

THE ASSOCIATION OF ATTITUDE AND PRACTICE WITH KNOWLEDGE OF THE UDID SYSTEM IN TAMIL NADU, INDIA AMONG HEALTH CARE PRACTITIONERS-A DESCRIPTIVE CROSS SECTIONAL STUDY

Padma Rani S¹

¹Assistant Professor, Physical Medicine and Rehabilitation, Coimbatore Medical College, Coimbatore, Tamilnadu, India.

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Corresponding Author:
Dr. Padma Rani S,
Email: padmarani795@gmail.com

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ABSTRACT

Background: The Unique Disability Identification (UDID) system is a nationwide digital initiative aimed at improving transparency, standardization, and accessibility of disability certification in India. The success of this program largely depends on the knowledge, attitude, and practice of health care practitioners. This study assessed the correlation between knowledge, attitude, and practice regarding the UDID system among health care professionals in Tamil Nadu.

Material & Methods: A cross-sectional questionnaire-based study was conducted among 136 health care practitioners from multiple departments. Data were analysed using descriptive statistics and chi-square tests. The association between knowledge, attitude, and practice was evaluated.

Results: Awareness of the UDID system was moderate; however, only a minority demonstrated adequate workflow knowledge. Significant associations were observed between knowledge and designation, department, and years of experience. Positive attitudes were seen regarding patient benefits and standardization. Formal training and regular portal usage were associated with better practices.

Conclusion: Despite favourable attitudes, gaps in training and practical exposure limit optimal implementation. Structured training and strengthening of digital infrastructure are essential to improve disability certification services.

INTRODUCTION

Disability is a major global health and social concern, affecting millions of individuals and their families. Persons with disabilities often experience barriers in accessing health care, education, employment, and social welfare. In India, the need for standardized and transparent disability certification has long been recognized.^[1]

The Unique Disability Identification (UDID) system was introduced by the Government of India to address these challenges. It aims to streamline disability certification, reduce duplication, and create a centralized national database. The UDID card acts as a universal identification document that facilitates access to welfare schemes and rehabilitation services.^[2]

Successful implementation of digital health initiatives depends on the knowledge, attitude, and practices of health care professionals. Awareness of guidelines, familiarity with digital workflows, and training in certification procedures are crucial for effective service delivery. Attitudes toward

digitalization, perceived workload, and system usability also influence adoption.^[3]

Tamil Nadu has a strong public health system and rehabilitation network. However, limited evidence is available regarding the preparedness of health care professionals in implementing the UDID system. This study was conducted to fill this gap and provide insights for policy and training programs.^[4,5]

Objectives

Primary Objective

To assess the association between knowledge, attitude, and practice regarding the UDID system among health care practitioners.

Secondary Objectives

1. To assess attitudes toward:
 - Digital disability certification systems
 - Perceived usefulness of UDID in patient care and service deliver
2. To assess practices related to Counselling patients regarding UDID registration, Disability assessment and certification & UDID portal usage.

- To explore the beliefs, perceptions, and perspectives of healthcare professionals towards UDID and the Loco motor disability evaluation protocol.
- To observe and document the current medical practices followed in the execution of UDID certification and Loco motor disability assessment in routine clinical and administrative practice
- To study the Association between Training/Experience and Knowledge scores.

- To assess the basic understanding of the concepts of UDID/Disability Certification Protocols

MATERIALS AND METHODS

Study Design and Setting

A cross-sectional descriptive study was conducted among health care professionals working in medical colleges, government district hospitals, and private institutions in Tamil Nadu.

Study Population

A total of 136 health care practitioners from Departments including Physical Medicine and Rehabilitation, Orthopaedics, Paediatrics, Ophthalmology, Psychiatry, and other specialties were included.

Sampling and Data Collection

Participants were selected using convenience sampling. A structured and pretested questionnaire was used to assess sociodemographic variables and knowledge, attitude, and practice related to the UDID system after obtaining Electronic consent.

Study Methodology

Inclusion Criteria

- Healthcare Professionals
- Disability certification specialists
- Postgraduate Trainees
- MBBS Students
- CRMI

Domain Description

Knowledge Domain (Understanding and Awareness about UDID)

Attitude Domain (Feelings and behaviors towards UDID)

- To assess the attitudes, beliefs, and perceptions of medical graduates and healthcare professionals towards:
 - Importance and usefulness of UDID certification
 - Perceived ease or difficulty of implementing UDID protocols
 - Confidence in applying loco motor disability evaluation guidelines
 - Ethical and social responsibility in disability certification.^[6,7]

Practice Domain (Applied observable implications in UDID certification)

- To evaluate the current practices of medical graduates and healthcare professionals related to:
 - Application of standard loco motor disability assessment tools
 - Adherence to UDID guidelines during disability certification
 - Frequency of participation in UDID certification processes
 - Documentation, referral, and interdepartmental coordination in routine clinical practice.

Statistical Analysis

Data were analyzed using descriptive statistics. Associations were evaluated using chi-square tests. A p-value <0.05 was considered statistically significant.

Data Management

- Data was entered into Microsoft Excel and analyzed using SPSS (version XX)
- Data cleaning and validation checks will be performed prior to analysis.
- Missing data will be assessed for randomness; incomplete questionnaires will be excluded from inferential analysis.

Variable Classification

Variable Type	Variables
Independent variables	Age, gender, professional designation, years of experience, type of institution (primary/secondary/tertiary), sector (public/private), prior UDID training
Dependent variables	Knowledge score, attitude score, practice score
Outcome variable	Adequate UDID awareness (Yes/No)

Scoring of Variables

- Knowledge:** Correct responses scored as 1, incorrect/"don't know" as 0

A composite knowledge score will be generated and categorized into:

- Adequate awareness (≥ 75 th percentile / predefined cut-off)
- Inadequate awareness (< 75 th percentile)
- Attitude:** 5-point Likert scale (strongly disagree 1 to strongly agree 5)
- Practice:** Frequency-based responses (always/sometimes/never) and Categorized as:

- Good practice
- Fair practice
- Poor practice
- Practice score assessed through self-reported responses regarding:
 - Use of standard assessment tools
 - Guideline adherence
 - Documentation accuracy
 - Responses scored as Always / Sometimes / Never

Descriptive Statistics

- Categorical variables: **Frequency and percentages**

Inferential Statistics

Objective	Statistical Test
Association between UDID awareness and categorical variables	Chi-square test / Fisher's exact test

The Study is in compliance with STROBE Guidelines for Cross Sectional Studies. Confidentiality and voluntary participation were ensured.

Results

Participant characteristics

A total of 136 healthcare providers participated. Specialists constituted 34.3%, medical board members 28.6%, and postgraduate trainees 31.4% of the sample. The majority were from medical colleges (80%), followed by government district hospitals (17.1%) 3.9% from Private Hospitals.

Awareness of UDID

Overall, 65.7% of participants reported being aware of the UDID system, while 34.3% were not aware.

STROBE Item	How our study satisfies it
Item 4 – Study design	Descriptive cross-sectional Study
Item 5 – Setting	Tamil Nadu; medical colleges, district hospitals, private sector
Item 6 – Participants	Healthcare providers: Specialists, PMR faculty, Medical Board members, PGTs
Item 7 – Variables	Knowledge (UDID awareness), Attitude (perceptions), Practice (certification behavior)
Item 8 – Measurement	Self-administered structured questionnaire
Item 10 – Study size	n = 136 (pilot / preliminary dataset)
Item 12 – Statistics	Descriptive + inferential
Item 13–17	Fully addressable using your collected dataset
Item 18–21	Interpretable and generalizable with stated limitations

Awareness was higher among specialists and medical board members who worked in medical college Hospitals compared to trainees. A significant proportion belonged to the Physical Medicine and Rehabilitation department.

The frequency table shows that 50% of the participants agreed on the need to improve the standardization of disability certification. A majority (88.9%) believed that it benefits the patients. Nearly half of the participants (47.2%) reported that training is not sufficient. More than half of the participants agreed the online UDID system is better, and 55.6% felt that it reduces discrepancies in certification.

Knowledge

The Results reveal that out of 136 participants, only a small proportion of participants had an excellent knowledge score (19.4%), and good knowledge score, (16.7%), while the majority had moderate knowledge (33.3%), followed by poor knowledge (30.6%).

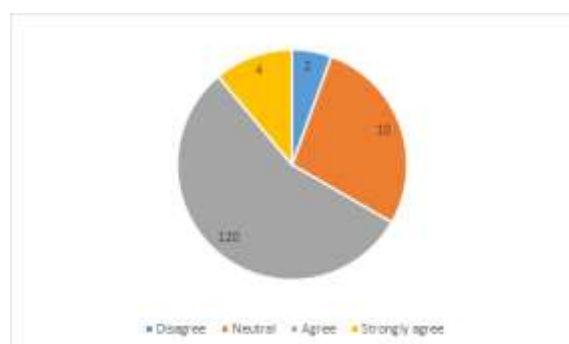


Figure 1: Frequency distribution of improve the standardisation of the certification

The pie chart shows that, among the 136 participants, 120 agreed on the need to improve the standardization of certification, followed by 10 who were neutral, 4 who strongly agreed, and 2 who disagreed.

Among the 136 participants, 117 participants reported that the training was insufficient-88.9% felt

that UDID is beneficial to the beneficiaries. Over half of the participants (58.3%) felt online certification is easier when compared to offline. 80 of the participants reported that UDID reduced the discrepancies.

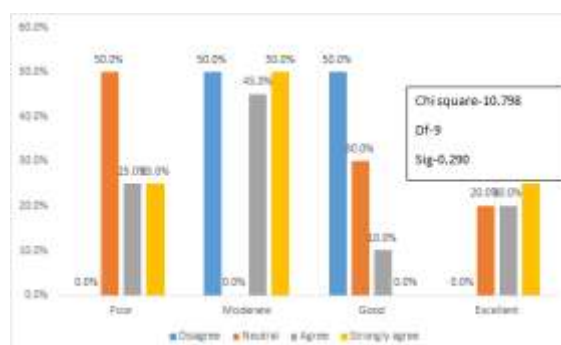


Figure 2: Association between the standardization of certification and Knowledge score

There was no statistically significant association between standardization of certification and knowledge score. Among the participants who strongly agreed with standardization, 25% had an excellent knowledge, followed by those who agreed (20%) and were neutral (20%). 50% of participants with good knowledge scores disagreed with improving the standardization of certification.

There was no significant association between the patients' benefits and knowledge score. Among the participants who acknowledged that UDID benefits patients, the majority had moderate knowledge (111), followed by those with poor (14), Excellent (5) and Good (5) knowledge scores. one of participants in each knowledge group were not sure about the patients' benefits.

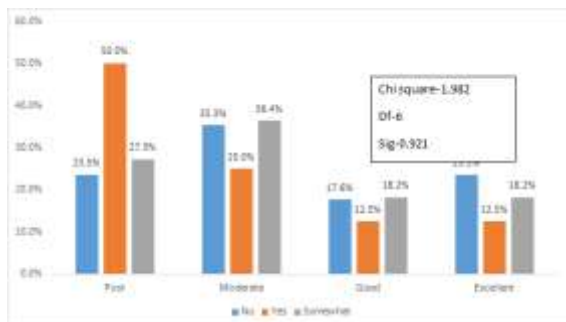


Figure 3: Association between Sufficient training and Knowledge score

Figure 3 interprets there was no significant association between the sufficient training and knowledge score. Among the participants who reported that training was not sufficient, had moderate knowledge (35.3%), followed by poor and excellent (2.5% each) and good (17.6%).

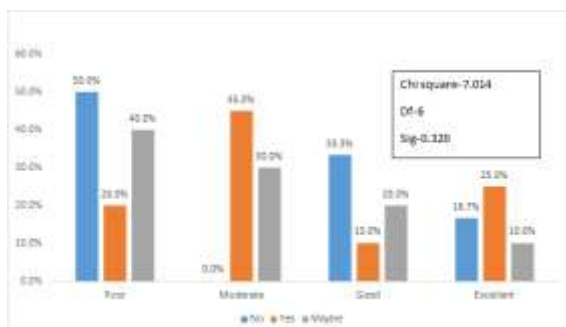


Figure 4: Association between the Reduce discrepancy and knowledge score

Figure 4 shows that there was no significant association between reducing the discrepancy and the knowledge score. 45% of the participants who had moderate knowledge felt it reduced the discrepancy, followed by excellent (25%), Poor (20%), and good (10%).

Attitude

Participants showed positive attitudes toward standardization, digital certification, and patient benefits. However, many reported insufficient training. Most participants agreeing that UDID improves patient care and reduces discrepancies but reported practical challenges in implementation.

There was no statistically significant association between standardization of certification and formal UDID training. Among participants who disagreed, all (32) had no formal training. Those with a neutral opinion were untrained (76) and trained (28).

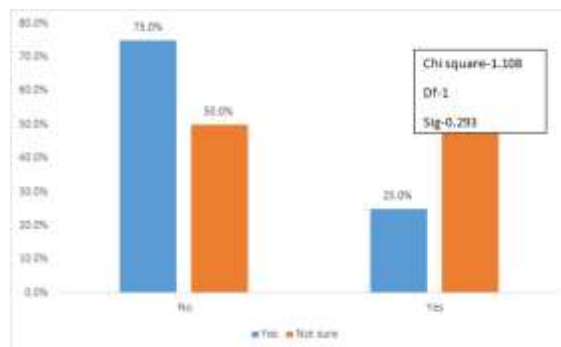


Figure 5: Association between the patients benefits and Formal UDID training

Figure 5 shows that there was no statistically significant association between the patients benefits and formal UDID training. Among participants without formal training (75%) acknowledged that UDID benefits the patients. Participants who were not sure about patient benefits were equally distributed, with 50% untrained and 50% trained

Practice

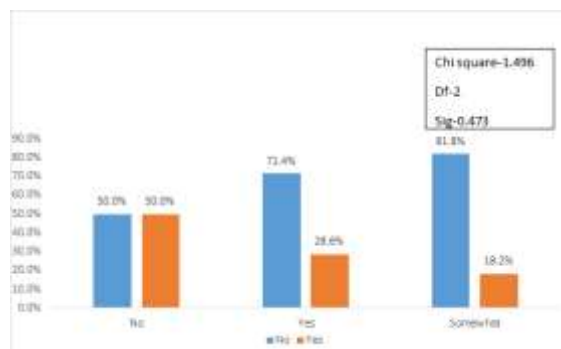


Figure 6: Association between online vs manual and formal UDID training

The bar diagram revealed there was no statistically significant association between the Online UDID and formal training. Among Participants who reported that online UDID is not better were equally distributed, with 50% untrained and 50% trained. Participants without the formal training 71.4% reported that Online UDID is better than the manual UDID, while others somewhat acknowledge the online UDID.

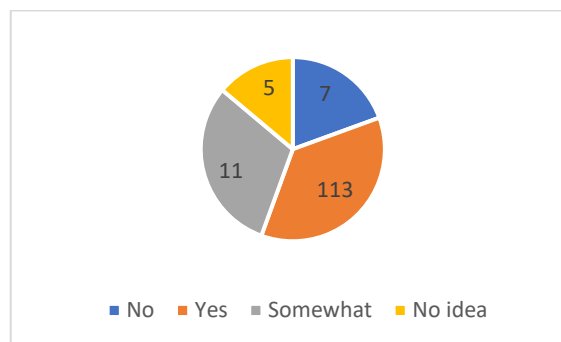


Figure 7: Frequency distribution of workload

The above pie chart indicates that the majority of participants (113) reported experiencing an increased workload, followed by 11 participants who described their workload as somewhat increased.

Portal login frequency and guideline adherence were associated with knowledge and training. Technical issues, workload, and documentation challenges were commonly reported. Commonly cited issues included portal server problems, inadequate network connectivity, lack of trained manpower, and the complexity of documentation processes.

Correlation

Better knowledge was associated with improved practices such as regular guideline follow-up and portal usage.

DISCUSSION

This study highlights the gap between awareness and practical implementation of the UDID system. While most practitioners recognized its importance, many lacked adequate workflow knowledge.

Experience and exposure significantly improved knowledge levels. Rehabilitation professionals demonstrated better awareness, suggesting the need for interdisciplinary training.

Faculty development programs, hands-on training, and integration of UDID protocols into routine clinical workflows may enhance provider confidence and certification accuracy. Strengthening decentralized certification services with adequate infrastructure could further improve access and efficiency.^[6]

This study highlights significant gaps in awareness and practical implementation of the UDID system among healthcare providers in Tamil Nadu. Although two-thirds of participants were aware of UDID, a considerable proportion lacked adequate familiarity, which may hinder effective disability certification.

Consistent with earlier studies conducted in rehabilitation and ophthalmology settings, the findings underscore the need for structured training and standardized application of disability evaluation guidelines. The challenges identified reflect systemic issues related to digital health implementation and workforce preparedness.

Positive attitudes indicate readiness for digital transformation. However, lack of structured training remains a barrier. Integrating UDID training into undergraduate and postgraduate curricula may improve competency.^[7]

These findings are consistent with previous studies highlighting the importance of training, infrastructure, and capacity building in digital health programs.

Strengths and limitations

Strengths:

The study explored knowledge, attitude, and practice in a multidisciplinary population and identified systemic barriers.

Limitations

The study is limited by its small sample size and reliance on self-reported data. As a pilot study, the findings may not be fully generalizable. Larger, multi-centric studies are warranted to validate and expand upon these findings.

CONCLUSION

Health care practitioners in Tamil Nadu demonstrate positive attitudes toward the UDID system but have gaps in knowledge and practice. As of now no study has been published regarding Awareness of UDID among Health care providers. Ours is the first study entitled for improving the existing UDID certification workflow. Structured training, capacity building, and infrastructure support are essential to improve disability certification and promote inclusive health care. Despite nationwide implementation, gaps persist in UDID awareness and practice among healthcare providers. Targeted training, system-level strengthening, and uniform guideline application are essential to optimize disability certification and improve access to entitlements for persons with disabilities.

Recommendations

1. Regular training and hands-on workshops.
2. Inclusion of UDID training in medical curricula.
3. Improved technical and administrative support.
4. Simplified workflows and user-friendly portals.
5. Continuous monitoring and evaluation.

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