CHAPTER -6

PROFILE OF ASHA WORKERS

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6.1 Job of the Workers

Job Profile of ASHA workers are very important and it deals with the standard for selection of the ASHAs, to assess the recruitment process, training and supervision of ASHAs in the state and ensure that ASHA workers are provided proper instruction and guideline so that they have a clear idea about their roles and responsibilities to carry out their work. To study the job profile of ASHA workers a self administered questionnaire is developed in consultation with research guide and other experts. The information is collected from health officials and ASHA workers. The collected data regarding job profile are measured in frequency and percentage which are discussed below.

6.1.1 Selection of ASHAs

Findings reveal that majority of the respondents (55.6%) are selected on the basis of recommendation, 25% ASHAs selected for their previous work experience, 9.7% are selected through verification and interview. Thus it is evident that selection of ASHA is often influenced by personal biases of members of gram panchayat, prescribed qualifications and criteria are often overlooked while recommending ASHAs for appointment. Hence selection is not done as per the national NRHM guideline.

Table 6.1, Selection Process of ASHAs   **N=144**

Sl. no.	category	Frequency (f)	Percentage (%)
1.	Through interview	14	9.7
2.	Through recommendation	80	55.6
3.	Through verification	14	9.7
4.	Previous work experience	36	25

6.1.2 Information regarding the job

The findings in the table 6.2 reveal that majority of ASHA workers (46.5%) get information regarding the job from gram panchyat followed by (22%) from public health centers

and (14.6%) from Anganwadi centre. Very little percent of respondents (4.9%) are informed by block office.

Table 6.2, Information obtained from different sources regarding the ASHAs job. N=144

Sl. No.	category	Frequency (f)	Percentage (%)
1.	Gram panchayat	67	46.5
2.	Mahila samiti	9	6.2
3.	Public health centers	32	22.2
4.	Advertisement in radio, news paper and television	8	5.6
5.	Anganwadi centers	21	14.6
6.	Block office	7	4.9

6.13 Methods of instruction regarding job responsibility

Findings reveal that 72.2% of ASHAs are provided instruction regarding their job responsibilities through orientation training, 22% through orally and 5.6% ASHAs are provided instruction in the written form respectively. 33% ASHA workers have previous training and work experience due to which they have an idea of their work.

Table 6.3, Methods of instruction used to describe job responsibility of ASHA. N=144

Sl. no.	Category	Frequency (f)	Percentage (%)
1.	Written	8	5.6
2.	Orally	32	22.2
3.	Orientation training workers	104	72.2
4.	Training prior to selection as ASHA	48	33.3

6.1.4 Activities performed by ASHAs

Majority of ASHAs (99.3%) responded that they always accompany pregnant women followed by 97.2% mentioning about involvement in patient navigation and organizing awareness camp, 93.8% ASHAs provide counseling to their clients and 74.3% ASHAs work to build community as well as individual capacity. 60.4% ASHAs take part in village health sanitation and only 47.9% come forward for community advocacy.

Table 6.4, Activities of ASHA workers   **N=144**

Sl. no.	category	Frequency (f)	Percentage (%)
1.	Building community capacity	105	72.9
2.	Building individual capacity	107	74.3
3.	Community advocacy	69	47.9
4.	Counseling	135	93.8
5.	Patient navigation	140	97.2
6.	Organizing awareness camp	140	97.2
7.	Accompany pregnant women	143	99.3
8.	Take part in village health sanitation	87	60.4

6.1.5 Approximate time spent per day by ASHAs for their job

ASHAs have flexible work schedules and her work load demands 4 to 5 hours per day. Majority of the respondents (63%) reveal that they spend 3 hours daily to do home visits, organize/ attend meetings of village, also organize immunization camp, ANC session and health day. 27% ASHAs work 4 hours followed by 7% ASHAs who work 5 hours per day. At the same time she must be available at her home because she could be needed any time for emergency

Table 6.5, Time spent by ASHA workers per day for their job   **N=144**

Sl. No.	Time spent per day	Frequency (f)	Percentage (%)
1.	Less than 3 hours	-	-
2.	3 hours	91	63
3.	4 hours	39	27
4.	5 hours	10	7
5.	More than 5 hours	-	-

6.1.6 Commonly addressed health issues

100% ASHA workers deal with maternal health and child health, where as 81.9% ASHAs deal with sanitation and hygiene, 48.6% works for prevention of diseases, 27.3% ASHAs deal with adolescence health and only 18.8% ASHAs work to improve health literacy. It indicates that mostly ASHAs are involved in incentives based activities. Moreover, some of the ASHAs are unable to specify their job responsibilities. Without a clear understanding of one's own responsibilities as ASHA workers, their performance and effectiveness cannot be improved.

Table 6.6 health issues mostly address by ASHA workers.   N= 144

Sl. No.	Category	Frequency (f)	Percentage (%)
1.	Maternal health	144	100
2.	Child health	144	100
3.	Adolescence health	19	27.3
4.	Sanitation and hygiene	57	81.9
5.	Disease prevention	49	48.6
6.	Improved health literacy	27	18.8
7.	Provide TB dots	14	9.7

6.1.7 Salary

70.1% of ASHAs responded that they are not getting their payment on time and only 29.9% ASHAs admitted of getting their payment timely. 54.9% ASHAs responded that their payment is deposited in their bank account, 36% get through cheque and 9% ASHAs get payment in cash. Further 100% ASHAs responded that they are provided umbrella and bicycle, 93.1% got radio and only 47.2% ASHAs got mobile phone. All the ASHAs reported that drug kits, torch, and thermometer are provided to them for their convenience and to carry out their work efficiently.

Table 6.7, Payment and accessories provided to ASHAs for their work   N=144

Sl. No.	Characteristics	Category	Frequency (f)	Percentage (%)
1.	Timely payment	1.Yes	43	29.9
		2. No	101	70.1
2.	Mode of payment	1. cheque	52	36.1
		2. cash	13	9.0
		3. account pay	79	54.9
3.	Accessories have been provided to ASHAs	1.umbrella	144	100
		2. bicycle	144	100
		3. radio	134	93.1
		4. mobile	68	47.2
		5. drug kit	119	82.6
		6. torch	110	76.4

6.1.8 Educational level of ASHAs

Ministry of health and family welfare set educational level of ASHA worker up to class VIII, but data shows that 73.8% health officials disagree with these. According to 58.7% of health officials, ASHA workers should be class X pass and 11.5% wants that ASHA workers educational level should be up to class XII. According to them higher qualification help ASHAs to understand health issues in a scientific and a broader prospect, increase their ability to transmit health related messages in a more convincing manner and maintain their record books properly.

Table 6.8, Opinion of health officials regarding educational level that ASHA should have

Educational level of ASHA	Frequency (f)	Percentage (%)
Class VIII	16	26.3
Up to class X	35	57.4
Up to XI	2	3.3
Up to XII	9	14.8

6.1.9 Selection of ASHAs

The gram panchayat and health officials responded that selection of ASHA workers is done on the basis of their knowledge and skills. Further they revealed that candidate for the work should have information regarding community, health care system and about general health They should have effective communication skill and should be a good listener and able to provide health information and clients centered counseling. ASHAs should be able to build a good relation with their community, supervisor and policy maker. They should have good organizational skill so that they are able to support individuals, families and communities in getting the services they need. Further they responded that ASHA should have teaching skill to convince community to develop healthy habits and appropriate behavior. They should also have advocacy skill so that they can help their community to raise voice to get their rights and to bring desirable changes in public policies that influence community health and wellbeing.

6.1.10 Previous work experience

20.5% of respondents responded of having work experience prior to getting selected as ASHA workers. 7% respondents were working as Dhai (midwife, who involve in the activities of home delivery and taking care of the infants) and 17.4% were working as helper of ANM in their community.

6.1.11 Satisfaction of ASHAs by doing her job

Majority of ASHAs (68.6%) are satisfied with the job and only 32.4% ASHAs are not satisfied as they mentioned that sometimes they find it difficult to motivate community for construction of toilet and sometimes they are not able to organize meeting due to the lack of support of members of gram panchayat and community. Some of the villages in Nagaon district are spread into large areas intercepted by rivers. Due to this natural barrier certain section of population remains un-served by ASHA; moreover as they have to serve more than 1,000 of population it makes their work overloaded.

They also expressed that compensation for their work should be increased. A better compensation may encourage ASHAs to do their job with more enthusiasm and spirit.

6.2 Socio economic analysis of ASHA workers

Socio-economic status is an important determinant to understand the ASHA workers background which influences values and norms of behavior, their social participation, pattern of leadership, motivation for improvement and communication in a community. The study of ASHA workers socio-economic profile is taken up in order to understand whether it has anything to do with the effectiveness of their work in facilitating health care services to the community. Socio economic profile of ASHA workers include information about their age, marital status, educational level, family occupation, family type, family size, social category, family income, organizational membership and their level of organizational involvement.

To study socio-economic profile of ASHA workers socio-economic status scale developed by Pareekh and Trivedi 1964 has been used, with slight modification and score are assigned. The analysis is based on a sample study of 144 ASHA workers of three districts of Assam. Socio economic profile of respondents are studied with the following variables-educational level, family occupation, family type, family size, social category, organizational membership, land holding, type of sanitation. Personal characteristic of the respondent were studied with the following variables i.e. age, marital status, family income and their mass media exposure.

6.2.1 Age: age refers to the chorological age of the respondent at the time of interview expressed in years. The respondents have been categorized into three classes on the basis of the age group for the purpose of analysis.

Age profile of ASHA workers: the frequency distribution of ASHA workers indicated that majority of the ASHA workers 43.8% belongs to age group ranging from 26-35 years (similar findings are observed by Mahyavanshiet et al. (2011, 25-38). followed by 30.5% in the age 16-25 years and the remaining 25.7% of the respondent belonged to the age group 36-46 years.

6.2.2 Marital status: marital position of the respondent during the time of investigation.

Table depicts the frequency distribution of ASHA workers marital status as follows- a large percent of respondents (84.2%) are married, (9.7%) are widow whereas (3.3%) are unmarried and small percent (2.8%) of respondents belongs to divorced/ separated category. (Similar findings are reported by Parthasarathi et al. 2014.)

 6.2.3 Family income: it refers to the total monthly income expressed as approximate earning in rupees. The total monthly income is converted into annual income multiplied by 12 months and

presented accordingly in the study. On the basis of income level the highest percentage (63.9%) of the respondents are from middle income group followed by 18.7% and 17.4% from high and low income group respective

Table 6.9, General profile of Samples   **N=144**

Sl. no.	Characteristics	Category	Frequency (f)	Percentage (%)
1.	Age	(16-25) years	44	29.9
		(26-35) years	63	43.8
		(36-45) years	37	25.7
2.	Marital status	Married	121	84.2
		Unmarried	5	3.3
		Widow	14	9.7
		Divorced/ separated	4	2.8
3.	Family income	Low	25	17.4
		Medium	92	63.9
		High	27	18.7

6.2.4 Educational qualification: It refers to the level of formal education of the respondent. It is observed from the data that majority of ASHA workers (95.4%) are having formal education. A very less percent (4.2%) of ASHA workers have no formal education but they can read and write. 31.9% ASHA workers have middle school level, 28.5% have high school level of education as well as 27.8% of respondents have primary school education and only 7.6 % of respondents have higher secondary education. Government of India set educational level for ASHA workers for their recruitment as class VIII. The finding indicates that majority of ASHA workers does not fulfill this criteria.
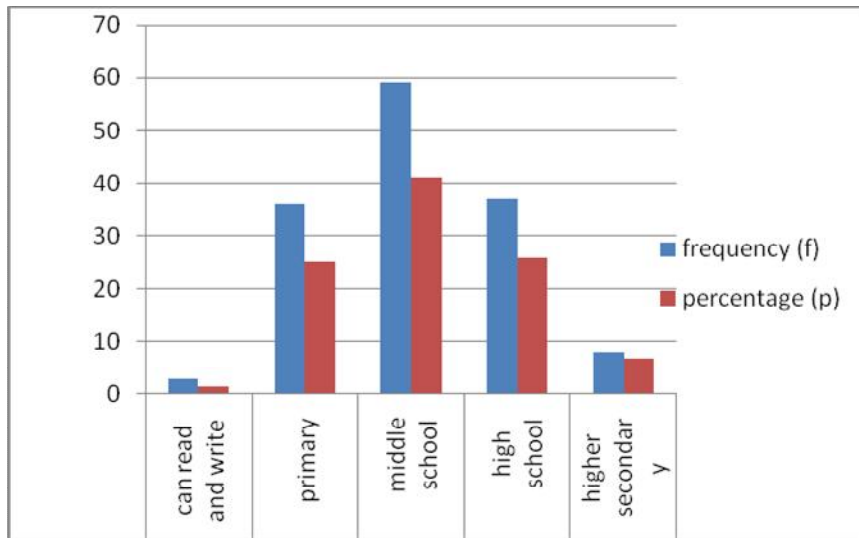
Fig. 6.1, Distribution of ASHA workers according to their education level

6.2.5 Family structure: - this item has two sub items, type of family and family size.

6.2.5.a) Family type: It refers to the family being single or joint. Single family is the one which is composed of the husband, the wife, the minor children and direct dependent. A joint family is composed of two or more couples and their children including older person related to them. The structure of family of women plays a significant role in her work. The frequency distribution of ASHA workers in terms of family structure reveals that 84.7% respondents are from the nuclear families whereas 15.3% respondents have joint families, similar findings are reported by S. Gupta (2011, 145). Respondents belonging to joint families revealed that they could easily depend upon other family members in taking care of their children at home and in carrying out other household tasks. They also get enough time to do home visits and other job related activities. On the other hand respondents belonging to nuclear families responded equally in positive. They revealed that they could manage the household affairs by taking help of their children and husbands. They have to leave their children for some time due to passion for their work and for better health of their community. Surti and Surpriya (1983, 287-295) indicated in their study that women from joint families tended to experience less stress than women from nuclear families.

6.2.5.b) Family size: The number of the family members indicates the size of the family. Data reveals that 43.8% of the respondents have small families followed by 42.4% and 13.9%

respondents who have medium and large family respectively. It is perceived that ASHA workers are aware about family planning.

Table 6.10 Distribution of Samples according to their family structure

Sl. No	characteristics	category	frequency	percentage
1.	Family type	Nuclear	122	84.7%
		Joint	22	15.3%
2.	Family size	Small	63	43.8
		Medium	61	42.4
		Large	20	13.9

6.2.6 Type of house: Construction of house by using mud walls and thatch may be put under the category of kutcha house; the houses in which some cement or mortar plastering of flooring or roofing is used may be classified as the mixed house. A Pucca house is one which is built with a foundation, using stone or bricks with mortar and cement, and having a concrete or strong laid roof. It has been observed from the table that highest percentage of respondents (42.4%) have mixed type of house followed by 41.7% kutcha and 16% of respondents who have pucca type of house.
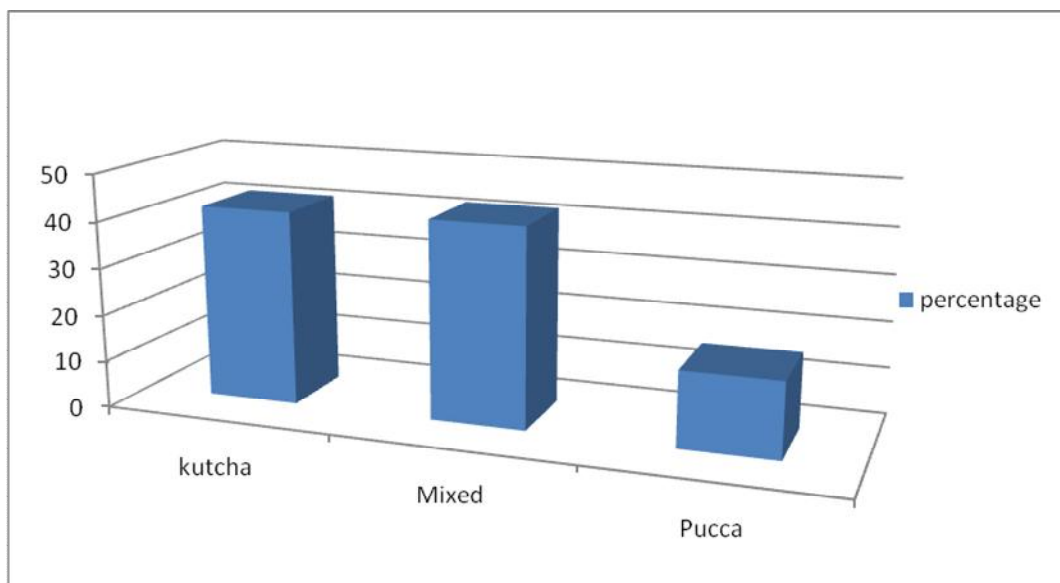

Fig. 6.2, Distribution of Respondent according to their type of house

6.2.7 Social category: Caste is defined as the social status or position of an individual that is fixed traditionally by occupation and religion. It is a hereditary factor and thus became an ascribed status. The findings show that majority of the respondents (38.2%) belonged to OBC/ MOBC category followed by 36.1% from SC/ ST/ Tea Tribes and 25.7% general category. It is found from this study that the respondents are from different caste and from diverse community.
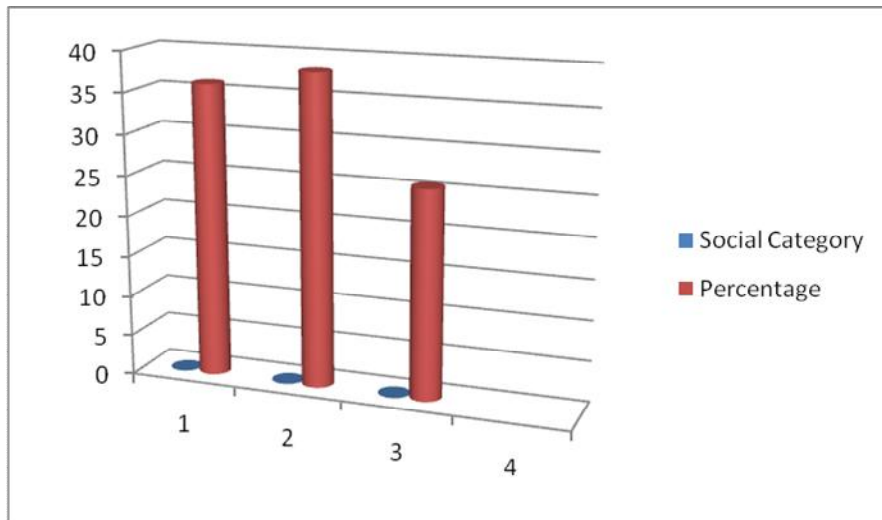

Fig. 6.3, Distribution of respondents according to their social category

6.2.8 Main Occupation: It refers to the source of income of the head of respondent's family. It is evident from the data that majority of the respondents (27.1%) are artisans, 24.3% respondents were laborer, 20.8% respondents are engaged in business, followed by 19.4% engaged in agriculture and a small percent of respondents (8.3%) is from service.

Table 6.11, Distribution of samples according to their main occupation

Sl. no.	Characteristics	Category	Frequency (f)	Percentage (%)
1.	Main occupation	Labourer	35	24.3
		Artisian	39	27.2
		Business	30	20.8
		Agriculture	28	19.4
		Service	12	8.3

6.2.9. Material Possession

6.2.9 a) Type of Sanitation: Table depicts that majority of respondents (42.4%) have mixed type of sanitation, 41.6% of respondents have kutcha and only 16% respondents have pucca type of sanitation. Findings indicate that a very less percentage of respondents have pucca type sanitation.

6.2.10 b) Source of drinking water: Findings reveal that majority of the respondents (46.6%) consume drinking water from community tape, 32.6% respondents have drinking water facility at home, and 20.8% of respondents take drinking water from pond and well at home. ASHA workers mentioned that they face crises of drinking water during the dry season especially in the month of February and March.

Table 6.12, Distribution of samples according to their type of sanitation and source of drinking water

Sl. no.	Characteristics	Category	Frequency (f)	Percentage (%)
2.	Type of sanitation	Kutcha	60	41.6
		Semi kutcha/ pucca	61	42.4
		Pucca	23	16
3.	Source of drinking water	Facility at home	47	32.6
		In front of the yard	30	20.8
		Community tape	67	46.6

6.2.11 Land holding : Findings in the table 6.13 indicate that majority of respondents (52.1%) are land less they have less than 0.5 hectare of land , 23.7% of respondents have marginal land holding, 18.7% have small land holding and a very less percentage (5.5%) of respondents have more than 2 hectares.

Table 6.13, Frequency distribution of ASHA workers according to their land holding

Characteristic	Category	Frequency (f)	Percentage (%)
Land holding	Land less	75	52.1
	Marginal	34	23.7
	Small	27	18.7
	Large	8	5.5

6.2.12 Organizational membership: The majority of respondents (55.6%) have their membership in one organization. (11.1%) of respondents have memberships in more than one organization. 33.3% respondents have no membership in any organization. No respondents are in the position of office bearer in any organization. From the findings it can be perceived that ASHA workers could easily communicate and provide information regarding health care services to the members during the meetings.
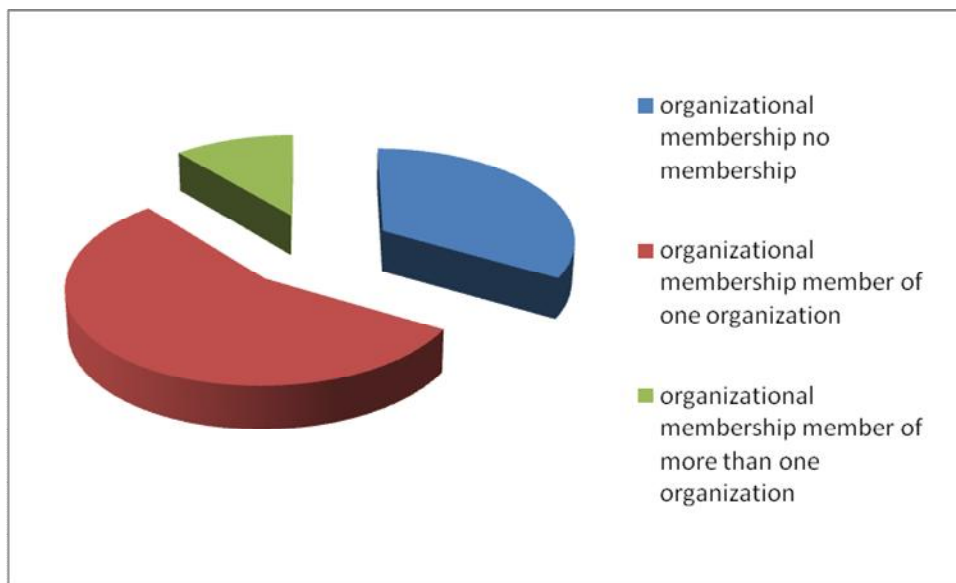

Fig. 6.4, Distribution of ASHA worker according to their organizational membership

6.2.13 Categorization of Socio Economic status

The socio economic status of the respondents was measured by socio economic status scale developed by Udai Pareekh and G. Trivedi (1964) where respondents are categorized into following class category

Category	scores
Lower class	below 13
Lower middle class	13-23
Middle class	24-32
Upper middle class	33-42

Scores are assigned to the individual responses and the total score is obtained by summing up the same and the respondents are categorized as above. The average SES score of ASHAs is 17.49; it indicated that ASHAs belongs to lower middle class group. Further percentage distribution of ASHAs reveals that majority of them (75.6%) belonged to lower middle class whereas 13.3% were in lower class and remaining i.e. 11.1% were from middle class group.
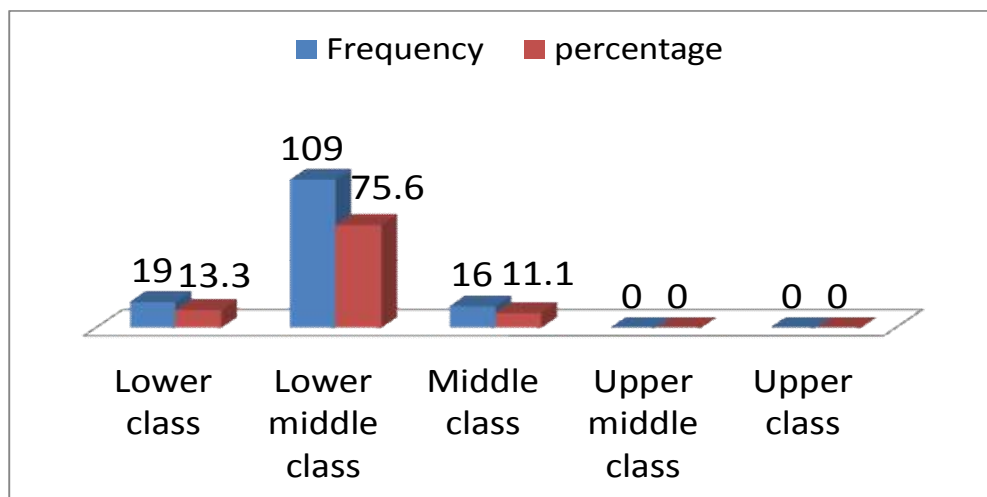

Fig. 6.5, Socio-economic status of ASHA workers

6.2.14 Socio Economic Status Score (SES) of ASHA workers and demographic variables:

The average socio economic score of ASHA workers is 17.49. This measure indicates that majority of the respondents belong to lower middle class. It would be interesting to check if the average SES score of ASHA workers differ significantly across variables like age groups, educational level, organizational membership and previous work experience. Hence ANOVA has been conducted and detail analyze with hypothesis testing has been shown in the following section.

a) Socio Economic Status (SES) and Age group of ASHAs

For the purpose of this research the ASHA workers are divided into three groups based on their age (16-25 years, 26-35 years, and 36-45 years). In order to check SES of ASHA differs across the age groups the following hypothesis is formed.

Hypothesis 1: There is no significant difference of average SES scores of ASHA workers across age groups.

Symbolically, H_0: $\mu_1 = \mu_2 = \mu_3$ where μ_1 = mean of SES score of ASHAs for age group 16-25 years

μ_2 = mean of SES score of ASHAs for age group 26-35 years

μ_3 = mean of SES score of ASHAs for age group 36-45 years

Table 6.14, Average SES Scores of respondent across the age groups

Age	Frequency (f)	Mean (SES)
16-25 years	44	16.48
26-35 years	63	17.55
36-45 years	36	18.44

Table 6.14 shows the average SES scores of respondent across age groups. It is seen that the average SES score is increasing with the increase of age. It shows that the highest average score is achieved by the highest age group i.e. 36 to 45 years. To see whether this difference is

significant or not, ANOVA test has been conducted. The one way ANOVA result is also reproduced below in table 6.15.

Table 6.15, ANOVA test for SES score of ASHAs across different age group.

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4.318	2	2.159	34.715	.000
Within Groups	8.769	141	.062		
Total	13.086	143			

Since the p value (.000) is less than the level of significance ($\alpha = 0.05$) the null hypothesis can be rejected. Therefore, it can be safely interpreted that the average SES scores differ significantly across the three age groups. This is supplemented by post hoc analysis, where pair wise significant differences are established at $\alpha = 0.05$ (refer appendix-VIII, Table A 4). Therefore, it may be concluded that SES score might depend on the age of ASHA workers

b) **Socio Economic Status and Educational level of ASHAs**

Educational levels of ASHAs are categorized into five different groups i.e. can read and write, primary school, middle school, high school and higher secondary. In order to check whether SES of ASHAs differs across their educational level, following hypothesis is formed.

Hypothesis 2: There is no significant difference in the average SES scores of ASHA workers across their educational level.

Symbolically, H_0: $\mu_1 = \mu_2 = \mu_3 = \mu_4 = \mu_5$

Where, μ_1 = average SES score of ASHAs who can only read and write

μ_2 = average SES score of ASHAs for their primary level of education

μ_3 = average SES score of ASHAs for their middle school level

μ_4 = average SES score of ASHAs for their high school level

μ_5 = average SES score of ASHAs for their higher secondary level

Table 6.16, Average SES Scores of ASHA workers across their Educational level

Educational level	frequency	Mean
Can read and write	6	10.83
Primary level	40	14.92
Middle school level	46	17.61
High school level	41	19.76
Higher secondary level	11	21.54

The table 6.16 shows the average SES scores of ASHA workers across the different educational level, it indicates that the average SES score is increasing with the increase of educational level of ASHAs. The one way ANOVA was done to find out the significant difference across the group and the result is also reproduced below in table 6.17.

Table 6.17 ANOVA test for socio-economic status of respondents across educational level

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	11.520	4	2.880	28.643	.000
Within Groups	13.977	139	.101		
Total	25.497	143			

The one way ANOVA was done to find out the significant difference across the group and the result is also reproduced in table 6.17. One way ANOVA results shows that p-value=0.00 which is less than α= 0.05. Hence null hypothesis is rejected. This means that there are significant differences among the average SES scores across their educational level. Table 16.18 shows that the highest average score is achieved by the highest level of education. Therefore, it may be concluded that SES score might depend on the educational level of ASHA workers. This is supplemented by post hoc analysis, where pair wise significant differences are established at α= 0.05 (refer appendix no. IX, Table A 5). Post hoc test of multiple comparisons analysis indicates that there is significant difference in SES of ASHAs among their educational

level - can read and write primary school, and middle school but no significant difference seen in educational level of high school and higher secondary.

c) Socio Economic Status and organizational membership

Organizational membership and its involvement provide a scope to individuals for more social interaction among a group of individuals and families. This kind of social interaction help ASHAs to build their goodwill and it also help to understand the problems faced by the community. Thus help them to work for sustainable improvement of living conditions in their community   For the purpose of this study following hypothesis is formulated to check whether there is any significance difference in SES score of ASHA across their organizational membership.

Hypothesis 3: There is no significant difference of average SES scores of ASHA workers across their organizational membership.

Symbolically, H_0: $\mu_1 = \mu_2 = \mu_3$

Where μ_1 = Average of SES of ASHAs for no membership in any organization

μ_2 = Average of SES of ASHA for membership in one organization

μ_3 = Average SES of ASHAs membership in more than one organization

Table 6.18, Average SES Scores of ASHA workers in terms of their organizational membership

Organizational membership	frequency	Mean
No membership	54	1.69
Membership in one organization	69	2.00
Membership in more than one organization	21	2.39

The table 6.18 shows the average SES scores of ASHA workers across their organizational membership and it indicates that the average SES score is increasing with the increase of their organizational membership. Further one way ANOVA is conducted to see whether this difference is significant or not. The result is depicted in the below table 6.19.

Table No. 6.19, ANOVA test for SES of respondents across organizational membership

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	7.805	2	3.902	31.101	.000
Within Groups	17.692	141	.125		
Total	25.497	143			

Since the p value (0.00) is less than the level of significance (α= 0.05) the null hypothesis can be rejected. Therefore, it can be safely interpreted that the average SES scores differ significantly across the organizational membership. The post hoc analysis reproduced in the table (appendix-X, Table, A6) indicated that there is significant difference in average SES score among their organizational membership. The result shows that the highest average score in SES is achieved by increase in numbers of organizational memberships. Therefore, it may be concluded that SES score might depend on the organizational membership of ASHA workers.

c) Socio Economic Status ASHAs and their previous work experience

An independent sample t-test at a significant level of 5% (α=0.05) is carried out to determine whether the mean of socio economic status of ASHAs differ with their previous work experiences. Therefore, the variable, ASHA's socio economic status is treated as test variable (dependent variable) while the previous work experience of ASHA's is taken as grouping variables (independent variable). It has been tested by formulating the following hypothesis-

Hypothesis 4: There is no significant difference between the average SES scores of ASHA workers based on their work experience (with work experience and without work experience). Symbolically, H_0: $\mu_1 = \mu_2$

Where μ_1= Average scores of ASHAs with previous work experience

μ_2=Average scores of ASHAs without previous work experience

Table no.6.20, independent sample t- test for SES Scores of ASHAs with their work experience

		Levene' s Test for Equality of Variances		t- Test for Equality of Means		
		F	Sig.	t	df	Sig. (2-tailed)
Mean of SES score	Equal variances assumed	0.544	0.462	0.798	142	0.426
	Equal variances not assumed			0.760	83.128	0.449

The table 6.20 shows that (p- value= 0.426 more than α=0.05), therefore, formulated null hypothesis cannot be rejected. No impact on average SES is seen based on previous work experience.

Conclusion: In this chapter, profile of ASHAs has been presented and also their socio economic status (SES) is analyzed. The study of demographic variables in order to find out socio economic background of ASHAs such as age, educational level, marital status, family structure, family income, social category, occupation, land holding, organizational membership and previous work experience is considered. The study of ASHAs SES and job profile are important as they might have a bearing on their functional efficiency. It can be concluded from the analysis that ASHA workers of Assam belong to various socioeconomic backgrounds. It was found that SES score of ASHAs has a significant difference across different age group, educational level and organizational membership.

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