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Original Research Article

Pradhan Mantri Bharatiya Janaushadhi Pariyojana and the perception of medical students towards generic medicines in North Karnataka: a cross-sectional study

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ABSTRACT

Background: Rising healthcare costs are a big concern in a populous nation like India. In April 2008, the Indian government introduced the Janaushadhi initiative, which offers inexpensive generic medications, in an effort to curb rising health costs. In Indian homes, a significant amount of out-of-pocket costs are related to medications. This study aims to assess the perception regarding Janaushadhi program among medical students in Karnataka. Access to medicines, affordability, practical implementation of the project was ascertained through this study. Medical students who are the doctors of the future, their preference for branded or generic medicines were ascertained in this study.
Methods: A cross-sectional study, done among 157 Medical Students of Vijayapura District from January to February 2026. The participants were selected using convenience sampling technique. Data was collected using a structured questionnaire, that assessed the perception on Janaushadhi Program, which was distributed as Google form.
Results: The participants were from the age group of 17 years to 26 years and were MBBS medical students from 1st year. The majority of the participants were females 95 (60.5%), and males 62 (39.5%). 77.1% were aware about generic medicines, 65.6% understood the difference between generic and branded medicines. 128 (81.5%) thought that Jan Aushadhi medicine stores should be made available in every hospital.
Conclusions: The majority of medical students who participated in this study 128 (81.5%) thought that generic medicines were less costly than branded medicines. 29 (18.5%) thought that generic medicines were not cheaper than branded medicines. There is association between gender and knowledge on Janaushadhi questions. Further studies should be done in this field and medical students should be given information regarding generic medicines.

Keywords: Janaushadhi, Generic medicines, Pharmacy, Pradhan Mantri Bharatiya Janaushadhi Pariyojana

INTRODUCTION

Even though India is the world's top exporter of generic medications, the majority of Indian patients still cannot afford them. India has one of the highest out of pocket expenses in the world, Accounting for 52% of health expenditures in 2019-2020, according to national health accounts estimates. According to a cross-sectional study that looked at many National statistical office (NSO) surveys, out of pocket medical expenses drove 55 million Indians into poverty between 1994 and 2014.[1] In 2008, the Indian government introduced the Janaushadhi Schemes to address these issues. Through a specialized network of Janaushadhi Kendras, the project sought to increase access to reasonably priced, high quality generic medications. At first the program grew slowly; by 2015, there were less

than 100 Kendra's in operation. In 2016, the program underwent a major restructuring to become the Pradhan Mantri Bharatiya Jan Aushadhi Pariyojana (PMBJP), which strengthened quality assurance mechanisms and expanded its scope. Since then, the program has expanded quickly. Going to over 9000 by 2023, with an official goal of 10.500 Kendra's by 2025. Before being distributed, every batch is put through quality testing at labs approved by the NABL. Sales have grown significantly in tandem with the network's growth, surpassing Rs 890 crore in 2022. The product line has grown to include 200 surgical instruments and more than 1450 medications under PMBJP. Before being distributed, every batch of generics is subjected to quality testing at NABL accredited laboratories. All generics are purchased from WHO-GMP approved manufacturers. These systems are designed to increase public trust and guarantee that generic medicines fulfil international quality requirements.[2] Prescription audits and other strict supply side regulations are needed to stop the widespread prescription of expensive branded medications.[3]

The first Pradhan Mantri Bharatiya Jan Aushadhi Kendra was opened in Amritsar, Punjab on November 25th 2008.[4] More than 18,000 Jan Aushadhi Kendra's offer high quality generic medications at discounts of 50 to 80%. Through a franchisee-based approach, the government hopes to open 25,000 Kendra's by march 2027, guaranteeing connectivity even in remote and rural locations. Special incentives up to Rs 2 lakh are given to women, SC/ST, divyangjan and veterans to start Kendra's, encouraging inclusive entrepreneurship. Menstrual health and digital access to reasonably priced healthcare are improved by programs like Sugam mobile app and Jan Aushadhi Suvidha sanitary napkins, which are available for Rs. 1.[5]

In order to raise awareness of reasonably priced, high quality generic medications, Jan Aushashi Saptah, 2026 was started as a nationwide outreach program. On March 7th, the 8th Janaushadhi Diwas was observed. Health checkup camps were organized nationwide in over 250 venues. The theme for 2026 is "*Janaushadhi sati bhi, bharosemand bhi, sehat ki baaat, bachat ke saath*". Every day between 10 and 12 lakh people visit these Kendra's nationwide, especially in rural and urban isolated locations, to obtain high quality medications at reasonable costs.[5] By March 2027, the government hopes to open 25,000 JAKs under the program. A franchise-based model has been used to accomplish this goal.[5] The PMBJP is thought to have saved the nations average citizens over RS 30,000 crore.[6]

There are still unanswered questions regarding the efficacy and quality of Janaushadhi medications, despite their high perceived affordability. To encourage trust, utilization, policy initiatives and awareness campaigns are required.[7] The Procurement and quality assurance wing of PMBJP conducts routine inspections of its suppliers manufacturing facilities to verify adherence to WHO-GMP and the Drugs and Cosmetics act 1940.[8] Policymakers and healthcare professionals will be better able to customize educational campaigns, enhance prescription practices, and ultimately foster greater faith in the Janaushadhi project if they have a better understanding of local perspectives.[7] Patients are significantly burdened financially by the expense of their drugs. It restricts therapy adherence and access. The prevalence of mental illness is increasing and long-term care is required. Adherence may be hampered by the high price of branded medication and scarcity of reasonably priced medications.[9]

The most widely used medications are dispensed by Jan Aushadhi Kendra without a license from the originator firm. The price of both approved and unscheduled medications is regulated by the Indian government. Furthermore, there is no excise tax on the medications.[10] Policy makers must guarantee that the availability of widely used drugs. Dentists claim that regulations governing the price of medications that dentists frequently prescribe will contribute to lowering the total cost of dental care.[11]

According to Chaudhary and co-workers, investigations on the objectivity of clinical pharmacy, adult type 2 diabetes patients were given Jan Aushadhi in place of branded anti diabetic medication for multiple periods of time. The findings showed that the HbA1C or branded and generic anti diabetic drugs was comparable, and the majority of patients thought that Janaushadhi was reasonably priced.[12] This study aims to assess the perception regarding Janaushadhi program among medical students in Karnataka. Access to medicines, affordability, practical implementation of the project was ascertained through this study. Medical students who are the doctors of the future, their preference for branded or generic medicines were ascertained in this study.

METHODS

Study area

BLDE (DU) Shri B.M. Patil Medical College Hospital and Research Centre, Vijayapura, Karnataka, India was chosen as the study area. Institutional ethical clearance was obtained - BLDE (DU)/IEC-SBMPMC/391/2025-26.

Study period

January to February 2026 was chosen as the study period.

Study design and participants

A cross-sectional study design was selected for this study. Convenience sampling method was used in this study.

Sample size was calculated assuming that the general proportion of awareness of generic medicines among medical students were 68%. The study would require a

minimum sample size of 131 for estimating the proportion with 8% absolute precision and 95% confidence level.

Formula: $n = \frac{Z^2_{\frac{\alpha}{2}} P\,(1-P)}{d^2}$ were, P is the expected population proportion=0.68, d is the margin of error (absolute difference between sample proportion and population proportion)=0.08, $Z_{\frac{\alpha}{2}}$ is Z value corresponding to the desired confidence level (e.g. 1.96 for 95% confidence) =1.96. Finally, 157 participants enrolled for this study.

Inclusion criteria

MBBS medical students were recruited as the study participants. Those who were willing to be part of this study was recruited.

Exclusion criteria

Those students who were absent on the day of data collection were excluded. Also, those students who were not willing to participate and who had not given their written informed consent were excluded from the study.

Data collection

A self-administered, semi structured questionnaire, was used to collect data. First year MBBS medical students were asked to fill the google form which was shared to the participants.

Data analysis

The collected data was represented as frequency, percentages and chi square tests. The results were represented in tabular form and in figures for clarity and ease of representation. Statistical package for social sciences (SPSS) was used in this study.

RESULTS

The sociodemographic profile of the study participants reveals that medical students from the age of 17 to 26 years participated in the study. Gender wise distribution was ninety-five participants (60.5%) were females and 62 (39.5%) were males. Educational background of the participants was that all were 1st year MBBS medical students.

Regrading study specific questions, 121 (77.1%) said that they were aware of generic medicines and 36 (22.9%) were not aware of generic medicines.

Majority of the participants 103(66.6%) understood the difference between generic medicine and branded medicines, whereas 35 (22.3%) did not know the difference between generic and branded medicines, while 19 (12.1%) did not have any idea on this topic. Majority of the participants 103(66.6%) understood the difference between generic medicine and branded medicines, whereas 67 (42.7%) preferred branded medicines.

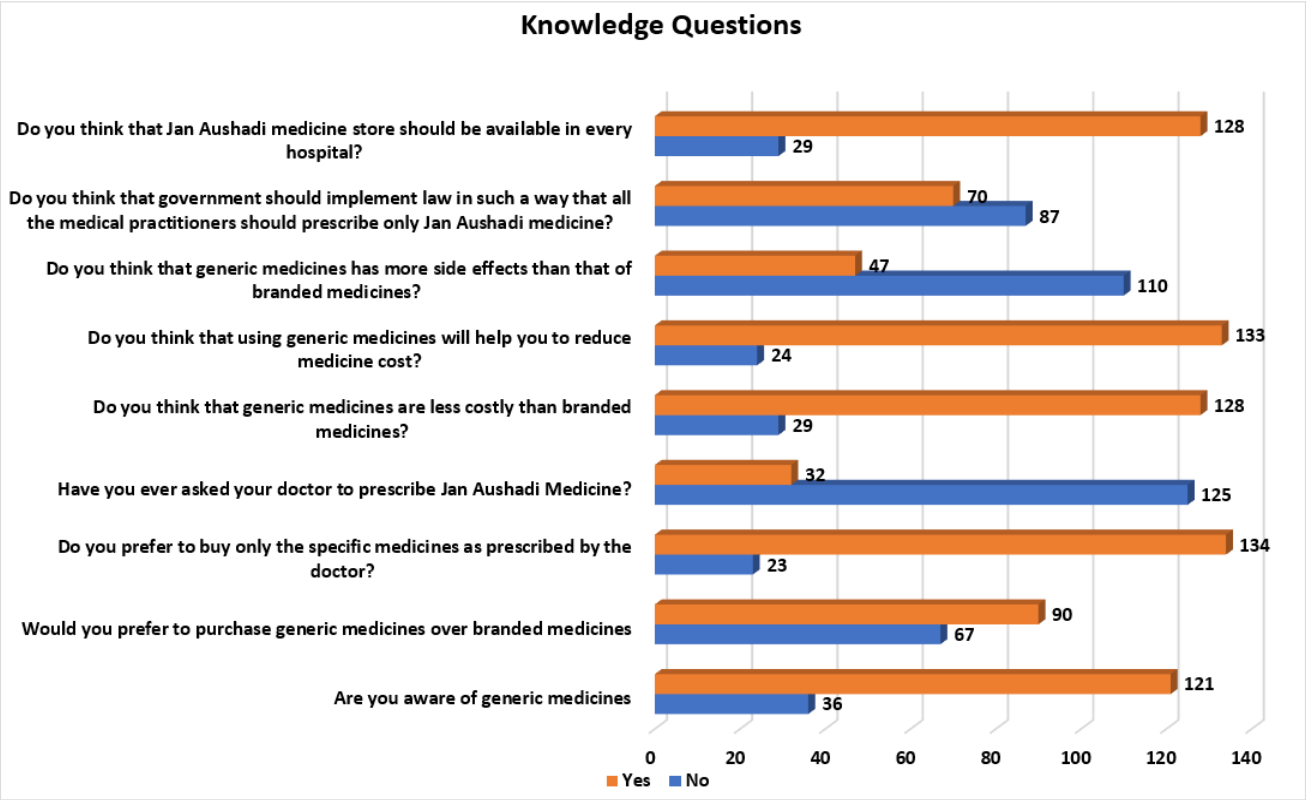

Figure 1: Knowledge questions regarding generic medicines and Janaushadhi.

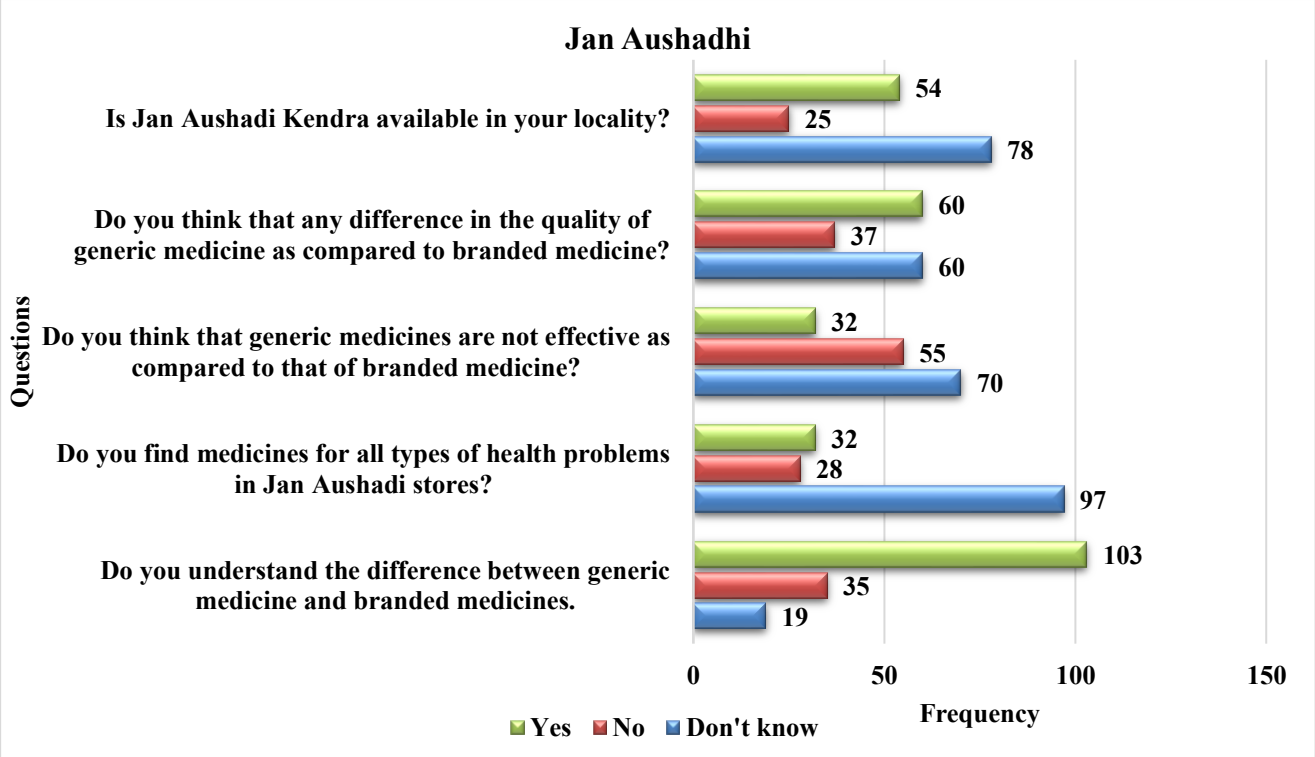

Figure 2: Questions regarding perception on Janaushadhi and Generic medicines.

Table 1: Sociodemographic profile.

	Age group	Numbers	Percentage (%)
Age (years)	17-20	140	89.1
	21-24	14	8.9
	25 and above	3	1.8
Gender	Female	95	60.5
	Male	62	39.5

When enquired as to which type of medicines was often prescribed by their medical consultants, 72 (25.9%) revealed that branded medicines were the choice of their consultants, while 49 (31.2%) said that they did not know what was prescribed by the consultants and 36 (22.9%) chose generic medicines. 134 (85.4%) revealed that they preferred to buy only the specific medicines as prescribed by the doctor, while 23 (14.6%) were not particular to buy the exact drugs suggested by the doctor. When asked if they had ever asked their doctor to prescribe Jan Aushadhi medicine, majority 125 (79.6%) said an overwhelming no, while 32 (20.4%) said that they would in fact ask their doctor to prescribe Janaushadhi medicines. When the participants were quizzed on the subject that if they found medicines for all types of health problems in Jan Aushadhi stores, 97 (61.8%) said that they were not aware about this, while 32 (20.4%) said that they indeed believed that these stores had all the medicines for all kinds of ailments. 28 (17.8%) did not think that medicines for all types of health problems were available in Janaushadhi stores.

The majority of medical students who participated in this study. 128 (81.5%) thought that generic medicines were less costly than branded medicines. 29 (18.5%) thought that generic medicines were not cheaper than branded medicines. More than three fourths of the study subjects 133 (84.7%), believed that using generic medicines would help to reduce medicine costs. 55 (35%) of study participants thought that generic medicines were not as effective as compared to branded medicines. 32 (20.4%) believed that generic medicines were effective when compared to branded medical products, while 70 (44.6%) did not know the answer to this particular question.

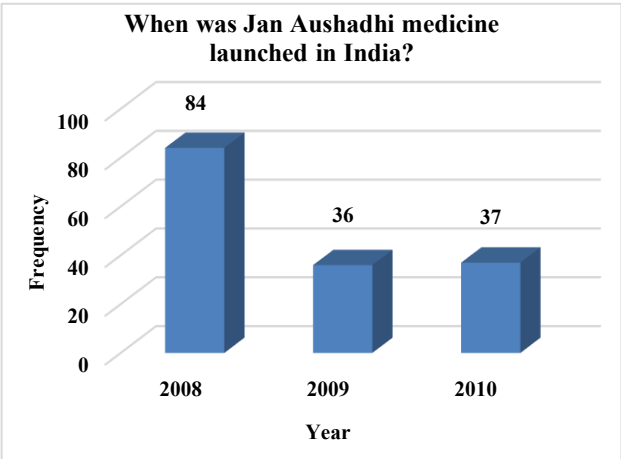

Figure 3: Awareness regarding the launch year of Janaushadhi.

The medical students replied to the question as to whether they thought that there was any difference in the quality of generic medicine as compared to branded medicines, 60 (38.2%) replied yes, 37 (23.6%) said no, while 60 (38.2%) said do not know. Only 47 (29%) believed that generic medicines have more side effects than that of branded medicines, while the majority 110 (70.1%) did not think so. The majority 87 (55.4%) thought that the government should not enact laws in such a way that all medical practitioners should prescribe only Janaushadhi medicines, while 70 (44.6%) thought that laws to enforce Janaushadhi prescription must be enacted. When asked in which year Janaushadhi medicine was launched in India 84 (53.5%) rightly identified the year 2008, while 37 (23.6%) and 36 (22.9%) failed to rightly identify the launch year of Janaushadhi in India.

Table 2: Generic medicines and janaushadhi questions.

Questions		Frequency	Percentage (%)
Are you aware of generic medicines	No	36	22.9
	Yes	121	77.1
Do you understand the difference between generic medicine and branded medicines.	Do not know	19	12.1
	No	35	22.3
	Yes	103	65.6
Would you prefer to purchase generic medicines over branded medicines	No	67	42.7
	Yes	90	57.3
Which type of medicines are often prescribed by your medical consultants	Branded medicines	72	45.9
	Do not know	49	31.2
	Generic medicines	36	22.9
Do you prefer to buy only the specific medicines as prescribed by the doctor?	No	23	14.6
	Yes	134	85.4
Have you ever asked your doctor to prescribe Jan Aushadi medicine?	No	125	79.6
	Yes	32	20.4
Do you find medicines for all types of health problems in Jan Aushadi stores?	Do not know	97	61.8
	No	28	17.8
	Yes	32	20.4
Do you think that generic medicines are less costly than branded medicines?	No	29	18.5
	Yes	128	81.5
Do you think that using generic medicines will help you to reduce medicine cost?	No	24	15.3
	Yes	133	84.7
Do you think that generic medicines are not effective as compared to that of branded medicine?	Do not know	70	44.6
	No	55	35.0
	Yes	32	20.4
Do you think that any difference in the quality of generic medicine as compared to branded medicine?	Do not know	60	38.2
	No	37	23.6
	Yes	60	38.2
Do you think that generic medicines have more side effects than that of branded medicines?	No	110	70.1
	Yes	47	29.9
Do you think that government should implement law in such a way that all the medical practitioners should prescribe only Jan Aushadi medicine?	No	87	55.4
	Yes	70	44.6
When was Jan Aushadhi medicine launched in India?	2008	84	53.5
	2009	36	22.9
	2010	37	23.6
Is Jan Aushadhi Kendra available in your locality?	Do not know	78	49.7
	No	25	15.9
	Yes	54	34.4
Do you think that Jan Aushadi medicine store should be available in every hospital?	No	29	18.5
	Yes	128	81.5

Table 3: Association between gender and questions.

Questions		No	Yes	Total	Chi-square	P value
Are you aware of generic medicines and would you prefer to purchase generic medicines over branded medicines	No	22 (61.1)	14 (38.9)	36 (100)	6.490	0.011*
	Yes	45 (37.2)	76 (62.8)	121 (100)		
Gender with would you prefer to purchase generic medicines over branded medicines	Female	47 (49.5)	48 (50.5)	95 (100)	4.545	0.033*
	Male	20 (32.3)	42 (67.7)	62 (100)		
Gender with are you aware of generic medicines	Female	25 (26.3)	70 (73.7)	95 (100)	1.561	0.212
	Male	11 (17.7)	51 (82.3)	62 (100)		
Gender with do you prefer to buy only the specific medicines as prescribed by the doctor?	Female	9 (9.5)	86 (90.5)	95 (100)	5.154	0.023*
	Male	14 (22.6)	48 (77.4)	62 (100)		
Gender with have you ever asked your doctor to prescribe Jan Aushadhi medicine?	Female	83 (87.4)	12 (12.6)	95 (100)	8.905	0.003*
	Male	42 (67.7)	20 (32.3)	62 (100)		
Gender with do you think that generic medicines are less costly than branded medicines?	Female	14 (14.7)	81 (85.3)	95 (100)	2.228	0.136
	Male	15 (24.2)	47 (75.8)	62 (100)		
Gender with do you think that using generic medicines will help you to reduce medicine cost?	Female	13 (13.7)	82 (86.3)	95 (100)	0.477	0.490
	Male	11 (17.7)	51 (82.3)	62 (100)		
Gender with do you think that generic medicines have more side effects than that of branded medicines?	Female	72 (75.8)	23 (24.2)	95 (100)	3.760	0.052
	Male	38 (61.3)	24 (38.7)	62 (100)		

*P<0.05 is statistically significant.

Table 4: Association between gender and questions.

Questions		No	Yes	Total	Chi-square	P value
Gender with do you think that government should implement law in such a way that all the medical practitioners should prescribe only Jan Aushadi medicine?	No	55 (57.9)	40 (42.1)	95 (100)	0.599	0.439
	Yes	32 (51.6)	30 (48.4)	62 (100)		
Gender with do you think that Jan Aushadi medicine store should be available in every hospital?	No	15 (15.8)	80 (84.2)	95 (100)	1.149	0.284
	Yes	14 (22.6)	48 (77.4)	62 (100)		
Question		**Branded medicines**	**Do not know**	**Generic medicines**	**Chi-square**	**P value**
Gender with which type of medicines is often prescribed by your medical consultants	Female	47 (49.5)	32 (33.7)	16 (16.8)	5.045	0.080
	Male	25 (40.3)	17 (27.4)	20 (32.3)		

Table 5: Association between gender and questions.

Questions		Do not know	No	Yes	Chi-square	P value
Gender with do you understand the difference between generic medicine and branded medicines.	Female	10 (10.5)	25 (26.3)	60 (63.2)	2.459	0.292
	Male	9 (14.5)	10 (16.1)	43 (69.4)		
Gender with do you find medicines for all types of health problems in Jan Aushadhi stores?	Female	68 (71.6)	16 (16.8)	11 (11.6)	13.016	0.001*
	Male	29 (46.8)	12 (19.4)	21 (33.9)		
Gender with do you think that generic medicines are not effective as compared to that of branded medicine?	Female	46 (48.4)	36 (37.9)	13 (13.7)	6.651	0.036*
	Male	24 (38.7)	19 (30.6)	19 (30.6)		

Continued.

Questions		Do not know	No	Yes	Chi-square	P value
Gender with do you think that any difference in the quality of generic medicine as compared to branded medicine?	Female	40 (42.1)	25 (26.3)	30 (31.6)	4.497	0.106
	Male	20 (32.3)	12 (19.4)	30 (48.4)		
Gender with is Jan Aushadhi Kendra available in your locality?	Female	57 (60)	17 (17.9)	21 (22.1)	16.306	0.000*
	Male	21 (33.9)	8 (53.2)	33 (53.2)		

*P<0.05 is statistically significant.

Majority of the medical students 78 (49.7%) were not aware if there was a Janaushadhi Kendra near their locality. Only 54 (34.4%) were aware of the location of Janaushadhi Kendra near their place, while 25 (15.9%) said that no Janaushadhi Kendra was available near their location. The majority 128 (81.5%) thought that Janaushadhi medicine store should be made available in every hospital, while 29 (18.5%) did not subscribe to this view.

DISCUSSION

In our study, the sociodemographic profile of the study participants reveals that medical students from the age of 17 to 26 years participated in the study. Gender wise distribution was ninety-five participants (60.5%) were females and 62 (39.5%) were males. Educational background of the participants was that all were 1st year MBBS medical students. Regrading study specific questions, 121 (77.1%) said that they were aware of generic medicines. Majority of the participants 103(66.6%) understood the difference between generic medicine and branded medicines. When enquired as to which type of medicines was often prescribed by their medical consultants, 72 (25.9%) revealed that branded medicines were the choice of their consultants.134 (85.4%) revealed that they preferred to buy only the specific medicines as prescribed by the doctor. When asked if they had ever asked their doctor to prescribe Jan Aushadhi medicine, majority 125 (79.6%) said an overwhelming no. When the participants were quizzed on the subject that if they found medicines for all types of health problems in Jan Aushadhi stores, 97 (61.8%) said that they were not aware about this. 128 (81.5%) thought that generic medicines were less costly than branded medicines. 133 (84.7%), believed that using generic medicines would help to reduce medicine costs. Only 47 (29%) believed that generic medicines have more side effects than that of branded medicines. The majority 87 (55.4%) thought that the government should not enact law in such a way that all medical practitioners should prescribe only Jan Aushadhi medicines. When asked in which year Jan Aushadhi medicine was launched in India 84 (53.5%) rightly identified the year 2008. Majority of the medical students 78 (49.7%) were not aware if there was a Jan Aushadhi Kendra near their locality. The majority 128 (81.5%) thought that Jan Aushadhi medicine store should be made available in every hospital. In a study conducted in Andaman and Nicobar Islands by Chaturvedi et al, 116 (58%), of the 200 participants were men, and the remaining 84 (42%) were women. According to demographic data, 62 (31%) of the patients were between the ages of 41 and 50, 51 (25.5%) were between the ages of 51 and 60. It was discovered that the majority of participants lacked a thorough understanding of generic medication facts on the Jan Aushadhi Scheme. Most participants believed that the quality of generics was not comparable to that of branded products.[1]

In a study conducted by James et al in India, it was noted that all Jan Aushadhi generic medications were less expensive than branded ones, with the exception of salmeterol. Salmeterol (25 mcg) showed the smallest cost difference, where tiotropium bromide showed the largest cost difference. Tiotropium bromide (9 mcg) had the greatest cost ratio (5.55) and cost variance (455.454).[8]

In a study by Behra et al, an observational study to analyze 696 branded formulations for ear nose throat ENT conditions, Jan Aushadhi prices were compared and analyzed. Wide cost variation was seen in branded formulations and correlation analysis revealed that larger brand numbers were linked to higher price dispersion rather than low. Even though the majority of JAS medications were affordable according to WHO, long term treatments like glaucoma medications continued to be costly for low-income households. Additional research revealed that storage needs, packaging and dosage type all contribute to ongoing pricing disparities.[2]

In a study by Lohi et al, TKIs made up the bulk (72.73%) of the 33 oral targeted anticancer medications that were examined. Bosutinib's percentage cost variation was 8%, whereas Midostaurins was 14774.74%. Corresponding cost ratios reached 148.75. Of the 33 medications, 14 had Jan Aushadhi formulations. While cost ratios reached 148.75. of the 33 medications. 14 had Janaushadhi formulations. While percentage savings varied from 58.89% (Dasatinib) to 91.32% (Imatinib). Absolute savings compared to median branded pricing ranged from Rs. 2,968(Dasatinib) to Rs 25,270 (Lapatinib). According to affordability analysis, Janaushadhi versions only needed 3.44%-73.63% of the monthly per-capita income. While Janaushadhi products significantly improved affordability (W=55.0, p=0.002).[13]

In a study done by Krishna et al, in India, indicated that while all anticancer drugs used in the treatment of

gynecological cancers were available in both costliest and cheapest brand category, bevacizumab and liposomal doxorubicin were unavailable in the Jan Aushadhi stores. The paclitaxel carboplatin regimen had the biggest cost variation between the costliest brand and Jan Aushadhi (Rs 81,273).

The paclitaxel carboplatin bevacizumab regimen had greatest cost difference (Rs 14.61.646), while weekly cisplatin (Rs 4017) showed less variation. When replacing the most expensive branded pharmaceuticals with cheaper brands ort Jan Aushadhi drugs, the cisplatin paclitaxel regimen cost 4.8 to 9.5 times less (Rs 107.655 vs Rs 54,414 vs Rs 13,464). For single agent chemotherapy, substituting the most expensive branded medications withy cheaper or Jan Aushadhi products saved money as follows" paclitaxel 37.266 to 55.149: carboplatin Rs 5.556 to Rs 26,124 and liposomal doxorubicin 22,804. This shows there is a huge difference in between the costly and cheapest branded anticancer drugs and based regimens in treating gynecological cancer.[14]

Limitations

This study was done in a single location so generalizability cannot be assured. Also, this study was done among only medical students, other streams like doctors, nurses, paramedics and patients would be part of future studies. A larger sample size and multi centric studies would ensure better generalizability.

CONCLUSION

In our study, the sociodemographic profile of the study participants reveals that medical students from the age of 17 to 26 years participated in the study. Gender wise distribution was ninety-five participants (60.5%) were females and 62 (39.5%) were males. Educational background of the participants was that all were 1st year MBBS medical students. Regrading study specific questions, 121 (77.1%) said that they were aware of generic medicines. Majority of the participants 103(66.6%) understood the difference between generic medicine and branded medicines. When enquired as to which type of medicines was often prescribed by their medical consultants, 72 (25.9%) revealed that branded medicines were the choice of their consultants.134 (85.4%) revealed that they preferred to buy only the specific medicines as prescribed by the doctor. When asked if they had ever asked their doctor to prescribe Jan Aushadhi medicine, majority 125 (79.6%) said an overwhelming no. When the participants were quizzed on the subject that if they found medicines for all types of health problems in Jan Aushadhi stores, 97 (61.8%) said that they were not aware about this. 128 (81.5%) thought that generic medicines were less costly than branded medicines. 133 (84.7%), believed that using generic medicines would help to reduce medicine costs. Only 47 (29%) believed that generic medicines have more side effects than that of branded medicines. The majority 87 (55.4%) thought that the government should not enact law in such a way that all medical practitioners should prescribe only Jan Aushadhi medicines. When asked in which year Jan Aushadhi medicine was launched in India 84 (53.5%) rightly identified the year 2008. Majority of the medical students 78 (49.7%) were not aware if there was a Jan Aushadhi Kendra near their locality. The majority 128 (81.5%) thought that Jan Aushadhi medicine store should be made available in every hospital. Many questions when compared with gender gave several associations and were statistically significant and these are given in the tables.

Recommendations

Medical students should be made aware of the schemes enacted by the government in ensuring supply of generic medicines at affordable costs through IEC activities. Television, radio, print media, social media platforms should be used to propagate the achievements and benefits of Jan Aushadhi scheme. Doctors should be encouraged to prescribe Jan Aushadhi medicines. Implementation of Jan Aushadhi program has to be monitored and necessary changes have to be made.

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