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KNOWLEDGE, ATTITUDE, AND PRACTICES OF PHARMACISTS REGARDING UTILISATION OF GENERIC MEDICINES IN JAIPUR

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ABSTRACT: Objective: Government initiatives such as the Pradhan Mantri Jan Arogya Yojana (PM-JAY) under the Ayushman Bharat scheme have sought to expand access to healthcare, including the promotion of generics. Pharmacists, as primary intermediaries between manufacturers and consumers, play a crucial role in shaping public perceptions and promoting the uptake of generic medicines. This study aims to investigate pharmacists' knowledge, attitudes, and practices regarding the utilisation of generic medicines in Jaipur. **Methodology:** A sample of 100 pharmacists was studied in Jaipur city. Descriptive analysis was performed using mean, standard deviation, frequency, and percentage for data representation. The Mann-Whitney U and Kruskal-Wallis tests assessed the significance of categorical variables, with $p < 0.05$ considered statistically significant. **Results:** The data show high awareness of generic medicines among medical professionals, with knowledge increasing with age and experience. Older professionals (above 45) and those with over 20 years of experience have significantly higher knowledge scores. Attitudes toward generics are generally positive, though younger professionals and those with less experience show slightly less favourable views. About 60% dispense fewer than 25% generics, revealing a gap between knowledge and practice. Professionals with 6–20 years of experience demonstrate better practices in encouraging and substituting generics. **Conclusions:** Despite strong support, concerns about quality, counterfeit medicines, and socio-economic factors influence substitution practices. Efforts to standardize guidelines and build confidence, especially among younger professionals, are needed to bridge the gap between knowledge and practice.

INTRODUCTION: Access to affordable healthcare remains a challenge in India, where out-of-pocket expenditure is significantly high compared to the global average⁴. Although generic medicines offer bioequivalent and cost-effective alternatives to branded drugs⁵⁻⁷, their acceptance and utilisation remain inconsistent. Concerns about quality, variable perceptions among healthcare providers, and limited patient awareness continue to restrict their wider adoption.

Pharmacists play a crucial role in medication counselling and substitution; however, studies across India report mixed levels of knowledge and uncertainty regarding therapeutic equivalence, partly due to inadequate training and unclear policy direction¹⁻³. Evidence specific to Rajasthan particularly Jaipur remains limited, leaving a gap in understanding how local pharmacists perceive, recommend, and dispense generic medicines.

Government initiatives like the Pradhan Mantri Bharatiya Jan Arogya Yojana (PM-BJAY) and the Jan Aushadhi Yojana aim to improve access to healthcare and encourage the use of generics. Launched in 2018, PM-BJAY covers over 540 million people and provides cashless treatment, with Jan Aushadhi Kendras (JAKs) offering affordable medicines across India.

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In Rajasthan, 440 JAKs operate, including 130 in Jaipur, contributing to greater access to generics⁹. Therefore, this study aims to assess the knowledge, attitudes, and practices of pharmacists in Jaipur regarding generic medicines, examine the influence of national initiatives on their dispensing behaviour, and identify barriers hindering the effective promotion of generics. The findings will support efforts to strengthen generic medicine uptake and improve healthcare affordability in India.

Literature Review: This review traces the evolution of literature on pharmacists' Knowledge, Attitude, and Practices (KAP) toward generic medicines from 2009 to 2024, highlighting progress, challenges, and persistent gaps.

2009–2013: Early Knowledge Gaps: Studies during this period showed that pharmacists were beginning to adopt more patient-centred roles, yet misconceptions about the efficacy and safety of generic medicines persisted. Limited training on bioequivalence and regulatory standards reduced pharmacists' confidence in substituting branded medicines with generics¹⁻³.

2014–2018: Persistent Attitudinal and Communication Barriers: Between 2014 and 2018, research demonstrated that doubts about generic quality and therapeutic equivalence remained common among pharmacists and patients⁴. International studies also highlighted the influence of misinformation, poor pharmacist–prescriber communication, and limited recognition of pharmacists' roles in promoting generics^{5,6}.

2019–2021: Practice-Level Constraints: Studies from 2019–2021 reported improved understanding of generics' cost benefits but continued hesitation regarding therapeutic equivalence. Dispensing patterns were influenced by prescriber preference, patient expectations, brand familiarity, and supply inconsistencies. Pharmacists also noted reduced autonomy in substitution decisions^{7,8}.

2022–2024: Policy Implementation and Systemic Challenges: Recent evaluations of PMBJP and Ayushman Bharat indicated strong pharmacist support for affordable generics but persistent challenges such as inconsistent stock availability, low public awareness, and supply chain gaps⁹.

Research from 2023–2024 highlighted discrepancies between academic knowledge and community practice and noted better uptake of generics in regions with structured pharmacist training and clearer substitution guidelines, although prescriber scepticism and systemic inefficiencies remain major barriers^{10,11}. Overall, the literature shows a progression from foundational knowledge gaps (2009–2013) to attitudinal barriers (2014–2018), practice constraints (2019–2021), and system-level challenges (2022–2024). Strengthening pharmacist training, improving supply reliability, enhancing patient awareness, and fostering interdisciplinary collaboration are critical for advancing generic medicine adoption in India.

MATERIALS AND METHODS: A cross-sectional descriptive study was conducted among pharmacists in Jaipur, Rajasthan, to assess their knowledge, attitudes, and practices regarding generic medicines. The sample size was calculated using the formula

$$n = Z^2 p (1 - p) / e^2$$

With $Z = 1.96$, $p = 0.5$, and $e = 0.10$, yielding a minimum of 97 participants. To enhance reliability, 100 pharmacists were included. A convenience sampling technique was used to select pharmacists who were available and willing to participate at community and hospital pharmacies across Jaipur. Registered pharmacists working in community or hospital pharmacies with a minimum of six months of professional experience were included in the study. Interns or students without active registration or unregistered pharmacy staff were not considered for the study. Data were collected using a structured, pre-tested questionnaire covering demographics, knowledge, attitude, and dispensing practices. Face-to-face interviews ensured clarity and completeness. Responses were coded dichotomously (1 = positive, 0 = negative), and composite KAP scores were computed. Descriptive statistics, Mann–Whitney U, and Kruskal–Wallis tests were applied using SPSS, with significance set at $p < 0.05$.

Ethics Approval: Ethical approval was obtained from the Institutional Ethics Committee. Written informed consent was obtained from all participants.

RESULTS:

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF PHARMACISTS (N=100)

Parameters	N (%)
Age Group	
<25 years	11 (11%)
25 to 35 years	49 (49%)
36 to 45 years	29 (29%)
>45 years	11 (11%)
Years of experience	
0 to 5 years	36 (36%)
6 to 10 years	31 (31%)
10 to 20 years	22 (22%)
>20 years	11 (11%)
Type of medical facility	
Public facility	32 (32%)
Private facility	68 (68%)

A majority of respondents fall within the 25–35 years age group (49%) and have 0–5 years (36%) or 6–10 years (31%) of experience. Most (68%) are associated with private medical facilities **Table 1**.

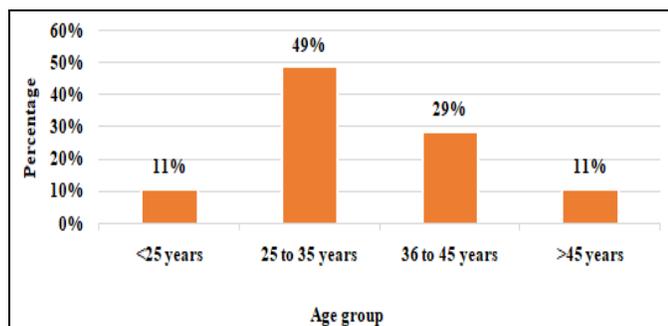


FIG. 1: BAR CHART FOR AGE GROUP OF PHARMACISTS

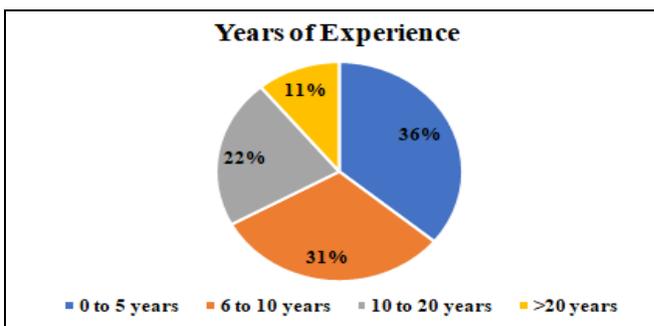


FIG. 2: PIE CHART FOR YEARS OF EXPERIENCE OF PHARMACISTS

TABLE 2: KNOWLEDGE OF PHARMACISTS ABOUT GENERIC MEDICINES (N=100)

Knowledge Parameters	N (%)
Do you know about generic medicines?	100 (100%)
Generic medicines are drugs that contain the same active pharmaceutical ingredient as the original drug.	88 (88%)
Generic medicines are typically marketed under their chemical name rather than a brand name.	100 (100%)
Generic medicines have the same therapeutic effect as branded medicines.	72 (72%)
Generic medicines are cheaper than branded drugs.	100 (100%)
Do you know about CDSCO (Central Drugs Standard Control Organisation)?	98 (98%)
Do generic medicines meet safety standards set by the regulatory authorities?	75 (75%)
Do you ever feel that generic medicines are less effective than original innovator medicines?	34 (34%)
Do generic medicines undergo bioequivalence testing to ensure the same effectiveness?	74 (74%)
Before marketing of generic medicines, they should meet standards for safety, quality, and efficacy from CDSCO?	88 (88%)
Do you feel the presence of counterfeit medicines effect the usage of generic medicines?	85 (85%)
Do you feel that intense market competition among generic medicine manufacturers may affect its quality?	39 (39%)
Are you aware of the Jan Aushadhi scheme of the government?	100 (100%)
The main purpose of the Jan Aushadhi scheme is to set up generic drug stores selling drugs at an affordable price throughout the country.	100 (100%)
Do you feel that government policies aimed at controlling drug prices impact the quality of generic medicines?	29 (29%)
Overall, sales of branded prescriptions are always more than generic medicines.	77 (77%)
Wider use of generic medicines in Jaipur can help decrease the healthcare expenditure of the government.	79 (79%)

Awareness of generic medicines is universal (100%), and most pharmacists know they contain the same active ingredient (88%) and meet regulatory standards set by CDSCO (75–88%). Fewer, however, recognise full therapeutic equivalence (72%). Some concerns persist, with

34% viewing generics as less effective, 85% worried about counterfeits, 39% about competition affecting quality, and 29% about price-control impacts. Awareness of the Jan Aushadhi scheme is

also universal (100%), and while 77% report higher sales of branded drugs, 79% believe wider use of generics can reduce government healthcare expenditure **Table 2**.

TABLE 3: ATTITUDE OF PHARMACISTS ABOUT GENERIC MEDICINES (N=100)

Attitude Parameters	N (%)
Branded-name drugs are made in modern manufacturing practices, while generic drugs are made in bit lower facilities.	15 (15%)
Generic drugs cost less because they are inferior to brand-name drugs.	16 (16%)
Do you support generic substitution in all those cases whenever it is possible?	86 (86%)
Generic medicines take longer time to act in the body.	15 (15%)
Pharmacists should be legally bound to suggest patients about generic substitution.	85 (85%)
Before obligating Jan Aushadhi, Indian government should work more on quality standards of generic medicines.	98 (98%)
Jan Aushadhi scheme is a good promoter of generic medicine.	100 (100%)
Jan Aushadhi scheme is creating a conflict between pharmacists, physicians and patients.	100 (100%)
Do you think you if you replace branded medicines with generic medicines, your relationship with the medical practitioners may get spoiled?	71 (71%)
Do you fear about therapeutic failure of Indian generic medicines, which may further intensify the medical conditions?	0 (0%)

Most pharmacists support generic substitution (86%) and believe they should be legally required to recommend it (85%). Few consider generics inferior or produced in lower-quality facilities (15–16%). While Jan Aushadhi is viewed as an effective promoter of generics (100%), it is also

seen as a source of conflict with physicians and patients (100%). Many fear that substituting branded drugs may harm professional relationships (71%), though none fear therapeutic failure **Table 3**.

TABLE 4: PRACTICE OF PHARMACISTS ABOUT GENERIC MEDICINES (N=100)

Practice Parameters	N (%)
Have you ever recommended a generic medicine?	86 (86%)
Do you promote generic medicines even if doctors prescribe branded medicines?	29 (29%)
What per cent of the medications you dispense are generic medicines?	
<25%	60(60%)
25% - 50%	10 (10%)
51% - 75%	27 (27%)
>75%	3 (3%)
Do you feel need to have standard guidelines on substitution process?	99 (99%)
Are you cautious in dispensing generic medicines when prescribed medication is not available?	70 (70%)
Do you actively encourage patients to opt for generic medicine when available?	85 (85%)
Do you use generic medicines for your personal use?	85 (85%)
Does patient's socio-economic status effect your choice of dispensing medicines to them?	99 (99%)
Do you agree that pharmacist's choice of drugs may influence selection and use of medicines and pharma products by patients?	99 (99%)
How confident are you in quality and safety of generic medicines available in market?	
Confident	84 (84%)
Not confident	16 (16%)
Have you ever encountered issues/concerns related to quality/efficacy of generics?	7 (7%)
If yes, specify.	
Patient found it to be less effective	2 (2%)
Patient was unsure about it	2 (2%)
Patient had quality issues due to its appearance	1 (1%)
Patient demanded quality proof	1 (1%)
Patient had issues with availability.	1 (1%)

Most pharmacists (86%) have recommended generics, but only 29% routinely promote them

when branded drugs are prescribed. Generics make up less than 25% of dispensed medicines for the

majority (60%). Nearly all pharmacists (99%) want standardized substitution guidelines, and 70% remain cautious when substituting. Most encourage patients to choose generics and use them personally (both 85%). Socioeconomic status strongly influences dispensing decisions (99%), and

pharmacists recognize their impact on patient choices (99%). Confidence in generic quality is high (84%), with only a small proportion (7%) reporting minor concerns related to effectiveness, appearance, or availability **Table 4**.

TABLE 5: EVALUATION OF KAP SCORES IN STUDY POPULATION (N=100)

Scores	Mean±SD	Min	Max	Median
Knowledge Score (N=17)	13.38±1.25	10	16	14
Attitude Score (N=10)	6.42±0.74	4	8	7
Practice Score (N=10)	7.43±1.31	4	8	8

The knowledge score (mean 13.38 ± 1.25) indicates a strong understanding, with a median of 14. The attitude score (mean 6.42 ± 0.74) shows moderate positivity, with a median of 7. The practice score

(mean 7.43 ± 1.31) reflects moderate application, with a median of 8, suggesting variability in practice despite high knowledge and positive attitudes **Table 5**.

TABLE 6: COMPARISON OF KAP SCORES OF PHARMACISTS ABOUT GENERIC MEDICINES BETWEEN DEMOGRAPHIC VARIABLES (N=100)

C	[Median (IQR)]		
	Knowledge Score (N=17)	Attitude Score (N=10)	Practice Score (N=10)
Age group			
<25 years (N=11)	11 (10.25 to 12)	5 (5 to 7)	5 (4 to 8)
25 to 35 years (N=49)	13 (13 to 14)	7 (6 to 7)	8
36 to 45 years (N=29)	14 (13 to 14)	7 (6 to 7)	8
>45 years (N=11)	15 (14 to 15)	7 (6 to 7)	8
P Value	<0.001	0.015	<0.001
Years of experience			
0 to 5 years (N=36)	12.50 (12 to 14)	6 (5 to 7)	8 (4.5 to 8)
6 to 10 years (N=31)	14 (13 to 14)	7 (6 to 7)	8
10 to 20 years (N=22)	14 (13 to 14)	7	8
>20 years (N=11)	15 (14 to 15)	7 (6 to 7)	8
P Value	<0.001	<0.001	<0.001

Pharmacists’ knowledge, attitude, and practice (KAP) scores increased steadily with both age and years of experience. Younger pharmacists (<25 years) and those with 0–5 years of experience had the lowest scores across all domains, while those above 45 years or with more than 20 years of experience showed the highest knowledge and

consistently strong attitude and practice scores. All associations between age, experience, and KAP scores were statistically significant (p < 0.001), indicating that greater professional exposure and maturity are strongly associated with a better understanding and use of generic medicines **Table 6**.

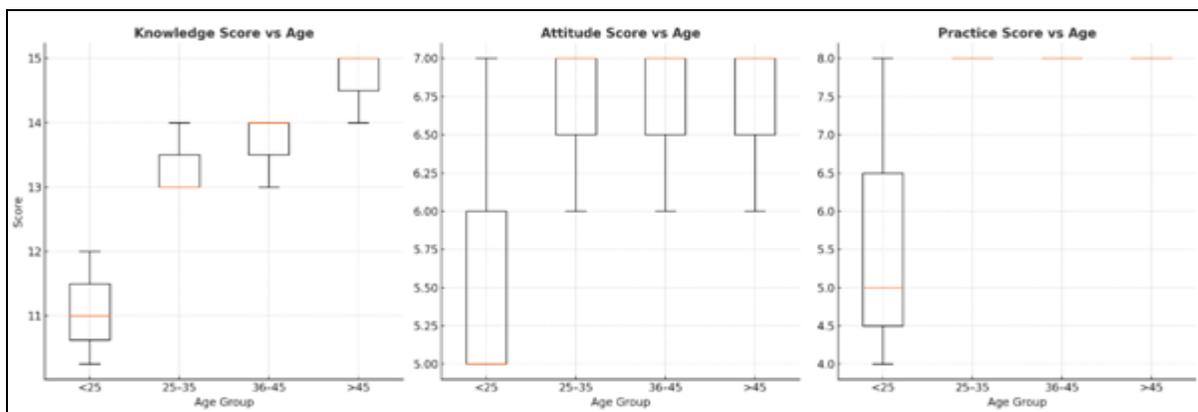


FIG. 3: BOX PLOT FOR AGE GROUP V/S KAP SCORES OF PHARMACISTS ABOUT GENERIC MEDICINES

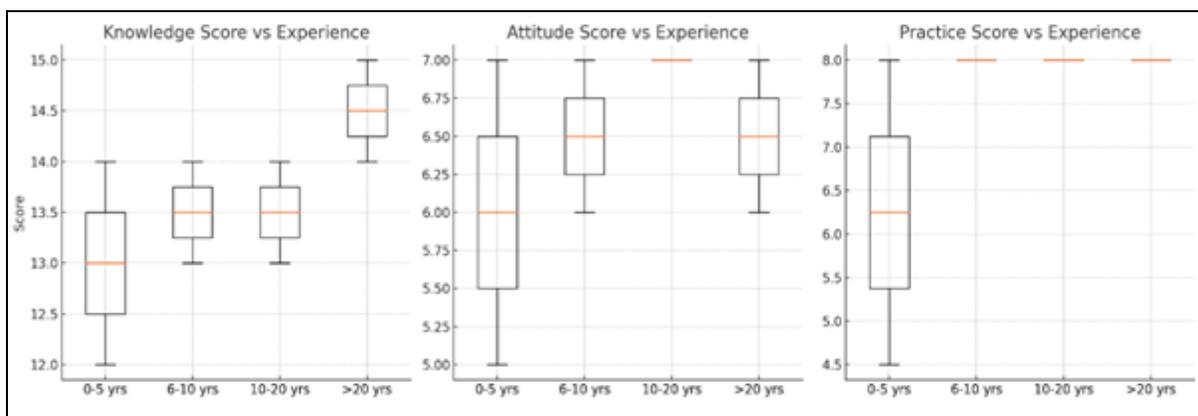


FIG. 4: BOX PLOT FOR YEARS OF EXPERIENCE V/S KAP SCORES OF PHARMACISTS ABOUT GENERIC MEDICINES

CONCLUSION: This study demonstrates that pharmacists in Jaipur possess strong knowledge and generally positive attitudes toward generic medicines, yet their real-world dispensing practices remain limited.

Although awareness of cost benefits and regulatory standards is great, concerns about quality, prescriber influence, and supply inconsistencies hinder routine substitution. Age and experience significantly enhance KAP scores, suggesting that practical exposure and professional maturity contribute to greater confidence in recommending generics.

Despite widespread support for initiatives like Jan Aushadhi, pharmacists continue to face relational and systemic barriers that restrict full adoption. Strengthening substitution guidelines, improving quality assurance communication, and providing targeted training particularly for early-career pharmacists may help translate positive perceptions into consistent practice. Addressing these gaps is essential for maximising pharmacists' contributions to affordable healthcare and expanding the use of generic medicines in India.

DISCUSSION: This study highlights a clear gap between pharmacists' knowledge and attitudes toward generic medicines and their actual dispensing practices in Jaipur. Although awareness of the economic advantages of generics was high, hesitancy in routine substitution reflects persistent concerns about product quality, regulatory consistency, and supply reliability. Similar patterns have been documented in earlier Indian and international studies, indicating that knowledge alone does not drive practice unless supported by

trust, experience, and system-level reinforcement^{10, 11, 14, 15}. The positive association between higher experience and better KAP scores aligns with previous findings suggesting that seasoned pharmacists develop greater confidence through prolonged exposure to patient care, prescriber interactions, and evolving pharmaceutical policies^{12, 17}.

Younger pharmacists may be more susceptible to prescriber influence, commercial pressures, and uncertainty regarding substitution guidelines issues also noted in earlier research^{18, 19}.

The influence of prescriber preference on pharmacists' dispensing behaviour continues to be a major barrier, reflecting long-standing hierarchical dynamics in Indian healthcare. Without clear substitution policies or strengthened inter-professional communication, pharmacists often remain hesitant to promote generics despite supporting their use^{6, 17, 22}.

These findings are particularly relevant to government programs such as PMJAY and PMBJP, where implementation challenges such as stock variability and limited public awareness have already been documented^{9, 15, 18, 23, 24}.

The Jaipur findings reinforce that pharmacists are willing partners in expanding generic medicine use, but operational support, consistent supply, and regulatory clarity are essential to transform positive attitudes into practice.

Implications: This study reveals key barriers to pharmacists' adoption of generic medicines, including quality concerns, inadequate substitution

guidelines, limited training, supply issues, and prescriber influence. Addressing these challenges requires focused professional training, clearer regulatory direction, and stronger communication on bioequivalence standards. Improved supply chain management under PMBJP and PMJAY, together with better pharmacist–prescriber collaboration, can promote more consistent use of generics and support efforts to improve healthcare affordability.

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CONFLICTS OF INTEREST: Nil

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