RESEARCH PAPER

Perception about Generic and Branded Drugs in India: An Exploratory Study and Analysis Using Atlas.Ti 22 Software

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ABSTRACT
The perception of generic drugs and consumers' willingness to consume them differ from branded medicines. Several contextual components influence the consumption of generic drugs. However, such perception across gender and income groups is perhaps missing. The paper aims to explore gender and income-wise consumers' perceptions about using generic drugs compared to branded medicines. The data was collected from 357 respondents using a Google survey and analysed using ATLAS.ti 25, the computer-assisted qualitative data analysis software. The descriptive data has been analysed using a thematic analysis process through an inducive coding approach. Themes have been derived from consumer's perceptions of using generic drugs, gender, and income-wise. The themes have been explained using code coefficients supported by key quotations under each theme. The network has been shown for each emerging theme. The findings have practical applications for several stakeholders influencing the usage of generic drugs in the Indian context.
Keywords: *thematic analysis; inductive coding; qualitative data analysis; ATLAS.ti; code-coefficient*
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INTRODUCTION

Consumers have distinct perceptions towards generic drugs compared to branded medicines. They overrate branded medicines' effectiveness and underrate generic drugs' effectiveness. The perceptual difference often prevails among lower-educated consumers (1). Some customers think that generic and branded medications are not as effective. There is also ambiguity over the differences in side effects, particularly among consumers with less education and those who believe that generic medicine prescriptions were "invented" to address the health system's financial problems at their expense (2–6).

Generic drugs are widely perceived as a cost-effective alternative to branded medications, with many consumers viewing price savings as the primary benefit. This strong economic appeal helps reduce the perceptual divide between branded and generic drug users. For consumers who have prior experience with generics, the demonstrated cost savings reinforce trust and satisfaction, thereby narrowing the perceived quality gap between generic and brand-name products. Over time, this value-driven perception positions generic drugs not merely as cheaper substitutes but as comparable options that deliver similar therapeutic outcomes at a lower cost (7).

The government plays a major role in consumer's perception of generic and branded medicine. It is specifically important to low- and middle-income countries and how they promote the usage of generic drugs compared to branded drugs. Several factors may influence the consumption of generic drugs in addition to income, cost and government initiative. Such factors may also include several stakeholders responsible for and engaging in promoting the usage of generic medicines compared to branded medicines. The perception of gender may play an important role in using generic medicine, in addition to the perception of chemists and doctors. This paper aims to understand consumer's perception of generic drugs compared to branded drugs and the role of various stakeholders in creating consumers' perceptions of the usage of generic and branded medicines.

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Our studies focus on the prevailing research gap between generic and branded medicine among Indian consumers. The present studies also explore the reasons offered by consumers for using/not using generic medicines, key triggers as well as stakeholders that play a significant role in influencing the consumption of generic drugs in the Indian context.

MATERIALS AND METHODS

A Google poll was used to get the data from 357 respondents, with open-ended responses that vary by gender, income group, age group, and profession. Ethical protocols such as confidentiality, anonymity and privacy have been ensured. The data is GDPR (Google Data Protection Right) compliant. We ensured that the respondents were aware of generic and branded medicines and had used either of them. The data was cleaned before using ATLAS.ti to analyze it. Incomplete information has been deleted, and only completed information has been taken into account to analyze the data. The descriptive responses of 357 respondents (female-178, male-179) were analysed using ATLAS.ti 22, a Computer-Assisted Qualitative Data Analysis Software (CAQDAS), guided by the research question: *How do you perceive the safety of generic medicines compared to branded ones?* The analysis employed inductive and in vivo coding techniques. It was followed by the thematic analysis framework proposed by Braun and Clarke (2006). The data were examined and relevant segments of responses were systematically coded. In total, 265 meaningful excerpts were identified and coded into 18 initial codes during the first phase of analysis. The distribution of quotations across codes was uneven, reflecting variations in the depth and content of participant responses (8).

RESULTS AND DISCUSSION

Trust is a central determinant of consumers' attitudes toward the use of generic drugs. Consumer attitudes is shaped by factors such as perceived economic situations, familiarity, and product trust. It plays a significant role in influencing behaviour. These attitudes do not act directly; rather, they shape behavioural intentions, which in turn guide actual consumption decisions as purposeful responses (9,10).

Consumer experience plays a significant role in shaping positive attitudes toward generic drugs. Favourable past experiences with generic medicines tend to strengthen consumers' attitudes and increase their acceptance over time (5,11). Additionally, recommendations from healthcare providers—such as doctors and pharmacists—positively influence consumers' perceptions of quality (3,6,12,13). These enhanced perceptions, in turn, shape consumers' overall evaluation processes, influencing their purchasing attitudes and judgments regarding the use of generic drugs (14). Nevertheless, generic drugs are perceived differently than branded medicines in terms of effectiveness. As a result, such perception influences consumer's acceptance of generic drugs. Consumers often believe that the effectiveness of generic drugs is less than that of their original brand equivalents; they are less likely to accept generic drug or generic substitution (2,4,5)

Although several studies have examined the factors limiting the full adoption of generic drug prescriptions, there remains no definitive explanation for consumers' perceptions toward their use (15). These perceptions vary across contexts and continue to be shaped by multiple, often interrelated factors. Importantly, such perceptions have a significant influence on consumers' purchasing intentions regarding generic drugs across different countries (2,5,16,17).

A key determinant of consumers' perceptions of generic drugs is the opinion and attitude of healthcare professionals, particularly doctors. Consumers tend to place a high level of trust in physicians' prescriptions and are therefore more likely to purchase medicines based on their recommendations. Consequently, both doctors and pharmacists play a critical role in influencing consumers' decision-making regarding the choice between generic and branded drugs (3,12). Their guidance also significantly affects patients' acceptance of generic substitution (5,11,13,16,18).

Existing literature also highlights the importance of price and perceived quality in shaping consumers' perceptions of generic drugs. Price considerations and perceptions of quality are identified as key attributes influencing consumers' decisions to purchase generic medicines across different countries (19,20). A substantial body of literature suggests that the lower prices of generic medicines significantly influence consumers' perceptions and purchasing behaviour. The price advantage is often identified as the primary factor motivating consumers to choose generic drugs (21–23). However, despite this cost benefit, both consumers and physicians tend to prioritize perceived quality over price, as lower quality is often associated with higher risk (24).

However, in resource-constrained settings, the cost savings offered by generic drugs serve as a strong incentive for consumers to try to adopt them. Positive experiences with these lower-cost alternatives can enhance consumer confidence and help narrow the perceived quality gap between generic and brand-name medicines. Over time, such experiential learning plays a crucial role in reducing scepticism and aligning perceptions of quality between the two (7)

Several factors explain consumers' preference for generic drugs over branded medicines. Among these, safety and price emerge as particularly important, alongside perceived effectiveness. During periods of economic constraint, favourable perceptions of the quality of generic drugs are positively associated with consumers' attitudes toward purchasing them. Importantly, many consumers do not equate lower prices with inferior quality, indicating a shift in value perception. Furthermore, individuals who place greater importance on their prior experiences and perceived quality of generic

medicines are more likely to choose generic options over branded alternatives.

However, existing research on perceptions of generic and branded medicines remains limited in terms of gender-based differences. Similarly, there is a lack of comprehensive analysis on how different income groups prefer branded versus generic drugs. Although some studies have examined variations across low- and high-income groups. Thus, a more detailed segmentation of income categories and their respective preferences is still largely underexplored.

Following the initial coding phase, the codes were examined for meaning and homogeneity. Several codes were found to represent similar concepts, indicating substantial overlap. In contrast, some codes did not align well with the emerging patterns and were considered heterogeneous in nature. During the second cycle of coding, similar codes were merged, and new thematic labels were assigned to better reflect their underlying meanings. The associated quotations were also consolidated under the revised merged codes.

The qualitative richness of the phenomena is captured by a good coding (25). A code is typically a word or short phrase that assigns a summative, salient, essence-capturing attribute to a portion of text-based or visual data (26). The relevant information has been inductively coded. In vivo coding allows researchers to understand an idea in the respondent's natural words. In-vivo code is also known as verbatim coding. It is accomplished by assigning a word/short phrase in the selected data segment (27).

Themes

Seven themes emerged based on the occurrence of quotations as shown in Table 1. Thematic codes have been shown using tables and networks as shown in Figure 1 to explore themes and justifications offered by consumers for using generic medicines.

Table 1: Themes and grounded

Sr. No.	Themes	Grounded
1	Generic drugs good and safe	118
2	Generic drugs not much safe	46
3	Same composition and effects	44
4	No idea about generic drugs	37
5	Doctor/physicians/chemist advice	30
6	Generic drugs cheaper & low quality	19
7	Checking online & relatives	13

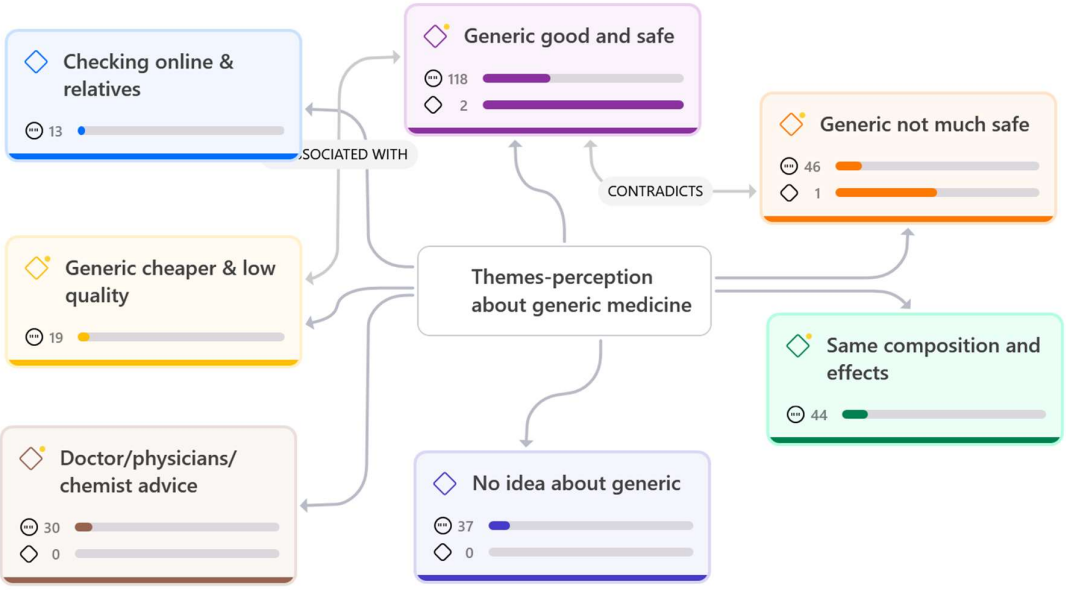

Figure 1: Network of theme

We could create 07 thematic codes from 18 initial codes. The themes are organised in order of significance. Grounded shows the occurrence of selected responses associated with the theme. The theme 'Generic good and safe' is the most significant theme based on the ground. The number against each theme presents the selected segment of information that supports the respective theme. They are known as groundedness, which presents the meaning of the selected theme. Figure 1 shows the network of themes with their relative significance. The number of quotations represents the

significance of the thematic code. Linkage between thematic codes represents the relationship between thematic codes. Code ‘generic good and safe’ is contradictory relationship with code ‘generic not much safe’. The groundedness in code ‘generic good and safe' has 118 quotations, and code ‘generic not much safe’ has 46 quotations. This can be understood by the relative significance of a generic good which is higher than a generic not much safe. Put differently, consumers put more weight on the usefulness of generic medicine. Furthermore, the significance of other thematic codes in the network and table can be understood based on their relative quotations and code-to-code relationships.

Themes cover the broader concepts from responses under the survey question, and they illustrate the information for the thematic codes. A theme reflects a systematic response or meaning within the data set and highlights a significant aspect of the data of the survey question (8). Six steps of the data analysis process are explained under the thematic analysis.

1. Familiarisation with data.
2. Generation of codes.
3. Combining codes into themes.
4. Reviewing themes.
5. Determine the significance of themes.
6. Reporting of findings.

The researcher is familiar with the data and has coded the responses using inductive and in-vivo codes to capture the relevant information with reference to the research questions/objective. Further, homogeneous codes have been merged, and codes sharing similar attributes have been categorized. Themes have been created using code categories. Reporting of themes has been shown on the data level, gender-wise, income-wise and age-wise, to explore insight into the phenomenon under investigation. Further, themes have been reported using tables, networks and charts, etc.

The next level of themes can be identified using age and income criteria. Identified themes can be reported and interpreted under different age groups of respondents to deeply understand their perception of generic medicines

Relative Significance of Themes Gender-Wise

The next process was to identify the relative significance of themes between male and female respondents. Table 2 shows the themes and their relative significance between males and females.

Table 2: Relative significance of themes gender-wise

	Female (178)		**Male (179)**	
	Absolute	Row-relative	Absolute	Row-relative
Checking online & comparing Gr=13	6	47.96%	7	52.04%
Doctor/physicians/chemist advice Gr=30	19	61.73%	12	38.27%
Generic cheaper & low quality Gr=20	9	41.75%	12	58.24%
Generic good and safe Gr=118	61	50.12%	61	49.88%
Generic not much safe Gr=41	20	48.15%	22	51.85%
No idea about generic Gr=37	15	39.56%	23	60.44%
Same composition and effects Gr=44	26	56.34%	20	43.66%

The percentage shown in the table shows the weightage of information between male and female consumers. Female respondents (62%) and male respondents (38%) under row-relative for the thematic code ‘Doctors/physicians/chemist advice’ shows that female consumers are relatively high dependent on doctors’ advice than male consumers. In other words, the theme 'Doctors/physicians/chemist advice' has significant variation between male and female respondents. In other words, female consumers rely on doctors' recommendations in consuming generic drugs significantly higher than male consumers.

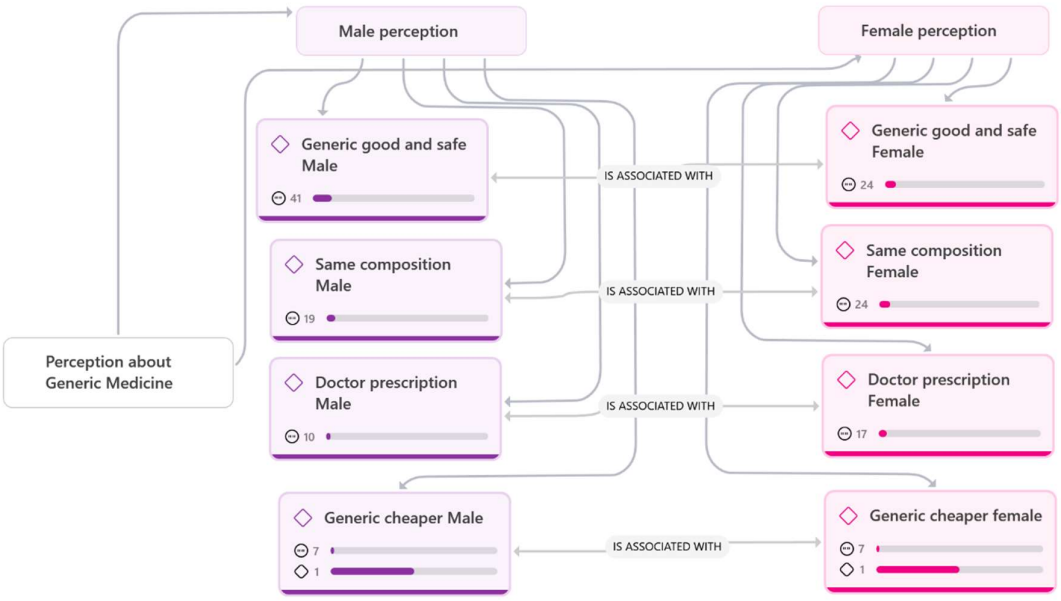

Figure 2: Theme network of male & female

Similarly, the relative significance of the theme 'No idea about generic' in male respondents is high compared to female respondents. It implies that awareness about generic medicines among female consumers is much higher than that of male consumers. Further, the relative significance of the theme 'Same composition and effects' in female respondents is high compared to male respondents. In other words, female consumers are more aware of the compositions of generic and branded medicines compared to male consumers. The relative significance of male respondents on the theme 'Generic cheaper & low quality' is higher than that of female respondents. This implies that female consumers have relatively fewer opinions about the quality of generic medicine than male consumers. Figure 3 exhibits the network of the table to understand the relative significance and their associations. Similarly, other thematic codes can also be understood.

Table 3 shows the perception of male and female respondents for generic medicine compared to branded medicine and their relative significance. Respondents have been divided into five age groups. Thematic codes are shown in the first column for male and female respondents. The significance of each thematic code has been shown under each age group. To read, the relative significance of each thematic code, numbers are indicators-higher the number under each age group, higher the relative significance of thematic code under the particular age group. For thematic codes under male and female respondents, two rows should be analyzed and understood.

Table 3: Relative significance of themes age-wise

Thematic codes	**Age::18 years to 25 years Gr=220; GS=226**	**Age::26 years to 33 years Gr=62; GS=62**	**Age::34 years to 41 years Gr=17; GS=17**	**Age::42 years to 49 years Gr=29; GS=29**	**Age::50 years to 57 years Gr=13; GS=13**
Checking online & relatives Female Gr=6	61.98%	38.02%	0.00%	0.00%	0.00%
Checking online & relatives Male Gr=7	66.18%	33.82%	0.00%	0.00%	0.00%
Doctor/physicians/chemist advice Female Gr=18	28.91%	13.64%	29.23%	28.22%	0.00%
Doctor/physicians/chemist advice Male Gr=12	51.52%	15.80%	0.00%	32.69%	0.00%
Generic cheaper & low quality Female	19.38%	39.63%	0.00%	40.99%	0.00%

Gr=7					
Generic cheaper & low quality Male Gr=12	24.59%	28.28%	0.00%	0.00%	47.13%
Generic good & safe Female Gr=57	13.96%	21.41%	39.32%	25.31%	0.00%
Generic good & safe Male Gr=61	11.89%	15.09%	10.78%	18.22%	44.02%
Generic not much safe Female Gr=23	23.11%	14.17%	0.00%	39.10%	23.62%
Generic not much safe Male Gr=23	26.75%	25.64%	21.98%	0.00%	25.64%
No idea about generic Female Gr=14	23.75%	8.09%	34.68%	33.48%	0.00%
No idea about generic Male Gr=23	22.89%	17.55%	37.61%	0.00%	21.94%
Same composition and effects Female Gr=24	24.42%	29.96%	0.00%	20.66%	24.96%
Same composition and effects Male Gr=20	21.09%	29.39%	25.19%	24.33%	0.00%

Table 3 displays the relative significance of the themes between different age groups of male and female respondents. Themes discussed and interpreted based on Table 2 have been further elaborated to perceive the relative significance of responses age-wise.

Male consumers between 18 to 25 years of age take doctor prescriptions more than female consumers. However, female consumers between 34 and 41 years of age take doctors' prescriptions, and Males don't take doctors' prescriptions. In other words, female consumers between 34 and 41 years of age depend completely on doctors for using generic medicines. Around 80% of responses emerge from the age group of 18 to 25 years for a doctor's prescription, followed by the age group of 42 to 49 years.

The weightage of male response under the theme 'No idea about generic' under the age group of 26 to 33 and 50 to 57 is significantly more than that of female consumers in the same age group. It implies that the degree of awareness about generic medicines among female consumers is significantly higher than that of male consumers. On the contrary, no response emerges from male consumers between the age group of 42 and 49. Under the theme 'Generic good & safe', the relative significance of female consumers in every age group is higher than male consumers. Similar insights can be derived under each theme for the selected age group of respondents.

Relative Significance of Themes Income-Wise

Table 4 illustrates the relative significance of themes income-wise for male and female respondents.

Table 4: Relative significance of themes income-wise

	Monthly house hold income: Less than Rs 10000 Gr=38; GS=41	Monthly house hold income: Rs 10001 to Rs 20000 Gr=55; GS=55	Monthly house hold income: Rs 20001 to Rs 30000 Gr=60; GS=61	Monthly house hold income: Rs 30001 to Rs 40000 Gr=36; GS=36	Monthly house hold income: Rs 40001 to Rs 50000 Gr=45; GS=46	Monthly house hold income: Rs 50001 to Rs 60000 Gr=27; GS=27	Monthly house hold income: Rs 60001 to Rs 70000 Gr=37; GS=37
Checking online & relatives Female	36.59%	43.90%	0.00%	0.00%	19.51%	0.00%	0.00%

Gr=6							
Checking online & relatives Male Gr=7	0.00%	24.32%	9.73%	13.15%	0.00%	38.91%	13.90%
Doctor/physicians/chemist advice Female Gr=18	11.06%	19.91%	15.93%	14.35%	23.59%	0.00%	15.17%
Doctor/physicians/chemist advice Male Gr=12	30.00%	18.00%	36.00%	0.00%	16.00%	0.00%	0.00%
Generic cheaper & low quality Female Gr=7	0.00%	21.88%	35.01%	23.66%	19.45%	0.00%	0.00%
Generic cheaper & low quality Male Gr=12	0.00%	8.77%	7.02%	18.96%	31.18%	14.03%	20.04%
Generic good & safe Female Gr=57	12.32%	12.94%	14.79%	9.99%	11.50%	23.66%	14.79%
Generic good & safe Male Gr=61	24.70%	8.23%	11.86%	16.02%	11.71%	10.54%	16.94%
Generic not much safe Female Gr=23	10.64%	12.76%	25.53%	13.80%	22.69%	0.00%	14.59%
Generic not much safe Male Gr=23	22.38%	17.91%	10.74%	14.52%	11.94%	7.16%	15.35%
No idea about generic Female Gr=14	11.23%	0.00%	5.39%	14.57%	17.97%	43.13%	7.70%
No idea about generic Male Gr=23	7.61%	18.27%	10.96%	19.75%	16.24%	21.93%	5.22%
Same composition and effects Female Gr=24	8.45%	20.29%	20.29%	16.45%	9.02%	8.12%	17.39%
Same composition and effects Male. Gr=20	0.00%	19.00%	10.13%	20.54%	11.26%	10.13%	28.95%

Male consumers with an income group of below 10k and between 20 to 30k take doctors' prescriptions more than female consumers in the same income group. Female consumers with income groups of 30 to 40k and 60 to 70k take doctors' prescriptions more than male consumers in the same income group.

Female consumers with income groups of 10k to 20k, 20k to 30k and 30k to 40k believe that generic medicine is cheaper and has lower quality than male consumers. On the contrary, the perception of male consumers with income groups of 40k to 50k, 50k to 60k and 60k to 70k is that generic medicine is cheaper and has lower quality than female consumers.

In terms of awareness about the composition of generic drugs, female consumers between the income group from below 10k to 20k and 20k to 30k show more awareness than male consumers, whereas male consumers between the income group 30k to 40k, 40k to 50k, 50k to 60k and 60k to 70k show more awareness than female consumers.

The perception of generic medicine between male and female consumers is satisfactory. Consumers also believe that generic medicine is not safe based on the occurrence of quotations. Consumers have an awareness of the composition of generic and branded medicines. However, the following themes also mention the unawareness of consumers of generic medicines. Consumers take prescriptions from doctors, physicians, and chemists to consume generic or branded medicines.

The deeper insight emerges when themes are analyzed gender-wise. Male and female consumers have a common opinion about the safety of generic medicines. However, the response weightage of male consumers for the theme 'No idea about

generic medicine' is significantly higher than that of female consumers as shown in Table 2. Further, the response weightage of female consumers for the theme 'Doctor/physician/chemist advice' is significantly higher than that of male consumers. Female consumers consume generic/branded medicines based on doctors, chemists, and physicians' recommendations more than male consumers.

The response weightage of male consumers for the theme 'Generic cheaper & low quality' is higher than that of female consumers. In other words, male consumers believe that generic medicines are cheaper and have lower quality than female consumers. Interestingly, the response weightage of female consumers for the theme 'Same composition and effect' is higher than that of male consumers. It implies that female consumers are more aware of generic and branded medicines.

The conclusions can be drawn about the perception of female consumers compared to male consumers. Female consumers rely on doctors' recommendations and gain knowledge about generic and branded medicine. They know about the composition, safety, and quality of generic medicines more than male consumers.

Doctors play a key role in influencing consumers to use generic medicines. Since female consumers' decision to use generic medicine/branded medicine is based on doctors'/physicians' and chemists' prescriptions, they use branded medicines more than generic medicines. Furthermore, female consumers aged 34 to 41 with income group of 40k to 50k rely more on doctors' recommendations in using branded medicines.

It is also evident that 80% of responses emerge from the age group of 18 to 25 years for doctors' prescriptions, followed by the age bracket of 42 to 49 years.

CONCLUSION

Findings have practical implications for stakeholders. Companies making and promoting generic medicines can take insight and explore ways to increase the perception and consumption of generic medicines. The government can initiate appropriate measures to create awareness and consumption of generic medicines using different platforms and can benefit communities who cannot afford branded medicines. Advertisements using social media and other platforms can provide better reach, positive perception and increased consumption of generic medicines. Regulatory initiatives for doctors, hospitals, chemists, and physicians by the authorities can bring bigger positive change for the wider reach and increased consumption of generic medicines, thereby creating socio-economic development.

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