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Exploring the differences between socio-economic groups to know their perspective and mind set about generic medicines

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Abstract---Medicines comprise an important element in healthcare, providing protection, restoring and maintaining people's wellbeing. Then the availability and excess of appropriate medicines of accrued quality, and quantities at reasonable prices are thus, a concern of global and national policymakers, health agencies and organizations. Pharmaceuticals and medicines form a sizeable outer pocket expenditure of health in Indian households. In the context of providing universal health care, providing financial risk protection to households affected by illness is a key objective with a focus on providing cover for medicines. To address this issue, the Government of India launched the Jan Aushadhi (Medicine for the Masses) Scheme (JAS) to provide cheap generic medicines to patients. Jan Aushadi stores have been established across the country to supply generic medicines. Generic medicines provide an option for patients to reduce their out-of-pocket expenses, as generic medicines are usually priced 10-80 % less than their branded counterparts. In the last FRGS project researcher wanted to see the prescription of patients from government and private hospitals in southwest Delhi, Dwarka and the compliance with Rule 1.5 of Medical Council Rule 2002. In this FRGS, the researcher would be analysing the relationship between patients' awareness, beliefs and generic drugs used in Southwest Delhi, Dwarka using a questionnaire and schedule.

Keywords---exploring, socio-economic, perspective, generic medicines.

Introduction

The Indian Pharmaceutical industry is the world's third-largest of drug by volume. The industry has played a crucial in enhancing health outcomes across the world through its affordable and high-quality generic drugs. Increased accessibility to affordable drugs has been one of the key enablers for lowering the

disease burden in India. India accounts for 60 percent of global vaccine production, contributing 40 to 70 percent of the WHO demand for Diphtheria, Tetanus and Pertussis (DPT) and Bacillus Calmette- Guerin (BGG) vaccines, and 90 percent of the WHO demand the measles vaccines. Estimates suggest that one in every three pills consumed in the United States is produced by an Indian generic manufacturer.

In the UK, approximately 25 per cent of the medicines used are made in India. In Africa, the availability of affordable Indian drugs contributed to greater access to treatment for AIDS, with 37 percent of AIDS patients receiving treatment in 2009 compared to just two percent in 2003. There are several challenges which stall generic medicines from becoming popular among patients and doctors. Some of them are discussed as follows. Lack of adequate patient care in both public and private facilities (eg through the well-enforced standard of care through accreditation mechanism or licensing) can further fuel the demand for branded medicines. Weak regulation of the pharmaceutical sector by the government can lead to exorbitant prices for private companies. Pharmaceutical companies with their deep pockets and well strategic markets make huge investments in advertising and promoting branded medicines to private practitioners in India: while generic equivalent is bereft of any such marketing.

There appears to be an influence on medicine choice mediated through patient-provides loyalty in private health facilities. However, prescribing more expensive branded medicines by private health providers could also be driven by medicine quality perceptions of private health workers, although not grounded in actual quality tests. Challenges for Indian Generic Manufacturers in Global Market- the major challenges for generic manufacturers are strengthening the existing regulatory system especially for enabling a more detailed and universal classification of drugs and chemicals between branded generic and generics. High R&D cost and investment in research is also major stumbling block in their direction.

Generic medicines are those where the original patent has expired, and which may now be produced by manufacturers other than the original innovator (Patent- holding) company. The term 'generic drug' or 'generic medicine' is commonly understood, as defined by the World Health Organisation (WHO), to mean a "pharmaceutical product that is usually intended to be interchangeable with an innovator product, and is manufactured without a license from the innovator company and is marketed after the expiry date of the patent or other exclusive rights." Other definitions of generic medicines may be subtly different, for example, the US Food and Drug Administration (FDA) defines a generic as: "A drug product that is comparable to a brand/reference listed drug product in dosage form, strength, route of administration, quality and performance characteristics and intended use"

However, all agree on the general requirements that the product is off-patent, contains an active ingredient in a previously approved medicine, is shown to be bioequivalent to that previously approved medicine and has the same dosage form, and route of administration and treatment characteristics. Global

healthcare expenditure is increasing steadily, and generic medicine utilization is often encouraged as a cost-containment measure.

Objects

- To evaluate the relationship between patients' beliefs and awareness about generic drugs and branded drug use.
- To find out the solution to the problem and fill the gap between Pradhan Mantri Jan Aushadhi Yojana and its implementation.

Methodology

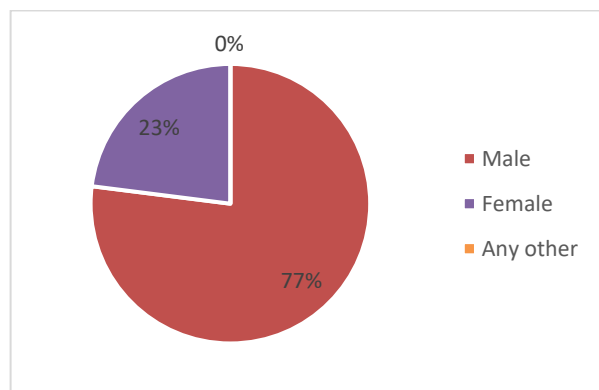
The researcher used both doctrinal and non-doctrinal methods. Target groups were consumers patients low- and high-Income groups, lower education qualifications and lower Income vis higher education qualifications and higher Income. The researcher had conducted a survey in Southwest Delhi, Dwarka using Questionnaire research had been conducted through a random sample method. Due to Covid 19 pandemic, the lockdown was declared by the government, and it was not possible to conduct research through a field survey therefore it was conducted online. But later after the cessation of lockdown able to conduct a field survey. The researcher is taking separate responses for the survey (offline) due to economic differences. Target groups for the survey are security guards, housekeeping staff and other workers belonging to the household income of less than Rs. 20,000. Total (72 + 40) = 112 responses had been gathered through an online and offline survey. 72 responses were through fieldwork and 40 online. The questionnaire was used for both categories with the same question set.

Interpretation and analysis of data

Gender

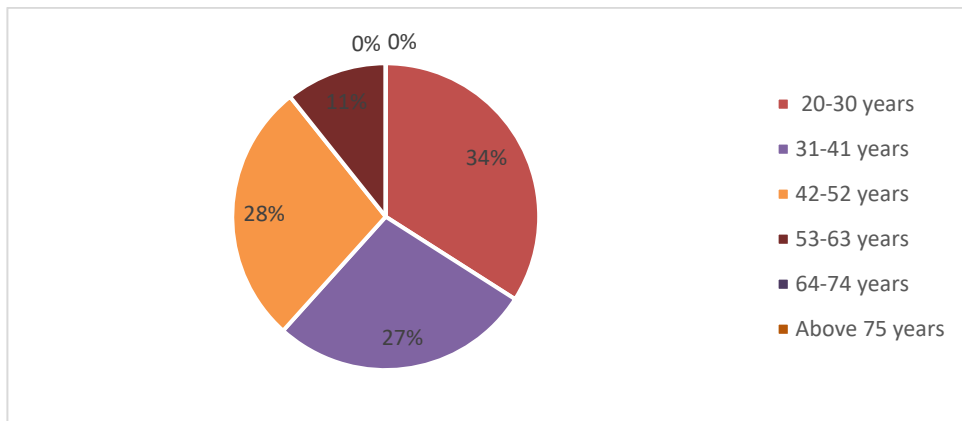
112 responses

Out of the total, 112 respondents surveyed 26 were females whereas 86 were males. Online participation of women was high as compared to the field survey.



Age Group

112 Respondents

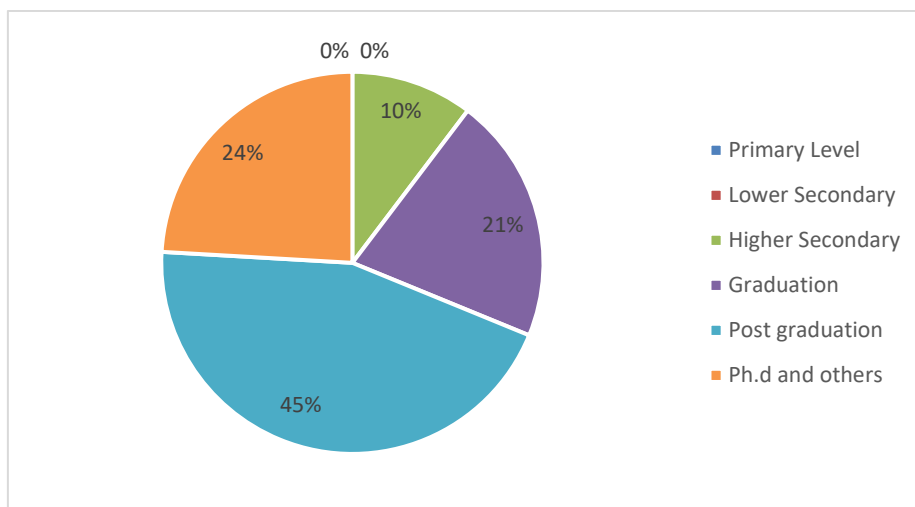


According to the figure 38 respondents fall in the age category of 20-30 years ,31 were in category of 31-41 age group ,31 fall in age group of 42-52 years , whereas 12 were under 53-63 age group No One was from the 64-74 age group.

Educational Background

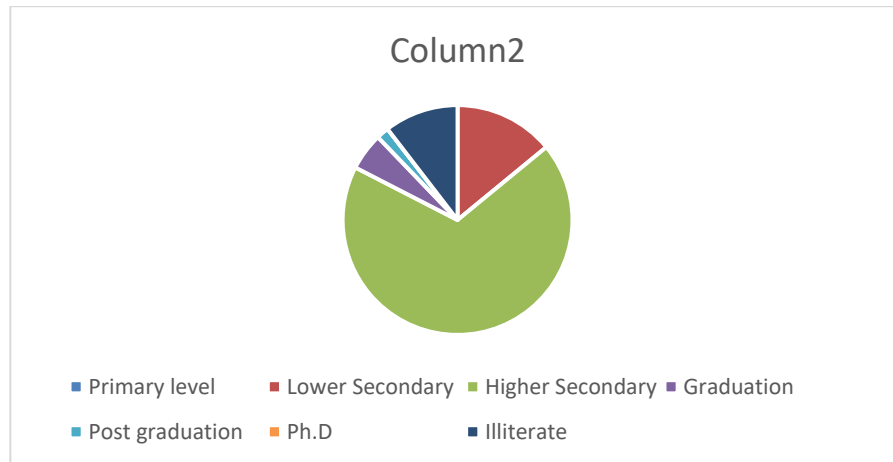
Online

40 Respondents

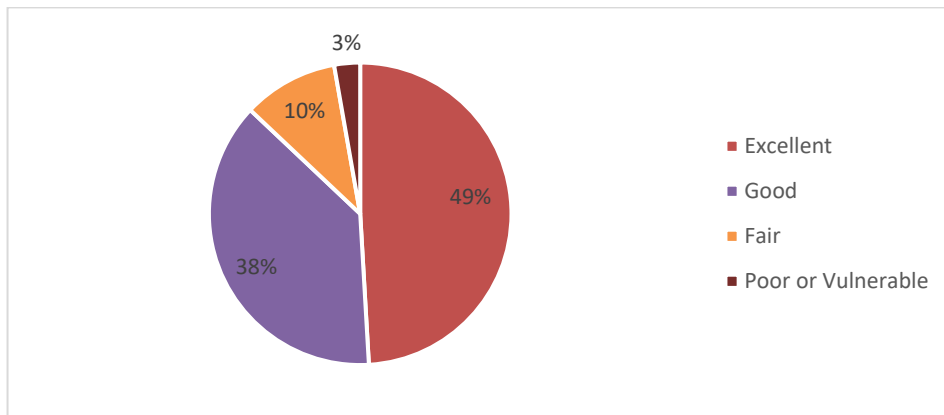


Offline

72 Respondents



As far as educational background among those surveyed online is concerned, the majority were graduate i.e. 17 and 13 were postgraduates. Whereas 3 gained education up to higher secondary level and 7 were PhDs or equivalent education. A big gap was observed in Education level between Online and Offline. No one was illiterate those surveyed online while those surveyed offline 6 were illiterate, while only one did his post-graduation out of 72.

Health Status

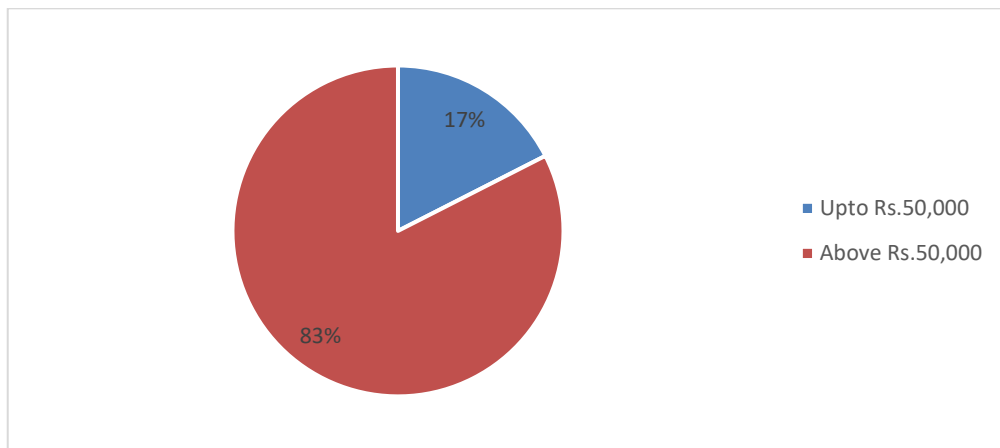
Out of 112 respondents, the majority rated themselves Excellent health status i.e. 53, 41 rated Good health status. 11 put themselves in the fair category and only 3 rated themselves Poor or Vulnerable category.

Limitation

No criteria are given to assess their health status like lifestyle dependent disease for eg. blood pressure, cholesterol, diabetes or infectious disease like diarrhoea, malaria etc. The incidence of disease and types of disease also differ based on socio-economic level and lifestyle.

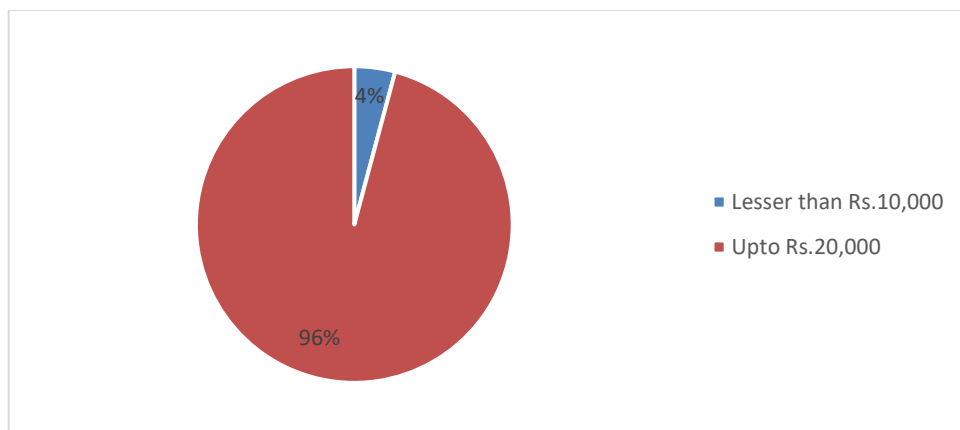
Earning Online

40 Respondents



Offline

72 Respondents



As per the data gathered, the majority of the online respondents i.e. 33 earn above Rs .50,000/- per month [upper limit is not given } whereas another remaining share was occupied by the respondents having income less than Rs 50,000/- per month .maximum household income was a 20,000/-per month. A

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maximum family earning was Rs 20,000/-month for 69 persons,3 respondents had to earn lesser than 10,000/-per month.

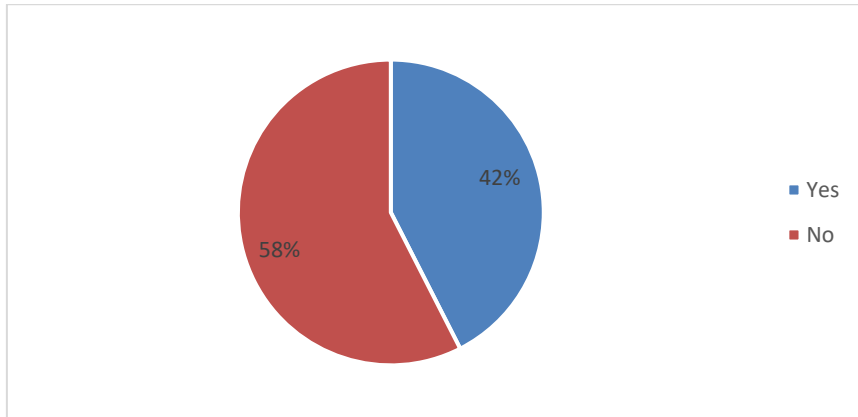
Family with the working member

The majority of people responded that 2members are working. this is important to know whether anybody in the family is sharing the economic burden or not. Out of 72 fields surveyed respondents 50 had 2 earning members in their families. On the other hand, 14 respondents out of 40 had 2 earning members in their families.

Burden Felt due to money spent on medicines

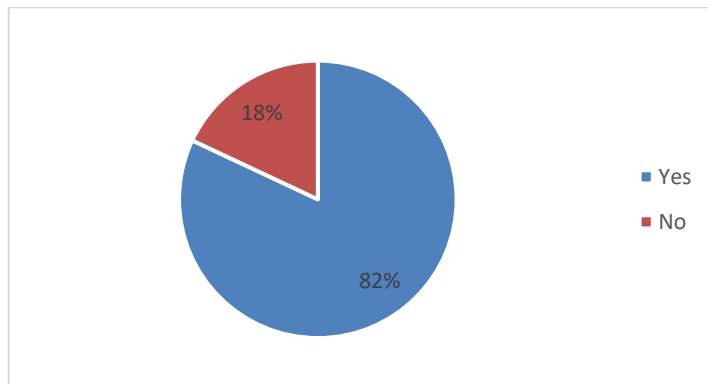
Online

40 Respondents



Offline

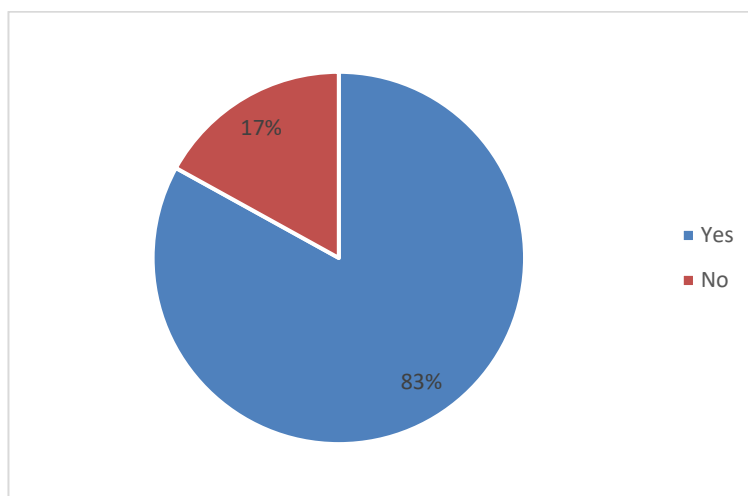
72 Respondents



This answer seems like social desirability response. The majority of people with a monthly income above Rs 50,000/- do not feel burdened due to financial expenses spent on medicines. On the other hand, in those field surveys, 59 out of 72 respondents felt burdened. But remaining 13 respondents said not feel burdened. This is very shocking because they belong to the same economic strata.

For reducing Out of Pocket Expenses want to shift to generic medicines

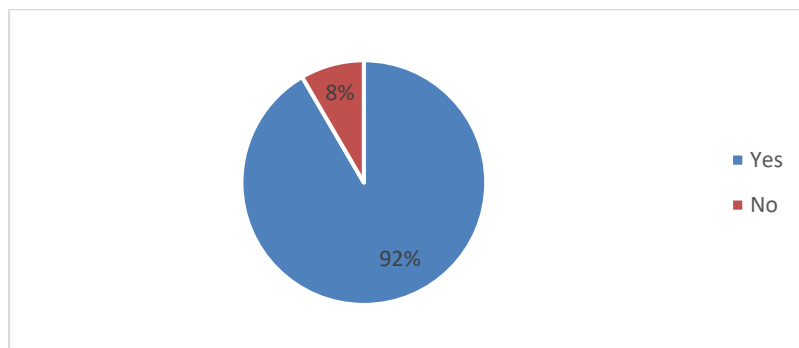
112 Respondents



It has been realized that there is also a way to reduce medical expenses through generic medicines substitution. People are conscious and want to avail the opportunity. Out of 112 respondents, 93 were ready to shift for generic drug substitution but 19 were still not ready to shift for generic drugs {including both strata }. Why people are not convinced about generic medicines? Is it because issue quality of medicines means reliability issues their status symbol or location of Jan Aushadhi Store.

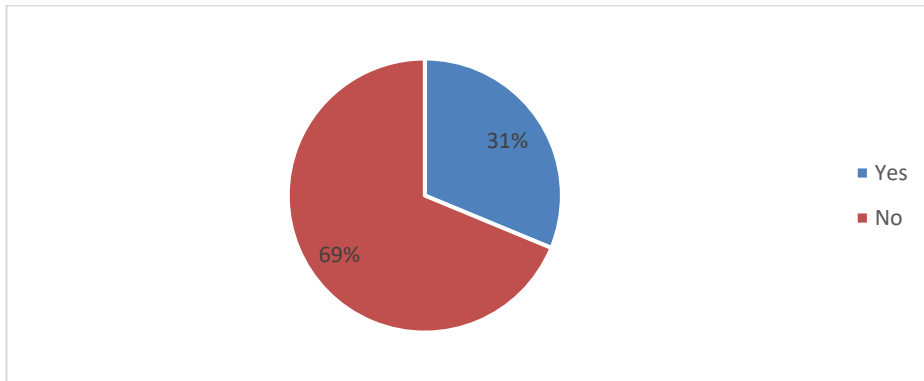
Have use of Generic Medicines in life

112 Respondents



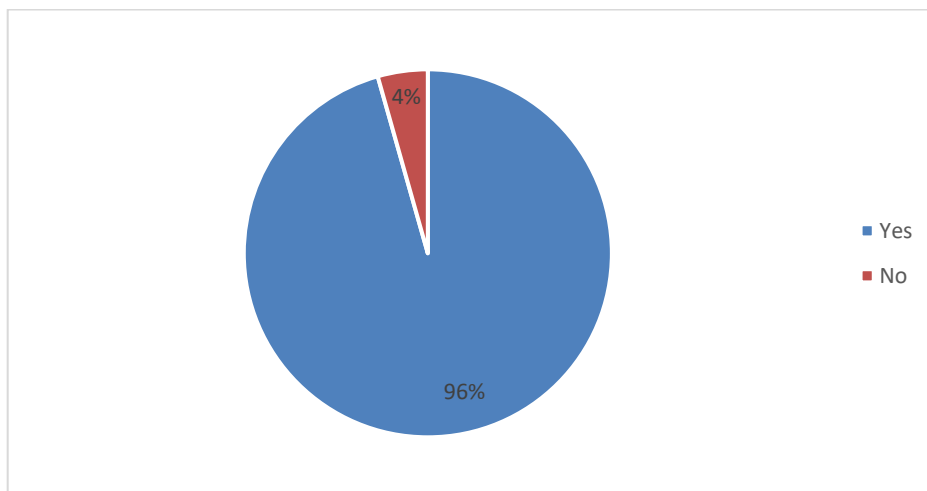
More than half of the respondents have not used generic medicines to date, the percentage is very high. Out of 112 respondents, only 39 has used generic medicines but not regularly. 73 respondents had not used generic medicines in their life. It clearly indicates that there is a lack of interest on the part of the government.

Acquaintance with [PMJAY] Pradhan Mantri Jan Aushadhi Yojana



Out of 112 respondents, only 35 knew about PMJAY which is a very low percentage and the rest 77 respondents had not any idea about this scheme.

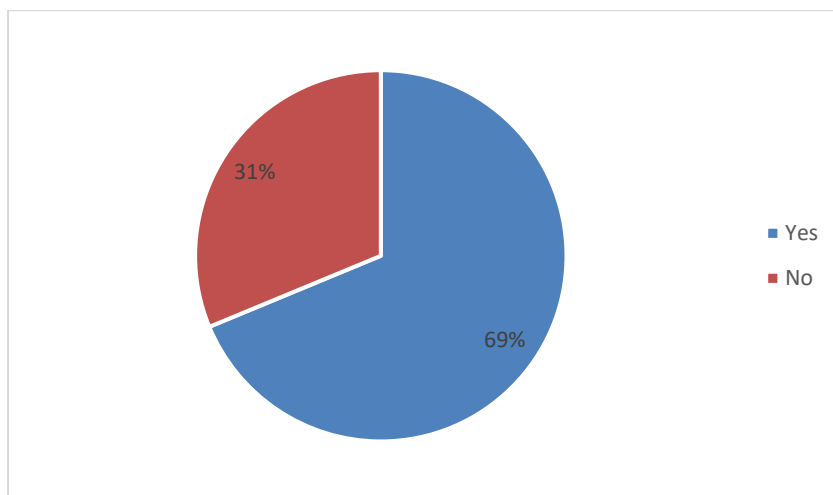
Distinguish between Branded Medicines and Generic Medicines



It is sad to know that majority means 78 respondents could not be distinguished between generic and branded medicines, and only 33 respondents could differentiate between the two. Unfortunately, the number is very less who could recognize.

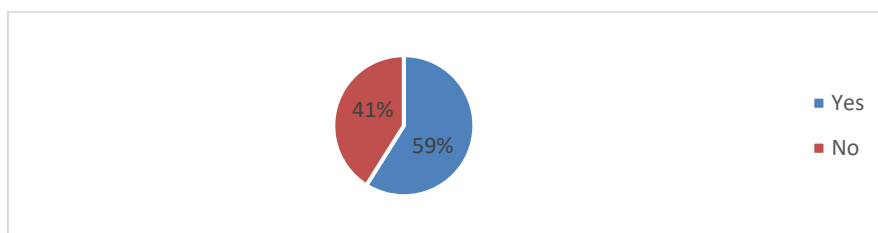
Awareness of Generic Medicines

Do you believe in generic drugs and prefer to go to Pradhan Mantri Jan Ayushadi Kendra?



People Believe in generic drugs but not absolutely. Out of 112 respondents, 77respondents said they will prefer to go to PMJAK. But a high number of respondents i.e 35 were not interested in going to Jan Aushadi Kendra. Need to find out the reason for not going, Is it due to distance, fewer stores and supply problems, poor assistance and other so, not having faith and they won't prefer to go Pradhan Mantri Jan Aushadi Kendra.

Purchase of Generic Medicines



Out of 112 respondents, 66take medicines from medical stores rather than PMJAK whereas 46 respondents would prefer to go to PMJAK. The majority of offline respondents were covered under ESI.

Case Study: Common Medicine – Crocin

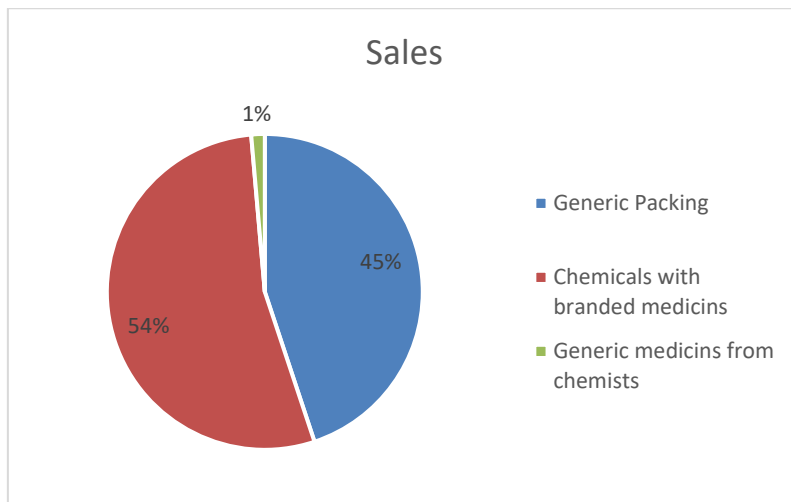
Crococin is a common antipyretic OTC (Over the Counter) drug available in India, for fever. Hence was used to substantiate our understanding of the awareness level among our respondents. Pick Out the feasible Chemical name of Crocin. As far as chemical name of crocin is concerned only 30 respondents out of 40 on line respondents could recognize ,5 respondents gave wrong answer and 5respondents

said don't know. On the other hand out of 72 respondents 38 respondents said 'Paracetamol' which is right answer .3 respondents gave wrong answer and 31 respondents said don't know. It is very surprising to know that even educated people could not give chemical name of crocin in spite of options were provided . Crocin is most commonly used medicine.

When is Crocin Taken ?

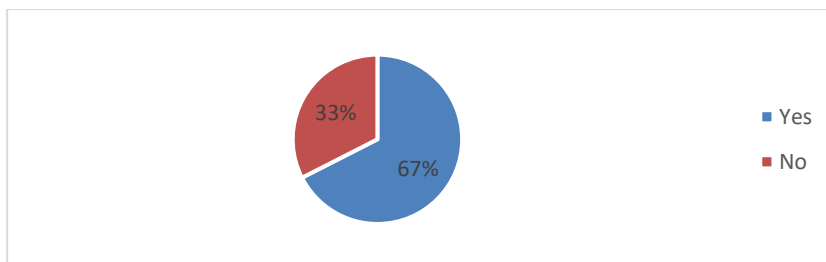
39 respondents out of 40 gave correct answer . In case of fever and pain , it is commonly used .On the other hand offline survey is conducted where out of 72 respondents 51 gave right answer ,22 had no idea.

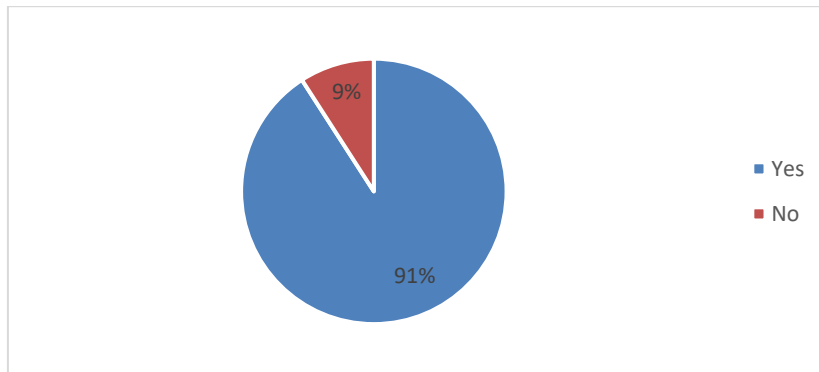
Respondent acquainted and able to identify the Generic Medicine's Packing



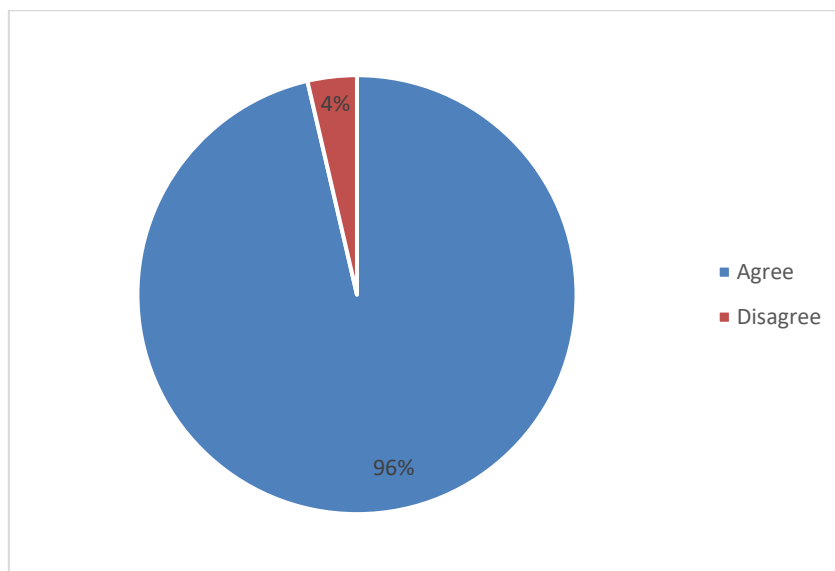
Only 51 Respondents out of 112, were comfortable with and knew the packing of the generic medicine available at Jan Aushadhi Kendra, because of the labelling. Hence, they trusted generic medicine. Rest were confused between branded medicines available with the chemist, which were being passed off as 'generic' and branded drugs.

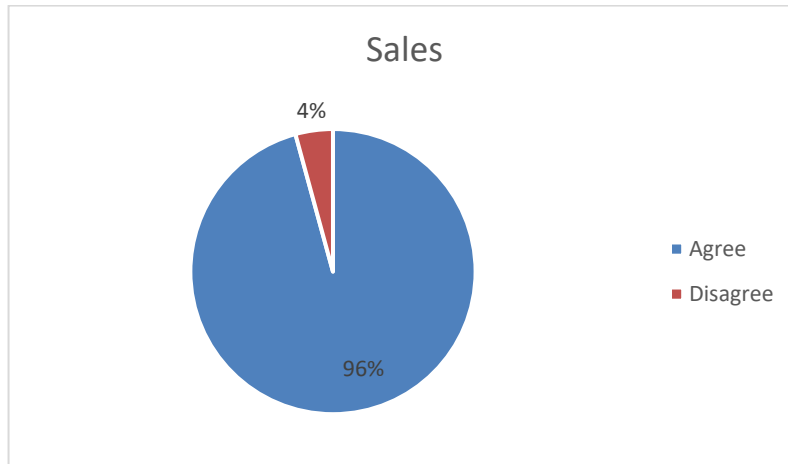
Believe in Quality, Money is not the criteria Online



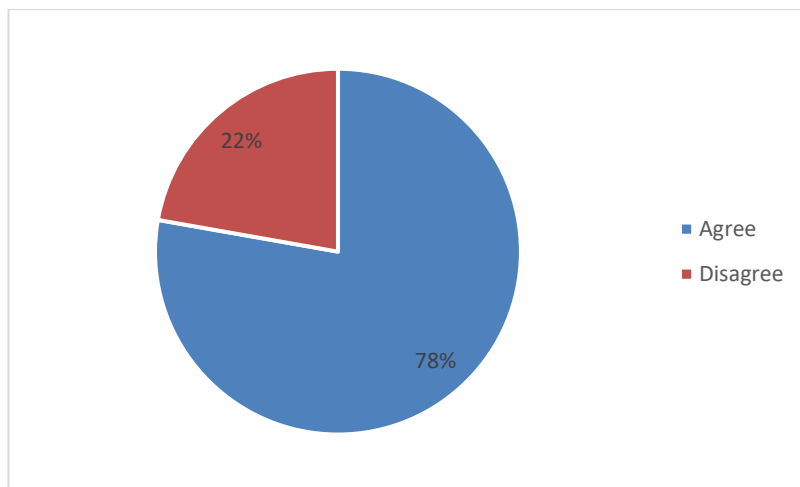
Offline

Among the higher-income group, 67.5% believe in the quality of medicines so they are not ready to compromise on quality due to economic reasons. Here 82.5% earn more than Rs 50,000, even more, every month, as surveyed online. On the other side, the economic group where respondents' maximum earning capacity is up to Rs.20,000 i.e 31.9% also believe in quality but rest 68% said only money is the criteria to decide the choice.

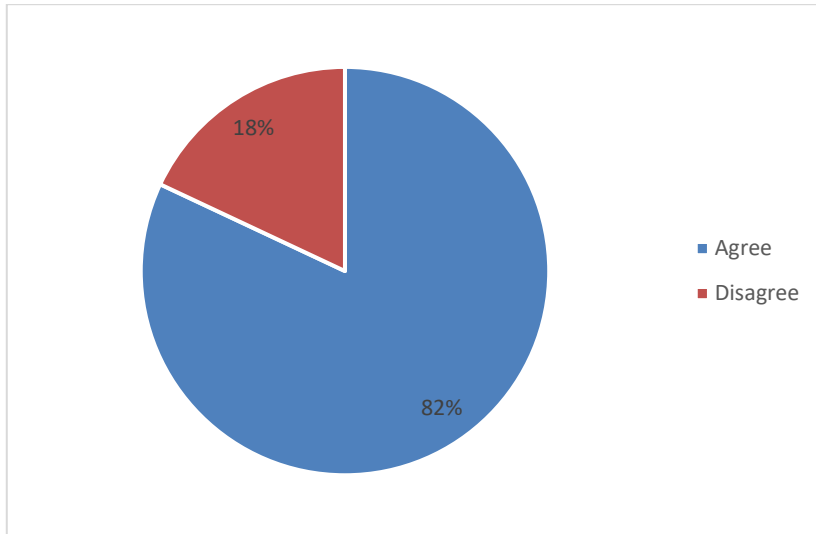
Interaction with Doctors /Chemists regarding prescription of medicines**Online**

Offline

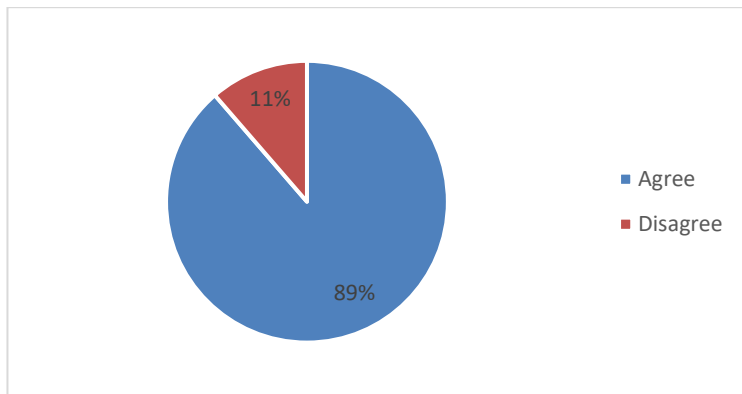
As far as the prescription is concerned 85% of respondents were comfortable with doctors and chemists with their prescription and do not like to interact and interfere because all are educated and shown their understanding of medicines. Due to their educational background, they were confident and could take a rational decision. But the rest 15 % wanted to talk about the generic substitution. On the other side, 72.2% want to understand the dosages of medicines [Low educational background], but 25% like to interact with doctors and chemists for cheaper medicines availability.

New packing [Contrasting Packing] creates confusion
Online

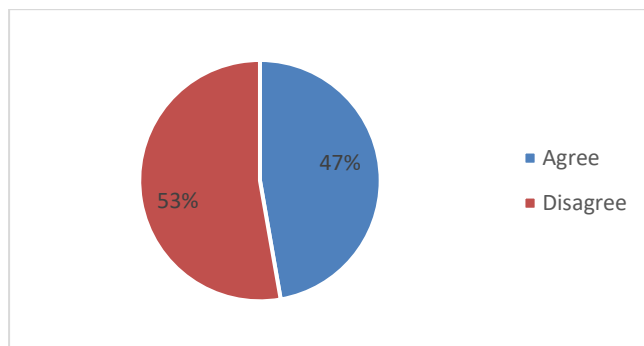
Offline



**Reimbursement Spent on medicines
Online**



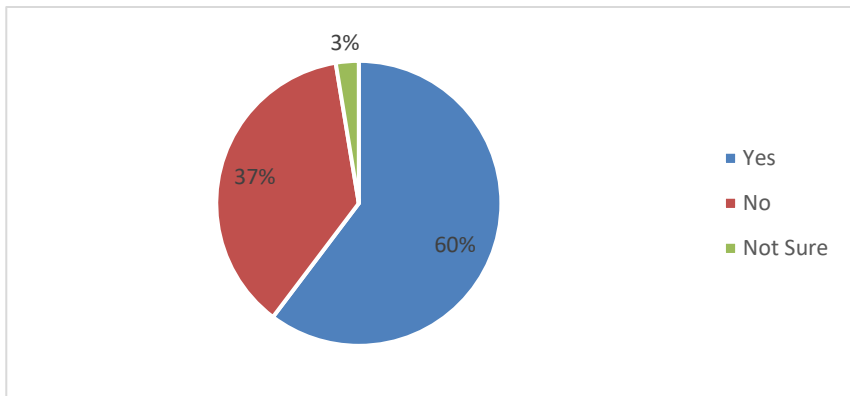
Offline



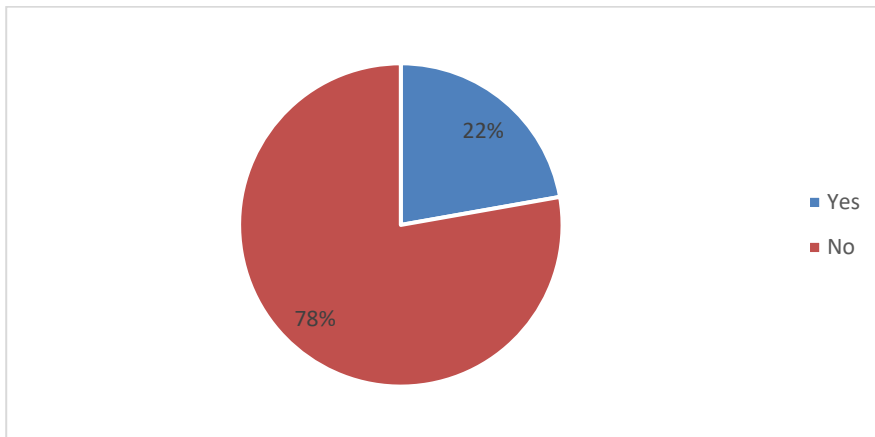
As far as the majority of online respondents is concerned, With high socioeconomic class, the majority of respondents do not get any kind of reimbursement spent on medicines, do not get any penny but believe in good health, so ready to spend on quality medicines only respondents 10 [i.e 25 %] out of respondents 40 gets money back through reimbursement, so money is not the criteria for them. On the other side i.e low economic group, the majority i.e 47.2 % are covered under ESI [Employee State Insurance] but do not have any provision for reimbursement but the rest i.e 52.7 % are not getting any privilege for reimbursement or ESI.

Knowledge about medicines

Online

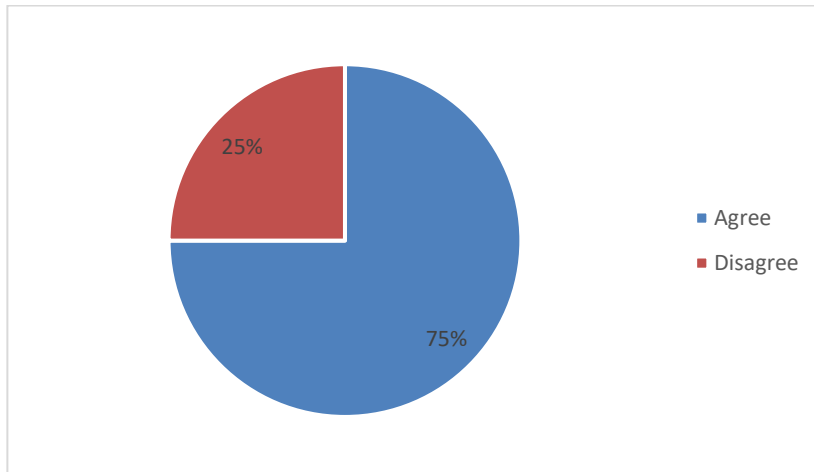


Offline

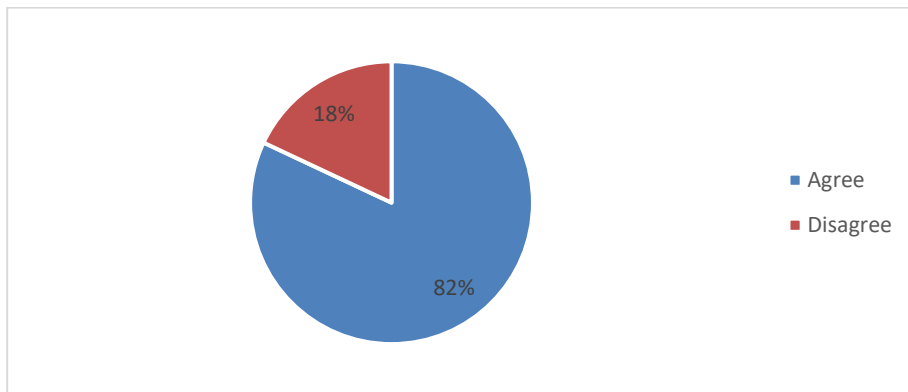


Out of 72 respondents only 16 said 'Yes' i.e 22.2 % know little due to interest and necessity .On the other hand means high socio-economic group out of 40 respondents only 13 i.e 32.5 % had knowledge about medicines due to interest and necessity but 19 respondents i.e ,47.5 % were not sure about right decision taken but no one was medically and parametrically trained.

Government Responsibility Online



Offline



As far as an educated class [online surveyed] is concerned, 75% of respondents had blamed the government for lack of information and non-advertisement of generic medicines. There is a lack of political will, but 25% did not blame the government. On the other side, the socio-economic group is concerned 81.94% also blamed the government for not actively participating. If the government decides to reduce the out-of-pocket expenses through the substitution of the generic drug, they would have been advertising on different platforms. It is the responsibility of the government to make people aware of low-cost medicines so people can inculcate beliefs in their drugs but surprisingly 25% and 18% of [online and offline] surveyed did not blame the government.

Suggestions

For the success of PMJAY below suggestions must be implemented.

- Regulation 1.5 of Medical Council Regulation 2002 is advisory only not mandatory which says that every physician should as far as possibly prescribe generic medicine. [Normally doctors are not convinced with the concept of PMJAKendra and think these Kendras will collapse very soon, these are very less in India.] We need amendment into the MCI ethics rules, enforceability has to be there otherwise it is not possible to reduce out of pocket expenses.
- People think generic medicine available at chemist or pharma shop is same which is available in PMJA Kendra. The proper information has to be given to public that both the medicines are different. To reduce the out of pocket expenses only way is to take the generic medicines from PMJA Kendra only.
- To reduce benefit public especially low economic Income group, information has to be circulated in a simple way to foster the need of poor strata.
- Active substance must have to be highlighted on the packing of generic medicines. It is the the main compound used in medicines ,has to be highlighted .
- International image has to be taken care so quality has not to be compromised. The Karen L. Bartlett Case and the Ranbaxy Saga Case has been an eye opener and government must ensure quality irrespective of place of use whether domestic or international .Quality and standard of generic drugs use has to be maintained.
- It is found that knowledge about medicines is missing.
- There has to be provision for generic medicine in union budget.
- Proper publicity of Government schemes like Jan Ausadhi Kendra needed through advertisement.

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