








Perspectives of Persons with Physical Disabilities on Obstacles to Marriage

Basma Mohammad Al-Hawamdeh^{1*} , Esra'a Omar Abu-Alkeshek² , Mahmoud Ali Rababah³ ,
Baker Mohammad Bani-Khair⁴ , Suzie Yaseen Rababa'h⁵ , Luqman Mahmoud Rababah⁶ ,
Christian Wiradendi Wolor⁷ 

¹Department of Curricula and Instruction, Faculty of Educational Sciences, Jerash University

²Education Department, College of Education, Arab Open University, Jordan

³Department of English Language and Literature, Al-Balqa Applied University, Jordan

⁴Department of English, Faculty of Arts, The Hashemite University, Jordan.

⁵Pharmacy Department, Faculty of Pharmacy, Jadara University, Jordan

⁶English and Literature Department, Faculty of Arts and Languages, Jadara University, Jordan

⁷Department of Management, Faculty of Economics, Universitas Negeri Jakarta, Indonesia

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* Corresponding author:

b.hawamdeh@jpu.edu.jo

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Abstract

Objectives: This study investigates the impediments to marriage for persons with physical disabilities from their perspectives.

Methods: The study's sample encompassed 442 people with physical disabilities (203 female and 239 male). A questionnaire consisting of 22 items distributed on four dimensions (physical disability-related obstacles, psychological obstacles, support system barriers, and economic obstacles) to collect data. The means and standard deviations, and ANOVA were used to address the obstacles of marriage and their correlation with certain variables among persons with physical disabilities.

Results: The results revealed that the obstacles to marriage for persons with physical disabilities were of a moderate degree. Psychological barriers were found to have the greatest impact, followed by social barriers. Challenges related to the attitudinal type had the least impact. The analysis of participants' responses across the scale's sections for gender, academic level, and marital status showed no statistically significant differences. However, significant differences were detected based on the specialization variable in favour of students from scientific colleges.

Conclusions: The findings revealed some obstacles to marriage for people with physical disabilities, at least not from their point of view. The most impactful barriers were found to be psychological and social ones, while attitudinal barriers had the least effect. The study suggests that specialised mental health services should be provided to help individuals with disabilities cope with psychological and social pressures. These services can include educational programmes on how to handle the challenges faced by couples with disabilities and provide specialised marital counselling.

Keywords: intellectual disabilities, Islamic culture, Jordanians, marriage obstacles, persons with physical disabilities

وجهة نظر الأشخاص ذوي الإعاقة الجسدية في معوقات الزواج

بسمه محمد الحوامدة^{1*}، إسراء عمر أبو الكشك²، محمود علي الربابعة³، بكر محمد بني خير⁴،

سوزي ياسين ربابعة⁵، لقمان محمود ربابعة⁶، ولور كريستيان ويراديندي⁷

¹قسم المناهج والتدريس، كلية العلوم التربوية، جامعة جرش

²قسم التربية، كلية التربية، الجامعة العربية المفتوحة، الأردن

³قسم اللغة الإنجليزية وآدابها، جامعة البلقاء التطبيقية، الأردن

⁴قسم اللغة الإنجليزية، كلية الآداب، الجامعة الهاشمية، الأردن

⁵قسم الصيدلة، كلية الصيدلة، جامعة جدارا، إربد، الأردن

⁶قسم اللغة الإنجليزية والأدب، كلية الآداب واللغات، جامعة جدارا، الأردن

⁷قسم الإدارة، كلية الاقتصاد، جامعة نيغيري جاكارتا، إندونيسيا

ملخص

الأهداف: تهدف هذه الدراسة إلى استقصاء العوائق التي تحول دون الزواج لدى الأشخاص ذوي الإعاقة الجسدية من وجهة نظرهم. **المنهجية:** تكونت عينة الدراسة من (442) شخصاً من ذوي الإعاقة الجسدية (203 إناث، و239 ذكور). تم استخدام استبانة مكونة من (22) فقرة موزعة على أربعة أبعاد هي: العوائق المرتبطة بالإعاقة الجسدية، العوائق النفسية، عوائق نظام الدعم، والعوائق الاقتصادية لجمع البيانات. تم استخدام المتوسطات الحسابية والانحرافات المعيارية وتحليل التباين الأحادي (ANOVA) لمعالجة معوقات الزواج وعلاقتها ببعض المتغيرات لدى الأشخاص ذوي الإعاقة الجسدية.

النتائج: أشارت النتائج إلى أن معوقات الزواج لدى الأشخاص ذوي الإعاقة الجسدية كانت بدرجة متوسطة. وقد تبين أن العوائق النفسية هي الأكثر تأثيراً، تلتها العوائق الاجتماعية، بينما كانت العوائق الاتجاهية الأقل تأثيراً. ولم تظهر استجابات المشاركين لفقرات المقياس فروقاً ذات دلالة إحصائية تعزى لمغزى الجنس أو الوضع الأكاديمي أو الحالة الاجتماعية. ومع ذلك، ظهرت فروق ذات دلالة إحصائية تعزى لمغزى التخصص، وكانت الفروق لصالح الكليات العلمية.

الخلاصة: كشفت النتائج عن وجود بعض العوائق أمام زواج الأشخاص ذوي الإعاقة الجسدية، لكن ليس من وجهة نظرهم جميعاً. وكانت العوائق النفسية والاجتماعية هي الأكثر تأثيراً، في حين كانت العوائق الاتجاهية الأقل أثراً. وتوصي الدراسة بضرورة توفير خدمات الصحة النفسية المتخصصة لمساعدة الأفراد ذوي الإعاقة على مواجهة الضغوط النفسية والاجتماعية. ويمكن أن تشمل هذه الخدمات برامج تثقيفية حول كيفية التعامل مع التحديات التي يواجهها الأزواج من ذوي الإعاقة، بالإضافة إلى توفير استشارات زواج متخصصة.

الكلمات الدالة: الإعاقة العقلية، الثقافة الإسلامية، الأردنيون، معوقات الزواج، الأشخاص ذوو الإعاقة الجسدية.

1. Introduction

The global and local interest in caring for individuals with special needs, especially disabilities, has increased significantly over the past three decades. This has led to significant advancements in their care methods, enabling them to adapt to their life requirements and positively contribute to their communities. Consequently, these individuals are transformed into productive forces that engage with society and contribute to productive activities. All countries recognise the right of individuals with disabilities to lead a normal life in their communities. The Universal Declaration of the Rights of the Child emphasises the necessity of providing opportunities and resources that enable disabled children to enjoy a dignified, normal, and full life. The United Nations and its organisations declared 1981 the International Year of Disabled Persons and the 1980s the International Decade of Disabled Persons (Karna, 1999).

The rehabilitation of the disabled represents a civilizational challenge for both developed and developing nations because it is primarily a humanitarian issue and could hinder the progress of nations, given that they constitute no less than 10% of the total world population. UNESCO has indicated that 10–15% of children are considered disabled with special needs. This group requires special services, including facilities, programmes, materials, devices, and methods for healthcare, education, psychology, social services, rehabilitation, vocational training, cultural activities, and media, to meet their needs, develop their potentials, and prepare them for integration, overcoming challenges, and participating in a healthy social life. Consequently, most developed and developing countries have focused greatly on the education of disabled children to achieve the principle of equal educational opportunities and provide productive capacities beneficial to society, leading to the establishment of educational institutions catering to these children and equipping them with appropriate knowledge, skills, and attitudes to effectively utilise their abilities and meet their basic needs according to their age, capabilities, and potentials (Al Rousan et al, 2025; Al-Shurman et al, 2025).

It has been evident that the issue of marriage among individuals with disabilities has sparked a long debate between proponents and opponents. There are voices that reject the idea of marriage for the disabled, whether by the disabled person's family, the disabled individual themselves, or by society. These voices make it difficult for the disabled to marry and prejudge it as a failed experience. On the other hand, some view marriage as an urgent necessity for every young person with disabilities, paired with either a similar person or a healthy one, to overcome the burdens of disability and move beyond the stage of introversion to achieve psychological balance and social fulfillment (Al-Gayam et al., 2025; Al-Habies et al., 2024; Al-Zboon et al., 2022).

The psychological attitudes that people with disabilities have towards their social environment, meaning the external society, tend to be negative, as they notice and are aware of society's avoidance and reluctance towards them and their issues, problems, and needs. Additionally, they observe the lack of integration of people with disabilities into the community in terms of profession, education, culture, social, psychological, economic aspects, and more. This has led people with disabilities to believe that this society does not want them, and therefore, this society neither desires nor wants to marry or be married to people with disabilities. Hence, people with disabilities settle for dealing with their marital lives among themselves without subjecting themselves to humiliation, rejection, and degradation by society (Al-Abdulrazaq et al., 2024; Hatamleh, 2021, 20023; 2024).

Therefore, the marriage of PWD, even though some may see it as requiring conditions or regulations or facing some challenges, has numerous successful experiences that overturn all these misconceptions. We all need to contribute to helping them by raising awareness in the surrounding society and ridding our community of the views directed towards PWD. They do not need feelings of pity or painful special treatment, but rather a sincere and effective stance that supports them morally and psychologically, assisting them in achieving their desires and aspirations, the most important of which is marriage and stability (Alajlouni et al., 2025; Alorani et al., 2025; Rababa et al., 2025).

There are several attitudes regarding the marriage of persons with disabilities (PWD), and the matter largely depends on the level of awareness and development that society has reached. There are societies where a condescending view prevails towards the disabled and their ability to marry, raise, and educate children. In contrast, there are more developed

societies that are more accepting of the idea of marriage for PWD. Generally, there are two fundamental dimensions in the marriage of PWD: the first is the marriage of a disabled person to an able-bodied partner, and the second is the marriage of specific groups of disabled individuals. In the first dimension, we find much reservation prevailing in Arab societies regarding this type of marriage, and at best, it is not easy for the disabled person to find a partner among the able-bodied. Here, factors and circumstances other than disability play a role, such as the social and economic status of the disabled person. Financially capable disabled individuals find it easier to marry an able-bodied partner. The same applies when discussing social class. In the second dimension, which is the nature of the disability and the difficulties faced by the disabled person or the diseases and health issues accompanying the disability, we find that disabilities that do not include mental impairment make it easier to find a suitable partner, whether from within or outside the family (Al Etoum et al., 2024; Bani-Khair et al., 2024; Rababah & Rababah, 2025).

The difficulty lies in the marriage of mentally disabled individuals, as legal eligibility, competence, and the ability to bear responsibility, establish and protect a family, and defend its interests are lacking or questioned for many mentally disabled individuals. In general, individuals with very mild or mild mental disabilities are more fortunate in marriage, especially when other factors such as suitable economic and social status are available. In this context, it is noted that the marriage of some categories of physically disabled individuals, when the cause of the disability is a lower spinal cord injury, is more difficult than the marriage of other categories, as "such injuries usually entail sexual dysfunction and an inability to control urination and defecation."

Among the customs and traditions imposed by society when marrying the disabled is informing the other party about the condition and situation of the disabled person and their various abilities. Concealing information in this regard is a form of deception in marriage prohibited by traditions, customs, and Islamic law. Another custom is not marrying a disabled person characterised by aggression or strange and violent behaviours.

Several considerations should be taken into account when addressing the marriage of PWD, including that it is wrong to generalise about the issue of the marriage of disabled individuals or their non-marriage, as each case has its own specifics studied or examined separately from other cases. While recognising the right of all disabled individuals (from a social perspective) to improve their quality of life. There should not be a mix-up between types of disabilities; there is a disabled person capable of marriage, and there is a disabled person incapable of marriage (Rababah et al., 2025; Wolor et al., 2024).

Even within the context of mental disabilities, there is a mentally disabled person who is aware of all marriage-related matters and issues, and there is a mentally disabled person who is not aware. Discussing the marriage of a disabled person means discussing the quality of life, and it is the right of the disabled person to seek to improve their quality of life, with society's assistance. There is a necessity to develop awareness among parents and the society in which the disabled person lives regarding the issue of the marriage of PWD, as it is a cumulative issue requiring concerted efforts from various state institutions and civil society organisations.

1.1 Problem Statement

The study focuses on exploring and analysing the barriers faced by Jordanian individuals with physical disabilities in marriage according to their perspectives. These barriers vary across social, economic, psychological, cultural, legal, and public policy dimensions. Despite efforts to promote the rights of PWD, they still face significant challenges that prevent them from achieving emotional and familial stability. This research seeks to shed light on these challenges, understand the underlying reasons behind them, and how they impact marriage opportunities for individuals with physical disabilities.

1.2 Research Questions

The study attempts to answer these questions:

1. What are the challenges faced by individuals with physical disabilities in marriage?
2. Based on factors including gender, specialisation, marital status, and academic level, are there significant differences in the barriers to marriage for people with physical disabilities?

1.3 Significance of the Study

The purpose of the study is to increase community awareness of the difficulties and obstacles that married people with

physical disabilities encounter. Gaining an understanding of these difficulties can aid in modifying unfavourable attitudes and social prejudices that worsen these obstacles. The study's conclusions can be a valuable resource for legislators and policymakers as they create laws and policies that benefit individuals with disabilities. Enacting better laws can help create a more accepting and encouraging atmosphere for these people.

By drawing attention to the shortcomings in the services offered to individuals with disabilities and their families, appropriate authorities can be pressured to enhance and offer all-encompassing services that support these individuals' family and marriage life. The research can clarify the psychological effects of obstacles on individuals with disabilities, facilitating the creation of specialised psychological support programmes that boost their self-esteem and assist them in overcoming discrimination and rejection fears. Additionally, addressing economic barriers can help direct efforts to give PWD appropriate training and career possibilities, help them become financially independent, and improve their capacity to build stable marriages. The study helps advance the ideals of equality and inclusivity by offering suggestions on how to close the disparities in marriage between PWD and others.

2. Literature Review

2.1 The Theoretical Framework

Marriage is a human right, and this applies to PWD as well. However, there are some disabilities that must be considered before embarking on this experience and passing through it. There are types of disabilities, such as auditory disabilities. This refers to having a problem with hearing in humans, ranging in severity from mild to severe. This problem does not pose a barrier to marriage because it can often be treated with specialised devices that help improve hearing. There is also a dedicated sign language for deaf individuals to communicate with the community and engage in it.

Secondly, visual disability, which refers to total or partial loss of vision in affected individuals, can sometimes cause problems due to the difficulty of fulfilling the responsibilities incumbent upon the spouses in terms of work, child-rearing, and other household duties. However, suppose the other party does not suffer from a problem and is a responsible person with a complete understanding and comprehension of the situation. In that case, they can assist the partner with the duties that are difficult for them, making the marriage successful and overcoming minor obstacles.

Thirdly, mobility impairment has two types of disability, the first is a complete disability, in which the person is completely paralysed and unable to move at all. This poses a major obstacle to marriage. The second type is people who suffer from partial or localised disability in a certain part of the body. In this case, marriage is not impossible because the person is sometimes able to perform most of their tasks and responsibilities with the help of some specialised medical devices.

Fourth, intellectual disability generally includes people who suffer from cerebral palsy or slow understanding and perception. Individuals with cerebral palsy are unable to communicate with their communities, which poses a significant obstacle; therefore, it would be extremely difficult to marry someone with this disability because they would not be able to perform their household duties and would be unable to communicate with others. However, people with slow understanding and perception have a greater chance of marriage because they can often communicate with others, but the partner must give the patient partner time to speak and understand the speech directed towards them. They must deal with them calmly without shouting, as it may exacerbate the problem, leading to a decline in their health status. Therefore, marriage in this case should be subject to conditions of patience and tranquilly.

2.1.1 Difficulties after Marriage for People with Disabilities

Marriage, in general, is not without difficulties, but in the case of marriage for PWD, the challenges are greater and more tangible, affecting the spouses psychologically and materially. However, it should be noted that these difficulties can be overcome when the spouses consider the presence of a medical condition in the household and cooperate. Some of the challenges are income sources. Some disabilities may sometimes be the reason for the individual not being accepted into a certain profession or suitable job, leading to unemployment. Consequently, the burden of providing for the household falls on the other party, resulting in lower income and generating a sense of deficiency in the other party. This problem can be

overcome by boosting the morale of the other party, emphasising that disability is just a medical problem that does not diminish the person's value, sharing responsibilities, and exploring jobs that can be performed electronically or via the internet.

Secondly, it will not be easy to go out on dates because the disabled party often suffers from low self-confidence and a feeling of inadequacy. Here, the role of the other party is to assist and boost their morale. Thirdly, there are household chores in which the disabled party may not be able to perform their household duties fully, and this problem can be alleviated by hiring someone to assist them with daily tasks, providing support and companionship. Fourth, psychological pressure is created when the disabled party feels inadequate in performing their household and marital duties and sees other relationships succeeding without problems. This can affect married life if the other party is unaware. In this case, the disabled have to attend awareness and educational courses.

Fifth, marital relationships, in which some conditions may make marital relations more challenging and require acceptance, appreciation, and understanding from the other party, as well as self-confidence and satisfaction with the situation from the disabled party. Sixth, childrearing, which is one of the major problems that disabled couples, especially those with intellectual disabilities, may face, is raising and educating children. Some people believe that children in disabled marriages are predestined to lead an abnormal life with significant responsibilities. Moreover, there is the risk of hereditary disabilities being passed on to their offspring.

2.2 Previous Studies

Rimawi (2014) explored the social pressures faced by disabled women and the problems they encounter. The study sample included 100 girls and women with disabilities and 100 non-disabled girls in Zarqa city, in addition to 40 parents of the disabled girls or women. The researcher used questionnaires and interviews to collect the required data. The study found that the most significant social problems, which accounted for 80%, stem from negative societal attitudes towards disabled women, and 64% of the participants felt isolated regarding relationships and marriage. The study recommended emphasizing the involvement of disabled women in community participation and ensuring their needs are met in raising their children and maintaining family stability.

Jizmawi (2016) examined the problems faced by the wives of the disabled, analysing variables such as the degree of closeness between spouses, the wife's age at marriage, the occurrence of disability after marriage, place of residence, level of disability, husband's age at marriage, educational level of the husband, husband's occupation, academic level of the wife, number of family members, and economic dependency. The researcher used questionnaires to measure these problems. The study included the wives of disabled individuals who were members of the General Union of Disabled People in Tulkarm, with a sample size of 168 wives. The study found that the most significant problems faced by the sample were the heavy responsibilities on the wives due to their caregiving roles, issues related to marriage such as the potential for family breakdown, refusal of children to marry disabled individuals, and insufficient material support from social care institutions at the local, national, and international levels. The study recommended focusing on successful models of wives of the disabled, emphasising awareness, and conducting specialised courses and seminars for community engagement and skill training for both spouses.

Sayed et al. (2017) studied marital satisfaction and its relation to partner choice and some variables for a sample of married people in Amman. A sample of 179 married people was included. Using a marriage happiness scale, the study found that 66% of participants reported having a good degree of marital satisfaction and 77% reported choosing their spouses according to conventional standards. The study suggested investigating marital contentment and teaching couples the value of striving to improve marital contentment.

Łukaszek et al. (2023) investigated the perspectives of Polish disabled students on why they wanted to create a family, as well as their tolerance for risky situations and acceptable personal attributes in possible partners. A sample of 2847 university students participated in a cross-sectional survey. According to the study, students with disabilities were more likely than students without disabilities to place greater value on the following reasons for starting a long-term relationship: increased self-esteem ($p = 0.001$), a partner's high potential for financial success ($p = 0.007$), and a shared set of values and

interests ($p = 0.036$). Students with disabilities ranked love ($p = 0.031$) and a partner's mental attributes ($p = 0.010$) as less significant than students without disabilities. Furthermore, students with disabilities are significantly more likely than students without disabilities to accept a partner's impairment ($p < 0.001$). They are also substantially more open to dating those who have experienced dangerous life events, even if those experiences include abuse of children ($p = 0.001$) and former life partners ($p < 0.015$), drug or alcohol addiction ($p = 0.01$), and subsequent treatment, or incarceration ($p = 0.034$). In order to ensure that partner selection is agreeable to both parties, there should be more institutional and educational assistance for students with impairments.

The previous studies highlight the importance of understanding the social and psychological challenges faced by individuals with disabilities in forming families and marriages. Despite the numerous strengths of these studies, such as the diversity of methodologies and study samples, there are some limitations that restrict the generalisations and practical application of the results. Future studies need to focus on providing practical and specific solutions to enhance the integration and support of individuals with disabilities and their families.

3. Methods

3.1 Study Approach

The study employed a descriptive methodology, which facilitated the depiction of the phenomenon of the barriers to marriage experienced by individuals with physical disabilities from their own point of view and its association with specific characteristics.

3.2 The Population and Sample of the Study

The individuals in the study are those who have physical limitations. A total of 442 people with physical disabilities (203 females and 239 males) made up the study's sample. They were randomly selected. The study sample's demographic features are shown in Table 1.

Table 1. The demographic profile of the sample

variable	Category	Number	Percentage
Gender	Male	239	54.1
	Feminine	203	45.9
Educational level	High school	241	54.5
	Bachelor's degree	201	45.5
marital status	Single	291	65.8
	Married	102	23.1
	Separate	49	11.1
The participant's family history of disability	Have a disabled person	110	24.9
	Do not have a disabled person	332	75.1
Total		442	100.0

3.3 Study Instruments

A questionnaire was developed to evaluate the study's issue to meet the study's aims. It consists of 22 items distributed on four dimensions: physical disability-related obstacles, psychological obstacles, support system barriers, and economic obstacles.

3.4 Validity of the Instrument

To verify the study instrument's content validity, a panel of six experts in counselling, psychological testing, educational assessment, and special education saw it for the first time. To determine markers of the construct validity of the study instrument, Pearson's correlation coefficients were calculated for each item and its correlation with the dimension to which it belongs, as well as the instrument overall. Two primary criteria were to be fulfilled by these coefficients: they needed to

be statistically significant and have a corrected correlation coefficient. Table 2 presents the evaluations of these coefficients.

Table 2. The correlation coefficients between the domains and items

Item	(1)*	tool**	Item	(2)*	tool*	Item	(3)*	tool*
1	0.599	0.442	9	0.711	0.589	17	0.654	0.522
2	0.628	0.452	10	0.623	0.542	18	0.743	0.586
3	0.611	0.498	11	0.536	0.578	19	0.663	0.537
4	0.498	0.478	12	0.576	0.438	20	0.776	0.508
5	0.498	0.435	13	0.442	0.498	21	0.563	0.645
6	0.557	0.477	14	0.589	0.478	22	0.641	0.548
7	0.445	0.488	15	0.598	0.477			
8	0.565	0.478	16	0.677	0.524			

* Correlation coefficient with field

**Correlation coefficient with the tool

Table 2 shows that all correlation coefficient values were satisfactory and statistically significant at $0.05 \geq \alpha$.

3.5 Instrument Reliability

The internal consistency coefficient for the domains was determined by the researchers using Cronbach's alpha equation to verify the instrument's dependability, as indicated in Table 3.

Table 3. Cronbach's alpha reliability coefficient for the study instrument

Challenges	Cronbach alpha value
Social boundaries	0.782
Attitudinal Barriers	0.752
Psychological obstacles	0.750
Health-related barriers	0.732
Total	0.754

The values of reliability in the previous table ranged between (0.732 and 0.782), and the overall value for the instrument was (0.754). These reliability values are suitable and adequate for the study's purposes. The validity and reliability of the instrument were validated using Cronbach's alpha equation and Pearson correlation coefficient. The first study subject was addressed using the means and standard deviations. A one-way analysis of variance was used to address the second study issue (ANOVA).

4. Results

The first study question posed to people with physical disabilities is, "What is the degree of impediments to marriage for persons with physical disabilities, and which ones have the most impact?" Table 4 shows the computed means and standard deviations for the various scale areas.

Table 4. The means and standard deviations for the domains ranked in descending order according to Top of Form

Rank	Domain	Means	S.D	Degree of Approval
4	Social boundaries	3.566	0.752	Medium
2	Attitudinal Barriers	3.560	0.786	Medium
3	Psychological obstacles	3.313	0.698	Medium
1	Health-related barriers	3.221	0.646	Medium
	Scale as a whole	3.415	0.0533	Medium

Table 4 shows that the means for the study scale's domains varied with respectable degrees of agreement, ranging from 3.221 to 3.566. The impediments related to social boundaries, attitudinal obstacles, and psychological obstacles had means of 3.566, 3.560, 3.302, and 3.302, respectively; on the other hand, the impediments related to health-related barriers and challenges had the lowest mean of 3.221. The overall mean of the scale was 3.401, which is regarded as moderate.

To address the second research question, "Are there statistically significant differences at a significance level ($\alpha \leq 0.05$) for impediments to the marriage of persons with physical disabilities from the perspective of persons with physical disabilities ascribed to gender, marital status, and academic level?", the means of the participant's responses on the domains based on study variables were compared using a one-way ANOVA, as indicated in Table 5.

Table 5. Analysis of variance (one-way ANOVA) to test differences in the means of participants' responses

Variable	Level	Statistics	Areas of study tool				
			Domain (1)	Domain (2)	Domain (3)	Domain (4)	Scale as a Whole
Gender	Male	SMA	3.288	3.408	3.412	3.566	3.355
		Std.D.	.628	.635	.734	.655	.432
	Feminine	SMA	3.221	3.288	3.601	3.423	3.588
		Std.D.	.618	.711	.776	.734	.599
Specialization	Scientific colleges	SMA	3.233	3.315	3.601	3.613	3.455
		Std.D.	.635	.674	.778	.713	.565
	Humanities colleges	SMA	3.214	3.311	3.611	3.278	3.312
		Std.D.	.623	.635	.789	.768	.536
Educational level	High school	SMA	3.311	3.211	3.389	3.489	3.456
		Std.D.	.628	.655	.778	.715	.609
	Bachelor's degree	SMA	3.511	3.234	3.244	3.211	3.467
		Std.D.	.318	.414	.512	.556	.432
Marital status	Single	SMA	3.233	3.302	3.345	3.567	3.340
		Std.D.	.618	.675	.774	.767	.578
	Married	SMA	3.399	3.411	3.754	3.455	3.234
		Std.D.	.521	.632	.732	.645	.567
	Separate	SMA	3.211	3.214	3.712	3.699	3.244
		Std.D.	.0891	.419	.423	.437	.322
Gender		Std.D.	.626	.701	.756	.677	.560

It appears that the average responses range from 3.288 to 3.566, with a standard deviation ranging from 0.432 to 0.734. This indicates a slight variance in male responses across the different domains. For females, the average responses range from 3.221 to 3.601, with a standard deviation ranging from 0.599 to 0.776. There seems to be a slightly greater variance in female responses compared to males, especially in the third domain.

Regarding specialisation, for the scientific colleges, the average responses range from 3.244 to 3.613, with a standard deviation between 0.565 and 0.778. This indicates relative stability in the responses of students from scientific colleges. For humanities colleges, the average responses range from 3.214 to 3.611, with a standard deviation between 0.536 and 0.789. There is a relatively greater variance in the responses of students from humanities colleges compared to scientific ones, especially in the fourth domain.

Concerning educational level, for high school, the average responses range from 3.211 to 3.489, with a standard deviation between 0.609 and 0.778. There appears to be relative stability in the responses of high school students. For a bachelor's degree, the average responses range from 3.234 to 3.511, with a standard deviation between 0.318 and 0.556. There is significant variance in the responses of students with a bachelor's degree, especially in the third and fourth domains.

As regards marital status, for singles, the average responses range from 3.244 to 3.567, with a standard deviation between 0.578 and 0.774. This indicates relative stability in the responses of single individuals. For married respondents, the average responses range from 3.234 to 3.754, with a standard deviation between 0.521 and 0.732. There is a relative variance in the responses of married individuals, especially in the third domain. For the separated, the average responses range from 3.211 to 3.712, with a standard deviation between 0.322 and 0.891. The responses of separated individuals appear to be more varied, especially in the first domain.

To sum up, it can be observed that there is a variance in responses across different groups based on gender, specialisation, educational level, and marital status. Some categories showed relative stability in their responses, such as students from scientific colleges and single individuals, while other categories, such as those with a bachelor's degree and married individuals, showed greater variance in their responses. A deep understanding of these differences can help in improving study tools and directing efforts to support groups that show greater variance in their responses.

Table 6. The multiple analysis of variance for the scale

Source of variance	Domain	Sum of squares	Mean squares	F value	Stat. sign.
Sex	Support system barriers	.178	.174	.412	.431
	Psychological barriers	.788	.746	1.566	.232
	Attitudinal barriers	3.367	3.321	5.344	.0321
	Limitations on the kinds of physical disabilities	0.668	0.632	1.411	0.157
	The overall scale	.071	.071	.024	.860
Specialization	Health-related barriers	7.655	7.655	23.565	.442
	Attitudinal barriers	8.757	8.757	17.866	.243
	Psychological barriers	10.532	10.532	16.142	.0321
	Support system barriers	17.766	17.766	28.688	0.146
	The overall scale	9.712	9.712	29.133	.442
Educational level	Health-related barriers	.031	.015	.0399	.867
	Support system barriers	.211	.096	.224	.767
	Attitudinal barriers	.621	.311	.545	.586
	Psychological obstacles	1.785	.885	1.611	.243
	The overall scale restrictions according to the type of physical disability	.054	.032	.086	.887
marital status	Attitudinal barriers	4.677	2.339	6.533	.441
	Psychological barriers	4.177	2.086	4.467	.252
	Support system barriers	9.142	4.568	7.355	.0361
	Health-related barriers	4.589	2.298	7.367	.454
	The overall scale	2.954	1.466	2.637	0.161
The error	Psychological barriers	214.122	.362		
	Attitudinal barriers	266.566	.462		
	Support system barriers	356.766	.615		
	Health-related barriers	318.411	.541		
The scale as a whole		178.515	.313		

As shown in the preceding tables, there are no statistically significant differences between the means of participant responses on the study scale's domains regarding barriers to marriage for people with physical disabilities (barriers related

to the nature of physical disabilities, psychological obstacles, and economic obstacles) and the overall scale, based on the gender variable. However, there were notable inequalities in support system obstacles, which favoured females.

5. Discussion

5.1 Psychological Barriers

Mental Health Problems: Relationship dynamics may be impacted by mental health problems associated with disability. These results are consistent with earlier studies indicating that PWD are more vulnerable to psychological stress, which can affect their capacity to form long-term relationships. According to Tehranineshat et al. (2020), PWD find it more difficult to interact socially and emotionally when they are mentally ill. Receiving professional mental health care and psychological support is essential for enhancing the quality of life and fostering positive connections for PWD.

According to Lettieri et al. (2022), PWD experience higher psychological strain because of environmental obstacles, which raises their stress levels. These people require specialised psychiatric assistance to overcome these obstacles. Individual counselling offered by specialised mental health services can improve their psychological well-being and increase their capacity to form healthy relationships.

5.2 Health-Related Barriers

Perez et al.'s (2023) study lends credibility to the idea that PWD encounter extra obstacles in having children, such as poor medical care. There is a need to raise attentiveness of reproductive anxieties, and offer suitable medical care to PWD.

Babik and Gardner (2021) observed that there are considerable misunderstandings regarding the parenting capacities of PWD. These prejudices can result in exacerbating the worries of PWD regarding reproduction. The authors emphasises the necessity of awareness campaigns that can help dispel these worries and give PWD precise information.

5.3 Support System Barriers

Kim et al. (2021) demonstrated the critical significance that robust support networks have in improving the mental of PWD. The absence of these networks lessens the chance of establishing relationships. According to Sakız (2022), PWD who have robust support systems experience reduced psychological stress. These networks strengthen people's sense of belonging by offering a secure space for emotional assistance.

5.4 Societal and Cultural Barriers

Marriage connections are hampered by cultural prejudices towards PWD. PWD face discrimination because of false assumptions about their capacity to form happy marriages (Zewude & Habtegiorgis, 2021). The PWD's prospects of getting married are diminished by these views. According to Babik and Gardner's (2021) research, societies that harbour cultural prejudices against PWD normally put social pressure on their members to avoid getting married to PWD.

6. Conclusions and Recommendations

The results pointed out that there are not many obstacles to marriage for PWD. Social obstacles were found to have less of an influence than psychological barriers. Attitude-related complications had the least influence. A comprehensive approach is needed to address the numerous obstacles that PWD meet in marital life. This includes offering psychological support, enhancing public policies and creating specialised services. To guarantee equal rights for PWD, governments, and the community should work together in these efforts.

The majority of the participants thought that raising the quality of life for this group of people is the most significant of the social advantages of marriage for PWD. It encourages them to get over their obstacles to secure the necessities for their families. Being married can also help people escape their preoccupation with psychological issues. On the one hand, marriage releases their emotions; on the other, it offers spiritual solace. It turns into a helpful component in overcoming the limitations of PWD, moving past the stage of repression and introversion to reach psychological equilibrium and social contentment.

This undoubtedly aids in their reintegration into society and in their search for support system to help them go about their everyday lives. The negative effects that marriage has on a person's social and personal life depends on the kind and

severity of their impairment. Governments should modify laws to offer complete legal protection for PWD in all spheres of life, such as marriage. These changes may guarantee the legal protection against discrimination and the ability of PWD to get married. It is important to offer specialised mental health treatments to PWD so they can manage psychological and social demands.

Programmes for psychological assistance as well as individual and group counselling may be included in these services. PWD should have access to comprehensive health services. These services can provide integrated health support all-inclusive healthcare. Services such as marriage counselling and matchmaking ought to be tailored to the needs of PWD. These services can offer specific marriage counselling on how to deal with the difficulties faced by disabled spouses.

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