SHORT REPORT

Infertility and Migraine in Midwest Niger-Delta Region

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The editorial on infertility and Women's Reproductive Health in Africa[1] in the African Journal of Reproductive Health Vol. 3. No. 1 (May) 1999 refers. The importance of the issues raised are becoming more and more relevant in our experience practicing ophthalmology in Warri town - the major urban centre in mid-west Niger Delta region of Nigeria. Amongst other things, the article pointed out that infertility exists in Africa including Nigeria, which has more than 800,000 couples with fertility problems. That high birth rate in the continent does not automatically translate to high fertility rate and that the high birth rate does not mean there is no problem with infertility. The article also enumerated the effect of infertility on reproductive health including prevalence and transmission of HIV/AIDS infection, the short and long-term consequences and the way forward including specific community based intervention programmes and intrgraation into other women health programmes. In our practice in the Niger Delta we have noticed some other cause and effect of infertility we wish to share with you and your readership.

Infertility is the failure of a couple who desire pregnancy to conceive after one year of regular unprotected sexual intercourse. The prevalence is about 25%. There is natural decline in fertility that comes with aging. The decline accelerates after age 30. In women over the age of 35, it is prudent to begin an evaluation of the couple after only 6 months of failing to conceive[2]. Infertility is responsible for migraine headaches in a large number of women we are treating in our centre. Three quarters of migraine sufferers are women.[2] Women with fertility problems have twice more migraine and that the onset is 5 years earlier in women with fertility problems.[2] Endometrosis, a common cause of infertility has a prevalence of 5% in women of reproductive age and over 38% of endometrosis patients have migraine[3]. In our practice environment, migraine and infertility are seen to have other relationship. Infertility in the family causes the male (most times) to engage in extra marital affairs in quest for children. Having children has a high premium in the Niger Delta region like other parts of Nigeria[4]. The extra marital affairs on its own merit

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causes marital disharmony and emotional stress that triggers migraine attacks. The unprotected sex by the husband who wants children causes fear in the woman that she could be infected with HIV by her husband and this genuine fear triggers further attack of migraine.

More women are marrying late in our practice environment. The reasons include more women working in all sectors of the economy because of harsh economic environment, higher education pursuit by women, high bride price and high rate of unemployment for would-be-husbands. The late marriage and the natural decline in fertility that comes with aging are pushing more women into infertility in addition to the numerous reasons enumerated in your article.

Also in our practice environment which is largely an oil economy with other support services as banks etc; we have very highly educated corporate and very financially empowered or capable women between the ages of 30 and 40+ years who have attack of migraine headaches because of infertility related issues unsolicited for, advanced singleness. They have problems getting husbands because of their fairly advanced ages or because of their economic empowerment (many men have complex and are uncomfortable when the difference is very clear). With the knowledge that their age bracket is associated with decline in fetility[2], they are anxious and worried as to when they will get married; at what age they will have children and then the problems of infertility when they get married. The above is similar to the findings of Kishi et al[5] who reported that fecundity studies such as time to pregnancy and infertility prolonged time is a major cause for anxiety in Japanese women with similar situation such as: more women pursuing higher education, late marriage and more population working. These experiences are making Ophthalmologists play more role in counseling their female patients with migraine and this also adds to the call you made in your article for panoramic evaluation of infertility and its socio economic effects and to tackle it comprehensively.

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