

# Beyond Affordability: Trust, Sustainability, and the Lived Experiences of Jan Aushadhi Kendra Owners

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## ABSTRACT

This study examines the lived experiences of Jan Aushadhi Kendra (JAK) owners to understand how the Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana (PMBJP) is enacted at the grassroots level and what factors shape its long-term sustainability. Positioned at the intersection of entrepreneurship and public health delivery, JAK owners play a critical role in translating policy intent into everyday access to affordable medicines. Using a qualitative research design, in-depth semi-structured interviews were conducted with 74 JAK owners across Kerala and Karnataka. Data collection continued until thematic saturation was achieved, and the interviews were analysed using reflexive thematic analysis following Braun and Clarke's framework. The findings reveal four interrelated themes. First, owners articulated a social mission and hybrid entrepreneurial identity, framing their participation as public service-oriented rather than profit-driven. Second, the medical community emerged as institutional gatekeepers of trust, with limited endorsement from doctors and allied health professionals constraining consumer confidence in generic medicines. Third, business sustainability was found to be fragile, shaped by low margins, expiry-related losses, supply chain disruptions, and stock-outs that undermined both financial viability and customer trust. Finally, trust-building, consumer perceptions, and awareness gaps highlighted how persistent quality-price misconceptions and weak institutional communication compelled owners to act as informal educators, relying heavily on interpersonal relationships and word of mouth to sustain demand. Overall, the study demonstrates that while PMBJP has been effective in improving affordability, its sustainability depends on factors extending beyond price, including institutional trust, operational reliability, and coordinated communication. Strengthening medical endorsement, improving supply chain stability, and embedding systematic awareness initiatives are essential for positioning generic medicines as a trusted and mainstream component of India's healthcare system.

**Keywords:** Jan Aushadhi Kendras; Generic Medicines; Qualitative Analysis; Healthcare Access; Public Health Entrepreneurship

## INTRODUCTION

Access to affordable medicines is a central concern for achieving equitable healthcare, particularly in low- and middle-income contexts where out-of-pocket expenditures remain high. The Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana (PMBJP) was introduced to address this challenge by promoting the availability and use of low-cost generic medicines through Jan Aushadhi Kendras (JAKs). While existing research and policy discussions primarily focus on affordability and consumer uptake, relatively limited attention has been paid to the experiences of JAK owners who operationalise the scheme at the ground level (Alfonso-Cristancho et al., 2015; Pareek, 2019). JAK owners occupy a hybrid role as entrepreneurs and community health intermediaries. Their everyday practices, constraints, and interactions with customers and healthcare professionals directly influence trust in generic medicines and the scheme's sustainability (Alrasheedy et al., 2014; Assin et al., 2025; Pareek and Prakash, 2019; Shweta and Kumar, 2023). Understanding their perspectives is therefore critical for

assessing how PMBJP functions beyond policy intent. This study addresses this gap by qualitatively examining the experiences of JAK owners, focusing on motivations, operational realities, stakeholder relationships, and perceptions of sustainability.

## **METHODOLOGY**

### **Research Design and Analytical Approach**

This study adopted a qualitative interpretive research design to explore the lived experiences of Jan Aushadhi Kendra (JAK) owners and to understand how the policy-level intentions of the Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana (PMBJP) are enacted at the grassroots level. Given the exploratory nature of the research and the focus on meanings, perceptions, and practices, a qualitative approach was considered most appropriate. Data were analysed using reflexive thematic analysis, following the framework proposed by Braun and Clarke (2006), which enables systematic identification, analysis, and interpretation of patterns of meaning across qualitative datasets. This approach was selected because it allows both inductive theme development and theoretically informed interpretation, while recognising the active role of the researcher in knowledge construction. Rather than aiming for frequency counts or code reliability, reflexive thematic analysis prioritises depth, coherence, and contextualised understanding of participants' narratives.

### **Sampling Strategy and Participants**

The study involved in-depth interviews with 74 Jan Aushadhi Kendra owners, comprising 37 participants each from Kerala and Karnataka. A stratified random sampling strategy was employed to ensure representation across urban, semi-urban, and rural locations, as well as variation in prior occupation, educational background, years of operation, and income levels. This approach was intended to capture heterogeneity in ownership experiences while maintaining comparability across contexts. The initial sampling target was 40 owners per state; however, thematic saturation was achieved by the 34th interview in each state, with no substantively new insights emerging thereafter. To ensure robustness and confirm saturation, interviews were continued until 37 participants per state were reached. This decision strengthened analytical confidence while avoiding redundancy.

### **Data Collection**

Data were collected through semi-structured, in-depth interviews, allowing participants to articulate their experiences in their own terms while ensuring coverage of core domains, including motivation for entering the scheme, operational challenges, interactions with doctors and customers, perceptions of generic medicines, and views on sustainability. Interviews were conducted in local languages and English, depending on participants' preferences, and were later translated where necessary to preserve meaning. All interviews were audio-recorded with informed consent and transcribed verbatim. To ensure anonymity and confidentiality, a systematic coding protocol was applied. Participants from Kerala were labelled OKL1–OKL37, and those from Karnataka were labelled OKA1–OKA37, enabling traceability across transcripts, demographic profiles, and analytical interpretations without revealing identities.

### **Data Analysis: Reflexive Thematic Analysis**

Data analysis followed the six-phase reflexive thematic analysis approach outlined by Braun and Clarke and was conducted iteratively rather than as a linear sequence. The researchers began by immersing themselves in the data through repeated readings of the interview transcripts to achieve familiarity, noting initial impressions, emotional tones, and recurring concerns expressed by JAK owners. This process enabled sensitivity to the social, moral, and operational dimensions embedded within the narratives. Initial coding was then undertaken inductively, remaining close to participants' language and meanings. Codes captured both semantic elements (such as low margins, doctor resistance, and stock-outs) and latent dimensions (including moral duty, trust work, and identity as a public health actor), with flexible coding practices allowing multiple codes to be applied to the same data segments.

Subsequently, codes were examined for conceptual linkages and clustered into candidate themes, with analytical attention directed toward patterns that cut across individual experiences rather than state-specific distinctions, consistent with the study's integrated analytical focus. Provisional thematic maps were developed to explore relationships among social mission, business viability, trust, and institutional support. These candidate themes were then reviewed and refined against the whole dataset to ensure internal coherence and a clear distinction between themes; some were merged, while others were elaborated into sub-themes to capture analytical complexity, such as differentiating between profitability constraints and supply chain failures. In the next phase, themes were clearly defined and named, with their scope, focus, and relevance to the research objectives carefully articulated, ensuring conceptual precision and theoretical interpretability. Finally, the themes were woven into a coherent analytical narrative that linked empirical findings to broader discussions on healthcare access, generic medicine adoption, and social entrepreneurship, with carefully selected participant excerpts used to substantiate interpretations while foregrounding participants' voices.

## **Findings: Integrated Thematic Analysis of JAK Owner Experiences**

### **Social Mission and Hybrid Entrepreneurial Identity**

Across contexts, Jan Aushadhi Kendra owners framed their engagement with PMBJP as a socially embedded form of entrepreneurship rather than a profit-oriented retail activity. Owners consistently positioned their Kendras as community health resources serving economically vulnerable groups, elderly patients, and individuals with chronic illnesses. Emotional fulfilment, moral responsibility, and community recognition emerged as central motivations that often outweighed financial returns. This hybrid identity combining livelihood with public service shaped owners' willingness to tolerate operational burdens and economic uncertainty, reinforcing the perception of JAKs as socially anchored healthcare institutions rather than conventional pharmacies (OKL23; OKL36; OKL34).

*"It's not just a shop, it's a place where people come when they're desperate for affordable medicines."  
(OKL23);*

*"I run a shop, yes. But this feels more like a seva." (OKL36);*

*"People thank us with tears sometimes. That makes all the effort worth it." (OKL34)*

### **Medical Gatekeeping and Institutional Trust Deficit**

The medical community emerged as an influential gatekeeper, shaping public trust in generic medicines. Owners reported that limited endorsement, indifference, or informal discouragement by doctors, nurses, and allied health staff significantly constrained customer confidence, even when medicines were clinically effective. This lack of professional validation created a structural disconnect between policy approval of generics and routine prescribing practices. Owners frequently described being excluded from prescription flows, including those operating near public hospitals, forcing them to counter medical scepticism at the point of sale independently. Such institutional trust deficits placed additional emotional and communicative labour on owners and undermined scheme legitimacy (OKL22; OKL24; OKL27).

*"Doctors don't even mention us, so why would patients come here then?" (OKL22);*

*"A nurse once told a patient not to take our medicines because they're 'government issue'." (OKL24);*

*"Even though we're next to a hospital, the prescriptions always list branded medicines." (OKL27)*

### **Fragile Business Sustainability and Operational Constraints**

Despite the social value of affordable medicines, owners faced persistent structural challenges that threatened the sustainability of their businesses. Low profit margins, dependence on high sales volumes, expiry-related losses, and the absence of stock return mechanisms constrained financial viability. These pressures were

exacerbated by supply chain disruptions and frequent stock-outs, which not only reduced sales but also weakened customer trust and continuity of care. While some owners sustained operations through strong local credibility and consistent footfall, sustainability was widely perceived as fragile and contingent on systemic reforms rather than individual effort or efficiency alone (OKL11; OKL32; OKL33).

*"Compared to traditional shops, we need three times the sales to make the same profit." (OKL11);*

*"One expired box can wipe out our profits for the week." (OKL32);*

*"When we don't have BP medicines, customers go elsewhere." (OKL33)*

### **Trust-Building, Consumer Perceptions, and Awareness Gaps**

Customer engagement was shaped by a combination of interpersonal trust-building and persistent perceptual barriers surrounding generic medicines. Many customers associated lower prices with inferior quality, relying on visual cues such as plain packaging and unfamiliar manufacturers to judge efficacy. In the absence of structured public communication, owners served as informal educators, explaining therapeutic equivalence and reassuring customers through repeated interactions. Trust typically develops over time, particularly among elderly and chronically ill patients, through observed treatment outcomes and personalised service. However, low public awareness and weak institutional marketing limited broader acceptance, leaving owners reliant on word of mouth and local outreach to generate demand (OKL12; OKL32; OKL21; OKL20).

*"People think cheaper means weaker. They judge by how the box looks." (OKL12);*

*"Some ask, 'Is this government medicine safe?' It takes time to build their trust." (OKL32);*

*"Radio and TV ads would go a long way. Now it's all word of mouth." (OKL20)*

## **DISCUSSION**

This study advances understanding of the Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana (PMBJP) by foregrounding the perspectives of Jan Aushadhi Kendra (JAK) owners, who function as the scheme's frontline implementers. The findings show that PMBJP operates not merely as a price-based intervention but as a socially embedded system dependent on trust, institutional alignment, and operational reliability (Brems et al., 2011; Pareek and Prakash, 2019). Owners consistently articulated a hybrid entrepreneurial identity, blending livelihood with public service. This aligns with social entrepreneurship literature, which emphasises mission-driven enterprise under resource constraints, and suggests that the success of affordability initiatives depends on sustaining the motivation of these intermediaries.

A central contribution of the study is to highlight the role of the medical community as institutional gatekeepers of trust. Despite regulatory approval of generic medicines, weak endorsement from doctors and allied staff undermines consumer confidence and disrupts the translation of policy intent into clinical practice. This finding underscores that access alone is insufficient; legitimacy within professional networks is critical for normalising generics (Aboobaker and Priya, 2025). The burden of compensating for this trust deficit is shifted onto owners, who must repeatedly justify quality and efficacy at the point of sale. The findings further reveal that business sustainability under PMBJP remains fragile. Low margins, expiry losses, and supply chain disruptions create persistent vulnerability, particularly for owners with low and inconsistent footfall (Carter et al., 2023; Chaniotakis and Lymperopoulos, 2009). These structural constraints suggest a misalignment between the scheme's social objectives and its operational design. While owners demonstrate resilience and commitment, reliance on individual goodwill raises concerns about long-term scalability. Finally, the study shows that trust-building and awareness generation are essentially interpersonal and owner-driven. Consumer perceptions of generics continue to be shaped by price-quality heuristics, visual cues, and peer narratives (Charan et al., 2021; Rana and Roy, 2015). In the absence of systematic public communication, owners act as informal educators, gradually building acceptance through repeated use and observed outcomes. This highlights that demand for generics is socially constructed and requires coordinated institutional support rather than fragmented local effort.

## IMPLICATIONS

The findings suggest that PMBJP must move beyond affordability-centric metrics to address trust, legitimacy, and sustainability. Stronger integration of generic prescribing norms within the medical system is essential, including consistent sensitisation of doctors and allied health professionals. Without professional endorsement, generics risk remaining peripheral despite regulatory approval. Policymakers should also revisit margin structures, introduce mechanisms for returning expired stock, and strengthen supply chain predictability to reduce financial risk for owners (Mishra, 2019; Rathi and Biyani, 2021). For programme implementation, JAK owners should be formally recognised as community health partners rather than treated solely as retailers. Training in patient communication, clear explanations, and digital engagement could support their role in building trust. Standardised packaging and clearer government branding may help counter quality-price misconceptions and reduce reliance on owner-level persuasion (Rituparna, 2015). From a broader public health perspective, the study demonstrates that the adoption of generic medicines is contingent on social trust and experiential validation. Sustained use rather than mere availability is key to achieving health equity and cost containment (Seshadhri et al., 2023). Strengthening institutional communication and aligning supply systems can help normalise the use of generics across socioeconomic groups, contributing to more inclusive and sustainable healthcare delivery.

## CONCLUSION

This study provides an integrated qualitative account of how Jan Aushadhi Kendras function at the grassroots level, based on the lived experiences of their owners. The findings reveal that while PMBJP has successfully expanded access to affordable medicines, its long-term effectiveness depends on factors extending beyond price, namely institutional trust, operational reliability, and social legitimacy. JAK owners emerge as critical yet under-supported actors who sustain the scheme through moral commitment, relational labour, and adaptive practices. The study concludes that affordability initiatives in healthcare must be designed as trust-centred systems rather than solely cost-based interventions. Strengthening medical endorsement, improving supply chain stability, and institutionalising awareness efforts are essential to reducing the disproportionate burden currently placed on owners. By aligning policy design with the realities of implementation, PMBJP can transition from a welfare-oriented scheme to a sustainable, mainstream healthcare model that integrates generic medicines into routine consumption practices.

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**Conflict of Interest:** There is no potential conflict of interest

**Ethical Approval:** This study involved human participants and was conducted in accordance with established ethical standards for social science research. Ethical approval for the study was obtained from the Institutional Ethics Committee of the researchers' affiliated university prior to data collection. All participants were informed about the purpose of the study, assured of confidentiality and anonymity, and provided voluntary informed consent before participating. Participants were also informed of their right to withdraw from the study at any stage without any consequences.

**Data Availability Statement:** The data are not publicly available due to ethical and confidentiality considerations. Anonymised excerpts are included in the article, and additional information may be provided by the corresponding author upon reasonable request.

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