**The Convention on the Rights of Persons with Disabilities:**

**An Analysis of its Effectiveness Using Quality of Life Indicators**

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**The Convention on the Rights of Persons with Disabilities: An Analysis of its Effectivity Using Quality of Life Indicators**

According to the World Bank, approximately one billion individuals around the world live with a type of disability (“Disability Inclusion,” n.d.). But what does it mean to be disabled? The Centers for Disease Control and Prevention (2020) classifies being disabled as experiencing an impairment in the mind or the body that hinders the ability to participate in different domains of society which include the employment, social, recreation and education domains. Moreover, this impairment can also interfere with executing certain activities like walking or even problem solving (Centers for Disease Control and Prevention [CDC], 2020). When referring to an impairment with the body, this includes impairments in vision, hearing, as well as physical movement (CDC, 2020). In contrast, an impairment in the mind can be related to one’s thinking, memory and learning ability, and psychological functioning.

This negative and unfortunate outcome that individuals are not able to properly participate in the different domains of society due to having disabilities is more often seen to be accelerated for individuals living in inaccessible countries. This may be explained by the observation that barriers exist in inaccessible countries that restrict individuals with disabilities from effectively partaking in and contributing to society (World Health Organization, n.d.). Thus, even if an individual with a disability has some talent they desire to showcase for the recreational domain of society or contribute some crucial labour skill to the employment domain of society, these barriers limit their ability to effectively do so. Examples of such barriers include the lack of architectural (i.e., ramps) and communication (i.e., braille) support, and even negative attitudes (i.e., stereotypes) towards individuals with disabilities (CDC, 2020).

Barriers for individuals with disabilities typically come to exist in society not because they were intentionally created by ill-wishing others (ableists), but rather as a result of the majority population’s (able-bodied individuals) needs and living standards being considered over the living standards and needs of the minority population (individuals with disabilities) because of uncontrollable circumstances like limited money and funds available to spend on the public. Nonetheless, regardless of how these barriers first came into existence, they can catalyze the inequal treatment and discrimination of individuals with disabilities that is commonly heard of.

In efforts to protect individuals with disabilities across the world from such discrimination, the United Nations created the Convention on the Rights of Persons with Disabilities (CRPD) in December of 2006. The CRPD is the “first comprehensive human rights treaty” (United Nations, n.d.) of the current century, and its aim is to promote and safeguard the human rights, freedoms, and welfare of individuals with disabilities (United Nations Convention on the Rights of Persons with Disabilities [UN CRPD], 2006) across the globe. The creation of this treaty was a major advance towards perceiving individuals with disabilities as people who are entitled to rights and are capable beings who can take well-informed decisions rather than as items to be treated medically and be provided social protection and charity (UN CRPD, 2006). The CRPD and its benefits (i.e., protection from discrimination) applies to all types of individuals with disabilities, like those with physical, mental, sensory, and intellectual impairments (UN CRPD, 2006). Over 100 countries have come together to recognize and endorse this convention, such as Canada, India, and even Chad.

The Convention on the Rights of Persons with Disabilities (CRPD) has five levels of commitment that countries can choose between. The lowest level is not signed, which can be inferred to mean that the country does not endorse or commit to the CRPD and will not implement legislation that will ensure the human rights of their citizens with disabilities are protected and respected, and that they can participate in the different domains of society just as able-bodied citizens. Countries at this level can be labelled as inaccessible, which as mentioned before are countries that have barriers that unjustly restrict their citizens with disabilities from effectively partaking in and contributing to society (World Health Organization, n.d.). The next two levels of commitment are both concerned with the act of solely signing: signing the convention and signing the convention plus the optional protocol. Signing generally indicates that the country endorses the document (in this case, the CRPD) and are signalling their intent to commit and act in accordance with it (Zaken, 2013). However, the mere signalling of intent does not make the document binding on the country, this requires ratification (Zaken, 2013). Ratification concerns the next two highest levels of commitment, with ratifying the convention being the second highest, and ratifying the convention plus the protocol being the highest and strongest level of commitment to the CRPD. The act of ratification confirms the CRPD is now binding on the signing country, and thus the country officials must adjust their laws and legislation accordingly to ensure promotion and protection of the human rights of their citizens with disabilities, and provision of aid and opportunity to effectively partake in domains of society just as able-bodied citizens.

**The United Nations and Controversy**

It could be questioned however whether this convention from the United Nations is truly driving change within the lives of those with disabilities, considering the United Nations seems to have a history of criticism for being ineffective. For example, some analysts have expressed the United Nation’s ineffectiveness for establishing women’s rights in countries because of them failing to take any actual physical action despite constantly promoting and expressing support for these rights (Sherwood et al., 2015), which essentially depicts a mismatch between their spoken words and behaviour. Other analysts and activists have also made this same criticism of ineffectiveness, saying all the United Nations does in the name of women’s rights is “write reports that have already been written” (Sherwood et al., 2015) which essentially produces little to no impact for establishing and solidifying the rights of women across the world.

More recently, the United Nations has received criticism for their performance as an organization during the COVID-19 pandemic as well. Despite them releasing to the public an ambitious list outlining what their goals for the pandemic are which include to deliver across the world a response that excludes no population as well as conquer the structural inequalities that exist and was brought to light by the pandemic (United Nations, 2021), notable figures have shared their opinions about the United Nations that suggests they perform in a way that runs counter to their goals. For example, Pope Francis, the head of the Catholic Church, has publicly expressed that it is “more than obvious” that the United Nations needs to be reformed after they displayed their shortcomings as an organization via their poorly executed distribution of the COVID-19 vaccines across countries (they were unequally distributed) (“Pope Francis,” 2022).

**Does The Convention on the Rights of Persons with Disabilities Truly Mean Something?**

Overall, it is apparent that there exists a controversy over whether the United Nations is truly effective in bettering the life situations of those in need of assistance and aid. This brings one to question whether their Convention on the Rights of Persons with Disabilities (CRPD) is genuinely making a positive difference in the lives of individuals with disabilities. Analyzing whether individuals with disabilities’ quality of life reflects the level of commitment their country made to the CRPD is the closest one can get to determining an answer. In other words, individuals with disabilities from countries who have made a weaker commitment to the CRPD (i.e., signed convention) should predictably have a lower quality of life than individuals with disabilities from countries that have made stronger or the strongest commitment to the CRPD (i.e., ratified convention & protocol).

The quality of life of individuals with disabilities ideally would be estimated indirectly by first recognizing some quality of life (QOL) indicators that most relates to them, and then determining where they measure/score on each of these indicators. Individuals with disabilities measuring high or best on each QOL indicator would allow for the inference of them having a high quality of life, while the opposite would allow for the inference of them having a poor quality of life. To see whether their relative quality of life reflects their country’s level of commitment to the CRPD, their scores for each QOL indicator would be compared to their country’s level of commitment to the CRPD to observe alignment (i.e., high commitment should be aligned with the best or high QOL indicator scores). Then, each QOL indicator would be inputted into a multiple linear regression model to confirm of the existence of a statistically significant relationship with the CRPD which would help with deciding whether this convention is truly meaningful.

However, even if appropriate disability specific QOL indicators are successfully recognized, data for these indicators is not available for the majority of countries who have endorsed the CRPD. This is because these countries seem to not conduct data collection solely on their population with disabilities, as suggested by the complete absence of disability related statistics in their consensus data. The most frequent of these countries seem to be those that are characterized as economically underdeveloped and lack a democratic governing system, such as Bangladesh, Sudan, and Libya. The group of CRPD endorsing countries that on the other hand do have available some data on their populations with disabilities are most frequently those that are economically prosperous and have a robust democratic governing system in place, such as Canada and Switzerland. In fact, almost every single one of these countries are a part of The Organisation for Economic Co-operation and Development (OECD), whose collective purpose is to improve the QOL of all groups of citizens through implementing effective policies and generating solutions to economic and social hardships (The Organization for Economic Cooperation and Development [OECD], n.d.).

It would be out of the ordinary then if these countries lacked data on their citizens with disabilities knowing that their purpose as being a part of the OECD is to improve these citizens’ QOL too, and data is required to do so. However there in reality are a few OECD countries that do lack disability specific QOL indicator data. But such countries are more likely to be missing data for only a few disability specific QOL indicators, in comparison to non-OECD countries or non-democratic and economically under-developed countries that have absolutely no data available for any disability specific QOL indicator.

Considering countries that have available disability specific QOL indicator data are almost exclusively OECD countries, estimating the QOL of people with disabilities using only disability specific QOL indicator data would require a near total exclusion of people with disabilities from non-OECD countries. This would not be ideal as the large majority of CRPD endorsing countries are non-OECD, and excluding most of them would result in the availability of a small and homogenous sample of people with disabilities for analysis (as almost all would be from OECD countries) in this paper.

Thus, to ensure that a larger sample that is inclusive of individuals with disabilities from both OECD and non-OECD countries was available for use, general QOL indicator data was included in this paper as replacement. This is as general QOL indicator data is readily available for both OECD and non-OECD countries. General QOL indicators do not pertain to any specific sub-group of people within a population (i.e., just citizens with disabilities) but rather are suggestive of the quality of life of a country’s entire population as a whole (includes everyone). Furthermore, the analyses mentioned earlier that would have been ideally done on disability-specific QOL indicators (comparison and multiple-linear regression) was done on these general QOL indicators instead.

Further justification for using general QOL indicator data for individuals with disabilities is the logic that data recorded for general QOL indicators most probably would relate to the data that would be recorded for specific QOL indicators, like disability specific QOL indicators. For example, a country that measures high on the democracy index (a general QOL indicator) which is indicative of their general/entire population having a high quality of life, would most probably also see that their sub-population of citizens with disabilities measure high on QOL indicators that are directly relevant to them, like educational attainment. It is recognized that using this logic as justification would be strengthened if research were referenced that shows significant statistical correlations between general and disability specific QOL indicators, but no such research was found in the literature. Nonetheless, to draw conclusions about the life quality of individuals with disabilities via general QOL indicators seems like the most valid option in this situation of disability specific indicator data being unavailable for majority of the countries endorsing the CRPD.

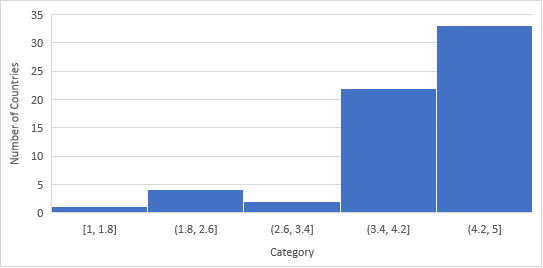
The inclusion of general QOL indicator data because disability-specific QOL indicator data is scarcely available does not mean that disability-specific QOL indicator data will not be reviewed in this paper. Great efforts were put into collecting disability specific QOL indicator data, but just for a few individual countries rather than all countries endorsing the CRPD. These few countries were those whose majority of general QOL indicator scores appeared to align with/be reflective of their CRPD commitment level. An example of such a country is one that made the highest level of commitment (ratified the convention and optional protocol) and had the best scores for majority of general QOL indicators. Measures/scores for disability specific QOL indicators would then be searched for this country to see if they align with their measures/scores for the general QOL indicators (i.e., both are high, etc.).

The next section of the paper will first outline and describe the disability specific and general QOL indicators that were chosen as most relevant for analysis. It will also depict via histograms all general QOL indicator data that was collected for our sample of countries. The data of each general QOL indicator will be discussed in the context of whether it reflects the level of commitment these countries made to the CRPD. This reflection will be determined by seeing whether the distribution of this data aligns with the distribution of the CRPD level of commitment data. Thus, to progress forward, it is important to first determine which levels of commitment the CRPD endorsing countries have agreed to (so the distribution of CRPD level of commitment data can be obtained).

Our sample consists of sixty-two CRPD endorsing countries (inclusive of both OECD and non-OECD countries). They were randomly selected from the United Nations’ (n.d.) CRPD ratification/signature list available online. Each country’s level of commitment was assigned a category number from 1 to 5. Category 1 was assigned to countries who chose not to sign (no commitment), category 2 was assigned to countries who signed the convention, category 3 was assigned to countries who signed the convention and optional protocol, category 4 was assigned to countries who ratified the convention, and category 5 was assigned to countries who ratified both the convention and optional protocol (highest level of commitment). A histogram was created to see the frequency distribution of this CRPD commitment level data.

**Figure 1**

*CRPD Levels of Commitment*



*Note.* This histogram shows the distribution of the CRPD commitment level data of the countries.

As seen in the histogram (Figure 1), there seems to be a very extreme skew towards the highest levels of commitment (positive skew). This means that almost every single country in this sample chose to ratify the convention (category 4) or ratify it alongside its optional protocol (category 5). If the CRPD truly holds meaning for QOL, then based on this histogram, the QOL of people with disabilities in most countries should be exceptionally good. In other words, it should be seen that the general QOL indicator scores reflects/aligns with this positively skewed distribution of the CRPD levels of commitment data. Reflection/alignment will be determined in this next section after the disability specific QOL indicators have been described and explained.

**Quality of Life Indicators**

**Disability Specific Indicators of Quality of Life**

When focusing on individuals with disabilities specifically, it is important to consider QOL indicators that directly relates to/concerns them, as these together will provide the most accurate estimate of what their quality of life is like. Which indicators are directly relevant can be inferred from the articles contained in the Convention on the Rights of Persons with Disabilities (CRPD) itself, which specify what people with disabilities are entitled to have and experience during their lifetime that ultimately would contribute to a high-quality of life. Some of these articles that are especially notable and are of interest include work and employment, equality and recognition, and education (UN CRPD, 2006). Essentially, the QOL indicators employment rate, minimum educational attainment, and presence of anti-discriminatory disability legislation seem directly related to the quality of life of people with disabilities.

***Employment Rate***

Article 27 of the CRPD concerns work and employment, and it stresses the right of individuals with disabilities to pursue jobs and be subjected to a labour market that is inclusive and non-discriminatory (UN CRPD, 2006). In this case, employment seems to be a relevant indicator of the life quality of individuals with disabilities, and this is further backed by research (Lombardi et al., 2019). Employment is an efficient indicator of life quality as being employed enables individuals to afford basic necessities needed to survive (i.e., food) and leisure activities that can benefit their wellbeing (i.e., travelling).

***Minimum Educational Attainment***

Article 24 of the CRPD concerns education, and it states the right of individuals with disabilities to be educated and have equal access to educational opportunities as able-bodied individuals (UN CRPD, 2006). In this case, education seems to be a relevant indicator of the life quality of individuals with disabilities, and this is further depicted and supported by research (Lombardi et al., 2019). Education is an important indicator of life quality as if the minimum level is attained (varies by country: i.e., high school education), it enables individuals to gain employment which is essential for affording basic necessities for survival and wellbeing.

***Anti-Discrimination Disability Legislation***

Article 5 of the CRPD concerns equality and non-discrimination (UN CRPD, 2006). It communicates that individuals with disabilities should not be discriminated against in any domain of society and that also they should be viewed under the law as equal to able bodied individuals (UN CRPD, 2006). This article additionally states that countries should ensure to provide accommodations to their citizens with disabilities when required (UN CRPD, 2006). In this case, anti-discrimination disability legislation seems to be a relevant indicator of the life quality of individuals with disabilities. Countries that create laws that protect and clarify disability rights essentially increase the life quality of their citizens with disabilities. This is because these laws actively attempt to eliminate barriers that are detrimental to the growth and wellbeing of individuals with disabilities (i.e., discriminatory hiring practices) while simultaneously providing accommodations that benefit them.

**General Indicators of Quality of Life**

The general QOL indicators relevant for analysis in this paper are safety, life expectancy, gross domestic product (GDP) per capita, unemployment rate, democracy, corruption, global freedom, power distance, long term orientation, and masculinity. Each indicator is thoroughly explained, and the data of each indicator is discussed in the context of whether it reflects the level of commitment these countries made to the CRPD. This reflection will be determined by seeing whether the distributions of all general QOL indicator scores/measures align with the distribution of the CRPD level of commitment data. In other words, since the CRPD distribution is heavily positively skewed towards the highest levels of commitment, it is being seen whether the general QOL indicator distributions are also skewed towards the best/highest scores.

It must be clarified before continuing that viewing alignment via comparing distributions is not considered as evidence of the CRPD being meaningful to the quality of life of individuals with disabilities. It is rather considered as only being weakly suggestive of the possibility of the CRPD being meaningful.

***Safety***

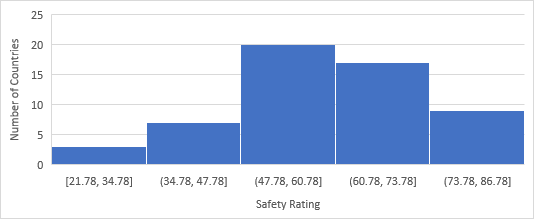
Safety is an important indicator of the quality of life for all people regardless of disability status. It suggests whether citizens feel safe in their own country or city according to their chances of being harmed or even walking alone during the night (Numbeo, 2022). Feeling safe can positively impact one’s quality of life as it greatly reduces the fear or dreadful stressor of potentially being harmed, kidnapped, or killed. In terms of individuals with disabilities, feeling safe is especially important to their life quality and wellbeing as they have been historically (Marini, 2011) and still are currently targeted as a group for heinous and inhumane crimes such as sexual assault (Martin et al., 2006). Additionally, victimization of individuals with disabilities is frequently heard about in countries that are particularly unsafe. For example, Mexico, a country that has been assigned a fairly low rating of safety (46.1 out of 100; Numbeo, 2022.) was reported in 2014 to have serious occurrences of sexual and physical torture committed against patients with disabilities at a long-term care facility (Larsson, 2017). All in all, safety is a highly relevant general QOL indicator, as understanding the level of safety felt by the general population can provide a basic idea of how safe citizens with disabilities would feel as well (considering disability specific safety data is not available for analysis.).

Safety ratings for each country of the sample was collected from the Numbeo (2022) safety index dataset. Their safety scale ranged from 0 to 100, where 0 signified feeling very unsafe and 100 signified feeling very safe. Upon analysis, it was found that citizens reported feeling moderately safe in majority of the countries. This finding is illustrated in this histogram (Figure 2), where it can be observed that most countries had safety ratings between the range of 47.78 and 60.78.

If the distribution of the safety data (Figure 2) is compared to the distribution of the CRPD commitment level data (Figure 1), no alignment is seen. This is as the distribution of the safety data is not at all skewed towards the best/highest scores (as is the CRPD distribution) that indicates high quality of life. Thus, the scores for this general QOL indicator are not reflective of the distribution of the CRPD commitment level data.

**Figure 2**

*Safety*



*Note.* This histogram shows the distribution of the safety scores of the countries.

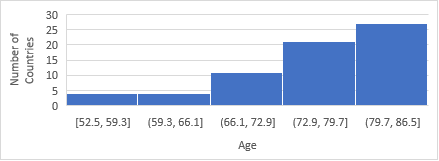
***Life Expectancy***

Life expectancy is also important to consider. It should be included when discussing any QOL indicator. For any population (with disabilities or not) to measure high on indicators of QOL (i.e., educational attainment, etc.), they must be alive and well for a reasonable number of years to do so. An average life expectancy of 20 years for example is not nearly enough time for an individual to achieve high on many of these important QOL indicators. In the case of citizens with disabilities, they may require even more years than abled bodied citizens to achieve the same because of difficult barriers they are met with as discussed previously. Thus, the greater the life expectancy of a population, the higher their quality of life would predictably be.

When looked at the life expectancy data collected from the United Nations’ (n.d.) Human Development Index dataset, majority of the countries had very high life expectancy for their citizens, with the measures falling between 79.7 and 86.5 years old on an overall scale of 0 to 100 years old. A histogram of this data depicts a positively skewed distribution (Figure 3).

**Figure 3**

*Life Expectancy*



*Note.* This histogram depicts the distribution of the life expectancy measures of the countries.

If the distribution of the life expectancy data (Figure 3) is compared to the distribution of the CRPD commitment level data (Figure 1), moderate alignment is seen. This is as although the distribution of the life expectancy data is not extremely skewed towards the best/highest scores (as is the CRPD distribution) that indicate high quality of life, it still nonetheless is positively skewed. Thus, the scores for this general QOL indicator are quite reflective of the distribution of the CRPD commitment level data.

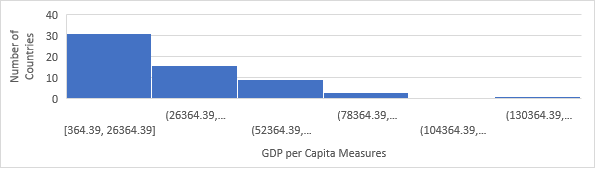
***Gross Domestic Product (GDP) Per Capita***

GDP per capita is a highly relevant general QOL indicator as it ultimately can influence whether individuals have the chance to engage in certain activities (i.e., attain education) that would contribute to their growth and wellbeing. This is as the relative GDP per capita not only directly influences the capacity of governments to provide the public opportunities to engage in activities like attaining education, but it also influences whether working families are able to afford such activities since it is an implicit measurement of mean income (Brander, 2022). Thus, a high GDP per capita should result in a higher quality of life.

Upon analysis of the latest (2021) GDP per capita measures collected for each country from data catalogues of the World Bank (n.d.) and the CEIC (n.d.), it can be observed that a large majority of the countries have a GDP per capita on the lower side. This is represented by the sharp negative skew seen in the histogram plot that has been created for this data (Figure 4).

**Figure 4**

*GDP per Capita*



*Note.* This histogram shows the distribution of the GDP per capita measures of the countries.

When the distribution of the GDP per capita data (Figure 4) is compared to the distribution of the CRPD commitment level data (Figure 1), alignment cannot be seen. This is as the distribution is skewed towards lower GDP per capita measures. Had the distribution been positively skewed, only then would it be reflective of the distribution of the CRPD commitment level data, as higher GDP per capita measures are predictably associated with high quality of life.

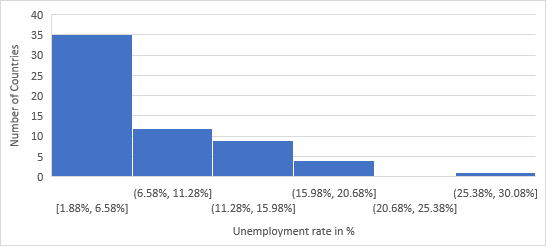
***Unemployment Rate***

Unemployment rate is another essential QOL indicator. It informs about the proportion of the population that lack employment solely due to the reasons of either not wanting to work or unavoidable circumstances like having to tend to their infant children full time (Reserve Bank of Australia, 2022). It does not appear to include the proportion of the population that although are unemployed are nonetheless still active in the labour market through diligent job search (Reserve Bank of Australia, 2022), presumably due to being truly hopeful or believing there is a good chance they will eventually get hired. For citizens with disabilities specifically, in some countries (i.e., inaccessible countries) they may not be amongst this hopeful bunch still active in the labour market seeking employment, because of the unfortunately common problem of there being tough barriers that prevent them from even being offered employment, such as discriminatory attitudes of employers during the recruitment/hiring process (CDC, 2020). As a result, it is plausible that in these countries the unemployment rate of citizens with disabilities specifically is high. However, as mentioned due to the rarity in finding such disability specific data for most countries endorsing the CRPD (as majority are non-OECD), general data (in this case, unemployment rate of the entire population) is used instead to make such an inference. Furthermore, a high unemployment rate would most probably indicate a lower QOL for citizens due to them as a result not being able to afford resources for survival, and additional luxuries.

The most recent (2021) annual unemployment rates available for each country were taken from the data catalogues of statistics portals like the World Bank (n.d.), Statista (n.d.), and Macrotrends (n.d.). Upon analysis, it can be observed that a large majority of the countries have a seemingly low unemployment rate, falling within the range of 1.88% and 6.58%. This can also be seen in the histogram that is illustrating the data (Figure 5).

**Figure 5**

*Unemployment Rate*



*Note*. This histogram shows the distribution of the unemployment rates of the countries.

If the distribution of the unemployment rate data (Figure 5) is compared to the distribution of the CRPD commitment level data (Figure 1), alignment can be observed. This is as the distribution of the unemployment rate data is heavily skewed towards the rates/measures that are indicative of high life quality (just like the CRPD distribution). Therefore, the scores for this general QOL indicator are reflective of the distribution of the CRPD commitment level data.

***Democracy and Global Freedom***

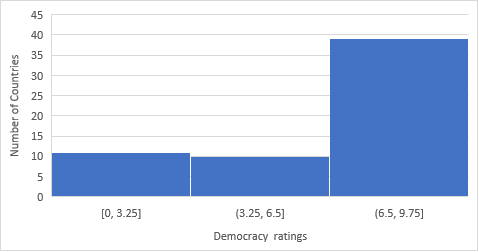
Global freedom and democracy are two other general QOL indicators that were considered. Citizens living in a full democracy have more say and power for what happens in their country compared to those living under other types of government systems, such as authoritarian regimes. For example, they can vote in governments that reflect their views and care to address their concerns and improve their living conditions, and this contributes to bettering their overall quality of life. Global freedom goes hand in hand with democracy as a democratic system affords citizens a high quantity of civil liberties and political rights, the two requirements a country needs to seemingly fulfil to be considered entirely globally free. Democracy and global freedom are QOL indicators that will be helpful in determining which countries have high quality of life for all citizens in general, which in turn can help with inferring the quality of life of citizens with disabilities specifically.

The data for the general QOL indicator, democracy, was attained from The Economist’s (n.d.) Democracy index dataset. This index had a scale ranging from 1 to 10, where 1 signified a country as an authoritarian regime and 10 signified a country as a full democracy. The data for the general QOL indicator, global freedom, was attained from the Global Freedom index dataset of the Freedom House organization (n.d.). The Global Freedom index had a scale ranging from 0 to 100, where 0 indicated a country is not free and a 100 indicated a country being fully free.

For democracy levels, it was observed that a considerable number of countries from our sample (15) had scores from 1 to 5.99, which counts anything from authoritarian regimes to hybrid regimes, while an even bigger number of countries (25) had scores from 6 to 7.99 which signifies flawed democracies. Thus, more than half of our sample had scores that are not indicative of a high quality of life, which suggests that the distribution of this democracy data (Figure 6) does not align with/reflect the distribution of the CRPD level of commitment data (Figure 1). The histogram (Figure 6) of the democracy data was unable to capture the nuances mentioned (i.e., flawed vs full democracy) and may mislead one to think that most countries have high democracy scores that are indicative of high life quality (graphed 6.5+ as high score).

**Figure 6**

*Democracy*

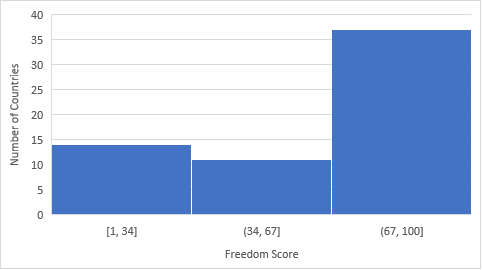


*Note.* This histogram shows the distribution of the democracy scores of the countries.

As for global freedom data, the trend of this data is identical to the democracy data (expected as both go hand in hand). A considerable number of countries from our sample (14) had scores ranging from 1 to 33 which signifies not free, while an additional number of countries (14) had scores ranging from 37 to 69 which signifies them being only partly free. Thus, a large portion of our sample had scores that are not indicative of a high quality of life, which suggests that the distribution of this global freedom data (Figure 7) does not align with/reflect the distribution of the CRPD level of commitment data (Figure 1). Additionally, like the democracy histogram, the global freedom histogram (Figure 7) also could not capture the nuances mentioned (i.e., partly vs fully free) and may mislead one to think that most countries have high global freedom scores that are indicative of high QOL (graphed 67 and above as a high/best score).

**Figure 7**

*Global Freedom*



*Note.* This histogram shows the distribution of the global freedom scores of the countries.

***Corruption***

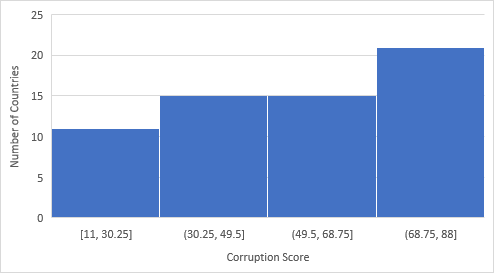
Level of corruption in a country’s public sector can also indicate the relative quality of life of citizens. By public sector, it is referring to all services offered and controlled by a nation’s government, such as public education and legal justice (Statistics Canada, n.d.). As such, an inverse relationship seems to make sense when life quality is looked at: the more corruption there is in the country’s public sector, the poorer quality of life of the citizens. To give some context, a hypothetical example of corruption in the public sector worsening citizens’ life quality is when the government has adequate funding but chooses not to spend on and improve the very essential public service of law enforcement and this results in law enforcement being inefficient and ill-equipped to serve and protect the public. This negatively impacts or worsens the life quality of its users (citizens) as it may reduce their feelings of personal safety which is essential for a high life quality.

Level of corruption data for each country was taken from the Corruption index dataset of the Transparency International Organization (n.d.). The index’s scale ranged from 0 to 100, where 0 signified an exceptionally clean public sector and 100 signified a maximally corrupt public sector. Upon analysis, although a slight majority of countries had quite high corruption scores, the data overall seemed quite diverse. In other words, countries appeared to score widely across the corruption scale as seen in the histogram (Figure 8).

When the distribution of the corruption data (Figure 8) is compared to the distribution of the CRPD commitment level data (Figure 1), alignment cannot be seen. This is as the distribution of the corruption data is not skewed towards the best scores (as is the CRPD distribution) which indicates high quality of life. The best scores in this case would be lower scores. All in all, the scores for this general QOL indicator are not reflective of the distribution of the CRPD commitment level data.

**Figure 8**

*Corruption*



*Note.* This histogram depicts the distribution of the corruption scores of the countries.

***Hofstede’s Cultural Dimensions as General QOL Indicators***

Power distance, long term orientation, and masculinity are the last three general QOL indicators considered in this paper. They were taken from the list of cultural dimensions that was created by Geert Hofstede to compare distinct cultures across the globe (Hofstede, 2011).

**Power Distance**

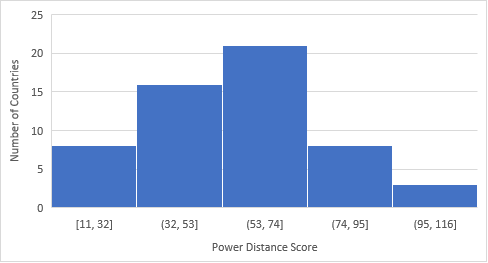
Power distance has been explained by Hofstede (1985) to be “the extent to which the members of a society accept that power in institutions and organizations is distributed unequally”. On a national level, the governments in power can be considered as examples of these institutions and organizations. Countries with high power distance are more accepting of the inequal power distribution and are said to be more accepting of inequalities that occur in society (Alper, 2020). On the flipside, countries with low power distance are not accepting of the inequal power distribution and oppose inequalities that commonly occur in society (Alper, 2020). Considering inequal treatment of citizens with disabilities is a common inequality issue in many countries, power distance data can be used to see what countries are more likely to turn a blind eye to this issue. This in turn, can provide an idea of the life quality of citizens with disabilities alongside the population in general.

Power distance data for each country was attained from Hofstede Insights’ (2021) Power Distance index dataset. Their index’s scale ranged from 1 to 120, where 1 signified very minuscule power distance and 120 signified a substantial power distance. Upon analysis, it was observed that majority of the countries from our sample had a moderate score (ranging between 53 and 74), suggesting a moderate power distance.

Through comparing the distribution of the power distance data (Figure 9) to the distribution of the CRPD commitment level data (Figure 1), no alignment is found. This is as the distribution of the power distance data does not skew towards the best scores (as does the CRPD distribution) that indicate high quality of life. The best scores in this case would be lower scores. As such, the scores for this general QOL indicator are not reflective of the distribution of the CRPD commitment level data.

**Figure 9**

*Power Distance*



*Note*. This histogram shows the distribution of the power distance scores of the countries.

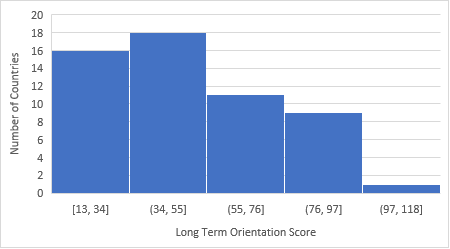
**Long Term Orientation**

Long term orientation, another cultural dimension, can also give an idea about the relative life quality of the general population including individuals with disabilities. Countries who score high on long term orientation hold a very progressive attitude in which they believe in societal change and pursue modern education to achieve it, whereas countries who score low are skeptical about societal change and remain rigidly attached to past beliefs and traditions (“National culture,” 2019). Historically, the belief that disability was a mark of deviancy prevailed, and as a result individuals with disabilities had been treated inhumanely (i.e., mass incarceration; Appleman, 2018) making their quality of life very poor. Thus, it is more likely that countries with low long term orientation scores still carry this harmful belief as they are resistant to embracing change and new perspectives, which ultimately suggests the life quality is lower for their population with disabilities. Therefore, analyzing long term orientation scores of countries can provide an indication of what the quality of life of their citizens with disabilities may be like in this current time.

Long term orientation data for each country was attained from Hofstede Insights’ (2021) Long Term Orientation index dataset. Their index’s scale ranged from 1 to 120, where 1 signified very resistant to change and 100 signified very open to change. Upon analysis, it was found that majority of the countries had moderate to incredibly low long term orientation scores, as seen in the histogram (Figure 10).

**Figure 10**

*Long Term Orientation*



*Note.* This histogram depicts the distribution of the long-term orientation scores of the countries.

When comparing the distribution of the long-term orientation data (Figure 10) to the distribution of the CRPD commitment level data (Figure 1), no alignment is observed. This is due to the distribution of the long-term orientation data not being skewed towards the best scores (as is the CRPD distribution) that indicate excellent quality of life. The best scores in this case would be high scores. Thus, the scores for this general QOL indicator are not reflective of the distribution of the CRPD commitment level data.

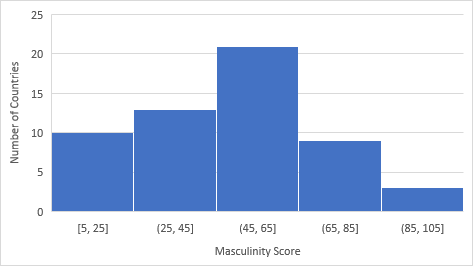
**Masculinity**

The final general QOL indicator considered is masculinity. A country that is more masculine can be described as having the traits of being assertive, competitive, and preoccupied with achievement and material success (“National culture,” 2019). A country who is more feminine is rather quite the opposite, in which they are more cooperative and give utmost importance to citizens’ quality of life and looking after those who require aid (“National culture,” 2019). Based on this, one would expect the quality of life of citizens to be better in feminine countries. For citizens with disabilities specifically, a feminine country’s trait of being caring makes it plausible that these individuals would be treated with respect and provided assistance as needed, which would allow for the inference that their quality of life would also be high like the general population in such countries.

Data on masculinity for each country was collected from Hofstede Insights’ (2021) Masculinity index dataset. Their index’s scale ranged from 1 to 120, where 1 signified the country being very feminine and 100 signified the country being highly masculine. Upon analysis, it was found that majority of countries had moderate scores (ranging from 45 to 65), ultimately suggesting that most countries are neither wholly masculine nor feminine.

**Figure 11**

*Masculinity*



*Note.* This histogram depicts the distribution of the masculinity scores of the countries.

When the distribution of the masculinity data (Figure 11) is compared to the distribution of the CRPD commitment level data (Figure 1), there is no alignment seen. This is as the distribution of the masculinity data is not skewed towards the best scores (as is the CRPD distribution) that indicate high quality of life. In this case, the best scores are low scores. Therefore, the scores for this general QOL indicator are not reflective of the distribution of the CRPD commitment level data.

**Additional Analyses: Multiple Regression**

As established previously, distribution alignment is not considered evidence for the existence of an actual relationship between the CRPD and quality of life. In other words, it cannot be concluded just by solely observing alignment that the CRPD is thus meaningful or holds impactful weight on the quality of life of individuals with disabilities. Observing alignment rather only weakly suggests or hints of the possibility of the convention being like this (meaningful & weighty).

According to the analysis that was just performed in the previous sub-section, majority of the data distributions of the general QOL indicators (besides life expectancy and unemployment rate) did not at all align with/seem to reflect the distribution of the CRPD commitment level data. All these instances of misalignments work together to weakly suggest against the idea that most CRPD endorsing countries’ citizens (including citizens with disabilities) have high quality of life since these countries made the strongest levels of commitment. They also work together to weakly suggest against the possibility of the convention actually being meaningful or holding some impactful weight on the quality of life of individuals with disabilities.

Nonetheless, to definitely confirm that there lacks a relationship between the CRPD and the general QOL indicators, a multiple linear regression was performed. Eight countries (all non-OECD) were removed from the sample before running this test due to them missing data for a couple of indicators. The multiple regression revealed that a small fraction of the variance in CRPD commitment levels can be explained by the general QOL indicators, adjusted R² = .29, *F* (10, 43) = 1.78. In other words, the predictive power of the general quality of life indicators although present, is very weak. However, upon deeper examination, this weak predictive relationship cannot even be considered as evidence for the CRPD being somewhat meaningful for the life quality of individuals with disabilities due to the relationship being statistically insignificant (p = 0.09). Thus, this provides conformation that there lacks a relationship between the CRPD and general QOL indicators which provides support for the possibility that the CRPD holds no true meaning for the quality of life of people with disabilities.

**Do They Align: Comparing the Disability Specific QOL Indicator Data with General QOL Indicator Data for Specific Countries**

This component of the paper analyzes two countries whose majority of general QOL indicator scores appear to align with/be reflective of their CRPD commitment level. Measures for the mentioned disability specific QOL indicators have been attained for these countries to see whether they align with their measures/scores for the general QOL indicators. Doing this analysis will provide a rough idea of whether there may be a relationship between disability specific QOL indicator scores and general QOL indicator scores. It is also a chance to maybe observe real-life instances where citizens with disabilities truly are indicated to have a high quality of life in countries where the general population also is indicated to have a high quality of life. Additionally, because disability specific QOL indicator data is unavailable for non-OECD countries, the two countries that will be analyzed are thus OECD countries.

**Switzerland**

Switzerland made the second highest level of commitment to the CRPD, ratifying the convention (category 4). Their scores/measures for almost all general QOL indicators reflects this high commitment level, as they are close to the best or highest scores that can be achieved. For example, they have one of the highest life expectancy scores (84 years old; United Nations, n.d.) and global freedom scores (96; Freedom House, n.d.) in the sample.

When looking at disability specific QOL indicators (minimum education attainment, employment rate, and presence of anti-discriminatory disability legislation), Switzerland seems to measure exceptionally well for all these too. A staggering 87% of their citizens with disabilities attained minimum level education back in 2019 (Federal Statistical Office, n.d.) while their latest disability employment rate which is also from 2019 is impressively high as well (67.9%; Federal Statistical Office, n.d.). In terms of the presence of anti-discriminatory disability legislation, Switzerland has indeed such legislation (United Nations, n.d.). This form of legislation is preferred as its presence is argued to indicate high quality of life of individuals with disabilities (since it works to protect them from discrimination in all societal domains). Thus, Switzerland’s measures on disability specific QOL indicators align with their scores for general QOL indicators (both are high).

**Finland**

Finland made the absolute highest level of commitment to the CRPD, ratifying the convention and additional protocol (category 5). Their scores/measures for quite literally all but one general QOL indicator (long term orientation) is exceedingly high or amongst the absolute best that can be achieved, thus making these scores reflective of their very high level of commitment. For example, they have a score of 100 (Freedom House, n.d.) for global freedom, which is the absolute highest and best score on the global freedom index. They are one of the few countries who have an almost perfect score on the democracy index as well (9.27/10; The Economist, n.d.). Finland’s masculinity and power distance scores (26 & 33; Hofstede Insights, 2021) are also amongst some of the best scores in the entire sample.

When it comes to determining scores for disability specific QOL indicators, Finland is a special case OECD country that lacks some data. Because they are missing measures for minimum educational attainment, the disability specific QOL indicators employment rate and anti-discrimination disability legislation will be the only two assessed. The most recent employment rate (2018) available for Finnish citizens with disabilities is seen to be fairly high (58.30%; European Commission et al., 2021). But when compared to the most recent disability employment rate of Switzerland (67.9%; Federal Statistical Office, n.d.), a country that made a slightly lower commitment to the CRPD (category 4), Finland’s disability employment rate is not too impressive.

In terms of Finnish disability legislation, their legislation appears to be anti- discrimination/human rights based (United Nations, n.d.), which is what is preferred for high life quality. Thus, there appears to be a somewhat alignment between how Finland measures on general QOL indicators and disability specific QOL indicators. Considering they scored very high or best on almost all general QOL indicators, a higher disability employment rate and the presence of anti-discriminatory disability legislation was expected. However, as seen, their employment rate was not as high (when compared to other countries like Switzerland).

**What Does All of This Mean?**

Switzerland and Finland are countries that made high commitments to the CRPD and have stellar general QOL indicator scores. However, one of the countries (Finland) seemed to not measure high on one disability specific QOL indicator, and thus did not display that expected alignment. What this suggests is that it may not always the case that the scores of both indicator types are related, thus showing that citizens with disabilities may not always have exceptional quality of life in CRPD endorsing countries despite the quality of life for the general population being indicated to be very good. This analysis is moderately suggestive (though not strong evidence) against the possibility that the CRPD may be meaningful for the quality of life of citizens with disabilities (which is what the distribution comparisons weakly suggested, and the multiple linear regression suggested as well.).

**A Narrow Focus**

As mentioned previously, disability specific QOL indicator data for countries is heavily scarce, and thus to observe directly whether PWD’s quality of life is reflective of their country’s level of commitment to the CRPD using a large and inclusive sample is not feasible. Nonetheless, it seems still worthy to analyze this relationship using disability specific QOL indicator data from a couple of countries that make it available. This final section will analyze and compare the disability specific QOL indicator data of two countries: one who made the highest level of commitment to the CRPD, and another who made one of the lowest.

**Afghanistan**

Afghanistan made the highest level of commitment to the CRPD, ratifying the convention and additional protocol (category 5). As such, one would expect that alongside their general QOL indicator scores, their disability specific QOL indicator scores are the best they can be. However, not only are their general QOL indicator scores amongst one of the poorest in the entire sample (i.e., democracy index score: 0.32/10; The Economist, n.d.), their disability specific QOL indicator scores are for the most part not great either.

For instance, the most recent employment rate available for Afghani citizens with disabilities is a disappointing 27%, while their most recent minimum education rate is even worse, standing at only 6% (LCS, 2021). The only disability specific QOL indicator that they do seem to score a pass for is having anti-discriminatory disability legislation, which is argued to indicate high quality of life of citizens with disabilities due to it affording them protection from discrimination in all realms of society. However, seeing the very low numbers in the societal realms of education and employment, one hesitates to argue that the quality of life of Afghanis with disabilities is subpar, let alone high. Thus, Afghanistan’s statistics contributes to mildly suggesting a lack of a relationship between commitment level to the CRPD and citizens with disabilities quality of life.

**The United States of America**

Contrastingly, The United States of America made one of the lowest commitments to the CRPD, category 2, which means merely signing the convention. This commitment level leads one to think that the quality of life of U.S citizens with disabilities is poor. However, their great measures for most of the disability-specific quality of life indicator suggest otherwise.

For example, the United States has the Americans with Disabilities Act (ADA), an all encompassing and powerful piece of legislation that is anti-discriminatory based, which again arguably signifies a high quality of life for citizens with disabilities (protection in all of society’s domains). Additionally, recent reports show 58.3% (NCES, 2019) of Americans with disabilities achieving the minimum education level required to secure employment and thus be able to afford necessities for survival and well-being. This is an impressive number when thought about in relation to their weak commitment to the CRPD. Nonetheless, the U.S.A. does appear to lack in comparison to education and legislation, in the domain of employment, with recent statistics showing only 21% (Bureau of Labour Statistics, 2022) of Americans with disabilities being employed. All in all, like the analysis of Afghanistan’s data, this analysis of the U.S. A’s disability specific QOL indicator data contributes to weakly suggesting the absence of a relationship between CRPD commitment level of the quality of life of people with disabilities.

It worthy to notice that the United States is a special case country, in which it is the only country that contributed to defying the existence of this relationship in a positive manner, in which despite having a weak commitment to the CRPD, their citizens with disabilities appear to have a better than average quality of life, as indicated by their good scores on 2 out of the 3-disability specific QOL indicators. But this is not too surprising knowing the United States has a robust history of demonstrations that involved advocating for the rights of persons with disabilities, such as the disability rights movement.

**Reasons for Discrepancy and Final Thoughts**

It is important to address the possible factors behind why there is observed a discrepancy between countries’ level of commitment to the CRPD and the quality of life of their citizens with disabilities. One factor may be political orientation. As mentioned, countries with democratic systems allow citizens to vote in government officials they believe will address their needs and drive change. This can include citizens with disabilities or a general population who cares about individuals with disabilities, selecting/voting in a country leader that aims to improve the quality of life of those with disabilities. It makes sense then why a discrepancy is seen, as although most countries made the highest levels of commitment to the CRPD, a large group of these countries are non-democratic (i.e., authoritarian regime). Therefore, even if citizens of these countries want a government that will live up to their high commitment to the CRPD and improve the life quality of individuals with disabilities, they have no power to make the government do so, and this explains the non-reflective QOL indicator scores (thus the discrepancy).

Another factor that may be driving the discrepancy alongside political orientation is affordability. While being non-democratic, a great many of the countries who made high commitments to the CRPD are also not economically prosperous, and this is indicated by their low GDP per capita measures (i.e., Sudan’s is $764.30 USD; World Bank, n.d.). Considering improving the quality of life of individuals with disabilities can involve costly initiatives like implementing architectural innovations in public places (i.e., ramps, elevators, etc.), if these countries do not have enough funding or wealth, they most likely cannot afford such initiatives. Therefore, even if they have the intent to improve the life quality of their citizens with disabilities as suggested by signing to the CRPD as strongly committed (category 4 or 5), they cannot afford to do so, and this explains the poor QOL indicator scores (and thus the discrepancy).

All in all, it appears then that the four forms of analyses performed in this paper all together fail to provide support for the possibility that the Convention on the Rights of Persons with Disabilities holds any meaning to the life quality of people with disabilities around the world. This calls into question whether the Convention really is truly that weightless, or if the results attained in this paper were what they are due to potential limitations, such as using mostly general QOL indicator data rather than disability specific QOL indicator data to make estimates about the quality of life of individuals with disabilities. Would the results be different if majority of the QOL data used was disability-specific? Due to the lack of availability currently of disability specific QOL indicator data from most countries, answering this question may be challenging.

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