).

Study Framework and Participants

This study followed a descriptive design. Participants aged 18 or above and willing to answer the questionnaire were included.

Sampling and Size

Convenience sampling was used to recruit participants.[6] The sample size was determined with a 95% confidence interval and a 5% margin of error.[7,8] The intended number of participants was 385 according to a standard formula ($n = Z^2 P(1-P)/d^2$),[8] but we received answers from 432 participants.[9]

Tools for Data Collection

A standardized, pre-tested questionnaire[10] from prior studies which was modified with minor alterations to suit the local scenario was used to collect data. Responses were collected electronically via Google Forms. Initial page of the form had information about the study and the willingness to participate in the study (informed consent form).[7] Rest of the google form had 2 sections. Section 1 contained the socio-demographic characteristics of the study participants and Section 2 consisted of 14 closed-ended questions[11] (Yes or No) covering key aspects such as generic drug awareness, comparative perceptions of branded and generic medicines, patient experience and willingness to use generic drugs, and their attitude toward doctors prescribing patterns. The questionnaire also contained questions about understanding of government initiatives like Jan Aushadhi and patients' legal rights to choose generic alternatives.

Analytical Approach

Version 22 of the Statistical Package for Social Sciences (SPSS) was used to analyse the data. Descriptive statistics, such as frequencies and percentages, were calculated for each questionnaire item.[12,13] Chi-square tests were used to investigate the relationships between categorical variables. Pearson correlation analysis was used to determine the correlations between the KAP dimensions.[14,15] Statistical significance was determined at $P < 0.05$.[7]

RESULTS

Demographic Characteristics

Among 432 respondents, majority (274, 63.4%) were aged < 30-years. The group was predominantly female (59.5%) and mostly resided in urban areas (81.9%) (Table 1).

Knowledge Insights

Of the 432 respondents, 341 (78.9%) correctly identified that generic drugs cost less than branded equivalents, and 303 (70.1%) rejected the notion that generics cause more side effects. However, only 54.6% of the respondents knew that generic versions of injectable medications exist. Approximately, 65% of the respondents were aware of a nearby Jan Aushadhi store (Table 2).

Attitude and Perceptions

Most participants (76.8%) reported having "faith" in generic medicines, and 81.2% felt that they should legally have the right to choose them. However, 48.8% of respondents believed that more expensive medicines are more effective. Additionally, 59.9% of participants reported a change in their perception of their physicians based on branded drug-prescribing patterns. (Table 3).

Practice and Habits

While 70.4% of the respondents said they were willing to switch to generics but 55.1% had never actually asked a doctor for a generic alternative. Similarly, 33.1% had never tried a generic drug. However, 371 (85.9%) participants expressed a willingness to shift toward generic medicines in the future. (Table 4).

The overall scores for knowledge, attitude, and practice were 70.9%, 62.3%, and 67.0%, respectively (Figure 1). Pearson correlation analysis revealed weak positive correlations between KAP dimensions ($r = 0.182–0.249$), indicating that higher knowledge scores did not consistently correspond to improved attitudes or practices (Figure 2). With Chi-square analysis, KAP scores did not differ significantly by age, sex, or residential location (age and gender: $\chi^2 = 0.170$, $p = 0.918$, gender and location: $\chi^2 = 0.000$, $p = 1.000$, age and location: $X^2=0.221$, $p=0.990$).

Table 1: Sociodemographic Characteristics of Participants (n = 432).

Variables		Category	n (%)
1.	Age	<30 years	274 (63.4%)
		30–50 years	119 (27.5%)
		>50 years	39 (9%)
2.	Gender	Male	175 (40.5%)
		Female	257 (59.5%)
3.	Demography	Urban	354 (81.9%)
		Rural	78 (18.1%)

Table 2: Knowledge of study participants about Generic medicines (n = 432).

	Variable	Yes (%)	No (%)
1.	Knowledge About Generic Drugs	341 (78.9%)	91 (21.1%)
2.	Aware of the difference between generic and branded medicines	337 (78%)	95 (22%)
3.	Aware of any Jan Aushadhi store near them	281 (65%)	151 (35%)
4.	Aware that generic drugs often cost less than branded drugs	341 (78.9%)	91 (21.1%)
5.	Do generic drugs produce more side effects than branded drugs	129 (29.9%)	303 (70.1%)
6.	Aware that injectable drugs are also available as generic drugs	236 (54.6%)	196 (45.4%)

Table 3: Attitude of study participants about Generic medicines (n = 432).

	Variable	Yes (%)	No (%)
1.	Faith in generic medicines	332 (76.8%)	100 (23.2%)
2.	Change in perception towards doctors based on their prescribing pattern of branded drugs?	259 (59.9%)	173 (40.1%)
3.	Should patients be legally given the freedom to choose generic medicines?	351 (81.2%)	81 (18.8%)
4.	Do you think that expensive medicine is more effective than cheaper medicine?	211 (48.8%)	221 (51.2%)

Table 4: Practice of study participants about Generic medicines (n = 432).

	Variable	Yes (%)	No (%)
1.	Have you ever been asked for a generic alternative to a branded medicine?	194 (44.9%)	238 (55.1%)
2.	Have you tried using generic medicines before?	289 (66.9%)	143 (33.1%)
3.	Are you open to trying the generic version of a branded medicine?	304 (70.4%)	128 (29.6%)
4.	Open to change towards generic drugs	371 (85.9%)	61 (14.1%)

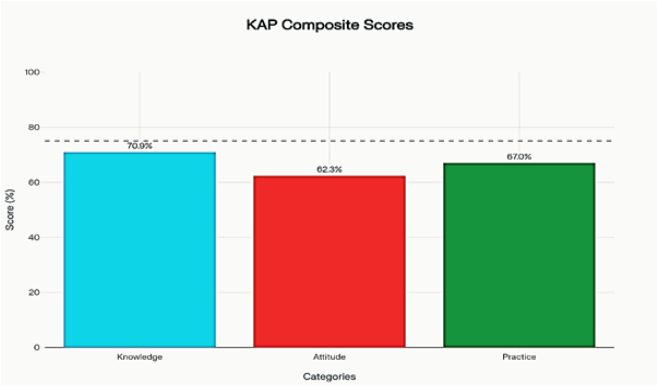

Figure 1: KAP Composite Scores

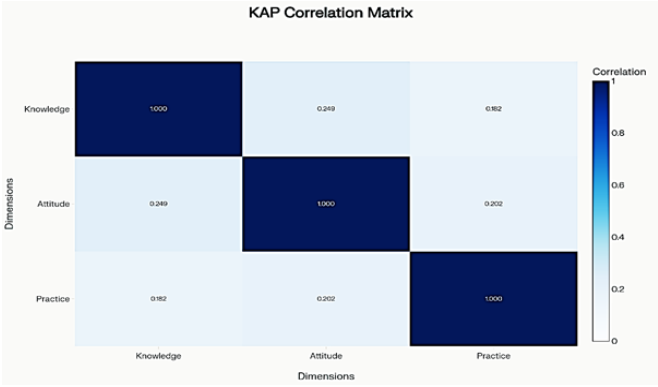

Figure 2: KAP Correlation Matrix.

DISCUSSION

A significant majority of respondents (78.9%) were aware of the financial benefit of generic drugs, similar with data from tertiary care settings in North India.[16] This amount of awareness may be reflective of the PMBJP's reach. In particular, 65% of participants were aware of the location of a nearby Jan Aushadhi store which is a larger proportion than awareness levels reported in distant regions such as the Andaman and Nicobar Islands.[17]

While 76.8% of participants showed confidence in generics, nearly half (48.8%) still believed that branded medicines were superior, and 29.9% stated that generics had greater negative effects, which is remarkably comparable to the findings of Lira *et al*.[18] These perceptions indicate that such knowledge gaps need to be addressed through planned community health education programs. The finding that 81.2% of participants desired legal freedom to choose generic medicines highlights the importance of regulatory frameworks that empower patient and consumer choice while ensuring safety and efficacy.

Notably, while 70.4% expressed willingness to switch to generics, 55.1% had never requested a generic alternative to a branded drug from their prescriber, highlighting significant variations in patient awareness and acceptance of generic medicines, which might be due to apprehension about quality and performance of generic medications as described by Premanath and Kulkarni.[19]

Physician prescribing behaviour was another area of concern: 59.9% of participants reported altered trust in their doctor based on branded drug prescriptions, indicating the need for physicians to adhere to generic prescribing practices, as recommended by the World Health Organisation.[20] The finding that 85.9% of participants expressed willingness to shift toward generics following survey participation suggests that structured interactions with healthcare related questionnaires may themselves serve as a brief educational intervention, as discussed by Shetty *et al*.[21]

The weak KAP intercorrelations (r = 0.182–0.249) are consistent with the well-documented phenomenon of the 'intention-behaviour gap', wherein positive attitudes do not reliably predict health-related actions.[22] This may be explained by barriers such as prescriber inertia which limits the usage of generics and limited patient doctor communication about generic substitution rather than deficits in knowledge alone. Addressing these barriers requires extensive and elaborate intervention planning targeting both the demand side like patient counselling and supply side like prescriber training and proper enforcement of policies like mandatory generic prescribing by physicians which will ultimately help in providing cost effective, safe and efficacious drugs to the patients.

Limitations

The descriptive design of the study precludes the establishment of causal relationships between the variables. Additionally, the use of Google Forms may have skewed the results toward a more urban, younger demographic. Social desirability bias may have led participants to report more favourable attitudes toward generics than their actual behaviour. Another factor being that the education level of the participants wasn't taken into account which could have also affected the patient knowledge and attitude towards generics.

CONCLUSION

This study showed that despite widespread awareness of generic drugs in the population cognitive biases about price-quality relationships and passive prescriber dependency still persists. The insignificant KAP intercorrelations indicate that awareness is insufficient to inspire behavioural changes. A multi-level strategy involving Information, Education, and Communication (IEC) initiatives, systematic patient counselling on bioequivalence, and mandatory generic prescribing training for physicians is required to translate awareness into practice and reduce out-of-pocket drug expenditure in India.[23]

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