

# HEALTHCARE AWARENESS AND UTILIZATION OF URBAN PRIMARY HEALTH CENTRES UNDER THE NATIONAL URBAN HEALTH MISSION: AN EMPIRICAL STUDY OF URBAN SLUM HOUSEHOLDS IN KURNOOL DISTRICT

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## ABSTRACT

Healthcare awareness constitutes an important determinant of healthcare accessibility and healthcare utilization among vulnerable urban populations. In India, rapid urbanization and expansion of slum settlements have intensified healthcare inequalities, particularly among economically weaker urban households characterized by low educational attainment, unstable employment conditions, migration-related vulnerabilities, and inadequate social protection mechanisms. Although public healthcare infrastructure in urban areas has expanded considerably during recent decades, inadequate healthcare awareness continues to affect preventive healthcare participation, maternal healthcare utilization, immunization coverage, and continuity of healthcare services among urban poor populations.

The Government of India introduced the National Urban Health Mission (NUHM) with the objective of strengthening urban primary healthcare systems and improving healthcare accessibility among vulnerable urban communities residing in slums and informal settlements. Through Urban Primary Health Centres (UPHCs), ASHA workers, ANM personnel, preventive healthcare programmes, and healthcare outreach activities, NUHM seeks to improve healthcare awareness and healthcare utilization among economically weaker urban households.

The present study examines healthcare awareness and utilization of Urban Primary Health Centres among urban slum households in Kurnool district of Andhra Pradesh. The study is based on both primary and secondary data collected from 580 respondents including urban slum households, healthcare providers, ASHA workers, ANM personnel, and administrative staff functioning under NUHM. Statistical techniques such as percentage analysis, regression analysis, Chi-Square test, correlation analysis, and ANOVA were employed using SPSS software for empirical interpretation and hypothesis testing.

The findings reveal that healthcare awareness significantly influenced utilization of Urban Primary Health Centres among respondents. ASHA workers and ANM personnel played a major role in strengthening healthcare awareness, maternal healthcare participation, preventive healthcare behaviour, and immunization coverage among urban slum households. The study further observed that educational attainment, healthcare outreach activities, and household income positively influenced healthcare awareness and healthcare utilization patterns. However, migration-related vulnerabilities, overcrowding, inadequate healthcare outreach systems, and socio-economic inequalities continued to affect healthcare accessibility among vulnerable urban populations.

The study concludes that strengthening healthcare outreach systems, expanding community healthcare awareness programmes, improving institutional efficiency of Urban Primary Health Centres, and strengthening support mechanisms for frontline healthcare workers are essential for improving urban healthcare governance and equitable healthcare accessibility under the National Urban Health Mission.

**Keywords:** *Healthcare Awareness, Urban Primary Health Centres, National Urban Health Mission, Urban Slums, Healthcare Utilization, Public Health, Healthcare Accessibility, Kurnool District.*

## 1. INTRODUCTION

Healthcare awareness plays a crucial role in improving healthcare accessibility, preventive healthcare participation, and healthcare utilization among vulnerable populations. In developing countries like India, healthcare awareness significantly influences healthcare-seeking behaviour, immunization participation, maternal healthcare utilization, sanitation practices, and continuity of healthcare services. Inadequate healthcare awareness frequently leads to delayed healthcare utilization, dependence on unqualified medical practitioners, poor preventive healthcare participation, and increased health vulnerabilities among economically weaker populations.

Rapid urbanization in India has substantially transformed demographic and socio-economic structures during recent decades. Expansion of urban population, industrialization, migration, and growth of informal settlements have considerably increased pressure on urban infrastructure and public healthcare systems. Urban slum populations frequently experience multiple socio-economic disadvantages including unstable employment, overcrowded housing conditions, inadequate sanitation, environmental hazards, poor educational attainment, and limited access to healthcare services. These socio-economic vulnerabilities significantly affect healthcare awareness and healthcare accessibility among vulnerable urban populations.

Although urban areas possess relatively better healthcare infrastructure than rural regions, healthcare inequalities continue to remain a major public health concern in Indian cities. Economically weaker urban households frequently experience inadequate awareness regarding preventive healthcare programmes, maternal healthcare services, immunization campaigns, sanitation practices, and subsidized healthcare services available through public healthcare institutions. Inadequate healthcare awareness therefore acts as a major barrier affecting healthcare utilization among urban slum populations.

Recognizing growing urban health inequalities, the Government of India introduced the National Urban Health Mission (NUHM) with the objective of strengthening urban primary healthcare systems and improving healthcare accessibility among vulnerable urban communities. The mission primarily focuses on urban slum households, migrant workers, homeless populations, daily wage labourers, and other socio-economically disadvantaged groups residing in urban areas. Through Urban Primary Health Centres (UPHCs), healthcare outreach activities, preventive healthcare programmes, maternal healthcare support, immunization campaigns, and community participation mechanisms, NUHM seeks to strengthen urban public healthcare systems and improve healthcare awareness among urban poor populations.

ASHA workers and ANM personnel constitute important components of healthcare outreach systems functioning under the National Urban Health Mission. Frontline healthcare workers significantly contribute toward healthcare awareness generation, preventive healthcare participation, maternal healthcare counselling, referral support, immunization campaigns, and continuity of healthcare services among vulnerable urban populations. Effective healthcare outreach activities are therefore essential for improving healthcare accessibility and healthcare utilization among urban slum households.

Kurnool district in Andhra Pradesh represents an important urban healthcare context characterized by rapid urbanization, socio-economic disparities, expansion of urban slum settlements, and increasing healthcare demand among vulnerable urban populations. Urban slum households in Kurnool district

continue to experience several healthcare-related challenges including inadequate healthcare awareness, financial vulnerability, overcrowding, migration-related insecurities, and institutional barriers affecting healthcare accessibility and preventive healthcare participation.

Against this background, the present study attempts to examine healthcare awareness and utilization of Urban Primary Health Centres among urban slum households functioning under the National Urban Health Mission in Kurnool district. The study further analyses socio-economic determinants influencing healthcare awareness and evaluates the role of ASHA workers and ANM personnel in strengthening healthcare outreach activities among vulnerable urban populations.

## 2. REVIEW OF LITERATURE

Healthcare awareness and healthcare utilization have emerged as important areas of public health research in India, particularly in the context of rapid urbanization and expansion of slum settlements. Several empirical studies have highlighted that socio-economic inequalities significantly influence healthcare accessibility, healthcare awareness, preventive healthcare participation, and healthcare-seeking behaviour among vulnerable populations.

Agarwal (2011) observed that urban slum populations experience considerable disparities in healthcare accessibility and health outcomes when compared to economically better-off urban populations. The study emphasized that poor educational attainment, overcrowding, inadequate sanitation, and limited healthcare awareness substantially affect preventive healthcare participation among urban poor households.

Andersen (1995), through the Behavioral Model of Healthcare Utilization, explained that healthcare utilization is influenced by predisposing factors, enabling factors, and healthcare needs. Educational attainment, household income, healthcare awareness, social support systems, and accessibility of healthcare institutions significantly influence healthcare-seeking behaviour among vulnerable populations.

Baru et al. (2010) highlighted that socio-economic inequalities and social exclusion considerably affect healthcare accessibility and healthcare utilization patterns in India. Economically weaker populations frequently depend upon inadequate healthcare services due to affordability constraints, healthcare awareness gaps, and institutional limitations.

Choudhury, Burman, and Sur (2019) found that awareness regarding Urban Primary Health Centre services significantly improved healthcare utilization among urban poor populations. The study emphasized the importance of ASHA workers, healthcare outreach programmes, and preventive healthcare awareness activities in strengthening healthcare participation among vulnerable urban households.

Patel and Kulkarni (2016) observed that healthcare awareness and preventive healthcare participation remain relatively low among migrant workers and informal sector labourers due to unstable employment conditions, low educational attainment, and inadequate institutional support systems. The study emphasized that socio-economic vulnerabilities significantly affect continuity of healthcare services among urban poor populations.

Studies relating to the National Urban Health Mission indicate that ASHA workers and ANM personnel significantly contribute toward healthcare awareness generation, maternal healthcare participation, immunization coverage, and continuity of healthcare services among vulnerable urban populations. However, overcrowding, inadequate staffing, limited outreach activities, and

infrastructural inadequacies continue to affect operational effectiveness of healthcare institutions functioning under NUHM.

Existing literature further suggests that healthcare awareness positively influences preventive healthcare behaviour and healthcare utilization among economically weaker populations. Respondents possessing better healthcare awareness demonstrate relatively higher utilization of public healthcare services, greater preventive healthcare participation, and lower dependence on unqualified healthcare providers.

Although several studies have examined healthcare accessibility and urban public healthcare systems in India, district-level empirical studies focusing on healthcare awareness and utilization of Urban Primary Health Centres under the National Urban Health Mission remain relatively limited, particularly in medium-sized urban centres such as Kurnool district. Therefore, the present study attempts to address this research gap through empirical analysis of healthcare awareness and healthcare utilization patterns among urban slum households.

### **3. OBJECTIVES OF THE STUDY**

1. To examine healthcare awareness among urban slum households functioning under the National Urban Health Mission.
2. To analyse utilization patterns of Urban Primary Health Centres among respondents.
3. To examine socio-economic determinants influencing healthcare awareness and healthcare utilization.
4. To assess the role of ASHA workers and ANM personnel in improving healthcare participation among urban slum households.
5. To analyse barriers affecting healthcare awareness and healthcare accessibility among vulnerable urban populations.
6. To suggest suitable policy measures for strengthening healthcare outreach systems and healthcare awareness programmes under the National Urban Health Mission.

### **4. HYPOTHESES OF THE STUDY**

H1: Healthcare awareness significantly influences utilization of Urban Primary Health Centres among urban slum households.

H2: Educational attainment positively affects healthcare awareness among respondents.

H3: ASHA workers and ANM personnel significantly improve preventive healthcare participation among urban slum households.

H4: Socio-economic conditions significantly influence healthcare awareness and healthcare utilization patterns among vulnerable urban populations.

### **5. RESEARCH METHODOLOGY**

The present study adopted descriptive, analytical, and empirical research approaches for examining healthcare awareness and utilization of Urban Primary Health Centres among urban slum households functioning under the National Urban Health Mission (NUHM) in Kurnool district of Andhra Pradesh. The study utilized both primary and secondary sources of data for comprehensive empirical analysis.

Primary data were collected through structured interview schedules and questionnaires administered among urban slum households, healthcare providers, ASHA workers, ANM personnel, and

administrative staff functioning under the National Urban Health Mission. Institutional analysis of Urban Primary Health Centres functioning across selected Urban Local Bodies was also undertaken in order to evaluate operational efficiency, healthcare outreach activities, and accessibility of healthcare services among vulnerable urban populations.

The sample for the study consisted of:

- 400 urban slum households,
- 100 healthcare providers,
- 65 ASHA and ANM workers and 15 administrative personnel, constituting a total sample size of 580 respondents.

The study covered major Urban Local Bodies including:

- Kurnool Municipal Corporation,
- Adoni Municipality,
- Yemmiganur Municipality,
- Nandyal Municipality,
- Dhone Municipality,
- Allagadda Municipality,
- Nandikotkur Municipality,
- Gudur Municipality,
- Bethamcherla Municipality and Atmakur Municipality.

Secondary data were collected from:

- National Urban Health Mission reports,
- Ministry of Health and Family Welfare publications,
- National Family Health Survey reports,
- Census publications,
- Economic Survey reports,
- Government reports,
- journals,
- books and previous research studies relating to urban healthcare systems and healthcare accessibility.

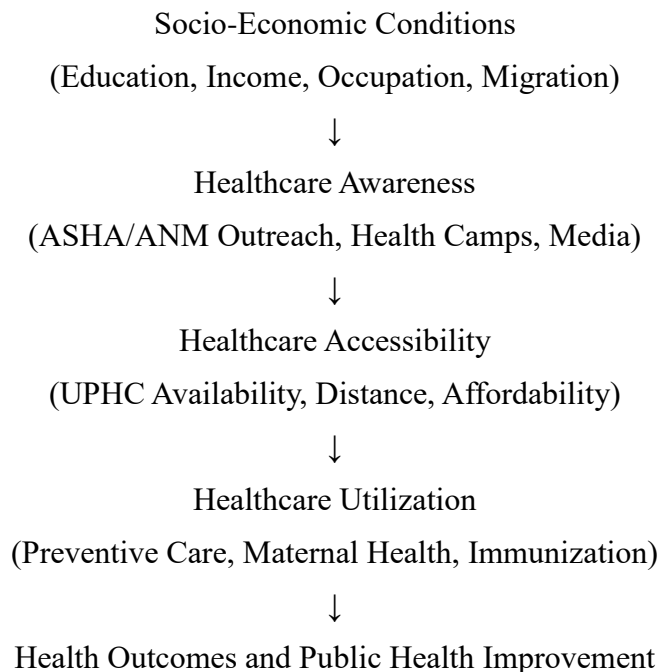
Statistical analysis was carried out using Statistical Package for Social Sciences (SPSS). Percentage analysis, regression analysis, Chi-Square test, correlation analysis, and Analysis of Variance (ANOVA) were employed for empirical interpretation and hypothesis testing.

## **6. CONCEPTUAL FRAMEWORK OF THE STUDY**

Healthcare awareness and healthcare utilization among urban slum households are influenced by several socio-economic and institutional factors. Educational attainment, household income, healthcare outreach activities, social security coverage, accessibility of healthcare institutions, and

migration status significantly influence healthcare awareness and healthcare utilization patterns among vulnerable urban populations.

The conceptual framework of the study may be represented as follows:



The framework indicates that healthcare awareness acts as an intermediary variable influencing healthcare accessibility and healthcare utilization among vulnerable urban populations functioning under the National Urban Health Mission.

## 7. RESULTS AND DISCUSSION

### 7.1 Sources of Healthcare Awareness among Respondents

Healthcare awareness plays an important role in improving preventive healthcare participation and utilization of healthcare services among urban slum populations. The study revealed that frontline healthcare workers constituted the primary source of healthcare awareness among respondents.

**Table 1: Sources of Healthcare Awareness among Respondents**

Awareness Source	Frequency	Percentage
ASHA Workers	138	34.5
ANM Workers	72	18.0
Health Camps	64	16.0
Neighbours/Friends	82	20.5
Media Sources	44	11.0

**Source:** Field Survey Data, 2025.

The table reveals that ASHA workers constituted the major source of healthcare awareness among respondents. Nearly 34.5 percent of respondents reported that healthcare awareness regarding immunization services, maternal healthcare, preventive healthcare programmes, and subsidized

healthcare services was obtained primarily through ASHA workers. ANM personnel also played a significant role in strengthening healthcare awareness among urban slum households.

The findings indicate that frontline healthcare workers functioning under the National Urban Health Mission significantly contributed toward improving preventive healthcare participation and healthcare awareness among vulnerable urban populations. The results are consistent with previous studies which emphasized the importance of healthcare outreach activities and community healthcare participation in strengthening urban public healthcare systems.

### 7.2 Educational Status and Healthcare Awareness

Educational attainment significantly influenced healthcare awareness and preventive healthcare participation among respondents. Respondents possessing higher educational qualifications demonstrated relatively greater awareness regarding healthcare programmes and preventive healthcare practices.

Table 2: Educational Status and Healthcare Awareness

Education Level	Low Awareness	Moderate Awareness	High Awareness	Total
Illiterate	58	42	18	118
Primary Education	38	44	20	102
Secondary Education	22	48	26	96
Intermediate & Above	12	34	38	84

Source: Field Survey Data, 2025.

The table indicates that healthcare awareness improved significantly with educational attainment. Respondents possessing secondary and higher educational qualifications demonstrated greater awareness regarding preventive healthcare participation, immunization programmes, maternal healthcare services, and healthcare facilities functioning under NUHM.

Illiterate respondents and respondents possessing low educational attainment demonstrated relatively lower awareness regarding healthcare programmes and healthcare outreach activities. These findings indicate that educational attainment constitutes an important socio-economic determinant influencing healthcare awareness among urban slum households.

### 7.3 Frequency of Utilization of Urban Primary Health Centres

Healthcare awareness significantly influenced utilization of Urban Primary Health Centres among respondents. The study observed that respondents possessing relatively better healthcare awareness demonstrated greater utilization of public healthcare services functioning under NUHM.

Table 3: Frequency of Utilization of Urban Primary Health Centres

Frequency of Utilization	Frequency	Percentage
Regularly	186	46.5
Occasionally	128	32.0
Rarely	62	15.5
Never	24	6.0

Source: Field Survey Data, 2025.

The findings reveal that nearly 46.5 percent of respondents regularly utilized Urban Primary Health Centres due to affordability, accessibility, preventive healthcare services, and availability of subsidized medicines. Respondents possessing healthcare awareness demonstrated relatively higher utilization of healthcare services and preventive healthcare participation.

However, certain respondents reported irregular healthcare utilization due to transportation difficulties, overcrowding, waiting time, migration-related employment conditions, and inadequate healthcare awareness. These findings indicate that socio-economic and institutional barriers continue to affect healthcare utilization among vulnerable urban populations.

#### 7.4 Role of ASHA Workers and ANM Personnel

ASHA workers and ANM personnel played a significant role in strengthening healthcare awareness and preventive healthcare participation among urban slum households.

Table 4: Effectiveness of ASHA Workers and ANM Personnel

Activities	Highly Effective	Moderately Effective	Less Effective
Maternal Health Awareness	242	118	40
Immunization Awareness	228	126	46
Referral Services	214	132	54
Health Camp Awareness	196	144	60

Source: Field Survey Data, 2025.

The table indicates that ASHA workers and ANM personnel significantly contributed toward strengthening maternal healthcare participation, immunization awareness, referral support, and preventive healthcare outreach among respondents. Frontline healthcare workers acted as important intermediaries between healthcare institutions and vulnerable urban populations.

The findings demonstrate that community healthcare outreach systems functioning under the National Urban Health Mission substantially improved healthcare participation among urban slum households.

#### 7.5 Occupational Status and Healthcare Utilization

Occupational conditions significantly influenced healthcare accessibility and healthcare utilization among respondents. Daily wage labourers and migrant workers frequently experienced barriers affecting continuity of healthcare services.

Table 5: Occupation and Healthcare Utilization

Occupation	Regular Utilization	Occasional Utilization	Rare Utilization	Total
Daily Wage Labour	52	64	26	142
Self-Employment	44	38	14	96
Private Employment	42	28	14	84
Government Employment	22	4	2	28
Others	26	18	6	50

Source: Field Survey Data, 2025.

The findings indicate that daily wage labourers and migrant workers experienced relatively lower regular healthcare utilization due to unstable employment conditions, wage loss during illness, and

transportation difficulties. Government employees and respondents possessing stable income demonstrated relatively higher utilization of healthcare services.

These findings indicate that occupational status and income stability significantly influence healthcare accessibility and healthcare utilization among urban slum populations.

### 7.6 Regression Analysis: Determinants of Healthcare Awareness

Regression analysis was employed to examine socio-economic determinants influencing healthcare awareness among respondents.

Table 6: Regression Analysis Results

Variables	Regression Coefficient	t-value	Significance
Educational Attainment	0.482	5.116	0.001
Household Income	0.316	3.842	0.003
Healthcare Outreach Activities	0.528	6.228	0.000
Migration Status	-0.224	-2.314	0.018
Social Security Coverage	0.274	3.012	0.004

Source: Computed from Field Survey Data, 2025.

The regression results reveal that healthcare outreach activities, educational attainment, household income, and social security coverage positively influenced healthcare awareness among respondents. Healthcare outreach activities demonstrated the highest positive influence on healthcare awareness.

Migration status negatively affected healthcare awareness due to unstable employment conditions, temporary residence patterns, and limited institutional integration among migrant households. The findings therefore indicate that socio-economic vulnerabilities substantially affect healthcare awareness and healthcare participation among urban slum populations.

### 8. Chi-Square Analysis

Chi-Square analysis was employed to examine relationships between socio-economic variables and healthcare utilization patterns among respondents.

Table 7: Chi-Square Test Results

Variables	Chi-Square Value	Degrees of Freedom	Significance
Education & Healthcare Awareness	22.518	6	0.001
Income & UPHC Utilization	18.426	4	0.004
Awareness & Preventive Healthcare Participation	24.112	5	0.000

Source: Computed from Field Survey Data, 2025.

The Chi-Square results confirm statistically significant relationships between educational attainment, household income, healthcare awareness, and healthcare utilization patterns among respondents. These findings support the hypotheses of the study and indicate that socio-economic conditions significantly influence healthcare accessibility among urban slum populations.

### 9. MAJOR FINDINGS

The present study examined healthcare awareness and utilization of Urban Primary Health Centres among urban slum households functioning under the National Urban Health Mission in Kurnool

district. Based on empirical analysis and statistical interpretation, the following major findings were identified:

1. Healthcare awareness significantly influenced utilization of Urban Primary Health Centres among urban slum households.
2. ASHA workers constituted the major source of healthcare awareness among respondents and played an important role in strengthening preventive healthcare participation.
3. ANM personnel significantly contributed toward maternal healthcare awareness, immunization participation, referral support, and continuity of healthcare services among vulnerable urban populations.
4. Educational attainment positively influenced healthcare awareness and healthcare utilization among respondents.
5. Respondents possessing higher educational qualifications demonstrated relatively greater awareness regarding healthcare programmes, preventive healthcare services, and healthcare outreach activities functioning under NUHM.
6. Daily wage labourers and migrant workers experienced relatively lower healthcare utilization due to unstable employment conditions, transportation difficulties, and wage loss during illness.
7. Healthcare outreach activities significantly improved awareness regarding immunization services, maternal healthcare, sanitation practices, and preventive healthcare programmes.
8. Household income and social security coverage positively influenced healthcare accessibility and continuity of healthcare utilization among respondents.
9. Migration-related vulnerabilities negatively affected healthcare awareness and healthcare participation among urban slum households.
10. Transportation difficulties, overcrowding, waiting time, and inadequate outreach systems continued to affect healthcare accessibility among vulnerable urban populations.
11. Regression analysis confirmed that educational attainment, healthcare outreach activities, household income, and social security coverage positively influenced healthcare awareness among respondents.
12. Chi-Square analysis confirmed statistically significant relationships between socio-economic conditions, healthcare awareness, and healthcare utilization patterns among urban slum populations.

## 10. POLICY SUGGESTIONS

Based on the findings of the study, the following policy suggestions are proposed for strengthening healthcare awareness and healthcare utilization among urban slum households functioning under the National Urban Health Mission:

### 10.1 Strengthening Healthcare Outreach Activities

Healthcare outreach programmes should be expanded in urban slum settlements through regular health camps, awareness campaigns, preventive healthcare programmes, and community participation mechanisms. Special focus should be given to migrant workers and economically vulnerable households possessing relatively lower healthcare awareness.

## **10.2 Institutional Support for ASHA Workers and ANM Personnel**

ASHA workers and ANM personnel should be provided adequate incentives, institutional support, training programmes, and technological assistance for improving effectiveness of healthcare outreach activities under NUHM.

## **10.3 Expansion of Preventive Healthcare Awareness Programmes**

Preventive healthcare awareness programmes relating to immunization, maternal healthcare, sanitation practices, nutrition, communicable diseases, and non-communicable diseases should be strengthened among urban slum households.

## **10.4 Strengthening Urban Primary Healthcare Infrastructure**

Government authorities should improve infrastructure facilities, staffing adequacy, medicine availability, sanitation facilities, and diagnostic services in Urban Primary Health Centres in order to improve healthcare accessibility and patient satisfaction among respondents.

## **10.5 Healthcare Awareness through Digital Platforms**

Digital healthcare awareness campaigns utilizing mobile applications, social media platforms, community digital centres, and local communication networks should be strengthened for improving dissemination of healthcare information among urban populations.

## **10.6 Special Healthcare Programmes for Migrant Workers**

Special healthcare awareness and outreach programmes should be designed for migrant workers and informal sector labourers who frequently experience healthcare exclusion due to unstable employment conditions and mobility-related barriers.

## **10.7 Strengthening Community Participation**

Community participation mechanisms involving local organizations, women's groups, self-help groups, youth organizations, and community leaders should be strengthened for improving healthcare awareness and healthcare participation among urban slum households.

## **10.8 Reduction of Institutional Barriers**

Government authorities should reduce overcrowding, waiting time, transportation difficulties, and administrative delays affecting healthcare utilization among vulnerable urban populations.

## **11. LIMITATIONS OF THE STUDY**

1. The study was limited to selected urban slum areas functioning under the National Urban Health Mission in Kurnool district of Andhra Pradesh.
2. The findings are based primarily on field survey data collected from selected respondents and may not represent all urban slum populations in India.
3. Time and financial constraints restricted wider geographical coverage of the study.
4. Certain respondents demonstrated hesitation in sharing detailed socio-economic and healthcare-related information during field survey interactions.
5. The study primarily focused on healthcare awareness and utilization under NUHM and did not extensively examine private healthcare utilization patterns among respondents.

## 12. SCOPE FOR FURTHER RESEARCH

1. Comparative studies may be conducted between rural and urban healthcare awareness patterns under public healthcare programmes.
2. Future research may examine gender dimensions of healthcare awareness and preventive healthcare participation among urban slum populations.
3. Comparative inter-state studies relating to operational efficiency of Urban Primary Health Centres may provide broader policy insights.
4. Further research may analyse the role of digital healthcare systems and telemedicine in strengthening healthcare accessibility among urban poor populations.
5. Studies focusing on healthcare financing, health insurance coverage, and healthcare expenditure among urban slum households may contribute toward strengthening urban healthcare policy frameworks.

## 13. CONCLUSION

Healthcare awareness constitutes one of the most important determinants influencing healthcare accessibility, preventive healthcare participation, and healthcare utilization among vulnerable urban populations. Rapid urbanization, socio-economic inequalities, migration-related vulnerabilities, overcrowding, and inadequate healthcare outreach systems continue to affect healthcare awareness and healthcare accessibility among urban slum households in India.

The present study revealed that implementation of the National Urban Health Mission significantly improved healthcare awareness and healthcare utilization among urban slum households in Kurnool district through Urban Primary Health Centres, healthcare outreach activities, preventive healthcare programmes, and community healthcare participation mechanisms.

The findings further demonstrated that ASHA workers and ANM personnel played a significant role in strengthening healthcare awareness regarding maternal healthcare, immunization services, sanitation practices, preventive healthcare participation, and subsidized healthcare services functioning under NUHM. Healthcare outreach activities substantially improved healthcare participation among economically vulnerable urban populations.

Educational attainment, household income, healthcare outreach activities, and social security coverage positively influenced healthcare awareness and healthcare utilization patterns among respondents. However, migration-related insecurities, unstable employment conditions, transportation difficulties, overcrowding, inadequate outreach systems, and institutional limitations continued to affect healthcare accessibility among urban slum populations.

The study therefore concludes that strengthening healthcare outreach systems, expanding healthcare awareness programmes, improving institutional efficiency of Urban Primary Health Centres, strengthening healthcare infrastructure, and providing institutional support for frontline healthcare workers are essential for improving urban healthcare governance and equitable healthcare accessibility under the National Urban Health Mission.

The findings of the study may contribute toward strengthening public healthcare policy, improving effectiveness of healthcare outreach systems, and enhancing healthcare accessibility among vulnerable urban populations in India.

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