UNIVERSITY OF GHANA

COLLEGE OF HUMANITIES

PRE-MARITAL AND MARITAL EXPERIENCES OF PERSONS WITH PHYSICAL DISABILITIES AND THEIR SPOUSES IN THE GREATER ACCRA REGION OF GHANA

BY

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THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MPHIL SOCIAL WORK DEGREE.

JULY, 2018
DECLARATION

I, Bekoe Joana, do hereby declare that this thesis is the result of my own research. This research was carried out under the supervision of Dr. Efua Esaaba Agyire-Tettey and Dr. Augustina Naami, both of the Department of Social Work. This work has not been submitted either in part or in whole elsewhere for the award of any other degree. All references cited in this work have been duly acknowledged.

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ABSTRACT

Society has put up invisible barriers to the idea of marriages involving persons with disabilities and not much is known about the marital experiences of persons with physical disabilities. This study, therefore, sought to (a) explore the pre-marital experiences of persons with physical disabilities and their spouses (b) ascertain the marital experiences of persons with physical disabilities and their spouses (c) identify the coping strategies employed by persons with physical disabilities and their spouses living in the Greater Accra region of Ghana to sustain their marriages. Using the Purposive and Snowball sampling methods, twenty (20) couples (i.e. forty [40] individuals in all) with at least one spouse having either visual, hearing or mobility disability were selected for the study. Interviews were conducted with each couple and data collected was analysed from the perspective of the Critical Disability Theory (CDT). The findings of the study indicate that most of the persons with physical disabilities had been rejected by some families in their previous relationships due to the disability and some relatives of their current spouses also objected to their marriages. Also, persons with physical disabilities and their spouses interviewed during this study revealed that they encountered stigma and discrimination due to the negative perception people have about disability. Additionally, persons with visual and mobility disabilities and their spouses also encountered environmental barriers in the form of inaccessible building and transport system, whiles couples with hearing disabilities faced communication barriers. Notwithstanding the challenges that the various couples encountered, they were able to complement each other in the performance of house chores and also got some support from outsiders and relatives who initially objected to the marriage. For the purpose of overcoming the challenges experienced, persons with physical disabilities and their spouses employed coping strategies such as tolerance, praying, seeking prompt medical attention, communicating through writing, seeking assistance from others and training spouses and children.
DEDICATION

I dedicate this work to my family and friends for their support, encouragement and love during the research process.
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My foremost appreciation goes to the Almighty God for life, strength and grace to go through this research. My heartfelt appreciation also goes to my supervisors, Dr. Efua Esaaba Agyire Tettey and Dr. Augustina Naami for their immense support and contribution throughout this research.

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<tr>
<td>CDT</td>
<td>Critical Disability Theory</td>
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<tr>
<td>GBU</td>
<td>Ghana Blind Union</td>
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<td>GFD</td>
<td>Ghana Federation of Disability Organizations</td>
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<td>GNAD</td>
<td>Ghana National Association of the Deaf</td>
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<td>GSPD</td>
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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Every society is made up of different people with varying characteristics and this includes persons with and without disabilities. Likewise, all humans, regardless of the presence or absence of a disability, are united together to form the society and it is through marriage that various family ties are formed with other members of the society. Marriage is therefore considered as an important social institution through which people are united to share the rest of their lives together based on vows to honor and to be with each other in sickness and in health (Bhoomika, 2014). Marriage is practiced in most parts of the world and is regarded as an important aspect of most people’s culture. Research indicates that marriage has advantages. According to Pauli and Dijk (2016), marriage is a fundamental block for the perpetuation of human race, provides right over children, right to inheritance, it is for companionship and sexual satisfaction and also helps to establish relationships between families.

The advantages of marriage as outlined above applies to all married persons and this includes married persons with disabilities. Of equal importance is the choice of a marriage partner and this is regarded as one of the most important decisions an individual makes during his/her lifetime since marriage is regarded as a long-term affair (Tsay & Wu, 2006). In most African cultures and countries including Ghana, Kyalo (2012) asserts that, new relationships are created through marriages between the families of the man and the woman and others interested in the marriage as well as the unborn children. Families are, therefore, particular about the background and characteristics of a prospective spouse and his/her family members. For this reason, some
individuals look out for characteristics such as health, attraction, financial status, religion, educational and ethnic background among others before entering into marriage (Alavi, Alahdad & Shafeq, 2014). Tsay and Wu (2006) have also asserted that the choice of a marriage partner is influenced by the expectations of parents, family, friends and the society at large. In the end, the ultimate choice arrived at, must be accepted by all. The expectations of most families regarding the characteristics of a prospective spouse for their ward make it difficult for persons with disabilities to find suitors (Lee & Oh, 2012; MacInnes, 2011). This is due to the fact that attitudes towards persons with disabilities are based on fear and stereotypes and this makes persons with disabilities susceptible to discrimination in several instances (Baffoe, 2013).

In Ghana, disability is regarded as a punishment from the gods for sins committed by either the person with the disability, his/her parents or a relative (Naami, 2014; Slikker, 2009). Additionally, persons with disabilities are seen to bring shame to the family since the condition portrays an event which is incapable of being reversed (Slikker, 2009). The beliefs and pre-conceptions about disability and the idea that the ‘curse’ of the disability can be easily passed on do not make it easy for persons with disabilities to form friendships which may lead to marriage with persons without disabilities (Miller, Chen, Glover-Graf & Kranz, 2009).

Despite the difficulties that persons with disabilities face, in general, women with disabilities experience double of these challenges, first, because they are women and secondly, because they have a disability (Mehotra, 2004). Due to the multiple roles that women play in the home, people have a preconception that if they have any form of disability, they would be unable to perform their roles as expected of them (Mehotra 2004).

Aside the influence that people’s beliefs, preconceptions and attitudes have on persons with disabilities and their entry into marriage, other factors such as education, access to healthcare and
inaccessible facilities directly and indirectly influence the lives of persons with disabilities in terms of finding a spouse. For instance, Moodley and Graham (2015) have stated that globally, persons with disabilities are less likely to be enrolled in school and more likely to be unemployed (Moodley & Graham, 2015). In addition, such persons are less likely to be able to provide for their medical needs. Although education, vocation or a skill can help vulnerable groups of people such as persons with disabilities break the generational poverty, they are the ones who face most challenges in accessing these services. The challenges, coupled with inaccessible buildings and facilities, may limit persons with disabilities in terms of where they may meet their prospective spouses (Gregorius, 2014; MacInnes, 2011). The lack of education, unemployment, inaccessible structures among others worsen the problems that persons with disabilities face in terms of marriage.

The 2010 population and housing census of Ghana has estimated that about seven-hundred and thirty-seven thousand, seven-hundred and forty-three (737,743) people have some form of a disability (Ghana Statistical Service, 2012). On the other hand, the Human Rights Watch (2012) has also estimated that about five million people in Ghana have some form of a disability. However, the World Health Organisation (WHO) has also estimated the prevalence of disability in developing countries to be between 10 percent and 15 percent of the total population (WHO, Disability and Health, 2013). This implies that the statistics of persons with disabilities as provided by the 2010 population census thus, falls below the estimated rate projected by the World Health Organisation and the Human Rights Watch. That notwithstanding, the figures indicate that there are a lot of people with disability in Ghana.

Despite international and local legislations such as the United Nations Convention on the Rights of Persons with Disabilities (2006), Article 23 (1) and the Persons with disability Act, 715, Article 4(1) which emphasises the need for measures to eliminate discrimination against persons with
disabilities in all matters relating to marriage, persons with disabilities continue to be discriminated against on regular basis and in marriage (Anthony, 2011). Nonetheless, persons with disabilities like any other human being also need personal and sexual relationships (Berber & Biswas, 2009). Persons with disabilities have the right to choose an intimate partner without being discriminated against due to their disability just like persons with no disabilities.

Globally, there have been changes in the recent trends of marriage with age at first marriage (i.e median age at which women married for the first time) and cohabitation rather increasing (Dixon, 2009; MacInnes, 2011). Dixon (2009) asserts that the rate of African American adults who were married in 2004 was just 32 percent as compared to 64 percent in 1970 among this same population. The U.S Census Bureau (2010) also estimated that the rate of married black adults in 2009, which was 32 percent is lesser than the 51 percent from all other races. In Ghana for instance, the rate of cohabitation has increased among females from 12.7 percent in 1998 to 14.4 percent in 2014 but slightly decreased among males from 9.8 percent in 1998 to 9.1 percent in 2014 (Ghana Statistical Service & ICF Macro, 1999; Ghana Statistical Service, Ghana Health Service & Macro International, 2015). Generally, there is a decrease in marriage due to prolonged education, growing economic challenges among others (Hurt, 2012). Although this has led to people embracing cohabitation, the quest to marry and the importance attributed to marriage has not declined among the general population (Hurt, 2012). Marriage still remains the norm in many countries with a lot of importance attached to it (MacInnes, 2011).

Considering the importance of marriage outlined in the previous paragraphs, no one willing to marry must be denied the opportunity due to any factor such as disability. It is in light of this background that, this study explored the pre-marital and marital experiences of persons with physical disabilities and their spouses who have married in the Greater Accra region.
1.2 Problem Statement

The Greater Accra Analytical Report of the 2010 population and housing census has indicated that 38.2 percent of persons with disabilities in the region are married, 5.2 percent are in informal relationships (cohabiting), 32.9 percent have never married, 6.1 percent are divorced, 13.3 percent widowed and 4.4 percent are separated (Ghana Statistical Service, 2013). The report also indicates that persons with disabilities are less likely to marry and more likely to be divorced or separated (Ghana Statistical Service, 2013). This assertion is due to the fact that most families would not want their relatives to marry a person with a disability because of the belief that it would bring shame to the family and that, children born of such relationships would also have a disability (Slikker, 2009).

Similarly, there are myths about the sexuality of persons with disabilities and this may hinder their relationships with others especially those of the opposite sex. People also have a preconception that persons with disabilities are sexually impotent and asexual, hence, do not experience sexual attraction (MacInnes, 2011; Mehotra, 2004). Adding to the myths of the sexuality of persons with disabilities is the negative attitudes of healthcare personnel towards women with disabilities who seek information on sexual and reproductive health services (Peta, 2017). According to Peta (2017), some healthcare providers still hold on to their cultural perceptions of disability and the idea that persons with disabilities are asexual. As a result, they expect that persons with disabilities who visit the health services should only report issues relating to their disability and not otherwise. This makes it difficult for some persons with disabilities to access healthcare especially in relation to their reproductive health.

Persons with disabilities are regarded as the world’s largest minority group thus, issues affecting them would have direct and indirect effects on the individual, family, the society and the country.
as a whole. However, persons with disabilities face discrimination in various aspects of their daily lives which renders them prone to neglect and stigma and this can worsen the effect of the disability on their psychosocial wellbeing (Warner & Adams, 2016). Additionally, children of persons with disabilities sometimes face challenges with entry into marriage since the stigma attached to their parent’s disability equally affects them (Slikker, 2009). With marriage forming the basis of the existence of the family (Akuamoah, 2013), continuous discrimination of a group because of disability simply implies that with time, the future of the society, which is the family, will be weakened.

MacInnes (2011) and Waite (1995) have outlined the advantages of marriage to include having a constant companion to check on one’s health, a partner to discuss stressful issues with and the fact that marriage lowers the rate of risky behaviors. In view of these advantages, it can be deduced that if a person is not married, he/she would lack a constant companion with whom to handle stressful life situations with as well as someone who will constantly check on his/her health. More so, considering the challenges that persons with disabilities encounter in the society, it will be of importance to their health and work if they have a spouse with whom they can discuss their stress and challenges with. This is because if persons with disabilities do not have a sound mind to work, it may affect their productivity and in the long run, the country will lose out also. Likewise, when people do not marry but end up having children, they may encounter challenges with the upbringing of the children especially financially and psychologically. This is because the children will need the support of both parents whiles growing up and will be exposed to several vices in the society if there is inadequate parenting (Akuamoah, 2013).

There is, however, limited literature on marital experiences of people who had disability before they married. Available work in the field of disability and marriage were done outside Ghana and
focused mainly on spouses of persons with dementia (Mullin, Simpson & Froggatt, 2011) and spinal cord injury (Beauregard & Noreau, 2010) who are playing caregiving roles in the marriage. Govender, Maistry, Soomar and Paken (2014) and Bhoomika (2014) also looked at hearing and visual disability acquired after marriage respectively. Not much has been done in Ghana on both the pre-marital and marital experiences of persons with disabilities together with their spouses. Studies done in Ghana such as one by Nyame (2013) discussed marriage when she explored the impact of disability on the lives of men with physical disabilities and their immediate family. This study will therefore help fill the gap in research by using qualitative research methodology to understand the pre-marital and marital experiences of persons with physical disabilities (visual, hearing and mobility disability) and their spouses.

1.3 Objectives of the Study

- To explore the premarital experiences of persons with physical disabilities and their spouses resident in the Greater Accra region.
- To ascertain the marital experiences of persons with physical disabilities and their spouses in the Greater Accra region.
- To identify the coping strategies employed by persons with physical disabilities and their spouses in the Greater Accra region to sustain their marriages.

1.4 Research Questions

- What are the premarital experiences of persons with physical disabilities and their spouses, resident in the Greater Accra region?
• What are the marital experiences of persons with physical disabilities and their spouses, resident in the Greater Accra region?

• What coping strategies do persons with physical disabilities and their spouses in the Greater Accra region employ to sustain their marriages?

1.5 Significance of the Study

Policy:

The study will give an insight into the challenges that persons with disabilities and their spouses encounter in the society as a result of their disability. This information can be useful for further policies to be implemented to address issues involving persons with disabilities and their families especially in relation to marriage.

Practice:

Information from the study will provide a guide for Social Workers to increase awareness on disability, its possible causes and also help debunk certain myths about persons with disabilities regarding their sexuality. Social workers, together with other professionals such as counselors can use information from the study to assist couples with disabilities with whom they work with as well as people in relationships in which one or both have a disability. The study will, in addition to the above, help social workers to provide services and resources that will assist persons with disabilities on issues regarding their relationships. It will bring to light, the marital experiences of the couple and this will be useful to social work students who will also have detailed information on how to engage clients in the future. Findings from this study will also help Social Workers to
advocate for policies to remove barriers that make persons with disabilities prone to discrimination especially in marriage.

**Knowledge:**

The study will contribute to extant literature on disability and marriage issues. It will serve as a reference point for future researchers who would carry out similar studies. Also, it will discuss the essence of marriage from the viewpoint of persons with disabilities and their spouses. It will provide knowledge useful to various governments, families, international organisations among others that work with persons with disabilities or would want to understand the marital experiences of persons with disabilities.

**1.6 Definition of Terminologies**

For the purpose of clarity, the following terms apply to this study:

**Persons with Disabilities:** Persons with long term physical, mental, intellectual or sensory disabilities which may hinder their full participation in society on an equal basis with others (UNCRPD, 2006).

**Hearing Disability:** Hearing loss that makes it difficult for a person to totally or partially perceive sound through the ear within the normal range of hearing (Duthey, 2013).

**Visual Disability:** Functional limitation of the eye, resulting from either congenital, hereditary or acquired conditions leading to difficulty in performing visual tasks (American Optometric Association, 2007, p. 4).

**Mobility Disability:** A condition that makes it difficult for a person to use his hand or foot, or is unable to walk or lift objects thereby experiencing a difficulty in physical movement (Hur, Park,
Kim, Storey & Kim, 2006). This person may or may not use assistive devices such as wheelchair, crutches, walker etc.

**Physical Disability:** For the purpose of this study, visual, hearing and mobility disabilities have been classified under physical disability

**Marriage:** A union between a man and a woman acknowledged by society as the basis for the family (Wimalasena, 2016) and backed by ordinance or customary law.

**Pre-marital:** The period within which an individual establishes a relationship with the opposite sex with the intention of growing their love and maturing the relationship to marriage (Yilmaz & Kalkan, 2010).

**Experience:** Things that an individual has come to know because it has happened to him/her (Honderich, 2005). In this study, experience comprises both the positive and negative as well as the challenges that persons with disabilities and their spouses have encountered.

**1.7 Organisation of the Study**

The study is organised into five (5) chapters. Chapter one provides the background of the study, the problem statement, research objectives, research questions, definition of key terms and the significance of the study. Chapter two is a review of related literature on the topic and the theoretical framework that guided the study. Chapter three highlights the methodology: study area, target and study population, sampling design, sample size and methods of data collection and analysis. The research findings are presented and thoroughly discussed in chapter four. Finally, chapter five provides the summary, conclusion and recommendations based on the findings from the study.
CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

This chapter presents a review of literature relevant to the present research. Literature reviewed examines factors that influence mate selection; attitudes toward marrying a person with disability; experiences of marriages involving persons with disabilities; coping strategies employed by the couple. The Critical disability theory is also discussed as the main theoretical framework for the study within which interpretations of the findings were framed.

2.1 Factors Influencing Mate Selection

There are no perfect marriages or couples, however, the ability of a couple to communicate and understand each other better goes a long way to reduce some problems they may encounter (Abdullah, Li & David, 2011). The choice of a marriage partner is, therefore, a very important decision that one has to make since it also influences the marriage. As a result, people look out for different characteristics in their prospective spouses and these characteristics differ among societies and cultures (Alavi, Alahdad & Shafeq, 2014).

In a survey conducted among undergraduate students in Malaysia, females preferred to marry men who had higher education than them and were employed, whiles the males preferred women with less education than themselves and did not mind marrying unemployed women (Abdullah, Li & David, 2011). Thus, among both sexes, preference in terms of educational level and employment status differed although unlike males, females paid much attention to these factors. The race of the person was, however, of importance to both sexes due to the fact that race influences the belief that an individual upholds (Abdullah, Li & David, 2011). Among married postgraduate students
in Malaysia, Alavi, Alahdad and Shafeq (2014) classified the characteristics identified from their study into three categories: most important, important and moderately important. Religion, mental health, profession, physical attractiveness and financial status were classified as the most important features people looked out for whiles intelligence, sociability, physical health, education and character were marked as important. Moderately important features were culture, age, marital status and favorable social status.

Contrary to the findings of Abdullah, Li and David (2011), where male undergraduate students in Malaysia were said to prefer women with lower educational qualification, Alavi, Alahdad and Shafeq (2014) in their study observed that postgraduate students, irrespective of their sex, preferred to marry people with same qualifications as themselves. In a study to identify factors that played a role in partner selection among Nigerians, Maliki (2009) asserts that, the most important factor identified by the study participants was character. This was followed by fertility, educational qualification, intelligence, religion, physical health among others. Character was the most important feature in Maliki’s (2009) study due to the belief that if a prospective in-law is of a good character, that fellow will make a better spouse and can easily adjust to new environments compared to someone who is physically attractive.

This implies that, whereas physical attractiveness was regarded as more important than character in the study by Alavi, Alahdad and Shafeq (2014) in Malaysia, the reverse was the case in Nigeria according to Maliki (2009). In Nigeria also, fertility was an important characteristic that people looked out for since childbirth was much cherished and also contributed to the success of the marriage (Maliki, 2009).
In conclusion, several factors come to play in terms of what people look out for in a marriage partner. These factors are influenced by religious background, educational level, ethnic affiliation and socio-economic status of the person seeking to marry as well as that of his/her family.

2.2 Attitudes Towards Marrying a Person With a Disability

Despite the characteristics identified by scholars as important in partner selection, people also have varying ideas about dating or marrying persons with disabilities.

In South Africa for instance, persons without disabilities were of the opinion that dating a person with a disability involved too much work since the person with disability will not be able to satisfy his/her partner sexually and will equally be dependent on them (Hunt et al., 2017). Using story vignettes to bring out the views and beliefs held by people, Hunt et al. (2017) reported that some persons without disabilities will date a person with disability out of pity whiles others claimed they would date a person with disability if he/she had additional characteristics such as being extremely hilarious and delightful to make up for the disability. Some people in South Africa according to Hunt et al. (2017), however, refused to date persons with disabilities for fear of also being stigmatised. Others were also concerned about being intimate with persons with disabilities due to the perception they had about the sexuality of persons with disabilities. According to Hunt et al. (2017), most people think that having sex with a person with disability is uncomfortable, which is mostly false. This perception is, however, rooted in the long-held myth that persons with disabilities are asexual.

Similarly, Hispanic students in the study by Miller, Chen, Glover-Graf and Kranz (2009) stated that, they preferred to be friends with persons with disabilities instead of dating or marrying them.
According to Miller et al. (2009), the students would consider having deeper relationships if they regarded the person with disability to be intelligent, kind and with a great sense of humor. In their study also, the authors further stated that people’s decision to date or marry persons with disabilities were influenced by the type of disability the person had or the severity of the person’s disability.

In Iran also, since the consent of one’s family is very important in marriage concerning the choice of a marriage partner, people who decide to marry persons with disabilities face several oppositions from their family and these sometimes prevent them from going ahead with the marriage (Chanzanagh, Piri & Garjan, 2012). A similar situation is prevalent in Ghana as reported by Kassah, Kassah and Agbota (2014) in their study on the various forms of abuse that women with physical disabilities experienced. The authors revealed that the pressure and negative attitudes of family members prevent people without disability from marrying persons with disabilities even if they love them and this makes it difficult for persons with disabilities to establish love relationships that will end up in marriage.

Additionally, Nyame (2013) further reiterates the fact that in Ghana, due to the perception that disability can be transferred when a person without a disability associates with a person with a disability or through birth, people are hesitant about marrying or allowing their relations to marry persons with disabilities. In Nyame (2013)’s study, which involved mostly men with disabilities, some of their spouses and friends, some persons with disabilities were turned down by some families because of their disabilities. Some persons without disability in Nyame (2013)’s study who went ahead to marry persons with disabilities had been disassociated from their family. However, it is generally accepted if the relationship is between two persons with disabilities (Nyame, 2013).
Similarly, the study by Esmail, Darry, Walter, and Knupp (2010) in Canada also indicates that persons with visible disabilities most often had their relatives encouraging them to select spouses who also had disabilities. Furthermore, Esmail et al. (2010) assert that people with disabilities were made to believe that their “sexuality was not equivalent to those of persons without disabilities” (p.1151).

According to Gartrell, Baesel and Becker (2017), in Cambodia also, marriage to a woman with disability will only be possible if the family of the man agrees to the marriage. This implies that, in instances where the family of the man refuses, the relationship will be cancelled. Gartrell, Baesel and Becker (2017) further found out that, some women with hearing disabilities worried about marrying men with hearing abilities due to challenges in communication. These women, therefore, preferred to marry men with hearing disabilities with whom they could easily communicate. The families of these women, however, preferred that they married either men who did not have any hearing disabilities or stayed single for the rest of their lives. This implies that comparatively, whereas relatives of persons with visible disabilities in Canada, according to Esmail et al. (2010), encouraged them to marry people with disabilities, the reverse was the case in Cambodia. Relatives of women with hearing disabilities in Cambodia, according to Gartrell, Baesel and Becker (2017) rather preferred that they married people with no form of disability.

In Cambodia also, disability was wrongly linked to incapacity and asexuality and these perceptions affected women with disabilities especially (Gartrell, Baesel & Becker, 2017). The perceptions held by some Cambodians on the capability and sexuality of persons with disabilities (Gartrell, Baesel & Becker, 2017) was equally held by some Ghanaians (Nyame, 2013). According to Nyame (2013), most people perceive persons with disabilities as incapable of providing for their own needs and that of their family if they are married. Hence, even those who are gainfully employed
are sometimes perceived by others in the public as people who need financial assistance. This leads to some men with disabilities being regarded as ‘unattractive’ by the women they approached (Nyame, 2013).

Similarly, Esmail et al. (2010)’s study in Canada indicated that men with disability complained of being regarded as asexual whereas people with no form of disability and had never worked with persons with disability before presumed that disability was linked to incapacity. They believed that marrying a person with a disability would mean being ready for a caregiving role since they perceived persons with disabilities as unable to do things for themselves. These people would, therefore, consider the type of disability before agreeing to a relationship with a person with a disability. This assertion is similar to the one made by Miller et al. (2009) that the type of disability influences people’s decision to date or marry persons with disabilities when they studied Hispanic students’ willingness to engage in personal relationships with persons with disabilities.

Esmail et al. (2010) also stated that persons with visible disabilities were the ones most stigmatised and labelled as asexual in Canada. However, although people with invisible disabilities were mostly accepted and treated as persons without any form of disability, they encountered challenges with disclosing the disability later in their relationship. This was mostly due to the fact that their partners agreed to the relationship without noticing the presence of a disability.

In conclusion, it can be said that people have varying attitudes and beliefs about marrying persons with disabilities, most of which were negative. However, from the literature reviewed, it can be mentioned that, the negative attitudes people have towards marrying persons with disability are based on the perceptions they have about disability issues.
2.3 Experiences of Marriages Involving Persons with Disabilities and Their Spouses

Based on the perceptions that people have about disability, having a partner with a disability before marriage offers the couple various experiences, both pre-marital and marital. It also gives the couple the opportunity to learn about the disability and how to handle the challenges that will confront them as well as make provisions for their daily routines (Bhoomika, 2014). Existing literature however provides information on challenges encountered in marriage after one of the spouses develops a disability. There is limited literature on the marital experiences of people who had disabilities before the married. Due to this limitation, this section of literature review will combine the experiences of both people who had disability prior to marriage and those who had disability after marriage.

In a descriptive study by Govender, Maistry, Soomar and Paken (2014) in KwaZulu-Natal, South Africa, on the impact of hearing loss after marriage, the authors observed that one of the challenges faced by couples is the inability to continue with leisure activities such as going to the movies. Some of these couples had difficulties sharing jokes and secrets especially in the midst of others as they used to. Nonetheless, the spouses with the hearing abilities acted as interpreters to convey messages between their partners and others. When it comes to visual disability, Bhoomika (2014) indicated that in Arizona, United States of America, sighted partners complained of the additional work they had to perform and expressed how frustrating it was at the initial stages of the disability, leading to a decrease in times spent together. However, through rehabilitative training, persons with visual disabilities and their spouses were able to understand each other, learnt how to perform certain tasks and through that became closer again (Bhoomika, 2014).

Parker (1993), in her study with couples where one partner had become disabled after marriage also recounts that in Britain, the nature of the relationship that exists between couples before the
onset of a disability determines how the marriage will be affected by the disability. Additionally, the severity of the disability as well as the absence of support services can contribute to the challenges that will be encountered in the marriage. In relation to sexual relationships, couples in Parker’s (1993) study reported that, although they continued to maintain some level of intimacy, intercourse was difficult for some of them after the onset of disability. This was, however, attributed to their inability to seek information on alternative ways to express themselves sexually with their spouses as well the discomfort they felt discussing the topic of their sexual life with others (Parker, 1993).

On the contrary, Afolayan (2015) presents a different view on the experiences of women who had disabilities prior to marriage in Nigeria. Some of these women had been married to men without disabilities whiles others, to men with disabilities. Afolayan (2015) accounts that the experiences of the women in relationships with men with disabilities were a mixture of positives and negatives. Some participants who had married persons with disabilities reported positive relationships due to their ability to understand and accept each other. On the other hand, some women with disabilities reported unpleasant relationships with their spouses who also had disabilities. Similarly, some women who had married persons without disabilities complained of the abuse they were subjected to by their spouses. Aside the abuse they were subjected to, their husbands without disabilities did not want to be seen together with them in public because of the disability. However, due to the cultural perception and stereotypes on disability, the abusive husbands were left unpunished (Afolayan, 2015).

From the above discussions, it can be concluded that the experiences of persons with disabilities and their spouses can have both good and bad sides. Nevertheless, several factors come to play to determine the nature of the experiences a couple would have in marriage. The subsequent section
of review focuses on some of the coping strategies employed by couples who have or are married to persons with disabilities.

### 2.4 Coping Strategies

The coping strategy a person employs can either promote or impede his/her actions. Coping strategies, as defined by Ansell and Blerk (2004), refer to actions taken by people to enable them to address their need in challenging situations.

According to a study by Beauregard and Noreau (2010) in Quebec, Canada, some persons with spinal cord injuries and their spouses adopted honest and open communication when confronted with any difficulties. This enabled the couples to stay united whiles looking for common solutions to their problems. Additionally, in an attempt to reduce their workload, spouses of persons with spinal cord injuries, according to Beauregard and Noreau (2010), coped by employing the services of a house help to assist with some of the roles at home. On the other hand, some couples also shared the roles in the home depending on what each spouse was capable of doing so that one person would not be overly burdened. In some homes, the spouse with the spinal cord injury assisted the kids to do their homework and other activities whiles the other partner took charge of preparing food, cleaning among others.

Schulz (2008) also made a similar assertion when he conducted a qualitative study in Texas on collaborations in marriage with four persons with disabilities and their spouses. Out of four spouses interviewed, three had some form of disability before getting married. According to the author, although both partners had a disability, some couples coped mostly by dividing the household tasks with their partners taking into consideration what each partner was capable of doing. Some
persons with disabilities and their spouses in Schulz’s (2008) study in Texas also recounted their use of assistive technology devices which enabled them to communicate as well as participate effectively in the affairs of their families.

Feeling of self-worth and dispelling all relationships with people who did not accept and appreciate them for who they are, were some strategies also adopted by women with disabilities in Nigeria according to a qualitative study by Afolayan (2015). This study focused on contemporary representations of disability and its influence on interpersonal relationships of women with disabilities. In a quantitative study in California with spouses playing caregiving roles to their partners who had dementia, Ashley and Kleinpeter (2002) found out that compared to women, men who had spouses with dementia coped by seeking for social support whereas women coped by using avoidance. The authors asserted that the more a person sought for support, the less depression the person experienced whereas, the more a person used avoidance, the greater their burden.

In Ghana, Kassah, Kassah and Agbota (2014) reported that, women with mobility disability in their study coped by seeking help from family and friends. Those who used this strategy were women who had been abandoned by their partners and had children to cater for. They therefore, sought assistance from family and friends to be able to provide for their children. Another coping strategy employed by the study participants was exchange of sympathy. They mostly shared their experiences with other women who had disabilities at their gatherings and in return, received the comfort and emotional support to move on in life.

Also, in a quantitative study conducted in Lille, France, by Wawrziczny et al. (2017), spouse caregivers in an attempt to increase their communication with their partners and reduce anxiety resorted to the use of humour, positive reframing (i.e. looking for more positive alternative means
to things), positive reappraisal etc. They adopted these strategies to make them more effective in their caregiving role to their partners who had Alzheimer’s disease and other forms of dementia.

In conclusion, there seems to be some evidence that persons with disabilities and their spouses adopt various coping strategies to assist them address challenges that they encounter in their daily lives. It is, however, worthy to note that the existing studies which have been detailed in this section have concentrated largely on persons with dementia, Alzheimer’s disease and people with spinal cord injury and their spouses. Not much is known about the coping strategies adopted by people who had other forms of disabilities before marrying their spouses. The findings of this study will, therefore, contribute to the existing literature on coping strategies adopted by persons with disabilities and their spouses with a focus on persons with visual, hearing and mobility disabilities.

2.5 Theoretical Framework

The Critical Disability Theory (CDT) was relied on in this study. The term ‘Critical Theory’ can be traced to Max Horkheimer’s work in 1937 on the critical theory of society in an essay titled ‘Traditional and Critical theory’ (Hoskings, 2008). Hoskings (2008) asserts that the CDT, which belongs to the group of critical theories, is an emergent theory in disability studies. This is due to the fact that in the early 20th century, the medical model which blamed the individual for his/her disability was the dominant theory in disability studies after which the social model was later developed in the 1970s.

The Critical disability theory which combines aspects of the social model of disability does not only look at the disability of a person (Baffoe, 2013) but rather, goes further to look at how issues of political will, social values and issues of importance to various institutions influence the
experiences of persons with disabilities. The critical disability theory posits that disability is not located in the impairment of the person with the disability but rather, it is characterised by an interrelationship that exists between the disability of an individual, the environment, how the person responds to the disability, how others treat the person with the disability among others (Hoskings, 2008). The critical disability theory highlights what the shortfalls of current social realities are and identifies people who have roles to play in bringing about change (Baffoe, 2013).

Hoskings (2008) outlines seven (7) elements of the critical disability theory. They include: multidimensionality, social model of disability, voices of disability, language, rights, valuing diversity and transformative politics. For the purposes of this study however, the following six (6) elements were used: multidimensionality, rights, language, voices of disability, valuing diversity and social model of disability due to its usefulness to the study. Transformative politics was on the other hand, not relevant to the current. Although the tenet draws attention to contradictory policies that may exist, this tenet cannot be strongly applied to this study due to the absence of policies exclusively on disability and marriage. The tenets used in this study are discussed in the subsequent paragraphs.

**Multidimensionality:**

Persons with disabilities are people from diverse backgrounds. The element of multidimensionality is related to Crenshaw Kimberle’s work in 1989 on intersectionality which sought to clarify the relationship that exists between race and gender and how they influence black women (Carastathis, 2014; Dutta, 2015). Intersectionality posits that there is an interrelation between the educational level, gender, employment status, ethnic group and sexual orientation and all these contribute to
inequality and social injustice and shape the experiences of people (Dutta, 2015; Nyame, 2014). This implies that various categories combine to influence the experiences of people and this includes persons with disabilities. Hoskings (2008), therefore, developed his multidimensionality from intersectionality. Multidimensionality, thus, brings to bare the various factors that intersect to influence the experiences of persons with disabilities and their spouses (Hoskings, 2008). This tenet helped in the present study in the understanding of the experiences of the various couples interviewed taking into consideration their demographic characteristics and how it influenced their experiences.

**Rights:**

Rights are essential in the quest to advance equality for persons with disabilities and to ensure their full participation in various aspects of the society (Hoskings, 2008). It brings to light ‘the ways in which liberal right theories are unable to address the needs of persons with disabilities individually and collectively by failing to incorporate the diversity within the scope of its conception of equality’ (Hoskings, 2008, p. 12). The critical disability theory is thus drawing attention to the fact that all people are independent and interdependent and so with this understanding, people who are more vulnerable will be protected (Imle, 2016). This tenet helped in the understanding of the experiences of the couples taking into consideration the various rights that they are entitled to as persons with physical disabilities and how these rights influence their lives.

**Language:**

Language has a strong implication on the concepts of disability and the status of persons with disabilities. Hoskings (2008) asserts that the element of language comprises words and images that
are used to describe disability. These words and images have direct effects on how people perceive
disability and relate with persons with disabilities (Baffoe, 2013). Hoskings (2008) further
indicates that the words used to describe persons with disabilities in some cultural contexts and
the media continue to perpetuate negative attitudes about persons with disabilities. This element,
therefore, helped to understand how the description of persons with disabilities in the local
languages had an effect on perceptions that people had about persons with physical disabilities and
their spouses.

Voice

It is important to listen to the voice of persons with disabilities in order to better understand their
experiences (Hoskings, 2008). This is due to the fact that by listening to persons with disabilities,
one values their viewpoint on experiences of a phenomenon instead of listening to it from people
without disabilities. According to Hoskings (2008), the perception and understanding that people
without disabilities have on disability issues is always from their ‘able-bodied’ point of view. The
critical disability theory, therefore, gave voice to the stories of persons with disabilities by enabling
persons with disabilities and their spouses to voice out their experiences themselves.

Valuing Diversity

The critical disability theory acknowledges the fact that difference is an inevitable thing and that
not all condition are visible (Imle, 2016). Thus, according to Hoskings (2008, p. 11), ‘when the
differences are ignored as irrelevant, it has the effect of rejecting and marginalizing the group with
such characteristics’. This tenet is thus calling for equal objectives to be promoted by
acknowledging the differences that exist among persons with disabilities. Valuing diversity, thus,
helped to pay attention to the differences that exist among the couples in this study, paying attention to those with conditions that are not easily visible.

**Social Model of Disability**

This element indicates that the absence of policies, facilities and practices for persons with disabilities or the exclusion of persons with disabilities from policies and facilities creates challenges in the form of environmental and attitudinal barriers (Scullion, 2010). The attitudinal barriers come in the form of negative cultural practices, perceptions and stereotypes held by people whiles the environmental barriers include the inaccessible buildings, transportation, inadequate assistive devices and many others which hinder the participation of persons with disabilities (Barnes & Mercer, 2005). Disability is, therefore, said to come about as a result of the inability of the society to provide the needed facilities for persons with disabilities and this leads to limited options available for persons with disabilities (Hoskings, 2008). This tenet, thus, helped to understand how these environmental and attitudinal barriers compounded the challenges that persons with physical disabilities and their spouses resident in the Greater Accra region encountered.

**Usefulness of the Critical Disability Theory**

- The Critical disability theory helped to identify the influence of language, both spoken and written on disability from the view point of the couples as they were given the opportunity to discuss their experiences using their own voice.
• The theory also helped to understand how attitudinal and environmental barriers (social model of disability) affect persons with physical disabilities and their spouses.

• The theory was also helpful in understanding how the rights of persons with disabilities spelt out in legal instruments such as the United Nations Convention on the Rights of Persons with Disabilities and the Disability Act of Ghana play a role in the lives of the various couples.

• Finally, the theory was useful in identifying how the multidimensional experiences of persons with physical disabilities and their spouses were, especially, due to the various demographic characteristics such as gender, type of disability, employment status, etc. that intersected to influence their experiences.
CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction
This chapter details the research methods that were used for the study. Information on the research design, study area, target and study population, sampling design, methods of data collection and data analysis are also provided in this chapter. Finally, this chapter highlights the ethical considerations and measures that were used to ensure credibility of the study.

3.1 Research Design
A qualitative research method, specifically phenomenological approach was used for this study. According to Creswell (2009), phenomenology is the study of the lived experiences of people and the meanings people make of their experiences. Phenomenological approach, thus, helped in describing the experiences of the participants since they were expert knowers of their lived experiences (Creswell, 2014). Also, the phenomenological approach allowed the researcher to gain a deeper insight into the meaning of the daily experiences (Patton, 2002) of persons with physical disabilities and their spouses.

3.2 Study Area
This study was conducted in the Greater Accra region of Ghana. The capital of the region is Accra which is also the capital city of Ghana. The Greater Accra region, which is the smallest of all the regions in Ghana, shares border with the Central region to the West, Volta region to the East, Eastern region to the North and the Gulf of Guinea to the South (Ghana Statistical Service, 2013).
The administrative areas in the region include Ga South, West and East, Accra Metropolis, Tema Metropolis, Adenta Municipal, Ashiaman Municipal, Ledzokuku/ Krowor Municipal, Dangme West and East (Ghana Statistical Service, 2013). The region occupies an area of three thousand, two-hundred and forty-five (3,245) square kilometers of Ghana’s land space with several tourist sites as well as secondary, vocational and tertiary institutions including the premier University of Ghana, Legon. There are several ethnic groups in the region due to migration, urbanisation and employment opportunities. However, the indigenous ethnic group in the region is the Ga-Adangme (Ghana Statistical Service, 2013).

According to the United Nations Human Settlements Program (UN-HABITAT), Accra is considered as one of the fastest growing and most populated cities in Africa (UN-HABITAT, 2009). With rapid urbanisation and the frequent migration of people to the region thereof, Gregorius (2014) asserts that there would be challenges in the form of socio-economic, environmental and institutional for all inhabitants of the region and this includes persons with disabilities. The author further asserts that poverty issues also worsens in the region due to the challenges introduced by urbanisation and industrialisation.

According to the 2010 population and housing census, Ashanti region has the highest rate of married persons in Ghana followed by the Greater Accra region (Ghana Statistical Service, 2012). Although Ashanti region has the highest rate of married persons than the Greater Accra region, there are disparities in the two regions when compared in terms of the marital status of persons with disabilities. The percentage of married persons with disability living in the Greater region is higher compared to the Ashanti region and this also adds to the many reasons why Greater Accra was chosen for this study.
Considering the fact that people have migrated to the region from various towns across Ghana, the researcher deemed the Greater Accra region to be appropriate for the study since it offered the opportunity to interact with couples from diverse cultures who had migrated from other places to the region. Additionally, the Ghana Society of the Physically Disabled (GSPD), Ghana Blind Union (GBU) and the Ghana National Association of the Deaf (GNAD) which were gatekeepers to the study had their offices located in the Greater Accra region. It was, therefore, convenient to situate the study in the region since it enabled easy access to the study participants who lived and worked in various parts of the Greater Accra region. It is worth mentioning that since Accra, the capital of Ghana is also located in the region, embarking on a study such as this may inform inclusive policy implementation in the Greater Accra region and this may eventually serve as a guide for similar policies and studies to be carried out in other parts of the country.

3.3 Target Population

The target population for this study was persons with disabilities and their spouses.

3.3.1 Study Population

The study population was married persons with physical disabilities (i.e. visual, hearing and mobility disability) and their spouses who were resident in the Greater Accra and had been married for at least six months. The researcher believed that being married for a minimum of six months was adequate enough for a couple to discuss both their pre-marital and marital experiences.
3.4 Sampling Technique and Recruitment

Non-probability sampling designs, specifically purposive and snowball sampling were used for the study. The purposive sampling helped in sampling participants who had an in-depth information on the topic and met some predetermined criteria set out by the researcher (Patton, 2002). The snowball sampling also enabled the participants to further recommend other people who met the inclusion criteria especially considering the fact that the population was hard to reach (Patton, 2002).

The researcher purposively approached the Ghana Society for the Physically Disabled (GSPD), the Ghana Blind Union (GBU) and the Ghana National Association of the Deaf (GNAD) to serve as gatekeepers to the various persons with physical disabilities who were married within their respective unions. Couples were sampled based on the following criteria:

- Must be married for at least six months.
- At least one of the spouses must have a physical disability (visual, hearing or mobility disability).
- The disability could be either acquired or congenital, but, should have occurred before marriage.
- Both spouses must be willing to participate in the study.

Purposive sampling technique was used to select both persons with mobility and hearing disabilities through the GSPD and GNAD respectively in both Tema and Accra. Persons with hearing disabilities in both Tema and Accra were informed of the purpose of the study through the GNAD since both spouses were members of the association. For persons with mobility disability, the researcher attended the December 2017 meeting of the GSPD in Accra and briefed them on the purpose of the study after which interested persons provided their details to be further
contacted. For GSPD members within Tema, their contact details were taken from the association president after a meeting was scheduled with him to explain the purpose of the study.

On the part of persons with visual disability, both purposive and snowball sampling techniques were used to select the couples. The GBU provided the researcher with the details of five (5) persons with visual disabilities out of which three (3) were qualified for the study based on the selection criteria. These three (3) people further helped, through snowball sampling, in locating other people with visual disability who met the criteria.

In terms of recruitment, persons with visual and mobility disabilities were individually contacted through phone calls to further explain the purpose of the study and the criteria for selection. Interested persons informed their spouses who were mostly not members of the association. Couples with hearing disabilities on the other hand were further contacted through text messages from the president of their association since all were GNAD members. After both spouses had given their consent in all cases, interviews were scheduled on a day and place convenient for each couple.

3.4.1 Sample Size

A total of twenty (20) couples (i.e. forty [40] individuals in all) were sampled for this study and this comprised eight (8) persons with visual disability and their spouses, six (6) persons with mobility disability and their spouses and six (6) persons with hearing disability and their spouses as data saturation was reached. Also, according to Creswell (1998), the sample for a phenomenological study should range from 5-25 cases as it would be enough to obtain adequate data.
3.5 Data Collection

Primary data was collected through in-depth interviews using open-ended questions. An interview schedule designed in English was used as a guide to collect data from the couple at a place and time convenient to them. Participants were interviewed together as a couple because Sakellariou, Boniface and Brown (2013) assert that, in conducting a joint interview, couples can make sense of their experiences and this will help to explore the shared nature of the experience. The joint interview also helped the couple to bring to memory what they may have forgotten if they had been interviewed separately (Morgan, Ataie, Carder & Hoffman, 2013).

The interviews which lasted for a minimum of forty (40) minutes and a maximum of eighty (80) minutes were conducted in English and Twi for persons with visual and mobility disability and their spouses based on each couple’s preference. These couples were all interviewed in their respective homes. Interviews for couples with hearing disability were conducted in sign language with the assistance of a sign language interpreter. For couples with hearing disability, four (4) were interviewed in an office provided by GNAD whiles the remaining two (2) were interviewed in their homes. With permission from the participants, all interviews were audiotaped.

3.6 Data Analysis

The recorded data was transcribed verbatim and a backup copy kept in the researcher’s email. Smith and Osborn’s (2008) four (4) key stages of Interpretive Phenomenological Analysis (IPA) was used to analyse the data. The IPA was selected because it allowed the researcher to pay attention to what is distinct whiles comparing it to what is shared among the couples (Reid, Flowers & Larkin, 2005). Also, the IPA was identified as helpful in providing a vivid description of the couples who are expert knowers of the phenomenon (i.e. disability and marriage) as well as
allowing an interpretative analysis to be done with examples from the data collected (Allan & Eatough, 2016). The steps are:

- **Multiple reading and making notes:** As suggested by Pietkiewicz and Smith (2014), the analysis commenced with reading of the transcripts and listening to the audio recordings for a number of times in order to become familiar with the interviews that were conducted. Reading and rereading the transcripts helped to get a clear meaning of the transcripts whiles making notes about experiences and observation. Comments on interesting things that participants stated during the interviews were written down (Smith & Osborn, 2008). The transcripts were coded on a line by line basis and various themes were identified in the process (Fade, 2004). Attention was also paid to features such as symbols, pauses and repetitions in the various transcripts (Pietkiewicz & Smith 2014). Statements that were noticeably different from others as well as responses accompanied with emotions were looked out for (Pietkiewicz & Smith, 2014).

- **Transforming notes into emergent themes:** This stage focused on the notes earlier made in the previous stage. Meanings were made of the notes whiles phrases and sentences were developed, all rooted in the details of the participants’ account (Pietkiewicz & Smith, 2014). Emergent themes were identified from the codes and phrases in the various transcripts (Smith & Osborn, 2008; Osborn & Smith, 1998). These emerging themes were copied and listed into a table after which the notes and transcripts were organised under each theme (Fade, 2004).

- **Seeking relationships and clustering themes:** Emerging themes were outlined and the linkage between these themes were identified (Smith & Osborn, 2008). Some themes emerged as master themes with others falling under it as sub themes (Smith & Osborn,
2004). A table was created for each master theme, linking the various sub-themes and accompanying quotations from the transcripts (Fade, 2004). The relationship that existed between these themes were explained into detail.

- **Writing up an analysis:** The outcome of the study was narrated by selecting each theme and explaining with accompanying verbatim quotes from the interviews to shed more light on the themes (Pietkiewicz & Smith, 2014). The researcher’s analytical comments and the relationship between the current study and extant literature formed the basis of the discussion section (Pietkiewicz & Smith, 2014; Smith & Osborn, 2008).

### 3.7 Ethical Considerations

Ethical issues of informed consent, confidentiality, plagiarism, voluntary participation and anonymity guided the research study. Information which identified the researcher, purpose of the study, what is expected of participants and how research findings will be disseminated was provided to enable participants to give an informed consent (Creswell, 2014). With this, couples were informed that participation in the study was voluntary and so, could choose to opt out at any stage if they wished not to continue. In reporting the findings of the study, pseudonyms were used for participants in order to protect their identities and ensure anonymity (Creswell, 2014). In order to also ensure confidentiality, interviews were conducted at places convenient for participants so that information disclosed by participants would not be heard by third parties. Credit has been given to various works of other authors cited in this study in order to avoid plagiarism. In order to ensure that no harm was caused to participants, derogatory names and demeaning remarks were not used.
3.8 Measures to Ensure Credibility

- Member checking: There was a follow-up on some participants to ensure that information provided during the interview had been reported as was said. The feedback from the participants helped ‘to achieve a desired balance between the participants’ voices and the researcher’s interpretation of the meaning (Williams & Morrow, 2009, p. 579).

- Reflexivity: Field journals were used to document the researcher’s thoughts, feelings and ideas (Krefting, 1991). Issues involving the entire research process were also documented and this enabled the researcher to become conscious of her biases and opinions conceived beforehand.

3.9 Limitations of the Study

A limitation of this study was that data was collected through joint interviews for each couple, thereby, resulting in some partners being more vocal than the other in some cases. The researcher, however, directed questions to spouses who were not forthcoming with responses so that they could also share their experiences. The research, which was a sensitive one, entailed couples recounting the challenges they had experienced from their interaction with other people as well as their marital experience. Undoubtedly, some people may have presented only issues that they wanted their spouses to hear in order not to also offend them or cause them any harm. The researcher, however, explained to all participants prior to the commencement of the interview the purpose of the study and the fact that they would be interviewed together with their partners. The researcher also ensured that couples were comfortable with whatever information they shared. Due to the limitation associated with the data collection method that was employed, the researcher
recommends that further studies include individual interviews to complement the couple interviews.
CHAPTER FOUR

FINDINGS AND DISCUSSION

4.0 Introduction

This chapter presents the findings of the study from the data collected. The chapter begins by delving into the demographic characteristics of the couples after which the research findings are discussed. The findings were, however, presented based on the objectives of the study which included: the pre-marital experiences of persons with physical disabilities and their spouses; the marital experiences of persons with physical disabilities and their spouses and the coping strategies adopted by couples to sustain their marriages. Pseudonyms were used in the presentation of the quotes to ensure anonymity. The chapter also includes a discussion section on the findings of the study by drawing on related literature and the critical disability theory used as a framework.

4.1 Demographic Characteristics of Participants

This section presents the analysis of the socio-demographic characteristics of the study participants. It presents information on the types of disability, type of marriage rites performed, duration of marriage, educational level and employment status of the study participants.

4.1.1 Various Types of Disabilities

Table 1

<table>
<thead>
<tr>
<th>Types of disability</th>
<th>Spouse with disability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Only male</td>
<td>Only female</td>
</tr>
<tr>
<td>Visual</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Hearing</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mobility</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 1 above presents a summary of the categories of the disabilities and details the number of couples in which only the male, female or both spouses had the disability and the type of disability. In all, twenty (20) couples, comprising of eight (8) couples with visual disability and six (6) couples each of persons with mobility and hearing disabilities took part in the study. Among the couples with hearing disabilities, all the spouses had the hearing disability whereas only two (2) of the couples with mobility disability and one (1) couple with visual disability had both spouses having a disability. Seven (7) couples had the husband being the only person with the disability whiles four (4) other couples had the wife being the only one with the disability.

4.1.2 Disability Status of Individual Participants

Table 2

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Congenital</th>
<th>ACQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Under 10yrs</td>
</tr>
<tr>
<td>Visual Disability</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Mobility Disability</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Hearing Disability</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>No disability</td>
<td>4</td>
<td>7</td>
<td>11</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>20</td>
<td>40</td>
<td>9</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 2 presents information on the individual participants that took part in the study and details of persons with physical disabilities with relation to whether their disability was congenital or acquired. Out of the forty (40) individual participants, there were twelve (12) persons with hearing disabilities, eleven (11) without disability, nine (9) individuals with visual disabilities and eight (8) with mobility disabilities. More than half of the people with disabilities, that is fifteen (15) individuals, became disabled under ten (10) years of age with about one third which is nine (9)
having congenital disabilities. Four (4) persons acquired the disability after they had passed the age of twenty (20) whilst only one (1) person became disabled in her teens. Amongst the persons with visual disability, all the five men (5) and two (2) of the women interviewed were totally blind people who used the white cane whereas the remaining two (2) were partially sighted. On the part of the persons with hearing disability, only one (1) person was hard of hearing with none of them using a hearing aide. All persons with hearing disabilities, however, used sign language. For persons with mobility disabilities, however, three (3) were wheelchair users, two (2) used clutches, two (2) also used leg calipers with the remaining person using a Zimmer frame.

4.1.3 Type of Marriage and Duration of Marriage

Table 3

<table>
<thead>
<tr>
<th>Item</th>
<th>Visual disability</th>
<th>Mobility disability</th>
<th>Hearing disability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinance</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Customary</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Islamic marriage</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Duration of marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6months-11months</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1year-5years</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>6years-10years</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>11years-15years</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>21years-25years</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Above 30years</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Table 3 also lists the type of marriage that the various couples were engaged in and the number of years they had been married. The table shows that more than half, representing eleven (11) of the couples had been married through customary marriage whiles the remaining eight couples (8) had been married by ordinance with just one (1) couple through the Islamic marriage rites. Almost half of the couples, that is nine (9), had been married for a period of about a year to five years (1-5 years). A couple with visual disability and another with hearing disability had, however, been married for more than thirty (30) years.

### 4.1.4 Number of Couples with Children

Table 4

*Number of couples with children*

<table>
<thead>
<tr>
<th>Item</th>
<th>Visual Disability</th>
<th>Hearing Disability</th>
<th>Mobility Disability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples with no child</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Couples with children</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 4 presents information on the number of couples who had children. Majority of the couples, representing fifteen (15) had children whiles just a few, that is five (5), had no children yet.

### 4.1.5 Highest Level of Education

Table 5

*Highest level of education*

<table>
<thead>
<tr>
<th>Item</th>
<th>None</th>
<th>Primary</th>
<th>JHS</th>
<th>Middle School</th>
<th>SHS</th>
<th>Tertiary</th>
<th>Vocational</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual disability</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>Hearing disability</td>
<td>-</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>12</td>
</tr>
<tr>
<td>Mobility disability</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td>Spouse without disability</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>5</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>3</td>
<td>11</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>1</td>
<td>40</td>
</tr>
</tbody>
</table>
Table 5 provides the educational level of the individual participants. Majority of the study participants, representing twelve (12) individuals had studied up to the university level, eleven (11) up to the junior high school (JHS) level, with just a few, that is three (3) people had only primary level education. There was just an individual who did not have any form of education.

4.1.6 Employment Status

Table 6

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Sector</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Informal Sector</td>
<td>12</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>Unemployed</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>

Table 6 displays the employment status of the study participants. Majority of the participants, representing twelve (12) males and eleven (11) females worked in the informal sector whereas only four (4) males and three (3) females worked in the formal sector. Among the ten (10) unemployed persons, five (5) were persons with mobility disability (i.e. 2 women and 3 men), one (1) woman with visual disability, two (2) wives of persons with visual disabilities and two (2) pensioners who were both a couple.

4.2 Presentation of Findings

Findings of the study have been presented based on the objectives of the study which are (1) pre-marital experiences of persons with physical disabilities and their spouses (2) marital experiences of persons with physical disabilities and their spouses (3) coping strategies employed by persons with physical disabilities and their spouses resident in the Greater Accra region of Ghana to sustain their marriages.
Themes that emerged under objective one (1) stated above include: perceptions on the causes of disability and the capability of persons with disabilities; previous relationship experiences of persons with physical disabilities; factors that influenced choice of a marriage partner; attitudes of family towards persons with physical disabilities and their current partners; experience of persons with physical disabilities and their partners during the dating period. Under objective two (2), the findings were grouped into positive and negative experiences encountered with the various spouses. Themes that emerged from the third objective were classified into two: emotion-focused and problem-focused coping strategies.

4.2.1 Perceptions on the Causes of Disability and Capability of Persons with Physical Disabilities.

This section reports on the general perceptions that people have about disability as reported by the various couples. The perceptions have, however, been categorized into two (2) subthemes. They are: Beliefs on the causes of disability and Perceptions on the capabilities of persons with physical disabilities.

4.2.1.1 Beliefs on the Causes of Disability

There are varying opinions on the causes of disability. Interviews conducted with the couples revealed that some people they encountered believed that disability was as a result of a curse or a taboo, or a punishment from the gods.

Most people do not see it as a sickness but rather, they think that you are bringing a taboo or a curse to the family (Mr. Love, visual disability; wife has visual disability).

For me, when I became visually disabled, my very good friend was chatting with my younger sister and asked if my visual disability was not because I had been cursed by someone due to the numerous fights I keep having with people. . . They think you have
committed a taboo that has led to your disability (Mrs. Love, visual disability; husband has visual disability).

Some believe that the child with the disability is the child of the gods (bosomba) because, the parents went to consult the gods for a child. When it comes to the religious or the spiritual side, people say that the disability is your own Karma. That is, you led a certain life in your first life and now you have come back again so you are serving your punishment (Mr. Adorable, no disability; wife has mobility disability).

Some people also believed it was as a result of the sin committed by the person with the disability himself/herself.

I was a driver but then along the line, I got the visual disability. It started as a headache and then it developed into glaucoma. So, when I got the disability like that, I heard different voices and people began to ask if I had offended someone, if I had defrauded someone or if I had knocked someone down (Mr. Perfect, visual disability; wife without disability).

The various perceptions on the causes of disability was equally held by some relatives of the persons with physical disabilities. As mentioned by Mrs. Adorable, a person with mobility disability, she grew up thinking that her disability was caused by an evil person in her village.

My mum told me that, I was 2 years when she took me to the village and when we came back from the village I became sick and that is where it all started from. So, for me, when I was little, I believed it started from the village and that they made me disabled. But when I grew up... I got to realize that it is not true because I was not immunized against Polio so that is why I had it (Mrs. Adorable, mobility disability; husband without disability).
4.2.1.2 Perceptions on the Capabilities of Persons with Physical Disabilities

Aside the beliefs on the causes of disability, persons with physical disability and their spouses recounted that people held some perceptions about their capabilities. According to the couples, people believed that persons with physical disabilities were incapable of doing anything for themselves or for others to which Mr. Confidence and Mr. Riches, both persons with visual disability shared these:

They virtually see us as a liability, sick people and all, that you cannot do anything so you are dependent and people would always have to be doing things for you all the time. So, they see us as a burden and nothing can be done about our situation (Mr. Confidence, visual disability; wife without disability).

Some see us like we are in our own world. Meaning, they see us differently from other persons. Yes. People do not understand how we do things. Even the cheapest thing you do is surprising to people. Eating and bathing, people think we cannot do (Mr. Riches, visual disability; wife without disability).

Some spouses without disability also had negative perceptions about the capabilities of persons with physical disabilities prior to marrying their partners and Mrs. Riches, wife of a person with visual disability recounted the initial perception she had.

Previously, I was thinking that if you are visually disabled, let me take his own for instance, how will you do certain things? Like even if you have to bath, if you have to walk, there were certain things that I wanted to know or I was confused about. Especially when he told me that he had completed university, I was asking myself how did he write his exams, how was he able to go for lectures and all those things? (Mrs. Riches, no disability; husband has visual disability).
Mr. Orange and Mrs. Hope, both persons with visual disabilities and Mrs. Forgive, a person with mobility disability also shared their experiences on the perception that people had about marrying persons with physical disabilities in connection to their capabilities.

*People say that if you marry a disabled person like myself, he cannot do anything to help you or to support you (Mr. Orange, visual disability; wife without disability).*

*With regard to marriage issues, the challenge has been that, from the society’s point of view, you are a person with a disability so you cannot do anything and so they think marriage is for strong people (Mrs. Hope, visual disability; husband without disability).*

*They think that the one with the disability is useless and cannot do anything by himself/herself and that the person needs help. So, the person with disability is going to depend on the able person and it will be a burden not only for the partner but for the whole family (Mrs. Forgive, mobility disability; husband has mobility disability).*

Despite the general perceptions that people had about persons with disabilities, there were peculiar ones that related to women with physical disabilities especially, due to the negative perceptions people have that such women would be incapable of performing household chores such as cooking, cleaning etc.

*Most at times, the disability, when it happens to a woman, it becomes difficult for that person to get married than a male because the men think that if I get married to this lady who is disabled, how is she going to take care of the house? That is the challenge now. The women are not getting married but the men are getting married. The women too when they get married, they get married to men with the same disability as them or other disability (Mrs. Riches, no disability; husband has visual disability).*
People think that as a woman, you should be able to cook, you should be able to sweep, you should be able to do the house chores and you should be someone they can take out and all but they are wondering if they can do that with a person with a disability. Most of these questions don’t get answered because they don’t get in touch with the right persons to get answers . . . and so even though they may see a woman with a disability who is beautiful and so might be interested in her, some people may never come forward (Mrs. Hope, visual disability; husband without disability).

Surprisingly, the perception that women with disability were incapable of doing much in the home was equally held by men with disabilities also. Mr. Perfect, a person with visual disability explained by giving these reasons:

To be frank with you, women are managers. It is the woman who manages the home, not the man and so sometimes it isn’t that you don’t love them because of the disability but then when you look at the work she is expected to perform in the house and the fact that she cannot do it and so you the man would not get your freedom, that is where the issue is. Women have a lot of responsibilities in the house and there are a lot of things that she has to do in the house . . . but then they (women with disability) cannot do the work that is expected of them as women. (Mr. Perfect, visual disability; wife without disability).

4.2.2 Previous Relationship Experiences of Persons with Physical Disabilities.

The perceptions people without disabilities have about disabilities, have resulted into several negative attitudes exhibited towards persons with disabilities. These negative attitudes sometimes affect persons with physical disabilities in terms of subsequent attempts that they are likely to
make in terms of relationships. Previous relationship experiences have been categorized into the following subthemes: rejection by family and partner; challenges encountered with partner.

4.2.2.1 Rejection by Family Members and Partner

As earlier mentioned, the perceptions people have about disability led to families exhibiting various attitudes towards persons with disabilities. In their previous relationships, some persons with physical disabilities were rejected by the families of the people they were interested in, because, they thought the disability was a curse, whiles others regarded them as sick people and people incapable of taking care of their partners.

Personally, I have had some experiences before I got married, about three times. They were able-bodied ladies and when you approach the family, they will tell you that they want a proper human being (an able-bodied person) to marry their daughter and not a sick person as a partner for their child (Mr. Charming, mobility disability; wife has mobility disability).

There was one lady that she and I had been in the relationship for almost three years, she completed Legon . . . we understood each other to the extent that my family went to see her family and performed the 'knocking' thus informing the woman's family of our intention to marry their daughter. However, later, her family pulled out saying that per the lady's position, she would have to marry someone who is better (Mr. Confidence, visual disability; wife without disability).

I was in a relationship with a hearing guy but the guy's parents also thought the hearing disability was a curse and so would not want to be associated with it. (Mrs. Sharp, hearing disability; husband has hearing disability).
Surprisingly, the family of Mr. Gentle, a man with hearing disability, refused his relationship with a woman with hearing disability because they wanted him to marry a hearing woman since he (Mr. Gentle) was not born with the disability.

I had a deaf girlfriend I was dating. My mother took her picture and showed it to my sister in-law who got angry that why should I, a deaf person, go in for another deaf lady as a girlfriend. She asked: ‘are you mad, what is happening to you?’ But then I told her I have decided to go for a deaf person. My mother got angry that we will get pregnant and then give birth to a deaf child and when we are in the room and she comes to knock, no one will hear her (Mr. Gentle, hearing disability; wife has hearing disability).

Persons with physical disability did not only face rejection from the various families they wanted to marry from. There were some who were also rejected by the people they loved due to the disability and this affected some of them negatively.

I remember there was a friend whom I was very close to. She takes me everywhere I ask her to if only she has the time. We were very good friends but I proposed to her and we became enemies. In fact, I really loved her. So, I was hurt and I managed that situation for some time (Mr. Riches, visual disability; wife without disability).

My first attempt was a lady who was a trader at the market. Because of my role as a church leader, I counsel a lot of people including her and so she had taken me as her role model...

I made my intentions known to her. Later, I realized her behavior had totally changed towards me (Mr. Determination, mobility disability; wife without disability).

I experienced about three (3) relationships. In one of the cases, I was here in Tema and my sisters in the central region looked for a lady for me and called to inform me that I should come because they had settled everything with the lady. But then when I arrived and she
saw me, she said there was no way she was going to agree to it because I had a disability
(Mr. Providence, mobility disability; wife without disability).

4.2.2.2 Challenges Encountered with Partner

Some persons with physical disabilities who have ever had relationships with people without
disability shared their experiences with how some of the people they dated were dishonest with
them.

The hearing guys are not honest at all. They will be with you in the room and will be on
their phone for hours chatting with other girls and when you ask them, they will tell you a
whole story which is not even true. But then when you later find out that they are cheating
on you, it becomes a problem. So, they always change the story, give us lies meanwhile
they have a secret girlfriend somewhere (Mrs. Sharp, hearing disability; husband has
hearing disability).

One thing that discouraged me from marrying a seeing lady was that they are fond of using
signs to talk . . . I have been a victim of this before (wife laughs at him). I was doing
something somewhere when my girlfriend rushed in telling me she was sick and it was as
if she was even about dying. So, I went to the drugstore with her and when we got there...
she signaled the dispenser to tell me they had run out of stock and so he was giving her the
money to get some from another drugstore. But then when she signaled the guy, I realised
it . . . and then I took my money from her (Mr. Love, visual disability; wife has visual
disability).
Some women in this study also mentioned that the men without disability they dated previously, took advantage of them whiles some did not want to be seen in public with them because of the disability.

_They look down on us. I think what they are looking for is getting the opportunity to have sex with you. That is all. But apart from that, the social helps that they should give you, like walking with you for people to know that they are in a relationship with you, taking you out and other things, they will not do it. They will keep you in the house. . . To point you out there that this is my girlfriend, they won’t do it and they wouldn’t like you to even come closer to them out there in public (Mrs. Assurance, visual disability; husband without disability)._ 

_We had a very nice time but then it came to a time that I got pregnant in the course of our relationship and I realized that this guy was very wicked. Though he had a wife somewhere, I did not know until I got pregnant so it was when it happened that I got to know that he is very wicked because he did not mind me when I got pregnant (Mrs. Success, hearing disability; husband has hearing disability)._ 

In addition to the aforementioned challenges, persons with hearing disabilities complained of the communication barriers they encountered in their previous relationships with people without disability who did not understand sign language.

_With my relationship with a hearing man, he could not sign so most of the time, it was done through writing. We will write write write and that was not the best because it is not everything that you want to say that you can write (Mrs. Accordance, hearing disability; husband has hearing disability)._
I had about 2 or 3 hearing girlfriends that I dated previously. . . . With one, I gave her everything but I realised it was not helping because I was not able to hear what she was saying and she was always on the phone so that made me disappointed. At times, you know, when I am with her alone, she has a nice way of speaking to me with her mouth that I will hear but when we are together with others, she will never tell me what transpired (Mr. Gentle, hearing disability; husband has hearing disability).

4.2.3 Factors that Influenced Choice of a Marriage Partner

There were several things that persons with physical disabilities and their spouses looked out for in a prospective partner to enable them to make a decision on whether to marry someone or not. These factors, according the persons with physical disabilities and their spouses were not only their concern but also, that of some family members. The characteristics outlined by the various couples as having influenced their choice of a marriage partner were categorised into the following subthemes: character, employment status, religious background and presence or absence of a disability. These are discussed below.

4.2.3.1 Character

Character is defined by many people differently and this accounts for the various things people expect to see in a prospective spouse. Some of the people interviewed defined a good character based on how respectful, caring, humble or understanding a person is.

*I was looking for somebody who is caring, and somebody who would love me the way I am no matter what* (Mrs. Riches, no disability; husband has visual disability).
He is caring and understanding. When I met him, he understood that yes, I have this problem so he needs to do some basic things to help me especially in the house (Mrs. Assurance, visual disability; husband without disability).

We were colleagues on campus and she really cared for me and never discriminated because she related to me on the same level as she related to the other guys. There was no form of discrimination and that is one thing that we (persons with disability) look out for. If you do not discriminate and probably the way you talk to us is polite, and you care for us, then, we can say that you are open minded (Mr. Potential, mobility disability; wife without disability).

In addition to being respectful, some people were also concerned about whether the person they were interested in can cook or not and how hardworking he/she was:

For me, she was respectful and humble and she prepared me a very nice meal. So then if I will have someone who is respectful and who will prepare me nice meals every day, why not? For me, I am always concerned about the food aspect. If it is good, then I am okay (laughs out loud) (Mr. Sharp, hearing disability; wife has hearing disability).

I looked out for someone who is hardworking, neat and the way the person goes about his things and my husband had all that. You see, as Christians, there are certain things we do not take for granted. You can help the person in every way but if he is also hardworking and I am also hardworking, then things will be a bit easy for us (Mrs. Providence, no disability; husband has mobility disability).
4.2.3.2 Employment Status

Some of the people interviewed were also concerned about the employment status of the person they were getting married to and this, according to them, was also the concern of some of their relatives. This is due to the fact that when one is gainfully employed, he/she will have a source of income to take care of the family at all times.

_That was the first question my mummy asked me, so what does he do? And I said he is not working. So, what is his level of education? And I said he has had his degree already. She said so? And he is not working so how can he take care of you? I told my mummy that he is looking for a job and he will get it (Mrs. Riches, no disability; husband has visual disability)._

_He works because had it been that when I met him, he was unemployed, I would not have married him and that is the truth. He is very hardworking and he can do everything (Mrs. Forgive, mobility disability; husband has mobility disability)._  

_Actually, employment is a major factor because for every marriage to be successful, the person has to be working because if you are not working, how do you take care of your family and even yourself. When I found out that he was working and I was also working, it was cool for me because we can be supporting each other (Mrs. Sharp, hearing disability; husband has hearing disability)._  

Surprisingly, some men also looked out for women who were employed so that they could also assist in the home.

_I was ready to settle down due to my age and be blessed with a child by God. So, at that time, what I was looking for was a woman who was working. She was doing something and_
she was not somebody who was lazy (Mr. Confidence, visual disability; wife without disability).

4.2.3.3 Religion

Some of the interviewees were also concerned about the religious background of the person they wanted to marry.

*I was looking for someone who is a Christian and so when he proposed to me, I found out all these things from him. I saw that he was . . . a Christian. Not just a Christian going to church, a Christian who motivates. He motivates me* (Mrs. Riches, no disability; husband has visual disability).

*I needed someone who was a Christian, someone who was a genuine person and was ready to marry* (Mrs. Hope, visual disability; husband without disability).

*In fact, I was looking for someone within my religion, which is Islam* (Mr. Confidence, visual disability; wife without disability).

It is worth nothing that it was not only the individuals going into the marriage who were concerned about the religious backgrounds of their partners. Mrs. Gentle, a woman with hearing disability also mentioned that her parents were much concerned about the religion of her partner.

*For me, my parents . . . wanted me to marry and so they were open to anybody I would bring but all they were looking forward to was that I would marry a Christian with a good character. I chose him because he knew the bible, he was always on his bible so I realised he is a staunch Christian* (Mrs. Gentle, hearing disability; husband has hearing disability).
4.2.3.4 Presence or Absence of a Disability

In addition to the characteristics that the interviewees looked out for in a prospective spouse, some were concerned about whether the person has or does not have a disability. There were some persons with physical disabilities who decided to go in for people with physical disabilities as they themselves due to past experiences and other reasons such as being able to understand each other better.

*When I was living with the woman without disability, the disagreement continued until I tried a second one. But with that the situation was the same. So then in our association (GSPD), just like a joke, we said that, if the able-bodied people have decided that they do not want us in a relationship, then let’s marry among ourselves (Mr. Forgive, mobility disability; wife has mobility disability).*

*It is always better for people with disability to marry ourselves than we marrying others because if we marry among ourselves, we are able to understand each other well. However, if we marry someone who does not have the hearing disability, the person may not understand us so it will be a problem. So, for me, the first thing I look out for is if the person is deaf (Mrs. Sharp, hearing disability; husband has hearing disability).*

*There was this guy who wanted me to marry him and we were always communicating through writing but then some of the English that the guy writes I do not understand so the relationship did not go far because there was lack of communication. So, I told myself, why waste time on a hearing person whiles I can be with someone whom I can sign with and who understands me better (Mrs. Gentle, hearing disability; husband has hearing disability).*

Surprisingly, some people with disability had also been influenced by what they had heard and what their parents had told them.
As for me I didn’t try because of what my mother said. She told me not to accept any relationship from a man without disability because, well, our family won’t complain but the man’s family will complain. So, I was looking out for a man with a disability (Mrs. Charming, mobility disability; husband has mobility disability).

I heard that if you marry a hearing person, it is a burden. So, for me, I was aiming to find a deaf person so it didn’t even come to my mind to approach someone who doesn’t have hearing disability (Mr. Success, hearing disability; husband has hearing disability).

Whereas some people made up their mind to go in for people with disabilities, others also made a conscious decision not to marry or date people with any kind of disability so that they could offer them some form of assistance when they needed any.

For me, I made up my mind that I do not want a person with a disability to marry. I wanted someone without a disability because there are certain things that are heavy that I may not be able to carry or hold. For instance, if I am going to bath, I cannot carry the water to the bathroom (Mr. Providence, mobility disability; wife without disability).

When I went to school for the blind, I got a lot of friends to be with. I had a lot of teachers who were married to their fellow blind and those who married sighted people. I saw the advantage and disadvantage that was with it and so I made up my mind to go for someone who is sighted (Mr. Confidence, visual disability; wife without disability).

4.2.4 Attitudes of Family Members Towards Persons with Physical Disabilities and their Current Spouses

After identifying someone who met their criteria, persons with physical disabilities and their respective partners had to inform their relatives of their choice of a marriage partner. With this,
both partners had agreed to the marriage, therefore, needed the consent of their family members especially. This section has, therefore, been divided into three (3) subsections to discuss: attitudes of family members of spouses without disabilities; attitudes of family members of spouses with physical disabilities; attitudes of family members to their relative with disability’s decision to marry another person with a disability.

4.2.4.1 Attitudes of Family Members of Spouses without Disabilities Towards Relationships with Persons with Physical Disabilities

Due to the varying beliefs that people have about disability, the reaction differed among families of spouses without any form of disability. Some persons without disability recounted how their family members rejected the relationship because they felt marrying a person with a disability was a disgrace to the family.

*My family, did not accept it, they were not happy. It got to a time that they were not talking to me, even my mom. My mom wasn’t happy at all, at all (emphasis)! It was recently that she started speaking to me. They were saying that I had brought disgrace to the family for going in for somebody who cannot see and all that. Because of that, we could not do the church wedding. Yes, we did the customary wedding. Even because of that . . . they did not inform the whole church, they did not. My mummy could not invite her friends (Mrs. Riches, no disability; husband has visual disability).*

*They did not spare me at all. Some family members opposed and even my biological brothers were not on talking terms with me but then what God has purposed, man can do nothing about it. They said if I marry someone who has visual disability, how can he cater for me? (Mrs. Perfect, no disability; husband has visual disability)*
Some men without disability also disclosed that their relatives were concerned about the capabilities of their partners and if the disability was congenital or acquired.

*The area that I am coming from, we laugh at persons with disabilities . . . so I had to go and tell my family and they also wanted to know if the condition was congenital or acquired. So, when I told them it was acquired, some of them were saying that okay but it is not everybody that accepted. We have understood that if it’s not by birth it is likely that if you marry the person, your children will not have the disability. My uncle asked me whether she can cook and I said yes and my father asked me ‘can she give birth?’ and I said yes* (Mr. Assurance, no disability; wife has visual disability).

*Some of the family members complained that there are a lot of ladies out there but why did I go in for a person with visual disability. They did not know her, what she could do and all. But then I told them that, I am the one going to stay with her and so I know what is good for me* (Mr. Hope, no disability; wife has visual disability).

*My uncle saw me and said ‘ooh my son!’ What have you done? Can your wife go to fetch water in our place? And I said with God all things are possible* (Mr. Faith, no disability; wife has visual disability).

On the other hand, some families wholeheartedly accepted the relationship between their children and persons with physical disabilities.

*My family did not say anything. As I said earlier, they were all okay. . . They all encouraged me and said that God will bless me for my decision to marry him. I think he (husband) was also part of it because whiles we were still friends, he used to visit me at home and so my parents already knew him, they knew his abilities, they had seen it all before this issue of marriage came up* (Mrs. Potential, no disability; husband has mobility disability).
In my family, we say that when you are religious, you discriminate but when you are spiritual, you see everybody as one because God treats all of us as one. For my mother she would prefer to have a chat with you and see your level of intelligence. So when I introduced her to my mother, she saw her as intelligent and liked her so they were okay (Mr. Adorable, no disability; wife has mobility disability).

4.2.4.2 Attitudes of Family Members of Spouses with Physical Disabilities Towards the Relationship with Persons without Disability

The reactions of family members, as reported by persons with physical disabilities, equally varied. Some persons with physical disabilities explained how their relatives kicked against the idea of their marriages because they were not gainfully employed. Hence, they feared that going in for a spouse would be a liability on the family.

I was living with my brothers but when I decided to marry her, I was asked to leave the house and go and rent my own place. I had to leave. As a disabled person for that matter, a visually impaired, they thought that when I marry, I am just going to be a dependent . . . because they knew I was jobless and they were feeding me and so if I marry, I am going to give them more burden (Mr. Orange, visual disability; wife without disability).

I started all the marriage process after my visual disability . . . But then since I was unemployed, some felt I was going in for a wife who will also become a burden on the family and they will have to also cater for her. But then I believed in myself and decided not to give up until 2012 I got an employment and then continued to the 3rd step of the marriage rites. At this stage, everyone was willing to be involved in the process because they knew I had the funds and so even if they came, they will just be there to support me physically and not financially (Mr. Perfect, visual disability; wife without disability).
Some families, like that of Mr. Riches and Mrs. Assurance, both persons with visual disabilities, however, wanted to be sure that the person who had accepted to marry their relative with the disability was serious about it and not just there to take advantage of him/her.

*I directed her to my sister for more interrogation because she wanted to be sure if she (wife) was really serious about marrying me. My family was however expecting me to marry but they could not propose a woman for me or make a choice for me . . . so, when I brought her home, they were happy. My mom, my big sister, and then my big brother, they were all happy. You know, since everybody will think I am at a disadvantage, there would not be any worse statement from my side because we were rather having the disability (Mr. Riches, visual disability; wife without disability).

My mom raised an issue but she was mostly concerned with the tribe. Her concern was that his people are far from us and other things so do I think they will accept me? She asked if I had been to their hometown and if they had accepted me and if the man is not also coming to take advantage of me and then leave me (Mrs. Assurance, visual disability; husband without disability).

On the other hand, some families, like that of Mr. Potential, a person with mobility disability and Mr. Confidence, a person with visual disability, were happy about their choice of a partner.

*They were cool with my decision and they really liked the challenge I had taken (Mr. Potential, mobility disability; wife without disability).*

*Truth be told, all my colleagues who are persons with visual disability know that, that is the way to go. We have agreed that, it is good to marry a seeing person. If you are visually impaired, you have to get someone who sees and can help you with some things. So, all my family members were happy for me (Mr. Confidence, visual disability; wife without disability).*
4.2.4.3 Attitudes of Family Members Towards their Relative with Disability’s Decision to Marry Another Person with a Disability

Some persons with physical disabilities in this study, married to spouses with physical disabilities also, narrated how happy their family members were about their choice of a partner.

*I remember the first day I informed my parents that my friend was coming to visit me, my mother jumped excitedly that her son had found someone to marry. So, after the introduction, my parents went there and asked for her hand in marriage (Mr. Pleasant, hearing disability; wife has hearing disability).*

*In fact, my elder brother had seen her and he did not say anything. I told my sisters about her condition and they were all happy for me (Mr. Love, visual disability; wife has visual disability).*

Surprisingly, Mrs. Charming, a person with mobility disability and Mrs. Sharp, a person with hearing disability mentioned that they had the support of their respective families especially since they had already advised them to marry men with disabilities.

*Because of my situation my mother even advised me not to marry an able-bodied person because the person’s family will complain so I should marry my fellow person with a disability. The people in my town were surprised that I was coming to marry a person with a disability but nobody said anything bad. No one in my family said anything against the marriage (Mrs. Charming, mobility disability; husband has mobility disability).*

*For me, because my family wanted me to marry a deaf person, when I brought one home, they did not have any issue. My father was okay (Mrs. Sharp, hearing disability; husband has hearing disability).*
On the other hand, some persons with physical disabilities, had relatives who were not in support of their choice of a partner as they would have preferred that they married someone who did not have any kind of disability so that he/she would assist them with the house chores among others.

*My family accepted it but then we know the family is made up of a lot of people and so there were times that some met me and complained that, now that I have decided to go for this burden upon myself, who will fetch water for me (Mrs. Forgive, mobility disability; husband has mobility disability).*

*Formerly, I was staying with them when they were advising me to go for a hearing person but then later on I moved to Tema to be on my own so we parted for a long time so when I introduced this lady, they didn’t utter a word. The first day I introduced her to my mother, initially she thought she was a hearing person but when she got to know she was a person with a hearing disability, she didn’t say anything (Mr. Gentle, hearing disability; husband has hearing disability).*

Although some families, like that of Mrs. Pleasant, a person with hearing disability, did not oppose her choice of a marriage partner, they were concerned about the children that would be born out of the relationship since they both had hearing disability.

*My wife’s parents were thinking that two persons with hearing disability getting married maybe we will give birth to children with hearing disability. They had that thought in their mind. They had lived in some community where deaf people had married and given birth to deaf children that is why they had that perception that we may also give birth to deaf children (Mr. Pleasant, hearing disability; wife has hearing disability).*
4.2.5 Experiences of Persons with Physical Disabilities and their Partners During the Dating Period

The direct experience of persons with disabilities and their partners during the dating period involved some spouses without disability, not knowing when exactly to offer assistance to their partners with disabilities and when not to.

*When we started the relationship and I was visiting him, I realized that he could do a lot of things on his own. He was able to go to work on his own and all but it got to a point that whenever I visited, I personally wanted to do a few things to help him but then he did not allow it. When I studied him, I realized that although he is a person with visual disability, he is not the type that when I live with, he will worry me a lot. He can do a lot of things (Mrs. Confidence, no disability; husband has visual disability).*

For Mrs. Assurance, a person with visual disability, the challenge she encountered with her husband during the pre-marital stage had to do with the fact that he did not attend social gatherings with her. According her, he used to complain when running errands for her.

*The difficulties I had was that sometimes, it was difficult for him to listen to me. Sometimes it is difficult especially when he says that the sending is too much. And especially social gatherings like this, for him to take you there, sometimes it is difficult. I did ask him a lot of times that, is it because of my disability or what? I do ask him a lot till today that we are married (Mrs. Assurance, visual disability; husband without disability).*

In response to the challenges earlier raised by his wife, Mr. Assurance, a person without disability mentioned that during their dating period, he was the only one running errands for her in addition to him being employed and that was stressful for him.
At first, even with that I was the only person going up and down and she was also not working. Sometimes when I come, I am very tired and want to rest but she will say maybe there is no water and that one too I have to go and fetch water and sometimes I feel the body pains. It was during the courting period but we still have it in marriage too as well. It is not intentional that I will say I will not go but then I will be tired and there is no one helping, it is just the two of us (Mr. Assurance, no disability; wife has visual disability).

4.3 Marital Experiences of Persons with Physical Disabilities and their Spouses

With objective two (2), the marital experiences have been classified under the following themes: Positive experiences encountered with spouses and negative experiences encountered with spouses.

4.3.1 Positive Experiences Encountered with Spouses

This section reports on the positive experiences that persons with physical disabilities and their spouses experienced among themselves as well as with other people. This theme has, however, been sub-divided into three (3) different sub-themes to include: performance of house chores; support from neighbors and changes in attitudes of family members.

4.3.1.1 Performance of House Chores

Couples who were both persons with physical disabilities, narrated the positive experiences they have had with their respective spouses in terms of how they went about the household chores and
the other activities. This was to prove their actual capabilities and that of their spouses with disabilities, as opposed to the perception that people have amongst others.

*In terms of the food, my wife will cook, the dirty things she will wash and other things that she can sit and comfortably do, those are simple for her (Mr. Forgive, mobility disability; wife has mobility disability).*

*Right now, no one has any problem, we handle all our tasks ourselves. As you are here, my wife could fetch water using the gallons and I can also fetch water using the gallons. When I go and fetch the water, I place the gallon on the side of the wheelchair, where my legs are and that is how I bring it home (Mr. Charming, mobility disability; wife has mobility disability).*

*For managing thing at home, it is normal. With washing and all other things, when my things are dirty, it is my wife who washes it. Yesterday for instance when I returned from my trip to Cape-Coast, my things were dirty but then I did not want to add it to her problem and so I personally washed and dried it on the line over there (Mr. Love, visual disability; wife has visual disability).*

Some persons without disability also spoke about the things their spouses with visual and mobility disabilities could do in the house in relation to house chores despite their disabilities. These, they claimed, even amazed them at times.

*Apart from those who helped us in the initial stages, that is all. We do everything ourselves, we don’t need any help from any member again. She can cook, and we do cook fufu together and enjoy it happily (Mr. Faith, no disability; wife has visual disability).*

*Just as you witnessed him weeding when you came, that is what he does. He weeds around the house when it is bushy. Those of us who claim that we have our eyes functioning, there*
are times where things get missing in the house and myself and the children will look for it for a very long time without finding it but then he will insist the thing is in the room and lo and behold when he enters, he is able to look for it for us (Mrs. Perfect, no disability; husband has visual disability).

Formerly, I was thinking that, so with this disability, when it comes to washing, it means that I am going to do the washing, but then I found out that my wife does almost everything. She does the washing, the cooking and all . . . So, I have also come to realize that, when they say disability is not inability, it not a jargon, it is real. Because of my wife, each time I see a PWD, I have that notion that he/she is like my wife (Mr. Adorable, no disability; wife has mobility disability).

Mr. Perfect, a man with visual disability also spoke about how instrumental his wife, a woman without a disability, was towards the building of their house.

It was my seeing wife who ensured that this house was built. Whenever I brought the money, I instructed her on what had to be done and she supervised it and so assuming she was visually impaired and I gave her that task, how would she do it? (Mr. Perfect, visual disability; wife without disability).

In terms of childcare, some couples with hearing disabilities shared their experiences on how they were able to detect when their little children were crying or needed anything as well as how they communicated with them.

For taking care of the baby, I do everything and my husband supports. When I am sleeping and the baby wants to breastfeed, I wake up as soon as she shakes herself or makes any movement. Anytime the baby is crying, she moves around on the bed so even when I am asleep and I feel that the baby is moving, I wake up because I know that the baby is crying (Mrs. Sharp, hearing disability; husband has hearing disability).
Because we are persons with hearing disability, we try to sign to teach our children so that our children can also understand our sign language (Mrs. Success, hearing disability; husband has hearing disability).

Persons with visual disabilities and their spouses also shared how they handled the responsibilities of childcare such as bathing the baby amongst others and the support they got from their partners.

A trained blind person is capable of taking care of herself, her husband and children. I have been bathing my children since day one before my mother will come. She will come and stay for a month or two and then go away and I will have to do the rest (Mrs. Faith, visual disability; husband without disability).

I have a four-month old baby but because of her age, it is difficult for my eldest daughter to assist in carrying her and so if my husband is home, I am very happy because he can take very good care of the child so much that I am able to relax and also do other things. But then when my husband leaves for work on Mondays, I know that it will be difficult in his absence because the little children are not able to carry the baby for long (Mrs. Faith, no disability; husband has visual disability).

4.3.1.2 Support from Neighbours

The fact that persons with physical disabilities and their spouses live in a society implies that there are several influences that the community has on their lives and their marriages. Some persons with physical disabilities shared the support they received from their co-tenants with whom they lived in the same house with.
The tenants in the house help us a lot. Even our landlord helps us a lot by trying to communicate with our children so that the children will learn to speak (Mrs. Gentle, hearing disability; husband has hearing disability).

So far, the people in this house have been supportive. Maybe I am not around and my husband wants to buy something from outside, the guys around do help him a lot (Mrs. Potential, no disability; husband has mobility disability).

Other people within the communities in which some of the couples lived, provided assistance to them in terms of running errands amongst others.

For the assistance we get a lot from our neighbors. For instance when I was about cooking this meal, I called a child in the opposite house to buy me the foodstuff from his mother. Sometimes, if even it is a passerby and you call him to do something for you, the person will (Mrs. Love, visual disability; husband has visual disability).

For this area, I am the assembly man, an unofficial assembly man. So, when I step on the street, people come to me like ‘oh Baba, where are you going’. For that one they assist me a lot. They are always ready to assist me (Mr. Orange, visual disability; wife without disability).

4.3.1.3 Changes in Attitudes of Family Members who Initially Objected to the Marriage

This section details the changes that have been experienced in the attitudes of relatives of spouses without disability who initially objected to the marriage. These relatives, according to the spouses without disability had come to realise that the perceptions they had about their partners with disabilities were baseless, thus, an improvement in their relationship with them.
My brother who was even not on talking terms with my husband now visits us at home, he sometimes comes to live here and he can sit and chat with my husband. He keeps telling my husband to buy cement so that he brings masons to come and work on portions of our house. Anytime he calls also, he wants to find out how my husband is doing (Mrs. Perfect, no disability; husband has visual disability).

When something happens and she has to go to my family house and help, she is able to. But at first, they were thinking that maybe when it come to that aspect, she cannot help in those things... They were thinking that a time will come that maybe I rather will be in the house taking care of my wife. But by God’s grace, they have seen that she can also go and help them and do other things. So now they are trying to praise me rather saying that I have found a good woman (Mr. Assurance, no disability; wife has visual disability).

They have changed their attitude. Now they feel that there is nothing bad in marrying someone with a disability. So, they are good. Our relationship is now better (Mrs. Riches, no disability; husband has visual disability).

4.3.2 Negative Experiences Encountered with Spouses

Persons with physical disabilities and their spouses also encountered some negative experiences in marriage. These negative experiences have been sub-divided into the following themes: challenges with finance; challenges with accessibility; discrimination and stigma based on people’s perceptions about disability and challenges with partners within the home.

4.3.2.1 Challenges with Finance

This section reports on the financial difficulties that persons with physical disabilities and their spouses encountered in marriage. Some persons with mobility disabilities, explained the difficultly
they had experienced in terms of securing an employment although they had the qualification. This, they claimed, caused financial challenges for their families.

Our problem is the unemployment. Exactly 6 months after our marriage, there was a fire outbreak and so my business got affected because my things were burnt. At the moment, I have a diploma in software designing but then since I completed school, it is not that I do not know the job, I know the job alright but then because of my disability, they do not want to employ me. But because I am a Pastor also, so far, every week the church gives me GH¢30 and that is what I use to manage few things at home in addition to the little money my wife gets from her trade (Mr. Determination, mobility disability; wife without disability).

We have a container but it is left with money that we need to purchase the merchandise we will retail. That is what we have tried to do but our efforts have been fruitless so far. However, we still hope God will intercede on our behalf so we get some money to start the business. So, for now, we are both unemployed and it only God who sees us through (Mr. Charming, visual disability; wife has mobility disability).

Although he was employed, Mr. Pleasant, a person with hearing disability spoke about the financial challenges associated with raising children and the related utility bills he had to pay.

One of the challenges I will say is that, since we married and started raising our children, it has not been easy at all. Raising up children, school fees, feeding and all have been the major challenge that we have faced. The bills-water and electricity. I even complained that my boss increases my salary but he hesitates but I know with time things will change (Mr. Pleasant, hearing disability; wife has hearing disability).

Mr. Perfect, a man with visual disability described how he encountered financial challenges at the early stages of his marriage due to the fact that he was unemployed when he married his wife. He
however attributed his unemployment to the fact that he lost his job when he became disabled. He also mentioned the challenges persons with visual disabilities encounter in securing employment.

*From 2003 to 2004, things were difficult for us so we both packed and left for home in Navrongo. We went to live there but then things were still difficult for us and so we had to return to Accra . . . I slept on the streets for about a year and half until I got money for us to rent a room . . . then in 2009 I started my training at the rehabilitation centre. I was able to complete my program within 6 months and I was retained by the rehabilitation centre to teach. It was from that time that things became a bit easy for us (Mr. Perfect, visual disability; wife without disability).*

Mr. Confidence, a person with visual disability also indicated that due to the busy schedule of his wife, she was unable to accompany him to a lot of places. Because of that he depended on an aide whenever he had to go somewhere or chartered a vehicle. He explained that both options had their related financial costs.

*I depend a lot on an aide. That is the biggest challenge that I have in this life. It takes a lot of my resources. It worries me a lot . . . when I are going to Accra and I have to go with someone, I have to pay for the person’s transportation, if the person would have to eat, I have to buy something for him. At the end of everything, I have to give the person some pocket money. If I have to go somewhere and I do not get anyone to accompany me, I may have to pick ‘dropping’ to the place which is also expensive (Mr. Confidence, visual disability; wife without disability).*
4.3.2.2 Challenges with Accessibility

The challenges that persons with physical disabilities and their spouses encountered included inaccessible buildings and facilities at both private and public places such as hospitals.

My wife for instance is more willing to assist me access some buildings and structures but then when you look at our stature, I am fatter than her and so she cannot carry me. She sometimes wants to help but then I do not allow and so if at that point there is someone available, that person carries me at his back and takes me to the specific floor I am going to (Mr. Determination, mobility disability; wife without disability).

With the government hospitals, to me, they did not think of the disabled when building it because if they did, they will know that we will definitely attend hospitals. This is because sometimes when you go to the private hospitals, there are some beds that can be easily adjusted-it can be raised or lowered but then in the government hospital, they can’t adjust the beds (Mrs. Forgive, mobility disability; husband has mobility disability).

In addition to the inaccessible buildings, some persons with mobility disability also spoke about the inaccessible transport system in the country. Some couples had to pick a taxi since the public mini vans, commonly known as trotro were not accessible for wheelchair users.

The challenge in the marriage is that, anytime we have to go out, we have to go with a taxi . . . the transport system is very bad; it is not accessible. If you don’t have money to move around, it means you have to be at one place. So, the transportation system has been our greatest challenge . . . unlike if I was to go alone, I would have picked the trotro but to go with him, I have to go with a taxi. Even going to church, all the time we have to go with a taxi (Mrs. Potential, no disability; husband has mobility disability).
Persons with hearing disability, however, encountered communication barriers most often. They encountered these barriers in places they visited and also, whenever they were on board public transport since most people they met did not understand sign language.

One of the challenges we face is that at times when we are going to board vehicle, because we cannot hear, we try to describe where we are going to the mate but then before we realize we are at somewhere because we were not able to voice out where we are going (Mrs. Success, hearing disability; husband has hearing disability).

### 4.3.2.3 Discrimination and Stigmatization Based on People’s Perceptions about Disability

The perceptions people had about the causes of disability, influenced how they related to persons with physical disabilities and their spouses and the stigma that the couples experienced. Some couples recounted that after they had struggled to board the *trotro*, despite its inaccessibility and the difficulty in getting a driver to stop for them, they encountered some form of discrimination on board the vehicle.

The challenge is that, as for the outing, we can go but then it is the drivers who sometimes do not help us. For instance, when we are by the roadside and we even stop them, as soon as they see our type of disability and the wheelchair, they would not want to even pick us and that is the problem. Sometimes, after we have boarded the vehicle, the passengers especially would not want us to sit close to them or get our skin to even touch them (Mrs. Forgive, mobility disability; husband has mobility disability).

Sometimes when we board vehicles and our body touches someone, the manner in which the person will behave it is as if you have committed a taboo (Mrs. Love, visual disability; husband has visual disability).
Some persons with mobility disabilities further recounted how their relatives were also stigmatized because they were not the only people in their family with a disability.

*There is a young boy in this area that one day, . . . he had an argument with my mother and he insulted my mother that she had given birth to a disabled child who did not also have pity on herself but has gone ahead to marry a cripple (Mrs. Forgive, mobility disability; husband has mobility disability).*

*I have a brother who is an albino and someone was quarreling with my mother and insulted my mother that she has given birth to disabled children and in Ga they call it Helatsemei (sick people) . . . it affected my mother. And in this community too, I think because I have a disability they do not like my children because any bad thing that happens is ascribed to my children. Even if all the children are playing and they damage someone’s item because my children are part the owners come to me that it is my children who damaged it (Mrs. Adorable, mobility disability; husband without disability).*

Mrs. Potential, wife of a person with mobility disability, also shared her experience of being accused of marrying her husband because of money although in actual fact, her husband was unemployed.

*The worst thing I have heard is the accusation that I married my husband because of money . . . He said it seems I married him for money, had it not been for that, my husband would not have gotten anyone to marry him (Mrs. Potential, no disability; husband has mobility disability).*

Surprisingly, some people held on to the perception that persons with disabilities were beggars or always in need of financial assistance. Some people with physical disabilities, therefore, recounted their experiences with people when they mistook them to be beggars.
Sometimes when people see us, just because we have a disability, they think that we are extremely poor or even the poorest in the town. Sometimes, they see you and then throw coins sometimes GH¢0.50p at you because they think you need the money but then that is a big insult although the person didn’t open his mouth to say anything but then the action alone is an insult (Mrs. Forgive, mobility disability; husband has mobility disability).

We were going somewhere and someone just stopped and said he wanted to give us money but we told him we were okay. We have experienced it about three times. There was one woman that the moment she saw us, she started crying. That was in Akosombo. The moment she saw us, she started crying and walked to us saying that she had not made enough sales for the day and so was worried she could not give us anything (Mrs. Potential, no disability; husband has mobility disability).

The perception that every person with a disability is a beggar led to some people not respecting persons with physical disabilities. This perception, sometimes, made it difficult for drivers to stop for them even when they had money to pay for the transportation fare and also, difficult for them to seek assistance from people in town although the assistance was in no way related to money.

They do not respect us. If even you are standing somewhere waiting for something or someone, some people passing by can meet you and decide to give you some coins because they think you are a beggar. If even you stop a car to board, they think you are begging for money so they won’t mind you. (Mr. Determination, mobility disability; wife without disability).

Our challenge as a couple is with our walking to places. There are times where we are going somewhere that you actually need someone to assist you get there but there are some people that when you call them, they think you are coming to beg them for money and so
they will not mind you . . . So, for us, when it comes to challenges we really have some in terms of going to places (Mrs. Love, visual disability; husband without disability).

Amazingly enough, it was not only on the streets that people mistook persons with physical disabilities to be beggars as it happened in some places where they sought services from.

One day I went to post office at circle to collect the goods which my children sent me. As soon as we got there, they said go go go go go we are not working. I said how? Do you know the sort of person I am? I am not a beggar, I am coming to collect my things and then he said ooh sorry. So you see, many people think that if you have any form of disability, then you are a beggar but that should not be. They should give us the due respect (Mrs. Faith, visual disability; husband without disability).

Sometimes you are buying something from a trader and then you have the money alright but then once you approach the person, the first thing she will say is that, ‘ade nke y3’ meaning, it is too early to beg. But then that is an insult because you have the money that you are using to buy the things but then because of your disability, they think you are in to beg (Mrs. Forgive, mobility disability; husband has mobility disability).

In relation to the perception people have about the sexuality of persons with disability, some couples in this study experienced some negative attitudes and comments from outsiders who believed persons with physical disabilities were asexual.

On this same issue, I remember somebody even asked, so if someone who can’t see marries you, how will the person penetrate? Meanwhile no married person must put on light before penetration (Mr. Riches, visual disability; wife without disability).
People talk about persons with disabilities being asexual but then those who make such comments do not know and those who also know try to convince others that it is false and that we are not asexual (Mr. Potential, mobility disability; wife without disability).

Also, due to the perception people have about the children born from relationships in which one partner or both have a disability, some relatives of the couples were always eager to know whether their grandchildren, nephews or nieces also had a disability or not.

*When my husband’s family hear that I have delivered, they all rush to see whether the child also has a disability. So, when they come and realize that the child is normal they are okay. So, these are some of the challenges. They are eager to know whether their grandchild has visual disability or not (Mrs. Assurance, visual disability; husband without disability).*

*When people get to know that I have delivered and they come to visit, all they want to check is if the child has visual disability or not (Mrs. Perfect, no disability; husband has visual disability).*

*When she got pregnant . . . I refused to inform my family because at first, they were certain that I marry a hearing person and I refused. So when she delivered and my sister realized they were twins, she called our family members to come and they were very excited that we had given birth to twins. They were however thinking the children were deaf until the Doctor told them the children were not deaf and that they can talk. But even with that, they wanted to check under their tongue to see if there was a particular muscle (Mr. Gentle, hearing disability; wife has hearing disability).*

Mrs. Determination, wife of a person with mobility disability detailed how she would have been accused of infidelity by her husband’s step-mother if not for the fact that she lived with her husband in the same house before, during and after her pregnancy.
In the beginning when I moved here, my husband’s step mother said that, had it not been for the fact that, I was in the house before I got pregnant and I lived in the house throughout my pregnancy, she never thought that my husband could impregnate a woman. But then because I was living with them in the house, she was convinced that I have not had any extra marital affairs since initially she never imagined that I could even get pregnant by my husband but then God is my witness (Mrs. Determination, no disability; husband has

Aside the stigma they experienced in the community, pregnant women with physical disabilities also faced stigma in the hospitals due the perception people have about their sexuality and capability. According to them, other pregnant women stared at them, made fun of them and asked questions about the one responsible for their pregnancies all because they had a disability.

When I was pregnant and I went to the hospital, some of the patients were making fun of me because I was the only deaf person among the women and they were like a deaf person giving birth, you will definitely give birth to a deaf child. They were like how did I get married, how did I get pregnant (Mrs. Sharp, hearing disability; husband has hearing disability).

One experience I remember is that, I went for antenatal and people were surprised saying that, who is the wicked person who has impregnated this deaf lady? And this was a challenge because am I not a human being? Can’t I enjoy sex? Can’t I marry? Can’t I be pregnant? (Mrs. Gentle, hearing disability; husband has hearing disability).

Sometimes people see you and they ask that why is it that you, a person with a disability, you did not have pity on yourself and decided to get pregnant. Other pregnant women also stare at me and sometimes gossip when I visit the hospital but then the nurses do not do that (Mrs. Forgive, mobility disability; husband has mobility disability).
Adding to the discriminatory attitude of other pregnant women is the negative attitude of some healthcare professionals towards pregnant women with physical disabilities. Some of the women with physical disabilities described the disrespectful attitude of some health workers in the facilities they visited.

_Sometimes because you are disabled person, if they want to talk to you, they are rude to you, they scold you and they don’t show any respect actually. Well, when I was pregnant with my first born and I was in labor, I remember the nurse was like I should keep quiet over there because I have allowed myself to be impregnated and I am now coming to disturb them (Mrs. Adorable, mobility disability; husband without disability)._ 

_During my pregnancy, the Doctor wrote some medicine for me to go and buy but then the man at the pharmacy said he wanted to test me to see if I was pregnant first, though I was pregnant and they were doing some signs like they are mocking me (Mrs. Gentle, hearing disability; husband has hearing disability)._ 

_As for the hospital, it is not good it all. It is very bad. When I went to deliver this child (pointing at baby), they almost killed me. It hasn’t been easy at the hospital for me at all because they won’t even mind you. When they took me to the ward, the nurses, very young girls like your age they didn’t even mind me because of the disability. They told me I was disturbing them and that if I realize that I cannot, I should leave and go to another hospital (Mrs. Forgive, mobility disability; husband has mobility disability)._ 

Mrs. Adorable, a person with mobility disability also stated her experience regarding how she was referred from a polyclinic to a teaching hospital simply because she was a woman with mobility disability, pregnant with twins:
When I got pregnant the second time, which turned out to be a set of twins, I was going for antenatal at the Mambrobi polyclinic but then they asked me to go to Korle-bu teaching hospital when I am due . . . They said because I am a person with a disability and they did not know what will happen if I am to give birth to the twins at the polyclinic... When I got to Korle-bu and they looked through my folder, they were wondering why I was referred there. The doctor was very angry because everything was okay with me. So, I delivered safely at Korle-bu and it was through the natural birth and nothing happened (Mrs. Adorable, mobility disability; husband without disability).

4.3.2.4 Challenges Encountered with Partners within the Home

Persons with physical disabilities and their spouses also encountered some challenges amongst themselves in the marriage. These negative experiences included challenges with some chores and the temperament of some spouses.

It is only petty things that at times, I wish him to do that he doesn’t do. Let’s say when I am tired and I wish that he would do some things for me but he will not do it saying that I have to do it because I can do it better. Especially if I have to iron for him so that he goes to work, I wish he will do it but he will tell me that, he will take time when doing it and that one (ironing), it consumes a lot of power so he wishes I do it. And because he cannot see, at times it makes it difficult explaining things to him or making him realize that, that this is what you have seen so that is how it is (Mrs. Riches, no disability; husband has visual disability).

Since I lived with my husband, he has that attitude of getting angry easily but it is not too much . . . Because they cannot see your facial expressions, even when they offend you, they
do not realize what they have done (Mrs. Confidence, no disability; husband has visual
disability).

Mrs. Assurance, a partially sighted person, who did not encounter much challenges with
inaccessible buildings, recounted the reluctance of her husband to attend functions with her.

*I had a negative one that I said up to date, how to tell me that ‘oh my wife, let’s go to this
place or let’s go to this social gathering or they have invited me to this place so let’s go’
he will not do it . . . he is finding it difficult to take me along. Even church, sometimes he
will take the lead (Mrs. Assurance, visual disability; husband without disability).

Some spouses without disability, such as Mrs. Riches, reported how difficult it was at times leaving
babies with their father who has a visual disability.

*When it comes to leaving the children with him (husband), feeding and all, if the children
are not grown, it becomes a little bit difficult (Mrs. Riches, no disability; husband has
visual disability).

4.4 Coping strategies

Due to the various challenges encountered by persons with physical disabilities and their spouses
encountered in the society as well as in their marriages, the couples in this study adopted various
coping strategies to help them handle some of the above-listed challenges. Under objective three
(3), the coping strategies have being classified into two themes: emotion-focused and problem-
focused coping strategies.
4.4.1 Emotion-focused coping strategies

Coping strategies such as tolerance, praying and self-encouragement have been classified under the emotion-focused strategies. These strategies are related to how persons with physical disabilities and their spouses reacted to the challenges they encountered emotionally. The various emotion-focused coping strategies employed by couples in this study are explained in the subsequent paragraphs.

4.4.1.1 Tolerance

Some persons with physical disabilities and their spouses choose to ignore comments from others, acted unconcerned and tolerated whatever others said about them and their marriage as a form of their coping strategy.

*For outsiders, I ignore at least 99 percent of what they say. The reason is that, what you say is not what will change my thoughts . . . When you tell me something, I come back and think about it and when I feel it is good, I will take but if I feel otherwise, I ignore it. But with my wife, she is the one I live with and so anything that she does, directly or indirectly, it affects me (Mr. Confidence, visual disability; wife without disability).*

*At times, as a person with a disability, people will say things about you to hurt you but then we do not listen to what people say about us because the moment you try to give them the attention, you lose focus. Even if it is an able-bodied person, people will definitely talk about us so how much more when I am married to someone with a disability. So once someone says something to discourage us, we just ignore and move on. If only what they are saying will help, then fine we listen to them but if it will dampen our spirit or discourage*
us, we just forget about it and move on (Mrs. Potential, no disability; husband has mobility
disability).

Managing the home, it is like it always boils down to exercising patience; that is the key.

In fact, we tolerate each other a lot (Mr. Riches, visual disability; wife without disability).

Mrs. Assurance, a person with visual disability, on the other hand, chose to ignore all forms of
comments related to her disability simply because, she was not born with the disability.

Especially me, I am not concerned when people talk about my disability. I was not like this
(visual impaired), I was not born with this visual disability so I don’t care when people
talk about me. Yes, I have it (visual disability) and so? I don’t put my mind on comments
like ‘I’m disabled so I can’t do this and that’ (Mrs. Assurance, visual disability; husband
without disability).

4.4.1.2 Self-Encouragement

Challenges are bound to happen once a person has any form of disability. As a result, some persons
with disabilities and their spouses resorted to self-encouragement as a form of coping strategy as
this helped them to push further in life.

I encourage myself. I am also human and if I am disabled in seeing, it doesn’t mean that is
the end of my limits. I have been able to still move on and then I have been telling people
that in my family, we are eight siblings and I am the fifth born but I am the first person to
attend tertiary. I rather encouraged my elderly ones and some have just completed and so
I do encourage myself a lot (Mrs. Assurance, visual disability; husband without disability).

The issue is that, sometimes when I sit down, I look at the steps we went through and the
fact that no one knew I would one day be visually impaired, no one imagined I would get
an employment to be able to even build my own house. So, all the time we have to be focused because the fact that we have been able to build our own house does not mean the end of all our struggles. So, we encourage ourselves because it is not always joy. We know that, challenges are bound to happen but then it won’t always come the same way (Mr. Perfect, visual disability; wife without disability).

4.4.1.3 Praying

Praying was also listed by some of the couples in this study as a coping strategy. Some couples stated that they coped by praying to God during the difficult situations they encountered. They believed in leaving everything to God and then praying through the challenges they encountered hoping for a change.

When certain challenges arise as I said, all we hope for is that praying to God will help the situation. Because there are challenges which we face that we can only appeal to God to help us with coping with them. We appeal to God to show us the way forward (Mr. Charming, mobility disability; wife without disability).

For us, we leave everything to God because we know that vengeance is of God and so at the right time He will prove himself king. Had it not been for that, we would have fought a lot of people (Mr. Determination, mobility disability; wife without disability).

4.4.2 Problem-focused coping strategies

Coping strategies that concentrated on how best to address the challenges and the actions that persons with physical disabilities and their spouses adopted to overcome their difficulties were classified as problem-focused strategies. These strategies paid attention to the problems that were
being experienced. Coping strategies that emerged as sub-themes under this theme included: training spouse and children; personally solving issues and seeking assistance from others; communicating through writing; seeking prompt medical attention. They are discussed in details below.

4.4.2.1 Training Spouse and Children

In order to get their children to offer assistance to them in terms of house chores, either in their absence or in their presence, some women, with and without disability taught them what to do.

*I teach the children what to do, how to do it and what not to do so that in my absence, if even their daddy needs anything, they can provide it for him (Mrs. Determination, no disability; husband has mobility disability).*

*Just like you met the children preparing the banku, I am the one supposed to prepare it but then they are doing it and in everything they help me because they are my children and I have taught them what to do. My eldest daughter helps a lot with the house chores as well my mother (Mrs. Forgive, mobility disability; husband has mobility disability).*

Persons with hearing disability also indicated that in an attempt to better communicate with their hearing children, they taught them sign language at the very early stages of their lives.

*Our children, because we are deaf, we raise them with sign language so that they can communicate with us using the use sign language... I teach them the various signs for objects. So when I pick an object, I sign to show them so that they can communicate with us. Our last born is very good with it (Mrs. Pleasant, hearing disability; husband has hearing disability).*
Among the couples themselves, Mrs. Riches, wife of a person with visual disability, also stated that she and her husband both coped by teaching each other how things ought to be done due to their different upbringing.

>You see, everybody comes from a different background. The way he was brought, that is not the way I was brought up. So, in a way, I teach him how I want my things to be done and he also teaches me how he wants his things to be done (Mrs. Riches, no disability; husband has visual disability).

4.4.2.2 Personally Solving Own Issues and Seeking Assistance from Others

Some of the couples interviewed revealed that they had issues at home at times. The interviewees stated that they coped by solving whatever issues they had on their own without involving people outside the marriage.

>We sit down, we talk a lot and we solve our problems within. We don’t really take it to others outside to solve for us (Mrs. Assurance, visual disability; husband without disability).

>When we were about to marry, we said to ourselves that we don’t want to go out with our issues so that people will sit us together and discuss it. If we caused it, we have to solve it ourselves. So, we do that a lot (Mr. Love, visual disability; wife has visual disability).

>Because I love her, when there is a challenge, we find a nice way and then trash it out. We solve our problems ourselves. We don’t send our problems out. I have never tried to be hard on her. Even if there is an issue, I will try and wait until she is calm and then I find a nice way to sit her down. I have never raised a cane on her (Mr. Medical, hearing disability; wife has hearing disability).
Knowing the perceptions that people have about the capabilities of persons with disabilities, some persons with physical disabilities in this study also resorted to being determined and doing some things for themselves so that they will not always rely on others.

*I also try to do things for myself so that I won’t always be asking or sending people to do things for me. Most often you will find me by my laptop learning and I go to town and back. I am also always on the move and I am very active* (Mr. Determination, mobility disability; wife without disability).

*I always try to do things because if tomorrow you are not there to do it for me, what can I do for myself? This is because you might do it for me for the 1st, 2nd and 3rd time but then on the 4th request, you may not do it. I always say to myself that, if there is no one with me, I will strive to do things for myself* (Mr. Potential, mobility disability; wife without disability).

Whereas some persons with physical disabilities in this study resolved not to rely on people, other couples also indicated that they sought assistance from family, friends and neighbours when the need arose.

*When he is not around and there is no water or other things that I cannot do, I fall on people around, especially the children living in the neighborhood. You know, with water like this, when they fetch you will pay them so I fall on those people to fetch then I pay. Sometimes too there are also adults who do that for a fee. That has even moved us to this place that we live because my siblings live around so when he is not around, I fall on them to also run the errands* (Mrs. Assurance, visual disability; husband without disability).

*I do not really rely on an aide but when it becomes critical and I need assistance, I call on a passerby and plead with him to give me directions to the particular place I am going to.*
If after I have been given the direction, I realize that moving to that place will be a bit rough, I tell them that, due to my situation, they should assist me get there and they do it most of the time (Mr. Love, visual disability; wife has visual disability).

I remember that there was one day I washed utensils but I forgot to remove the sponge from the dirty water and so I threw it away together with the water. So, I waited for a while and when a man was passing, I called on him to help me find the sponge which he did (Mrs. Love, visual disability; husband has visual disability).

Couples with hearing disability added that since they could not talk with their children, relatives assisted them with verbal communication so that their children can learn to speak.

Like I was saying, we were staying with my grandmother so she interacts with the children in Ga and helps them and then they learnt to speak. And also, if my wife’s mother comes she teaches them the fanti so that they will also learn the fanti (Mr. Pleasant, hearing disability; wife has hearing disability).

### 4.4.2.3 Communicating through writing

Couples with hearing disabilities handled the communication barriers they encountered by communicating through writing with their co-tenants and also at the various places they visited that did not have sign language interpreters.

When we are going to places where there are no deaf people around, we carry pen and paper along so that we can be communicating through writing (Mr. Sharp, hearing disability; wife has hearing disability).

When we are going to purchase something, we go with pen and paper to be able to communicate with the people (Mr. Medical, hearing disability; wife has hearing disability).
When we are at home and there is anything, we communicate with our co-tenants through writing because there is no one who can sign. We often write but when the discussion gets tougher and there is no understanding, we just give our parent’s number to the landlord so that they communicate with him and then later, our parents will rather give us the information. . . Sometimes too if we see that the program we are been invited to, we do not understand the purpose of the program or there will be no sign language interpreter, then we do not go at all (Mrs. Sharp, hearing disability; husband has hearing disability).

4.4.2.4 Seeking Prompt Medical Attention

This coping strategy was adopted by a couple who had come to realise the importance of seeking prompt medical attention not only for themselves but for their children. They adopted prompt medical attention as a means to address any issue that will occur especially in terms of the health of their children.

Because it has happened to him (husband), we know it may happen to anyone so truth be told, with our children, anytime they complain of their eyes, we quickly take them to the hospital because for my husband’s own, he said when he was a child, he always suffered from severe headaches but then they did not think it had anything to do with the eye. So then with the kids, if even they complain of headache and he has left for work, I call to inform him and he will tell me to take the child to the hospital. He will insist that I do not give the child any medicine until the doctor prescribes one for me. So then with that, we are very careful (Mrs. Confidence, no disability; husband has visual disability).
4.5 Discussion of Findings

This section discusses the findings of the study and the implications of the Critical disability theory to the study. It is worth noting, however, that the discussions are based on the objectives of the study.

4.5.1 Pre-Marital Experiences

People with physical disabilities have over the years experienced a lot of challenges in the various communities they live in. This is, however, due to the different perceptions that people have about disability and its causes. In view of the fact that marriage involves people from different backgrounds, there are specific things that people look out for in their prospective spouses. This is what influences their decision on whether to marry the person or not. Findings of the study indicated that most of the participants looked out for the character of their partners before agreeing to marry them. Character was, nevertheless, determined in various ways to include how hardworking, caring or respectful a person is. This finding confirms that of Alavi, Alahdad and Shafeq (2014) and Maliki (2009) which states that one of the things that people looked out for in a prospective spouse was the person’s character. According to the authors, a person with a good character would make a better spouse. Generally, persons with physical disabilities and their spouses, in addition to character, looked out for the employment status of their partners as well as their religious affiliations. It is, thus, worth noting that the female participants in this study were the ones mostly interested in the employment status of their partners. Adding to these features, some persons with physical disabilities were particularly concerned about whether their partners also had a disability or not. Due to previous relationship experiences with people without disabilities, some persons with physical disabilities in this study decided to marry men/women with the same kind of disability as them. This explains why all persons with hearing disability in
this study were married to partners with hearing disability also due to their ability to communicate better through sign language. However, some other persons with physical disabilities, despite the challenges they previously encountered, decided to still look out for people with no form of disability to marry. The attitude of this group was influenced by the belief that a person without disability would be able to perform a lot of activities and assist them at home.

Although Maliki (2009) outlined fertility as one of the most important characteristics that people looked out for, none of the couples in this study mentioned it as a characteristic they looked out for in a potential spouse. This implies that fertility was not an important thing that influenced the choice of a marriage partner among persons with physical disabilities and their spouses in this study. Alavi, Alahdad and Shafeq (2014) on the other hand identified religious background of a prospective partner as part of the most important features people looked out for to which almost all the couples in this present study mentioned that.

Furthermore, it was revealed from the present study that the perception that people have about the causes of disability play a significant role in the kind of relationship they would want to have with people with physical disabilities. According to the couples interviewed, people perceive disability to be a curse from the gods, a punishment from the gods for the sins committed by the person with the disability or the handwork of an evil person who did not want to see the individual succeed in life. The perceptions about the causes of disability were held by some of the spouses without disability, their family members and the persons with the disability themselves. These perceptions, according to the persons with physical disabilities in this study, influenced people’s decision to date or marry them. This finding confirms the study of Miller, Chen, Glover-Graft and Kranz (2009), Naami (2014), Nyame (2013) and Slikker (2009) that some people perceive disability to be punishment from the gods or a curse and that disability could be easily transferred when an
individual without a disability associates himself/herself with someone who has any form of
disability. In this study, the perceptions about disability explains why some persons with physical
disabilities in this study were rejected by some family members of their previous and current
partners who did not have any disability.

According to some of the spouses without disability, their family members were of the opinion
that marrying someone with a disability would result in giving birth to a child with a disability
which would eventually lead to their family facing shame and rejection in the society in terms of
associated stigma. Similarly, Huang, Ososkie and Hsu (2011) and Slikker (2009) also found out
that people with disabilities are regarded as people who bring shame to the family. In this study,
persons without disability who went ahead to marry people with physical disabilities against the
wishes of their family experienced some challenges from family members at the initial stages of
their marriages. They were, however, not disassociated from the family like in the case of Nyame
(2013). It is, however, worth mentioning that these family members who opposed to the marriage
have changed their attitudes considering the fact that they have come to appreciate the capabilities
of persons with disabilities. Also, these relatives, according to the spouses without disability, have
debunked some of the myths they previously believed in about persons with disabilities.

Comparatively, whiles most relatives of the spouses without disability opposed most of the
marriages, relatives of the persons with physical disabilities applauded their decision to marry
someone without a disability. Some of these relatives, according to the persons with physical
disabilities were only concerned about the sincerity of their partners without disability to marrying
them. In instances where both couples had the disability, especially in the case of persons with
mobility disability, relatives were concerned about how house chores would be performed at home.
Concerns were also raised about the children that would be born out of the relationship. Contrary
to the findings of Gartrell, Baesel and Becker (2017) in Cambodia where the families of women with hearing disability preferred that they married men with no hearing disability, relatives of persons with hearing disability in this current study preferred otherwise. They urged their relations to marry people with hearing disabilities also since they would be able to communicate easily and understand each other better. The only person with hearing disability whose family wished that he married a hearing woman was based on the fact that he was not born with the disability but rather acquired it after an accident.

The above paragraph, introduces the concern of whether an individual’s disability was congenital or acquired since some relatives of the spouses without disabilities according to the couples in this study, were also concerned about it. In this study, some persons with physical disabilities in their interactions with their partners during the premarital stage explained to them how they got the disability by stressing on the fact that their condition was acquired. The concern on whether the condition was acquired or not was due to the belief that if a condition is congenital, the likelihood of giving birth to children with disability was high as compared to those with acquired disabilities. This finding is similar to that of Nyame (2013) and Slikker’s (2009) study which stated that people presume that disability can be easily transferred through birth. This means that women with congenital disabilities encountered a lot of discrimination as compared to the men as they were seen as the ones who had direct contact with the unborn child. Some also were of the view that so far as one of the spouses had a disability, the couple would definitely have children with disabilities. Taking into consideration how children are cherished in the Ghanaian community and the perception about disability, people would go to every extent to ensure that their children yet unborn would not have any form of disability.
Aside the concerns on the causes of disability, the study found out that people also held on to the view that persons with physical disabilities were incapable of doing anything for themselves or for others, thus, marrying them would be burdensome. From this study, it is however, worth noting that the perception on the capabilities of person with physical disability and the concern about childbirth has its resultant effects especially on women with disabilities. Considering the cultural role of the woman in the home, people believe that if a woman has a disability, she cannot do much in the house. For this reason, the men in this study were concerned about the type of disability a woman had before they decided to either have a relationship with her or not. This finding is consistent with that of Mehotra (2004) on the perception people have about the capabilities of women with disabilities. To this effect, the men in this study were concerned about the type of disability a woman had before they decided to either have a relationship with her or not.

Additionally, this study found that the men who were married to partially sighted women expressed their unwillingness to marry totally blind women because of the belief that if a woman is totally blind, she cannot do anything. On the part of women with mobility disabilities, some men with mobility disability were of the opinion that if a woman uses the wheelchair, she would be restricted in the things she could do at home, unlike if she used the clutches or leg calipers. With the exception of couples who were both persons with physical disabilities, almost all the men with visual and mobility disability preferred to marry women without disabilities due to their perception about the role of women and the capabilities of women with disabilities. Also, most of the men without disabilities who were married to women with physical disabilities expressed that they were concerned about the type of disability their spouses had. These findings are consistent with that of Esmail, Darry Walter and Knupp (2010) who stated that the type of disability a person has is very
much considered by people before they make any decision whiles adding that people with visible disabilities face great discriminations.

It is, however, worth mentioning that the spouses of the men with physical disabilities in this study did not pay much attention to whether their husbands’ disabilities were congenital or acquired unlike the men. Neither did they pay attention to whether their partners with mobility disabilities used wheelchair, clutches or leg calipers or if the visual disability was total or a partial one. The women were rather concerned about the employment status of their partners. The concerns of both sexes, therefore, reinforce the cultural perception of the role of the woman in the upkeep of the house in terms of cooking, cleaning, washing, childcare and that of the man in providing financially for the home.

4.5.2 Martial Experiences

The marital experiences of persons with physical disabilities and their spouses entail what the couples have experienced after getting married. Although marriage does not necessarily take away the perception that people have about disability, the marital experiences of the couples in this study differed. The couples in this study encountered people who raised concerns about their sexuality. However, considering the fact that all persons with hearing disability in this study were married to people with the same kind of disability they did not face much discrimination and concerns about their sexuality from the relatives of their current spouses. Rather, they encountered people who raised concerns over the fear that they would give birth to children with hearing disabilities. On the other hand, people with visual and mobility disabilities and their spouses encountered people who thought that they were sexually impotent. Similarly, other studies have also found out that people have a preconception that persons with disabilities are sexually impotent or asexual (Gartrell, Baesel & Becker, 2017; Macllnnes, 2011; Mehotra 2004). In contrast to the perception
that persons with disabilities are asexual and the fear that children born out of such relationships would have a disability, none of the fifteen (15) couples who had children in this study, had a child with a disability. This suggests that persons with physical disabilities are not sexually inactive or incapable of giving birth as people presume. It also suggests that people who hold unto such beliefs do not know much about the causes of disability.

The perception on the sexuality of persons with physical disabilities also led to the numerous comments that people made when they met pregnant women with disabilities. Some people perceived pregnancy to be something peculiar to able-bodied women whereas others also believed that pregnant women with disability had been taken advantage of by able-bodied men. Evidence from the study indicates that not only did the women with disability encounter people in the society questioning their pregnancy, they also experienced same in the hospitals. Considering the fact that the hospital is made up of the very same people in the communities, it is not surprising that they carried the same negative perception about the sexuality of persons with disabilities even in the hospital settings. These negative attitudes, according to most of the women with physical disabilities, were exhibited by other pregnant women they encountered during antenatal checkups as well as by some health workers. The practice of other patients staring at pregnant women with physical disabilities and asking for the person responsible for the pregnancy was in itself stigmatising and discriminatory. This is due to the fact that no one approaches the able-bodied pregnant women to find out who impregnated them.

Contrary to the findings of Peta (2017) in Zimbabwe that some healthcare workers perceived persons with disabilities as asexual and so made it difficult for them to access reproductive health information, participants in this study said otherwise. In this study, the health workers were reported as being impolite when talking to them as compared to when talking to other pregnant
women. According to the women with physical disabilities in this study, the attitude of most healthcare workers towards them was not related to the perception they had about their sexuality but rather, the perception they had about their capabilities. Some of the nurses, according to the women with physical disabilities also pitied them for being pregnant. Apart from the stigmatisation that they experienced, women with mobility and visual disabilities in this study also experienced challenges in the hospitals as a result of inaccessible structures, absence of disability friendly-beds and communication barriers for women with hearing disabilities. The experience of these women with environmental barriers in the hospitals became worst due to pregnancy. The challenges with inaccessible structures, beds and communication are consistent with that of Ganle et al. (2016) and Ahumuza, Matovu, Ddamulira and Muhanguzi (2014) as they reported that some health facilities are not fully equipped to attend to the maternal needs of women with disabilities.

A finding worth noting in the current study is the fact that a person with mobility disability was referred from a polyclinic to a teaching hospital when she was due for delivery because she was pregnant with twins. The excuse given to her by the nurses was that the referral was necessary to avoid any complications that would arise due to the fact that she was a person with mobility disability, pregnant with twins. It can be said that this attitude does not only portray discrimination but also, contributes to the stress that such women were likely to face in the referral hospitals which have a lot of patients compared to the polyclinic. This act, although may not be regarded by the staff of the polyclinic as a form of discrimination, has an underlying issue of discrimination since the polyclinic does not refer other women pregnant with twins to the teaching hospital unless there is an issue of complication. Thus, there was no need to refer a pregnant woman with a disability to the teaching hospital simply because she was carrying a set of twins. This attitude of the nurses also relates to the negative perceptions people have about the capabilities of persons with physical
disabilities and the negative impression that women with physical disabilities cannot deliver twins through the natural birth, unlike women without disabilities.

Despite the numerous perceptions that people have about the capabilities of persons with physical disabilities, most of the spouses without disability expressed how capable their partners with physical disabilities were in the home. The study found that like any other person, people with physical disabilities were able to engage in almost all the activities that people without disabilities presumed they could not and this applied to couples who were both disabled. Spouses of persons with visual and mobility disabilities indicated that their partners were able to do some things such as cooking, cleaning, childcare, weeding and washing in the house with little difficulty.

However, persons with physical disabilities encountered challenges when they moved out of their homes to other places due to the inaccessible environment and the negative attitudes of people. They, therefore, became disabled when they stepped out of their homes. On the part of the couples with hearing disabilities, because they did not have problems with mobility and sight, they were able to do almost everything that an ‘able-bodied’ person could do both at home and outside the home. They, however, encountered a different kind of challenge which had to do with communication barriers and attitudinal barriers since most public places did not have sign language interpreters readily available. Also, they were unable to communicate with their co-tenants and other people within their communities since most of them could not understand sign language.

Although persons with physical disabilities were able to do a lot of things at home, these marriages were not without challenges. Some couples in this study were most often regarded by people within the society as beggars whenever they went out or attempted to ask for any form of assistance such as direction, to purchase something, board a vehicle among others. These attitudes sometimes became embarrassing and discriminatory since some people met them in town and threw coins at
them. Others also refused to provide them with the needed services where necessary because of the misconception that they beggars. This finding is in agreement with Nyame’s (2013) study which explained that even persons with disability who are gainfully employed are also sometimes mistaken as people who need financial assistance by the public. This experience was, however, common among persons with mobility disability and their spouses, persons with visual disability who were totally blind and worst for couples who were both having the disability. Persons with hearing disabilities and those who were partially sighted did not experience much of these since there were no visible sign of a disability until one came into contact with them or interacted with them. Some wives of persons with mobility disability were also accused by others of marrying their husbands for financial gains although the men in question were unemployed. This seems to suggest the perception that no one would genuinely want to marry someone with a disability if he/she stands to gain nothing from the marriage although this assertion may not be true in all cases.

Additionally, some of persons with visual disabilities depended on an aide when going to some places especially since their partners were unable to accompany them to every other place. On the part of persons with mobility and visual disability, some encountered transportation barriers when they boarded public minibuses popularly known as trotro since most of these vehicles are not easily accessible for them. This is consistent with the findings of Naami (2014) which indicated that inaccessible transport system impeded the movement of persons with disabilities. However, persons with physical disabilities and their spouses who defied the odds and boarded these public minibuses despite it being inaccessible faced attitudinal barriers on board the bus. The attitudinal barriers according to the couples, were due to the fact that other passengers did not want persons with disabilities to sit close to them on the bus. The inaccessible transportation system and the absence of an aide coupled with negative attitudes from other passengers compelled some persons
with mobility and visual disabilities and their spouses to select a different means of transportation (i.e. taxi) which was comparatively, more expensive. Relying on a taxi and an aide has its associated financial constraints on the income of these persons with physical disabilities due to the kind of work they are engaged in.

In Afolayan’s (2015) study in Nigeria, she reports that some men without disabilities did not want to be seen in public with their partners who had disabilities. In this current study, only one woman experienced this even after marriage. This implies that the husbands of the women with physical disabilities in this study did not feel shy being associated with their spouses in public as Afolayan (2015) presents. This, however, does not take away the fact that these same women with physical disabilities in this study encountered similar attitudes from other men in their previous relationships. This seems to suggest that when an individual understands disability issues and is serious about a relationship with a woman with a disability, that fellow would not be concerned about being seen in public with his partner.

The study has equally disclosed that some persons with physical disabilities encountered challenges in securing employment in the society since they were discriminated against by some employers although they had the needed qualification. Due to the fact that money is used for a great deal of things in the home, inadequate source of income or unemployment created challenges for some couples and this was the plight of those who were unemployed. The discrimination experienced in terms of employment supports the findings of Opoku-Boadi (2015) who explains that most employers have a stereotypical view about persons with disabilities being less productive.

Although persons with physical disabilities and their spouses faced stigmatisation from people within the society, there were some who received assistance from neighbours and other people.
Persons with hearing disabilities especially received assistance from other people in relation to teaching their children speech so that the children can develop a language. This was to ensure that these children who were not born with the hearing disability could pick some words whiles playing and associating with other people without disability. Persons with mobility and visual disabilities also received assistance from neighbours when they needed to go somewhere or access a facility. The support provided by these neighbours can be said to be influenced by the fact that they may have related with these persons with physical disabilities over a period of time and also because of what they know about the causes of disability.

4.5.3 Coping strategies

In view of the challenges that persons with physical disabilities and their spouses both faced in the home and outside the home, they adopted some coping strategies to enable them handle any situation they encountered. Some adopted problem-focused coping strategies such as training their children and spouses, seeking prompt medical attention especially for their children, personally solving their issues and seeking assistance from others. A peculiar coping strategy used by couples with hearing disabilities was communicating through writing and teaching their children sign language at an early stage. These problem-focused coping strategies were geared towards actively doing something to reduce the problem they faced in order address the situation. Some couples also used emotion-focused coping strategies such as tolerance, praying to their God and self-encouragement. The emotion-focused strategies were also used by individuals to handle their emotions and reduce the emotional effect of the problems they encountered.

Considering the fact that all the persons with hearing disabilities in this study had at least basic school education, they could all read and write English. This accounts for the reason why they
resorted to communicating through writing. However, it is an undeniable fact that not everyone can effectively express himself/herself in English especially through writing. This implies that, there may be certain situations where either the person with the hearing disability or the one he/she is communicating with would find it difficult to understand what has been written. Also, not all situations would permit effective written communication. Thus, communicating through writing may not be effective in all circumstances although most public places do not have sign language interpreters. Teaching their children sign language can, however, be regarded as a strategy which would have a long term positive effect on the family of the couples with hearing disabilities. This is due to the fact that the couple would not only be able to communicate effectively with their children but also, their children can serve as sign language interpreters for them when the need arises.

Also, a person with visual disability who acquired the disability later in life as a result of glaucoma and his wife had resorted to seeking prompt medical attention for their children in order to detect any medical condition in the early stages before it becomes worse. This points to the essence of prompt medical attention and the dangers associated with self-medication. This is because, the perceptions on the causes of disability, lead to most people not giving signs of a disability the necessary medical attention especially in the case of acquired disabilities. People rather seek spiritual guidance to avert the problem. This is because they relate the disability to either a curse, a taboo or a punishment from the gods, thereby, not focusing on medical treatment. Thus, the condition would have deteriorated by the time they seek orthodox medication. However, if such a strategy is adopted not only by persons with disabilities and their spouses but also, the general public, then the occurrence of some of these acquired disabilities can be reduced if not avoided.
Additionally, resorting to prayer as a coping strategy portrayed how religious some participants are and the belief in leaving everything to God. Thus, they relied on their beliefs in God as a way of handling whatever came their way. Hence, instead of taking action sometimes against the discrimination or challenges they encountered, the couples preferred to seek solace from God with the hope that He would one day provide a solution to their problem.

Also, some couples resorted to tolerance as a coping strategy to address whatever challenge they encountered. Thus, instead of paying attention to what people said about their disability or that of their spouses, these couples chose to ignore derogatory comments made by people. According to them, paying attention to derogatory remarks about their disabilities or that of their spouses negatively affected them, therefore, the reason to tolerate whatever people said. It is, however, worth mentioning that some of those who resorted to tolerating or ignoring comments from others did so because they were not born with the disability. This implies that those with congenital disabilities could not totally ignore such comments from people.

The strategy of seeking help from others is similar to the findings of Kassah, Kassah and Agbota (2014) who argued that women with mobility disabilities sought assistance from others. The difference between the findings of this study and theirs, however, is that, Kassah, Kassah and Agbota (2014) indicated that women with mobility disability who were abandoned by their partners were the ones who resorted to this strategy the most. However, in the current study, this strategy was used by couples who had their partners with them and not only persons with mobility disability resorted to this but also persons with visual and hearing disabilities.
4.5.4 Theoretical Implication

The Critical Disability theory is particularly relevant to this study on the pre-marital and marital experiences of persons with physical disabilities and their spouses. Particularly, the tenets of the theory which includes multidimensionality, voice, language and social model of disability applied to this study.

The study found out that the experiences of persons with physical disabilities and their spouses were influenced by some of the following; whether the disability was congenital or acquired, whether it was partial or total for persons with visual disability, the type of assistive device the person used in the case of person with mobility disabilities and employment status especially for the men with the physical disabilities. For instance, in terms of choosing a partner, most of the persons with physical disabilities experienced some form of discrimination. However, persons with congenital disabilities faced more challenges than those with acquired conditions. These rightly support the tenet of multidimensionality which posits that various categories intersect to shape the experiences of persons with disabilities (Hoskins, 2008) and contribute to discrimination. This tenet, thus, helped in the analysis of the data as attention was paid to the various demographic characteristics of the couples listed above.

Closely related to the tenet of multidimensionality is the element of valuing diversity. From the study, it came to light that the needs and the challenges of the various couples were different. These differences even existed within the various disability groups since some had very visible conditions whereas others had slightly invisible conditions. Among couples who were both persons with physical disabilities, there were also differences in their experiences. It is therefore obvious from the findings that even among the couples themselves, they spoke about the diversity that existed
among them. The diversity was therefore helpful in making recommendations that will meet the challenges identified from the various groups without dismissing any difference as irrelevant.

Also, the study has shown that there were negative perceptions about disability and these influenced the way people related with persons with physical disabilities and their spouses. This negative perception can be related to how disability issues may have been presented in the print and electronic media which pays attention to the impairment, leaving their capabilities. This is in addition to how some local languages describe persons with disabilities as ‘sick people’, thus, making people to presume that persons with disabilities are unable to do anything for themselves. Aside the fact that persons with disabilities are sometimes portrayed in the media as people who need assistance from others, some persons with physical disabilities in the region are often spotted on the streets of the capital begging for alms. This leads to the fact that the image (i.e. the element of language in the CDT) that has been created about persons with disabilities, in actual fact, has had a negative influence on how persons with physical disabilities are perceived in Accra, Ghana. As the element of language in the Critical disability theory rightly puts it, words and images have direct effect on how people perceive disability and relate with persons with disabilities (Baffoe, 2013).

Voice, another tenet of the Critical disability theory significantly played a role in understanding the experiences of persons with physical disabilities and their spouses. From the study, it was realised that some spouses without disability had varying negative perceptions about persons with physical disabilities and their capabilities before they married. However, these spouses without disability have come to appreciate the capabilities of persons with physical disability due to the fact that they have been living together for some time now and have also sought explanations from their spouses. It is, however, not everyone who gets the opportunity to relate directly with persons
with disabilities in order to know much about their capabilities. This study, thus, offered persons with physical disabilities and their spouses the opportunity to voice out their experiences themselves to other people. This would enable people to better understand them and debunk the myths they hold about persons with disabilities. Listening to the voices of persons with disabilities and their spouses through this study, brings to light the contribution of people without disability towards the challenges that people with physical disabilities experienced in the society.

The Critical disability theory was helpful in identifying the environmental and attitudinal barriers that persons with disabilities and their spouses experienced in the society. According to the tenet of social model of disability in the Critical disability theory, the absence of facilities and policies lead to the challenges that persons with disabilities experience in the form of environmental and attitudinal barriers (Scullion, 2010). In this study, the negative perceptions about disability, stigmatisation and the discrimination that persons with physical disabilities and their spouses experienced constitute the attitudinal barriers. On the other hand, the environmental barriers were in the form of inaccessible transport system, inaccessible buildings, inaccessible health facilities and communication barriers. These environmental and attitudinal barriers, according to the Critical disability theory inhibited the participation of persons with disabilities (Hoskings, 2008) and their spouses and limited the opportunities that were available to them. This implies that a disability would not be much of a challenge for persons with physical disabilities and their spouses if these environmental and attitudinal barriers are removed.

Finally, the element of rights was helpful in understanding the experiences of the couples. From the study, the couples spoke about the fact that they had the right to employment, education, and healthcare. They also made mention of the fact that the Disability Act of Ghana speaks about making buildings accessible especially for persons with mobility disability. Although all these
rights exists, the study found that persons with physical disabilities and their spouses faced challenges with inaccessible buildings and discrimination in terms of employment, education and many others. In the Disability Act of Ghana, section 1 also stipulates that persons with disability have the right to form a family, the right to live with their family and the right to engage in social activities (Government of Ghana, 2006). Additionally, despite the fact that Article 23(1) of the United Nations Convention on the Rights of Persons with Disability (UNCRPD, 2006), mentions the right of persons with disability of marriageable to marry with the consent of the intending spouse, the decision to marry was not always an easy one. This can be attributed to the fact that marriage is not just between the two individuals but rather, two families and this is why some of those relationships failed in the premarital stage when relatives were not in support of it. This further explains the reason why although persons with physical disabilities in this study have the right to marry, they did not take any legal action when they were discriminated against. Thus, even though the critical disability theory identifies rights as a crucial thing in advancing equality and the full inclusion of persons with disability, knowing the rights alone, doesn’t help but rather, implementation of the provisions of the rights.
CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This is the final chapter of the study. It provides the summary of the study, conclusion and recommendations based on the findings of the study as well as the implications of the study for Social Work practice.

5.1 Summary of the Findings

This study sought to explore the pre-marital and marital experiences of persons with physical disabilities and their spouses and the coping strategies they employed. It commenced with a background of the study and the problem statement. Although marriage is considered as an important aspect of most people’s culture and is known to have some advantages, it is, however, believed that persons with disabilities are less likely to marry. According to Baffoe (2013), attitudes that people have towards persons with disabilities in most African countries including Ghana is based on fear and stereotypes due to their perception on the causes of disability. This makes it difficult for persons with disabilities to be accepted in marriage.

Literature was reviewed thematically to include factors that influence mate-selection, attitudes towards marrying a person with a disability, experiences of marriages involving persons with disabilities and their spouses and the coping strategies used. The study, which relied on the phenomenological approach of qualitative research, enabled the researcher to better explore the experiences of persons with physical disabilities and their spouses. Purposive and snowball sampling, both non-probability sampling techniques were used to select persons with physical
disabilities and their spouses who qualified for the study. In all, twenty (20) couples (i.e. forty [40] individuals) participated in the study with at least one of the spouses having either visual, hearing or mobility disability. Data was also collected through a joint in-depth interview of each couple. The transcribed data was analysed using Smith and Osborn’s (2008) four (4) key stages of Interpretive Phenomenological Analysis (IPA). The Critical Disability theory (CDT) was adopted to underpin this study. The tenets of the CDT that were specifically used in this study included language, voice, rights, valuing diversity, multidimensionality and the social model of disability.

In a nutshell, the study found that most persons with physical disabilities have had previous relationships with people who did not have any disability although most of these relationships failed. These relationships failed due to the negative perception that people had about disability and the inability to communicate with partners especially in the case of persons with hearing disability. As a result, some people decided to settle down with people who also had disability as them, although others went ahead to settle down with people without disability. Also, this study revealed that just like people without disability, persons with physical disabilities and their spouses looked out for character, employment status, presence or absence of disability and religion of their partners before they decided to settle down with them. However, it was realised that the type of disability as well as whether the condition was congenital or acquired influenced the spouses without disabilities’ decision to marry someone with a disability. Some persons with physical disabilities and their spouses believed that if the disability is congenital, the likelihood of giving birth to children with disabilities was high. This accounted for the difference in the experiences of persons with physical disabilities in terms of gender and type of disability.

The marital experiences of persons with physical disabilities and their spouses were a mixture of positive and negative experiences. Throughout the period of their marriage, spouses without
disabilities had to learn about the capabilities of their partners with disabilities. However, persons with visual and mobility disabilities and their spouses encountered challenges with inaccessible structures and transport systems. The inaccessible transport systems, coupled with negative attitudes of people towards persons with physical disabilities, compelled some couples to resort to boarding taxis although the transportation fare was much higher as compared to the usual public minibuses (*trotro*). Also, the negative attitudes and perceptions of people about the sexuality and capabilities of persons with disabilities led to women with physical disabilities encountering some stigma in the society and at the health facilities. Couples with hearing disabilities also encountered communication barriers at the hospital, in public transports and other places they visited due to the absence of sign language interpreters.

As a result of the challenges that the couples encountered, they employed some coping strategies to help them deal with the challenges. Some employed problem focused strategies such as personally solving own issues, training spouse and children, communicating through writing, seeking assistance from others and prompt medical care. Emotion-focused strategies such as tolerance, self-encouragement and praying were coping strategies adopted by some couples also.

### 5.2 Conclusions of the Study

The study explored the pre-marital and marital experiences of persons with physical disabilities and their spouses in the Greater Accra region of Ghana. As indicated from the study, the perception about the causes of disability, the capabilities of persons with disabilities and the sexuality of persons with disabilities made it difficult for persons with physical disabilities to be accepted, especially, by families of persons without disabilities. This, in turn, contributed greatly to the challenges that persons with physical disabilities especially encountered in terms of getting a
spouse. Based on the literature reviewed and the findings, the study makes the following conclusions.

Firstly, there are certain things that people look out for in a prospective partner before deciding to settle down with the person. These include employment status, religion, character, the presence or absence of a disability and the type of the disability. Another thing that people paid attention to was whether the disability was congenital or acquired. The study equally concludes that there still exist myths and negative perceptions about causes and spread of disability and the sexuality of persons with physical disabilities. These perceptions led to stigma and discrimination that persons with physical disabilities and their spouses experienced. This also accounts for the reasons why most families of the spouses without disabilities initially objected to the relationship.

On a whole, the study concludes that persons with physical disabilities are capable of doing some basic things such as cooking, cleaning, childcare, washing, weeding among others contrary to the negative perceptions that people have about them. This is because in marriage, persons with physical disabilities were able to perform some chores which sometimes amazed their partners without disabilities. Thus, their partners had come to know much more about the capabilities of persons with physical disabilities since they did not expect them to be able to perform such roles.

However, environmental and attitudinal barriers posed challenges for persons with physical disabilities and their spouses. These barriers accounted for the challenges and discrimination that persons with physical disabilities and their spouses encountered in terms of healthcare, employment, transportation and interaction with others. The environmental barriers which were in the form of absence of disability friendly transport systems and buildings also limited persons with physical disabilities in terms of places they could go together with their spouses. This made them resort to other means of transportation in order to avoid the stress associated with using the trotro
whiles others went ahead to board the *trotro* despite its related challenges. The available alternatives were, however, financially demanding on most of the couples since they were not engaged in businesses that could fetch them enough income. Additionally, the attitudinal barriers such as the negative perception about disability led to people mistaking persons with physical disabilities and their partners to be beggars. Also, the negative perception about the sexuality of persons with physical disabilities accounted for the challenges that women with disabilities encountered in the various health facilities, some of which also lacked disability-friendly services.

This study further concludes that the inaccessible structures and transport systems suggests the need to ensure that issues of persons with disabilities are factored into development. This is because the element of social model in the critical disability theory posits that the environmental and attitudinal problems of persons with disabilities are what combine to make worse the experiences of persons with disabilities and their spouses. Thus, if environmental and attitudinal barriers are minimised, then it means that persons with physical disabilities and their spouses would not face much challenges since the existence of these barriers continually made them disabled, hence, the need to constantly depend on others.

Additionally, the study concludes that the language that has been used to describe persons with disabilities in the print and electronic media has contributed to the perpetuation of the negative perceptions that people have about persons with physical disabilities. More so, the absence of the voices of persons with physical disabilities and their spouses on issues related to their marriage and capabilities have led to the misconceptions people have about persons with disabilities. Elements of language and voice are both tenets of the Critical disability theory proposed in Max Horkheimer’s work (Hoskings, 2008). Thus, if the voices of persons with physical disabilities and
their spouses are heard on issues that affect them, it can change the misconceptions people have and changes can also be made to improve available facilities.

Also, the type of disability, mode of acquisition and employment status influenced the experiences of most couples. The study, therefore, concludes that experiences of persons with physical disabilities and their spouses differed based on the demographic characteristics of couples and this is related to the element of multidimensionality in the critical disability theory. Thus, in addressing issues of persons with disability, attention ought to be paid to the peculiar needs of each group and the demographic characteristics of the people involved.

Ultimately, the study concludes generally that people need to understand disability issues well since that would reduce most of the challenges that persons with physical disabilities and their spouses experience in the society.

5.3 Recommendations of the study

The study found out that there exists negative perceptions about the causes of disability, capability of persons with physical disabilities and their sexuality. As a result, some of the persons with physical disabilities faced discrimination and rejection from employers and families of people they were interested in marrying. It is, therefore, recommended that the print and electronic media partners with various disability associations such as the Ghana Blind Union (GBU), the Ghana Society of the Physically Disabled (GSPD), the Ghana National Association of the Deaf (GNAD) and the umbrella union which is the Ghana Federation of Disability Organisations (GFD) to educate more people on disability. On the National and International Days of persons with disabilities, which are commemorated on 23rd June and 3rd December respectively each year, the
media can dedicate aspects of their program to disability issues and draw the attention of the general public to disability issues. Commemoration of these days, which are mostly marked with a week-long program, should not only be left for persons with disabilities. Also, media attention should not only be focused on the grand durbars.

When the media is actively involved, they can organise programs on their electronic media platforms to exhibit the capabilities of persons with disabilities as well as discuss the causes of disability. With this, the media would give persons with disabilities who are excelling in their respective fields, the opportunity to voice out their experiences to the general public whiles exhibiting their capabilities. Through this, the media would also change the language that they have used to describe persons with disabilities over the years and this can lead to people having a positive perception about disability. This will also inform families that have relatives who want to marry persons with disabilities to desist from discriminating against them.

In addition to the above, findings from this study have indicated that pregnant women with physical disabilities encountered challenges in the hospitals in the form of infrastructural and attitudinal barriers. Based on this finding, it is recommended that the Ghana Health Service and the Ministry of Health work on making the hospitals and other health facilities more disability-friendly. Attention should also be paid to the infrastructure within the hospitals such as beds and washrooms so that it would be accessible to all. In addition to the training on disability that health workers may have received in school, it is recommended that there should be in-service training for them on disability issues and how to work with persons with disabilities so as to reduce the attitudinal barriers that pregnant women with physical disabilities encounter in the hospitals. This will also ensure that the relationship between health workers and persons with physical disabilities are based on care and respect. It is also recommended that occasionally, few minutes should be dedicated to
raise awareness on disability issues at the Out-Patient Department (OPD) of the various health centers. When people get to know much about disability, it would reduce the prejudice as well as the stigma that pregnant women with physical disabilities experience in the hospitals.

The study also found out that couples with hearing disabilities encountered communication barriers at various places they visited due to the absence of sign language interpreters and also because both spouses had the hearing disability. Also, most of the persons with hearing disabilities in this study have had relationships with people without disabilities although some of these relationships failed because of a communication barrier. The study, thus, recommends that the Ministry of Education invests in sign language education at the tertiary level so that interested students can be trained in sign language interpretation in addition to their course of study. Learning sign language at the tertiary level would help reduce the communication challenges that persons with hearing disabilities experience in their relationship with people who do not have disability since students at this level are mostly preparing to enter into marriage. These students, when also employed in the various sectors of the country such as the security services, hospitals, schools, banks, bus terminals, media, health service, telecommunication companies among others, can effectively communicate in basic sign language when the need arises. This will also reduce the communication barriers that couples with hearing disabilities experience in the society.

Additionally, the study found out that despite the Disability Act of Ghana (2006), Article 23, calling on the Transport Ministry and the Local Government Ministry to make the transport systems accessible for persons with disabilities, persons with visual and mobility disabilities and their spouses encountered transportation barriers. It is, therefore, recommended that the government ensures that the transport system, as spelt out by the Disability Act of Ghana, is made accessible. Efforts should be made to ensure that new public transport vehicles that are imported
are disability friendly. Drivers of public minibuses (trotro) who refuse to pick persons with physical disabilities up should be prosecuted by law. In addressing the barriers that couples with hearing disability encountered when they boarded buses, it is also recommended that a system is introduced whereby a passenger can communicate with the bus conductor about the place where he/she would alight even if the person cannot speak. Thus, for inter-city travels, passengers can be made to specify their exact destination/bus stops during the process of ticketing before the bus takes off. With this, the driver would know the specific places passengers would alight beforehand and so would stop when they reach those destinations. For intra-city or short distance travels, drivers can stop for at least thirty (30) seconds at every bus stop to enable passengers that would want to alight, the opportunity to do so. When challenges with the transport systems are fixed, persons with physical disabilities and their spouses can freely go to places with little or no difficulties.

The study also found that some persons with physical disabilities, although had some qualifications encountered employers who discriminated against them. This created financial challenges for some of the couples as the income of the other spouse was inadequate to cater for the entire family. It is, therefore, recommended that the provisions in the Disability Act on employment are adhered to with the government also taking steps to prosecute people who discriminate against persons with physical disabilities in terms of employment.

From the study, it was also realised that most of the men with and without disabilities were concerned about the capabilities of women with disabilities especially. The study, therefore, recommends that social workers and counselors, counsel persons with disabilities and their partners on the capabilities of women with disabilities and the importance of men assisting their partners at home. Also, they can also be counseled to seek the services of house helps where
necessary, if only they have the means to so as to complement the efforts of women with disabilities. Considering the fact that able bodied people sometimes employed the services of house helps to aid in the upkeep of their home, perceptions about the capabilities of persons with disabilities should not be a barrier to prevent people from marrying or allowing their relatives to marry people with physical disabilities. This is due to the fact that if able-bodied persons can rely on the services of house helps without society seeing anything wrong about it, then people can freely marry persons with physical disabilities and employ the services of house helps if they deem it necessary.

Finally, since the study relied solely on joint-interviews for each couple, it is recommended that future studies complement the joint interviews with individual interviews to be able to overcome the limitations of the joint-interview.

5.4. Implications for Social Work

The findings of this study have implications for social work. Social workers should educate the general public on disability issues and increase awareness on the effect of discrimination and stigma on the wellbeing of persons with physical disabilities.

Social workers can further create awareness on the existence of Special Needs Schools such as the School for the Blind and School for the Deaf where persons with disabilities can be taught the use of braille and sign language respectively as well as other assistive technology devices. In addition, these special schools can train persons with disabilities on how to perform certain activities to aid them in their daily lives. Education and training would also increase the chances of such individuals when it comes to securing employment and looking for marriage partners.
Social workers can extend their counseling services to families of persons with disabilities and that of their respective spouses to assist couples to deal with the challenges they are confronted with instead of worsening it by discriminating against them or stigmatizing them.

Additionally, social workers could help advocate for the full implementation of the Disability Act of Ghana (2006) to ensure that the needs of persons with disabilities in terms of transportation, education, employment among others are catered for. Social workers can also be more involved in the training of persons with disabilities at the rehabilitation centers to ensure that more persons with disabilities who would like to gain vocational training are able to have access to it as this can also help build their capacities.

Finally, social workers can assist persons with physical disabilities by providing services and resources that would be of help to them in their relationships. They can also form support groups especially for these group of people so that there would be assistance readily available to persons with disabilities and their partners. Persons with physical disabilities and their spouses can, through these groups, share their experience or receive support from other group members.
REFERENCES


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APPENDIX 1

Informed Consent Form

I am Bekoe Joana, a level 600 student of the University of Ghana offering an MPhil program in Social Work. I am currently conducting my research on the topic: Pre-marital and marital experiences of persons with physical disabilities and their spouses in the Greater Accra region. I have purposively sampled you as a participant to provide in-depth information on the above topic. I therefore wish to invite you to participate in the study together with your spouse through interviewing to provide details on your pre-marital and marital experiences.

This research is a qualitative one and so I will personally interview you and your spouse, either alone or in the presence of a sign language interpreter where necessary. The interview which will last for about 60 minutes will be recorded and transcribed later. If at any point in the interview you do not want your views to be recorded, you can request that I turn off the recorder whiles you speak. To protect your anonymity, pseudonyms would be used so that you remain anonymous. Personal information shared will also remain confidential.

Your participation in this study is voluntary hence, you have the right not to participate at all or to withdraw freely from the study at any time.

Thank You.

Consent

Having read this, I understand fully what is required of me in this study and I have agreed to participate in it.

........................................... ...........................................
Date                                                  Participant’s signature
........................................... ...........................................
Date                                                  Researcher’s signature
APPENDIX 2

Demographic Information of Each Spouse

1. What is your gender? a) Male       b) Female
2. How old are you?
3. Specify your tribe …………………
4. Which is your religion? a) Christianity  b) Islam c) African traditional d) other (specify)………..
5. What is your highest level of education? a) None b) Primary c) JHS d) SHS e) Technical f)Tertiary g) other (specify)…………
6. Who amongst you has the physical disability? a) Husband   b) Wife
7. What type of disability is it? a) Visual disability b) Hearing disability  c) Mobility disability d) Other (specify)…………
8. For how long have you had the disability (spouse with disability)? .............
9. For how long did you date before marriage?
10. For how long have you been married? ................
11. What type of marriage is it? a) Ordinance  b) Customary c) Islamic
12. Do you have any children? a) Yes b) No.
13. If yes, how many are they? …………. 
14. Did you have any prior contact with a PWD aside your spouse before you married? a) Yes b) No.
15. If yes, what was the relationship between you and the PWD? a) friend  b) family member c) work colleague d) school mate d)church member  e) neighbor  f) other (specify)………..
16. Are you currently employed? A) Yes b) No 
17. If yes, what is your occupation? …………..
18. The house you live in, is ………. A) rented b) owned by self  c) family house
APPENDIX 3

Interview Guide for Couples with Only One Spouse Having the Disability

1. What was your understanding of disability prior to meeting your spouse? (Spouse without disability)
2. How did your encounter with your spouse influence your view on disability issues?
3. What were some of your thoughts about attitudes persons without disabilities have about marrying persons with disabilities (PWDs)? (Spouse with disability)
4. Did you experience any of these attitudes personally? (spouse with disability)
5. What factors influenced your choice of a marriage partner?
6. What were your experiences during the dating period as a result of one of you being a PWD?
7. What was the reaction/response of your family to the relationship?
8. What was your initial reaction as a woman without a disability to the marriage proposal from a man with a disability? (wife without disability)
9. What was your initial response as a woman with a disability to a marriage proposal from a man without a disability? (wife with disability)
10. How difficult or easy was it for you as a person with a disability to approach a woman or be approached by a man in marriage.
11. What were some of your personal experiences in terms of getting a prospective spouse as a man or woman with a disability? (Spouse with disability).
12. How does your environment (neighborhood, house, religious group, work, culture and any other) have influence on your marriage?
13. What has been your experience/challenges in the marriage so far as a result of one of you being a PWD?
14. How do you perform the chores at home?
15. What has been some of the worst comments you have heard due to your choice of a marriage partner?
16. How has marrying a person without a disability influenced your perception on how people without disability perceive/understand disability issues? (spouse with disability)
17. How has marrying a PWD influenced your perception/understanding of disability issues? (spouse without disability)

18. What has changed about the attitude of your family/friends towards your marriage since you married?

19. What coping strategies do you employ to deal with the challenges you encounter?
APPENDIX 4

Interview Guide for Couples Who Are Both Persons with Disabilities

1. What were some of your thoughts about attitudes persons without disabilities have about marrying persons with disabilities (PWDs)?
2. Did you experience any of these attitudes personally?
3. Before you settled on your spouse, did you ever have a relationship with a person without a disability (PWOD)?
4. What factors influenced your choice of a marriage partner? Was there any reason why you married a PWDs also?
5. What were your experiences during the dating period as a result of both of you being PWDs?
6. What was the reaction/response of your family to the relationship?
7. What was your initial response as a woman with a disability to a marriage proposal from a man with a disability? (wife with disability)
8. How difficult or easy was it for you as a person with a disability to approach a woman or be approached by a man in marriage.
9. What were some of your personal experiences in terms of getting a prospective spouse as a man or woman with a disability?
10. How does your environment (neighborhood, house, religious group, work, culture and any other) have influence on your marriage?
11. What has been your experience/challenges of the marriage so far as a result of both of you being PWDs?
12. How do you perform the chores at home?
13. What has been some of the worst comments you have heard due to your choice of a marriage partner?
14. What has changed about the attitude of your family/friends towards your marriage since you married?
15. What coping strategies do you employ to deal with the challenges you encounter?