Affordability Awareness and Trust: A Study of Consumer Preference for Generic and Branded Medicines in Borivali

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***Abstract*—Medicines account for a large share of household health spending in India, and generic medicines offer the same active ingredient at a lower price. This study examines how awareness, affordability and trust relate to consumer preference for generic and branded medicines among residents of Borivali, Mumbai. A structured questionnaire was administered to 51 respondents, and the data were analysed using percentages, means, Cronbach's alpha, one-way ANOVA and Pearson correlation. About half of the respondents (51%) used both types of medicine, 31% mainly used branded medicines and 18% mainly used generics. Awareness, trust and affordability perception differed significantly across preference groups, with branded-medicine users showing the lowest awareness and trust. Awareness and trust were strongly and positively correlated (r = 0.60). Doctors were the strongest influence on choice (65%), yet only 20% of respondents had ever asked a doctor for a generic prescription. The findings suggest that better information, pharmacist and doctor engagement, and visible quality assurance can raise acceptance of generic medicines.**

***Index Terms*—Generic Medicines, Branded Medicines, Consumer Preference, Affordability, Trust, Awareness, Borivali**

I. INTRODUCTION

Out-of-pocket spending on medicines is a major burden for Indian households, especially those managing chronic conditions. Generic medicines contain the same active ingredient, strength and dosage form as their branded counterparts but are usually sold at much lower prices (U.S. Food and Drug Administration, n.d.). The Government of India promotes them through the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), which runs Jan Aushadhi Kendras to supply quality medicines at affordable prices (Pharmaceuticals & Medical Devices Bureau of India, n.d.).

Despite this, many consumers continue to prefer branded medicines. Reasons commonly discussed include doubts about quality and effectiveness, the habit of following the prescribing doctor, and a belief that a lower price signals lower quality. Understanding how awareness, affordability and trust shape this choice is useful for pharmacists and healthcare providers.

Borivali, a densely populated area of Mumbai with a mix of students, salaried workers and self-employed households, offers a suitable urban setting for studying these behaviours. This paper therefore studies consumer preference between generic and branded medicines in Borivali, with a focus on affordability awareness and trust.

II. REVIEW OF LITERATURE

Studies from different parts of India show that awareness of generic medicines is uneven and that acceptance depends heavily on knowledge, perceived quality and the advice of health professionals.

Awareness of generic medicines. Awareness levels reported in Indian studies vary widely with the setting and the sample. In a community survey in Central India, Das et al. (2017) found that about three-quarters of respondents knew about generics, yet only 17.5% were regular users and about 60% rated generics as equally effective as branded medicines. A web-based national survey of 537 respondents by Rathi and Biyani (2021) found that 78.6% had heard of generics, but only 22.1% believed their doctors preferred them, and the authors concluded that poor knowledge and false perceptions limit acceptance. Awareness was

lower among primary care patients: Charan et al. (2020) reported that only 33.6% of 345 patients in Patan, Gujarat had heard of generics, and knowledge was linked to age and education. Das et al. (2017) found that about half of 300 hospital visitors in Mangalore knew of the government generic-medicine programme, with the weakest knowledge among public-hospital visitors.

Affordability and Jan Aushadhi. Perceived affordability is consistently high. In Charan et al. (2020), around 80% of respondents agreed that generics are cheaper than branded drugs. Behera et al. (2025) compared 696 branded eye and ENT formulations with Jan Aushadhi generics and found wide price variation across brands, concluding that the scheme has improved affordability but that persistent price variation and limited uptake hold back its full potential. A Mumbai-focused news report adds that generics make up only 4 to 5% of India's retail drug market, even though Mumbai has dozens of Jan Aushadhi Kendras, because prescribing habits and the belief that a higher price means better quality persist (Srivastava, 2026).

Trust and quality perception. Doubts about quality remain the main barrier even when cost savings are accepted. Das et al. (2017) reported that most respondents thought generics were affordable but held misconceptions about their quality. In Charan et al. (2020), most of the patients unwilling to use generics did not trust their efficacy. By contrast, Das et al. (2017), studying 200 patients with chronic diseases at a public hospital, found that perceived effectiveness and reported adverse effects were similar for generic and branded users, while generics cost less.

Role of doctors and pharmacists. Prescribers strongly shape consumer choice. Charan et al. (2020) found that 81% of patients had never been advised to use a generic by a doctor or pharmacist, while about two-thirds said they would switch if a doctor recommended it. Rathi and Biyani (2021) similarly reported that 74.3% of respondents had never asked their doctor to prescribe a generic.

Consumer perception and behaviour. Alam et al. (2017) used a segmentation approach to show that patients fall into groups with different attitudes towards generic and branded medicines, which suggests that preference is not uniform across consumers. Doctoral research in India has examined how stakeholders perceive generics (Raval, 2021), what patients, healthcare professionals and the public know about and experience with generic medicines (Gupta, 2024), and how consumers' perceptions and attitudes differ between generic and branded products (Mohanty, 2025). Closest to the present setting, Iyer (2019) examined retail practices behind brand prescription leakages in the western suburbs of Mumbai, the part of the city that includes Borivali.

Research gap. Most earlier studies cover cities and regions outside Mumbai, or focus on doctors or on a single dimension such as awareness. Few examine awareness, affordability perception and trust together in relation to actual preference in a Mumbai suburb. This study addresses that gap for Borivali.

III. OBJECTIVES AND HYPOTHESES

Objectives

1. To study the demographic profile of consumers in Borivali.
2. To assess consumers' awareness of generic medicines.
3. To examine perceptions of affordability and cost-related behaviour.
4. To measure trust in the quality, safety and effectiveness of generic medicines.
5. To analyse the relationship of awareness, affordability and trust with preference for generic or branded medicines.
6. To identify the influencers of medicine choice and the factors that could increase generic use.

Hypotheses

- H1: Awareness of generic medicines differs significantly across preference groups.
- H2: Trust in generic medicines differs significantly across preference groups.
- H3: Affordability perception differs significantly across preference groups.
- H4: Awareness of generic medicines is positively related to trust in them.

IV. RESEARCH METHODOLOGY

Research design. A descriptive, cross-sectional survey design was used.

Study area and sample. The study was conducted among residents of Borivali, Mumbai. Responses were

collected from 51 respondents using convenience sampling.

Data collection. Primary data were collected through a structured questionnaire created in Google Forms.

Questionnaire. The questionnaire had sections on demographics, purchase behaviour, awareness (5 items), affordability (6 items) and trust (5 items) measured on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree), plus questions on current preference, place of purchase, influencers, and open-ended opinions.

Reliability. Cronbach's alpha was 0.92 for awareness, 0.80 for trust, 0.56 for affordability and 0.86 for all 16 items together. The affordability value is below the usual 0.70 benchmark, so findings on this index are treated with caution.

Statistical tools. Percentages, mean and standard deviation, one-way ANOVA and Pearson correlation were used. Significance was tested at the 5% level. Personal identifiers were removed before analysis.

V. DATA ANALYSIS AND INTERPRETATION

5.1 Demographic profile

Variable	Category	n	%
Gender	Female	30	58.8
	Male	21	41.2
Age	18-25	21	41.2
	26-35	17	33.3
	36-45	10	19.6
	Above 45	3	5.9
Education	Graduate	32	62.7
	Postgraduate	16	31.4
	Professional degree	3	5.9
Occupation	Salaried	26	51.0
	Student	17	33.3
	Self-employed	7	13.7
	Retired	1	2.0
Monthly household income	Below ₹25,000	8	15.7
	₹25,000-50,000	19	37.3
	₹50,000-1,00,000	12	23.5
	Above ₹1,00,000	12	23.5

The sample is young and well educated, with women forming a majority. Interpretation should consider that three-quarters of respondents are under 36.

5.2 Purchase behaviour and preference

Variable	Category	n	%
Regular medication in household	Yes	31	60.8
	No	15	29.4
	Maybe	5	9.8
Purchase frequency	Monthly	31	60.8
	Every 2-3 months	13	25.5
	Occasionally	7	13.7
Type used more	Both	26	51.0
	Branded	16	31.4
	Generic	9	17.6
Bought generics in last 12 months	Yes	31	60.8
	No	11	21.6
	Maybe	9	17.6
Usual place of purchase	Private pharmacy	34	66.7
	Jan Aushadhi Kendra	13	25.5
	Other	4	7.8

Half of the respondents mix generic and branded medicines, and a majority have bought generics recently. Private pharmacies remain the main source, while one in four respondents uses Jan Aushadhi Kendras.

5.3 Awareness, affordability and trust

Statement	Mean	% Agree
I know what generic medicines are	3.80	76.5
Generics contain the same active ingredient	3.61	64.7
Generics are approved by regulators such as CDSCO	3.39	54.9
I am aware of Jan Aushadhi Kendras	3.69	76.5
I have received information on generics	3.39	60.8
Medicine expenses are a major part of health spending	3.31	45.1
Generics are considerably cheaper	3.67	68.6
Price strongly influences my choice	3.02	33.3
I would switch to generics to save money	3.63	66.7
Branded medicines are worth the extra cost	3.35	52.9
I have delayed or skipped medicines due to cost	2.24	13.7
Generics are as effective as branded	3.57	60.8
Generics are as safe as branded	3.43	54.9

Statement	Mean	% Agree
Generics meet the same quality standards	3.45	54.9
I trust my pharmacist's advice on substitutes	3.51	64.7
A lower price means lower quality (disagree)	3.67 (reversed)	58.8 disagree

Composite scores were 3.58 (SD 0.91) for awareness, 3.20 (SD 0.50) for affordability and 3.53 (SD 0.71) for trust, all slightly above the neutral point. Awareness of the term generic and of Jan Aushadhi Kendras is high, but awareness of regulatory approval is lower. Two-thirds would switch to generics to save money, although only 14% reported skipping medicines because of cost.

5.4 Testing of hypotheses

H1 to H3: average scores by preference group (one-way ANOVA)

Index	Generic (n=9)	Both (n=26)	Branded (n=16)	F	p
Awareness	4.07	3.85	2.86	9.98	0.0002
Trust	3.91	3.73	2.98	9.76	0.0003
Affordability	3.28	3.36	2.91	4.82	0.012

Respondents who mainly use branded medicines have the lowest average awareness, trust and affordability scores. All three differences are significant at the 5% level, so H1, H2 and H3 are supported. The gap is widest for awareness and trust and smaller for affordability.

H4: relationship between the indices (Pearson correlation)

Pair	r	p
Awareness and trust	0.60	below 0.001
Awareness and affordability	0.37	0.008
Trust and affordability	0.13	0.357

Awareness and trust show a strong positive relationship, so H4 is supported. Awareness and affordability are moderately related, while trust and affordability are not significantly related. In simple terms, people who know more about generics also trust them more.

Demographics and preference. Cross-tabulation did not show a clear difference in preference by age, gender, income or occupation, but group sizes are too small for reliable testing, so this is only indicative.

5.5 Influencers and reasons for choice

Variable	Category	n	%
Main influencer	Doctor	33	64.7
	Family	17	33.3
	Friends	1	2.0
Main reason for choice	Doctor's advice	31	60.8
	Price	11	21.6
	Brand trust	7	13.7
	Other	2	3.9
Asked doctor for generic prescription	Yes	10	19.6
	No	41	80.4

Doctors are the main influencer (65%), and doctor's advice is the main reason for choice (61%), well ahead of price (22%). Doctors dominate decision-making, yet four in five respondents have never requested a generic prescription.

5.6 Open-ended responses

Respondents explained doctors' preference for branded medicines mainly through commissions or relationships with pharmaceutical companies, trust in perceived quality, and belief in higher effectiveness. To increase generic use, they suggested lower prices and cost savings, more information, stronger government credibility, better quality and availability, strong doctor recommendations, and home delivery.

VI. FINDINGS AND DISCUSSION

1. Half of the respondents use both generic and branded medicines, showing that acceptance of generics is already substantial.
2. Awareness is good for the concept of generics and Jan Aushadhi Kendras but weaker for regulatory approval and same-ingredient equivalence.
3. Branded users have clearly lower awareness and trust, which suggests that preference is more closely associated with knowledge and confidence than with the consumer's demographic profile.

4. Doctors are the decisive influence, and a perceived commission motive among prescribers appears in respondents' comments.
5. Price matters, but only a third say it strongly drives their choice, and few skip medicines because of cost. Trust and professional advice appear to outweigh price for many respondents.

VII. LIMITATIONS

The sample is small (n = 51), drawn by convenience sampling and skewed towards young, educated respondents, so results cannot be generalised to all of Borivali. The design is cross-sectional, so the relationships reported are associations and do not show cause and effect. All data are self-reported and may be affected by social desirability bias. The preference groups are uneven in size (the generic-only group has 9 respondents), which limits the power of the group comparisons, and the affordability scale had low internal consistency (alpha = 0.56), so results for that index should be read with caution.

VIII. CONCLUSION AND SUGGESTIONS

This study shows that awareness and trust are closely linked to whether consumers in Borivali choose generic or branded medicines. Affordability supports generic use but is not the main driver. Based on the findings, the following suggestions are offered:

- Run awareness campaigns on regulatory approval, quality standards and same-ingredient equivalence.
- Encourage doctors to prescribe by generic name and to discuss generic options with patients.
- Train pharmacists to explain substitutes, as most respondents trust their advice.
- Improve the availability and visibility of Jan Aushadhi Kendras and consider home delivery.
- Future research should use a larger, probability-based sample covering several areas of Mumbai.

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