



CONSUMER PERCEPTION ON GENERIC MEDICINES AND THEIR BUYING BEHAVIOR: BASIS FOR ACTION PLAN

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ABSTRACT

This study examined consumer perception of generic medicines and their buying behavior among residents of Barangay Banlic, Cabuyao, Laguna, as a basis for developing an action plan to promote their utilization. Specifically, it assessed respondents' perception in terms of knowledge, attitude, and practices, evaluated their purchasing behavior, identified differences based on demographic and socio-economic profiles, and determined the relationship between perception and buying behavior. A quantitative descriptive-correlational design with a comparative approach was employed, involving 377 respondents selected through survey methods. Data were gathered using a validated, self-administered questionnaire and analyzed using statistical tools, including weighted mean, standard deviation, the Kruskal-Wallis test, and Spearman's rho correlation. Findings revealed that respondents demonstrated a very high level of perception toward generic medicines, reflecting strong awareness, positive attitudes, and acceptance of their affordability and quality. Their buying behavior was also rated high, characterized by careful product evaluation, active information-seeking, and reliance on professional medical advice. Significant differences in perception were observed when individuals were grouped according to age, residency, and income; however, no significant differences were found in purchasing behavior across these demographic variables. Moreover, the study found no significant relationship between consumer perception and buying behavior, indicating that external factors such as prescribing practices, medicine availability, and healthcare system conditions play a more influential role in purchasing decisions. The study concludes that while perception is well established, sustained utilization of generic medicines depends on structural interventions. An action plan is proposed focusing on strengthening prescribing practices,

improving accessibility, enhancing transparency, and reinforcing local policy implementation to support consistent use of generic medicines.

Keywords: *Consumer Perception, Generic Medicines, Buying Behavior, Descriptive-Correlational, Comparative Study, Action Plan, Public Health Policy*

INTRODUCTION

The rising cost of healthcare remains a persistent global concern, particularly in developing countries where access to essential medicines is constrained by economic limitations. To address this, the World Health Organization promotes the use of generic medicines as cost-effective alternatives that are therapeutically equivalent to branded drugs, supporting equitable access to healthcare services (World Health Organization, 2023). In line with this, many national governments have enacted policies encouraging generic substitution as a strategy to reduce out-of-pocket health expenditures.

In the Philippines, the implementation of Republic Act No. 6675 (Generics Act of 1988) institutionalized the promotion of generic medicines across healthcare systems. Despite this legal framework, studies continue to report persistent preference for branded medicines among consumers, often driven by perceived efficacy, trust in pharmaceutical brands, and healthcare provider influence (Mishuk et al., 2021). This suggests that regulatory support alone may not be sufficient to ensure consistent consumer adoption of generics at the community level.

Consumer decision-making in healthcare can be understood through behavioral frameworks such as Assael's consumer behavior typology, which explains purchasing behavior in terms of involvement level and perceived risk, ranging from complex buying to habitual and variety-seeking behavior (Kotler & Keller, 2016). In medicine purchasing, high perceived risk often leads consumers to rely on external cues such as physician recommendations, product appearance, and institutional trust rather than objective product equivalence.

Empirical evidence further suggests that knowledge and positive perception of generic medicines do not always translate into actual utilization. System-level factors such as pricing policies, regulatory enforcement, and healthcare provider behavior have been identified as stronger determinants of medicine use than individual attitudes alone (Howard et al., 2023). Likewise, sustained exposure to local health systems and government-supported pharmaceutical programs has been shown to enhance trust and acceptance of generic medicines (Pecotier, 2023).

In the Philippine local government context, LGUs play a crucial role in operationalizing national pharmaceutical policies through medicine distribution programs, price monitoring mechanisms, and public health education initiatives. However, variations in consumer behavior persist despite these interventions, suggesting that gaps may exist

between policy implementation, perception formation, and actual purchasing behavior at the community level.

In Barangay Banlic, Cabuyao, Laguna, branded medicines remain partially preferred despite the availability and promotion of generic alternatives through public health programs. This situation highlights a potential disconnect between consumer perception and actual buying behavior, raising questions about the effectiveness of local policy implementation in shaping rational medicine use.

This study examines the relationship between consumer perception and purchasing behavior toward generic medicines among residents of Barangay Banlic, Cabuyao, Laguna. It also analyzes the influence of demographic and socio-economic factors on these variables. The findings aim to provide empirical evidence for the development of a Local Government Unit (LGU) action plan that strengthens the institutionalization and sustained utilization of generic medicines at the community level.

Research Questions

This study investigated why consumers in Brgy. Banlic, Cabuyao, Laguna continued to prefer branded medicines despite strong scientific evidence and national policies supporting the efficacy of generics. While the Generics Act of 1988 provided a legal foundation, the effectiveness of this policy depended on local consumer perceptions, trust, and purchasing behavior.

The research explored whether consumer preferences could be influenced through simulated Local Government Unit (LGU) interventions by examining changes in knowledge, attitude, and practice (KAP) and situating these within Assael's consumer behavior typology. By linking psychological factors with marketing behavior models, the study aimed to determine how local governance strategies could promote the wider acceptance and use of generic medicines at the community level.

Specifically, this study sought to answer the following questions:

1. What was the demographic and socio-economic profile of the respondents in terms of:
 - 1.1 Age;
 - 1.2 Gender;
 - 1.3 Marital status;
 - 1.4 Religion;
 - 1.5 Highest educational attainment;
 - 1.6 Residency;
 - 1.7 Employment status;
 - 1.8 Net monthly family income; and,
 - 1.9 Household size?
2. What was the respondents' perception of generic medicines in terms of:
 - 2.1 Knowledge;
 - 2.2 Attitude; and,
 - 2.3 Practices?

3. What was the level of consumer purchasing behavior of respondents toward generic medicines in terms of:
 - 3.1 Complex buying behavior;
 - 3.2 Dissonance behavior;
 - 3.3 Habitual buying behavior; and,
 - 3.4 Variety-seeking behavior?
4. Was there a significant difference in the extent of respondents' perception of generic medicines when grouped according to demographic and socio-economic profile?
5. Was there a significant difference in the level of consumer purchasing behavior toward generic medicines when grouped according to demographic and socio-economic profile?
6. Was there a significant relationship between the extent of respondents' perception of generic medicines and their consumer purchasing behavior toward generic medicines?
7. Based on the findings of the study, what local government strategies were proposed to promote the utilization of generic medicines?

METHODOLOGY

This section presents the research methodology employed in the study. It outlines the systematic and scientific approach used to examine consumer perception of generic medicines and their buying behavior, which serves as the basis for developing a proposed action plan.

Research Design

This study utilized a quantitative descriptive-correlational research design with a comparative approach to examine consumer perception on generic medicines and their buying behavior among residents of Barangay Banlic, Cabuyao, Laguna, as a basis for an action plan.

The quantitative approach was employed as the study focused on collecting numerical data through a structured survey questionnaire and analyzing the results using appropriate statistical tools. This approach enabled the researcher to objectively measure the respondents' level of perception in terms of knowledge, attitude, and practices, as well as their level of consumer buying behavior, including complex buying, dissonance, habitual, and variety-seeking behaviors.

The descriptive component of the study was used to determine and present the demographic and socio-economic profile of the respondents, as well as to assess the overall level of consumer perception and purchasing behavior toward generic medicines. This allowed the researcher to describe existing conditions and patterns within the community without manipulating any variables.

The correlational component was applied to examine the relationship between consumer perception and buying behavior. Through the use of Spearman rho correlation, the study determined whether a significant association exists between how respondents

perceive generic medicines and how they behave when purchasing them. This helped identify whether perception directly influences consumer decision-making.

In addition, the study incorporated a comparative approach to determine whether significant differences exist in consumer perception and purchasing behavior when respondents are grouped according to their demographic and socio-economic characteristics. The Kruskal-Wallis test was used to analyze these differences across variables such as age, income, residency, and other profile factors.

Overall, this research design was appropriate for the study as it allowed for a comprehensive analysis of both the levels and relationships of key variables, as well as differences among groups. The findings generated from this design served as a reliable basis for the development of an action plan aimed at improving the utilization of generic medicines in the community.

Research Locale

The study was conducted in Barangay Banlic, City of Cabuyao, Laguna. This locale was selected due to its urban diversity, accessibility, and the presence of multiple pharmacies and healthcare providers within the area. Barangay Banlic served as an appropriate setting for examining consumer perception on generic medicines and their buying behavior because of its mixed socioeconomic composition, which allowed for the observation of variations in health literacy, brand perception, and purchasing patterns among residents.

In addition, the barangay provided a practical environment for assessing community responses to national health policies such as the Generics Act of 1988 (RA 6675). Its local context also made it suitable for exploring how potential Local Government Unit (LGU) initiatives and policy interventions could influence consumer decision-making. Through this setting, the study was able to generate relevant insights that supported the development of an action plan aimed at improving the acceptance and utilization of generic medicines at the community level.

Respondents of the Study

The study targeted a sample size of 377 adult consumers residing in Barangay Banlic, City of Cabuyao, Laguna. The population frame consisted of 20,646 residents, based on the 2020 Philippine Census of Population. This population figure served as the basis for determining a statistically representative sample for the study, ensuring that the findings reflected the characteristics of the barangay population.

The sample size of 377 was determined using the Raosoft Sample Size Calculator, a widely used tool in social science and community-based research. The computation was based on a 95% confidence level, a 5% margin of error, and a 50% response distribution, which was appropriate given the absence of prior estimates of population variability. Using these parameters, the calculator generated a minimum required sample size of 377 respondents. This ensured that the study achieved an acceptable level of precision and statistical reliability for barangay-level analysis.

Respondents were selected based on clearly defined inclusion criteria to ensure the relevance and quality of the data collected. Participants were required to be 18 years old and above to ensure legal capacity for independent healthcare and purchasing decisions. They were also required to have purchased over-the-counter (OTC) or prescription medicines within the past six months, ensuring that responses were based on recent and relevant pharmaceutical purchasing experience. In addition, respondents were required to be residents of Barangay Banlic and to provide informed consent, confirming voluntary participation and full understanding of the study's purpose.

To enhance the representativeness of the sample, respondents were selected to reflect a balanced distribution of key demographic and socioeconomic characteristics, including age, gender, marital status, religion, educational attainment, residency, employment status, net monthly income, and household size. This approach ensured that variations in consumer perception and buying behavior were adequately captured across different population segments, thereby supporting the development of evidence-based inputs for a Local Government Unit (LGU) action plan on the promotion of generic medicines.

Sampling Design

This study employed a multi-stage, non-probability sampling design to ensure both the relevance of the respondents and adequate representation across key demographic and socio-economic groups. The approach was structured to systematically identify appropriate participants while maintaining balance among selected characteristics. This design was consistent with the descriptive-correlational and comparative nature of the study, which aimed to examine consumer perception on generic medicines and their buying behavior as a basis for an action plan.

First, purposive sampling was utilized to select qualified respondents who were adult residents of Barangay Banlic and who had purchased medicines within the past six months. This ensured that participants had direct and recent experience in making decisions between branded and generic medicines, which was essential in addressing the objectives of the study. The use of purposive sampling allowed the researcher to focus on individuals who could provide relevant and meaningful data regarding consumer perception and purchasing behavior.

Second, quota sampling was applied to ensure proportional representation across major demographic and socio-economic variables such as age, gender, and income level. This step helped reduce sampling bias and ensured that the final sample of 377 respondents adequately reflected the diversity of the barangay population. In the absence of a complete sampling frame, quota sampling provided a practical means of achieving balanced group representation necessary for comparative analysis.

Collectively, these procedures provided a systematic and practical sampling framework that supported the generation of reliable and policy-relevant findings. The use of purposive and quota sampling ensured that the selected respondents were both appropriate to the study and sufficiently representative of the community, thereby

strengthening the validity of conclusions drawn regarding consumer perception and purchasing behavior toward generic medicines.

Instrumentation and Validation

This study used a structured survey questionnaire as the primary research instrument. The instrument was not developed in isolation but was carefully adapted and constructed based on the established principles of the Knowledge–Attitude–Practice (KAP) Model and Assael’s Matrix of Buying Behavior. This theoretical foundation ensured the academic rigor and contextual relevance of the instrument in examining consumer perception on generic medicines and its relationship to buying behavior. The instrument was designed to measure the relationship between consumer perception and buying behavior, ensuring alignment with the study’s conceptual framework. Overall, the finalized instrument was psychometrically sound and capable of producing valid and reliable measurements.

The questionnaire was organized into three major parts. The first part covered the demographic profile of the respondents, including age, gender, marital status, religion, educational attainment, employment status, income level, residency, and household size. These variables served not only as descriptive characteristics of the sample but also as potential moderating variables in analyzing differences in consumer perception and buying behavior.

The second part measured consumer perception based on the KAP model. It consisted of three components: knowledge, attitude, and practices. The knowledge component assessed respondents’ understanding of generic medicines, including bioequivalence, regulatory approval, and therapeutic equivalence. The attitude component examined respondents’ perceptions of quality, trust, and risk associated with generic and branded medicines. The practice component measured actual behaviors related to medicine purchasing, such as requesting generic alternatives and following prescriptions. All items were measured using a 4-point Likert scale without a neutral option to encourage decisive responses and improve interpretability.

The third part measured consumer buying behavior using Assael’s Matrix of Buying Behavior. This section assessed four typologies: complex buying behavior, dissonance-reducing behavior, habitual buying behavior, and variety-seeking behavior. Items described real-life purchasing scenarios and decision-making patterns related to medicine selection. All responses were measured using a consistent 4-point Likert scale to ensure comparability across constructs.

To ensure validity, the instrument underwent expert validation conducted by the research adviser and selected experts in statistics, research methodology, and consumer behavior. Their suggestions were incorporated to improve clarity, relevance, and alignment with the research objectives. In addition, a pilot test involving 30 respondents who were not included in the final sample was conducted to identify unclear or ambiguous items and improve the readability of the questionnaire.

Reliability testing was performed using Cronbach’s Alpha to determine the internal consistency of each construct. The results showed that all variables achieved acceptable to excellent reliability levels. Specifically, the Knowledge construct obtained a Cronbach’s Alpha of 0.8612, interpreted as Good reliability, indicating strong internal consistency among items measuring respondents’ understanding of generic medicines. The Attitude construct obtained a Cronbach’s Alpha of 0.7760, interpreted as Acceptable reliability, indicating consistent measurement of evaluative perceptions. The Practice construct obtained a Cronbach’s Alpha of 0.7866, also interpreted as Acceptable reliability, indicating reliable measurement of behavioral tendencies toward generic medicine use.

For buying behavior based on Assael’s Matrix, the reliability results were as follows: Complex Buying Behavior obtained a Cronbach’s Alpha of 0.7707 (Acceptable), Dissonance-Reducing Behavior obtained 0.8540 (Good), Habitual Buying Behavior obtained 0.9477 (Excellent), and Variety-Seeking Behavior obtained 0.7084 (Acceptable). These results confirmed that all constructs demonstrated acceptable to excellent internal consistency.

Overall, the reliability results indicated that the questionnaire was statistically sound, internally consistent, and appropriate for measuring consumer perception on generic medicines and their buying behavior.

Evaluation and Scoring

This study evaluated the key variables on consumer perception of generic medicines and their buying behavior, which served as the basis for developing an LGU action plan. Each variable was measured using Likert-type scales and interpreted through weighted mean ranges. The interpretation system was used to standardize responses, allowing for consistent analysis of how consumers perceived generic medicines and how these perceptions translated into actual buying behavior.

For the analysis and interpretation of the respondents' perception in terms of knowledge, the following was used:

Table A
Scale for the Assessment of Respondents’ Knowledge on Generic Medicines

Scale	Range (Weighted Mean)	Verbal Interpretation	Description (for Knowledge)
4	3.26 – 4.00	Very Knowledgeable	The respondent demonstrates a <i>comprehensive, clear, and accurate</i> understanding of generic medicines and LGU-related policies.
3	2.51 – 3.25	Knowledgeable	The respondent demonstrates <i>adequate and generally accurate</i>

			knowledge, though some minor misconceptions may remain.
2	1.76 – 2.50	Moderately Knowledgeable	The respondent shows <i>limited or partial</i> understanding; awareness is present but inconsistent or incomplete.
1	1.00 – 1.75	Not Knowledgeable	The respondent shows <i>little to no</i> correct understanding about generics, policies, or LGU interventions.

The knowledge scale measured the respondents' level of understanding of generic and branded medicines, particularly in terms of bioequivalence, safety, effectiveness, and regulatory approval.

Higher weighted mean scores indicated that consumers had a strong and accurate understanding of generic medicines, including awareness that generics are therapeutically equivalent to branded drugs and are approved under regulatory standards. Lower scores indicated limited or incorrect knowledge, often associated with misconceptions such as the belief that generics are inferior in quality or effectiveness. This classification helped identify gaps in consumer awareness, which served as a basis for strengthening LGU information and education campaigns under the proposed action plan.

For the analysis and interpretation of the respondents' perception in terms of attitudes, the following was used:

Table B
Scale for the Assessment of Respondents' Attitudes on Generic Medicines

Scale	Range (Weighted Mean)	Verbal Interpretation	Description (for Attitude)
4	3.26 – 4.00	Strongly Agree / Very Positive Attitude	The respondent shows a <i>highly favorable and confident</i> attitude toward generic medicines and LGU initiatives.
3	2.51 – 3.25	Agree / Positive Attitude	The respondent generally <i>agrees and supports</i> the use of generics, with minor reservations.

2	1.76 – 2.50	Disagree / Negative Attitude	The respondent shows <i>hesitation or doubt</i> toward generics and LGU-related programs.
1	1.00 – 1.75	Strongly Disagree / Very Negative Attitude	The respondent expresses <i>strong distrust, discomfort, or opposition</i> toward generics or LGU interventions.

The attitude scale measured the respondents' evaluative perception of generic medicines, focusing on trust, confidence, perceived quality, and acceptance of generic substitution.

Higher scores reflected positive attitudes, indicating that consumers were more open, trusting, and supportive of generic medicines and related LGU initiatives. Lower scores reflected negative attitudes, showing reluctance, distrust, or strong preference for branded medicines. This variable was essential in identifying attitudinal barriers that influenced consumer acceptance of generics and informed strategies in the LGU action plan aimed at improving public trust and confidence.

For the analysis and interpretation of the respondents' perception in terms of practices, the following was used:

Table C
Scale for the Assessment of Respondents' Practices on Generic Medicines

Scale	Range (Weighted Mean)	Verbal Interpretation	Description (for Practices)
4	3.26 – 4.00	Always / Very High Practice	The respondent <i>consistently demonstrates</i> proper or desirable practices related to the use of generic medicines, including adherence to LGU guidelines.
3	2.51 – 3.25	Often / High Practice	The respondent <i>frequently performs</i> desirable practices, though not perfectly consistent.
2	1.76 – 2.50	Sometimes / Low Practice	The respondent <i>occasionally performs</i> desirable practices, showing inconsistency or limited adherence.

1	1.00 – 1.75	Never / Very Low Practice	The respondent <i>rarely or never</i> practices the expected behaviors related to generic medicine usage or LGU policies.
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The practice scale measured the respondents' actual behaviors during medicine purchase and use, such as requesting generic substitutes, following generic prescriptions, and checking medicine labels.

Higher weighted mean scores indicated consistent engagement in desirable practices that support the use of generic medicines and compliance with LGU and national health policies. Lower scores indicated inconsistent or infrequent practice, reflecting continued reliance on branded medicines or passive acceptance of prescriptions. This classification highlighted the gap between knowledge, attitude, and actual behavior, which served as a critical input in designing the LGU action plan to strengthen behavioral compliance.

For the analysis and interpretation of the respondents' purchasing behavior, the following was used:

Table D
Evaluation Scale for Assessing Purchasing Behavior Levels

Scale	Range (Weighted Mean)	Verbal Interpretation	General Behavioral Description
4	3.26 – 4.00	Very High	Respondent exhibits the behavior <i>consistently, strongly, and with clear preference</i> .
3	2.51 – 3.25	High	Respondent <i>often</i> demonstrates the behavior, but not always consistently.
2	1.76 – 2.50	Low	Respondent <i>sometimes</i> shows the behavior; tendency is weak or inconsistent.
1	1.00 – 1.75	Very Low	Respondent <i>seldom or never</i> exhibits the behavior.

The purchasing behavior scale measured the overall pattern and consistency of consumers' medicine-buying decisions, reflecting how strongly they engaged in specific purchasing behaviors under different situations.

Higher weighted mean scores indicated strong and consistent buying behavior, suggesting a stable preference pattern in medicine selection. Lower scores indicated weak or inconsistent behavior, reflecting variability influenced by price, physician recommendation, availability, or personal preference. This variable was further interpreted using Assael's Matrix of Buying Behavior, classifying respondents into behavioral types such as habitual, complex, dissonance-reducing, or variety-seeking buyers. These classifications provided essential input for the development of a targeted LGU action plan aimed at influencing consumer behavior toward the rational use of generic medicines.

Data Gathering Procedure

The data gathering process for this study on consumer perception on generic medicines and their buying behavior as a basis for an action plan followed a systematic and ethically grounded sequence to ensure the validity and reliability of the findings. The procedure was designed to align with the descriptive–correlational and comparative nature of the research while maintaining compliance with institutional and community research standards.

The study began with a preliminary phase involving the acquisition of ethical clearance from the Pamantasan ng Cabuyao and formal permission from the Barangay Officials of Barangay Banlic. During this stage, the research instrument was reviewed and finalized to ensure clarity, relevance, and alignment with the objectives of the study. Establishing content validity at this stage was essential in ensuring that the questionnaire accurately measured consumer perception and purchasing behavior.

Next, respondent screening was conducted using purposive sampling to identify individuals who met the inclusion criteria. Qualified respondents were then invited to participate in the study and were provided with informed consent forms prior to data collection. Upon agreement, respondents accomplished the structured survey questionnaire, which measured their demographic profile, level of perception in terms of knowledge, attitude, and practices, and their consumer purchasing behavior toward generic medicines.

Data collection was conducted through direct distribution of questionnaires within the community. The researcher ensured that instructions were clearly explained and that respondents were guided when necessary to avoid misinterpretation of items. Completed questionnaires were immediately checked for completeness and consistency to minimize missing or invalid responses.

After data collection, all responses were systematically encoded, organized, and prepared for statistical analysis. Data cleaning procedures were conducted to ensure accuracy and completeness of the dataset. The encoded data were then subjected to appropriate statistical treatment to determine the levels of consumer perception, assess purchasing behavior, and identify significant differences across demographic and socio-economic groups.

Finally, this structured procedure ensured the systematic collection of reliable and valid data, which served as the basis for analyzing consumer perception and purchasing behavior toward generic medicines and for developing an evidence-based action plan.

Statistical Treatment of Data

To ensure that the findings of this study on consumer perception on generic medicines and their buying behavior as a basis for an action plan were systematically analyzed and interpreted, the collected data were subjected to appropriate descriptive and inferential statistical techniques. These methods allowed for a comprehensive examination of respondent characteristics, levels of perception, purchasing behavior, and relationships among variables.

Descriptive statistics were used to summarize the demographic and socio-economic profile of the respondents through frequency and percentage distributions. In addition, weighted mean and standard deviation were utilized to determine the level of consumer perception on generic medicines in terms of knowledge, attitude, and practices, as well as the level of consumer purchasing behavior. These measures provided a clear overview of patterns and tendencies within the study population.

For inferential analysis, tests of difference were employed to determine whether significant variations existed in consumer perception and purchasing behavior when respondents were grouped according to demographic and socio-economic characteristics. For comparisons involving two groups, the independent samples t-test was used when data were normally distributed, while the Mann–Whitney U test was applied as the non-parametric alternative. For comparisons involving three or more groups, one-way analysis of variance (ANOVA) was used for parametric data, while the Kruskal–Wallis H test was applied when the assumption of normality was not met.

To examine the relationship between consumer perception and purchasing behavior, Spearman rho correlation was used. This non-parametric test was appropriate in determining the strength and direction of association between the variables, particularly when the data did not meet the assumptions required for parametric correlation. This analysis provided insight into whether consumers' knowledge, attitudes, and practices were significantly related to their medicine purchasing behavior.

All statistical tests were conducted at a 0.05 level of significance. The results of these analyses served as the basis for interpreting the findings and for developing an evidence-based action plan aimed at improving the acceptance and utilization of generic medicines.

RESULTS

Table 1.1
The Demographic and Socio-economic Profile of the Respondents in terms of Age

Age Group	Age Range	Frequency	Percentage	Rank
Young Adults	18-34	99	26.26%	2
Middle Age	35-50	164	43.50%	1
Mature Adults	51-65	72	19.10%	3
Seniors	66+	42	11.14%	4
Total		377	100.0	

Table 1.2
The Demographic and Socio-economic Profile of the Respondents in terms of Gender

Sex	Frequency	Percentage	Rank
Female	231	61.30%	1
Male	146	38.70%	2
Prefer not to say	0	0.0	0
Total	377	100.0	

Table 1.3
The Demographic and Socio-economic Profile of the Respondents in terms of Marital Status

Educational Attainment	Frequency	Percentage	Rank
WIDOWED	40	10.60%	3
SEPARATED	15	4.00%	4
MARRIED	206	54.60%	1
SINGLE	116	30.80%	2
Total	377	100.0	

Table 1.4
The Demographic and Socio-economic Profile of the Respondents in terms of Religion

Religion	Frequency	Percentage	Rank
CHRISTIAN	355	94.20%	1
MUSLIM	22	5.80%	2
Total	377	100.0	

Table 1.5
The Demographic and Socio-economic Profile of the Respondents in terms of Highest Educational Attainment

Educational Attainment	Frequency	Percentage	Rank
Post Grad	8	2.10%	5
College Grade	116	30.80%	1
Vocational/TechGrad	112	29.70%	2.5
High School	112	29.70%	2.5
Elementary	29	7.70%	4
Total	377	100.0	

Table 1.6
The Demographic and Socio-economic Profile of the Respondents in terms of Residency

Residency	Frequency	Percentage	Rank
OWNER	277	73.50%	1
RENTER	74	19.60%	2
LIVING WITH PARENTS	26	6.90%	3
Total	377	100.0	

Table 1.7
The Demographic and Socio-economic Profile of the Respondents in terms of Employment Status

Employment Status	Frequency	Percentage	Rank
SELF-EMPLOYED	167	44.30%	1.5
UNEMPLOYED	43	11.40%	3
EMPLOYED	167	44.30%	1.5
Total	377	100.0	

Table 1.8
The Demographic and Socio-economic Profile of the Respondents in terms of Net Monthly Family Income

Net Family Income	Frequency	Percentage	Rank
LESS THAN 10K	9	2.40%	6
10K - 20K	44	11.70%	5
20,001K - 30K	65	17.20%	4
30,001K - 40K	70	18.60%	3
40,001K - 50K	98	26.00%	1
MORE THAN 50K	91	24.10%	2
Total	377	100.0	

Table 1.9
The Demographic and Socio-economic Profile of the Respondents in terms of Household size

Household size	Frequency	Percentage	Rank
LARGE FAMILY	82	21.80%	3
MEDIUM FAMILY	63	16.70%	4
SMALL FAMILY	147	39.00%	1
SMALL	85	22.50%	2
Total	377	100.0	

Table 2.1.
The respondents' perception on Generic medicines in terms of Knowledge

Statement	Mean	Standard Deviation	Verbal Interpretation
1. I am aware that RA 6675 (Generics Act) mandates the LGU to prioritize generic-only prescriptions in public health centers. (Batid ko na ang RA 6675 ay nag-uutos sa LGU na bigyang-prioridad ang mga generic na reseta sa mga health center.)	3.82	0.394	Very Knowledgeable
2. I know that the high price of branded medicines is due to expensive marketing/ads, not because their ingredients are "effective." (Alam ko na ang mahal na presyo ng branded ay dahil sa mahal na patalastas, hindi dahil sa mas "epektibo" ang sangkap nito.)	3.75	0.477	Very Knowledgeable
3. I know that generic medicines approved by the LGU and FDA are therapeutically equivalent to branded medicines. (Alam ko na ang mga generic na gamot na aprubado ng LGU at FDA ay may katumbas na bisa sa paggamot kumpara sa branded.)	3.68	0.496	Very Knowledgeable

4. I am aware that the LGU provides a "Generic Price Menu" in pharmacies to help residents compare and save money. (Batid ko na nagbibigay ang LGU ng "Generic Price Menu" sa mga botika upang matulungan kaming makatipid.)	3.63	0.52	Very Knowledgeable
5. I know that a generic drug's "Quality Seal" from the City Health Office means it has passed local government safety standards. (Alam ko na ang "Quality Seal" mula sa City Health Office ay tanda na pumasa ang gamot sa lokal na pamantayan.)	3.6	0.511	Very Knowledgeable
6. I understand that "Generic Name" is the scientific identity required by law for all professional prescriptions. (Nauunawaan ko na ang "Generic Name" ay ang siyentipikong pangalan na hinihingi ng batas para sa lahat ng reseta.)	3.59	0.519	Very Knowledgeable
7. I am aware that generic medicines are manufactured with the same strict quality control as advertised brands. (Alam ko na ang mga generic na gamot ay ginagawa nang may parehong mahigpit na kontrol sa kalidad gaya ng mga branded.)	3.67	0.497	Very Knowledgeable
General Assessment	3.68	0.31	Very Knowledgeable

Legend: 3.26-4.00 – Very Knowledgeable, 2.51-3.25 Knowledgeable, 1.76-2.50 – Moderately Knowledgeable, 1.00-1.75 – Not Knowledgeable

Table 2.2.
The respondents' perception on Generic medicines in terms of Attitude

Statement	Mean	Standard Deviation	Verbal Interpretation
1. I trust the quality of generic medicines dispensed by the Barangay Health Center. (Nagtitiwala ako sa kalidad ng mga generic na gamot na ibinibigay ng Barangay Health Center.)	3.66	0.502	Very Positive Attitude
2. I believe that branded medicines are only perceived as "better" because I see them frequently in TV and social media ads. (Naniniwala ako na ang mga branded na gamot ay itinuturing lamang na "mas mahusay" dahil madalas ko silang nakikita sa mga patalastas sa TV at social media.)	3.6	0.546	Very Positive Attitude
3. I feel confident using a generic drug if it is certified and recommended by our Local Government Unit. (May tiwala ako sa paggamit ng generic na gamot kung ito ay sertipikado at inirerekomenda ng ating Lokal na Pamahalaan.)	3.62	0.507	Very Positive Attitude

4. I believe that strictly institutionalizing generic prescriptions will lower the overall healthcare costs of my community. (Naniniwala ako na ang mahigpit na pagpapatupad ng mga generic na reseta ay magpapababa sa pangkalahatang gastos sa kalusugan ng aking komunidad.)	3.67	0.483	Very Positive Attitude
5. I am willing to switch from a brand I trust to a generic if my LGU health worker assures me of its quality. (Handa akong lumipat mula sa isang pinagkakatiwalaang brand patungo sa isang generic kung titiyakin ng aking LGU health worker ang kalidad nito.)	3.55	0.534	Very Positive Attitude
6. I feel that generic medicines are a reliable and professional solution for my long-term (maintenance) health needs. (Nararamdaman ko na ang mga generic na gamot ay isang maaasahan at propesyonal na solusyon para sa aking pangmatagalang pangangailangang pangkalusugan.)	3.6	0.511	Very Positive Attitude
7. I believe that an expensive brand name is not a guarantee of a faster cure for my illness. (Naniniwala ako na ang mahal na brand name ay hindi garantiya ng mas mabilis na paggaling ng aking sakit.)	3.65	0.531	Very Positive Attitude
General Assessment	3.62	0.32	Very Positive Attitude

Legend: 3.26-4.00 – Very Positive Attitude, 2.51-3.25 Positive Attitude, 1.76-2.50 – Negative Attitude, 1.00-1.75 – Very Negative Attitude

Table 2.3.
The respondents' perception on Generic medicines in terms of Practices

Statement	Mean	Standard Deviation	Verbal Interpretation
1. I specifically look for the "Generic Section" in drugstores as encouraged by our local health campaigns. (Hinihanap ko ang "Generic Section" sa mga botika gaya ng hinihikayat ng ating mga lokal na kampanyang pangkalusugan.)	3.55	0.596	Very High Practices
2. I choose the generic version even if a branded advertisement initially caught my attention. (Pinipili ko ang generic na bersyon kahit na ang patalastas ng isang branded na gamot ang unang nakakuha ng aking atensyon.)	3.63	0.509	Very High Practices
3. I actively ask the pharmacist for the cheapest generic alternative before paying for a branded prescription. (Aktibo kong tinatanong ang parmasyutiko para sa pinakamurang generic na alternatibo bago magbayad para sa isang branded na reseta.)	3.59	0.524	Very High Practices

4. I prefer to get my medicines from LGU-run facilities because they strictly follow the Generics Act of 1988. (Mas gusto kong kumuha ng aking mga gamot sa mga pasilidad na pinapatakbo ng LGU dahil mahigpit nilang sinusunod ang Generics Act of 1988.)	3.54	0.583	Very High Practices
5. I educate my family and neighbors about the safety of generics to help them save money. (Tinuturuan ko ang aking pamilya at mga kapitbahay tungkol sa kaligtasan ng mga generic upang matulungan silang makatipid.)	3.47	0.597	Very High Practices
6. I report to the LGU or authorities if a pharmacy tries to hide or discourage me from buying generic medicines. (Nag-uulat ako sa LGU o mga awtoridad kung sinusubukan ng isang botika na itago o pigilan ako sa pagbili ng mga generic na gamot.)	3.25	0.729	High Practices
7. I always check the active ingredient on the packaging to ensure it matches what the LGU doctor prescribed. (Lagi kong tinitingnan ang aktibong sangkap sa pakete upang matiyak na tumutugma ito sa nireseta ng doktor mula sa LGU.)	3.68	2.097	Very High Practices
General Assessment	3.53	0.464	Very High Practices

Legend: 3.26-4.00 – Very High Practices, 2.51-3.25 High Practices, 1.76-2.50 – Low Practices, 1.00-1.75 – Very Low Practices

Table 3.1.
The Level of Consumer Purchasing Behavior of Respondents on Generic Medicines in Terms of Complex Buying Behavior

Statement	Mean	Standard Deviation	Verbal Interpretation
1. For serious illnesses, I spend a lot of time researching if the LGU-provided generic is truly equal to the branded version. (Para sa mga seryosong sakit, gumugugol ako ng maraming oras sa pagsasaliksik kung ang generic na mula sa LGU ay tunay na kapantay ng branded na bersyon.)	3.73	0.502	Very High
2. I consult with Health professionals to confirm the safety of a generic brand before I start using it. (Kumukunsulta ako sa mga propesyonal sa kalusugan upang kumpirmahin ang kaligtasan ng isang generic na brand bago ko ito simulang gamitin.)	3.72	0.448	Very High

3. I carefully read the LGU's price transparency boards to compare the prices of generic and branded medicines before buying. (Maingat kong binabasa ang mga price transparency board ng LGU upang ikumpara ang presyo ng generic at branded na gamot bago bumili.)	3.57	0.58	Very High
4. I investigate the reputation of the laboratory that manufactured the generic drug before I trust it. (Sinisiyasat ko ang reputasyon ng laboratoryo na gumawa ng generic na gamot bago ko ito pagkatiwalaan.)	3.46	0.605	Very High
5. I seek detailed explanations from the pharmacist about how the generic medicine works compared to advertised brands. (Naghahanap ako ng detalyadong paliwanag mula sa parmasyutiko tungkol sa kung paano gumagana ang generic na gamot kumpara sa mga branded na nasa patalastas.)	3.42	0.606	Very High
6. I investigate if the generic brand has been officially endorsed by the Department of Health (DOH). (Sinisiyasat ko kung ang generic na brand ay opisyal na inindorso ng Kagawaran ng Kalusugan (DOH).)	3.48	0.606	Very High
7. I only buy from pharmacies that display the "LGU-Compliant" seal for generic dispensing. (Bumibili lamang ako sa mga botika na nagpapakita ng "LGU-Compliant" seal para sa pagbebenta ng generics.)	3.55	0.578	Very High
General Assessment	3.56	0.374	Very High

Legend: 3.26-4.00 – Very High, 2.51-3.25 High, 1.76-2.50 – Low, 1.00-1.75 – Very Low

Table 3.2.
The Level of Consumer Purchasing Behavior of Respondents on Generic Medicines in Terms of Dissonance Behavior

Statement	Mean	Standard Deviation	Verbal Interpretation
1. After buying a generic medicine, I often worry if the branded one I saw on TV would have cured me faster. (Pagkatapos bumili ng generic na gamot, madalas akong nag-aalala kung ang branded na nakita ko sa TV ay mas mabilis sanang nakapagpagaling sa akin.)	1.99	0.747	Low
2. I seek constant reassurance from health workers that the LGU's generic supply is not "substandard" just because it is cheap/free. (Lagi akong naghahanap ng katiyakan mula sa mga health worker na ang generic na supply ng LGU ay hindi "mababang klase" dahil lang ito ay mura/libre.)	2.51	0.934	High

3. I feel anxious if the pharmacist gives me a generic brand with packaging that looks different from what I am used to. (Kinakabahan ako kung bibigyan ako ng parmasyutiko ng isang generic na brand na ang pakete ay iba sa nakasanayan ko.)	2.39	0.898	Low
4. I tend to buy the most "branded-looking" generic in the pharmacy just to feel more secure about my choice. (Mas gusto kong bilhin ang generic na mukhang "branded" sa botika para lang maging kampante sa aking pinili.)	2.41	0.924	Low
5. I often regret buying the cheaper generic if my symptoms do not disappear immediately after the first dose. (Madalas akong nagsisisi sa pagbili ng mas murang generic kung ang aking mga sintomas ay hindi agad mawala pagkatapos ng unang inum.)	2.04	0.775	Low
6. I feel better about my generic purchase only after a doctor or family member confirms that it is effective. (Gagaan lang ang loob ko sa aking biniling generic kapag kinumpirma ng doktor o miyembro ng pamilya na ito ay epektibo.)	2.73	0.961	High
7. I double-check the seal and manufacturing date of generics multiple times because I am skeptical of their quality control. (Paulit-ulit kong tinitingnan ang selyo at petsa ng pagkagawa ng mga generic dahil nag-aalinlangan ako sa kalidad nito.)	2.97	0.923	High
General Assessment	2.43	0.657	Low

Legend: 3.26-4.00 – Very High, 2.51-3.25 High, 1.76-2.50 – Low, 1.00-1.75 – Very Low

Table 3.3
The Level of Consumer Purchasing Behavior of Respondents on Generic Medicines in terms of Habitual Buying Behavior.

Statement	Mean	Standard Deviation	Verbal Interpretation
1. I buy whichever generic medicine in the pharmacy without asking any questions or checking the label. (Bumibili ako ng anumang generic na gamot sa botika nang hindi nagtatanong o tinitingnan ang label.)	2.32	0.854	Low
2. I automatically pick the same generic brand for my monthly maintenance without considering other options. (Awtomatiko kong pinipili ang parehong generic na brand para sa aking buwanang maintenance nang hindi tinitingnan ang ibang opsyon.)	2.69	0.754	High

3. I do not see a difference between medicine brands; I just buy what the local pharmacist gives me. (Wala akong nakikitang pagkakaiba sa mga brand ng gamot; binibili ko lang kung ano ang ibinibigay ng lokal na parmasyutiko.)	2.8	0.978	High
4. I purchase generic vitamins or pain relievers based purely on their availability in the nearest store. (Bumibili ako ng mga generic na bitamina o gamot sa sakit ng katawan base lamang sa kung ano ang available sa pinakamalapit na tindahan.)	2.58	0.884	High
5. I follow the doctor's prescription without ever asking about the difference between branded and generic versions. (Sinusunod ko ang reseta ng doktor nang hindi nagtatanong tungkol sa pagkakaiba ng branded o generic na bersyon.)	2.51	0.937	High
6. I use the same brand of medicine that my parents have used for years without checking for newer generic alternatives. (Ginagamit ko ang parehong brand ng gamot na ginamit ng aking mga magulang sa loob ng maraming taon nang hindi naghahanap ng mas bagong generic na alternatibo.)	2.37	0.904	Low
7. I choose my medicine based on the convenience of the pharmacy's location rather than the specific brand name. (Pinipili ko ang aking gamot batay sa kung gaano kalapit ang botika sa halip na sa partikular na brand name nito.)	1.97	0.79	Low

General Assessment 2.46 0.631 Low

Legend: 3.26-4.00 – Very High, 2.51-3.25 High, 1.76-2.50 – Low, 1.00-1.75 – Very Low

Table 3.4
The Level of Consumer Purchasing Behavior of respondents on Generic medicines in terms of Variety-seeking Behavior.

Statement	Mean	Standard Deviation	Verbal Interpretation
1. I like to try new generic brands introduced by the LGU just to see if they work better than my current brand. (Gusto kong subukan ang mga bagong generic na brand na ipinapakilala ng LGU para lang makita kung mas epektibo ang mga ito kaysa sa gamit ko ngayon.)	3.18	0.664	High
2. I switch to a generic brand if the local pharmacy offers a "loyalty card" or a discount for a new manufacturer. (Lumilipat ako sa isang generic na brand kung ang lokal na botika ay nag-aalok	2.21	0.732	Low

ng "loyalty card" o diskwento para sa isang bagong manufacturer.)

3. I switch between different generic pain relievers (e.g., Paracetamol brands) just to compare which one acts the fastest. (Nagpapalit-palit ako ng iba't ibang generic na gamot sa sakit (hal. mga brand ng Paracetamol) para lang ikumpara kung alin ang pinakamabilis tumalab.)	2.48	0.838	Low
4. I am easily convinced by "Buy 1 Take 1" promos or discounts for generic supplements at the pharmacy counter. (Madali akong makumbinsi ng mga "Buy 1 Take 1" na promo o diskwento para sa mga generic na supplement sa counter ng botika.)	2.47	0.917	Low
5. I enjoy exploring the different generic options available in specialized "Generics-Only" pharmacies. (Nasisiyahan akong tuklasin ang iba't ibang generic na opsyon na available sa mga espesyal na botikang para sa generics lamang.)	2.92	0.811	High
6. I am willing to try a new generic flavor or packaging (e.g., for syrups) just for a change. (Handa akong subukan ang isang bagong generic na lasa o pakete (hal. para sa mga syrup) para lang sa pagbabago.)	2.51	0.94	High
7. I find it interesting to test if imported generics from the LGU supply work differently from locally made ones. (Interesado akong subukan kung ang mga imported na generic mula sa supply ng LGU ay may ibang epekto kaysa sa mga gawa sa ating bansa.)	3.02	0.885	High
General Assessment	2.69	0.468	High

Legend: 3.26-4.00 – Very High, 2.51-3.25 High, 1.76-2.50 – Low, 1.00-1.75 – Very Low

Table 4.
Significant difference in the extent of respondents' perception on Generic medicines when grouped according to demographic and socio-economic profile. (Kruskal-Wallis Test)

Demographic and Socio-economic Factor	Mean	Std. Deviation	Level (k)	$\chi^2(H)$	df	p-value	Decision	Conclusion
Age			4	9.79	3	0.020	Reject	Significant
Gender	3.61	0.290	2	0.653	1	0.419	Failed to reject	Not Significant

Marital status	4	2.67	3	0.44	Failed to reject	Not Significant
Religion	2	0.667	1	0.41	Failed to reject	Not Significant
Highest educational attainment	5	3.42	4	0.49	Failed to reject	Not Significant
Residency	3	8.59	2	0.014	Reject	Significant
Employment Status	3	1.24	2	0.538	Failed to Reject	Not Significant
Net monthly family income	6	14.9	5	0.011	Reject	Significant
Household size	4	4.05	3	0.257	Failed to Reject	Not Significant

Legend: Significant if $p < 0.05$

Table 5.
Significant difference in the level of consumer purchasing behavior, Generic medicines, when grouped according to demographic and socio-economic profile. (Kruskal-Wallis Test)

Demographic and Socio-economic Factor	Mean	Std. Deviation	Level (k)	$\chi^2(H)$	df	p-value	Decision	Conclusion
Age			4	0.341	3	0.952	Failed to reject	Not Significant
Gender			2	0.299	1	0.584	Failed to reject	Not Significant
Marital status			4	0.883	3	0.830	Failed to reject	Not Significant
Religion			2	0.195	1	0.659	Failed to reject	Not Significant
Highest educational attainment	2.78	0.343	5	2.45	4	0.654	Failed to reject	Not Significant
Residency			3	3.23	2	0.199	Failed to reject	Not Significant
Employment Status			3	2.27	2	0.321	Failed to Reject	Not Significant
Net monthly family income			6	3.52	5	0.621	Failed to reject	Not Significant
Household size			4	1.13	3	0.770	Failed to Reject	Not Significant

Legend: Significant if $p < 0.05$

Table 6.
Test of Relationship Between the extent of respondents' perception and their consumer purchasing behavior toward Generic medicines

Brand Perception (IV)	Purchasing Behavior (DV)	N	Spearman-rho Value	p-value	Decision	Interpretation
Knowledge	Complex Buying	377	.041	.482	Failed to Reject Ho	Not Significant
	Dissonance	377	.019	.712	Failed to Reject Ho	Not Significant
	Habitual Buying	377	.012	.821	Failed to Reject Ho	Not Significant
	Variety-Seeking	377	-.005	.918	Failed to Reject Ho	Not Significant
Attitude	Complex Buying	377	.033	.516	Failed to Reject Ho	Not Significant
	Dissonance	377	.025	.628	Failed to Reject Ho	Not Significant
	Habitual Buying	377	.015	.791	Failed to Reject Ho	Not Significant
	Variety-Seeking	377	.018	.710	Failed to Reject Ho	Not Significant
Practices	Complex Buying	377	.026	.592	Failed to Reject Ho	Not Significant
	Dissonance	377	.011	.831	Failed to Reject Ho	Not Significant
	Habitual Buying	377	.009	.855	Failed to Reject Ho	Not Significant
	Variety-Seeking	377	.022	.624	Failed to Reject Ho	Not Significant
General Assessment			0.029	0.574	Failed to Reject Ho	Not Significant

DISCUSSION

1. Table 1.1 indicates that most respondents belong to the middle-aged group (35–50 years old), followed by young adults, mature adults, and seniors. This suggests that consumer perception and purchasing behavior toward generic medicines in Barangay Banlic are largely shaped by individuals in their most economically active and family-responsible stage of life. These respondents typically serve as primary healthcare decision-makers within their households, which explains their strong involvement in evaluating medicine safety, affordability, and effectiveness. The dominance of middle-

aged respondents implies that medicine purchasing behavior is largely driven by practical and responsibility-based decision-making rather than brand loyalty. Consistent with Colgan et al. (2020) and Hanson et al. (2021), individuals in this stage are more engaged in complex buying behavior due to household health responsibilities. Meanwhile, the lower proportion of seniors aligns with Mishuk et al. (2021), who noted that older consumers tend to retain stronger brand preferences due to established habits. Overall, age plays a significant role in shaping rational and cost-conscious medicine choices.

2. Table 1.2 shows that females comprise the majority of respondents, followed by males. This indicates that women play a central role in shaping consumer perception and purchasing decisions regarding generic medicines in Barangay Banlic. As primary caregivers, female respondents are more actively engaged in evaluating medicine cost, safety, and effectiveness. The predominance of female respondents suggests that household health decisions are strongly influenced by women's evaluative behavior. Supporting Vance et al. (2022) and Ramesh and Das (2021), women tend to be more health-conscious and price-sensitive, making them more responsive to government-led pharmaceutical programs. Gatwood et al. (2021) further emphasized that women's higher health literacy contributes to greater acceptance of generic medicines, reinforcing the effectiveness of LGU initiatives.

3. Table 1.3 reveals that most respondents are married, followed by single individuals, with smaller proportions of widowed and separated respondents. This indicates that household responsibility significantly influences medicine-related decision-making, particularly among married individuals who prioritize family health and safety. Married respondents tend to demonstrate more cautious and complex buying behavior due to their responsibility for household welfare. Smith and Jones (2022) emphasized that married individuals are more careful in healthcare decisions due to higher perceived risk. Nguyen et al. (2023) also noted that married couples are more likely to consult healthcare professionals before purchasing medicines. Additionally, Garcia and Miller (2021) explained that shared decision-making within households reduces post-purchase uncertainty, strengthening confidence in generic medicines.

4. Table 1.4 shows that the majority of respondents are Christian, with a small minority identifying as Muslim. This indicates a highly homogeneous religious composition in Barangay Banlic, suggesting that shared cultural and religious values may indirectly influence health behavior and institutional trust. This homogeneity strengthens community-based reinforcement of health information, where religious networks serve as informal channels of trust. Saksena et al. (2023) emphasized that peer validation within tight-knit communities increases acceptance of generic medicines. Chauhan et al. (2022) added that religious networks enhance the effectiveness of health communication strategies. Moreover, Mendoza (2021) noted that shared values increase confidence in government quality assurance systems, thereby supporting LGU health initiatives.

5. Table 1.5 indicates that most respondents are college graduates and vocational/high school graduates, with only a small proportion having post-graduate education. This suggests a moderately educated population capable of understanding technical health

information, including the concept of generic medicines and bioequivalence. The educational profile implies strong health literacy among respondents, which supports rational decision-making in medicine purchasing. Thompson and White (2021) stated that higher education improves understanding of medical equivalence and reduces brand bias. Lee et al. (2024) further explained that individuals with secondary and technical education are more responsive to price transparency and quality assurance systems. Roberts et al. (2020) added that educated consumers rely more on institutional endorsements than advertising, reinforcing the acceptance of generic medicines.

6. Table 1.6 shows that most respondents are homeowners, followed by renters and individuals living with parents. This indicates a stable residential population in Barangay Banlic, suggesting long-term community engagement and strong ties to local governance systems. The findings imply that residential stability strengthens trust in LGU health programs and promotes consistent adoption of generic medicines. Pecotier (2023) emphasized that long-term residents are more likely to trust local health interventions due to repeated exposure. Quimbo et al. (2020) also noted that stable residents benefit more from barangay health programs, increasing acceptance of government-provided medicines. Labay and Cruz (2022) further explained that permanent residents develop stronger institutional belonging, reinforcing compliance with local health policies.

7. Table 1.7 shows an equal distribution between employed and self-employed respondents, with a smaller proportion of unemployed individuals. This indicates that most respondents are economically active, which influences their healthcare decision-making and medicine purchasing behavior. The findings suggest that employment status shapes how consumers evaluate generic medicines, particularly in terms of affordability and practicality. Mishuk et al. (2021) stated that employed individuals rely more on structured health systems, while self-employed individuals are more price-sensitive. Sheeran and Webb (2021) also noted that employment increases exposure to health information, strengthening trust in generic medicines. Overall, employment contributes to rational and value-based medicine purchasing behavior.

8. Table 1.8 shows that most respondents belong to middle-income brackets, with fewer respondents in low-income categories. This indicates a generally stable financial condition among households in Barangay Banlic, allowing for more informed healthcare decisions. Income level influences both perception and purchasing behavior toward generic medicines. Middle-income respondents tend to evaluate medicines based on both quality and affordability, while lower-income respondents focus more on cost. Mishuk et al. (2021) identified income as a key determinant of medicine choice, while Ahmed and Akter (2024) described middle-income consumers as more analytical in healthcare decisions. Tan and Lu (2024) further emphasized that income affects trust in institutional quality assurance systems.

9. Table 1.9 shows that most respondents belong to small households, followed by larger and medium-sized families. This suggests that nuclear family structures are more common in Barangay Banlic, influencing how healthcare decisions are made within households. Smaller households tend to make more independent and rational medicine

purchasing decisions, while larger households adopt more cautious approaches due to multiple dependents. Martin et al. (2021) noted that small households prioritize quality-value orientation, while Tan and Lu (2024) found that they exhibit less social pressure in healthcare decisions. Saksena et al. (2023) added that larger families demonstrate more complex buying behavior due to increased health responsibilities.

10. Table 2.1 Knowledge. The results show that respondents demonstrated a very high level of knowledge regarding generic medicines, indicating strong awareness of their equivalence to branded drugs in terms of safety, effectiveness, and regulatory approval. This suggests that health information campaigns, particularly those implemented by the LGU and national policies such as the Generics Act of 1988, have been effective in improving public understanding. The high knowledge level indicates that respondents are no longer largely influenced by misconceptions about generics being inferior alternatives; instead, they recognize their scientific validity and cost-effectiveness. This finding is consistent with Thompson & White (2021), who emphasized that health literacy significantly improves consumer understanding of generic medicines, particularly in identifying bioequivalence and active ingredients. It also aligns with Roberts et al. (2020), who found that regulatory education reduces brand-name bias and strengthens trust in government-endorsed pharmaceutical systems. However, despite high knowledge, later findings suggest that knowledge alone does not fully determine purchasing behavior, supporting the idea that information awareness does not always translate into behavioral change.

11. Table 2.2 Attitude. The results indicate that respondents exhibit a very high positive attitude toward generic medicines, showing strong acceptance and trust in their safety, effectiveness, and affordability. This suggests that consumers in Barangay Banlic generally view generics not as inferior substitutes but as practical and reliable healthcare options. Such attitudes are likely shaped by consistent exposure to government health campaigns and the increasing visibility of generic medicine policies at the local level. This aligns with Vance et al. (2022), who found that positive attitudes toward medicines are strongly linked to perceived safety and institutional trust. Similarly, Ramesh and Das (2021) emphasized that price transparency and government endorsement significantly improve consumer attitudes toward generics. The consistency of these findings suggests that LGU-led interventions have successfully shaped favorable attitudes, reinforcing the acceptance of generics as standard healthcare options within the community.

12. Table 2.3 Practices. The findings show that respondents demonstrate very high acceptance of generic medicines, indicating that they are generally willing to consider, purchase, and use generic alternatives when available. However, among the three perception indicators, practices obtained the lowest relative score, suggesting a slight gap between awareness/attitude and actual behavioral execution. This implies that while respondents understand and accept generic medicines, external conditions may still influence whether these practices are consistently applied. This finding is consistent with Gatwood et al. (2021), who noted that behavioral practice is often influenced by external factors such as availability, pharmacist recommendation, and healthcare system structure rather than perception alone. It also supports Sheeran and Webb (2021), who highlighted

the existence of an “intention–behavior gap” in health-related decision-making. This suggests that strengthening institutional mechanisms may be necessary to ensure that positive perception is consistently translated into actual purchasing practice.

13. Table 3.1 Complex Buying Behavior. The results indicate that respondents exhibit highly complex buying behavior when purchasing medicines, meaning they engage in careful evaluation, comparison of options, and consultation with healthcare professionals before making decisions. This reflects a highly rational consumer base that prioritizes safety, effectiveness, and value for money over brand loyalty or impulse purchasing. This finding is consistent with Hanson et al. (2021), who stated that medicine purchasing is often a high-involvement decision requiring careful evaluation due to perceived health risks. It also aligns with Colgan et al. (2020), who emphasized that consumers act more cautiously in healthcare-related purchases compared to other goods. This suggests that LGU policies promoting transparency and quality assurance are well-aligned with consumer decision-making patterns.

14. Table 3.2 Dissonance Behavior. The findings show low levels of dissonance-reducing behavior among respondents, indicating that consumers generally feel confident and satisfied with their medicine purchases and experience minimal post-purchase regret. This suggests that respondents trust their decisions, especially when choosing generic medicines, and are less likely to experience doubt after purchase. This is consistent with Garcia & Miller (2021), who explained that reduced dissonance occurs when consumers feel supported by reliable information and institutional validation. It also implies that the presence of quality assurance mechanisms, such as LGU endorsement and pharmacy guidance, helps reduce uncertainty. This strengthens consumer confidence in generic medicines and supports stable purchasing behavior.

15. Table 3.3 Habitual Buying Behavior. The results indicate low habitual buying behavior, suggesting that respondents do not rely on routine or brand loyalty when purchasing medicines. Instead, they tend to evaluate each purchase independently based on need, price, and availability. This reflects a rational and informed decision-making process rather than automatic or repetitive purchasing patterns. This finding is consistent with Mishuk et al. (2021), who noted that medicine purchasing is less habitual and more situational due to variability in prescriptions and healthcare needs. It also supports Howard et al. (2023), who emphasized that institutional factors strongly influence medicine selection, reducing reliance on habitual brand-based purchasing. This suggests that LGU interventions may be effective in encouraging more rational medicine choices.

16. Table 3.4 Variety-Seeking Behavior. The findings show very low variety-seeking behavior, indicating that respondents do not frequently switch between brands or medicine types without reason. This suggests that medicine purchasing is primarily guided by necessity, prescription, and institutional guidance rather than experimentation or preference for variety. This is consistent with Saksena et al. (2023), who explained that healthcare-related purchases are typically low in variety-seeking due to risk avoidance behavior. It also aligns with Tan and Lu (2024), who found that consumers prefer stability and reliability in medicine choices rather than frequent switching. This supports the

conclusion that medicine purchasing behavior in the community is highly structured and risk-conscious.

17. Table 4. The results reveal significant differences in consumer perception based on age, residency, and income, while no significant differences were found in gender, religion, education, employment status, or household size. This suggests that perception is influenced more by life experience, financial capacity, and residential stability rather than purely demographic identity factors. This finding is consistent with Mishuk et al. (2021), who emphasized income as a key determinant of medicine evaluation and affordability perception. It also aligns with Pecotier (2023), who highlighted residential stability as a major factor in institutional trust. This indicates that targeted interventions should focus more on economically and situationally sensitive groups rather than demographic categories alone.

18. Table 5. The results show no significant differences in purchasing behavior across all demographic and socio-economic variables, indicating that respondents share similar medicine purchasing patterns regardless of age, gender, income, or education. This suggests that external systems such as LGU policies, pharmacy practices, and healthcare regulations play a stronger role in shaping behavior than individual characteristics. This is consistent with Howard et al. (2023), who found that institutional interventions often override demographic influences in regulated healthcare environments. It also supports Sheeran and Webb (2021), who emphasized that structural factors strongly determine health behavior outcomes. This implies that LGU interventions may be successfully standardizing medicine purchasing behavior across the community.

19. Table 6. The results show no significant relationship between consumer perception and purchasing behavior, indicating that high knowledge, positive attitudes, and good practices do not necessarily translate into actual buying decisions. This suggests the presence of an intention–behavior gap, where perception is not the primary driver of purchasing behavior in the study area. This finding is consistent with Mishuk et al. (2021), who noted that structural and institutional factors often outweigh individual perception in determining medicine use. It also aligns with Howard et al. (2023), who emphasized that prescribing systems and healthcare policies have stronger influence than consumer attitudes. This implies that strengthening institutional mechanisms is more effective than perception-focused interventions in promoting generic medicine utilization.

Conclusions

This study aimed to examine consumer perception on generic medicines and their buying behavior among residents of Barangay Banlic, Cabuyao, Laguna, as well as to determine differences across demographic and socio-economic profiles and the relationship between perception and purchasing behavior. Based on the findings, the following conclusions were drawn in relation to each research question.

1. The respondents are predominantly middle-aged, female, married, long-term residents, and mostly belong to lower- to middle-income households. This indicates a stable, family-oriented, and economically sensitive community where healthcare decisions are commonly influenced by household responsibilities, financial capacity, and long-term exposure to local health services. These characteristics suggest that the community is generally receptive to government-led health programs that promote affordable healthcare options such as generic medicines.
2. The respondents demonstrated a very high level of consumer perception toward generic medicines in terms of knowledge, attitude, and practices. This means that they possess strong awareness and understanding of the safety, effectiveness, and equivalence of generic medicines compared to branded alternatives. It also indicates that negative misconceptions about generics have been largely reduced, reflecting the effectiveness of health education and LGU-driven information campaigns in improving public awareness.
3. The respondents exhibited a high level of consumer purchasing behavior toward generic medicines, characterized by careful evaluation, information-seeking, and reliance on professional advice before making purchasing decisions. This indicates that consumers in the community are rational and highly involved in medicine selection. Their behavior is guided more by safety, effectiveness, and affordability rather than habitual brand loyalty or impulse buying.
4. There are significant differences in consumer perception when grouped according to age, residency, and income, while no significant differences were found in terms of gender, religion, educational attainment, employment status, and household size. This leads to the conclusion that consumer perception of generic medicines is influenced more by economic capacity, life experience, and residential stability rather than by purely demographic identity factors.
5. There are no significant differences in consumer purchasing behavior when grouped according to all demographic and socio-economic variables. This implies that purchasing behavior toward generic medicines is relatively uniform across different population groups. It further suggests that external factors such as healthcare policies, prescribing practices, and medicine availability play a stronger role in shaping purchasing behavior than individual demographic characteristics.
6. There is no significant relationship between consumer perception and consumer purchasing behavior toward generic medicines. This indicates that even if respondents have high knowledge, positive attitudes, and favorable practices regarding generic medicines, these do not necessarily translate into actual purchasing behavior. This suggests the presence of an intention–behavior gap, where external and institutional factors have greater influence on final purchasing decisions than individual perception alone.

7. Overall, the findings suggest that the utilization of generic medicines in Barangay Banlic is not primarily driven by consumer perception but by structural and institutional factors such as prescribing practices, LGU health policies, and medicine availability. Therefore, improving generic medicine utilization requires strengthening system-level interventions rather than focusing solely on increasing consumer awareness. This supports the need for policy-based and institutionally driven strategies to ensure the sustained and consistent use of generic medicines within the community.

Recommendations

The following recommendations are hereby proposed to strengthen the institutionalization of generic medicine utilization in Barangay Banlic, Cabuyao, Laguna, and to address the identified gap between consumer perception and actual purchasing behavior.

1. The Local Government Unit (LGU) is recommended to strengthen and strictly implement a standardized prescribing policy that prioritizes generic names in all public health facilities. This may include the use of electronic prescribing systems where generic names are automatically indicated as the default option. Additionally, strict monitoring should be implemented to ensure that only licensed physicians are authorized to prescribe medicines, thereby minimizing inconsistencies in prescribing practices and ensuring compliance with national health regulations.
2. The City Health Office is encouraged to enhance existing quality assurance mechanisms by establishing a more visible and standardized “Generic Quality Seal” system for approved medicines. This should be accompanied by a publicly accessible registry of accredited generic drug suppliers and manufacturers. Such measures will further strengthen consumer trust, reduce doubts regarding product quality, and support informed decision-making at the point of purchase.
3. Pharmacies and drugstores are recommended to improve transparency in medicine pricing and availability through digital information systems, such as QR-code based platforms or electronic price boards. These systems should clearly display generic alternatives alongside branded medicines, enabling consumers to make faster, more informed, and cost-effective choices. This will help reduce information gaps and support rational medicine selection.
4. Community-based organizations and barangay officials are encouraged to implement peer-led health advocacy programs that promote the use of generic medicines. Trusted community members may be trained to share accurate information and personal experiences regarding generic medicine use. This approach can strengthen social influence and reinforce positive perceptions within households and peer groups.

5. Health educators and barangay health workers should develop targeted information campaigns tailored to different demographic and socio-economic groups, particularly focusing on age and income variations where perception differences were found. These campaigns should emphasize the safety, effectiveness, and affordability of generic medicines, while also addressing remaining misconceptions and reinforcing confidence in government-endorsed pharmaceutical programs.
6. Residents are encouraged to actively participate in community monitoring systems that report issues related to medicine availability, pricing irregularities, or prescription practices. An anonymous feedback mechanism may be established to empower consumers and promote accountability among healthcare providers and pharmacies, ensuring that the right to affordable medicines is upheld.
7. Future researchers are recommended to conduct further studies focusing on the role of healthcare providers, particularly physicians, nurses, and pharmacists, in influencing consumer purchasing behavior toward generic medicines. It is also suggested that future studies employ a mixed-methods or qualitative approach to explore deeper psychological and institutional factors behind the observed intention–behavior gap. Expanding the study to other barangays or cities with larger and more diverse samples is also recommended to validate and generalize the findings.
8. Finally, it is recommended that a follow-up evaluation be conducted after the implementation of the proposed action plan to assess its effectiveness in improving the utilization of generic medicines. This will help determine whether institutional interventions successfully align consumer perception with actual purchasing behavior and ensure the sustainability of generic medicine programs at the community level.

Compliance with Ethical Standards

The researcher confirms that this study was conducted in strict observance of ethical research principles. Before data collection, informed consent was secured from all respondents after they were adequately briefed about the purpose, procedures, and intended use of the study. Participation was entirely voluntary, and respondents were informed of their right to refuse participation or withdraw from the study at any point without any form of penalty or consequence. Throughout the conduct of the research, the anonymity and confidentiality of all respondents were strictly maintained, and no identifying information was collected, stored, or disclosed in any part of the study.

In addition, the researcher ensured full compliance with data privacy standards by securely handling all collected data, which were used exclusively for academic and research purposes. The well-being of all respondents was prioritized, and no harm physical, emotional, or psychological was inflicted during the study. The researcher further declares that no conflict of interest existed in the conduct of this research, and that

all procedures were carried out with honesty, integrity, and objectivity. Plagiarism was strictly avoided, and all sources used were properly cited in accordance with academic standards. The interpretation of findings was done without bias to ensure that results accurately reflected the data gathered. Finally, the researcher discloses that the use of Artificial Intelligence (AI) tools was limited to language editing and formatting support only, while all analyses, interpretations, and conclusions remain the sole responsibility and original work of the researcher.

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