CASE REPORTS

Calabash Pregnancy: A Malingering Response to Infertility Complicated by Domestic Violence

AG Adesiyun, N Ameh, U Bawa, H Adamu, A Kolawole

ABSTRACT

This is a case report of a 20-year old para 0+0 who presented with an 11-month pregnancy. On evaluation, the pregnancy was found to be a fake made-up 'calabash pregnancy'. There were no pregnancy symptoms and she had just menstruated three weeks prior to presentation. This was a deliberate event in response to delayed pregnancy attainment complicated by domestic violence. Domestic violence was in the form of verbal and physical abuse and later was on a monthly basis precipitated by onset of her menstrual flow. The patient's age, monogamous union and the fact that she is an orphan made her vulnerable to domestic violence.

Keywords: Calabash pregnancy, domestic violence, infertility

Embarazo de Calabaza: Una Respuesta de Fingimiento a la Infertilidad Complicada con Violencia Doméstica

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RESUMEN

Éste es un reporte de caso de una para $^{0+0}$ de 20 años de edad, que se presentó con un embarazo de 11 meses. En la evaluación, se encontró que se trataba de un embarazo de calabaza, es decir, inventado, fingido. En realidad, no había ningún síntoma de embarazo, y había tenido la menstruación tres semanas antes de presentarse. Se trataba de un acontecimiento deliberadamente construido, en respuesta a una largamente demorada expectativa de lograr un embarazo, complicada con violencia doméstica. La violencia doméstica se producía en forma de abuso verbal y físico, precipitándose luego mensualmente con la aparición de cada flujo menstrual. La edad de los pacientes, la unión monógama, y el hecho de que era huérfana, la hacía vulnerable a la violencia doméstica.

Palabras claves: Embarazo de calabaza, violencia doméstica, infertilidad

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INTRODUCTION

Africa records the highest rate of fertility worldwide. This is due to the characteristic reproductive behaviour that is pro-fertility. Infertility in Africa is a tragedy because of the immense value placed on children and the resultant negative psychosocial consequences. The repercussion of negative social consequence may result in marital instability, polygamy and divorce. Abuse against women from a spouse and his family is a documented complication that worsens their suffering and unhappiness in most African setting (1, 2). Infertility and domestic violence are entities that impact more on women in sub-Saharan Africa, and when a woman suffers from both, the effect on the woman is disastrous. In view of the enormous psychosocial repercussion of infertility in sub-

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Saharan Africa, we present a case report of a made-up 'calabash pregnancy' in a 20-year old married lady. The idea was conceived following persistent verbal and domestic violence because of her inability to conceive.

CASE REPORT

A 20-year old nullipara who had been married for 23 months was escorted into the antenatal booking clinic having given a history of an 11-month pregnancy. She is an orphan and a student of a tertiary institution. Pregnancy had been uneventful. She tendered two suspicious obstetric ultrasound results claimed to have been done in the same health facility even though this was her first official visit to the hospital. The two ultrasound reports read that she had twin pregnancy with male and female fetuses, no comment was made on gestational age, expected date of delivery, liquor volume, placental localization, fetal lies and presentations. She had female friends, some with on-going pregnancies and some who were mothers already. On completion of history taking, she was asked to lie down to be examined, and then she started crying and said she was not pregnant. She said she did not experience any pregnancy symptoms and her last menstrual period was three weeks before presentation. She said the pregnancy was faked in response to her inability to get pregnant which exposed her to domestic violence in the form of beating and harsh utterances from her mother-in-law with whom she lived. She experienced verbal abuse virtually on a daily basis and physical abuse at least on a monthly basis from her mother-in-law; the abuse usually followed onset of her menstrual flow. Her spouse, who lived and worked about 300 miles away, also uttered derogatory statements whenever he came home once every two months. Her level of intimacy with the spouse revealed a relationship that was encouraged and consummated based on extended family relationship/friendship on both sides and sexual intercourse occurred only when the spouse came around. She also felt unhappy that her friends who got married after her had delivered babies. She said her spouse gave her money to shop for the babies and she complied. She asked for confidentiality, so that her situation would not worsen at home. She was also anxious to know how she would be relieved of the burden of this pregnancy and delivery without her relations knowing that it was a faked pregnancy. When asked where she got the idea of using a calabash to simulate pregnancy, her response was that she conceived the idea herself, because the calabash curvature is the closest object to mimic a pregnant abdomen.

She was noticed to be asthenic and looked depressed. At this juncture, she was told that she actually looked pregnant and we needed to examine her. Following a lot of persuasion, she started to undo what made up the pregnancy; this consisted of a calabash supported with some clothing (Fig. 1). The whole made-up pregnancy kit was removed (Fig. 2) and an abdominal examination was conducted that only revealed circular hyperpigmented skin reaction due to the pressure effect of the calabash. An ultrasound scan and serum human chorionic gonadotrophin did not suggest pregnancy. She was counselled that the likely cause of infertility was inadequate coitus and psychological support given in the form of reassurance that she was not infertile. We adhered to her request of confidentiality and she was made to 'deliver' before going home. She felt relieved from the burden of how

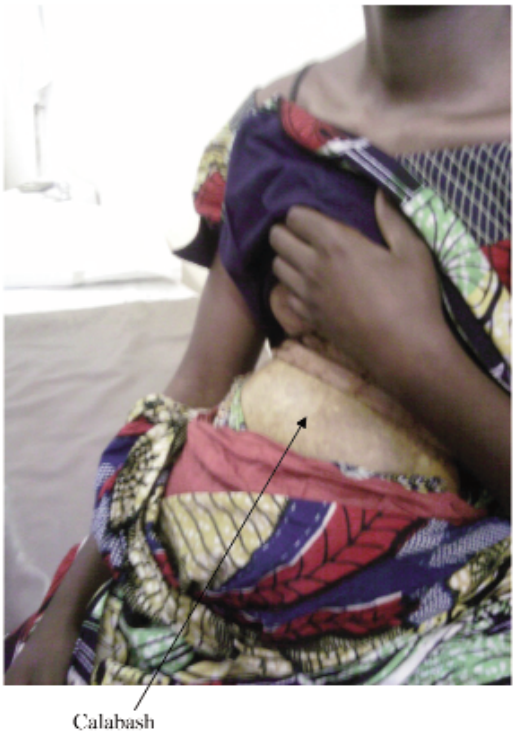

Fig. 1: Patient undoing the made-up calabash pregnancy.

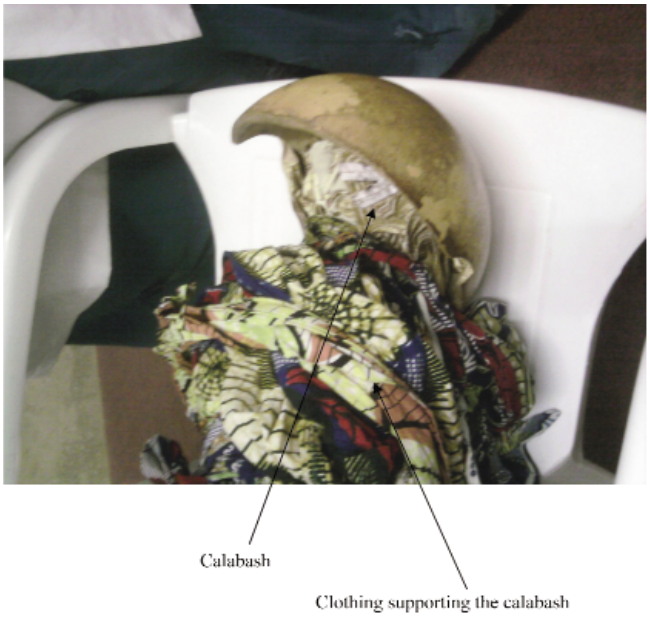

Fig. 2: Full compliment of what made up the calabash pregnancy

she would have delivered the 'calabash pregnancy'. She was referred to the infertility clinic and she was also to be reviewed by the psychiatrist.

DISCUSSION

In sub-Saharan Africa, about one-third of couples are reported to be infertile (3). In most developing countries, infertility represents an indiscrete and complicated medical problem far beyond and in variance with what is known to be involuntary childlessness in the developed world. The impact of infertility in Africa is a major factor that impinges on the affected couple's well-being and the society as a whole. The effect goes beyond loss of human potential to procreate. The tragedy of infertility has a proximate correlation with loss of social status, isolation, psychological and physical abuse and more often, a culture of blame develops, with the woman bearing the brunt of this victimization (4). The patient in the present report suffered from domestic violence in the form of physical and verbal abuse. In developing countries, violence against married women is reported to be in the range of 10 to 60 per cent (5). Authors from Nigeria reported domestic violence rate of 41.6 per cent among women with infertility, with verbal and physical abuse, that this patient suffered from, accounting for 39.2 and 17.5 per cent, respectively (6). In the same series from Nigeria, the proportion of infertile women that experienced domestic violence was more in the age group below 21 years and in monogamous marriages (6); this is consistent with the profile of the patient being reported. Also, the persons responsible for inflicting the violence in this case report was the spouse and the mother-in-law, which is in consonance with the finding of a similar study (6).

It is important to distinguish this pregnancy from pseudo-pregnancy. In the latter, a strong feeling of an ongoing pregnancy is paramount in the diagnosis (7). The manifestations include amenorrhoea, nausea, vomiting, anorexia, weight gain, report of fetal movement, abdominal, breast and uterine enlargement (7, 8). This is in sharp contrast to this patient with 'calabash pregnancy'; she confessed before examination that she was not pregnant, had no symptoms and signs of pregnancy and admitted that she arranged for two forged ultrasound reports to convince the spouse and mother-in-law that she was pregnant. Women presenting with pseudocyesis are mostly reported to have an underlying psychiatry illness (7, 9, 10). The awkwardness and extreme dimension of this case report, as evidenced by the made-up pregnancy from calabash and the fact that she had shopped for the babies, warrants a psychiatry evaluation though there was no overt psychiatry manifestation evident in the patient. This malingering act in reaction to fear of domestic abuse in this case report shows that a patient's response to the negative impact of infertility knows no bounds. 'Calabash pregnancy' is not a unique characteristic behaviour in the African setting.

In response to the burden of infertility especially in the developing countries, the World Health Organization declared that infertility should be seen as a public health problem. Consequently, a lot of emphasis has been placed on the need to make assisted conception accessible in Africa, where the aetiology of infertility is mostly infection related and better managed with assisted reproductive technology. Important as that may be, and while trying to achieve the low cost *in-vitro* fertilization initiative, equally important measures are programmes directed at prevention, information dissemination and provision of support groups and agencies. The latter, which is conspicuously absent in Nigerian societies, is most needed in providing support toward alleviating psychosocial consequences of infertility, counselling and educating the patient. Also, there is need for the emergence of patient support networks. Similar to most medical conditions, infertility can be best understood by those who suffer from it. These infertility self-help groups are known to play an invaluable role that will help ease isolation (11). The patient in this report was vulnerable to all these complications because she is an orphan and there was no close person or group she could confide in; she was actually living in isolation. One of the reasons that the patient went to this extreme was because her friends who got married during the same period of time had children. This reveals that the quality of life of some infertile people can become marginal when they have difficulty in coping with a friend's pregnancy or babies. This emotional cost can be most significant and unquantifiable (11). In developing countries, more actions and focus should be directed toward measures that will help decrease and soothe the psychosocial consequences of infertility while trying to find effective ways of preventing and making treatment accessible. Finally, educating all stakeholders including the general public is a pertinent step that must not be left unattended.

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