



INTERROGATING THE CHALLENGING PATHWAYS OF DECENTRALIZATION OF WATER AND SANITATION SERVICES DELIVERY IN THE WA MUNICIPALITY OF THE UPPER WEST REGION OF GHANA

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Abstract

Despite the commitments of government and other stakeholders to achieving improved access to water and sanitation services delivery in Ghana, water accessibility is still a problem for a large number of people. In the Wa Municipality of Ghana, the available evidence reveals that a substantial number of households do not have access to water supply and sanitation services. This paper presents a case study design aimed at interrogating the challenging pathways of decentralization of water and sanitation services delivery in the Wa Municipality. Semi-structured interview schedules and questionnaires were used to gather data from sixty participants selected from the study area. Documentary data were also used to complement the data obtained from the field to arrive at the analysis. The issues identified in the study were as follows: Ineffective legislative frameworks, poor institutional procedure for selecting the beneficiary communities, power struggle between the actors at the local level, lack of coordination and collaboration among the external donor agencies, and poor access to available spare parts. A number of issues were found to be indispensable in accelerating progress in the water and sanitation sub-sector. These include the strengthening of the legislative framework regulating the sub-sector, involvement of the community in the projects, provision of better leadership and coordination needed in the sub-sector, provision of available spare parts for the communities, and implementation of effective water and sanitation administrative structures at the local levels.

Keywords: Decentralization, Interviews, Water and Sanitation, Wa Municipality, Northern Ghana

Introduction

Safe drinking water and sanitation services delivery are crucial to the socio-economic transformation of the society. The benefits linked with safe water and sufficient sanitation services delivery include prevention of diarrhoea, improved nutrition, financial and economic savings, and improved education, especially for girls (Bartram & Cairncross, 2010). Safe drinking water and sanitation are included as targets in the Millennium Development Goals and aspirations for the post-2015 period under the Sustainable Development Goals (SDGs). In addition, the United

Nations General Assembly recognized the human right to safe drinking water and sanitation and acknowledged that safe water and sanitation services are essential to the realization of all human rights (WHO & UNICEF, 2014). In spite of the marked recognition to the importance of safe water supply and satisfactory sanitation services, an estimated total of more than 1.1 billion people (about one sixth of the global population) do not have access to safe water supply and over 2 billion (about two-fifths of the global population) people continue to suffer from

diseases resulting from poor sanitation services (WHO & UNICEF, 2014; Cumming et al., 2014).

Studies by WHO & UNICEF (2014) suggest that there are marked geographical and social inequalities, in terms of access to safe water supply and sanitation services between countries (WHO & UNICEF, 2014), and also within countries (Pullan et al., 2014; Bain et al., 2014). Moreover, access to or, more significantly, the practice of safe hygiene is difficult to estimate; hence, it is not currently reported at a global level. However, the most widespread published analysis to date, in line with the results of a systematic review of the literature has shown that there are fewer than one in five people globally who wash their hands with soap at critical times: before eating and after defecation (Freeman et al., 2014). Further studies indicate that although access to water supply and decent sanitation services delivery is a global challenge, Africa and South Asia face the greatest challenges (WHO & UNICEF, 2014). In Africa, research indicates that about 62% of the population lack access to improved water supply services, whilst, 19% of the population in Asia do not have access to an improved water supply system (Taylor, Kahawita, Cairncross & Ensink, 2015). Similarly, there are about 58% and 60% of citizens in Asia and Africa respectively who are saddled with sanitation problems (Jiménez, Mtango & Cairncross, 2014).

In Ghana, rural water supply and sanitation services delivery was managed and controlled by Ghana Water and Sewerage Corporation, now Ghana Water Company Limited (CWSA, 2008). The goal was to provide universal accessibility to efficient, quality and sustainable water and sanitation services to the citizens, because access to efficient, quality and sustainable water and sanitation services has been considered a human right (United Nations, 2006). However, during the early 1990s, direct state involvement in the provision of water and sanitation services was seen as fragile and economically unsustainable (Batley, 2004). The concern led to a shift from the state involvement in the provision of

community water and sanitation services to the District Assemblies, community residents and private sector organizations to design, implement and manage the water and sanitation services in rural and peri-urban communities. The policy was in line with a neo-liberal philosophy which believes that private sector participation in the water and sanitation sub-sector will result in increased technical responses, improved private capital investment and an improvement in services delivery (Hanson, 2008).

Although, the reform has led to the creation of new infrastructure and has made much progress in the past two and half decades in the sub-sector, there are still a litany of issues that affect water supply and sanitation services delivery (Water & Sanitation Sector Assessment Report, 2015). The national safe water coverage estimates show that a total of 3.5 million urban people and 7 million rural dwellers still remain without access to water supply services. In addition, it is estimated that there are about 73% of Ghanaians who lack access to improved sanitation facilities such as access to public toilet facilities, septic system connection, pour-flush latrine, simple pit latrine, ventilated improved pit latrine, dumping sites, and hygiene promotion education (Water & Sanitation Sector Assessment, 2015).

In Ghana, the Wa Municipality of the Upper West Region also shares similar problems. Research indicates that there are 139 boreholes in 58 communities in the Municipality. Out of this figure, 114 boreholes are functional, whereas 25 of the boreholes are non-functional (CWSA, 2014). The limited coverage of the boreholes in Municipality has resulted in heavy dependence of the households on unauthorized water sources such as dug wells, dams, and rivers which are considered to be of doubtful quality for domestic uses (Amoah & Yahaya, 2013). In terms of sanitation, great magnitudes of about 65% people in the Municipality are without access to **sanitary means**. As a consequence, these people openly defecate in public places, and dispose off refuse in open places in the communities (Wa Municipal

Assembly, 2015). The continued water supply deficit and unsatisfactory sanitation services in the Wa Municipality have been attributed to a number of underlying reasons. Some of the reasons cited include lack of adequate finance, weak institutional capacity, urbanization and population growth, poor management of existing water and sanitation infrastructure (Bacho, 2001; Sarpong, 2008; Amoah & Yahaya, 2013). As a contribution towards the existing literature on the area, the objective of this paper is to interrogate the challenging pathways of decentralization of water and sanitation services delivery in the Wa Municipality of the Upper West Region of Ghana.

In line with the stated objective, the paper is organized as follows: Section one presents the introduction which provides the conceptual and theoretical issues of the study. Section two examines the methodological issues that were employed in the study. The next section then discusses the findings of the study. The final section focuses on the conclusions and recommendations of the study.

Conceptual and Theoretical Issues of the Study

This section provides the conceptual and theoretical basis of the study. Issues that engaged the researcher's attention included the following: water supply services in developed and developing countries, and studies on nature of sanitation services. In addition, the Institutional Theory was reviewed in this study. The theory forms the basis upon which the data for the study was analyzed and interpreted.

Overview of water supply services in developed and developing countries

Safe water supply services are a basic human need. As a result, safe water supply is considered as a fundamental human right (Pickering, Djebbari, Lopez, Coulibaly & Alzua, 2015). The security of water resources has raised much attention in the world, owing to the incessant rise in the global population. This is because the growing scarcity of water poses a serious threat to sustainable development (Skolnik, 2012). Although the security of water resources is a global challenge, low and middle income countries are

particularly faced with the competition in accessing safe water supply services due to the increasing size of the population (Skolnik, 2012). According to the report, if the population trends continue to rise at this level, the available safe water supply services for global consumption will be insufficient in 20-40 years period.

Corroborating the preceding position, Tincani, Ross, Zaman, Burr, Mujica & Evans (2015) reveal that safe water supply serves as a powerful preventive health measure for all, and, an investment in safe water supply is likely to yield high economic dividends through the resultant significant reduction in diseases, averted health-related costs, time savings in removing the need to collect water far from homes, which usually transforms into higher productivity and better attendance at school. These benefits accrue mostly to poor people including women and children, who are generally more vulnerable (Tincani, Ross, Zaman, Burr, Mujica & Evans, 2015). However, less than one percent of water on the earth's surface is fresh water. The common feature linked with freshwater resources is its uneven distribution and erratic nature, which is caused by time and space of rainfall, and the climatic conditions of the place. Tincani, Ross, Zaman, Burr, Mujica & Evans (2015) further indicate that the arid regions usually receive little or no rainfall throughout the year, whilst, the humid regions, mostly receive heavy rainfall within a year. As a result, places which lie in the semi-arid zones often experience scarce water supply due to the high temperature and low precipitation. This situation reduces the quality of fresh water supply, straining the existing fragile situation of the water supply system (Tincani, Ross, Zaman, Burr, Mujica & Evans, 2015)

Blackett & Hawkins (2014) contend that the management of water resources is a critical factor that contributes to water scarcity in many of the low and middle income countries in the globe. The authors reveal that in low and middle income countries, groundwater resources are used for multiple purposes including extraction of water for crops and forestry,

construction, and also animals drink directly from the water resources. These activities end up contaminating the water resources thereby, leading to fresh water scarcity in the communities. In addition, the surrounding areas of water sources in many low and middle income countries are also unhygienic; as a result, the groundwater resources are often not safe to use for domestic purposes (Blackett & Hawkins, 2014)

A number of studies including those of Sadoff, Hall, Grey, Aerts, Ait Kadi, Brown, Dadson, Garrick & Kelman (2015) also make an interesting point to support the contributions of the preceding scholars. They argue that the price paid for safe water supply services is quite outrageous in low and middle income countries. Thus, households in the low and middle income countries persistently rely on traditional water sources such as lakes, rivers, wells, ponds and dams for domestic purposes. These traditional water sources are sometimes contaminated through either the activities of animals or humans. Hence, the use of these sources of water leads to adverse health consequences; such as the outbreak of cholera and the spread of antimicrobial resistance- another major public health threat to the residents.

Similarly, Boulenouar, Schweitzer & Lockwood (2013) argue that challenges associated with water and sanitation services delivery are quite enormous and frustrating in low and middle income countries. These challenges include poor administrative systems in management, lack of local coordination and collaboration among the external donors, absence of women's participation in the planning and management of water and sanitation services delivery, incidence of power struggles at the sub-national institutions as well as centralized control and management of water and sanitation services. These challenges, according to the scholars affect the development of water supply services in low and middle income countries in the world.

Writing on the water and sanitation situation in the low and middle income countries, Velleman, Mason, Graham, Benova, Chopra & Campbell (2014) argue

that planning, construction and management of water supply projects must involve the community members. In their view, increased investments and focus on technology alone, while important, are not enough to sustain water projects. They underscored that low cost technologies can be defined, but systems could fall idle and into despair because not enough attention would be paid to the capacities of institutions and communities that would manage and pay for them. According to the scholars, to ensure that the system is used properly, and maintained for years to come, it generally requires the involvement of the local community. This will help to overcome any gap that may exist between people and planners as a result of their different perceptions of community needs.

Studies on nature of sanitation services

The concept of sanitation lacks a universally accepted definition, due to differences in cultural underpinnings reflecting the way people in general see sanitation, hygiene and waste (Minh & Hung, 2011). Sanitation is conceptualized as the state of cleanliness of a place, or a community. It can also be defined as interventions to minimize inhabitants' exposure to diseases through the provision of hygienic environments (Banerjee & Morella, 2011). Broadly defined, sanitation encompasses hygienic management of human and animal excreta, the safe disposal of refuse and waste water, garbage/ rubbish, the use of flush toilets, and a range of improved ventilated pit latrines, which control flies and odours (Banerjee & Morella, 2011).

Writing on the sanitation situation in developing countries, Hutton (2012) documented that access to sufficient sanitation services and hygiene education is not satisfactory in many households in low and middle income countries. This is because sanitation facilities such as toilets, septic tanks and dumpsites are usually located in places which are far from the users of the services. Due to this, many households in communities in low and middle income countries dispose human waste at places closer to them. These practices, according to Hutton (2012), serve as threats to human health, because households are exposed to sanitation -

related diseases such as diarrhoea, cholera, shigella, coli, and other campylobacter diseases, which sometimes lead to deaths, suffering and financial loss.

In congruence, Ampadu-Boakye, Dotse, Laryea, Karikari & Gyan (2011) also advance our knowledge on the sanitation and hygiene situation in many low and middle income countries. The scholars argue that in many communities in the low and middle income countries (especially the densely populated communities), public toilet facilities serve numerous households in the communities, but these public toilet facilities do not meet the desired outcomes, regardless of technical design and good intentions. He underscored that many of the public toilet facilities lack regular cleaning and proper maintenance, thereby serving as breeding grounds for sanitation and hygiene related diseases.

Frone & Frone (2013) opine that many residents exhibit bad behavioural attitudes towards hygiene and proper sanitation management in the households and community levels in many low and middle income countries in the globe. Frone & Frone (2013) further indicate that these bad behavioural attitudes including the failure to wash hands in critical times, indiscriminately dumping of refuse, and the practice of open defecation are some of the key issues responsible for the incidence of sanitation and hygiene related diseases in many communities in the low and middle income countries. They observe that good sanitation behaviour and practices are dictated by the way people act in general at the households unit. Frone & Frone (2013) stress that these bad behavioral attitudes exhibited in many households unit towards the sanitation situation in low and middle income countries could be addressed if people change their attitudes towards hygiene at the households and community levels.

Along the same line of reasoning, Dannenberg, Frumkin & Jackson (2011) claim that the appropriate use of sanitation services and hygiene programmes at the households level are shaped by the level of formal education of individuals at the household's level have.

The idea is that education equips people with the knowledge that enables them to make informed choices about behaviours that promote good sanitation practices and health. They argue that this situation therefore has substantial long-term effects on human health at the household level in the community.

Other scholars including Prasetyoputra & Irianti (2013) also make interesting arguments to advance our knowledge on the influence of local practices and culture on good sanitation and hygienic practices in households units in communities in the low and middle income countries. Prasetyoputra & Irianti (2013) reveal that good sanitation and hygienic practices are appreciated in household units where value is placed on the importance of good sanitation and hygienic practices. From the standpoint of the scholars, this can be achieved through the household's adherence to local practices and culture. Local practices and culture are perceived as tools capable of shaping collective action and shedding light on entire households in communities to shape human behaviour and attitudes towards good sanitation and hygiene.

Institutional Theory

The paper is anchored on the Institutional Theory of Selznick (1957) and Riggs (1971). Institutional Theory is commonly used in the political and administrative discourse. Institutional Theory serves as a useful tool for understanding the challenging pathways of decentralization of water and sanitation services delivery in the Wa Municipality of the Upper West Region of Ghana. The Institutional Theory focuses on definitions of institutions, types, and the relevance of the theory. According to Williams & Vorley (2014), institutions are defined as social structures that have reached a greater level of resilience. Institutions are made up of cultural-cognitive, normative, and regulative elements, which influence, and mould the interactions and behaviour among the actors (Thornton et al., 2012). Institutions are the constructive rules of agreement through which regulative rules are imposed as obligations to shape and coordinate behaviours. This

means that institutions can be a constraining and superimposing check on some kind of action in society (Thornton et al., 2012). Institutions mould human interrelations, by helping individuals appreciate what other people are doing, and what these people are capable to do. Institutions also allow individuals know what they are capable to do, and what they are not capable to do in society (Kostova, Roth & Dacin, 2008; Meyer & Höllerer, 2014). Institutions are conveyed by diverse forms of carriers including symbolic systems, relational systems, routines, and artifacts which provide meaning and stability to the social life of the people in society (Autio & Fu, 2014).

Institutional Theory has been applied by many scholars including Greenwood, Raynard, Kodeih, Micelotta, & Lounsbury (2011) in their study. According to Greenwood et al., (2011), an institution is considered as any social pattern associated with standard ways of interactions in the society. Institutions, in general, do not strictly determine what the actors should do, but provide checks and balances, promote cooperation, minimize transactional costs and political uncertainties of a public policy. According to Hearne (2004), and Seleth (2006), institutions are made of various segments. These are formal institutions, informal institutions, formal organizations and informal organizations.

Hearne (2004) defines formal institutions as the 'formal rules' which influence and mould the interaction and behaviour of the actors in the society. The formal rules are designed in the form of laws, policies, regulations, guidelines, codes and standards. They also include international treaties and protocols of which the national government is a signatory. They are formulated and implemented by the state or regional and municipal authorities in the state. The presence or absence of the formal rules to shape the interaction and behaviour is quite critical to determine the level of orderliness or chaos in the society (Hearne, 2004).

According to Hearne (2004), although each of the components of the matrix has a potential influence

over other components, formal institutions are the most powerful. This is because formal institutions help to influence activities and practices of the informal institutions in society. This argument is culturally tenable or technically feasible, primarily because certain activities and practices of the communities can be restrained by law if the activities and practices can have negative effects on the society. For example, many low and middle income countries in the world have passed laws to ban the use of the pan or bucket to carry latrine on the head to the dumpsites, a common practice which has been carried out by several households in many communities for numerous years. This analysis suggests that formal institutions are powerful and therefore have greater influence on the other segments. Informal institutions are also another segment of an institution. The informal institutions mostly manifest themselves in the form of unwritten laws such as traditions and cultural practices. The unwritten laws have been practiced by many societies for centuries. Consequently, these practices reflect the deep-seated traditional value system of the people in the society. Thus, the unwritten laws can influence the formal institutional framework such as constitutions, laws, and legal systems of a society (Helmke & Levitsky, 2004; Zilber, 2008).

Formal organizations consist of groups of individuals engaged in purposive activity (Seleth, 2006). Generally, formal organizations are the main custodians of institutions as well as the wheels on which institutions are run. Key distinct features of formal organizations are that they are officially recognized authorities in society. Formal organizations also possess certain entities such as offices, personnel, equipment, budgets, and legal personality (Bandaragoda, 2006). In addition, there are bodies with visible structures and hierarchies of authority. These bodies include the state, ministries, departments and agencies, municipal authorities, private companies, non-governmental organizations (NGOs), and external support agencies. The formal organizations perform their mandatory responsibilities in accordance with the formal rules of the society. This shows the paradox of

institutional-organizational relationships. In this way, although the formal laws are enacted by the formal organizations, these bodies perform their various responsibilities within a framework defined by formal institutions. For instance, the regulatory policy on the community water and sanitation services is enacted by the Act of Parliament, Act 564 in December 1998. The Act mandates the government to provide the facilitative role to support the actors (stakeholders) in the water and sanitation sub-sector to provide water and sanitation services to the communities. The policy orientation is to allow the government to share responsibilities with the private organizations including the external donor agencies, non-governmental organizations, and the community members in order to provide water and sanitation services to the communities in Ghana (CWSA, 2008).

Informal organizations are groups with some common interests (Seleth, 2006). They are not officially established by the (national or local) government; nonetheless, they are critical actors (stakeholders) in public policy outcomes. This is because they have the potential to facilitate and influence the public policy outcomes. These informal organizations are community-based organizations, pressure groups, opinion leaders, traditional leaders, women groups, and local religious bodies (Seleth, 2006).

Technically, the Institutional Theory approach to the management of public goods and services can be negative or positive. For instance, traditional practices which uphold sound water management and environmental practices such as personal hygiene, proper waste disposal, willingness to pay for services, commitments to public interests and law enforcement, respect for sanitation professionals are likely to be positive, whilst the traditional rules which conflict with best practices are likely to be negative. In view of this, these positive practices should be explored and incorporated into the local institutional systems, while the negative practices require the use of many tactics including intensive public education to the stakeholders, and dialogue to change them (Hall &

Thelen, 2005). This is critical because institutions have a degree of permanence and are quite stable. As a result, institutional change could be made possible through a collective action of both the central government and the people of the society (Kingston & Caballero, 2008; Battilana & D'Aunno, 2009).

Methodological Issues Case Selection, Sampling Techniques and Research Design

The study was conducted in the Wa Municipality of the Upper West Region of Ghana. Ghana, a West African country, lies between latitudes 5^o, 36 minutes North and 0^o 10 minutes East. From the coast, the country extends inland to latitude 11^o North, covering a distance of 672 kilometers from South to North. Ghana has a total land area of 239, 460 square kilometres (Ghana Statistical Service, 2012). The distance across the widest part from East to West measures about 536 kilometres. To the East of Ghana lies Togo, on the West is La Cote d'Ivoire, and on the North is the Republic of Burkina Faso. The Wa Municipality is one of the eleven District/Municipal Assemblies in the Upper West Region of Ghana. The Wa Municipality was upgraded from the then Wa District in 2004 with Legislative Instrument (L1) 1800 in pursuance of the policy of decentralization, which started in 1988. The Municipality is bordered to the North by Nadowli-Kaleo District, to the South by both Wa East and Wa West Districts, to the West by Wa West, and to the East by Wa East District. Wa Municipality lies within latitudes 1^o 40 N to 2^o 45 N and longitude 9^o 32W to 10^o 20W (Wa Municipal Assembly, 2015).

Water and sanitation services are used as case studies because water and sanitation services have been considered as one of the essential services for community development in the region. The argument is that access to efficient, quality and sustainable water and sanitation services is likely to contribute to lower the mortality rate of children and improving life expectancy. Furthermore, it limits the burden and hardship caused by water -borne and sanitation-related diseases, leading to significant benefits to the households and the society (Blackett & Hawkins,

2014). Again, the Wa Municipality was selected as the case study because it is among the municipalities which are dominantly served with boreholes and shallow wells in Ghana.

The researcher adopted the simple random sampling and purposive sampling techniques to select the participants for the study. The simple random sampling was used to select forty-one beneficiaries of water and sanitation services in the Municipality, taking into account the genders of the participants. In addition, nineteen key informants were purposively selected based on their roles, experiences and knowledge on the thematic issue of focus in this study. They comprised two officials each from non-governmental organizations, and the external donor agencies from the water and sanitation sub-sector. Other categories of respondents included the Regional Director of the Community Water and Sanitation Agency, the Municipal Chief Executive, Municipal Coordinating Director, four Municipal Assembly Members, four traditional rulers, and four members from the community water board.

In addition, the researcher adopted the case study design. This approach allowed the researcher to provide an in-depth and concentrated interrogation and analysis on challenging pathways of decentralization of water and sanitation services delivery in the Wa Municipality of the Upper West Region in Ghana.

Methods of data collection and analysis

A reconnaissance visit was made from October 15 to October 31, 2015 to the Municipality. However, the actual fieldwork for the data collection began from 1st November, 2015 to 30th December, 2015. The reconnaissance visit was made to enable the researcher develop the trust of the respondents. It also provided an opportunity for the researcher to familiarize himself with the environment within which the research took place.

In this study, the data were collected from the field through the administration of questionnaires, semi-structured interview schedules together with secondary documentary analysis. The case study was drawn on

three main sources. First, the data were collected through the questionnaires and semi-structured interview schedules from the informants within water and sanitation sub-sector in the Wa Municipality. Second, the data were also collected through questionnaires and semi-structured interview schedules administered to the beneficiaries of the water and sanitation services in the study area. Thirdly, the secondary data were also gathered for the study. These included annual reports of the Community Water and Sanitation Agency, bulletins of the Ministry of Local Government and Rural Development, census report of the Ghana Statistical Services 2010 Population and Housing, World Bank annual reports, academic literature (magazines, periodicals, journals, monographs and books). These sources helped the researcher obtain enough data on the water and sanitation services sub-sector in the context of the Ghanaian situation. The secondary data were used to complement the primary data in the analysis of the study.

Both quantitative and qualitative data were collected concurrently within two months. Questionnaires were used to solicit mainly quantitative data, whilst semi-structured interview schedules were used to collect qualitative data. According to Kusi (2012), questionnaires allow for wider coverage, easy comparison of responses, anonymity and confidentiality of responses whilst semi-structured interview schedules allow flexibility in the interview process. The analysis of the quantitative data began with a rationalization using the Statistical Package for the Social Sciences (SPSS), version 18, and Microsoft Excel. The rationalized data were used to generate the frequencies and percentages in tables for the analysis. The policy implications of the statistics generated by SPSS and the Microsoft Excel were made by the researcher after he had carefully studied the data.

In addition, the semi-structured interview schedules were audio-recorded during the fieldwork and subsequently transcribed. The transcriptions were coded and put into thematic areas based on the objective of the study. The qualitative data were used

to anchor the quantitative findings. The qualitative nature of the analysis allowed the researcher to appreciate the perspectives and life experiences of the beneficiaries and those of the key informants on the water and sanitation services situation in the study area.

Findings and Discussion

This section is organized into two sub-headings. The first part focuses on a brief description of the demographic characteristics of the respondents. The second part interrogates the challenges facing decentralization of water and sanitation services delivery in the Wa Municipality. The findings are presented in relation to the central research objective of the study.

Demographic Characteristics of the Respondents

The study showed that 75% of the respondents had no basic education, 15% had basic education, 7% had diploma while 3% had first degree. From the responses, it was found that the relatively low level of education of the majority of the residents in the study communities stands out as one of the features and indications of their poor attitudes towards the management and use of water and sanitation services in household units in the study communities.

In addition, the gender of respondents was also considered for this study. Out of the total number of 60 respondents who participated in the study, 52 (representing 87%) were males while 8 (representing 13%) were females. From the responses, it can be argued that the gender approach in decentralized water and sanitation services delivery implies that both women and men must be involved in the designing, planning, implementation, monitoring and evaluation of the projects because women play major significant roles such as decision-makers, planners and managers of water and sanitation services. However, per the Islamic religious practice, women can make decisions that pertain to their roles as care givers in the home. In this case, although women were found to be more users of domestic water and are in charge of the promotion

of sanitation and household hygiene in the household units, they were not fully involved in the designing, planning, implementation, monitoring and evaluation of the projects.

Challenging Pathways of Decentralization of Water and Sanitation Services in the Wa Municipality

This part of the analysis interrogates the challenges facing decentralization of water and sanitation services delivery in the Wa Municipality. The issues assessed included the following: ineffective legislative framework, poor procedure for selecting the beneficiary communities, power struggle between the actors at the local level, lack of coordination and collaboration among the external donor agencies, as well as the poor access to available spare parts to maintain the facilities in the study area.

Ineffective Legislative Framework

In Ghana, the Community Water and Sanitation Agency Act of December, 1998, (Section 18, Act, 564), acting upon the advice of its Board of Directors, empowers District Assemblies to pass a legislative framework to regulate water and sanitation services delivery in communities and small towns through the active participation of the residents, particularly the women, in designing, planning, construction, and community management of projects (Government of Ghana, 2003). In pursuance of this cause, Act 1998, Section 18 (Act 564) mandates the District Assemblies to set regulations focused on the technical standards and acceptable code of practice for operators in the water and sanitation sub-sector. The Act 1998, section 18 (Act 564) also confers unto the District Assemblies the authority and responsibility to supply and inspect the project materials, set of tariffs, provide financial administration management, supervise the formation of water and sanitation management team, and ensure that projects are not misused in the communities.

In this paper, the researcher sought to solicit from the respondents whether they were aware of the legislative framework that regulates water and sanitation services delivery. Table 1 presents a summary of the results.

Table 1. Awareness of the legislative framework that regulates water and sanitation services delivery

Response	Frequency	Percent
Yes	38	63
No	17	28
Do not know	5	9
Total	60	100

Source: Fieldwork, 2015.

From the responses, it was revealed that a majority (63%) of the respondents noted that they were aware of some legislative frameworks that regulate water supply and sanitation services delivery. Only 28% said they were unaware of any legislative framework that regulates water and sanitation services delivery, whilst 9% said they did not know. From the responses, it was found that, although there was a high awareness among the residents regarding the legislations that regulate water and sanitation services delivery in the communities, the residents continue to exhibit bad behavioural attitudes towards the usage of the water systems (especially the boreholes) and the maintenance of a high standard of hygiene and sanitation practices because the by-laws governing water and sanitation services delivery lacked strict enforcement at the community levels.

From the findings, it was established that this poor water and sanitation situation was caused by the absence of follow-up monitoring of the facilities by the District Water and Sanitation Teams (DWSTs) in the Municipality. Data from the study indicated that within the framework of Ghana's decentralization system, and the institutional structures at the district level, the DWSTs had not been integrated into the formal decentralized structures. Thus, the DWSTs do not have a high level of commitment and motivation to carry out their institutional roles to help enforce the by-laws to regulate the management of water supply services in the Municipality. It was further established that, monitoring and coordination of the sanitation and

hygiene programmes have been poorly executed due to the lack of central coordination and supervisory mechanisms in the study area.

The findings are consistent with the Institutional Theory to explain the failure of decentralization of water and sanitation programme. According to Thornton et al. (2012), institutions are the constructive rules of agreement through which regulative rules are imposed as obligations to shape and coordinate behaviours. This means that, institutions can be constraining, and superimposing checks on some kind of action and also help influence others in society. Although there were legislative frameworks regulating the decentralization of water and sanitation programmes, these legislative frameworks lacked strict enforcement in the study area. As a result, the participants had developed poor attitudes towards the use and management of water and sanitation facilities. This development thereby, leads to the poor performance of water and sanitation services delivery in the study area.

Poor Procedure for Selecting the Beneficiary Communities

The implementation of community water and sanitation projects is carried out at the district level. This is in consonance with the Act 564, December 1998 of the Community Water and Sanitation Agency. The Act 564 stipulates that the District Assemblies, in collaboration with Water and Sanitation Teams, are responsible for selecting the beneficiary communities. Specifically, two principles are considered in the selection of the beneficiary communities for the water and sanitation projects. First, the communities' demand for water and sanitation services constitute 30%, and the communities' need for water and sanitation services comprise 70%. The demand factor is meant to ensure that the community is ready to initiate water and sanitation projects. Technically, communities are expected to make an application to request for water, select a location and type of technology. Communities are also expected to pay upfront a deposit of five percent (5%) towards capital

costs (Government of Ghana, 2003). In addition, the need factor is meant to address the lack of access to efficient, quality and sustainable water supply and sanitation services and its related diseases. This provision is made to ensure that water and sanitation projects are more responsive to the household needs in the beneficiary communities.

As part of the discussion, the researcher sought to interrogate the procedure for selecting the beneficiary communities for the projects. Table 2 presents the detailed results.

Table 2: Procedure for selecting the beneficiary communities for the projects

Response	Frequency	Percent
Good	20	33
Bad	36	60
Neutral	4	7
Total	60	100

Source: Fieldwork, 2015.

According to the results of the study, 33% of the respondents agreed that the procedure for selecting the beneficiary communities for the projects are good, whilst 60% said the procedure is bad. In addition, seven percent (7%) of the respondents remained neutral. In addition, an interview with the participants also revealed that the processes involved in the selection of the beneficiary communities were bad. According to the participants, the processes were not based on sectoral or special considerations of the communities, but largely based on political expediency. In particular, politicians, such as members of parliament, seeking votes influenced the location of water supply projects in the communities where they had greater support base. In view of this, the beneficiary communities had limited engagement in the planning, designing, and the execution of the projects; yet, the community members were the ultimate beneficiaries of water and sanitation projects. This situation, according to the findings, had contributed to poor attitude towards the management,

operation, and maintenance of the projects in these user communities.

The findings are inconsistent with those of Velleman, Mason, Graham, Benova, Chopra & Campbell (2014) study. According to the scholars, community members are crucial actors in water and sanitation projects planning, construction and management, because as far as community water supplies are concerned, community involvement helps to overcome any gap that may exist between people and planners as a result of different perceptions regarding community needs.

Power Struggle between the Actors at the Local Level

The issue of power struggle between the community water and sanitation boards and the sub-structures of the Wa Municipal Assembly was also examined in the study. The point is that at the community level, the community water and sanitation boards play a very critical role in improving the success of the projects. These included the monitoring of the sub-projects planning and provision of the technical support towards the designs and implementation of the projects. They also help to set up tariffs, and procedures of application and enforcement of the payment of tariffs by the users of the services.

An interview with the Municipal Assembly Member revealed that per the Legislative Instrument (LI.1589) of Ghana's decentralization policy, as enshrined under the Local Government Act, the sub-structures such as Urban, Zonal and Town Councils, and Unit Committees are mandated to perform local level responsibilities at the local levels. With this provision, it means the sub-structures have the legal right in managing and maintaining community water and sanitation projects at the local level. However, from the findings, it was established that these roles were performed by the community water and sanitation boards. The unclear allocation of rights and responsibilities by the Legislative Instrument (LI. 1589) as regards community water and sanitation projects resulted in a power struggle between the community water and sanitation boards and sub-

structures. These inconsistencies within the legislative Instrument (LI. 1589) do not only weaken the efficient execution process of water and sanitation projects, but also, result in poor management of the services, thereby, affecting the development of water and sanitation programmes in the communities within the study area.

The findings confirm Boulenouar, Schweitzer & Lockwood's (2013) study which explains the failure of water and sanitation projects. According to the scholars, the success of water and sanitation projects in low and middle income countries is low, due to power struggle between the water and sanitation boards and the sub-structures at the local levels. This kind of struggle, according to them, compromises the ability of the community water and sanitation boards to carry out their basic routine services in the water and sanitation sub-sector at the community levels.

Lack of Coordination and Collaboration among the External Donor Agencies

The assistance given by external support agencies to the water and sanitation sub-sector in Ghana is critical. These agencies include International Development Association (IDA)/Work Bank, Canadian International Development Agency (CIDA), Danish International Development Agency (DANIDA), United Nations International Children's Emergency Fund (UNICEF), Water and Sanitation for Africa and Water Aid, Ghana, and the Department for International Development (DfID). As part of the discussion, respondents were asked whether there were coordination and collaboration among the external donor agencies in the water and sanitation sub-sector. Table 3 presents the detailed results of the responses.

Table 3: Coordination and Collaboration among the External Donor Agencies

Response	Frequency	Percent
Yes	14	23
No	42	70

Do not know	4	7
Total	60	100

Source: Fieldwork, 2015.

From the findings, it was revealed that 23% of the respondents indicated that there was coordination and collaboration among the external donor agencies, whilst 70% of the respondents said that there was no coordination and collaboration among the external donor agencies. In addition, 7% of the respondents said they did not know whether there were coordination and collaboration among the external donor agencies.

To validate the findings, the issue of coordination and collaboration among the external donor agencies in the water and sanitation sub-sector was further explored, during the interview with the Assembly member of Wa Municipal Assembly. He remarked:

The external donor support in the water and sanitation sub-sector has worked effectively in the Municipality. The external donor agencies provide material support to projects, training, and the institution building of the community residents, whilst the maintenance and sustainability of the projects are catered for by the beneficiary communities. However, there is a lack of coordination and collaboration among the external donor agencies in the water and sanitation sub-sector. These sometimes lead them to work at cross purposes, which affects the development of the water and sanitation sub-sector (Fieldwork, 2015).

From the findings, it was established that the external donor agencies in the sub-sector sometimes dealt with

the institutions and agencies directly to deliberate on issues including the financial support, the policy guidelines and the specific activities in the action plan. In this way, the external donor agencies have very little or no contact with the engineering consultants who have the institutional authority and capacity to coordinate the activities of the external donor agencies on the field. Based on that, the external donor agencies often end up adopting different policies and approaches to execute their programmes in the beneficiary communities. Although they have similar goals, this disables the development of water and sanitation services delivery in the study communities.

The findings support the Institutional Theory in explaining the poor coordination and collaboration among the donor agencies in the sub-sector. Institutions can be described fundamentally as the constructive rules of agreement through which regulative rules are imposed as obligations to shape and coordinate behaviours. This means that institutions can be a constraining, and superimposing check on some kind of action and also help influence others in society (Thornton et al., 2012). Therefore, if the institutions are ignored by the actors, the well-intended initiatives about the projects are likely to experience little or no success. In line with the above, it can be concluded that the failure of external donor agencies to adhere to the institutional structures (regulatory systems) in water and sanitation sub-sector is, in part, resulting to the poor coordination and collaboration among the external donor agencies, and therefore contributing to poor performance of the external donor agencies in the water and sanitation sub-sector in the study area.

Poor Access to needed Spare Parts

Access to available spare parts was also discovered as a constraint to the water and sanitation programme. According to the findings, a majority of the respondents (83%) said they did not have access to available spare parts, whilst 15% of the respondents indicated that they had access to available spare parts. In addition, 2% of the respondents said they did not know whether they had access or otherwise. According to the majority of

the respondents (83%), the spare parts shops were not available at the community level. The shops were mostly found in the Wa township, and sometimes in Southern Ghana, a situation which usually takes the community some days before spare parts were obtained from the shops through the support of the municipal assembly, external donor agencies, non-governmental organizations and other faith organizations.

The respondents indicated that travelling long distances to get spare parts do not only result in delayed repairs, but also leads to the increased costs and mistrust by the community members as a result of their inability to certify the real costs of the spare parts. This phenomenon, according to the study, affects the prompt repairs and maintenance of the facilities whenever they broke down in the community. This situation cripples the efficiency and effectiveness of water and sanitation services delivery in the study area.

Conclusion and Recommendations

Although water supply and sanitation services have always been a primary need, the first consideration for any community has always been the need for ready access to these services. A careful analysis of the findings and discussions from the study reveal that the objective underpinning the decentralization of water and sanitation services delivery has not been realized in the communities in the Wa Municipality. This was due to a number of challenging pathways such as the ineffective legislative framework, poor institutional procedure for selecting the beneficiary communities, power struggle between the community water and sanitation boards and sub-structures, lack of coordination and collaboration among the external donor agencies, as well as the lack of ready access to available spare parts to maintain the facilities in the study area. In view of the above, the following recommendations are outlined to address these challenges.

First, there is the need for the Government of Ghana to strengthen the legislative frameworks to track delivery of appropriate services in the communities in the Municipality. Guidelines, such as WHO's Essential

Water Services and Sanitation and Hygiene Promotion Standards, and standards appropriate for different circumstances (WHO, 2008) can assist in the formulation of such policies in the country. The legislation must delineate the users' rights and obligations of the usage of water and sanitation services delivery in the communities. In addition, the legislative framework must also define the scale of the private sector's involvement in the water and sanitation projects in order to help control the emergence of a natural monopoly in the sub-sector.

Second, community and civil society organizations' involvement in the community water and sanitation projects are required. Improvement in water and sanitation services delivery can only be met through the implementation of comprehensive, facility-based risk assessments and associated risk management plans. Such plans and the inputs are required to be managed by the beneficiaries and the civil society organizations in the sub-sector. Moreover, it can also serve as the basis for identifying ways of financing water and sanitation projects. Additionally, it will help overcome the gap that may exist between the households and planners due to the diverse perceptions of community needs.

Third, there is the urgent need to open spare parts shops in the communities so that the Community Water and Sanitation Boards are able to get access to available spare parts for the repairs and maintenance of the facilities in the event they break down. Further, they must ensure the improvement of sanitary services through the provision of vacuum trucks to carry the refuse to the dumpsites. This will ensure efficient excreta disposal and effective refuse management in the communities in the Municipality.

Fourth, the stakeholders in the water and sanitation sub-sector need to review the Community Water and Sanitation Agency Act 1998, section 18, (Act, 564), in order to give opportunity for the local government sub-structure institutions including the Urban, Zonal and Town Councils, and Unit Committees to partner the community water and sanitation boards at the local

levels to monitor the sub-project planning, set up tariffs, as well as to provide the technical support towards the designs and implementation of the projects. This is crucial to help resolve the power struggle between the WATSAN committees/WSDBs and sub-structures in the communities.

Finally, better leadership and coordination by the external donor agencies are needed in order to ensure that their programmes are carried out in line with the WHO and national policy guidelines as well as with the specific activities in the action plan. This would ensure that projects are implemented within the existing institutional structures, as well as assist programmes and other less visible components of the water and sanitation sub-sector that are essential to effective implementation of the projects in the communities within the Municipality.

References

- Amoah, S. T. & Yahaya, A. (2013) Evolution of Water Systems and its Challenges in the Wa Municipal of Ghana. *Journal of Environment and Earth Science* 3(7).
- Ampadu-Boakye, J., Dotse, F. M., Laryea, N. O. A., Karikari, D.Y, & Gyan, E. (2011) Improving Access to Basic Sanitation in Ghana. Lessons from a Water and Sanitation Project in Ghana. *Ghana Water Forum Journal*. In F. Amu Mensah, K. A. Gyasi-Duku, P. Buah, A. Arhin (Eds). *Water and Sanitation Services Delivery in a Rapidly Changing Urban Environment*. Pp. 23-30.
- Autio, E., & Fu, K. (2014) Economic and political institutions and entry into formal and informal entrepreneurship. *Asian Pacific Management Journal*, doi: 10.1007/s10490-014-9381-0.
- Bacho, F, Z, L. (2001) *Infrastructural services delivery under poverty. Potable water provision throughout collection action in Northern Ghana*. Dortmund: SPRING Centre, University of Dortmund.
- Bain R., Cronk R., Hossain R., Bonjour S., Onda K., & Wright J. (2014) Global assessment of exposure

- to faecal contamination through drinking water based on a systematic review. *Tropical Medicine & International Health* 19: 917–927.
- Bandaragoda, D. J. (2006) Status of institutional reforms for integrated water resources management in Asia: Indications from policy reviews in five countries. *Working Paper 108, International Water Management Institute*, Sri Lanka.
- Banerjee, S. G., & Morella, E. (2011) Africa's Water and Sanitation Infrastructure: Access, Affordability, and Alternatives. *World Bank Report*. Washington, D.C: World Bank.
- Bartram J, & Cairncross S. (2010) Hygiene, sanitation, and water: forgotten foundations of health. *PLoS Medicine*.7(11):e1000367.
- Batley, R. (2004) The politics of service delivery reform, *Development and Change* 35(1): 31-56.
- Battilana, J., & D'Aunno, T. (2009) Institutional work and the paradox of embedded agency. In T. B. Lawrence, R. Suddaby, & B. Leca (Eds.), *Institutional work: Actors and agency in institutional studies of organization* (pp. 31-58). Cambridge, UK: Cambridge University Press.
- Blackett, I, & Hawkins, P. (2014) The Missing Link in Sanitation Service Delivery. A Review of Fecal Sludge Management in 12 Cities; *Water and Sanitation Program Research Brief* Washington, DC: World Bank.
- Boulenouar, J. Schweitzer, R, & Lockwood, H. (2013) Mapping Sustainability Assessment Tools to Support Sustainable Water and Sanitation Service Delivery; *IRC International Water and Sanitation Centre*: The Hague. The Netherlands.
- Community Water & Sanitation Agency (2008) *Forum on the national community water and sanitation program (NCWSP)*: Issues Paper, Tamale.
- Cumming O., Elliott M., Overbo A. & Bartram J. (2014) Does global progress on sanitation really lag behind water? An analysis of global progress on community- and household-level access to safe water and sanitation. *PLoS Medicine* One 9, e114699.
- Dannenber, A., L. Frumkin, H., & Jackson, R. J. (2011) *Making healthy places: Designing and building for health, well-being, and sustainability*. Island Press: USA.
- Freeman M. C., Stocks M.E., Cumming O., Jeandron A., Higgins J., & Wolf J. (2014) Systematic review: hygiene and health: systematic review of hand washing practices worldwide and update of health effects. *Tropical Medicine & International Health* 19: 906–916.
- Frone, S. & Frone, D. F. (2013) Promoting Access to Water Supply and Sanitation: Issues and Challenges in Romania. *Economic Engineering in Agriculture and Rural Development*. 13(2): 1-6.
- Ghana Statistical Service (2012) *Ghana: Population and Housing Census 2010*. Accra: Ghana Statistical Service. Accra, Ghana.
- Government of Ghana (2003) Small towns water and sanitation policy operation and maintenance guidelines. *Ministry of Works and Housing. Community Water and Sanitation Agency*. Accra, Ghana.
- Greenwood, R., Raynard, M., Kodeih, F., Micelotta, E. R. & Lounsbury, M. (2011) Institutional complexity and organizational responses. *Academy of Management Annals*, 5: 317–71.
- Hall, P. A. & Thelen, K. (2005) Institutional change in varieties of capitalism, *International Sociological Association Annual Conference*, Chicago, Illinois.
- Hanson, E. (2008) Ghana: Privatization of water, health renders MDGS unattainable, says civil society. *Public Agenda via All Africa News*. Retrieved on January 15, 2015 from <http://allafrica.com/stories/200804211721.html>.
- Hearne, R. R. (2004) Evolving water management institutions in Mexico, *Water Resources Research*, 40, W12S04, doi:

- 10.1029/2003WR002745. *American Geophysical Union*: 1-11.
- Helmke, G. & Levitsky, S. (2004) Informal institutions and comparative politics: A Research agenda. *Perspective on politics* 2 (4):725-740.
- Hutton, G. (2012) *Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage* Geneva: World Health Organization.
- Jiménez, A, Mtango, F, & Cairncross, S. (2014) What role for local government in sanitation promotion? Lessons from Tanzania. *Water Policy* 2014 16: 1104–1120.
- Kusi, H. (2012) *Qualitative Research: A Guide for Researchers*. Accra: Emmpong Press.
- Meyer R. E. & Höllerer M. A. (2014) Does institutional theory need redirecting? *Journal of Management Studies* 51(7): 1221–1233.
- Minh, H. V., & Hung, N. V. (2011) Economic aspects of sanitation in developing countries. *Environmental Health Insights* 5: 63-70.
- Kingston, C. & Caballero, G. (2008) Comparing theories of institutional change <http://www.amherst.edu/media/view/69391/original>. Accessed January, 15, 2015
- Kostova, T., Roth, T. & Dacin, M. T. (2008) Institutional theory in the study of multinational corporations: A critique and new directions. *Academy of Management Review* 33: 994–1006.
- Pickering, A, Djebbari, H, Lopez, C, Coulibaly, M., & Alzua, M. (2015). Effect of a community-led sanitation intervention on child diarrhoea and child growth in rural Mali: A cluster-randomized controlled trial. *Lancet Glob. Health* 2015 3: E701–E711.
- Prasetyoputra, P. & Irianti, S. (2013) Access to improved sanitation facilities in Indonesia: an econometric analysis of geographical and socioeconomic disparities. *Journal of Applied Sciences in Environmental Sanitation* 8 (3): 215-224.
- Pullan R.L., Freeman M.C., Gething P. W. & Brooker S. J. (2014) Geographical inequalities in use of improved drinking water supply and sanitation across sub-Saharan Africa: mapping and spatial analysis of cross-sectional survey data. *PLoS Medicine* 11: e1001626.
- Riggs, F. (1971) *Frontiers of development administration* Durham, NC: Duke University Press.
- Sadoff, C, Hall, J, Grey, D, Aerts, J, Ait Kadi, M, Brown, C, Cox, A, Dadson, S, Garrick, D, & Kelma, J. (2015) *Securing Water, Sustaining Growth: Report of the GWP/OECD Task Force on Water Security and Sustainable Growth* Oxford: University of Oxford.
- Sarpong, G. A. (2008) Customary water laws and practices. Ghana, FAO. Retrieved on January 15, 2015 Retrieved from <http://www.fao.org/legal/adviser/FAOIUCNes/Ghana/pdf>.
- Seleth, R. M. (2006). Understanding water institutions: Structure, environment and change process. In Perret, S, Farolfi, S & Hassan, R (Eds), *Water Governance for Sustainable Development*, London: Earthscan Publishers.
- Selznick, P. (1957) *Leadership in administration: A sociological interpretation*. New York: Harper & Row Publishers.
- Skolnik, R. (2012). *Global Health 101* (2nd edition). USA: Jones & Bartlett Learning.
- Taylor, D.; Kahawita, T, Cairncross, S, & Ensink, J. (2015). The impact of water, sanitation and hygiene interventions to control cholera: A systematic review. *PLoS ONE* 2015, 10: e0135676.
- Thornton P. H, Ocasio .W. & Lounsbury. M. (2012) *The institutional logics perspective: A new approach to culture, structure and process*. Oxford: Oxford University Press.
- Tincani, L, Ross, I, Zaman, R, Burr, P, Mujica, A, & Evans, B. (2015) Regional Assessment of the Operational Sustainability of Water and

- Sanitation Services in Sub-Saharan Africa. **Oxford Policy Management Project 6.**
- United Nations Habitat (2006) **Meeting the development goals in small urban centres: Water and sanitation in the World's cities.** London: Earthscan.
- Velleman Y, Mason E, Graham W, Benova L, Chopra M, & Campbell O, M. (2014) From joint thinking to joint action: a call to action on improving water, sanitation, and hygiene for maternal and newborn health. **PLoS Medicine.** 11(12): e1001771.
- Wa Municipal Assembly Report (2015) **Annual report of the Wa Municipal Assembly.** Wa Ghana.
- Water and Sanitation Sector Assessment Report (2015) The state of water and sanitation situation in Ghana, **Ministry of Local Government and Rural Development Bulletin.** Accra- Ghana.
- WHO (2008) Improving water and sanitation hygiene behaviours for the reduction of diarrhoeal diseases. The report of an informal consultation **World Health Organization Report.** Geneva: WHO.
- WHO & UNICEF (2014) Progress on sanitation and drinking-water: 2014. Joint Monitoring Programme for Water Supply and Sanitation **World Health Organisation Report.** Geneva: WHO.
- Williams, N. & Vorley, T. (2014) Institutional asymmetry: How formal and informal institutions affect entrepreneurship in Bulgaria. **Journal of International Small Business** doi:10.1177/0266242614534280.
- Zilber, T. B. (2008) The work of meanings in institutional processes and thinking. In R. Greenwood, C. Oliver, K. Sahlin, Zilber 93 & R. Suddaby (Eds.), **The SAGE handbook of organizational institutionalism** (pp. 151-169). London, England: SAGE.