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COMMUNITY HEALTH WORKER SUPPORT AND HOME-BASED CARE PRACTICES FOR LOW BIRTH WEIGHT INFANTS: THE MEDIATING ROLE OF MATERNAL HEALTH LITERACY

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Abstract

Low birth weight (LBW) infants remain vulnerable to complications after discharge, making appropriate home-based care essential. This study examined the effects of Community Health Worker (CHW) Support on Home-Based Care Practices for LBW Infants, with Maternal Health Literacy as a mediating variable. This study advances previous research by positioning Maternal Health Literacy as an explanatory mediating mechanism that links CHW Support with Home-Based Care Practices, thereby providing a more comprehensive understanding of how community-based support contributes to maternal caregiving behavior after discharge. A quantitative cross-sectional survey was conducted among 250 mothers or primary caregivers of LBW infants selected through purposive sampling. Data were collected using a five-point Likert-scale questionnaire and analyzed using Structural Equation Modeling–Partial Least Squares (SEM-PLS) with SmartPLS 3. CHW Support significantly and positively affected Maternal Health Literacy ($\beta = 0.632$; $p < 0.001$) and Home-Based Care Practices ($\beta = 0.232$; $p = 0.006$). Maternal Health Literacy also had a positive and significant effect on Home-Based Care Practices ($\beta = 0.415$; $p < 0.001$). Furthermore, Maternal Health Literacy significantly mediated the relationship between CHW Support and Home-Based Care Practices ($\beta = 0.262$; $p < 0.001$). The model explained 40.0% of the variance in Maternal Health Literacy and 35.7% of the variance in Home-Based Care Practices. These findings indicate that CHW Support improves home-based care both directly and indirectly by strengthening mothers' capacity to access, understand, evaluate, and apply health information. The findings contribute to a community-based neonatal care model by integrating Social Support Theory and the Health Literacy Framework in post-discharge care for LBW infants.

Keywords: Community Health Worker Support; Maternal Health Literacy; Home-Based Care Practices; Low Birth Weight Infants; SEM-PLS

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1. INTRODUCTION

Low birth weight (LBW) infants remain a major contributor to neonatal morbidity and mortality, particularly because they are more vulnerable to hypothermia, infection, growth retardation, neurological impairment, and death than infants with normal birth weight, (1,2). Although advances in neonatal care have improved their survival, many complications occur after discharge from health facilities, making the transition to home-based care a critical period, (3,4).

Appropriate home-based care is essential to maintain the health and survival of LBW infants. Recommended practices include exclusive breastfeeding, Kangaroo Mother Care, maintaining body temperature and hygiene, monitoring growth, adhering to scheduled health examinations, and recognizing neonatal danger signs. (5,6) Consistent implementation of these practices can reduce complications and rehospitalization while supporting infant growth and development during the first six months of life. (6) However, their success depends greatly on mothers' ability to understand health information, recognize warning signs, and make appropriate care decisions at home. (7) Therefore, continuous support is needed after infants are discharged from health facilities.

Community Health Workers (CHWs) play an important role in bridging health facilities and families through health education, home visits, breastfeeding assistance, infant growth monitoring, reminders for follow-up examinations, and early detection of neonatal danger signs. (8,9) Their role is consistent with Social Support Theory, which explains that informational, emotional, and instrumental support can improve individuals' ability to adopt appropriate health behaviors. (10,11). Community-based interventions have been shown to increase the use of maternal and child health services, improve adherence to neonatal visits, support breastfeeding, and reduce complications among high-risk infants. (12)

Nevertheless, CHW support may not immediately result in appropriate caregiving behavior. Information provided by health workers must first be accessed, understood, evaluated, and applied by mothers in their daily practices. (11,13). This capacity is referred to as maternal health literacy, which is an important determinant of decision-making during pregnancy, childbirth, the postpartum period, and newborn care. (14) Mothers with adequate health literacy are generally more likely to follow breastfeeding recommendations, monitor infant growth, complete immunization, and recognize neonatal danger signs than mothers with limited health literacy. (15,16)

Maternal health literacy was selected as the mediating variable because it represents the most immediate cognitive and behavioral mechanism through which CHW information, guidance, and assistance can be translated into appropriate home-based care. Compared with other possible mediators, such as maternal motivation, family support, or access to healthcare services, maternal health literacy more directly explains mothers' ability to understand, evaluate, and apply information concerning LBW infant care.

Although previous studies have widely examined the relationship between CHWs and neonatal health outcomes, CHW support has generally been positioned as a direct predictor of maternal or infant health behavior. (17). Meanwhile, studies on maternal health literacy have mainly focused on behaviors during pregnancy and have rarely connected health literacy with home-based care practices for LBW infants after discharge. (18) Consequently, the mechanism through which CHW support improves home-based care by strengthening maternal health literacy remains insufficiently examined. (19) This creates a specific research gap concerning the indirect relationship between community-based support, maternal understanding of health information, and actual caregiving behavior for LBW infants at home.

Based on Social Support Theory and the Health Literacy Framework, CHW support is expected not only to directly influence home-based care practices but also to improve mothers' ability to access, understand, evaluate, and use health information, which subsequently encourages better caregiving behavior. (20,21). The integration of these two theoretical perspectives has rarely been empirically tested among mothers caring for LBW infants, particularly through Structural Equation Modeling-Partial Least Squares (SEM-PLS) (22).

Therefore, this study aims to analyze: (1) the effect of Community Health Worker Support on Maternal Health Literacy; (2) the effect of Community Health Worker Support on Home-Based Care Practices for LBW Infants; (3) the effect of Maternal Health Literacy on Home-Based Care Practices; and (4) the mediating role of Maternal Health Literacy in the relationship between Community Health Worker Support and Home-Based Care Practices. The novelty of this study lies in moving beyond direct-effect analysis by positioning Maternal Health Literacy as an explanatory mechanism that clarifies how CHW support is translated into appropriate post-discharge home-based care for LBW infants.

2. METHOD

This study used a quantitative cross-sectional survey design to examine the relationship between Community Health Worker Support as the independent variable,

Maternal Health Literacy as the mediating variable, and Home-Based Care Practices for Low Birth Weight Infants as the dependent variable. The constructs were developed based on Social Support Theory and the Health Literacy Framework. Because the study was cross-sectional, the findings were interpreted as associative and predictive rather than causal.

The population consisted of mothers or primary caregivers of infants with a birth weight below 2,500 grams who were receiving home care after discharge from a health facility. Respondents were selected through purposive sampling based on the following criteria: caring for an LBW infant aged 0–6 months, having received education or assistance from community health workers, and agreeing to participate. A total of 250 respondents were included, which was considered adequate for SEM-PLS analysis and exceeded the minimum requirement of the ten-times rule.

Data were collected using a five-point Likert-scale questionnaire developed from relevant theories and literature. Community Health Worker Support was measured through accessibility, clarity of education, regular monitoring, check-up reminders, assistance in recognizing danger signs, and emotional support. Maternal Health Literacy was assessed through the ability to obtain, understand, evaluate, and apply health information. Home-Based Care Practices were measured through adherence to check-up schedules, appropriate breastfeeding or nutrition, daily monitoring, maintenance of warmth and hygiene, growth monitoring, and timely help-seeking when danger signs appeared. (23)

Data collection was conducted after obtaining permission from the relevant authorities. Eligible respondents received information about the study and provided informed consent before completing the questionnaire. (24) Questionnaires were completed independently or through structured interviews when respondents had reading or comprehension difficulties. Assistance was limited to explaining the items without influencing responses, and all questionnaires were checked for completeness before analysis. (25)

Data were analyzed using Structural Equation Modeling–Partial Least Squares with SmartPLS 3. The measurement model was evaluated using outer loading, Average Variance Extracted, Cronbach's Alpha, Composite Reliability, the Fornell-Larcker criterion, and the Heterotrait-Monotrait Ratio. The structural model was assessed using R-Square, effect size, predictive relevance, and path coefficients. Bootstrapping was used to test the direct and indirect relationships among Community Health Worker Support, Maternal

Health Literacy, and Home-Based Care Practices.

3. RESULTS AND DISCUSSION

Results

The results of data analysis from 250 respondents were obtained using Structural Equation Modeling-Partial Least Squares (SEM-PLS) through SmartPLS 3. The analysis included respondent characteristics, measurement model evaluation, structural model evaluation, predictive relevance, and hypothesis testing of direct and indirect effects.

Table 1. Demographic Characteristics and Clinical Profile of Respondents

Characteristic Variables	Category	Frequency (n)	Percentage (%)
Mother's Age	< 20 Years	25	10.00%
	20–35 Years	171	68.40%
	> 35 Years	54	21.60%
Mother's Education	Elementary Education (Elementary/Middle School)	81	32.40%
	Secondary Education (SMA)	99	39.60%
	Higher Education (Diploma/Bachelor's/Master's)	70	28.00%
Mother's Job	Not Working / Housewife	120	48.00%
	Private sector employee	39	15.60%
	Civil Servants / ASN	41	16.40%
	Self-employed	22	8.80%
	Others / Laborers / Farmers	28	11.20%
Parity (Number of Children)	Primipara (1 child)	71	28.40%
	Multipara (2-4 children)	161	64.40%
	Grandemultipara (≥ 5 children)	18	7.20%
ANC Visit	Incomplete / Lacking	37	14.80%
	Complete / According to Standards	213	85.20%
Baby Age (Months)	0 Months	30	12.00%
	1 month	40	16.00%
	2 months	42	16.80%
	3 months	34	13.60%
	4 months	29	11.60%
	5 months	37	14.80%
	6 months	38	15.20%
Baby Gender	Man	125	50.00%
	Woman	125	50.00%
Birth Weight	Low Birth Weight (< 2500 grams)	250	100.00%
Total		**250**	**100.00%**

Source: Primary Data, 2026

A total of 250 mothers or caregivers of infants with a history of low birth weight participated in this study. Most respondents were aged 20–35 years, comprising 171 respondents (68.40%). Secondary education graduates represented the largest educational group, with 99 respondents (39.60%), while almost half of the respondents were not

working or were housewives, with 120 respondents (48.00%).

Most respondents were multiparous mothers, with 161 respondents (64.40%), and 213 respondents (85.20%) had completed ANC visits according to standards. Infant ages were relatively evenly distributed across the range of 0–6 months, with the largest proportion aged two months, comprising 42 infants (16.80%). Male and female infants were equally represented, and all infants had a birth weight below 2,500 grams. This profile reflects mothers and caregivers in the early post-discharge period, during which breastfeeding, thermal care, hygiene, growth monitoring, and early recognition of neonatal danger signs are essential.

The measurement model evaluation showed that all indicators fulfilled the convergent validity requirements. Outer loading values ranged from 0.707 to 0.810, with t-statistics above 1.96 and p-values of 0.000. Community Health Worker Support indicators had outer loading values ranging from 0.735 to 0.810, Maternal Health Literacy from 0.707 to 0.808, and Home-Based Care Practices from 0.745 to 0.778. Thus, all indicators adequately represented their respective constructs.

All constructs also demonstrated adequate reliability. Cronbach's Alpha values were 0.866 for Community Health Worker Support, 0.836 for Maternal Health Literacy, and 0.865 for Home-Based Care Practices. Composite Reliability values were 0.900, 0.879, and 0.899, respectively. The Average Variance Extracted values were 0.599 for Community Health Worker Support, 0.550 for Maternal Health Literacy, and 0.579 for Home-Based Care Practices. All values exceeded the recommended thresholds.

Discriminant validity based on the Fornell-Larcker criterion was also fulfilled. The square roots of the AVE for Home-Based Care Practices, Community Health Worker Support, and Maternal Health Literacy were 0.761, 0.774, and 0.742, respectively. These values were higher than the correlations between constructs, confirming that each construct was empirically distinct.

The structural model produced an R Square value of 0.400 and an Adjusted R Square value of 0.397 for Maternal Health Literacy. This indicates that Community Health Worker Support explained 40.0% of the variance in Maternal Health Literacy. Home-Based Care Practices obtained an R Square value of 0.357 and an Adjusted R Square value of 0.327, indicating that Community Health Worker Support and Maternal Health Literacy explained 35.7% of its variance. Both endogenous constructs therefore demonstrated moderate or sufficient explanatory power.

The effect-size analysis showed that Maternal Health Literacy had an f^2 value of

0.111 on Home-Based Care Practices, indicating a small-to-medium effect. Meanwhile, Community Health Worker Support had a small direct effect on Home-Based Care Practices, with an f^2 value of 0.035. Predictive relevance testing produced Q^2 values of 0.257 for Home-Based Care Practices and 0.213 for Maternal Health Literacy. Because both values were greater than zero, the model demonstrated adequate predictive relevance.

Table 2. Hypothesis Testing

Hypothesis	Relationship Path	Original Sample (O)	T-Statistics (>1.96)	P-Values (<0.05)	Conclusion
H1	Community Support → Maternal Literacy	0.632	12,246	0,000	Accepted
H2	Community Support → Home-Based Care	0.232	2,752	0.006	Accepted
H3	Maternal Literacy → Home-Based Care	0.415	4,964	0,000	Accepted
H4	Community Support → Maternal Literacy → Home-Based Care	0.262	4,374	0,000	Accepted
Control	Maternal Age → Home-Based Care	-0.105	1,463	0.144	Not Significant
Control	Education → Home-Based Care	0.022	0.296	0.767	Not Significant
Control	Jobs → Home-Based Care	-0.031	0.442	0.659	Not Significant
Control	Parity → Home-Based Care	-0.008	0.105	0.916	Not Significant
Control	ANC Visit → Home-Based Care	0.051	0.757	0.449	Not Significant

Source: Primary Data, 2026

Community Health Worker Support had a positive and significant effect on Maternal Health Literacy, with a path coefficient of 0.632, a t-statistic of 12.246, and a p-value of 0.000. This was the strongest relationship in the model, indicating that greater CHW support was associated with a better maternal capacity to obtain, understand, evaluate, and use health information.

Discussion

CHW support includes health education, home visits, breastfeeding assistance, demonstrations of infant care, growth monitoring, and continuous counseling after discharge. Repeated interaction allows mothers to clarify information they do not understand and strengthens their health literacy capacity. (26). This result is consistent with evidence from developing countries showing that community-based maternal and newborn interventions improve care-seeking behavior, newborn care practices, and access to formal health services. (12,17)

The finding also supports Social Support Theory, which explains that informational, emotional, and instrumental support can strengthen an individual's ability to respond to health challenges. In caring for LBW infants, CHWs connect healthcare facilities with families and help mothers understand exclusive breastfeeding, Kangaroo Mother Care, body temperature maintenance, growth monitoring, and neonatal danger signs. (10). Their support reduces uncertainty during the transition from facility-based treatment to home care.

Community Health Worker Support also had a positive and significant direct effect on Home-Based Care Practices, with a coefficient of 0.232, a t-statistic of 2.752, and a p-value of 0.006. However, this effect was smaller than its influence on Maternal Health Literacy. This suggests that CHW support can directly encourage appropriate caregiving practices, but behavioral changes also depend on mothers' ability to understand and apply the information received.

Therefore, improving home-based care requires not only more frequent home visits but also clear, understandable, and family-oriented education. (6). The quality of communication and interaction between CHWs and mothers is as important as the availability of the support itself.

Home-based care for LBW infants includes exclusive breastfeeding, Kangaroo Mother Care, body temperature and hygiene maintenance, growth monitoring, adherence to scheduled examinations, and timely recognition of neonatal danger signs. These practices require active maternal involvement and the ability to make appropriate independent health decisions. (27)

Maternal Health Literacy had a positive and significant effect on Home-Based Care Practices, with a coefficient of 0.415, a t-statistic of 4.964, and a p-value of 0.000. Mothers with adequate health literacy are more capable of understanding health workers' instructions, assessing the reliability of health information, and consistently implementing recommended care. In contrast, limited health literacy may contribute to inappropriate feeding practices, delayed recognition of danger signs, and low adherence to follow-up examinations. (28,29)

This finding is consistent with previous studies showing that maternal health literacy is associated with the ability to understand health messages, use health services, and make timely decisions in maternal and child health situations. (18,30) Thus, maternal health literacy should not be understood merely as knowledge but as a practical ability to transform health information into protective caregiving behavior.

The finding supports the Health Literacy Framework, which emphasizes the abilities to access, understand, evaluate, and

use health information. In this study, these abilities became the basis for mothers' daily decision-making when caring for LBW infants at home. (18,30).

The indirect effect of Community Health Worker Support on Home-Based Care Practices through Maternal Health Literacy was also positive and significant, with a coefficient of 0.262, a t-statistic of 4.374, and a p-value of 0.000. This result confirms that Maternal Health Literacy mediated the relationship between Community Health Worker Support and Home-Based Care Practices.

Because the direct effect of CHW support remained significant after the mediator was included, Maternal Health Literacy functioned as a partial mediator. CHWs therefore affect caregiving behavior both directly and indirectly by improving mothers' ability to process and apply health information. Their role extends beyond providing information to facilitating the development of maternal health literacy. (31)

This mediating role provides an important conceptual contribution by explaining how community-based support is translated into post-discharge caregiving behavior. The success of CHW services should therefore not be measured only by the number of home visits or educational sessions but also by improvements in mothers' understanding and ability to demonstrate appropriate infant care. (32)

Maternal age, education, occupation, parity, and ANC visits did not significantly affect Home-Based Care Practices because all p-values were greater than 0.05. These results indicate that Community Health Worker Support and Maternal Health Literacy had stronger associations with home-based care than the demographic variables included in the model. Nevertheless, the absence of statistical significance does not mean that sociodemographic characteristics are entirely irrelevant.

The findings suggest that community-based interventions may benefit mothers from different sociodemographic backgrounds. (33,34). CHW programs should therefore strengthen the competencies of health cadres, village midwives, and community health workers in delivering health-literacy-based neonatal education.

Educational materials should use simple language, visual media, practical demonstrations, and evaluations of maternal understanding. These approaches may improve the application of care instructions and reduce complications and readmissions among LBW infants. (35,36) The teach-back method may also be used to ensure that mothers can restate or demonstrate the instructions received.

At the primary healthcare level, post-discharge programs may include scheduled home visits, standardized counseling materials, danger-sign checklists, breastfeeding and Kangaroo Mother Care demonstrations, growth-monitoring cards, and clear referral guidance. Maternal health literacy should be incorporated as an indicator of intervention success rather than focusing only on the frequency of home visits.

Integrating hospitals, community health centers, integrated health posts, village health workers, mothers, and families may create a more effective and sustainable community-based neonatal care model. (37) Such integration is needed to ensure that mothers not only receive health information but are also able to apply it consistently in daily decisions regarding LBW infant care.

4. CONCLUSION

Community Health Worker Support had positive and significant effects on Maternal Health Literacy and Home-Based Care Practices for Low Birth Weight Infants. Maternal Health Literacy also significantly influenced home-based care and partially mediated the relationship between CHW support and caregiving practices. These findings show that CHW support improves care both directly and by strengthening mothers' ability to understand and apply health information.

This study contributes by integrating Social Support Theory and the Health Literacy Framework into a mediation model of post-discharge LBW infant care. The findings suggest that CHW programs should combine structured home visits with health-literacy-based education, practical demonstrations, danger-sign counseling, growth monitoring, and referral guidance.

The study was limited by its cross-sectional design, purposive sampling, and self-reported data. Future research should use longitudinal or experimental designs, broader samples, objective measures, and additional variables such as family support, maternal self-efficacy, healthcare access, communication quality, and socioeconomic conditions.

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