

## EXHAUSTIVE NEED APPROACH IN EXPLORING PREGNANT WOMEN'S SPECIFIC INFORMATION NEEDS ON PALASIK MYTHS IN MINANGKABAU

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<b>Abstract</b>	<p><i>This study adopts the Exhaustive Need Approach to deeply explore the information needs of pregnant women in Minangkabau regarding the Palasik myth. The approach focuses on the highly specific, detailed, and comprehensive (traditional knowledge) information needs related to pregnant women's understanding of the characteristics, impact, and handling of the Palasik myth—a supernatural entity believed to pose a threat to the health of newborn babies in Minangkabau culture. The study aims to analyze how pregnant women search for, evaluate, and utilize information about this myth, as well as how they assess the accuracy of the information they receive. A qualitative descriptive approach was used, with data collection techniques including in-depth interviews and participatory observation in Nagari Parik, Koto Balingka District, West Pasaman Regency. The results show that the information needs of pregnant women consist of several dimensions: cognitive needs (knowledge about the myth and baby health), affective needs (feeling safe and confident), personal integration needs (the impact of information on personal behavior), social integration needs (communication with family and community), and imaginative needs (prevention and protection from the myth). Based on these findings, it is recommended that information providers, including midwives, health professionals, and librarians, develop detailed educational materials tailored to the local cultural context and facilitate ongoing communication with pregnant women about this issue.</i></p> <p><b>Keywords:</b> <i>Pregnant, Women, Minangkabau, Palasik, Myth.</i></p>
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### INTRODUCTION

Information needs are the foundation of human information behavior; triggered by the knowledge gap between what individuals know and what they want to know in order to adapt to the environment. In the context of health, this need is not only instrumental in supporting medical decision-making, but also plays an important role in shaping risk perception, sense of control, and individual quality of life (Case & Given, 2016).

During pregnancy, information needs become more complex and multidimensional. Pregnant women face rapid physical and hormonal changes, accompanied by high emotional and social stress, especially for those who are undergoing their first pregnancy

or are in vulnerable conditions, both socially and economically (Lagan, Sinclair, & Kernohan, 2010) (Carolan-Olah & Sayakhot, 2016).

Research (Javanmardi et al., 2019) shows that information obtained during pregnancy significantly affects the mother's confidence, decision-making ability, and psychological calmness. The information needed covers various aspects, ranging from nutrition, physical activity, danger signs, to sensitive issues such as myths and local beliefs surrounding pregnancy.

However, the fulfillment of these needs is largely determined by the cultural context, community values, and meaning systems that develop in the pregnant woman's social environment (Hjelm et al., 2013). In societies that uphold traditional values and oral knowledge, such as indigenous communities in Southeast Asia, pregnancy-related decisions often do not rely entirely on rational judgment or evidence-based information, but are also influenced by social norms and spiritual beliefs.

In rural Indonesian communities, pregnant women often refer to the advice of parents, traditional healers, or traditional leaders in interpreting pregnancy conditions and deciding on a course of action (Kohler, 2018) (Prasetyo & Dewi, 2022). This shows that their information needs are not only cognitive, but also affective (sense of safety and security), social (collective support), and symbolic (spiritual protection).

The Palasik myth in Minangkabau is a clear example of how local belief systems shape the information needs of pregnant women. Palasik is understood as a supernatural being or entity that is believed to target fetuses and newborns. Despite its non-empirical nature, this belief strongly influences information-seeking behavior and preventive actions. BPS data (2022) shows that around 39% of women in rural areas still rely on non-formal information, such as from traditional leaders or spiritual leaders. Meanwhile, WHO (2023) highlighted that cultural beliefs are one of the main barriers to accessing evidence-based maternal health services.

In Nagari Parik, Koto Balingka District, West Pasaman, the belief in Palasik is not only held by the elderly, but also by the younger generation. Symbolic practices such as wearing dasun or jerangau are used as spiritual preventive measures. Interviews with pregnant women revealed that they trusted the advice of parents or traditional healers more than medical counseling. Medical information provided by health workers is often not used as the main reference, because it is considered not in line with the local meaning system that is alive and inherited.

This shows that information about pregnancy is not only accessed through formal media, but also through interpersonal communication and symbolic systems. Medical information competes with traditional oral information that is considered more emotionally and spiritually relevant. Therefore, a linear approach to health information delivery is ineffective. Community librarians, midwives and traditional leaders have the potential to be an important bridge between evidence-based health literacy and living local knowledge systems.

Most studies on pregnant women's health literacy still focus on medical-formal approaches and pay little attention to local knowledge systems. This study offers a novelty by applying the Exhaustive Need Approach to explore the information needs of pregnant women in depth and contextually. This approach emphasizes the importance of understanding information as a symbolic, affective and social experience, not merely a rational one. As such, this study contributes to the development of a new understanding of information behavior in traditional communities rich in local values and beliefs such as the Minangkabau people.

Traditional knowledge is a system of knowledge that is born, grown and passed on in local communities through experiences, cultural practices and spiritual values that develop over generations. In the context of pregnancy, this knowledge takes the form of advice from parents, food restrictions, symbolic practices such as the use of protective objects, and prohibition of certain activities. Traditional knowledge is not only considered a source of information, but also a form of cultural heritage that has high legitimacy in

people's lives, including in health decision-making. UNESCO (2021) emphasizes that traditional knowledge is a collective asset that plays an important role in social sustainability, including in community-based medicine and health care practices. In Minangkabau society, the Palasik myth is part of the traditional knowledge structure that not only gives meaning to biological phenomena, but also guides spiritually-based preventive actions for pregnant women.

In various anthropological studies of information, traditional knowledge is considered a form of contextual information that is often not formally documented, but has high validity in the communities that hold it (Lloyd, 2014). This kind of knowledge is transmitted through interpersonal communication, customary rituals and collective narratives that live in people's daily lives. This causes modern information systems to often fail to reach or even conflict with local meaning structures, as is the case in Nagari Parik.

When pregnant women prefer to listen to the advice of parents rather than health workers, it does not mean that they reject science, but because traditional information is considered more in line with their belief framework. Therefore, understanding the information needs of pregnant women cannot be separated from the existence and function of traditional knowledge as an epistemic foundation that shapes their perspective on health and safety during pregnancy.

Health literacy is an individual's ability to access, understand, evaluate and use health information to make informed decisions in everyday life. Low levels of health literacy can result in low participation in formal health services and increased reliance on unofficial information, including myths and local beliefs. In traditional communities such as in Nagari Parik, the challenge of health literacy is even more complex as it has to deal with the dominance of oral knowledge and cultural authority structures. Nutbeam (2008) distinguishes three levels of health literacy: functional (basic ability to read and write health information), interactive (ability to communicate and interpret information), and critical (ability to evaluate and use information to empower oneself).

In the context of culturally-based societies, it is not enough for health literacy approaches to focus only on individual abilities, but must touch on the social and cultural aspects that shape people's understanding of health (Sørensen et al., 2012). Therefore, strategies to improve health literacy must be adapted to the local context and involve social actors such as families, traditional leaders and communities.

Based on the above, it can be concluded that the information needs of pregnant women in indigenous communities such as Minangkabau cannot be understood partially or only through a medical-formal lens. These needs are formed in a complex socio-cultural space, where traditional knowledge, symbolic values and local authorities play a central role in shaping information seeking and receiving behavior. Belief in the Palasik myth is clear evidence that the information sought and trusted by pregnant women goes beyond cognitive aspects, including affective, integrative, and spiritual dimensions.

Therefore, the Exhaustive Need approach, which emphasizes the importance of understanding information needs as a whole - in relation to social, cultural and emotional structures - becomes very relevant to study this phenomenon in depth. This study not only contributes to the development of culture-based information needs theory, but also provides practical directions for more inclusive and contextualized health literacy strategies in indigenous communities.

## **LITERATURE REVIEW**

This research is grounded in the understanding that information needs are not only a cognitive drive to acquire knowledge, but also a product of an individual's social, cultural and emotional context, especially in oral tradition-based societies. In the context of pregnancy, information needs become even more complex, as pregnant women not only need accurate medical information, but also information that provides a sense of security, is socially accepted, and is in accordance with their belief system (Ghiasi et al., 2020) (Zhang et al., 2021).

### **EXHAUSTIVE NEED APPROACH**

To describe in more depth such forms of information needs, this research uses the Exhaustive Need Approach as the main theoretical framework. This approach emphasizes the exploration of information needs that are very specific, detailed and layered, and include non-linear, non-discursive and not always formally documented forms of information. This concept is in line with the idea of deep information needs that have emerged in recent information studies, namely information needs that touch the affective, spiritual and social aspects of information users (Sonnenwald & Wildemuth, 2021).

The Exhaustive Need Approach is one of the four information needs approach models proposed by Bimalendu Guha in his book *Documentation and Information: Services, Techniques and Systems* (1988). This approach refers to a very detailed, in-depth and complex type of information need, where information users not only need factual data, but also information that touches on symbolic, spiritual and emotional aspects.

According to Guha, such needs are often not formally documented, but rather dispersed in the form of local knowledge, personal experiences, or oral narratives passed down through generations. Therefore, this approach does not rely on formal auditory information channels, but rather traditional knowledge that relies on interpersonal communication, social relationships, and cultural meanings inherent in people's daily lives. In a cultural context such as the Minangkabau indigenous community, this approach is very relevant to understanding how pregnant women access and interpret information about the Palasik myth.

They not only want to know what Palasik is definitionally, but also how to avoid it, who can be trusted to provide information, and what protective practices should be done during pregnancy. Therefore, the information needed by them includes cognitive dimensions (such as the characteristics of Palasik), affective (a sense of security and calmness), personal integrative (influence on daily decisions), social integrative (community and family support), to imaginary or spiritual (symbolic protection from invisible threats).

This approach also requires researchers to delve into the socio-cultural context of information users, as these needs are strongly influenced by the value structure, customary norms and collective beliefs that exist in society. As such, the Exhaustive Need Approach offers an appropriate framework for exploring information needs based not only on "what is sought", but also "why and how it is interpreted and used" in the context of the daily lives of tradition-based communities.

### **CULTURALLY CONTEXTUALIZED INFORMATION BEHAVIOR**

Information needs in the context of cultural beliefs also require an approach that is able to capture the social dynamics and symbolic meaning behind information behavior. In this case, the culturally contextualized information behavior approach as developed by (Veinot et al., 2019) becomes relevant.

They state that information seeking in a particular community cannot be separated from power relations, value structures and collective beliefs that influence who is trusted and how information is used. This is very appropriate to explain why pregnant women in Minangkabau society tend to trust information provided by traditional leaders or baby shamans more than medical information from formal institutions. Indicators of this approach in the research context include:

- i. Level of trust in local vs. formal sources of information,
- ii. Pregnant women's perception of the authority of the information,
- iii. Preference for cultural practices over medical advice,
- iv. The role of social norms and pressures in determining information acceptance.

As stated by Veinot et al. (2019), information behavior is closely related to social structures, including who has the authority to convey information, and how the legitimacy of information is built in the community.

Therefore, when pregnant women trust their grandmother's advice about Palasik more than the posyandu counseling, this is a clear form of culturally contextualized information behavior. Recent studies have also highlighted that pregnant women's information needs are strongly influenced by emotional states, trust in sources, and orally transmitted collective experiences (Lai et al., 2022) (Alhassan, 2023).

In this context, information is not only seen as something to be sought, but as part of ongoing social and cultural practices. Thus, theories such as Everyday Life Information Seeking (ELIS) updated in a contextual approach (Mecknie et al., 2020) become reinforcement to understand why pregnant women in Nagari Parik do not necessarily access or use information from outside their cultural system.

By combining the Exhaustive Need Approach and culture-based contextual information behavior theory, this study aims to capture the information needs of pregnant women who not only want data, but also want social validation, symbolic protection, and a sense of connection to local value systems. This framework provides space for the exploration of the meanings of information lived in myths such as the Palasik, which not only functions as traditional knowledge, but also as an instrument of social control and a form of managing uncertainty in pregnancy.

## **METHODS**

This study employs a qualitative method with an analytical approach aimed at analyzing and thoroughly examining the specific information needs of pregnant women related to the *Palasik* myth within the cultural context of Minangkabau. This approach is chosen as it aligns with the nature of the issue, which focuses on subjective experiences, symbolic meanings, and information behavior that is often undocumented in formal systems.

The research is conducted in Nagari Parik, Koto Balingka District, West Pasaman Regency, West Sumatra—an area known as a traditional community with strong cultural values, particularly in pregnancy practices and protection against spiritual disturbances. Data collection techniques include in-depth interviews and participant observation to capture the dynamic flow of information in the everyday lives of informants.

The informants consist of five pregnant women and three elder women (grandmothers) selected purposively based on their experiences during pregnancy within the local cultural environment. Data validity is ensured through source triangulation and member checking, while data are analyzed thematically by identifying patterns of information needs encompassing cognitive, affective, personal integration, social integration, and imaginative needs. This analytical approach enables the researcher to understand how information is not only sought but also interpreted and utilized within the belief system of the local community.

## **RESULT AND DISCUSSION**

The results of field research in Nagari Parik show that the information needs of pregnant women are not solely focused on medical aspects, but are strongly influenced by traditional knowledge that has been passed down from generation to generation. Participatory observation revealed that the practice of using *dasun* (garlic) as a protective symbol against supernatural disturbances such as Palasik is carried out consistently by most pregnant women.

This practice is accompanied by a prohibition on activities outside the house at night or combing hair after sunset, which is believed to invite supernatural disturbances. Mrs. Melistari's (29 years old) statement, "I feel calmer when I wear *dasun*... I feel anxious if I don't wear it," shows that belief in traditional symbols is not just about following tradition, but also as a form of emotional strengthening and coping strategy in dealing with uncertainty during pregnancy. This reinforces the concept of information as a social and emotional practice proposed by McKenzie (2003), where individuals often seek information that provides a sense of calm, not just those based on logic or scientific facts.

The phenomenon in Nagari Parik emphasizes the importance of understanding traditional knowledge as a legitimate and valid source of information in the context of local culture. This knowledge is not only considered as a legacy, but also as a system of values and guidelines for action in living daily life, including in the pregnancy phase. As stated by UNESCO (2021), traditional knowledge includes practices, beliefs and wisdom that develop in communities and are passed down from generation to generation through experience and oral communication.

In Minangkabau society, this knowledge is strongly embedded in social and spiritual structures. Therefore, information that is considered correct and worthy of trust does not always come from formal institutions, but rather from figures such as mothers, grandmothers, or traditional healers who have traditional authority and empirical experience in the community.

Field observations show that medical information from the village midwife is indeed conveyed through forums such as *posyandu*, but the participation of pregnant women is often symbolic - more aimed at maintaining social relations and fulfilling invitations. An in-depth interview with Ms. Ira Gustina (38 years old) reinforced this finding. She stated: "I also heard from the midwife about healthy food, but I still follow my mother's advice. She knows the customs in this village better".

The information delivered by midwives is still considered, but its acceptance is selective and highly dependent on its compatibility with local values and beliefs. This reflects the concept of culturally contextualized information behavior developed by Veinot et al. (2019), which states that in tradition-based communities, information authority is shaped by social structures, not solely by scientific validity.

Moreover, the information needs of pregnant women in indigenous communities such as Minangkabau are holistic and layered, covering cognitive, affective, social and spiritual dimensions. Practices such as wearing *dasun* are not only a form of hereditary rituals, but also part of a cultural information system that is believed to be able to provide protection, security, and inner calm. In an interview, Mrs. Melistari (29 years old) said: "I feel calmer when I wear *dasun*. My mother said that it can protect the baby from *Palasik* interference". This is in line with the concept of the Exhaustive Need Approach by Guha (1988), which emphasizes that information needs are not only rational or cognitive, but also include emotional and symbolic needs that play an important role in the decision-making process and uncertainty management.

In the context of health literacy, this phenomenon reveals the limitations of functional approaches that only measure an individual's ability to access and understand technical health information. Nutbeam (2008) and Sørensen et al. (2012) suggest that health literacy also includes interactive and critical aspects, namely the ability to assess and utilize information based on prevailing socio-cultural values.

In Nagari Parik, health literacy cannot be separated from the belief system that lives in the community. Therefore, information intervention strategies must take into account cultural aspects and strengthen the bridge between medical knowledge and local knowledge. Integrating these two information systems not only allows for a more thorough understanding, but also increases the acceptability of information at the community level.

Theoretically, the phenomenon that occurred in Nagari Parik shows conformity with the concept of traditional knowledge as a collective information system that is passed down orally and not formally documented. This knowledge not only serves to explain reality, but also to organize actions and provide a sense of security in the face of uncertainty, including during pregnancy. UNESCO (2021) emphasizes that traditional knowledge contains practical, symbolic, and spiritual dimensions that are integrated in people's lives.

In Nagari Parik, practices such as wearing *dasun*, following the prohibition of going out at night, or staying away from certain foods are part of a local information system that is considered legitimate and effective. This is observed directly in the daily activities of residents, where protection symbols are treated as action information that has high credibility in the eyes of the community.

From the interview results, Mrs. Desmirianti (28 years old) said that she felt that she did not need to seek information about Palasik from the puskesmas or midwife because she had received all the information from her mother. She said: "We believe from the past, if my mother says to use dasun, then I follow her. It has become protective". This expression shows that traditional knowledge is not only a reference for information, but also part of the authority system that shapes mindsets and decisions. Within the framework of the Exhaustive Need Approach (Guha, 1988), this kind of information need cannot be understood as a search for objective data alone, but rather as a complex response involving emotions, beliefs and socially inherited spiritual values.

In this context, information also functions as a coping mechanism that helps pregnant women manage anxiety about things that cannot be explained medically. As explained by McKenzie (2003), in situations full of uncertainty, individuals often seek information not to make logical decisions, but to calm themselves and get justification for actions that are believed to be correct. The researcher's observations during the posyandu found that although pregnant women came and heard medical counseling, they often still asked their parents before taking any action. This reinforces that the process of seeking and receiving information is strongly tied to collective and emotional belief systems.

From a health literacy perspective, this shows the limitations of a functional approach that only assesses an individual's ability to read or understand medical information. Nutbeam (2008) and Sørensen et al. (2012) state that effective health literacy must be interactive and critical, which allows individuals to evaluate, select, and apply information based on their cultural and social context.

In Nagari Parik, the ability of pregnant women to assess information is not determined by the level of formal education alone, but also by their ability to balance medical information with local beliefs that live in the community. Therefore, health literacy-based interventions should be conducted with a dialogic approach that incorporates community voices and indigenous knowledge as part of a shared solution.

In the Exhaustive Need Approach framework developed by Guha (1988), information needs do not stop at the cognitive or fact-finding aspects, but include spiritual, affective, social and symbolic dimensions. Research in Nagari Parik proves that pregnant women not only seek information to understand the medical condition of pregnancy, but also to build a sense of security, manage anxiety, and affirm identity as part of the indigenous community. Information from medical personnel is accessed, such as through posyandu counseling, but decisions are still influenced by interpretations of local knowledge.

In observations of posyandu activities, some pregnant women were seen attending counseling sessions, but when asked again, they admitted that they would "adjust to what the parents say". This suggests that decisions are not made solely on the basis of medical data, but also on the basis of culturally inherited beliefs, social relations and symbolic structures.

One informant, Mrs. Sri Rahayu (32 years old), stated: "I also heard the explanation from the midwife about sleeping position and food. But for issues such as the prohibition of going out at night, I still follow the words of my mamak and in-laws. They know our customs better." This finding reinforces that information acts as a tool to maintain social harmony, not just as a rational guide. In this context, health literacy cannot be limited to the ability to read brochures or understand medical terms.

Nutbeam (2008) emphasizes the importance of critical health literacy, which is the ability to assess and use information according to social and cultural contexts. Thus, health information communication strategies in indigenous communities such as Minangkabau should be developed in a participatory and collaborative manner, involving traditional leaders, extended family, and health workers as information partners. Instead of negating traditional knowledge, this approach integrates medical and local information as a form of inclusive and contextual health literacy, as also suggested by Sørensen et al. (2012) in their integrative model of health literacy.

The findings of this study confirm that in the context of the Minangkabau indigenous community, the information needs of pregnant women cannot be separated from the cultural, spiritual, and emotional dimensions inherent in daily life. Using the Exhaustive Need Approach (Guha, 1988), it can be seen that the search for information by pregnant women is not only oriented towards fulfilling cognitive needs, but also serves as a mechanism for strengthening identity, a sense of security, and social solidarity through the inheritance of traditional knowledge. Belief in the Palasik myth and symbolic practices such as the use of *dasun* are part of a local information system that has high legitimacy.

Therefore, in an effort to improve health literacy, the one-way functional approach needs to be replaced with a participatory and intercultural approach, as suggested by Nutbeam (2008) and Sørensen et al. (2012), which emphasize the importance of integrating cultural values in the design of information interventions. This study contributes to the understanding of information behavior in tradition-based communities and encourages the development of more inclusive and contextualized health literacy models. Thus, information communication strategies in indigenous communities need to involve local narratives, traditional figures and collective experiences as part of legitimate and meaningful sources of information (UNESCO, 2021).

## **CONCLUSION**

This research shows that the information needs of pregnant women in Nagari Parik cannot be understood solely through a medical or rational approach, but must be understood within the framework of the Exhaustive Need Approach which includes cognitive, emotional, spiritual, social, and symbolic dimensions. Belief in the Palasik myth and the practice of using protective symbols such as *dasun* are part of a local information system that has strong legitimacy in the Minangkabau community.

Information sourced from traditional leaders, parents and traditional healers is often more trusted than information from formal health workers, especially because it can provide a sense of security and inner peace. This finding is in line with the concept of information as a social and emotional practice (McKenzie, 2003) and culturally contextualized information behavior (Veinot et al., 2019), which emphasize the importance of cultural values in shaping information preferences and acceptance.

Furthermore, health literacy in indigenous communities such as Nagari Parik is not simply measured through the technical ability to access and understand medical information, but must be extended towards a critical and interactive approach (Nutbeam, 2008; Sørensen et al., 2012). A dialogic and collaborative approach between health workers and indigenous communities is needed to bridge medical and traditional knowledge, creating an inclusive and contextualized information system. Therefore, information interventions in cultural areas should respect local knowledge systems as legitimate sources of information, while encouraging cross-knowledge dialogue to support holistic and empowered decision-making.

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