

Postpartum Confinement and Modern Medicine: Negotiating Omugwo Practices and Clinical Postnatal Care Among New Mothers in Bayelsa State

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Abstract

Postpartum confinement and modern medicine were examined through an investigation of the role of Omugwo practices in promoting the uptake of clinical postnatal health care services among postpartum mothers in Bayelsa State. Specifically, the study explored the nature and practices of Omugwo, the utilization of modern postnatal healthcare services, and how the practices of postpartum confinement affect mothers' uptake of modern maternal and child recommendations. The study was based on the Health Belief Model (HBM). The study used a descriptive survey research design. The population for this study was 2,277,962 residents of Bayelsa State, as estimated by City Population (2025). The sample size of 400 respondents was obtained by adopting the Taro Yamane formula. Probability and non-probability sampling techniques were used to select communities from Yenagoa, Ogbia, and Sagbama Local Government Areas. The data were obtained through questionnaires administered to postpartum mothers, nurses, midwives, traditional birth attendants, and traditional elderly women. The instrument was valid based on face and content validity, and it was reliable with a coefficient of reliability of 0.70. Frequencies, percentages, mean scores, tables, and bar charts were used to analyse the data collected. The results indicated that the practice of Omugwo remains prevalent among new mothers in Bayelsa State and remains significant to them. The study also revealed that the respondents' use of modern postpartum health care services was comparatively high, including getting postnatal care from the hospital, immunization, guidance for exclusive breastfeeding, and prescribed medications. The study did find, however, that postpartum confinement also has a significant impact on mothers' willingness and willingness to accept and implement modern medical advice, since the decision to provide care for mothers is often a reflection of traditional beliefs and old customs. The study therefore recommended the need for more health education among the mothers, making better access to postnatal care services available to them and the need for more partnership between health providers and traditional caregivers to minimize conflicts between Omugwo practices and modern health care.

Introduction

In Africa, childbirth is not just a physiological occurrence; it is a profound social, cultural and spiritual event that is met with a great deal of postpartum care and confinement of the mother and infant. The postpartum confinement period is historical and has its roots in indigenous health care systems, where it aims to re-establish the mother's strength, safeguard the newborns from infection and spiritual harm, and re-integrate women socially in the aftermath of childbirth (van Gennep, 1960; Jordan, 1993; Dennis et al., 2007). In Ghana, Cameroon, Ethiopia and South Africa, post-partum rituals include a period of seclusion together with the adoption of certain dietary, herbal bath, massage, heat and advice by elderly female relatives and traditional birth attendants (TBA) (Ofowwe & Ofili, 2007; Kafulafula et al., 2014; Adatar et al., 2019). It has been suggested that such practices are part of a network of communal, communal-like, or interfamilial care of newborns, and that older women play a collective role in monitoring and passing on cultural information from one generation to the next (Moyer et al., 2013; Bazzano et al., 2017). The World Health Organization reported that nearly 70% of all maternal deaths in the world occurred in sub-Saharan Africa, with around 545 maternal deaths per 100,000 live births in some parts of sub-Saharan Africa (WHO, 2023). This has further fueled global campaigns to modernize use of postnatal health services, including immunization, clinical supervision, counselling for exclusive breastfeeding, and medically-monitored recovery. However, the persistent use of omugwo practices also poses a potential conflict between the traditional view on culture and the biomedical perspective of health systems (Sacks, 2015; Warren, 2010). Some women in many African communities avoid visiting the hospital after childbirth because of the importance attributed to the African culture, which requires women to stay indoors for many weeks and get African traditional care from older female members of the family (Maimbolwa, 2003). Moreover, there are sometimes aspects of traditional postpartum beliefs that influence women's attitudes to modern-day medical practices, particularly regarding vaccine schedules, breastfeeding advice, dictates of diet, and newborn handling (Winch et al., 2005). Despite the rapid urbanisation, modernisation and the increasing biomedical healthcare services in Nigeria, the practice of postpartum confinement is still prevalent in these localities. For the Igbos, it's popularly known as "Omugwo", and other ethnic groups like Yoruba, Efik, Ibibio, and Ijaw have similar postpartum care systems, albeit with other cultural names and traditions (Okonofua et al., 1992; Nwabuzor, 2005). Omugwo is a traditional practice in which an older female relative, usually the mother or mother-in-law, is temporarily removed from their own home to be with the new mother and baby for a period of several months or weeks after they are born. Typically, the types of practices involve hot water massage, special diet, herbal treatment, restricted movement or exertion, and infant bathing rituals (Onyeonoro et al., 2016). Omugwo has been described as a health care system and a social institution that strengthens family ties, intergenerational relationships, and maternal identity in the Nigerian family by Isiugo-Abanihe (1985) and Uchendu (2007). However, today, there is evidence of the controversy of the compatibility of Omugwo with the current medical recommendations. Despite the developments in health care infrastructure over the years, Nigeria still has significant problems when it comes to maternal and child health. The National Demographic and Health Survey (NDHS) estimates that Nigeria's maternal mortality rate is about 512 maternal deaths per 100,000 live births, and the neonatal mortality is estimated at 39 deaths per 1000 live births (NDHS, 2018). Many of these deaths are due to poor postnatal health service use, delayed health facility service seeking, low vaccination uptake and failure to follow current maternal health services (Doctor et al., 2018). Hospitals and healthcare agencies encourage exclusive breastfeeding, postnatal check-ups, proper cord care and timely immunizations, yet some traditional postpartum notions stand in opposition to biomedical recommendations (Aborigo et al., 2012). For instance, some mothers in Nigeria prefer the use of herbal medicines and

alternative dietary regimes over prescribed ones even when given antibiotics, and some do not attend their postnatal clinic because of the traditional (confinement) practices or because they believe that attending the clinic will expose their babies and children to spiritual risks (Iganus et al., 2015). Others, however, have warned against omitting the entire act of Omugwo from the picture since other benefits of Omugwo, such as emotional support, maternal rest, childcare assistance and psychological stability, are often missing from overextended healthcare systems, which also require these benefits (Okafor & Dolapo, 2014). The ambivalence has raised growing queries in academics on how Nigerian women manage traditional postpartum demands and biomedical healthcare responsibilities in the current society.

Confinement practices immediately after giving birth are still very much in place among the indigenous Ijaw populace in Bayelsa state, even with the growth of health facilities such as the hospital, Primary Healthcare Centres (PHCs) and maternal health campaigns. Labour and delivery are perceived as much a cultural event as a medical one, with strong expectations that birth teams provide spiritual protection, family supervision and extended care by mothers after birth in many communities in Bayelsa (Alagoa, 2005). The Ijaw postpartum confinement also involves isolation, supervision of food, herbal medications, massage and management of the body, and close attention from either mothers, grandmothers, or older female family members, as in other parts of Southern Nigeria. But, with the increase in biomedical healthcare practices, urbanization, formal education, Christianity, and social media campaigns for health awareness, this notion has changed in many women's perception of traditional postpartum practices (Ezeanolue et al., 2015). The utilisation of postnatal health care in many communities in the Niger Delta region remains inconsistent, despite government interventions to improve maternal and child health (NPHCDA, 2022). Some women in Bayelsa also combine hospital care with traditional postpartum care, while others may reject certain aspects of modern medical care that they believe are foreign to their culture and/or religious beliefs (Izugbara & Wekesah, 2018). In Southern Nigeria, for example, healthcare providers report that health workers at times prescribe traditional herbal medicines instead of the prescribed treatment for infant immunization or take a break from it during the perinatal period (Adejoh et al., 2017). Additionally, socio-economic deprivation, transportation challenges in riverine communities, and some negative attitudes of public health providers make it difficult to leverage postnatal healthcare utilization in the State of Bayelsa. Despite these advantages, women still hold onto Omugwo as a symbol of emotional support and childcare during post-birth. Against this backdrop, this study therefore examines the nature and practice of postpartum confinement among new mothers in Bayelsa State, Nigeria, the level of access to modern postnatal services and the impact of postpartum confinement practice on the acceptance and compliance of new mothers to utilization of modern maternal health services were studied under this background.

Objectives of the study

The following objectives guided the study

- i. To examine the nature and patterns of postpartum confinement practices (Omugwo) among new mothers in Bayelsa State.
- ii. To assess the level of utilization of modern postnatal healthcare services, including hospital check-ups, immunization, medical consultations, exclusive breastfeeding guidance, and prescribed postnatal treatments among new mothers in Bayelsa State.
- iii. To investigate how postpartum confinement practices influence new mothers' acceptance and adherence to modern medical recommendations on maternal and child healthcare.

Literature Review

Concept of Postpartum Confinement Practices (Omugwo)

The postpartum confinement practises involve culturally mandated periods of care, isolation, rest and recovery practices for women following childbirth, typically by older women, traditional health care workers and community elders who supervise women and infants to ensure post-birth recovery and wellbeing from birth, and in line with indigenous healing beliefs and culture (Dennis et al., 2017; Adatarar et al., 2019). In many African and Asian cultures, pregnancy and childbirth are considered a time of vulnerability for the mother's body, soul and spirit and of need for protection, nourishment and social support after birth (Moyer et al., 2013; Bazzano et al., 2017). Omugwo is a traditional form of maternal care. It is common in Nigeria, especially among the Igbo community, where the mother or her mother-in-law temporarily resides with the mother to assist with the delivery process, help teach the mother how to care for her child, monitor the baby's breastfeeding, provide special meals, massage the mother's body with hot water, and supervise the care of the baby during the post natal period (Onyeonoro et al., 2016; Okafor & Dolapo, 2014). Omugwo in African societies is the social-cultural, health-care mechanisms for the transmission of indigenous knowledge, enhancement of kinship relations and the maintenance of communal motherhood (Uchendu, 2007; Isiugo-Abanihe, 1985). Confinement practices after childbirth are based on the perception that women have a high risk of developing problems after giving birth, such as vaginal bleeding, infection, weakness of the body, and anxiety and emotional stress, and that they need to rest for a considerable time to receive treatment from the culturally recognized healers (Kafulafula et al., 2014). Similarly, Adatarar et al. (2019) explain that the confinement period is intended to assist restoration of the balance between the body, spirit and society following childbirth, particularly in traditional societies where traditional medicine plays a substantial part. Omugwo may extend for some weeks or three months in many communities in Nigeria, depending on their cultural expectation, the family context and the health status of the mother and child (Nwabuzor, 2005). The practice of postpartum confinement, therefore, represents a complicated interaction of indigenous medical knowledge, cultural values, traditions of maternal recuperation, as well as the adaptation of traditional ideas and practices to the modern era among the African population.

Traditional Maternal Care and Indigenous Childbirth Practices in Nigeria

Traditional maternal care and indigenous childbirth practices, in Nigeria, are the systems of pregnancy management, childbirth assistance, postpartum care, and infant nurturing which have a cultural foundation and are embedded in the local beliefs, customs, and traditional knowledge of the various ethnic groups passed down from generation to generation (Okonofua et al., 1992; Nwabuzor, 2005). Traditional birth attendants, aged women, herbalists and family caregivers were important figures in most Nigerian societies before the medicalization and biomedicalization of healthcare systems, to supervise pregnancy and childbirth within the traditional practices and belief systems of the people (Imogie et al., 2002; Ofili & Okojie, 2005). Among the Igbos, these practices include herbal medicine, abdominal massage, diet, spiritual purification, heat therapy, traditional bathing, protection against evil spirits, amongst others, and among the Yoruba, Hausa, Ijaw, Efik and Tiv, they are expressed differently (Uchendu, 2007; Onah et al., 2006). Indigenous childbirth systems in Nigeria are seen as intricately linked to the community's understanding of motherhood, fertility, spirituality and womanhood, and are not only perceived as a medical phenomenon but as a social and spiritual one that necessitates collective oversight and protection at the time of childbirth (Jordan, 1993; van Gennep, 1960). Traditional maternal care systems focus on the concept of intergenerational child care – the transfer of child care experience and knowledge, breastfeeding expertise, and reproductive skills acquired from older women to younger women in intimate domestic

relationships, as articulated by Isiugo-Abanihe (1985). Traditional birth attendants (TBA) are still patronized in many rural areas of Nigeria because of their acceptability in the culture, emotional support, spiritual knowledge, and low cost as compared to modern healthcare facilities (Adatara et al., 2019; Sialubanje et al., 2015). Currently, though maternal health has improved, approximately 60% of births still occur in non-institutionalized settings in some parts of sub-Saharan Africa (WHO, 2023). The National Demographic and Health Survey in Nigeria (2018) pointed out that there were also high magnitude differences between urban and rural areas in skilled birth attendance, as poverty, among other things, in rural areas forced many women to continue to receive traditional birth assistance. Furthermore, traditional methods of maternal care are now being negotiated between indigenous practices and modern health care, where educated women practice both traditional care and hospital services (Iganus et al., 2015; Ezeanolue et al., 2015). Others argue that some Indigenous practices delay access to healthcare, fail to maintain good hygiene and are resistant to clinical advice, yet other researchers recognise that traditional maternal care offers emotional comfort, social solidarity, emotional support and culturally affirming experiences of maternal healthcare, which many women view as vital during their pregnancies and births (Aborigo et al. 2012; Bazzano et al. 2017). Hence, the traditional care of mothers and childbirth norms in Nigeria is a complex healthcare system that results from cultural affiliation, spiritual conviction, communal care system and the constant engagement with the biomedical system.

Modern Postnatal Healthcare Services and Maternal Health Outcomes

According to the World Health Organization (WHO, 2022), and also according to Lawn et al. (2014), modern postnatal care services include organised medical, clinical and preventive healthcare interventions that are provided to mothers and newborns right after giving birth and during the postpartum period, which help families, mothers and newborns recover from birth and grow healthy. These services typically involve newborn assessment, family planning services, breastfeeding counselling and advice, nutrition advice, prescribed medicines, trained professional consultation, mental health care, assessment of maternal bleeding and infection, and monitoring of infections, and take place in hospitals, clinics, and primary healthcare centres (Titaley et al., 2009; Singh et al., 2012). The modern approach to postnatal health care is said to have developed from biomedical practices of maternal and child health care that emphasized scientific diagnosis, hygienic practices for childbirth, early identification of complications, and evidence-based interventions to lower maternal and neonatal mortality rates (Campbell & Graham, 2006; Kerber et al., 2007). Nigeria has one of the highest maternal mortality burdens in the world, estimated as 512 maternal deaths per 100,000 live births (NDHS, 2018), while in the case of neonatal deaths, Nigeria has 39 deaths per 100,000 live births (NDHS, 2018). The researchers attributed these results to the problems of low attendance at the postnatal care unit, low immunization coverage, poor exclusive breastfeeding rate, late treatment-seeking behaviour and shortage of skilled healthcare workers (Fagbamigbe & Idemudia, 2015; Ilesanmi & Afolabi, 2018). The provision of modern postnatal healthcare is therefore seen to be important in the care of mothers because it allows for early identification of postnatal complications, nutrition and immunization for infants, and reproductive health promotion and the enhancement of mothers' physical and psychological health after birth (Bhutta et al, 2014; Warren et al, 2006). But support from these services in Nigeria and other African societies can also be influenced by socio-cultural practices, the presence of poverty, low-quality health care facilities, geographic barriers, and conflicts between biomedical recommendations and local maternal care practices like postpartum confinement (Ezeanolue et al., 2015; Aborigo et al., 2012). This means that current postnatal care provision and health outcomes continue to be connected in wider discussions about access to health services, cultural acceptance, public

health policies and policies towards traditional and biomedical systems of maternal care in developing societies.

Theoretical Framework

The Health Belief Model (HBM)

The Health Belief Model (HBM) is a behavioural and psychological theory that accounts for adherence to health-related behaviours on the basis of perceptions of illness and healthcare actions (Rosenstock, 1974; Glanz et al., 2015). It was originally designed by Godfrey Hochbaum, Stephen Kegels, and Irwin Rosenstock at the U.S. Public Health Service in the 1950s, then modified by others, including Howard Leventhal and Marshall Becker, with the addition of constructs such as cues to action and self-efficacy (Becker, 1974; Rosenstock et al., 1988). Health behaviour is postulated to be influenced by perceived susceptibility to disease or illness, perceived severity of the consequences, perceived benefits of the behaviour, and cues that stimulate decision-making processes, including advice from health workers or family members (Champion & Skinner, 2008). In the field of maternal and child health, the HBM is frequently applied to examine factors influencing decisions for antenatal and intrapartum care, immunization, and compliance with medical advice, particularly within culturally diverse contexts (Jones et al., 2015; Aborigo et al., 2012). The model is applied to this study to understand how new mothers rate the quality of modern postnatal services and Omugwo traditional practices in relation to their beliefs on health risks, cultural norms, and their effectiveness in care provision. For example, a mother who suspects there might be postpartum complications like infection, heavy bleeding, and/or illness of the baby is more likely to attend the hospital-based postnatal checks, immunization services and receive medical advice on breastfeeding and infant care (Fagbamigbe & Idemudia, 2015). Meanwhile, positive cultural traditions in the healing properties of Omugwo (Emotional Support, Body Massage, Herb Medicines & Protection from Spiritual Harm) may also contribute to the continuation of traditional confinement, despite the availability of modern health services (Iganus et al., 2015). The theory also provides careful attention to the fact that perceived barriers, including cost of healthcare, distance to services, poor service delivery, and family expectations, factor into clinical postnatal services Utilization, especially among rural and riverine communities (Doctor et al., 2018). Furthermore, action alerts like recommendations from nurses, family elders, past childbirth experience, and public health campaigns affect whether mothers combine or choose either system of care. Hence, in light of this, the Health Belief Model offers a clear framework for understanding the continuous negotiation between Omugwo practices and the modern postnatal care among new mothers in Bayelsa State, as maternal choice is determined by both the perception of the threat and cultural beliefs and the accessibility of the healthcare services.

Methodology

The study adopted a descriptive survey research design to examine postpartum confinement (Omugwo) and utilization of modern postnatal healthcare services among new mothers in Bayelsa State. The study population comprised residents in Bayelsa state, whose population is estimated to be about 2,277,962 (City Population, 2025). This population consists of Nurses, midwives, traditional birth attendants, elderly females who are active in Omugwo practices, and mothers in the postpartum period. A sample of 400 respondents was calculated from the Taro Yamane (1967) formula at a 0.05 level of significance. The sampling method used was a combination of probability and non-probability sampling techniques. The three LGAs were selected by simple random sampling, and the communities (Ekeki, Amarata, Kolo, Otuasega, Sagbama Town, Agbere) were selected by cluster sampling. Systematic random sampling was also applied to respondents, and purposive sampling was applied to select nurses, midwives,

traditional birth attendants and elderly women who carry out Omugwo practices. The validity of the instrument was obtained by face and content validity, which was validated by experts of public health and sociology. The reliability of the instrument was obtained using the Cronbach alpha reliability method, and the coefficient of alpha was ≥ 0.7 . The data obtained was analyzed using descriptive statistical techniques, including frequencies, percentages, mean scores, tables, and bar charts to easily interpret the findings.

Analysis

The study distributed 400 questionnaires, out of which only 352 were returned

Table 1: Socio-Demographic Distribution of Respondents (n=352)

Variable	Category	Frequency	Percentage
Gender	Male	146	41.5
	Female	206	58.5
Age Bracket	18 – 25 years	80	22.7
	26 – 35 years	141	40.1
	36 – 45 years	95	27.0
	46 years and above	36	10.2
Marital Status	Married	241	68.5
	Divorced	52	14.8
	Widowed	59	16.7
Educational Attainment	Primary Education	54	14.8
	Secondary/WAEC	163	46.3
	Tertiary (Diploma/Degree)	119	33.8
	No Formal Education	18	5.1
Occupation	Civil servant	66	18.8
	Trader	121	34.4
	House wife	93	26.4
	Self employed	50	14.2
	Unemployed	22	6.2
Number of Children	1 Child	70	19.9
	2-3 children	125	35.5
	4-5 children	92	26.1
	6 children and above	65	18.5

Source: Field work (2026)

Table 1 reflects the results from the socio-demographic characteristics of the respondents. It is seen from the table that the majority of the respondents were females, with 206 respondents (58.5%), and 146 respondents (41.5%) were males. This means that women dominated the study, since they are directly involved in the experiences of childbirth, postpartum confinement, and postnatal healthcare. For age distribution, the largest group of respondents was 26 to 35 years old, representing 40.1% of respondents, followed with 27.0% of the respondents who were 36 to 45 years old. Thus, 80 respondents (22.7%) were between 18 and 25 years. Only 36 respondents, or 10.2%, were aged 46 years and above. This indicates that most respondents were within the age range of active childbearing and reproductive age of 15 to 44 years, which makes them relevant to the study. With respect to marital status, married people formed the largest group, 241 respondents (68.5%), followed by widowed (59 respondents representing 16.7%) and then divorced (52 respondents representing 14.8%).

However, the table also shows that persons who had secondary education reflect the largest education category, as 163 (46.3%) of the respondents belong to the group. Tertiary education is the second largest group with 119 respondents (33.8%). Only 18 respondents (5.1%) were without any form of education, with 54 respondents (14.8%) having attained only primary education. Of the people engaged in occupation, traders constituted the largest group with 121 persons constituting 34.4%, followed by housewives with 93 persons (26.4%), while civil servants constituted 66 persons (18.8%). The respondents who were self-employed were 50 respondents (14.2%), and those who were unemployed were the smallest group, 22 respondents (6.2%). The table further indicates that 125 (35.5%) of the respondents had 2–3 children, while 92 (26.1%) had 4–5 children. Thus, 70 responders (19.9%) had one child, and 65 (18.5%) had 6 children and above.

Table 2. Nature and Patterns of Post-partum Confinement Practices (Omugwo) among New Mothers in Bayelsa State

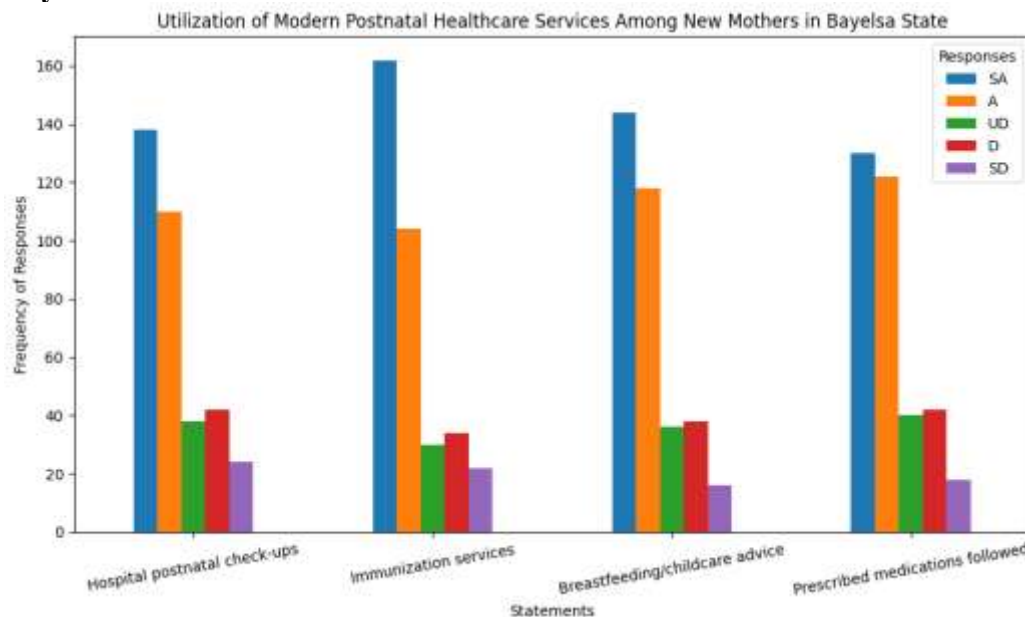
S/N	Items	SA (4)	A (3)	D (2)	SD (1)	Mean	Remark
1	Omugwo is widely practised among families in Bayelsa State.	168	122	40	22	3.24	Accepted
2	Elderly women and family members play major roles during postpartum confinement.	182	110	38	22	3.29	Accepted
3	Traditional postpartum care practices are considered important for the recovery of new mothers.	154	128	46	24	3.17	Accepted
4	New mothers are often restricted from certain activities during Omugwo	146	120	54	32	3.08	Accepted

Source: Field work (2026)

In Table 2, the results indicate that 168 respondents strongly agreed and 122 respondents agreed that Omugwo was widely practised, while 104 respondents neither agreed nor disagreed, making a total of 290 respondents (80%) who agreed that Omugwo is widely practised. The mean score was 3.24, which was higher than the benchmark of 2.50, hence accepted. This means that confinement after childbirth is still very important in the care of mothers and family life in the communities of Bayelsa. When asked if elderly women and family members are greatly involved during postpartum confinement, 182 respondents strongly agreed, and 110 respondents agreed. The high proportion of positive answers indicates that the roles of mothers, mothers-in-law, and the old woman in supervising mothers' recovery, infant care, and traditional postpartum ceremonies remain paramount. A small but significant percentage of respondents disagreed and strongly disagreed, indicating that the socio-cultural foundations of family-based postpartum care are strong.

The next segment reveals that traditional postpartum practices are generally perceived as important for the healing and welfare of new mothers. 154 participants strongly agreed, and 128 who agreed that such practices are needed during the postpartum period yielded a mean score of 3.17, which was accepted. This indicates that most women still think that the traditional methods of conducting Omugwo, like body massage, special diet, herbal medicinal treatment, and rest, are effective. Furthermore, there was strong agreement among 146 participants and agreement from 120 that new mothers were limited by some activities during their postpartum confinement, as indicated by the score of 3.08. The result reveals that some aspects of Omugwo practices, like movement restrictions, domestic work, and some social activities, are still prevalent in Bayelsa State.

Figure 1. Utilization of Modern Postnatal Healthcare Services Among New Mothers in Bayelsa State



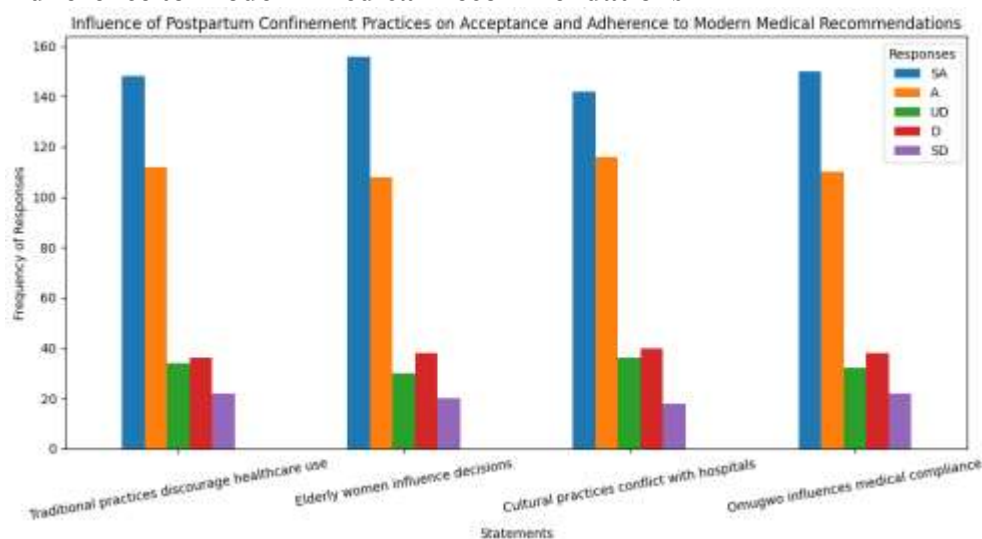
Source: Field work (2026)

Figure 1 shows that the use of modern postnatal services by new mothers in Bayelsa State is relatively high. The first segment asked if new mothers attend hospital postnatal check-ups regularly after giving birth. Thus, 138 respondents strongly agreed, 110 agreed, resulting in a combined positive rating of 248 out of 352. 38 respondents were undecided, while 42 disagreed, and 24 strongly disagreed. This implies that clinical postnatal monitoring after childbirth is recognized by many women in Bayelsa State. Likewise, immunization services for newborn babies saw the most positive response in the chart, with 162 respondents strongly agreeing and 104 respondents agreeing that such services are widely used by mothers in the state. Growing acceptance of child immunization and hospital-based infant care services among nursing mothers can be observed by the low number of people who disagreed (34) and strongly disagreed (22) regarding the issue.

Figure 1 also reflects that the general application of modern healthcare practices, such as breastfeeding guidance and medication administration after birth, is also frequent among new mothers. Regarding seeking medical advice about exclusive breastfeeding and childcare practices, a total of 144 respondents strongly agreed and 118 respondents agreed that mothers seek medical advice, showing that there is a growing awareness of the importance of healthcare advice in maternal and infant health and well-being. Likewise, 130 respondents strongly agreed, and 122 agreed on new mothers following prescribed medicines and treatments after childbirth. The chart also shows that moderate numbers of respondents do not know or do not

agree with some of the statements, suggesting that it could be traditional beliefs, cultural practices, and reliance on Omugwo that could still affect the full implementation of modern medical advice. Overall, the findings indicated a relatively high access to modern postnatal health care services, while also revealing a continued influence of traditional postpartum practices and culture on the interactions between mothers and the biomedical health care system during the postpartum period.

Figure 2. Influence of Post-partum Confinement Practices on the Acceptance and Adherence to Modern Medical Recommendations



Source: Field work (2026).

As illustrated in Figure 2, postpartum confinement practices (Omugwo) was found to significantly influence the acceptance and adherence to modern medical recommendations among new mothers in Bayelsa state. For instance, when asked if there were some traditional Omugwo practices that discouraged the use of modern health care services, 148 respondents strongly agreed and 112 agreed, totaling 260 respondents out of 352 who strongly agree. This indicates that some traditional confinement practices are still seen as options to hospital care for many women. Likewise, 156 participants strongly agreed and 108 agreed, that the opinions of elderly women in Omugwo have a greater influence on the decision's mothers make to care for their health compared to the medical advice. It means that there are still very strong authority and influence of elderly women, mothers in laws and traditional caregivers in postpartum care among nursing mothers in Bayelsa. The relative insignificance of the responses from those who disagreed (38) or strongly disagreed (20) further illustrates the persistency of the control of indigenous maternal knowledge systems over women's post-natal behaviour. In addition, the chart signifies that cultural postpartum practices may also influence and, in some instances, clash with contemporary medical suggestions with regards to mother and child well being. Regarding the question "cultural postpartum practices sometimes go against the advice given by the hospital", 142 respondents agreed strongly and 116 agreed, which was the highest number of respondents in the sample population. 40 respondents disagreed and 18 persons strongly disagreed. Furthermore, 150 respondents strongly agreed, and 110 agreed that Omugwo customs impact on new mothers' adherence to modern medical recommendation after the delivery of the baby. This entails that the confinement practices of mothers impact their attitude toward exclusive breastfeeding, vaccination timetables, medicines, cleanliness and baby care provided by the hospital. These results imply that, despite mothers' use of modern health care services, traditional views about postpartum and family expectations are still significant factors in mothers' compliance with biomedical

recommendations. In conclusion, the results show that Omugwo is still a robust socio-cultural institution in Bayelsa State and significantly influences maternal health care decisions, attitudes and behaviours of new mothers.

Discussion of the findings

The first objective examined the nature and patterns of postpartum confinement practices (Omugwo) among new mothers in Bayelsa State. The findings from the first objective showed that Omugwo practices continue to be culturally relevant and strongly maintained among postpartum mothers in Bayelsa State. The study revealed that elderly women and family members remain highly significant at the postpartum stage by giving advice, childcare assistance, and supervision for new mothers. Participants also agreed that postpartum practices were essential for the recovery of the mother and that new mothers were prohibited from engaging in some activities during Omugwo. The results revealed that Omugwo is embedded in the socio-cultural fabric of Bayelsa state and continues to influence the care-seeking behaviours of the mothers. The second objective assessed the level of utilization of modern postnatal healthcare services, including hospital check-ups, immunization, medical consultations, exclusive breastfeeding guidance, and prescribed postnatal treatments among new mothers in Bayelsa State. The results of the second objective indicated that utilization of modern postnatal health services among postpartum women in Bayelsa State is relatively high. Several mothers attend regular postnatal check-ups at the hospital, use immunization services for their infant, accept medical recommendations for exclusive breastfeeding and childcare, and follow recommended postnatal medications and treatments. This indicates an expanding consciousness of mothers about the importance of modern maternal and child health services. The presence of some ambivalent and negative responses, however, suggests that cultural beliefs and traditional practices might contribute to the level of assimilation to health care modernism. The third objective investigated how postpartum confinement practices influence new mothers' acceptance and adherence to modern medical recommendations on maternal and child healthcare. The results of the third objective revealed that some of the traditional Omugwo practices limit the utilization of healthcare services, while recommendations from elderly women and traditional healers hold greater weight on the health decisions made by mothers than advice from healthcare workers. Some cultural practices were also noted as interfering with the hospital's recommendations and impacting the mothers' ability to follow the recommendations during the postpartum period. The results of this study indicate that even in today's new and improved healthcare system, traditional beliefs and family influences maternal healthcare behaviour and decision-making for new mothers in the state.

Recommendations

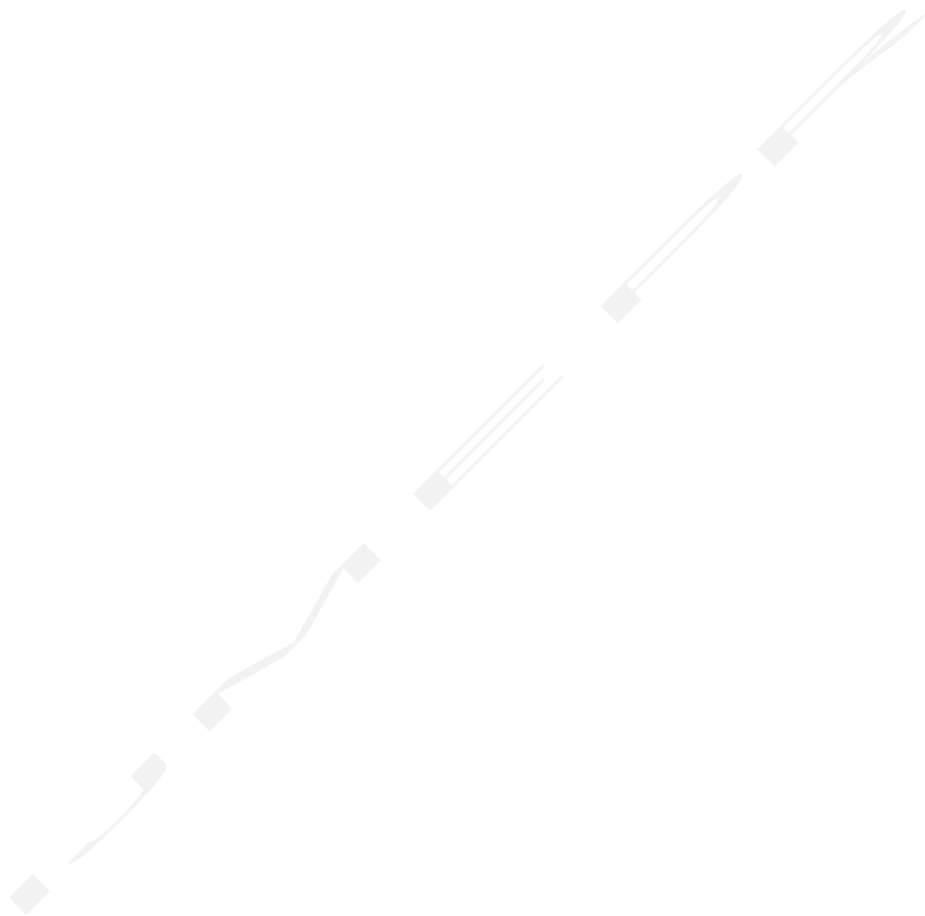
The following recommendations were made for the study

- i. Healthcare providers and community members should encourage maternal health education to maintain beneficial components of Omugwo and discourage harmful postpartum practices.
- ii. The Government and health service providers need to increase access to postnatal healthcare services by conducting frequent awareness-raising activities, providing low-cost healthcare, and enhancing healthcare facilities in rural areas.
- iii. Healthcare workers should work with traditional caregivers and older women conducting Omugwo to minimize cultural resistance to medical advice.

Conclusion

Finally, the study found that despite the growing reliance on modern postnatal care, postpartum confinement traditions (Omugwo) continue to have a significant cultural role for new mothers in Bayelsa State. The results indicated that although many mothers favour hospital-based

postnatal services like immunizations, medical examination, and breastfeeding advice, traditional beliefs and the role of elders still affect maternal health care choice and compliance with medical advice. The study thus points out that a culturally responsive approach is needed to improve maternal and child health in Bayelsa State, which involves cooperation between traditional postpartum caregivers and modern health care services.



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