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## ARTICLE

# Marriage Risk Avoidance and Resource Transformation among Rural Women with Disabilities

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## ABSTRACT

This study investigates the marital choices of rural women with disabilities within a town located in Northwest China, a population positioned at the intersection of gender, disability, and rural disadvantage. Grounded in Bourdieu's theoretical insights on capital, the study theorizes marriage as a strategic social field in which vulnerable women assess risks, mobilize resources, and convert different forms of capital under conditions of structural inequality. The study draws on qualitative interviews with rural women with disabilities and employs thematic analysis to examine their marital trajectories, survival risks, and negotiation practices within this specific context. The analysis focuses on experiences involving alcoholic or violent spouses, limited social support due to geographic proximity, housing location, employment stability, and household authority structures. Findings show that in this study, participants actively avoid high-risk partners and prioritize spouses with stable incomes and urban housing to enhance safety and social support. When options are limited, they make constrained choices to accept older spouses or those with caregiving responsibilities or disabilities in exchange for economic security or personal autonomy. These are not fully autonomous decisions but survival-oriented trade-offs under structural constraints. These practices reflect survival-oriented rationality rather than passivity, revealing the capital flow mechanisms of marginalized women in unequal marriage markets and underscoring the need for multi-level policy interventions to support their social integration and sustainable capital accumulation, while highlighting that their direct applicability to broader populations requires further research.

**Keywords:** Capital; China; Disability; Marriage; Rural; Women

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## 1. Introduction

On a cold winter day, Ms. Fang, a young woman living in the rural areas of Northwest China, sat alone at home, contemplating her future. A car accident had left her with a permanent disability. For years, she had been confronted with isolation, poverty, social prejudice, and exclusion from the marriage market. Despite all this, Ms. Fang still hoped to find a spouse who could understand her situation, share her aspirations, and accept her circumstances. However, after years of searching, she had not yet found someone who met her expectations. Her story is not an isolated case, but rather an epitome of the widespread marital predicaments faced by rural women with disabilities. Against the backdrop of structural inequality intertwined with gender, regional disparities, and physical conditions, the marital choices of this group are not merely a matter of personal emotion but also a concentrated reflection of social structures and resource distribution in rural areas of Northwest China.

Mate selection in marriage is a significant socio-cultural phenomenon. It is not only closely related to individual well-being but also reflects broader social, economic, and cultural dynamics. With the development of society, the patterns and standards of mate selection are constantly evolving. This change not only mirrors personal preferences and values but is also deeply influenced by gender structures, urban-rural disparities, and the distribution of social resources. A comprehensive exploration of the evolving trends in Chinese attitudes toward mate selection primarily focused on urban youth, college students, and unmarried individuals seeking marriage<sup>[1]</sup>. Nevertheless, most existing studies have largely overlooked vulnerable social groups such as people with disabilities<sup>[2]</sup>.

As a marginalized social group, people with disabilities have long been an important topic in social policy and academic research. The Second National Sample Survey on Disability in China, which was the latest such survey before 2025, found that the gender ratio among people with disabilities was 106.42 males per 100 females, and that 75.04% lived in rural areas<sup>[3]</sup>. The survey also indicated that 60.82% of people with disabilities were married, and 26.76% were divorced or widowed, meaning that 87.58% of rural people with disabilities had been married

at some point. However, these macro data obscure the complex realities behind marital quality, stability, and harmony. Particularly for rural women with disabilities, the stories beneath the statistics deserve greater attention.

Rural women with disabilities in China are often categorized as a ‘triple vulnerable group’. The overlap of rural residency, disability status, and female gender exposes them to multiple barriers in the marriage market, including resource scarcity, social undervaluation, and economic pressure<sup>[4]</sup>. Traditional patriarchal culture further exacerbates such inequalities, consigning them to passive and marginalized positions in marital decision-making.

Existing studies on disability and marriage mainly focus on socio-cultural norms, family support, and gender roles, portraying disabled women as passive recipients<sup>[5]</sup>. In light of this, the present study conducts an exploratory case study on rural women with disabilities in a town in Northwest China, exploring how the participants optimize their marital choices and quality of life through risk avoidance and capital conversion amid structural constraints. By integrating Bourdieu’s capital theory and the risk avoidance perspective, this study constructs a capital-risk framework, highlighting the agency of rural disabled women. The findings reveal how they actively manage marital risks through capital allocation and conversion, rather than passively accepting structural constraints. This framework fills the gap in previous research that neglected the strategic decision-making ability of marginalized groups.

## 2. Literature Review

Existing studies have generally focused on how socio-cultural attitudes shape the mate selection opportunities and preferences of people with disabilities. Individuals with disabilities tend to prioritize functional needs over physical appearance when choosing a spouse<sup>[6]</sup>. Cultural contexts significantly influence such preferences: for instance, in the social contexts of romance and marriage, American youth generally demonstrate higher acceptance of romantic relationships involving people with disabilities; in contrast, young people in Singapore and Taiwan hold more conservative views<sup>[7]</sup>. In less economically developed regions of China, social prejudice and cultural conservatism have severely restricted the marital opportu-

nities of people with disabilities<sup>[4]</sup>. Furthermore, traditional rural Chinese marriage customs emphasize family economic strength and social support, which further complicates the romantic relationships of individuals with disabilities<sup>[8]</sup>.

Religion and community culture also play a dual role in shaping marital attitudes. Religion helps people with disabilities understand daily challenges, gain new perspectives, and overcome personal weaknesses or egocentrism<sup>[9]</sup>. Faith plays a crucial role in their acceptance of life, care for others, and expression of love<sup>[6]</sup>. However, in communities with strong religious and cultural norms, these beliefs may constrain the romantic choices of people with disabilities<sup>[10]</sup>. For example, in Palestine, many women with disabilities have the potential to marry but are often hindered by community attitudes and family opposition. Although Islam emphasizes marriage as a moral institution, the issue of disability in arranged marriages remains inadequately addressed, leading to increased divorce rates and heightened risks for women with disabilities<sup>[11]</sup>.

Families play a central role in shaping the marital opportunities of people with disabilities. Parents of individuals with intellectual disabilities tend to hold conservative attitudes toward their children's marriage, while educators and college students often adopt more open perspectives<sup>[12]</sup>. In most rural areas of China, family economic status, housing availability, and the ability to facilitate marital introductions are key determinants of marital opportunities for people with disabilities<sup>[13]</sup>. Additionally, legal and ethical conflicts, such as restrictions on reproductive rights, also influence the way and extent of family support<sup>[14]</sup>. People with disabilities in rural China utilize family support to achieve social status balance in marriage, thereby alleviating structural social inequalities<sup>[4]</sup>.

Gender is a crucial variable affecting the marital circumstances of people with disabilities. Gender differences influence both the autonomy needs and sexual rights of individuals with disabilities in interpersonal relationships, as well as their broader social acceptance<sup>[15]</sup>. In rural China, the marriage rate of women with disabilities is higher than that of men with disabilities<sup>[16]</sup>. However, after marriage, these women often lose their autonomy and are more vulnerable to sexual violence and marital oppression. This reflects the particularly prominent marital inequality re-

sulting from the interplay of gender and disability status in rural societies where reproductive capacity is the core marital value.

Beyond cultural and family support, people with disabilities also adopt strategic responses based on practical considerations and risk avoidance in mate selection. Individuals with disabilities typically choose 'complementary marriages', a strategy that involves marrying spouses with similar disabilities, as a response to their disadvantaged position in the marriage market<sup>[17]</sup>. This approach highlights the adaptive strategies individuals employ to address structural barriers to marriage. Bourdieu's concept of capital provides a robust framework for understanding this phenomenon<sup>[18]</sup>: the interaction of economic, cultural, and social capital influences marital opportunities<sup>[19]</sup>. For instance, social capital can compensate for insufficient cultural capital and expand marital resources for individuals<sup>[20]</sup>; meanwhile, rural women with disabilities often rely on introductions from family members, relatives, and acquaintances within religious communities to find spouses, thereby minimizing risks<sup>[6]</sup>.

To summarize, existing studies primarily explain the marital status of people with disabilities from three perspectives: socio-cultural norms, family support, and gender roles. However, these studies generally depict them as passive recipients, neglecting their autonomy, rational strategies, and ability to utilize capital. Furthermore, there is insufficient exploration of the interaction between gender, social, and cultural factors, and research on rural marriage markets remains limited<sup>[21]</sup>.

Focusing on rural women with disabilities in Northwest China, this study integrates the concept of capital and the risk avoidance perspective to explore how they make constrained choices, conduct capital conversion, and manage risks in the marriage market. It aims to reveal the logic behind their marital decision-making and the underlying structural constraint mechanisms, as well as to provide theoretical and practical references for relevant policy formulation and the construction of social support systems.

### 3. Theoretical Considerations

The above review shows that existing studies have not fully explored the agency of rural disabled women in

marital decision-making, nor have they constructed a systematic analytical framework for the interaction between capital and risk. Therefore, this study adopts Bourdieu's theoretical concept of capital as its core analytical and explanatory tool, focusing specifically on three main forms of capital: economic, cultural, and social capital, to reveal the mate selection strategies and motivations of rural women with disabilities<sup>[18]</sup>. Due to its wide applicability and theoretical depth, the concept of capital has become an important framework across multiple disciplines, including education, anthropology, social work, and health sciences<sup>[22]</sup>. Bourdieu defined capital as the sum of actual and potential resources possessed by individuals or groups within their social networks, which determine their ability to access resources and opportunities<sup>[23]</sup>. Economic capital, cultural capital, and social capital do not exist in isolation in the marital strategies of rural women with disabilities; instead, they are intertwined and mutually reinforcing. The multi-dimensional nature of capital is particularly suitable for analyzing the complex process of mate selection, which involves the intersection of emotional, economic, and social factors<sup>[24]</sup>.

Economic capital occupies a core position in the marital decision-making of rural women with disabilities. Studies have shown that family capital is also an important component of economic capital as defined by Bourdieu<sup>[25]</sup>. In the field of rural society, mothers and close relatives often act as key advisors. Drawing on their life experience and social connections, they provide valuable insights for these women to evaluate the economic conditions, potential risks, and marital benefits of prospective spouses<sup>[13]</sup>. From the perspective of capital operation, families can not only offer guidance on economic stability, pre-assess caregiving responsibilities, and provide emotional support for women's marital choices, but also screen potential spouses through their own trust networks, helping women avoid marital risks such as alcoholism and domestic violence<sup>[4]</sup>. This is essentially the integrated application of family economic capital and social capital. In this study, economic capital and social capital show significant overlap: family networks, as the carrier of social capital, directly affect women's access to marital opportunities; while the economic support and resource channels provided by families lay the material foundation for women's marital decisions.

Together, the two help rural women with disabilities make marital choices that are both rationally considered and strategically meaningful.

Cultural capital includes educational attainment, cultural literacy, and internalized social norms and values, which shape individuals' social identities and ways of accessing opportunities<sup>[25]</sup>. In mate selection, cultural capital influences how women evaluate the social and cultural status of spouses and determines their interaction strategies in the marriage market<sup>[26]</sup>. Cultural capital enables these women to address social stereotypes about disability and strive to balance the desire for upward mobility and social recognition with the reality of securing a stable marriage<sup>[27]</sup>. In this study, some interviewed women prioritize spouses with higher educational backgrounds, as they believe this not only enhances the family's social status but may also bring long-term benefits for their children's education and development.

Social capital refers to resources embedded in long-term, trustworthy social relationships, which influence social and economic outcomes through trust and network ties<sup>[28,29]</sup>. The importance of social capital in the marital choices of rural women with disabilities is reflected in three aspects: first, providing marital introductions and matching through relationship networks constructed with family, friends, and acquaintances; second, reducing mate selection risks and increasing a sense of security through reliable recommendations; third, helping women maintain psychological stability in marriage through ongoing emotional support<sup>[30,31]</sup>. In some cases in this study, the women's natal families continued to provide critical support both before and after marriage, not only helping them cope with conflicts but also playing a role in social safety and the maintenance of family bonds.

Furthermore, the combination of economic capital and social capital enables women to leverage family networks to expand potential spouse resources; cultural capital, in turn, influences their evaluation of spouse qualifications and long-term marital planning. Social capital often plays an intermediary role in this process, connecting families with external resources and providing dual guarantees of information and emotion in marital risk management. This multi-dimensional use of capital indicates that rural women with disabilities are not passive recipients of mar-

ital arrangements but are capable of making constrained choices and conducting capital conversion within structural constraints, thereby optimizing marital outcomes and improving their quality of life.

While Bourdieu's tripartite framework of economic, cultural, and social capital offers a foundational lens for analyzing resource dynamics in the marital field, this study advances the concept of capital operability as a micro-practical extension to refine this classic framework. Capital operability is defined as the capacity of marginalized actors to activate, mobilize, and convert limited capital stocks into tangible survival and adaptive benefits amid structural constraints such as gender inequality, disability stigma, and rural-urban division. This concept addresses a gap in Bourdieusian scholarship, namely the relative underemphasis on how actors with scarce capital prioritize the usability of capital over its mere quantity. Capital operability centers on three core dimensions: the timeliness of capital activation, the efficiency of cross-category conversion, and the risk of capital depletion. It embeds the spatial and vulnerable context of rural disabled women into Bourdieu's capital theory and thus enriches the theory's empirical application in the analysis of triple-marginalized groups' agency and strategic practice.

It should be noted that Bourdieu's capital theory is adopted as a best-fit conceptual lens for interpreting participants' marital choices rather than as a deterministic framework. It is particularly useful for illuminating how different forms of capital are mobilized and converted through family networks under structural constraints. At the same time, we recognize that this lens cannot fully capture participants' nuanced emotional experiences and subjective meanings in everyday life; these dimensions are therefore treated as complementary to, rather than reducible to, capital-based explanations.

## 4. Research Methods

This study was conducted in Town A, Fuping County, located in Northwest China. The selection of this research site is based on three considerations. First, as a typical rural area in Northwest China, the town has a rural population accounting for more than half of the total, and its disability rate is basically consistent with the national

rural average of 6.34%<sup>[32]</sup>, ensuring the representativeness of the structural context. Second, the town has relatively complete rural social security and marriage customs, which can reflect the interaction between institutional factors and individual marital choices; Third, the local government's cooperation with disability assistance projects has facilitated access to research participants. It should be noted that, as a best-fit case, this study is designed to generate context-sensitive insights rather than statistically generalizable conclusions; nevertheless, the town's typicality in structural conditions allows the findings to inform understanding of similar rural settings in Northwest China and beyond.

Unlike previous studies that focused on the experiences of unmarried women of marriageable age, this research argues that mate selection customs and their impacts on marriage are more critical for the married or divorced rural women with disabilities participating in this study. To enhance the credibility and relevance of the sample, we employed a combined sampling strategy integrating purposive sampling with snowball sampling. With participants' informed consent, an initial set of women with disabilities was identified through local Disabled Persons' Federations and village committees. These initial participants were then asked to refer other eligible women within their social networks, thereby facilitating access to a population that is often difficult to reach.

This study strictly followed specific inclusion and exclusion criteria for participant selection. The inclusion criteria were as follows: rural women with official disability certificates; aged between 20 and 60 years old; currently or previously in a marital or romantic relationship; and voluntarily participating in the study and signing the informed consent form. The exclusion criteria included individuals with severe cognitive or mental disorders who were assessed as unable to communicate clearly, and those who were working outside the area during the research period and could not be contacted.

The study included 18 women with disabilities who were either married or divorced, along with their family members (see **Table 1**). Participants were aged between 22 and 48 years, with a mean age of 35.83 years. Their marital durations ranged from 2 to 28 years. Data collection and analysis were conducted iteratively. After completing approximately 15 interviews, we began preliminary thematic

analysis. The subsequent interviews, specifically the sixteenth through the twenty-second, were primarily used to examine and enrich the emerging themes. We paid particular attention to whether these later interviews introduced entirely novel concepts or dimensions related to the core research questions of marital strategies, risks, and capital. When several consecutive final interviews no longer generated new substantive themes or insights but merely con-

firmed and added details to existing ones, we determined that theoretical saturation had been reached and ceased recruitment. The sample age range and marital duration settings aim to cover different marital stages, such as early marriage, long-term marriage, and divorce, to ensure the richness of empirical data. Meanwhile, including family members as informants helps achieve data triangulation and improve validity.

**Table 1.** Biodata of Participants.

Pseudonym	Age	Topics Mentioned in the Interviews
Ban	22	
Can	35	
Dan	28	Alcoholic Spouses and Survival Crises
Fan	40	
Gan	46	
Han	32	
Jan	47	Geographical Proximity and Social Support
Kan	38	
Lan	48	
Nan	33	Preference for Urban Housing
Pan	41	
Qan	34	
San	31	
Ran	36	Spouse's Employment Status
Tan	34	
Wan	30	
Xan	28	Living Arrangements
Yan	42	

To protect participants' privacy, this study provides an aggregated description of the participants' disability types without linking specific types to individual cases. Among the 18 participating women with disabilities, physical disabilities were the most common, accounting for approximately 44% of the total sample. Sensory disabilities (including visual and auditory impairments) constituted around 28%, while speech disabilities and intellectual disabilities each accounted for about 11%. The remaining 6% included other types of disabilities as defined by official classification standards. This aggregated distribution helps readers understand the diversity of the research participants while strictly safeguarding their anonymity and avoiding potential stigma or identification.

The sample covered six different types of disabilities, including physical disability, intellectual disability, hearing

disability, speech disability, mental disability, and visual disability. This study intentionally avoids direct comparisons between different disability types, mainly because it focuses on the common structural constraints faced by all rural women with disabilities, such as urban-rural gaps and patriarchal culture, rather than individual-level differences caused by disability types. For reasons of participant anonymity and identity protection, specific disability types were not individually linked to participants in **Table 1**. Additionally, nine of the participants' husbands/ex-husbands also had disabilities.

Semi-structured interviews were adopted as the primary data collection method. Each participant was interviewed at least three times, with each session lasting approximately two hours. The interviews focused on the marital formation process, including mate selection moti-

vations, the mate selection process itself, and marital life experiences. Throughout the interview process, the researchers made every effort to respect the participants' privacy and emotional well-being, ensuring that all interview content was confidential and used solely for academic purposes. All participants signed an informed consent form, were informed that their participation was voluntary, that they had the right to withdraw at any time, and that their responses would be kept confidential.

Data collection and analysis were conducted simultaneously. For the interview data of the first three participants, the researchers adopted open coding and an open analytical approach: reading the text paragraph by paragraph to identify core concepts and preliminary themes [33]. This process aimed to generate as many concepts as possible, laying the foundation for theoretical saturation and theory construction. During the coding process, the researchers took care to avoid mixing participants' personal information with research data to prevent the risk of identity disclosure.

Throughout the data analysis process, the researchers maintained detailed memos to record analytical reflections, connections between concepts, and preliminary ideas about emerging themes. These memos served as auxiliary tools to facilitate the conceptualization and integration of data. The coding process focused on examining core concepts in depth, constructing relationships between them, and integrating them into an explanatory framework. Theoretical saturation was achieved after analyzing the 22nd case, meaning that subsequent data collection did not yield new concepts or significant supplements to existing ones. Thus, data collection was concluded, and the researchers proceeded to the final stage of data analysis and theory construction.

This study adhered to strict ethical principles, ensuring respect for participants, voluntary participation, informed consent, confidentiality, and harm prevention. All participants were assessed as capable of providing informed consent and participated on a fully voluntary basis, with additional time and clarification provided when necessary to support understanding. In addition, the research team paid attention to the power balance between researchers and participants. We avoided leading questions during

interviews and ensured that participants' voices were fully respected and recorded. All interview data were anonymized to protect participants' privacy and avoid potential stigma. The researchers also ensured that data analysis was conducted with the highest rigor, presenting results transparently and honestly without bias or manipulation.

The researchers are female sociologists without disabilities and non-local residents of Town A. This outsider identity reduced participants' concerns about stigma from local villagers, making them more willing to disclose sensitive experiences such as domestic violence and marital oppression. However, the lack of personal experience with disability also limited the researchers' understanding of some daily struggles, such as the physical pain of traveling long distances in a wheelchair and the psychological impact of being labeled a burden. To mitigate this limitation, the research team consulted two local social workers with disability support experience during data analysis to supplement the interpretation of participants' narratives.

To reduce the hierarchical relationship between researchers and participants, we adopted a conversational interview style instead of a rigid question list. Before each interview, we clearly informed participants of their rights: the right to withdraw at any time, the right to refuse to answer sensitive questions, and the right to check and revise interview transcripts. For participants with mobility limitations, we conducted interviews at their homes and provided transportation allowances to reduce their burden.

In terms of bias control, we used a dual-coding method where two researchers independently coded the interview data, with discrepancies resolved through group discussions to ensure the objectivity of theme extraction. We also adopted data triangulation by comparing participants' narratives with the interviews of their family members to cross-verify the authenticity of the information. Additionally, we maintained reflective memos throughout the research process to record the researchers' subjective perceptions and avoid over-interpretation of the data.

## 5. Research Results

Based on the above research design and data collection methods, this study analyzes the marital experiences of participants from five dimensions.

### 5.1. Alcoholic Spouses and Survival Crises: The Loss of Multiple Capitals

For many rural women with disabilities, marriage was originally regarded as a way to escape isolation and gain support. However, once their spouses become addicted to alcohol, this marriage often quickly transforms from a 'safe haven' into a 'storm center'. The dual vulnerabilities of physical disability and marginalized social status expose them to more severe survival dilemmas in marital relationships. When alcoholism is intertwined with marriage, domestic violence, economic collapse, social network breakdown, and emotional isolation follow one after another.

Ban recalled: *"Every time he [her husband] drank too much, he'd break stuff, call me 'a burden' to him, and assault me."* This highlights the helplessness and vulnerability of Ban in the face of violence from alcoholic spouses. Alcohol use is recognized as a known risk factor for intimate spouse violence (ISV), and strengthening alcohol policies is a promising strategy to reduce ISV-related homicide victimization<sup>[34]</sup>. Social capital is particularly crucial for vulnerable groups<sup>[18]</sup>. However, alcoholic spouses not only fail to provide protection but also act as accelerators for the destruction of social capital. The already limited social support networks of women with disabilities are often further dismantled by the destructive behaviors of their alcoholic spouses, leaving them unable to obtain necessary protection or access social resources to improve their circumstances. This loss of capital is not merely a quantitative reduction but a qualitative collapse; for them, the trust foundation of key relationships is shattered, and the cost of reconstruction is high and uncertain.

The harms of alcoholism are not only reflected in emotional and physical violence but also directly erode the family's economic foundation. Can recounted: *"He [her husband] spends half of the family's income on drinking; sometimes we don't even have basic living expenses. As a result, we are deeply in debt."* In these families, alcohol is like a bottomless pit, devouring the already limited economic capital and trapping life in a state of long-term negative growth. Furthermore, alcoholism not only undermines the family's economic base but also affects children's health. Dan described: *"My son just started primary school. After his father drinks, he fights and even sends the*

*child to buy more alcohol. I've watched my son become increasingly timid, and his grades are declining."* This is not only the destruction of economic capital, but also the deprivation of the next generation's cultural capital: children's self-confidence, learning abilities, and social adaptability are subtly lost.

Different forms of capital are convertible. However, in these alcohol-affected families, this conversion chain is broken from the start: economic poverty hinders educational opportunities, and educational backwardness perpetuates the next generation's social status. This forms a vicious cycle of economic poverty leading to educational backwardness, which in turn leads to intergenerational transmission, ultimately resulting in intergenerational inequality in social reproduction.

Alcoholism also damages the social networks on which rural women with disabilities depend for survival. Fan recalled: *"Because he [her husband] got drunk and fought with others, the villagers started avoiding us, and my family thinks it's shameful."* In rural societies, neighborhood mutual assistance networks are an invisible guarantee for daily life, yet the shaming effect of alcohol-related behaviors can lead to the entire family being ostracized by the community, depriving women with disabilities of an important source of social capital. The essence of social capital is an institutionalized network of reciprocal relationships<sup>[23]</sup>. Alcoholism gradually excludes the family from the community support system by undermining the trust foundation and reciprocal expectations in relationships. Gan had a more typical marital experience: *"At first he [her husband] was fine, but drinking worsened his temper: We divorced; I suffered so much."* Alcohol dependence can lead to personality changes, weakened moral sense and sense of responsibility, and make patients behave selfishly or even deceitfully<sup>[35]</sup>. For women with disabilities, this long-term lack of trust and support not only signifies emotional betrayal but also the potential collapse of the chain of life resources.

Therefore, having a non-alcoholic spouse in marriage not only means a more stable emotional relationship but also lays the foundation for maintaining family stability and personal well-being of the participants. In vulnerable situations, such stability is directly related to their survival and dignity.

## 5.2. Geographical Proximity and Social Support: The Hidden Oppression of Spatial Distance

In the vast and scattered rural areas of China, distance is not merely a number on a map but an invisible barrier that determines whether support can arrive in a timely manner. This study finds that geographical proximity to one's natal family plays a crucial role in the marital lives of rural women with disabilities, profoundly influencing the construction and maintenance of their social support networks as well as their ability to cope with marital crises.

Geographical distance directly reduces the timeliness with which rural women with disabilities access support from their natal families. Taking Han's experience as an example, the spatial separation between her and her parents. She says, "*My home is very far from my parents' house.*" When she quarreled with her husband, her mother intended to mediate in person. She could not intervene promptly because she needed multiple bus transfers. In the end, as Han notes, "*she could only comfort me over the phone in the end.*" This detail illustrates how spatial distance undermines the accessibility of emotional support and marital mediation for this group. In this process, emotional consolation was forced to downgrade to a long-distance call; voices traveled through the line, but could not replace physical presence or the tactile sense of comfort, exposing the dilemma of rural women with disabilities in accessing substantive support during crises. Han further added: "*Mom told me to endure over the phone, but when she saw my bruises, she took me straight to the Women's Federation.*" At that moment, physical co-presence transformed from abstract 'visitation' into tangible rescue, becoming a key node where social capital was truly converted into action. Women with disabilities who have face-to-face contact with their natal families at least once a week are 2.3 times more likely to proactively cope with marital crises than those living far away<sup>[36]</sup>, which corroborates Han's experience. Social capital not only determines the quantity of resources an individual can mobilize but also relies on its practical operability<sup>[23]</sup>. In the reality of spatial isolation, capital is like wealth locked in a safe, seemingly possessed yet difficult to liquidate immediately in crises. For rural women with disabilities, physical isolation blocks the path of converting potential capital into practical sup-

port, thereby exposing them to higher vulnerability in the face of marital conflicts and life risks.

In the child-rearing stage, geographical distance notably weakens the social support available to rural women with disabilities. Jan's experience exemplifies this. When her child had a high fever, she spent two hours traveling to the clinic by wheelchair. As she notes, "*while the neighbor only needed twenty minutes.*" She also points out that living near her mother would have improved care timeliness. She explains, "*If Mom lived nearby, the kid could've gotten antibiotics three days sooner.*" This shows how spatial separation compromises both practical and care-related support for this group during child-rearing. This detailed time gap directly separated maternal love and medication by dozens of kilometers, and stretched anxiety into an insurmountable road in the mother's heart. Jan's helpless situation not only reduced her own quality of life but also posed potential risks to the next generation's health. An increase of 5 km in distance from their closest relatives corresponds to a 12% higher childhood vaccination delay rate among rural disabled mothers, as seen in both research and Jan's case<sup>[34]</sup>. In developing countries, the probability of women with disabilities receiving daily assistance from their natal families decreases exponentially with geographical distance<sup>[37]</sup>. Sen's capability approach gains a new interpretation here: spatial isolation is not merely a physical attribute but a form of structural deprivation that limits the scope of 'what one can do'<sup>[38]</sup>. As Jan put it, "*We are not choosing a husband, but a bus schedule back to our natal home,*" reflecting the phenomenon of 'forced place attachment' proposed by Erelles<sup>[36]</sup>.

An individual's position in social space not only determines the amount of resources at their disposal but also shapes their habitus and the boundaries of possibility<sup>[23]</sup>. For rural women with disabilities, living far from their natal families is not only a geographical margin but also a marginalization of social capital, as their habitus is gradually shaped to 'adapt to distance' and even internalized as acceptance of their vulnerable situation. This allows structural inequality to be subtly reproduced in daily life. Furthermore, Geographical proximity to the natal family directly affects how quickly rural women with disabilities can access emergency shelter and safety protection during marital crises. Kan's experience illustrates this starkly.

When her drunk husband attacked her, she contacted her brother for help. He arrived too late, and as Kan recounts, “my arm was broken.” She adds that timely care could have prevented lasting harm: “The doctor said that if I had applied ice in time, there would be no permanent damage.” This incident led her to recognize the high stakes of distance: “That’s when I realized that 30 km can determine life and death.” This example underscores how spatial separation undermines the safety support this group can access in crises. She paused and added, “I kept replaying it: if I could reach my parents’ in half an hour, things would’ve been different. It wasn’t escape; it was saving my life.” This narrative reveals the profound impact of physical distance on the effectiveness of marital violence intervention, that is, the direct correlation between time delay and physical harm. Abused women living within 10 km of their natal families have a 47% higher chance of receiving timely intervention<sup>[39]</sup>. In domestic violence situations, the ability to obtain relatives’ support within one hour is a key predictor of whether the victim decides to call the police<sup>[40]</sup>.

In Kan’s narrative, 30 km is not merely a number on a map but a critical threshold for capital mobilization. The value of social capital lies in whether it can be actually activated at critical moments, and spatial distance directly affects the speed and effectiveness of this activation. Kan recalled that before marriage, she had hesitated about moving to her husband’s village, which was far from her natal home but more convenient for daily life. At that time, she thought marriage was about living with a person, not a house, thus ignoring the restrictive conditions of space on social capital conversion. For women with disabilities, the timely intervention of the natal family during crises is not only emotional consolation but also a safety valve to reduce physical and economic risks. Therefore, after divorcing, Kan clearly stated that “if I remarried, my first condition would be living no more than an hour’s drive from my natal home.” This mate selection criterion is essentially a spatial capital allocation strategy: enhancing the mobilization of relational capital by shortening distance, thereby reducing the uncertainty of future life<sup>[5]</sup>.

### 5.3. Preference for Urban Housing: Desire for Stable Resources and Social Mobility

Rural women with disabilities’ special preference for

spouses owning urban housing profoundly reflects their urgent demand for stable lives and resource access. In their view, urban housing is not merely a residence but an integrated channel leading to medical care, education, and social networks, a ‘key’ that unlocks the mutual conversion of multiple forms of capital.

First, urban housing enables rural women with disabilities to access better medical services, as demonstrated by Lan’s experience. Lan lives with a chronic illness. She notes that rural residence creates significant barriers to accessing major hospitals. She explains, “Living in the countryside, it’s extremely troublesome to see a doctor at a major hospital.” She also links urban housing to improved medical accessibility. She states that marrying a city resident and having a house there would ease her care: “If I could marry someone from the city and have a house there, seeking medical treatment would be much more convenient.” This statement directly illustrates the importance of medical accessibility in their marital choices. For Lan, housing is not only economic capital in itself but also a medium to incorporate urban medical resources, which are an integral part of cultural capital, into the daily disposable scope. The value of capital lies not only in its possession but also in its mobilization at critical moments<sup>[23]</sup>. Cities can provide higher-quality care for people with physical disabilities, thereby reducing the risk of depression<sup>[41]</sup>.

Second, the value of urban housing in terms of educational opportunities is equally prominent. Nan admitted, “Frequent teacher turnover ruins rural education. A city house would let our children attend better schools.” For Nan, this is not merely about children going to school, but a process of converting housing, a form of economic capital, into cultural capital. Through a stable urban residence, one can gain access to the distribution network of high-quality educational resources, thereby creating an institutionalized path for the next generation’s social mobility<sup>[23]</sup>. A strong positive correlation also exists between the presence of high-quality educational resources and urban housing prices<sup>[42]</sup>. This binding of space and capital makes housing a key carrier for the intergenerational transmission of social status.

However, the lack of urban housing signifies not only material deprivation but also potential marital instability. Pan shared her experience: “I married into this re-

*mote village from the city, but his house [her husband] was terrible: leaky roofs, icy winters. I couldn't stand it.*" From a capital perspective, this deficiency in housing conditions reflects not only the lack of economic capital but also the poverty of social capital. After moving from the city, Pan lost her original support network and lacked new resource access points, leaving her with no buffer when facing life shocks. She added: *"You think marriage is maintained by feelings, but when life festers on moldy walls, only quarrels remain."* This loss of social capital left her without sufficient support and resources to cope with life's challenges, further exacerbating marital instability. Additionally, the absence of reliable housing imposes psychological and emotional stress.

Furthermore, urban housing offers rural women with disabilities opportunities to expand their social networks. Qan observed: *"After moving to the city, I've got neighbors like civil servants and teachers. I can ask them for advice, so much better than the small village."* She smiled and said, *"Before, I knew so few people in the village, but now my phone contacts are pages long when I scroll through them."* This transformation not only reflects the accumulation of social capital but also reveals the unique advantages of urban environments in promoting social interaction and resource access. Urban communities provide residents with more diversified social opportunities, and this diversity itself constitutes a way to enhance social capital value<sup>[43]</sup>.

For rural women with disabilities, urban housing is a key resource to access better medical care, education, and social networks. Their preference for this resource is not driven by superficial material pursuit but by a well-considered capital allocation strategy, which involves entering resource-intensive spaces through marriage to break down opportunity barriers imposed by geography and structure, thereby achieving a dual leap in quality of life and social status.

#### **5.4. Spouse's Employment Status: Dual Impacts on Family Economy and Emotional Atmosphere**

The spouse's employment status plays a pivotal role in the marital lives of rural women with disabilities, profoundly influencing family economic security and emotional atmosphere, thereby affecting the accumulation of

social capital. In their narratives, stable income is almost equivalent to a predictable life, and stable work serves as the most basic guarantee for the future.

A spouse with unstable employment or low income poses a persistent risk to family economic security, thereby exerting adverse effects on family development and social participation. San stated, *"A husband with a stable job at least means we won't always have to borrow money to get by."* Ran expressed the same view: *"He [her husband] changes jobs constantly, going months with no pay. I can't support the kids and bills on my own. Money's not just cash; it's the switch that keeps life running."* These authentic voices reveal the profound impact of economic instability on family life. Groups with unstable employment face higher unemployment risks, lower incomes, and inadequate social security. These factors collectively undermine family economic security<sup>[44]</sup>. Economic capital is the foundation of social capital, as it determines access to resources and social status<sup>[18]</sup>. In the context of long-term economic strain, gift exchanges diminish, neighborhood interactions fade, and families gradually lose their human network embedded in the community, entering a state of silent isolation. For rural women with disabilities, this isolation is not merely social absence but may also mean losing access to help during crises.

Low income or unstable employment not only imposes economic strain on families but also amplifies emotional stress, which in turn erodes family social capital. Tan's experience illustrates this dynamic clearly. Her husband works at a brick factory. When he returns home, he is often physically sore or exhausted. As Tan describes, *"We barely communicate. He just sits down and sighs deeply."* She notes the tense quiet that follows: *"The house is as quiet as if no one is there, but that silence is oppressive."* This example shows how unstable employment can degrade emotional connection and weaken the relational bonds within a family. This long-term stress not only alienates the emotional bond between spouses but also adversely affects the children's growing environment. In an oppressive family atmosphere, spousal interaction decreases, communication breaks down, marital relationships gradually become strained, and children's mental health and emotional development are also impacted.

Family income and employment status are key stress

factors affecting subjective well-being<sup>[45]</sup>. Family social capital includes not only economic resources but also social relational networks and emotional support<sup>[23]</sup>. The dual effects of economic and emotional stress weaken both family economic capital and social capital. This dual capital loss leaves families without a buffer when facing external shocks, significantly increasing their vulnerability. Therefore, for rural women with disabilities, a spouse's stable employment is not only a material guarantee for daily life but also a key fulcrum for maintaining emotional relationships and sustaining social capital.

### 5.5. Living Arrangements: Tensions between Independent Space and Family Power Structure

If a spouse's employment is the 'engine' of the family economy, then living arrangements are the 'chassis' of marital life, supporting daily interaction patterns and invisibly shaping the family power structure as well as the trajectory of social capital.

Independent housing can reduce conflicts with mother-in-law and provide rural women with disabilities with more autonomous space, thereby safeguarding their social capital. Wan explained, *"No independent housing means living with my mother-in-law. Both small things like dish-washing and big issues like child-rearing can turn into fights."* For women with disabilities, the importance of independent housing is even more prominent. They may face more life challenges and special needs, and independent housing can provide them with the necessary support and convenience, reducing potential discrimination or misunderstanding arising from dependence on others.

Xan's experience reflects the pressures rural women with disabilities face when living with their mother-in-law. Xan notes that her mother-in-law criticizes her limited ability to handle housework and mocks her. She states, *"I don't even have my own space."* A specific incident underscores this strain: when she had a fever, she had to rest on the living room sofa. As she explains, *"I remember once I was sick with a fever and had to lie on the living room sofa because the bedroom was already filled with clutter."* This account illustrates how cohabitation with in-laws can bring both emotional criticism and a lack of personal space, exacerbating the daily burdens of this group. Independent

space plays a crucial role in reducing family conflicts<sup>[46]</sup>. Independent housing can mitigate the inconveniences and conflicts associated with cohabiting with a mother-in-law, enabling rural women with disabilities to interact more freely with the outside world and thereby alleviating internal family tensions. According to Bourdieu's insights on social capital, independent housing is not only a form of economic capital but also a vital type of social capital<sup>[23]</sup>. It provides individuals with a relatively private and autonomous living environment, helping to reduce conflicts caused by differences in living habits, values, and other factors.

Independent housing, as a marker of social status and economic independence, shapes women's voice and influence in family and community settings. Yan's experience illustrates how the lack of such housing undermines daily well-being and autonomy. She and her family lived in an overcrowded, dilapidated small house. As she describes, *"Several of us squeezed into a dilapidated small house, and the children had no place to study."* This overcrowding forced compromises that prioritized others' needs over her own: *"When my son was doing homework, I had to turn off the light even though it was bad for his eyesight, because others needed to sleep."* This example shows that inadequate housing restricts not only physical space but also the ability to prioritize one's own and one's children's needs, weakening women's agency in household dynamics.

This living predicament restricts children's learning conditions and reduces the family's space for interaction with the external world. When the home itself becomes a source of stress, both the willingness and ability to engage in social activities decline. From Bourdieu's perspective, economic capital is the foundation of social capital<sup>[25]</sup>; stable economic conditions can provide individuals with more social resources and opportunities. Independent housing improves physical living conditions and, by offering social convenience and psychological security, helps families accumulate relational networks and social resources. For rural women with disabilities, choosing a marriage with independent housing is not only an investment in the current quality of life but also a strategic layout for the healthy growth and future development of their children.

## 6. Discussion

This study centers on women's narratives, but the marital experiences of rural women with disabilities are inseparable from the roles and power practices of male spouses. Marriage is essentially a complementary alliance. Both parties share caregiving responsibilities and reduce economic pressure, but such marriages are often marginalized by village communities due to the stigma of disability. For husbands without disabilities, their motivations for marrying women with disabilities include lower dowry requirements and the expectation of a docile spouse who will not challenge patriarchal authority. Some husbands restrict their wives' contact with natal families to control household resources, which directly undermines the women's ability to mobilize social capital. These findings reveal that marriage is a gendered power field: women's agency is exercised within the constraints of male dominance and traditional patriarchal norms.

This study finds that the marital decision-making of rural women with disabilities reflects the structural pressures arising from multiple capital deficits, and a consistent logic of capital optimization underlies their diverse mate selection criteria. Whether avoiding alcoholic spouses, shortening spatial distance from their natal families, prioritizing urban housing, choosing spouses with stable employment, or striving for independent living space, these women actively allocate available resources within constrained structural environments to reduce the risk of capital loss and enhance conversion efficiency. Economic capital serves as the foundation, while social and cultural capital are accumulated and converted through strategic actions within specific 'fields'<sup>[25]</sup>. The overlap of disability status and rural residency places these women at a significant disadvantage in the marriage market, and their mate selection behaviors are more shaped by structural constraints than by pure emotional preferences<sup>[47]</sup>.

In terms of commonalities, the five analytical dimensions of this study all reveal a core regularity: capital operability is the key determinant of mate selection orientations. Whether it is emergency support enabled by geographical proximity, educational and medical opportunities converted from urban housing, economic security brought by a spouse's stable employment, or reduced family con-

flicts through independent space, all represent concrete manifestations of enhancing capital operability. This mate selection logic of 'prioritizing capital operability' is highly consistent with the trend that vulnerable groups rely on structural resources rather than emotional factors in marital choices<sup>[11,12]</sup>. It further confirms that for rural women with disabilities in this study, marriage is an institutionalized choice with distinct social capital strategic implications. In terms of differences, the five dimensions vary in their emphasis on capital types: avoiding alcoholic spouses primarily defends against the loss of social and emotional capital; geographical proximity emphasizes the immediate mobilization of social capital during crises; urban housing involves the cross-field conversion of economic capital into cultural and social capital; a spouse's employment stability consolidates the foundation of economic capital; and independent living space relates to the comprehensive allocation of economic, emotional, and cultural capital. These differences indicate that various marital conditions fulfill functions at different links in the capital accumulation chain.

The results of this study are corroborated in multiple aspects. For instance, alcoholism undermines institutionalized reciprocal relationships, leading to the loss of social capital, which is consistent with this study's finding of multi-dimensional capital breakdown caused by alcoholism<sup>[23,29]</sup>. Spatial isolation weakening support networks also aligns with the conclusion that geographical proximity enhances the mobilization of social capital<sup>[36,37]</sup>. Additionally, Urban housing promoting social capital and social mobility is consistent with the cross-capital conversion effects observed in this research<sup>[42,43]</sup>. Furthermore, Analyses of the relationship between living space and family power structures provide theoretical support for this study's finding that independent housing enhances discourse power<sup>[46,48]</sup>.

Beyond these internal corroborations, a cross-regional comparison further highlights the general applicability of our core findings. This study's findings on capital operability and marital vulnerability among rural disabled women exhibit both cross-context commonalities and context-specific differences, underscoring their general applicability to marginalized groups in China's other rural regions and Global South settings. Aligned with Nepal's

community participation study<sup>[49]</sup> and Türkiye's perinatal health research<sup>[50]</sup>, the overlapping barriers of poverty, social stigma, and insufficient family support confirm that rural-disability-gender triple marginalization is a shared predicament for this group worldwide. Meanwhile, distinct structural constraints, such as China's urban-rural dual system, as opposed to labor market discrimination in the UK<sup>[51]</sup>, shape the varied manifestations of this predicament. This comparison verifies that our capital operability framework captures a universal mechanism of how marginalized women navigate resource constraints, rather than a context-specific coincidence.

Notably, this study also discovers that the capital optimization behaviors of rural women with disabilities in mate selection are not merely passive adaptations but reflect a keen awareness of social reproduction mechanisms. They clearly recognize which conditions can reduce the risk of future capital loss and formulate marital strategies accordingly. This aspect has rarely been emphasized in previous studies focusing on marital constraints or emotional absence, suggesting that vulnerable groups should be regarded as social actors who engage in rational strategic planning despite structural limitations.

## 7. Conclusions

This study reveals that rural women with disabilities demonstrate a high level of risk avoidance awareness in the mate selection process. They proactively exclude potential spouses with alcoholism, violent tendencies, or remote residency to reduce the risks of physical harm, economic deprivation, and social isolation in marriage. Alcoholism is not only highly correlated with domestic violence but also undermines existing social support networks; marrying far from home, meanwhile, means losing access to emergency shelter from their natal families. This decision-making logic reflects their emphasis on safety capital: maximizing personal safety and the accessibility of social support through mate selection, rather than merely pursuing traditional marital ideals.

Simultaneously, rural women with disabilities evaluate potential spouses' economic and cultural capital. Spouses with stable occupations and urban housing are regarded as scarce resources, as these conditions not only improve

material living standards but also enable intergenerational capital conversion through high-quality educational, medical resources, and diverse social networks. Urban housing signifies not only improved material conditions but also links to the next generation's educational quality and social status advancement. This strategy reveals how they achieve capital conversion through marriage: transforming mate selection into a pathway for intergenerational mobility, thereby partially offsetting the structural disadvantages associated with disability and rural residency.

Despite facing limited choices, rural women with disabilities still exhibit significant negotiation capabilities. They may accept older spouses, have caregiving responsibilities, or live with disabilities in exchange for economic stability or an independent living space. Such compromises are not passive submission but exchanges based on practical considerations. These decisions highlight their survival wisdom in finding a balance amid multiple inequalities. It should be emphasized that even when women actively choose spouses, their options are limited by the traditional gender norm that women need to rely on men.

This study has limitations. First, the sample is drawn from a single town in Northwest China, and the generalizability of the conclusions needs to be verified across broader geographical regions. Second, it does not fully analyze the differential impacts of different disability types, such as physical disability versus mental disability, on mate selection strategies. Different disability types may fundamentally shape women's life circumstances, action capabilities, and negotiation space in marriage markets; however, due to sample size and research design constraints, this study does not systematically examine variation across disability types. Besides, this study focuses on women's narratives and lacks in-depth interviews with male spouses. Future research can explore the marital decision-making logic and power cognition of male spouses to present a more comprehensive picture of gender interactions in rural marriage markets. Finally, the research focuses on married women and fails to include disabled groups who choose celibacy or non-marital relationships. Future studies could adopt longitudinal tracking, compare urban-rural differences, conduct comparative analyses targeting different disability types to explore how physical, intellectual, and mental disabilities shape unique marital risks and coping strategies, and incorporate the perspectives of disabled men to gain

a more comprehensive understanding of disability-related issues in the marriage market.

Notwithstanding these limitations, this study still offers targeted and actionable policy implications for policymakers and practitioners by distinguishing clearly between short-term targeted interventions and long-term structural reforms for rural disabled women. Short-term interventions include the construction of rural township-level emergency shelters with barrier-free facilities and the establishment of a specialized marriage risk assessment mechanism for rural disabled women, with grassroots institutions responsible for pre-marriage screening and post-marriage follow-up to provide timely crisis protection. Long-term structural reforms focus on equal housing access and comprehensive employment security: rural disabled women's equal property rights to housing and land should be legally guaranteed with targeted housing support, and adaptive vocational training, employment incentives, and special public welfare posts should be provided to enhance their economic independence. The combination of short-term and long-term policies can form a sustainable protection system, making the policy recommendations more targeted and actionable for addressing the marital vulnerability of rural disabled women.

## Author Contributions

Conceptualization, L.X. and X.T.; literature review, writing—original draft preparation, and writing—review and editing, L.X., X.T. and X.H.; supervision and project administration, L.X. and X.T.; funding acquisition, L.X. All authors have read and agreed to the submission and publication of the manuscript.

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## Institutional Review Board Statement

The study involving human participants was re-

viewed and approved by the Ethics Committee of the School of Humanities and Foreign Languages, Xi'an University of Posts and Telecommunications.

## Informed Consent Statement

The participants provided their written informed consent to participate in this study and for the publication of the manuscript.

## Data Availability Statement

Original data shared during the study are not available due to the sensitive nature of the study.

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## Conflicts of Interest

The authors declare no conflict of interest.

## AI Use Statement

The authors used AI-assisted tools (including ChatGPT and Grammarly) solely for language polishing and grammar checking to improve clarity and readability, as the authors are ESL writers. These tools were not used to generate any scientific content, research ideas, or conclusions of this manuscript. All conceptualization, analysis, and interpretation were conducted entirely by the authors. The authors take full responsibility for the accuracy, integrity, and originality of the final manuscript.

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