

Major Research Project
on
A Study on Customer Awareness, Attitude
and Perception towards
Pradhan Mantri Jan Aushadhi Kendra

Submitted By

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DECLARATION

I, **PRERNA TEOTIA, 2K21/DMBA/90**, hereby declare that the MBA dissertation titled "**A study on Customer's Awareness, Attitude and Perception towards Pradhan Mantri Jan Aushadhi Kendra**" is my original work, and it has not been submitted in part or in full for any other degree or qualification.

The research work included in this dissertation is the result of my own efforts, and I have duly acknowledged all sources of information used in the preparation of this work. All the data, figures, and quotations used in this dissertation have been appropriately referenced.

I confirm that I have followed all ethical standards and guidelines while conducting research and collecting data for this dissertation. All participants involved in this research have given their informed consent, and their privacy has been duly protected.

Finally, I acknowledge the guidance and support provided by my supervisor's, faculty members, and peers throughout the course of my MBA program, which has enabled me to complete this dissertation successfully.

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CERTIFICATE

This is to certify that **PRERNA TEOTIA, 2K21/DMBA/90** has submitted the project titled **“A Study on Customer’s Awareness, Attitude and Perception towards Pradhan Mantri Jan Aushadhi Kendra”**.

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PRERNA TEOTIA

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EXECUTIVE SUMMARY

The Indian government established the Pradhan Mantri Jan Aushadhi Kendra to give the general population access to inexpensive, top-notch generic medications. The programme aims to lower healthcare costs for regular people and provide access to care for everybody. Despite the efforts of the programme, there is a dearth of public awareness regarding the accessibility and caliber of the medications offered by these centres. This study will examine customers' awareness, attitudes, and views of Pradhan Mantri Jan Aushadhi Kendra in order to better understand how they see it.

The study will investigate how well-informed consumers are about the availability and calibre of the medications offered by these facilities. The study will also assess how clients feel about these facilities and how well the medications are provided.

Policymakers would be able to better comprehend public awareness of and perceptions of Pradhan Mantri Jan Aushadhi Kendra according to the study's findings. This study will offer information that may be applied to raise awareness and enhance the calibre of services offered by these centres. Overall, this research will aid in the creation of efficient laws that will increase the general public's access to and affordability of healthcare.

TABLE OF CONTENTS

| | |
|-----------------------------------------------------|-----------|
| Declaration..... | ii |
| Certificate..... | iii |
| Acknowledgement..... | iv |
| Executive Summary..... | v |
| List of Tables..... | ix |
| List of Figures..... | x |
| CHAPTER – 1 INTRODUCTION..... | 1 |
| 1.1 Background..... | 01 |
| 1.2 PMBJP..... | 02 |
| 1.3 Key features of PMBJP..... | 04 |
| 1.4 PMBJP Kendras..... | 07 |
| 1.5 Research Objective..... | 09 |
| 1.6 Scope of Study..... | 10 |
| CHAPTER – 2 REVIEW LITERATURE..... | 11 |
| CHAPTER – 3 RESEARCH METHODOLOGY..... | 14 |
| 3.1 Research Design..... | 14 |
| 3.2 Data Collection..... | 14 |
| 3.3 Sampling Method..... | 14 |
| 3.4 Tools and Techniques..... | 14 |
| 3.5 Hypothesis..... | 14 |
| CHAPTER - 4 ANALYSIS AND INTERPRETATION..... | 16 |
| 4.1 Demographic Analysis..... | 16 |

| | |
|----------------------------------------------------------|-----------|
| 4.2 Univariate Analysis of Variance (Two-way ANOVA)..... | 19 |
| 4.3 Chi-Square Test..... | 22 |
| 4.4 Inference..... | 26 |
| 4.5 Data Representation Using Excel..... | 27 |
| 4.6 Findings of the study..... | 30 |
| 4.7 Limitations..... | 31 |
| CHAPTER – 5 CONCLUSION..... | 32 |
| PLAGIARISM REPORT..... | 34 |
| REFERENCES..... | 35 |
| ANNEXURE..... | 36 |

LIST OF TABLES

| Table No. | Title | Page No. |
|-----------|-----------------------------------------------------------------------------------------------------------|----------|
| 4.1 | Demographic Profile of Respondents | 16 |
| 4.2 | Descriptive Statistics of all Variables | 118 |
| 4.3 | Effects of Age and Gender on customer's perception towards PMJAK-Two Way Anova | 19 |
| 4.4 | Effects of Education and Marital status on customer's perception towards PMJAK-Two Way Anova | 20 |
| 4.5 | Effects of Family Income and Size on customer's confidence in the success of Digital Rupee- Two Way Anova | 21 |
| 4.6 | Factors Summary | 23 |
| 4.7 | Effects of awareness on overall rating of PMJAK- Chi Square test | 23 |
| 4.8 | Effects of trust on overall rating of PMJAK- Chi Square test | 24 |
| 4.9 | Effects of value for money on overall rating of PMJAK- Chi Square test | 25 |
| 4.10 | Effects of reliable source on overall rating of PMJAK- Chi Square test | 25 |

LIST OF FIGURES

| Fig. No. | Title | Page No. |
|-----------------|---------------------------|-----------------|
| 1.1 | Jan Aushadhi Stores | 03 |
| 1.2 | Journey of PMBJP | 05 |
| 1.3 | PMBJP's Stakeholders | 06 |
| 1.4 | Presence of PMBJP Kendras | 07 |
| 1.5 | PMBJP's Vision Target | 08 |
| 1.6 | PMBJP's empaneled Labs | 09 |

INTRODUCTION

1.1 Background

Globally, rising healthcare costs are still a serious concern, particularly in developing and underdeveloped countries where the majority of people cannot pay them. India is not an unusual case in this regard. One estimate states that 10–20% of Indians' total income is spent on medical care, which exacerbates their financial problems. According to the World Bank in 2011 21.9% of Indians live below the poverty line, which becomes even more difficult by a lack of insurance. In the worst-case scenario, the same pharmaceutical composition is available in numerous variations on the Indian market under multiple brand names. One lakh registered brand medicines derived from 1,000 active pharmaceutical ingredients are made, according to every study. This has occurred as a result of the enormous growth in the number of pharmaceutical industries. In terms of both volume and brand names used to distinguish similar pharmaceuticals, India is the third-largest nation.

In order to promote their brands, numerous pharmaceutical corporations use a variety of marketing strategies, which raises the cost of medications. More drugs have been let into the market under their generic designations in order to alleviate the pricing issue. However, the bulk of branded pharmaceuticals have little to no effect on the financial strain on healthcare because they are made by huge Indian and international companies and have significant support from prescribing physicians. The Indian government launched the Jan Aushadhi campaign in April 2008 to address this problem, which was having a significant financial impact on the poor population. Government-controlled facilities were opened in various states to produce high-quality generic medications at prices lower than those of their brand-name counterparts, making them more accessible to the average person. Across 28 states and union territories, our country currently has over 850 Pradhan Mantri Jan Aushadhi Kendras in operation.

1.2 Pradhan Mantri Jan Aushadhi Pariyojana

Pradhan Mantri Jan Aushadhi Pariyojana is an initiative taken by the Government of India to provide quality and affordable medicines to the general public. This initiative aims to make essential medicines available at reasonable prices to all, especially the economically weaker sections of the society.

The Indian government launched the Jan Aushadhi project in 2008 with the goal of offering everyone access to high-quality generic medications at reasonable costs. Prime Minister Narendra Modi restarted it in 2014 with the same goal in mind. To provide generic medications at lower prices, the project calls for the opening of Jan Aushadhi Medical Stores in various regions of the nation.

The programme, now known as the Pradhan Mantri Jan Aushadhi Yojana (PMJAY), was updated and rebranded in 2015 and is currently in use. The programme strives to increase everyone's access to high-quality medications, especially those who come from economically disadvantaged groups in society.

To improve the program's reach and implementation, the name was changed once more in 2016 to the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP). The programme has been successful in making affordable medications accessible to everyone and has grown to be a significant component of India's healthcare infrastructure.



Fig.1.1 Image of Jan Aushadhi Stores

Source: janaushadhi.gov.in

The Department of Pharmaceuticals, Ministry of Chemicals and Fertilisers, Bureau of Pharma PSUs of India (BPPI), is responsible for administering the programme. The BPPI is the central organisation responsible for setting up and overseeing these Jan Aushadhi Kendras.

The generic medications offered by the Jan Aushadhi Kendras are identical to branded medications in terms of quality, dosage, potency, and route of

administration. The pharmaceuticals provided are bought straight from the producers and marketed as "Jan Aushadhi."

The Kendras have a wide selection of medications, including those used to cure conditions like fever, cough, cold, discomfort, etc. Additionally, the Kendras offer medications for conditions including diabetes, hypertension, and heart problems that are chronic in nature.

The scheme is being implemented by the Bureau of Pharma PSUs of India (BPPI) under the Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers. The BPPI is the nodal agency for the establishment and management of these Jan Aushadhi Kendras.

The Jan Aushadhi Kendras provide generic medicines, which are equivalent to the branded medicines in terms of quality, dosage, strength, and route of administration. The medicines offered are procured directly from the manufacturers and sold under the brand name "Jan Aushadhi."

The Kendras offer a wide range of medicines, including drugs used for the treatment of common ailments such as fever, cough and cold, pain, etc. The Kendras also provide medicines for chronic diseases such as diabetes, hypertension, and cardiac ailments.

The Jan Aushadhi Kendras' selection of medications costs a small percentage of what branded medications do. As a result, healthcare is more accessible to the general public, especially to those who are less fortunate financially.

The Jan Aushadhi Kendras not only offer inexpensive medicines but also create job possibilities in the neighborhood. The Kendras are operated by people or groups that have been offered the chance to join the Jan Aushadhi programme and start a Jan Aushadhi Kendra in their community.

1.3 Key features of Pradhan Mantri Bhartiya Janaushadhi Pariyojna(PMBJP)

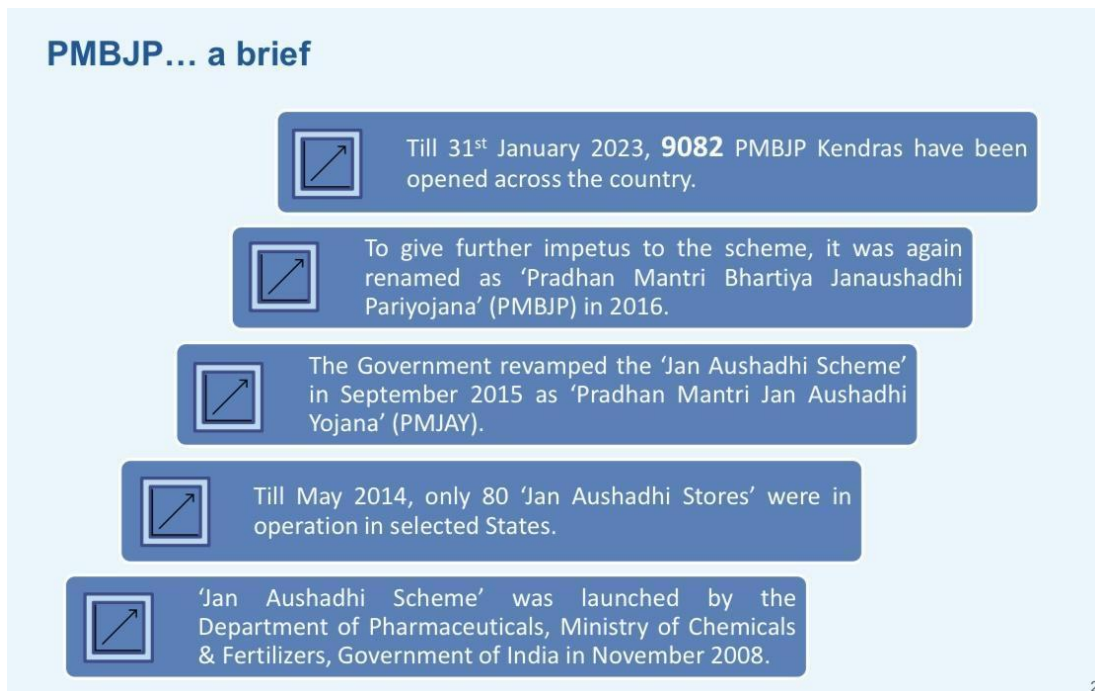


Fig.1.2 Journey of PMBJP

Source: janaushadhi.gov.in

- The programme aims to establish at least one Jan Aushadhi Kendra in each county block in order to give everyone access to reasonably priced medications.
- The project also attempts to spread awareness of generic medications' price and efficacy among the general public.
- To guarantee the purity and authenticity of medications, the Jan Aushadhi Kendras are run by professional chemists and furnished with modern amenities.
- The programme offers a variety of medications, including all necessary medications, consumables, and surgical items, as well as diagnostic services.
- The programme not only helps the general people by delivering affordable medications, but it also provides wonderful prospects for business owners to launch their ventures and create jobs.

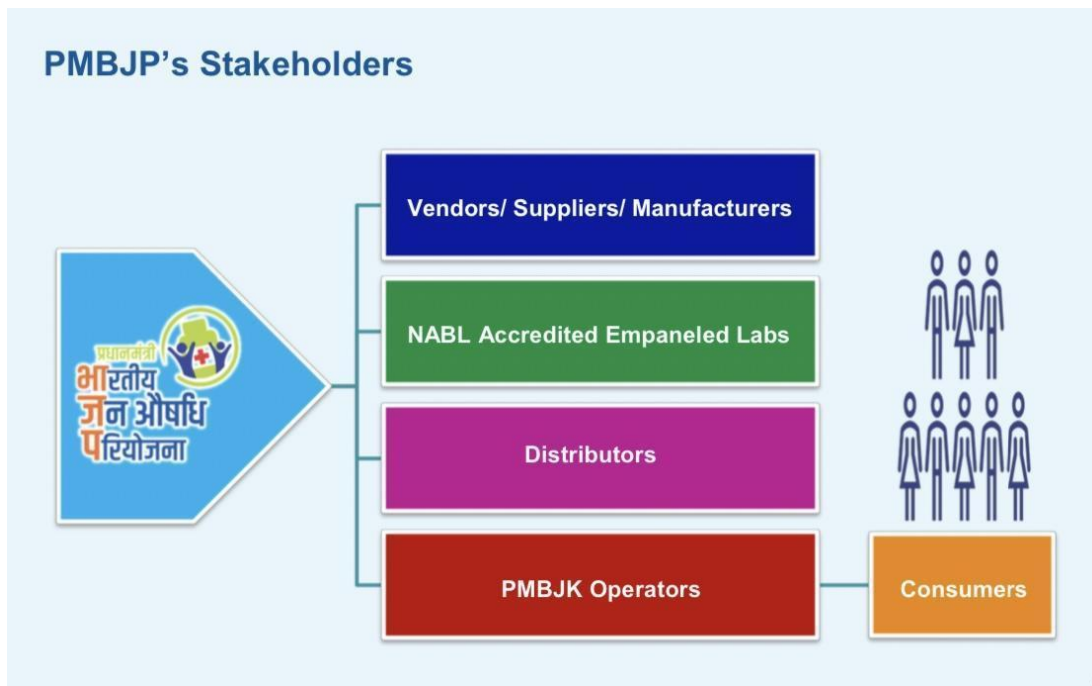


Fig.1.3 PMBJP's Stakeholders

Source: janaushadhi.gov.in

- To ensure the quality of the medications, the plan uses a tendering process to obtain them from manufacturers who have received a WHO-GMP certification.
- In order to secure the viability of the Kendras and encourage their owners to work fully committed, PMBJP also provides cash incentives to the Kendra owners.
- More than 7,000 Jan Aushadhi Kendras have been constructed across the nation as of 2021, proving the initiative's broad success and providing millions of people with access to low-cost, high-quality medications.
- **Affordable Medicines:** PMBJP provides affordable and quality generic medicines to the masses.
- **Wide Availability:** These medicines are available at Jan Aushadhi Kendras across the country, ensuring easy access for everyone.

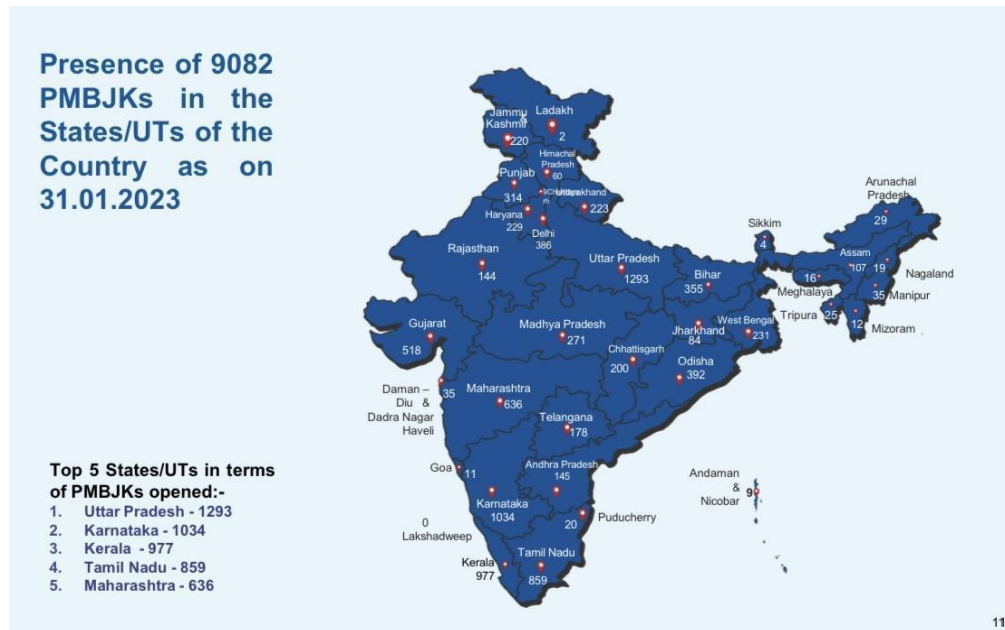


Fig.1.4 Presence of PMBJP Kendras

Source: janaushadhi.gov.in

- **Wide Range of Medicines:** PMBJP offers a wide range of medicines covering various therapeutic categories such as anti-infectives, anti-diabetics, cardiovascular, etc.
- **Quality Assurance:** All medicines available at Jan Aushadhi Kendras are thoroughly tested for quality and efficacy.
- **Government Initiative:** PMBJP is a government initiative aimed at making healthcare accessible and affordable to everyone.
- **Easy to Identify:** The medicines available at Jan Aushadhi Kendras are easily identifiable with their distinctive logo.
- **Online Availability:** PMBJP medicines are also available for online purchase through the Jan Aushadhi website.
- **Incentives for Kendra Owners:** Jan Aushadhi Kendra owners are provided with incentives and margins to encourage participation and promote the initiative.
- **Employment Generation:** PMBJP has created employment opportunities for many, especially in rural and semi-urban areas.
- **Social Responsibility:** By choosing to purchase medicines from Jan Aushadhi Kendras, individuals can contribute to society by supporting this noble initiative.

- **Promotion of Make in India:** PMBJP promotes the use of Indian generic medicines, thereby supporting the Make in India initiative.
- **Customer Support:** PMBJP stores provide excellent customer support and guidance to help people choose the right medicines and make informed decisions.
- **Cashless Transactions:** PMBJP stores also offer cashless transactions to promote digital payments and reduce cash transactions.

Five-Year Vision Target for PMBJP

| Particulars / FY | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 |
|-------------------------------------------|---------|---------------|---------------|---------------|---------------|
| Districts to be covered by opening PMBJKs | All | All | All | All | All |
| Total No. of PMBJKs | 7300 | 8300 (14%) | 9300 (12%) | 10000 (8%) | 10500 (5%) |
| Product Basket | | | | | |
| a) Medicines | 1400 | 1600 | 1800 | 2000 | 2000 |
| b) Surgicals | 220 | 240 | 280 | 300 | 300 |
| Warehouses | 4 | 5 | 6 | 6 | 6 |
| Target Sales (Rs. in Cr.) | 500 | 625 (25%) | 775 (24%) | 1000 (29%) | 1200 (20%) |

10

Fig.1.5 PMBJP's Vision Target

Source: janaushadhi.gov.in

1.4 About PMBJP Kendras

An Indian government programme called Jan Aushadhi Store aims to give people access to high-quality generic medications at reasonable costs. The Ministry of Chemicals and Fertilisers' Bureau of Pharma Public Sector Undertakings of India (BPPU) is in charge of running these depots. Generic medications that are comparable in quality and effectiveness to branded medications but are substantially less expensive are available in Jan Aushadhi outlets.



Fig.1.6 Images of PMBJP's empaneled Labs

Source: janaushadhi.gov.in

The following are some important pointers about PMJAK:

- A government programme called Jan Aushadhi Kendra attempts to give individuals access to high-quality generic medications at reasonable costs.
- Pharmacists are in charge of these Kendras, which are spread all throughout India.
- The medications offered at these Kendras are equally effective and of high quality as pricey branded medications, but they are priced far lower.
- Additionally, the Jan Aushadhi Kendras sell medical equipment, diagnostic kits, and surgical supplies.
- By making medications more inexpensive, the effort not only aids patients but also encourages the usage of generic medications across the nation.

- Additionally, Jan Aushadhi Kendras provide work possibilities for nearby businesses and pharmacists who can run the store and offer healthcare services to the neighbourhood.
- The Kendras are outfitted with cutting-edge technology and infrastructure to guarantee the accessibility of high-quality medications and a smooth supply chain.
- The government offers incentives and financial support to business owners who establish Jan Aushadhi Kendras.
- The programme has been quite effective at easing patient financial burdens and ensuring universal access to necessary medications.
- In general, Jan Aushadhi Kendras are essential in guaranteeing universal access to cheap healthcare and encouraging the use of generic medications in the nation.

Overall, the Pradhan Mantri Jan Aushadhi Kendra programme is a noteworthy effort by the Indian government to increase the public's access to and cost of necessary medications.

Unfortunately, the citizen awareness and attitude about such initiatives seems to be low resulting in poor utilization of such services. The consequence is buying branded pharmacies from the omnipresent chemist outlets by paying high prices.

1.5 Objectives of the study:

- To determine how well-informed citizens are about the availability and standards of the medications offered by Pradhan Mantri Jan Aushadhi Kendra.
- To understand citizens' awareness and perception about Pradhan Mantri Jan Aushadhi Kendra.
- To understand citizens' perception about the quality of medicines offered at Pradhan Mantri Jan Aushadhi Kendra.
- To investigate the effects of demographic characteristics on consumer knowledge, attitude, and perception of Pradhan

Mantri Jan Aushadhi Kendra, including age, gender, income, and education.

1.6 Scope of the study:

The scope of the study on customer awareness, attitude, and perception towards Pradhan Mantri Jan Aushadhi Kendra is significant, as it aims to investigate the impact of Pradhan Mantri Jan Aushadhi Kendra stores on the general public's healthcare accessibility and affordability. The study had focused on assessing the level of awareness, attitudes, and perceptions of customers towards Pradhan Mantri Jan Aushadhi Kendra stores.

LITERATURE REVIEW

The PMJAK initiative was launched in 2008 by the Department of Pharmaceuticals, Government of India, with the objective of making quality generic medicines available to the public at affordable prices. The initiative has been successful in increasing access to essential medicines in areas where there is limited availability of medicines. According to the Ministry of Chemicals and Fertilizers, there were 7,495 PMJAK stores across the country as of March 2020.

Manjula Bai, H. (2021) conducted a study named "A Study on Customer Awareness towards Pradhan Mantri Bharatiya Jnanaushadi Kendra's with Reference to Shimoga" which concluded that the pharmaceutical industry in India has the capability to supply quality medicines, but the poor still cannot afford them. The government has implemented regulations and launched the Jan Aushadhi Campaign to assist the poor. The challenge will be to ensure that customers do not end up with fake drugs. However, implementing the scheme is crucial for both the rich and the poor to have access to quality healthcare. Providing universal healthcare can only be achieved if quality medicines are available at the right price, and doctors must be incentivized to prescribe generic drugs.

According to Gupta et al. (2018), evaluating doctors' perceptions and comprehension of generic drugs can assist in identifying the primary areas that may hinder the extensive use of generic drugs. The main objective of their study was to investigate the knowledge, attitude, and practice (KAP) of doctors regarding generic medicines. The findings of the study indicated that a significant proportion of doctors had good awareness of the use of generic drugs. However, some participants expressed concerns, indicating the need for further research on interventions that could improve awareness and acceptance of generic drugs among medical professionals and the general public.

Gawali et al. (2018) conducted a study titled "Study of information, attitude, and practice of prescribing generic medicines by interns, residents, and

school in an exceeding tertiary care teaching hospital Ujwala," which emphasized that the use of generic drugs could be an effective measure to reduce healthcare costs without compromising quality. The authors pointed out that the limited knowledge among healthcare professionals regarding the cost-effectiveness of generic drugs was a significant factor that led to low prescription rates of generic medicines. The study revealed that the prescribers had a good understanding of the concept of generic drugs, but further training programs, such as continuing medical education, workshops, and other interventions, are necessary to increase the rate of generic medicine prescriptions.

Studies have also shown that PMJAK stores have played a significant role in improving access to essential medicines and reducing the out-of-pocket expenditure of patients. A study conducted by KPMG in 2016 found that PMJAK stores reduced the cost of medicines by up to 90% compared to the prices of branded medicines. The study also reported that PMJAK stores were able to increase the availability of essential medicines in rural areas.

Another study conducted by the Indian Institute of Public Health in 2017 found that PMJAK stores were effective in reducing the financial burden of healthcare on low-income households. The study reported that PMJAK stores had reduced the out-of-pocket expenditure of patients on medicines by up to 50%.

However, some studies have also highlighted challenges faced by PMJAK stores. A study conducted by the Indian Journal of Public Health in 2019 found that the availability of medicines in PMJAK stores was limited due to issues related to supply chain management. The study reported that PMJAK stores faced challenges in procuring medicines from manufacturers and distributors, resulting in stockouts of essential medicines.

In conclusion, the PMJAK initiative has played a significant role in increasing access to essential medicines and reducing the financial burden of healthcare on low-income households. However, the initiative also faces

challenges related to supply chain management, which need to be addressed to ensure the sustainability of the program. Further research is needed to evaluate the long-term impact of PMJAK stores on healthcare accessibility and affordability in India.

RESEARCH METHODOLOGY

The research design is a cross sectional descriptive research design. In this study the data has been collected from a group of people at a single point of time without being followed over time. The individuals involved in this survey represent the interest of a larger population. The data collected has helped to identify patterns, trends, or dependency among variables, to conclude about the population being studied.

3.1 Data collection

Primary Data: Primary data has been collected by floating a Questionnaire as a google form through e-mail and various social media handles like WhatsApp, facebook etc. However, a few survey forms were also got filled through offline mode as well. These modes were sufficient to collect the data for my research project.

Secondary Data: The sources for secondary data are various internet sites, and Literature Reviews.

3.2 Sampling Design

Sampling Method: Non probability sampling method has been used in this study.

Sampling Technique: Convenience sampling technique has been used.

Sample Size: There were a total of 50 respondents in this research project.

3.3 Tools & Techniques

Data Analysis Tools: SPSS and Excel.

Data Analysis Techniques: Chi-square test and ANOVA has been performed to understand whether the null hypothesis is acceptable or not.

3.4 Hypothesis

H0: Age, gender, education, marital status, family size and income have no significant association with the Purchase Intent and Word of Mouth Communication about PMJAK.

H1: Age, gender, education, marital status, family size and income have a significant association with the Purchase Intent and Word of Mouth Communication about PMJAK.

ANALYSIS & INTERPRETATION

4.1 Demographic Analysis

The demographic analysis is to analyze & interpret the data of the respondents. It helps to make sure that the data represents different groups of people based on their demographics such as age, gender, education, family income etc.

Table.4.1. Demographic Profile of Respondents

| | | Gender | | | |
|-------|--------|---------------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Female | 24 | 48.0 | 48.0 | 48.0 |
| | Male | 26 | 52.0 | 52.0 | 100.0 |
| | Total | 50 | 100.0 | 100.0 | |

| | | Age range | | | |
|-------|-------|------------------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | 18-24 | 14 | 28.0 | 28.0 | 28.0 |
| | 25-34 | 23 | 46.0 | 46.0 | 74.0 |
| | 35-44 | 9 | 18.0 | 18.0 | 92.0 |
| | 45-60 | 4 | 8.0 | 8.0 | 100.0 |
| | Total | 50 | 100.0 | 100.0 | |

| | | Education | | | |
|-------|-----------------|------------------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Graduation | 15 | 30.0 | 30.0 | 30.0 |
| | High School | 1 | 2.0 | 2.0 | 32.0 |
| | Intermediate | 5 | 10.0 | 10.0 | 42.0 |
| | Phd. | 1 | 2.0 | 2.0 | 44.0 |
| | Post Graduation | 28 | 56.0 | 56.0 | 100.0 |
| | Total | 50 | 100.0 | 100.0 | |

| | | Marital status | | | |
|-------|-----------|-----------------------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Divorced | 1 | 2.0 | 2.0 | 2.0 |
| | Married | 16 | 32.0 | 32.0 | 34.0 |
| | Unmarried | 33 | 66.0 | 66.0 | 100.0 |
| | Total | 50 | 100.0 | 100.0 | |

Family income

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------------------------------|-----------|---------|---------------|--------------------|
| Valid | Between Rs.3,00,000 - Rs. 8,00,000 | 2 | 4.0 | 4.0 | 4.0 |
| | Between Rs.8,00,000 - Rs. 12,00,000 | 26 | 52.0 | 52.0 | 56.0 |
| | Less than Rs.3,00,000 | 1 | 2.0 | 2.0 | 58.0 |
| | More than Rs.12,00,000 | 21 | 42.0 | 42.0 | 100.0 |
| | Total | 50 | 100.0 | 100.0 | |

Family size

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------------|-----------|---------|---------------|--------------------|
| Valid | 1-2 members | 3 | 6.0 | 6.0 | 6.0 |
| | 3-4 members | 18 | 36.0 | 36.0 | 42.0 |
| | 5-6 members | 21 | 42.0 | 42.0 | 84.0 |
| | 7 and more | 8 | 16.0 | 16.0 | 100.0 |
| | Total | 50 | 100.0 | 100.0 | |

ever heard of PMJAK

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|-------|-------|-----------|---------|---------------|--------------------|
| Valid | Maybe | 5 | 10.0 | 10.0 | 10.0 |
| | No | 4 | 8.0 | 8.0 | 18.0 |
| | Yes | 41 | 82.0 | 82.0 | 100.0 |
| | Total | 50 | 100.0 | 100.0 | |

The total no of respondents are 50 out of which 48% female and 52% male respondents. While based on age, the majority of the respondents belong to the 25-34 age group, followed by the 18-24 age group. There is no representation of people above 60yrs of age in this survey.

Same goes with the educational qualification, the majority of respondents are post graduates followed by graduated ones. The survey has also tried to consider the marital status, family income and family size. Out of all the respondents, only 82% have heard about PMJAK.

The following statements tried to capture the purchase intent and word of mouth communication about PMJAK. The descriptive statistics have shown

the range of the rating by respondents and also mean rating of each statement.

TABLE 5.2. Descriptive Statistics of all Variables

| Descriptive Statistics | | | | | |
|-------------------------------------------------------------------|----|---------|---------|------|----------------|
| | N | Minimum | Maximum | Mean | Std. Deviation |
| Aware about PMJAK. | 41 | 3 | 5 | 3.88 | .458 |
| Trust PMJAK as pharmacy outlet. | 41 | 3 | 5 | 4.05 | .590 |
| Always prefer PMJAK over other pharmacy outlet. | 41 | 2 | 4 | 3.20 | .749 |
| The prices of medicines at PMJAK are affordable. | 41 | 2 | 5 | 4.00 | .592 |
| PMJAK provides value for money. | 41 | 2 | 4 | 3.39 | .586 |
| PMJAK provides all the major medicines. | 41 | 2 | 4 | 3.80 | .511 |
| I am satisfied with the availability of medicines at PMJAK. | 41 | 3 | 5 | 3.63 | .536 |
| I am satisfied with the quality of medicines available at PMJAK. | 41 | 2 | 5 | 4.00 | .548 |
| I agree that PMJAK is a reliable source for purchasing medicines. | 41 | 2 | 5 | 3.66 | .693 |
| I will recommend PMJAK to others. | 41 | 2 | 5 | 4.17 | .771 |
| Valid N (listwise) | 41 | | | | |

Hypothesis Testing using Two way Anova and Chi Square test

H0: Age, gender, education, marital status, family size and income have no significant association with the Purchase Intent and Word of Mouth Communication about PMJAK.

H1: Age, gender, education, marital status, family size and income have a significant association with the Purchase Intent and Word of Mouth Communication about PMJAK.

4.2. Univariate Analysis of Variance (Two Way Anova)

In Anova, the dependent variable is the one that we want to study and measure, it is also known as the response variable. It is the variable that may be affected by the independent variable.

On the other hand, the independent variable is the one that is manipulated or controlled in the study, it is also known as the explanatory variable. It is the variable that may have an effect on the dependent variable.

In simpler terms, the dependent variable is the outcome that we want to investigate, while the independent variable is the factor that we think might have an impact on the outcome.

To test the hypothesis, only two independent variables in combination have been taken at a time against the same dependent variable i.e. overall rating of PMJAK.

Table 4.2 Gender*Age range*Ratings

Descriptive Statistics

Dependent Variable: Ratings

| Gender | Age range | Mean | Std. Deviation | N |
|--------|-----------|--------|----------------|----|
| Female | 18-24 | 8.0000 | .89443 | 6 |
| | 25-34 | 9.0000 | .81650 | 10 |
| | 35-44 | 9.0000 | .00000 | 2 |
| | 45-60 | 9.0000 | . | 1 |
| | Total | 8.6842 | .88523 | 19 |
| Male | 18-24 | 8.6667 | .57735 | 3 |
| | 25-34 | 8.8182 | .87386 | 11 |
| | 35-44 | 8.8333 | .40825 | 6 |
| | 45-60 | 9.0000 | 1.41421 | 2 |
| | Total | 8.8182 | .73266 | 22 |
| Total | 18-24 | 8.2222 | .83333 | 9 |
| | 25-34 | 8.9048 | .83095 | 21 |
| | 35-44 | 8.8750 | .35355 | 8 |
| | 45-60 | 9.0000 | 1.00000 | 3 |
| | Total | 8.7561 | .79939 | 41 |

Tests of Between-Subjects Effects

Dependent Variable: Ratings

| Source | Type III Sum of Squares | df | Mean Square | F | Sig. |
|-------------------|-------------------------|----|-------------|----------|-------|
| Corrected Model | 4.425 ^a | 7 | .632 | .987 | .458 |
| Intercept | 1730.364 | 1 | 1730.364 | 2701.601 | <.001 |
| Gender | .035 | 1 | .035 | .055 | .816 |
| Agerange | 2.179 | 3 | .726 | 1.134 | .350 |
| Gender * Agerange | 1.102 | 3 | .367 | .573 | .636 |
| Error | 21.136 | 33 | .640 | | |
| Total | 3169.000 | 41 | | | |
| Corrected Total | 25.561 | 40 | | | |

a. R Squared = .173 (Adjusted R Squared = -.002)

In this case the independent variables are gender and age range of the respondents, while the dependent variable is rating. The p-value of a two way ANOVA test having gender and age range as independent variables is 0.636. Since the value is more than 0.05. Therefore we fail to reject the null hypothesis.

It means there is no impact of gender and age range on overall ratings of PMJAK.

Table 4.3 Education*Marital Status*Ratings

Descriptive Statistics

Dependent Variable: Ratings

| Education | Marital status | Mean | Std. Deviation | N |
|-----------------|----------------|--------|----------------|----|
| Graduation | Married | 8.8333 | .75277 | 6 |
| | Unmarried | 8.4000 | .54772 | 5 |
| | Total | 8.6364 | .67420 | 11 |
| Intermediate | Married | 9.0000 | .00000 | 2 |
| | Unmarried | 9.3333 | .57735 | 3 |
| | Total | 9.2000 | .44721 | 5 |
| Phd. | Married | 8.0000 | . | 1 |
| | Total | 8.0000 | . | 1 |
| Post Graduation | Divorced | 9.0000 | . | 1 |
| | Married | 8.3333 | 1.15470 | 3 |
| | Unmarried | 8.8000 | .89443 | 20 |
| | Total | 8.7500 | .89685 | 24 |
| Total | Divorced | 9.0000 | . | 1 |
| | Married | 8.6667 | .77850 | 12 |
| | Unmarried | 8.7857 | .83254 | 28 |
| | Total | 8.7561 | .79939 | 41 |

Tests of Between-Subjects Effects

Dependent Variable: Ratings

| Source | Type III Sum of Squares | df | Mean Square | F | Sig. |
|---------------------------|-------------------------|----|-------------|----------|-------|
| Corrected Model | 2.994 ^a | 7 | .428 | .626 | .731 |
| Intercept | 770.653 | 1 | 770.653 | 1126.952 | <.001 |
| Education | 1.673 | 3 | .558 | .816 | .494 |
| Maritalstatus | .233 | 2 | .117 | .170 | .844 |
| Education * Maritalstatus | 1.185 | 2 | .592 | .866 | .430 |
| Error | 22.567 | 33 | .684 | | |
| Total | 3169.000 | 41 | | | |
| Corrected Total | 25.561 | 40 | | | |

a. R Squared = .117 (Adjusted R Squared = -.070)

In the above table, the independent variables are education level and marital status of the respondents and the dependent variable is again rating. The p-value of a two way ANOVA test having education and marital status as independent variables is 0.430. Since the value is more than 0.05. Therefore we fail to reject the null hypothesis.

It means there is no impact of education level and marital status on overall ratings of PMJAK.

Table 4.4. Family Income*Family Size*Ratings

Descriptive Statistics

Dependent Variable: Ratings

| Family income | Family size | Mean | Std. Deviation | N |
|-------------------------------------|-------------|--------|----------------|----|
| Between Rs.3,00,000 - Rs. 8,00,000 | 3-4 members | 9.0000 | . | 1 |
| | Total | 9.0000 | . | 1 |
| Between Rs.8,00,000 - Rs. 12,00,000 | 1-2 members | 8.5000 | .70711 | 2 |
| | 3-4 members | 8.9167 | .79296 | 12 |
| | 5-6 members | 8.5000 | .92582 | 8 |
| | 7 and more | 9.0000 | . | 1 |
| | Total | 8.7391 | .81002 | 23 |
| More than Rs.12,00,000 | 3-4 members | 8.5000 | 2.12132 | 2 |
| | 5-6 members | 8.9000 | .56765 | 10 |
| | 7 and more | 8.6000 | .89443 | 5 |
| | Total | 8.7647 | .83137 | 17 |
| Total | 1-2 members | 8.5000 | .70711 | 2 |
| | 3-4 members | 8.8667 | .91548 | 15 |
| | 5-6 members | 8.7222 | .75190 | 18 |
| | 7 and more | 8.6667 | .81650 | 6 |
| | Total | 8.7561 | .79939 | 41 |

Tests of Between-Subjects Effects

Dependent Variable: Ratings

| Source | Type III Sum of Squares | df | Mean Square | F | Sig. |
|---------------------------|-------------------------|----|-------------|----------|-------|
| Corrected Model | 1.544 ^a | 7 | .221 | .303 | .947 |
| Intercept | 895.858 | 1 | 895.858 | 1230.950 | <.001 |
| Familyincome | .141 | 2 | .071 | .097 | .908 |
| Familysize | .150 | 3 | .050 | .069 | .976 |
| Familyincome * Familysize | 1.066 | 2 | .533 | .732 | .488 |
| Error | 24.017 | 33 | .728 | | |
| Total | 3169.000 | 41 | | | |
| Corrected Total | 25.561 | 40 | | | |

a. R Squared = .060 (Adjusted R Squared = -.139)

The family income and family size has also been taken as independent variables and ratings as dependent variables to test the same hypothesis. The p-value of a two way ANOVA test having family income and family size as independent variables is 0.488. Since the value is more than 0.05. Therefore we fail to reject the null hypothesis.

It means there is no impact of family income and family size on overall ratings of PMJAK.

4.3. Chi Square Test

There are different factors in ordinal form in this survey to capture the purchase intent and word of mouth communication. By using Chi Square test, the dependence of overall ratings of PMJAK on these variables has been tested.

The independent variables are the level of awareness about PMJAK, trust PMJAK as pharmacy outlet, agree that PMJAK provides value for money, agree that PMJAK is a reliable source for purchasing medicines and the intent of recommendation to others.

Table 5.6. Factors Summary

Case Processing Summary

| | Valid | | Cases Missing | | Total | |
|-----------------------------------------------------------------------------|-------|---------|---------------|---------|-------|---------|
| | N | Percent | N | Percent | N | Percent |
| Aware about PMJAK. * Ratings | 41 | 82.0% | 9 | 18.0% | 50 | 100.0% |
| Trust PMJAK as pharmacy outlet. * Ratings | 41 | 82.0% | 9 | 18.0% | 50 | 100.0% |
| PMJAK provides value for money. * Ratings | 41 | 82.0% | 9 | 18.0% | 50 | 100.0% |
| I agree that PMJAK is a reliable source for purchasing medicines. * Ratings | 41 | 82.0% | 9 | 18.0% | 50 | 100.0% |
| I will recommend PMJAK to others. * Ratings | 41 | 82.0% | 9 | 18.0% | 50 | 100.0% |

Table 5.7. Aware about PMJAK. * Ratings

Crosstab

| Count | | Ratings | | | | Total |
|--------------------|---|---------|------|------|-------|-------|
| | | 7.00 | 8.00 | 9.00 | 10.00 | |
| Aware about PMJAK. | 3 | 2 | 1 | 4 | 0 | 7 |
| | 4 | 2 | 6 | 20 | 4 | 32 |
| | 5 | 0 | 0 | 1 | 1 | 2 |
| Total | | 4 | 7 | 25 | 5 | 41 |

Chi-Square Tests

| | Value | df | Asymptotic Significance (2-sided) |
|------------------------------|--------------------|----|-----------------------------------|
| Pearson Chi-Square | 6.833 ^a | 6 | .337 |
| Likelihood Ratio | 6.376 | 6 | .382 |
| Linear-by-Linear Association | 4.262 | 1 | .039 |
| N of Valid Cases | 41 | | |

a. 10 cells (83.3%) have expected count less than 5. The minimum expected count is .20.

In this test, the p-value of having awareness about PMJAK as independent variables is 0.337. Since the value is more than 0.05. Therefore, there is no dependence between two variables.

It means there is no dependence of overall ratings on the level of awareness about PMJAK.

Table 5.8. Trust PMJAK as pharmacy outlet. * Ratings

Crosstab

Count

| | | Ratings | | | | Total |
|---------------------------------|---|---------|------|------|-------|-------|
| | | 7.00 | 8.00 | 9.00 | 10.00 | |
| Trust PMJAK as pharmacy outlet. | 3 | 2 | 2 | 1 | 1 | 6 |
| | 4 | 2 | 4 | 20 | 1 | 27 |
| | 5 | 0 | 1 | 4 | 3 | 8 |
| Total | | 4 | 7 | 25 | 5 | 41 |

Chi-Square Tests

| | Value | df | Asymptotic Significance (2-sided) |
|------------------------------|---------------------|----|-----------------------------------|
| Pearson Chi-Square | 14.205 ^a | 6 | .027 |
| Likelihood Ratio | 13.314 | 6 | .038 |
| Linear-by-Linear Association | 6.311 | 1 | .012 |
| N of Valid Cases | 41 | | |

a. 11 cells (91.7%) have expected count less than 5. The minimum expected count is .59.

In this test, the p-value of having the level of trust on PMJAK as independent variables is 0.027. Since the value is less than 0.05. Therefore, there is a significant association between the dependent and independent variables.

It means the overall ratings depend on the level of trust on PMJAK.

Table 5.9. PMJAK provides value for money. * Ratings

Crosstab

Count

| | | Ratings | | | | Total |
|---------------------------------|---|---------|------|------|-------|-------|
| | | 7.00 | 8.00 | 9.00 | 10.00 | |
| PMJAK provides value for money. | 2 | 2 | 0 | 0 | 0 | 2 |
| | 3 | 2 | 4 | 13 | 2 | 21 |
| | 4 | 0 | 3 | 12 | 3 | 18 |
| Total | | 4 | 7 | 25 | 5 | 41 |

Chi-Square Tests

| | Value | df | Asymptotic Significance (2-sided) |
|------------------------------|---------------------|----|-----------------------------------|
| Pearson Chi-Square | 20.824 ^a | 6 | .002 |
| Likelihood Ratio | 13.364 | 6 | .038 |
| Linear-by-Linear Association | 7.104 | 1 | .008 |
| N of Valid Cases | 41 | | |

a. 10 cells (83.3%) have expected count less than 5. The minimum expected count is .20.

In this case, the p-value of having the factor that PMJAK provides value for money as independent variables is 0.02. Since the value is less than 0.05. Therefore, there is a significant association between the dependent and independent variables.

The factor that PMJAK provides value for money does impact the overall ratings of PMJAK.

Table 5.10. PMJAK is reliable source for purchasing medicines* Ratings

Crosstab

Count

| | | Ratings | | | | Total |
|-------------------------------------------------------------------|---|---------|------|------|-------|-------|
| | | 7.00 | 8.00 | 9.00 | 10.00 | |
| I agree that PMJAK is a reliable source for purchasing medicines. | 2 | 3 | 0 | 0 | 0 | 3 |
| | 3 | 1 | 2 | 7 | 0 | 10 |
| | 4 | 0 | 5 | 17 | 4 | 26 |
| | 5 | 0 | 0 | 1 | 1 | 2 |
| Total | | 4 | 7 | 25 | 5 | 41 |

Chi-Square Tests

| | Value | df | Asymptotic Significance (2-sided) |
|------------------------------|---------------------|----|-----------------------------------|
| Pearson Chi-Square | 34.981 ^a | 9 | <.001 |
| Likelihood Ratio | 24.426 | 9 | .004 |
| Linear-by-Linear Association | 15.027 | 1 | <.001 |
| N of Valid Cases | 41 | | |

a. 14 cells (87.5%) have expected count less than 5. The minimum expected count is .20.

In this case, the p-value of having the factor that PMJAK provides value for money as independent variables is <0.001. Since the value is way less than 0.05. Therefore, there is association between the dependent and independent variables to a great extent.

It means that the level of PMJAK as a reliable source for purchasing medicines highly impact the overall ratings of PMJAK.

4.4. Inference

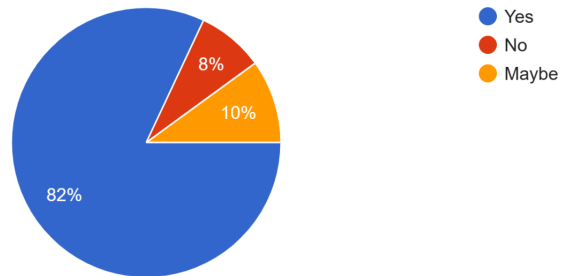
The two-way ANOVA has given the p-values more than 0.05 for gender, age-range, marital status, family income and family size, which means there is no impact of these factors on overall ratings of PMJAK.

In case of chi-square test, the independent factors such as the level of trust on PMJAK as pharmacy outlet, agree that PMJAK provides value for money, agree that PMJAK is a reliable source for purchasing medicines and the intent of recommendation to others has given the p-values less than 0.05. It means there is significant association between these independent variables and the overall rating of the PMJAK. On the contrary, there is a variable named as the level of awareness about PMJAK, which has not shown any association with the overall ratings.

4.5.Data representation using Excel

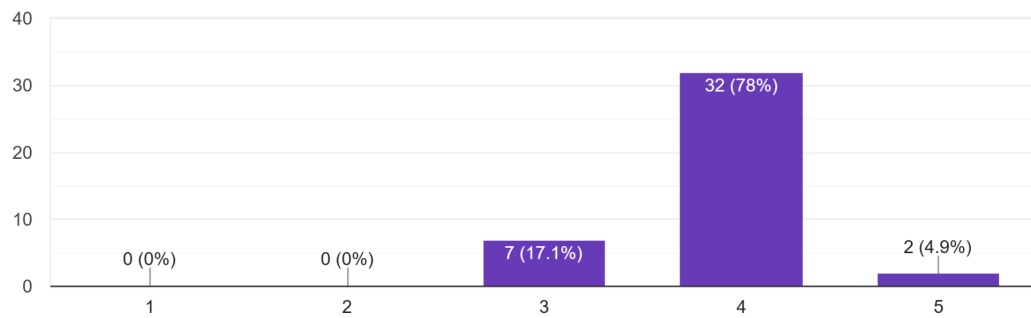
Have you ever heard of Pradhan Mantri Jan Aushadhi Kendra (PMJAK)?

50 responses



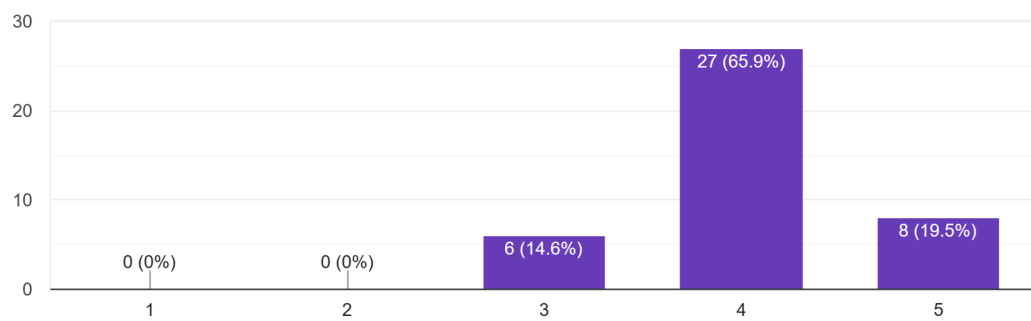
I am aware about PMJAK.

41 responses



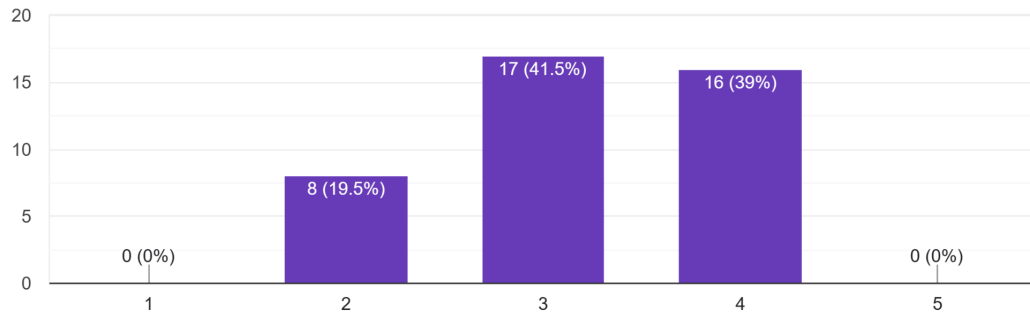
I trust PMJAK as pharmacy outlet.

41 responses



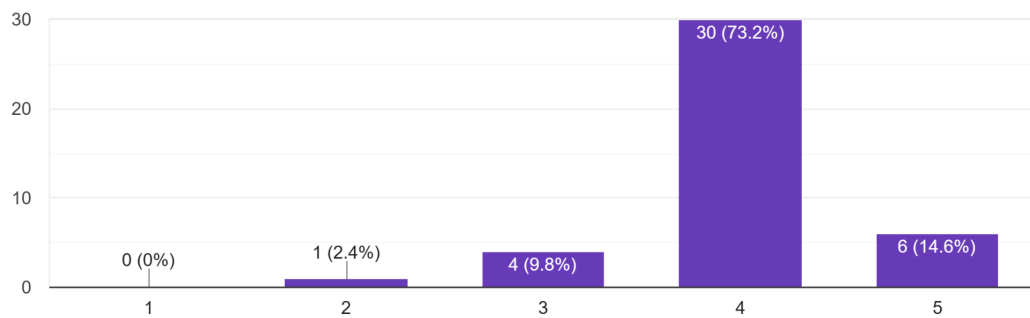
I always prefer PMJAK over other pharmacy outlet.

41 responses



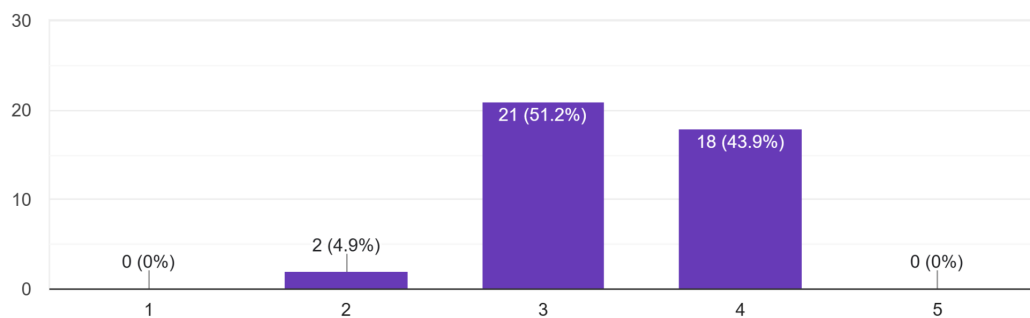
The prices of medicines at PMJAK are affordable.

41 responses



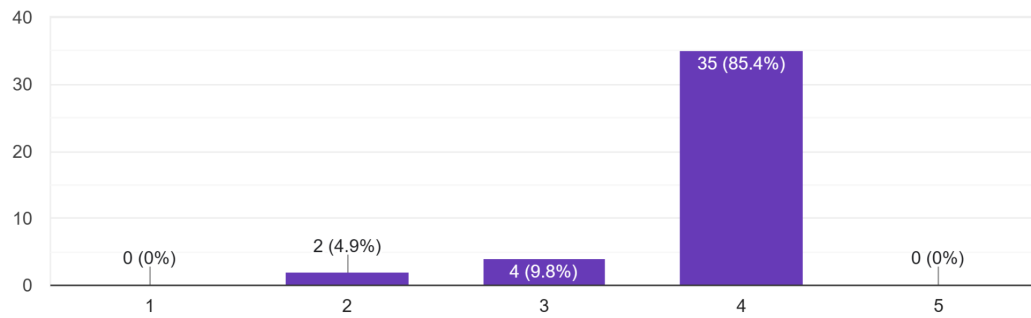
PMJAK provides value for money.

41 responses



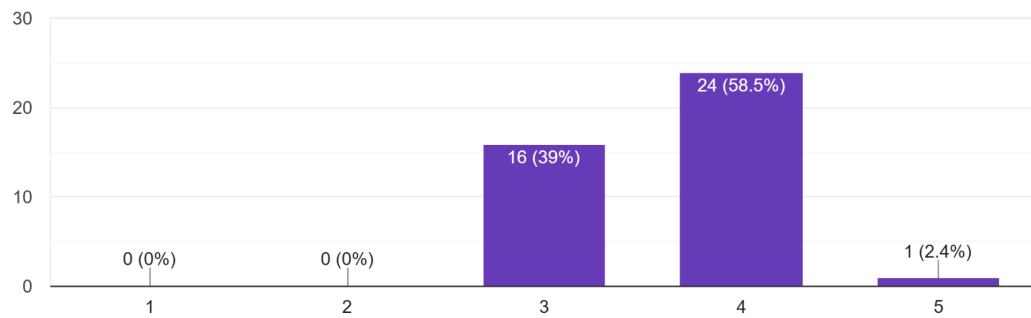
PMJAK provides all the major medicines.

41 responses



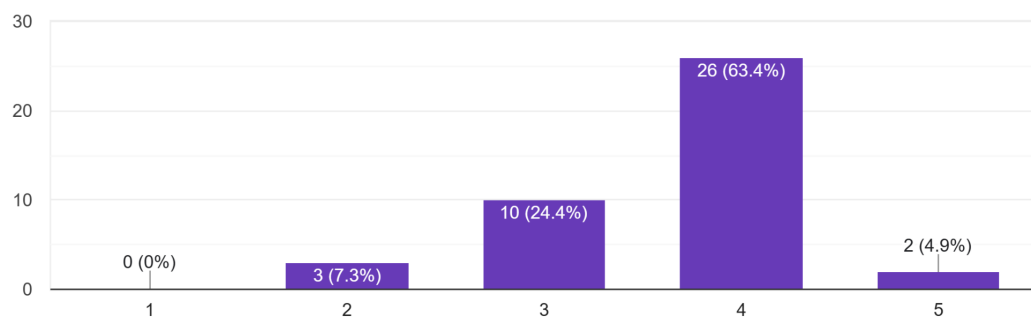
I am satisfied with the availability of medicines at PMJAK.

41 responses



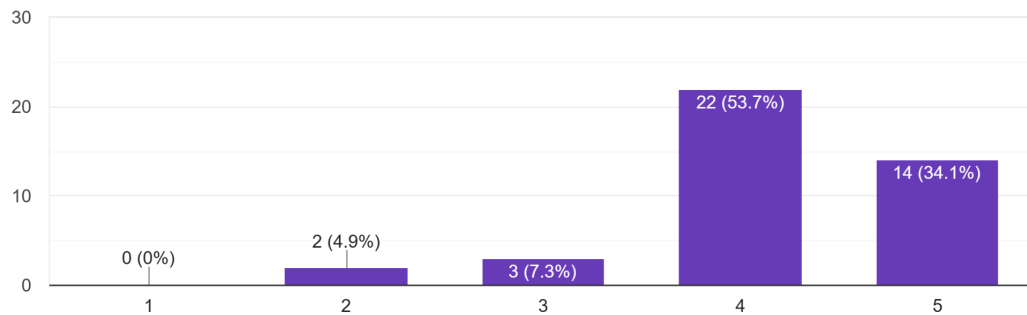
I agree that PMJAK is a reliable source for purchasing medicines.

41 responses



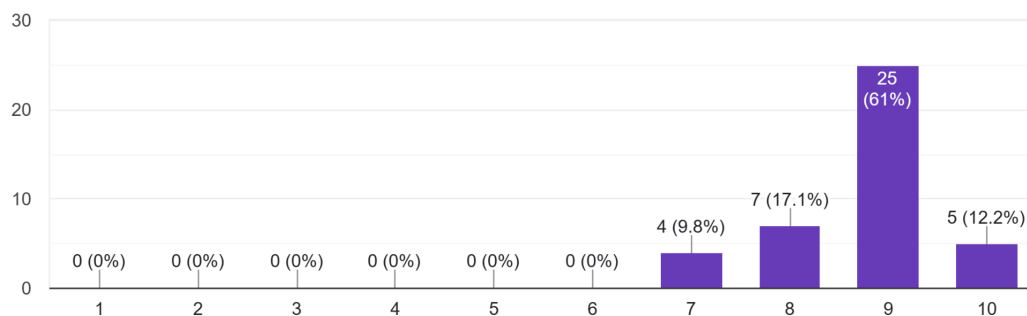
I will recommend PMJAK to others.

41 responses



How would you rate the overall PMJAK scheme on a scale of 1 to 10?

41 responses



4.6. Findings of the Study

- There are a total number of 50 respondents, out of them 18% have never heard about PMJAK.
- Out of the remaining 82% who have heard about the PMJAK, most of them are well aware about the scheme.
- Majority of them also trust PMJAK as the pharmacy outlet.
- When it comes to always prefer PMJAK as a pharmacy outlet, more than 50% of respondents are not sure about it.
- 72% respondents agree that the prices of medicines at PMJAK are affordable.
- More than 50% of respondents are not sure whether it provides value for money or not.

- 85% of respondents agree that PMJAK provides all the major medicines.
- Most of them are satisfied with the availability and the quality of the medicines at PMJAK.
- More than 50% find it a reliable source and look forward to recommending others as well.
- Out of 82% who have heard about the PMJAK, 61% rate the overall scheme as 9 out of 10 on a scale.

4.7 Limitations of the study

- The sample size was limited to only 50 respondents.
- The research is limited only to existing customers of PMJAK.
- Time was also a constraint.

CONCLUSION

The Jan Aushadhi Programme, 2008, was given life by the Indian government, who want to run it in campaign mission mode. When the Department of Pharmaceuticals relaunched the Jan Aushadhi Campaign in March as part of the Pradhan Mantri Jan Aushadhi Scheme, it had the potential to become a self-sustaining business model. This programme, which is supported by the tenet of Not for Profit but with Minimal Profit, has been re-launched with the goal of guaranteeing that all people or any group can access high-quality medications at reasonable costs. In most therapeutic categories, India's pharmaceutical industry has strong capabilities to deliver high-quality branded and generic medications.

Based on the survey conducted on 50 respondents, it was found that while a few people have not heard about the PMJAK scheme, those who are aware of it are generally well informed and trust it as a pharmacy outlet. Most respondents agreed that the prices of medicines at PMJAK are affordable and that the outlet provides all major medicines. Additionally, most people were satisfied with the availability and quality of medicines at PMJAK, and find it a reliable source. However, when it comes to always preferring PMJAK as a pharmacy outlet, more than 50% of respondents are not sure about it, and similarly, more than 50% of respondents are not sure if it provides value for money or not. Overall, 61% of respondents rate the scheme as 9 out of 10 on a scale.

In general, the PMJAK scheme is an initiative taken by the Indian government to provide quality medicines at affordable prices for all. The scheme has been successful in making people aware of the benefits of generic medicines and has helped in making healthcare more accessible to the common man. The survey results suggest that the scheme has received a positive response from the people and is playing a vital role in providing affordable healthcare to the masses. However, there is still scope for improvement, and the government needs to work on addressing the

concerns of people regarding always preferring PMJAK as a pharmacy outlet and providing value for money.

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ANNEXURE

Questionnaire used for the survey

Q. What is your gender?

- Male
- Female
- Prefer not to say

What is your age range?

- 18-24
- 25-34
- 35-44
- 45-60
- 60+

What is your highest level of education?

- High School
- Intermediate
- Graduation
- Post Graduation
- Phd.
- Others

What is your marital status?

- Married
- Unmarried
- Divorced

What is your family annual income?

- Less than Rs.3,00,000
- Between Rs.3,00,000 - Rs.8,00,000

Between Rs.8,00,000 - Rs.12,00,000

More than Rs.12,00,000

What is your family size?

1-2 members

3-4 members

5-6 members

7 and more

Have you ever heard of Pradhan Mantri Jan Aushadhi Kendra (PMJAK)?

Yes

No

Maybe

Mark the appropriate option on the scale of 1 to 5 for the given statements according to the degree of agreement. (e.g.: 1 means strongly disagreeable and 5 means strongly agreeable)

I am aware about PMJAK.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

I trust PMJAK as pharmacy outlet.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

I always prefer PMJAK over other pharmacy outlet.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

The prices of medicines at PMJAK are affordable.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

PMJAK provides value for money.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

PMJAK provides all the major medicines.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

I am satisfied with the availability of medicines at PMJAK.

- Strongly disagree
- Disagree
- Neutral

- Agree
- Strongly agree

I am satisfied with the quality of medicines available at PMJAK.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

I agree that PMJAK is a reliable source for purchasing medicines.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

I will recommend PMJAK to others.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

How would you rate the overall PMJAK scheme on a scale of 1 to 10?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

8

9

10