

SPECIAL REPORTS

A beacon of hope for infertile couples



SUCCESSFUL: Mr Setuba and Olivia finally have a child although they could not conceive naturally. PHOTO BY EDGAR R. BATTE

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You might have to watch your lifestyle habits if you wish to keep your fertility levels high and stand a favourable chance of having a baby. Leading scientists warn that there is a growing number of Ugandan men and women who risk infertility due to poor lifestyles, writes **Edgar R. Batte**:-

These worrying trends mean that Uganda's fertility rates which currently stand at 6.77, the third highest in the world next to Mali at 7.29 and Niger at 7.75, could fall in the near future.

According to Dr Tamale Ssali, a gynaecologist and director of Kampala Gynaecology and Fertility Centre in Bukoto, infertility could be brought about as a result of low sperm count in men. "One of the major causes of infertility in men is low sperm count. And the reduction in sperm count is caused among others by smoking. Alcohol abuse is another cause for infertility since it affects the person different ways," Dr Ssali explains.

A 1999 study carried out in Europe found that smokers have a lower sex drive and less frequent sexual activity. Dr Vincent Karuhanga, a leading physician, at Friends' Poly Clinic in Kampala, explains that infertility is not a one-sex issue and argues that both men and women could be responsible for failure to have babies.

Bad habits

He says poor eating habits and lack of exercise which have given rise to cases of obesity, homosexuality, smoking and alcoholism are contributing to the increasing cases of couples failing to produce babies in Uganda. The physician quickly adds that career has been prioritised by some women over the need to raise a family.

"Career women these days are not getting pregnant early enough because they are working hard on their career and by the time they have achieved career growth at about 35 years their fertility levels have dwindled. This is also the age at which they may have fibroids which interfere with their ability to get pregnant," Dr Karuhanga explains.

Fibroids is the common term for uterine fibroids; leiomyoma originating in the uterus. It is a benign neoplasm composed of smooth muscle cells. But all is not lost for Ugandan couples seeking to have babies.

Ms Christine Birabwa is one of the beneficiaries of the services offered at the Kampala Gynaecology and Fertility Centre. She says she had fibroids and doctors from various medical centres had told her she could not conceive. "In 2000 I discovered that I had a problem and that I would possibly not have babies. This was a very saddening situation for me because I had no children. At the time I had just returned from the UK. I was in my early 30s then. I had tried some of the doctors there without much success. The last doctor I had seen had advised me to have my uterus removed in order to stop the bleeding," Ms Birabwa said. But then she got to know of Dr Ssali who put her on a fibroids treatment regime and later carried out an In vitro fertilisation (IVF) - a process by which egg cells are fertilised by sperms outside the body.

IVF, a major medical procedure carried out for women to bare children without necessarily having sex, is now bearing fruits in Uganda. Dr Ssali explains that the process involves hormonally controlling the ovulatory process, removing ova (eggs) from the woman's ovaries and letting the sperm(s) fertilise them in a fluid medium.

“The eggs are then mixed with sperms outside the body to effect fertilisation and then put back into the woman’s body. Usually three eggs are used. This is one of the commonest reason for increased cases of twin pregnancies in the western world,” Dr Karuhanga explains. He says the procedure has given hope to women with blocked tubes and men with low sperm count.

Olivia and Ssetuba are the other beneficiaries of the IVF process. Mary Angel Namagembe, the couple’s daughter, was a product of IVF and is a healthy baby girl and a miracle to the humble couple living in Kisoga village, Mukono District. They were also lucky that Dr Ssali offered to carry out the procedure which could have cost them a minimum of Shs15 million free of charge.

For Ms Christine Birabwa, her husband gave sperms at the fertility which were planted in her womb. “I went back two weeks later and they tested whether I was pregnant. I tested positive. I was very happy and I produced a healthy daughter in April last year,” she narrates joyfully. However, like any other patient Ms Birabwa says it was hard to believe in this process that goes against the natural one of conceiving a baby until she became pregnant.

The first known successful birth of a “test tube baby” in the world was that of Louise Brown who was born in 1978. Robert G. Edwards, the doctor who developed the treatment, was awarded the Nobel Prize in Physiology this year.

Before that, there was a transient biochemical pregnancy reported by Australian Foxton School researchers in 1973 and an ectopic pregnancy reported by Steptoe and Edwards in 1976.

“The prices for the operation vary because of the complication that a patient might report and the medicines that are to be used,” Dr Ssali explains. “A woman could suffer infertility or failure to have a baby due to blocked tubes because they may be on contraceptives like using the Intrauterine Device or Intrauterine Contraceptive Device (IUD) which might carry infection to the womb leading to blockage of tubes,” Dr Karuhanga adds.

An IUD is a form of birth control that involves an object placed in the uterus to prevent fertilisation of the egg inhibit tubular transport. The scientific findings on the effects of the IUD have evolved through time. In the 1960s, the American Medical Association said that IUDs worked by preventing implantation. In the late 1980s, a number of studies showed that IUDs were not abortifacient- a substance or device used to induce abortion.

The Technical Report of a World Health Organisation Scientific Group stated: “It is unlikely that the contraceptive efficacy of IUDs results, mainly or exclusively, from their capacity to interfere with implantation; it is more probable that they exert their anti-fertility effects beyond the uterus and interfere with steps in the reproductive process that take place before the ova reach the uterine cavity.” Dr Karuhanga advises that a woman who has not given birth before should not use the IUDs.

Dr Sam Kaggwa, a consultant urologist at Mulago National Referral Hospital, explains that erectile dysfunction can be caused by poorly controlled diabetes. Some drugs for treating high blood pressure, the use of excessive alcohol and some drugs used for treatment of cancer of the prostate could also contribute to erectile dysfunction.

Impotence strikes

Erectile dysfunction, also referred to as impotence, is the inability to achieve penile erection or to maintain an erection until ejaculation. Dr Pius Okong explains that in severe conditions, one might fail to erect at all. This could be due to diabetes or due to old age. He also singles out psychological problems like depression and stress as other major causes.

In other cases, Dr Okong notes that it could be that someone does not like the person or partner thus the failure to erect or maintain an erection. Both doctors recommend psycho-sexual counselling and treatment of the predisposing risks factor. Dr Kaggwa adds that the use of supporting treatment like viagra and other drugs which fall in the same class, is not a bad idea as long as one is guided by a medical doctor. “In women, infertility could be caused by lack of ovulation - discharge of an ovum or ovule from the ovary. This could be related to obesity,” Dr Karuhanga adds.

While he says he cannot put a figure to the rising infertility figures, he says obesity is on the increase in Uganda and could be one of the causes of infertility. But its not only blocked tubes and low sperm count that contribute to the lack of babies among Ugandans. “Many Ugandan women are finding it hard to find men and they can’t get pregnant without men, because they are looking for Mr Right who seems never to show up. Mumps are the other causes for infertility,” Dr Karuhanga says while sharing his experience from a social perspective.

To avert infertility, Dr Karuhanga advises that one takes a balanced diet and proper antenatal facilities for a fertile baby, as well as early immunisation. He adds that “you might need to watch your lifestyles too plus getting a good partner at the right time”.