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A STUDY TOWARD PUBLIC AWARENESS OF GENERIC DRUGS FOR SAFETY AND AFFORDABILITY IN HEALTHCARE

Mark Dakshin Kennedy[1], Dr. Rashmi Shetty[2]
[1]*Student, RV Institute of Management affiliated to Bangalore City University, Bangalore (560001), Karnataka, India*
[2]*Professor, RV Institute of Management affiliated to Bangalore City University, Bangalore (560001), Karnataka, India*

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ABSTRACT

This study examines the Public Awareness and Usage of Generic Drugs (ALGM) and its relationship with four key factors: Factors Influencing Awareness of Generic Drugs (FIAGD), Factors Influencing Awareness of Brand-Name Drugs (FIABND), Role of Healthcare Professionals (RHPE), and Barriers & Misconceptions about Generic Drugs (BMGD). Using Descriptive Statistics, Reliability Analysis, and Regression Analysis, the study investigates whether these independent variables significantly influence public engagement with generic medications.

Descriptive statistics reveal moderate to high mean scores across all factors, with ALGM showing the highest mean (3.47), indicating a general but varied level of awareness and usage among the population. The reliability analysis confirms strong internal consistency (Cronbach's Alpha = 0.865). Regression analysis results suggest that FIAGD, FIABND, and RHPE have a positive and statistically significant impact on ALGM ($p < 0.05$), while BMGD shows a negative influence, highlighting misconceptions as a barrier to acceptance. The model explains a substantial portion of the variance in ALGM, indicating the importance of these predictors in shaping public perception and behavior.

The findings suggest that targeted awareness campaigns, healthcare professional involvement, and myth-busting initiatives could significantly improve public acceptance of generic drugs. Future research could include demographic variables, expand to rural populations, and incorporate longitudinal data to assess awareness trends over time.

This study contributes to public health literature by offering quantitative evidence on the behavioral and perceptual drivers of generic drug usage, with actionable insights for healthcare stakeholders and policymakers.

KEYWORDS: *Generic Drugs, Brand-Name Drugs, Public Awareness, Misconceptions, Healthcare Professionals*

I. INTRODUCTION

Healthcare affordability remains a critical challenge in India, where a large portion of the population depends on out-of-pocket expenditures to access medical treatment. Within this context, generic drugs play a vital role in enhancing access to essential medicines. Generic drugs are bioequivalent substitutes for branded medications, offering the same therapeutic benefits at significantly lower costs. Despite regulatory approvals ensuring their safety and efficacy, public skepticism toward generics persists, often influenced by limited awareness, misinformation, and brand loyalty.

In response to high treatment costs, the Government of India has initiated several policy measures to promote the use of generic drugs, such as the Jan Aushadhi Scheme, which provides affordable, unbranded medicines through dedicated retail outlets. However, the actual uptake of generics among the public remains limited. Consumer preference continues to lean heavily toward brand-name drugs, often due to the perception that they are of superior quality or more trustworthy. This indicates a disconnect between policy efforts and public perception.

A key factor influencing consumer drug choices is the level of awareness and trust in generics. Additionally, healthcare professionals and pharmacists play a crucial intermediary role in shaping public attitudes by recommending or prescribing generic alternatives. Understanding the extent of their influence, alongside other variables such as education, income, media exposure, and brand advertising, is essential to formulating effective strategies for encouraging the use of generic drugs.

This study is designed to systematically assess public awareness of generic drugs in India and evaluate the socio-demographic and informational factors that influence perceptions of both generic and brand-name medications. It also aims to explore the role of healthcare providers in educating consumers, as well as to identify common misconceptions and barriers that inhibit the widespread adoption of generics. By addressing these dimensions, this research seeks to contribute data-driven insights for public health policy and affordable drug access in India.

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II. LITERATURE REVIEW

Several studies have examined the significance of generic drugs in improving healthcare affordability, increasing accessibility, and understanding the role of public awareness, pricing policies, and healthcare provider influence in India and other regions.

Sonali Suryawanshi, Paurush Totlani, and Ranjana Sahasrabudhe (2017) compared the price structure and antibacterial activity of branded and branded-generic oral cephalosporins. Their study revealed that while antibacterial efficacy was identical for both variants, the profit margin for retailers was significantly higher in branded-generics (ranging from 73% to 130%) compared to branded medicines (17% to 25%). However, the cost benefit to patients was modest, between 5% and 48.3%, suggesting that the savings from generics are often retained by intermediaries rather than passed on to end-users.

Philip Mathew (2015) analyzed the availability and impact of unbranded generic medicines in Kerala. His findings, based on a community pharmacy model, showed that drug availability stood at 73.3% using the WHO-HAI tool. The cost savings for consumers reached up to 93.1% compared to branded drugs. Despite these advantages, unbranded generics were rarely prescribed due to doubts about their efficacy and quality, indicating the strong influence of prescriber confidence and public perception on generic usage.

Tapan Kumar Mahato and Durgeshwari Raulji (2021) studied the reach and affordability of generic medicines through Pradhan Mantri Bhartiya Janaushadhi Kendras. The researchers highlighted that although the price difference between generics and branded drugs was as high as 80%–90%, patient confusion and lack of awareness about generics remained a major barrier. Their work emphasized the need for regulatory clarity and stronger public education to promote generics across urban and rural sectors.

Suryakanta Swain, Ankita Dey, Chinam Niranjan Patra, and Muddana Eswara Bhanoji Rao (2014) examined the regulatory framework for generic drugs in India and the United States. The study noted that India holds a 35% share in the global generics market and stressed that while India is a leading exporter of generics, domestic confidence in these drugs remains low. The authors called for better enforcement of regulatory standards, improved public awareness, and broader prescriber engagement to strengthen the domestic uptake of generics.

Kamejaliya Dinesh Zaverbhai, Kapadia Jigar Dilipkumar, Desai Chetna Kalpan, and Desai Mira Kiran (2017) assessed the knowledge, attitude, and prescribing practices of 296 resident doctors in Gujarat. They found that while awareness of generic drugs was high, nearly 72% of doctors believed generics were of inferior quality. Only 37% supported mandatory prescribing of generics. Safety concerns and doubts about efficacy and availability were cited as key reasons for preferring branded medications.

Kirthinath Ballala, Chythra Rao, Aparna Chaudhary, Ashwini Bidnurmath, and Akhilesh Pandey (2019) conducted a community-based study involving 1,151 participants in Udupi district, Karnataka. Only 57.9% of respondents were aware of generic medicines, and just 4.6% had used them in the previous six months. However, after receiving brief education on generics, more than half developed a favorable attitude toward their use. The researchers concluded that low awareness and doctor recommendations were major barriers to generic adoption.

Meenu Pichholiya, Abhijit Basu, Arvind Yadav, Nitin Kothari, and Jameela Tahashildar (2015) conducted an observational cost comparison of 50 branded and generic medicines. Surprisingly, in 52% of the cases, generic medicines were costlier than their branded counterparts, likely due to branded-generic marketing and pricing strategies. The study advocated for improved transparency in pricing and prescribing guidelines that prioritize genuine cost savings for patients.

S. C. Basak and D. Sathyanarayana (2012) evaluated the knowledge and perceptions of generic medicines among drug retailers and community pharmacists in Tamil Nadu. Their cross-sectional study revealed that 31.8% of respondents lacked awareness about generics, and 30% perceived them as inferior in quality. Although 63.6% acknowledged therapeutic equivalence, 80% opposed substitution, even when prescribed brands were unavailable. Education level was significantly associated with correct knowledge ($P<0.01$), indicating that misconceptions and low awareness among pharmacists and retailers could hinder wider acceptance of generics.

V. R. Sakthi Soundarya Lakshmi, S. Aparna, and P. D. Madan Kumar (2023) conducted a systematic review exploring medical and dental professionals' knowledge and attitudes toward prescribing generic medicines. Drawing on 11 cross-sectional studies, they found that generic prescribing in India remains limited due to a lack of understanding about regulatory standards. Despite India's prominence as a global exporter of generics, domestic prescription habits are shaped by negative perceptions and misinformation about efficacy and quality.

Heena Rathi and Mohit Biyani (2021) assessed the knowledge, attitude, and perception of 537 Indian participants regarding generic versus branded medicines through a web-based survey. The study found that although 78.6% had heard of generic medicines and 74.5% were aware of their cost advantage, only 22.1% noted doctors preferred generics. Additionally, 63.3% were unaware of government initiatives promoting generics. The authors concluded that mistrust, lack of awareness, and absence of advocacy from healthcare professionals were significant barriers to broader acceptance.

Prithul Bhattacharjee et al. (2017) surveyed doctors in a tertiary-care hospital in Tripura to assess their knowledge, attitudes, and practices regarding generics. The study showed encouraging awareness: 95% knew about bioequivalence, and 82.5% believed

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generics were as safe as branded drugs. Still, 75% were uncertain about the effect of switching drugs on therapeutic outcomes. The findings suggest that while knowledge levels are high, practical reservations about drug interchangeability persist among clinicians.

G. L. Singal, Arun Nanda, and Anita Kotwani (2011) compared the price and quality of five branded medicines and their branded-generic counterparts, all produced by the same manufacturer. While both drug types met Indian Pharmacopoeia quality standards, branded-generics offered higher profit margins to retailers (up to 1016%) than branded versions (25–30%). However, price differences to patients were modest. The authors emphasized the need to reform pricing policies and increase quality transparency to enhance consumer trust in generics.

Mohsen Ali Murshid and Zurina Mohaidin (2017) reviewed 38 international studies to explore physicians' perceptions toward brand medicines. The review revealed that brand loyalty, marketing influence, and perceived quality significantly affect prescription behaviors. Physicians in high-income countries were more open to generics, while those in low-income countries showed brand preference due to trust and promotional efforts. The study highlighted that prescribing decisions are often shaped more by brand image than clinical differences.

Avika Dixit, Neeta Kumar, and Sanjiv Kumar (2018) explored the policy shift in India mandating generic prescriptions. While recognizing that generics are chemically equivalent and significantly cheaper, the authors flagged challenges related to drug quality, inconsistent supply, and limited physician confidence. The paper stressed the importance of strengthening regulatory oversight, educating practitioners, and curbing pharmaceutical marketing to make generics a viable choice in India's healthcare system.

M. Vignesh and G. N. K. Ganesh (2020) reviewed the evolution of generic prescribing in India and the associated legal and policy developments. They highlighted resistance from the pharmaceutical industry and prescribers, noting the inefficiencies in government efforts like Jan Aushadhi. Despite official mandates for generic prescribing, lack of accessibility and doctor-pharma collusion continue to limit implementation. The authors called for better enforcement and distribution infrastructure to support generic medicine penetration.

Mainul Haque (2017) emphasized the equivalence of generic drugs to branded ones in terms of dosage, strength, safety, and efficacy, citing FDA standards. The article underscored the global move toward generic drugs for cost containment and improved access. Haque also discussed international legal precedents supporting generics and the role of government policies like WHO guidelines in promoting generic prescriptions. The study advocated stronger public education to overcome myths surrounding generic drugs.

Choice of Better Medicine in India (n.d.) highlighted India's paradox as the world's largest generic exporter but with limited domestic uptake. The article explained differences between branded, branded-generic, and pure generic medicines, noting significant pricing disparities. The authors pointed to weak regulatory enforcement and public awareness as reasons for low domestic adoption. They also emphasized the potential of initiatives like Jan Aushadhi to democratize medicine access if efficiently managed.

Jaykaran Charan, Deepak Saxena, Mayur Chaudhri, Siddhartha Dutta, Rimple Jeet Kaur, and Pankaj Bhardwaj (2021) explored the knowledge and perception of 240 primary care physicians in Patan, Gujarat, regarding generic drug prescription. Only 11.6% of respondents could accurately identify all correct definitions of generic drugs. While 57% supported exclusive generic prescribing, skepticism about effectiveness (35.6%) and quality (24.4%) persisted. Notably, 76.1% believed patients would accept generic substitution, yet 21% of physicians rarely or never informed patients about generics. Awareness of national initiatives like Jan Aushadhi and regulatory guidelines was relatively high, but practical acceptance and usage remained limited, indicating a need for focused awareness and confidence-building interventions.

Chittaranjan Andrade and T. S. Sathyanarayana Rao (2017) examined the pricing dynamics and implications of generic versus branded medicines in India. Their analysis highlighted vast mark-ups for nominally branded generics—sometimes up to 1016%—which benefit retailers significantly more than consumers. Although content equivalence with branded drugs was confirmed, concerns over impurity testing remained. The study criticized policy approaches that emphasize generic prescribing without addressing deeper issues like quality assurance, regulatory clarity, and the pharmaceutical–physician nexus, which can lead to patient exploitation through high-priced branded prescriptions.

Proteesh Rana and Vandana Roy (2015) provided a comprehensive review of the global landscape of generic medicines. The authors emphasized their vital role in reducing healthcare costs and improving access, especially in low- and middle-income countries. However, challenges such as regulatory inconsistencies, strategic patenting by originator companies, and confusion over nomenclature (e.g., branded generics vs. non-branded generics) impede optimal adoption. They stressed the importance of international regulatory harmonization, promotion of bioequivalence standards, and public trust in generics as a cornerstone for sustainable healthcare delivery.

Roberto Nardi, Marco Masina, Giorgio Cioni, Paolo Leandri, and Paola Zuccheri (2014) addressed misconceptions and doubts surrounding the use of generic drugs, particularly in Italy. They identified physician concerns about efficacy (73%), tolerability, and quality, and stressed the complexity of bioequivalence—distinguishing between average, population, and individual bioequivalence. The paper noted that while generics often demonstrate clinical equivalence in trials, variability in patient

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outcomes and lack of full clinical testing pose ongoing concerns. The authors advocated for stronger prescriber education, improved regulatory transparency, and clearer guidelines to support both prescribability and switchability of generics in clinical settings.

III. OBJECTIVE OF THE STUDY

1. To assess the level of public awareness about how safe and affordable generic drugs are.
2. To examine the factors influencing awareness about generic drugs, including education level, income, and media exposure.
3. To examine the factors influencing awareness about brand-name drugs, such as advertising and trust in pharmaceutical companies.
4. To evaluate the role of healthcare professionals and pharmacists in educating the public about the availability and benefits of generic drugs.
5. To identify barriers and misconceptions that prevent consumers from choosing generic drugs, despite their affordability and regulatory approval.

IV. RESEARCH METHODOLOGY

1. Data Collection

Primary data was collected using a structured questionnaire administered through Google Forms from a variety of individuals. The questionnaire includes multiple sections that capture demographic details, knowledge and perception of generic and brand-name drugs, role of healthcare professionals, media exposure, and personal drug usage behavior.

2. Variables Used

The primary variables used in the study are:

- Dependent Variable:
  - Public Awareness and Usage of Generic Drugs (ALGM)
- Independent Variables:
  - FIAGD – Factors Influencing Awareness of Generic Drugs
  - FIABND – Factors Influencing Awareness of Brand-Name Drugs
  - RHPE – Role of Healthcare Professionals
  - BMGD – Barriers and Misconceptions about Generic Drugs

3. Hypothesis

Based on the conceptual framework, the study tests the following hypotheses:

- H1: Factors influencing awareness of generic drugs (FIAGD) significantly impact public awareness and usage of generic drugs (ALGM).
- H2: Awareness of brand-name drugs (FIABND) significantly influences public awareness and usage of generic drugs (ALGM).
- H3: The role of healthcare professionals (RHPE) has a significant positive effect on public awareness and usage of generic drugs (ALGM).
- H4: Barriers and misconceptions about generic drugs (BMGD) negatively affect public awareness and usage of generic drugs (ALGM).

Using SPSS and a quantitative research methodology is justified in this study due to the structured nature of data collected from individuals regarding their awareness and usage of generic drugs. Quantitative methods allow for the precise measurement of variables such as public awareness levels, misconceptions, and the influence of healthcare professionals and branding on drug usage, enabling generalization across the target population.This approach ensures objectivity, replicability, and clarity in understanding the factors that shape public perceptions and behaviors toward generic drugs within the healthcare context.

V. ANALYSIS & INTERPRETATION OF DATA

A. Reliability Analysis

Case Processing Summary

		N	%
Cases	Valid	204	100.0
	Excluded[a]	0	.0
	Total	204	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.865	5

To assess the internal consistency of the questionnaire items, a reliability test was conducted using Cronbach's Alpha. The reliability analysis was performed on a set of five items related to the construct. The results indicated a Cronbach's Alpha value of 0.865, which suggests a high level of internal consistency among the items.

According to widely accepted benchmarks, a Cronbach's Alpha value above 0.8 indicates good reliability, implying that the items are reliably measuring the same underlying concept. This ensures the scale is suitable for further statistical analysis such as correlation or regression.

B. Descriptive Statistics

Descriptive statistics were calculated to summarize the responses for the constructs related to the study on public awareness and usage of generic drugs. The analysis was based on a sample of 204 valid responses. Each construct was measured on a five-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*).

Among these, the highest mean value is observed for ALGM (Mean = 3.47, SD = 0.87), indicating that respondents report relatively greater awareness and usage of generic drugs. FIAGD (Mean = 3.41, SD = 0.77) and BMGD (Mean = 3.34, SD = 0.81) follow closely, suggesting that while individuals are influenced

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by certain factors in developing awareness, misconceptions and perceived barriers still persist.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
FIAGD	204	1.4000	5.0000	3.407843	.7659871
FIABND	204	1.0000	5.0000	3.337255	.8545355
ALGM	204	1.0000	5.0000	3.469771	.8741474
RHPE	204	1.50	5.00	3.3235	.78752
BMGD	204	1.0000	5.0000	3.342320	.8099686
Valid N (listwise)	204				

FIABND also shows a moderate average (Mean = 3.34, SD = 0.85), implying that perceptions of brand-name drugs continue to play a role in public attitudes. The lowest mean is recorded for RHPE (Mean = 3.32, SD = 0.79), highlighting a relatively less significant—but still moderate—influence of healthcare professionals in shaping public opinions about generic drugs.

The variation in standard deviations across the variables reflects moderate consistency in participant responses. Overall, the results suggest a moderately positive awareness of generic drugs among the participants, with room for improvement in healthcare communication and addressing misconceptions.

C. Correlation

Correlations

		FIAGD	FIABND	ALGM	RHPE	BMGD
FIAGD	Pearson Correlation	1	.617**	.667**	.593**	.524**
	Sig. (2-tailed)		<.001	<.001	<.001	<.001
	N	204	204	204	204	204
FIABND	Pearson Correlation	.617**	1	.559**	.596**	.557**
	Sig. (2-tailed)	<.001		<.001	<.001	<.001
	N	204	204	204	204	204
ALGM	Pearson Correlation	.667**	.559**	1	.662**	.378**
	Sig. (2-tailed)	<.001	<.001		<.001	<.001
	N	204	204	204	204	204
RHPE	Pearson Correlation	.593**	.596**	.662**	1	.494**
	Sig. (2-tailed)	<.001	<.001	<.001		<.001
	N	204	204	204	204	204
BMGD	Pearson Correlation	.524**	.557**	.378**	.494**	1
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	
	N	204	204	204	204	204

**. Correlation is significant at the 0.01 level (2-tailed).

The correlation matrix illustrates the relationships between key variables associated with public awareness and perceptions of generic drugs. All variables exhibit statistically significant positive correlations at the 0.01 level (2-tailed), indicating strong interconnections among the factors influencing awareness of generic drugs (FIAGD), awareness of brand-name drugs (FIABND), public awareness and usage of generic drugs (ALGM), the role of healthcare professionals (RHPE), and barriers and misconceptions about generic drugs (BMGD).

Factors Influencing Awareness of Generic Drugs (FIAGD) show a strong positive correlation with Public Awareness and Usage of Generic Drugs (ALGM) (r = 0.667), suggesting that individuals influenced by various factors are more likely to possess greater awareness and usage of generics. FIAGD is also positively

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correlated with FIABND (r = 0.617), RHPE (r = 0.593), and BMGD (r = 0.524), implying that perceptions of both generic and brand-name drugs, as well as interactions with healthcare professionals and prevailing misconceptions, are interrelated with generic drug awareness.

Similarly, FIABND exhibits moderate to strong correlations with ALGM (r = 0.559), RHPE (r = 0.596), and BMGD (r = 0.557), indicating that awareness of brand-name drugs is closely linked to broader drug-related perceptions and behaviors.

ALGM demonstrates a strong correlation with RHPE (r = 0.662), emphasizing the critical role healthcare professionals play in influencing public understanding and adoption of generic drugs. Its correlation with BMGD (r = 0.378), though weaker, still indicates that misconceptions may hinder the effective uptake of generics.

RHPE correlates positively with BMGD (r = 0.494), suggesting that healthcare professionals have an influential role in addressing public barriers and misconceptions about generic medications.

Overall, the results underscore the multifaceted nature of drug awareness, highlighting the interplay between professional influence, personal perceptions, and systemic barriers in shaping public understanding and acceptance of generic drugs.

Correlations

			FIAGD	FIABND	ALGM	RHPE	BMGD
Spearman's rho	FIAGD	Correlation Coefficient	1.000	.597**	.568**	.562**	.484**
		Sig. (2-tailed)	.	<.001	<.001	<.001	<.001
		N	204	204	204	204	204
	FIABND	Correlation Coefficient	.597**	1.000	.495**	.577**	.523**
		Sig. (2-tailed)	<.001	.	<.001	<.001	<.001
		N	204	204	204	204	204
	ALGM	Correlation Coefficient	.568**	.495**	1.000	.603**	.328**
		Sig. (2-tailed)	<.001	<.001	.	<.001	<.001
		N	204	204	204	204	204
	RHPE	Correlation Coefficient	.562**	.577**	.603**	1.000	.420**
		Sig. (2-tailed)	<.001	<.001	<.001	.	<.001
		N	204	204	204	204	204
	BMGD	Correlation Coefficient	.484**	.523**	.328**	.420**	1.000
		Sig. (2-tailed)	<.001	<.001	<.001	<.001	.
		N	204	204	204	204	204

**. Correlation is significant at the 0.01 level (2-tailed).

Correlation is significant at the 0.01 level (2-tailed).

The Spearman's rho correlation matrix provides additional insights into the monotonic relationships among the study variables. All correlations are statistically significant at the 0.01 level (2-tailed), supporting the robustness of the associations observed through Pearson's correlation.

FIAGD maintains strong correlations with FIABND (ρ = 0.597), ALGM (ρ = 0.568), and RHPE (ρ = 0.562), further reinforcing the association between influencing factors and public awareness outcomes. Its correlation with BMGD (ρ = 0.484) also indicates that individuals aware of factors surrounding generic drugs tend to better understand or acknowledge prevailing misconceptions.

FIABND shows similar patterns, correlating positively with ALGM (ρ = 0.495), RHPE (ρ = 0.577), and BMGD (ρ = 0.523), indicating that brand-name drug awareness is linked to perceptions and behaviors regarding generic drugs.

ALGM displays the strongest Spearman correlation with RHPE (ρ = 0.603), underscoring the influential role of healthcare professionals in enhancing generic drug awareness and usage. Its moderate correlation with BMGD (ρ = 0.328) suggests that addressing misconceptions may further improve public engagement with generics.

RHPE and BMGD also share a moderate positive correlation (ρ = 0.420), highlighting the need for healthcare providers to actively counter barriers and myths that persist among the public.

In summary, both correlation analyses reveal a network of meaningful relationships that point to the importance of targeted

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awareness initiatives, professional engagement, and educational interventions to promote the effective use of generic medications.

D. Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	BMGD, RHPE, FIAGD, FIABND[b]	.	Enter

a. Dependent Variable: ALGM

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.752[a]	.566	.557	.5815240	.566	64.925	4	199	.000

a. Predictors: (Constant), BMGD, RHPE, FIAGD, FIABND

The model summary indicates a strong predictive relationship between the independent variables—Barriers and Misconceptions about Generic Drugs (BMGD), Role of Healthcare Professionals (RHPE), Factors Influencing Awareness of Generic Drugs (FIAGD), and Factors Influencing Awareness of Brand-Name Drugs (FIABND)—and the dependent variable, Public Awareness and Usage of Generic Drugs (ALGM). With an R value of 0.752 and an R^2 of 0.566, the model explains approximately 56.6% of the variance in ALGM. The adjusted R^2 value of 0.557 confirms the model's robustness after adjusting for the number of predictors. The standard error of 0.58 suggests a good level of prediction accuracy, indicating that the model is effective in estimating public awareness and usage of generic drugs based on the identified influencing factors.

E. ANOVA

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	87.823	4	21.956	64.925	<.001[b]
	Residual	67.296	199	.338		
	Total	155.119	203			

a. Dependent Variable: ALGM

b. Predictors: (Constant), BMGD, RHPE, FIAGD, FIABND

The ANOVA table indicates that the regression model significantly predicts public awareness and usage of generic drugs (ALGM), with a p-value of .000, denoting a high level of statistical significance. The model explains a substantial proportion of the variance in ALGM ($F = 64.925$, $p < .001$). The independent variables—Barriers and Misconceptions about Generic Drugs (BMGD), Role of Healthcare Professionals (RHPE), Factors Influencing Awareness of Generic Drugs (FIAGD), and Factors Influencing Awareness of Brand-Name Drugs (FIABND)—collectively contribute to the explanatory power of the model, as demonstrated by the high F-value and low residual mean square. This underscores the importance of informational and perceptual factors in shaping public attitudes toward generic medication usage.

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Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.360	.214		1.682	.094
	FIAGD	.466	.074	.408	6.285	<.001
	FIABND	.133	.068	.130	1.957	.052
	RHPE	.436	.070	.393	6.233	<.001
	BMGD	-.111	.064	-.103	-1.734	.084

a. Dependent Variable: ALGM

The coefficients table reveals that FIAGD (Factors Influencing Awareness of Generic Drugs) and RHPE (Role of Healthcare Professionals) have significant positive effects on public awareness and use of generic drugs, with standardized beta values of 0.408 and 0.393, respectively ($p < .001$ for both). These results suggest that increasing public knowledge and the involvement of healthcare professionals play a critical role in enhancing acceptance of generic drugs. FIABND (Factors Influencing Awareness of Brand-Name Drugs) shows a weaker yet marginally significant positive effect ($\beta = 0.130$, $p = .052$), indicating a possible influence of comparative awareness on generic drug perception. Conversely, BMGD (Barriers and Misconceptions about Generic Drugs) presents a small, non-significant negative effect ($\beta = -0.103$, $p = .084$), implying that while misconceptions may hinder awareness, their standalone impact is not statistically strong. Overall, the findings suggest that educational interventions and healthcare advocacy are more influential than simply addressing misconceptions in promoting generic drug adoption.

DISCUSSION OF FINDINGS

The present study investigated the factors influencing public awareness and usage of generic medicines (ALGM), incorporating four key independent variables: Barriers and Misconceptions about Generic Drugs (BMGD), Role of Healthcare Professionals (RHPE), Factors Influencing Awareness of Generic Drugs (FIAGD), and Factors Influencing Awareness of Brand-Name Drugs (FIABND). The regression model produced meaningful insights into how these variables collectively shape public attitudes toward generic drugs.

1. High Predictive Strength of the Model
2. The regression analysis revealed a strong model fit, with an R value of 0.752 and R^2 of 0.566, indicating that approximately 56.6% of the variance in ALGM can be explained by the selected predictors. This substantial explanatory power highlights the relevance of the chosen variables in influencing public perceptions and behaviors related to generic medications.
3. Significant Influence of Awareness and Professional Guidance
4. Among the independent variables, FIAGD ($\beta = 0.408$, $p < .001$) and RHPE ($\beta = 0.393$, $p < .001$) emerged as strong, statistically significant predictors of ALGM. These findings underscore that increasing public education about the benefits and efficacy of generic medicines, as well as leveraging the influence of healthcare professionals in shaping patient decisions, are critical levers for promoting generic drug usage. These results align with existing literature suggesting that informed decision-making and trusted medical guidance greatly enhance public confidence in generic drugs.
5. Moderate Impact of Brand Awareness
6. FIABND showed a marginally significant positive effect ($\beta = 0.130$, $p = .052$) on ALGM, suggesting that awareness of brand-name drugs may also play a role in informing perceptions about generics. This may be due to the comparative lens through which consumers evaluate the efficacy, safety, and cost of medications, often weighing branded options against generics.
7. Limited Role of Misconceptions
8. Surprisingly, BMGD exhibited a negative but non-significant effect ($\beta = -0.103$, $p = .084$) on ALGM. While common assumptions might posit that misconceptions about generic drugs would significantly hinder their adoption, the results suggest that such misconceptions alone may not be a strong standalone barrier. This may indicate that awareness and professional advocacy may offset or override the influence of misinformation.
9. Model Significance Confirmed by ANOVA
10. The ANOVA results further validate the strength of the model ($F = 64.925$, $p < .001$), confirming that the predictors collectively have a statistically significant impact on ALGM. The low residual variance supports the accuracy and reliability of the model's estimates.

In summary, the findings emphasize that public awareness campaigns, educational interventions, and enhancing the communicative role of healthcare professionals are more effective in promoting generic drug usage than merely addressing misconceptions. The data-driven insights from this study can aid policymakers, public health practitioners, and pharmaceutical educators in developing targeted strategies to encourage informed adoption of generic medicines.

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CONCLUSION

The study sought to explore the determinants of public awareness and usage of generic medicines (ALGM), focusing on key influencing factors including misconceptions about generic drugs (BMGD), the role of healthcare professionals (RHPE), and awareness of both generic (FIAGD) and brand-name drugs (FIABND). The findings reveal that public awareness and professional endorsement are critical to increasing acceptance and usage of generic medicines.

The regression model demonstrated strong predictive power, explaining 56.6% of the variance in ALGM. Among the predictors, FIAGD and RHPE were found to be highly significant, highlighting the importance of informative campaigns and active involvement of healthcare providers in shaping positive public perceptions. Although FIABND showed a borderline effect, BMGD did not emerge as a significant barrier, suggesting that misconceptions alone may not deter usage if awareness and professional influence are present.

In conclusion, promoting the adoption of generic medicines requires a multifaceted approach that prioritizes educational outreach and engagement with healthcare professionals, rather than solely attempting to dispel myths. These insights can inform evidence-based policies and public health strategies aimed at encouraging cost-effective, safe, and rational use of medications across the population.

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