



Spatial Injustice and Active Ageing: Examining the Age-Friendliness of Colonial Urban Legacies in Harare's Segregated Suburbs

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ABSTRACT

This paper interrogates the intersection between colonial urban planning legacies and contemporary age-friendliness in Harare, Zimbabwe, examining how Rhodesian-era spatial engineering continues shaping differential ageing experiences across socioeconomically stratified neighbourhoods four decades after independence. Employing the World Health Organization's Age-Friendly Cities framework across eight domains namely outdoor spaces, transportation, housing, social participation, respect and inclusion, civic participation, communication, and health services, this study compares formerly white suburbs with historical African townships, including Mbare, Mabvuku, Highfield, and Glen View. The analysis reveals stark disparities in infrastructure quality, service accessibility, and social amenities that systematically disadvantage township older persons whilst privileging historically white suburb residents. These patterns demonstrate that colonial spatial apartheid has metamorphosed into persistent gerontological injustice, fundamentally constraining older Zimbabweans' capacity for active ageing in low-income areas. The paper argues that addressing age-friendliness in postcolonial African cities necessitates explicit confrontation with inherited spatial injustices through transformative urban planning prioritising spatial equity alongside age-inclusive design.

Keywords: colonial urban planning, age-friendly cities, spatial justice, Harare, postcolonial urbanism, active ageing, segregated suburbs, Zimbabwe

INTRODUCTION

Urban ageing and urbanisation represent two major demographic changes shaping the twenty-first century (WHO, 2007). Considerable research has focused on age-friendly urban development in wealthy, first-world countries, but substantially fewer studies have critically examined ageing in postcolonial African cities indelibly affected by the colonial legacy of racialised spatial engineering. Harare, the capital of Zimbabwe, typically exemplifies the intricate layering of historical injustice and demographic change over time. After being established as Salisbury under British colonial rule, the city's spatial configuration was deliberately designed to tightly control racial hierarchies through the built environment, thus creating what some scholars call "urban apartheid." Through this system, African populations were relegated to the peripheral townships of the city while white settlers enjoyed well-serviced neighbourhoods (Matamanda, 2020; Maronedze & Schutt, 2019).

More than four decades after the country gained independence in 1980, the urban geography of Harare still reflects colonial spatial legacies. The city remains bifurcated between the affluent northern suburbs—areas once populated by the white community and now home to Zimbabwe's rich elite—and the densely populated former townships characterised by decaying infrastructure and inadequate basic services. This spatial dichotomy fundamentally structures older persons' experience of contemporary urban life. Zimbabwe is facing rapid demographic change, with the population of people aged sixty and above expected to rise from 785,000 in 2012 to 2.56 million by 2050 (ZIMSTAT & UNFPA, 2017). This demographic transition, occurring in the



milieu of economic hardships and spatial inequalities, raises pressing questions about Harare's capacity to facilitate active ageing across its spatially stratified populations.

This study interrogates the impact of colonial urban planning legacies on the age-friendliness of segregated suburbs in Harare as well as their implications for older persons' experiences across different social strata. The study pursues four objectives: first, to examine the production of historically segregated urban space and its persistence; second, to assess age-friendliness using the WHO eight-domain framework while identifying systematic disparities between historically white suburbs and townships; third, to determine how inherited spatial inequalities limit older persons' access to different avenues of active ageing; and, finally, to articulate policy recommendations that address both spatial injustices and age-inclusive development.

The study makes three distinct contributions. First, it fills a critical literature gap on age-friendly cities, which has disproportionately focused on high-income countries and neglected Global South contexts (Adlakha et al., 2021). Second, it advances postcolonial urban theory by demonstrating how colonial spatial engineering structures life-course inequalities that extend beyond economic and political dimensions to gerontological outcomes. Third, and most importantly, it develops an original analytical synthesis that integrates the WHO Age-Friendly Cities framework with spatial justice theory. This synthesis is not merely additive: it reframes the WHO's eight domains as sites of distributive justice, requiring assessment not only of whether age-friendly features exist but of how historically produced spatial inequalities distribute those features across populations. This spatial-justice-inflected reading of the WHO framework provides a transferable analytical tool for other postcolonial cities confronting similar colonial legacies—a contribution that neither framework alone can offer.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Age-friendly cities: Global movement and local limitations

The age-friendly cities movement was born out of the realisation that population ageing and urbanisation remain the largest forces shaping the twenty-first century (WHO, 2007). Following extensive consultations with older persons from thirty-three cities in twenty-two countries, WHO's landmark *Global Age-Friendly Cities Guide* laid the foundational frameworks guiding municipal interventions globally. The paradigm is grounded in the WHO Active Ageing policy framework from the 2002 Madrid World Assembly on Ageing and conceptualises the urban environment as the new major determinant for healthy ageing (Kalache et al., 2010).

The WHO framework covers eight interconnected fields: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services (WHO, 2007). The initial WHO study found no systematic differences in the themes of focus groups held in cities of both developed and developing countries, though the number of positive age-friendly features was substantially higher in wealthy nations (Plouffe & Kalache, 2010). This means that while the fundamental needs of older persons transcend geographical contexts, the ability to meet them varies dramatically.

From 2007, the movement has spread remarkably, with the WHO Global Network counting over 1,300 cities in 44 countries as of 2024 (WHO, 2019). Nevertheless, growth remains markedly uneven, with very few cities in the Global South, especially in sub-Saharan Africa, being part of the network. This imbalance reflects a broader historical bias in gerontological research whereby research is centred on developed countries and the rest of the world is marginalised (Marston & van Hoof, 2019).

Critical perspectives pinpoint several limitations of the framework. According to Marston and van Hoof (2019), the framework lacks sufficient provisions for digital technologies, which have become more central in urban development. Other critics argue that age-friendly initiatives fail to meaningfully engage with structural inequalities, concentrating instead on incremental improvements that leave existing spatial and economic injustices unaddressed (Buffel et al., 2012). Relevant to postcolonial contexts, scholars state that age-friendly



interventions normally take infrastructure and services for granted, which may not necessarily be the case in resource-constrained areas (Warth, 2016).

Spatial justice and colonial production of urban space

To comprehend how colonial spatial legacies limit age-friendliness, one must first understand spatial justice theory. Based on Lefebvre's (1991) conceptualisation of space as a social construct rather than a natural one, spatial justice theory stresses that urban spatial arrangements embody power relations and thus systematically privilege certain groups while marginalising others (Soja, 2010). The perspective is illuminating in examining postcolonial cities as it reveals deliberate projects of racialised domination as the origins of contemporary spatial patterns.

Colonial urban planning in Africa illuminated systematic control of space through the built environment to enforce racial hierarchies and facilitate economic exploitation (Myers, 2011). Scholars of colonial urbanism detail consistency in the spatial strategies exploited by colonial powers (Njoh, 2009). Cities were typically structured around tripartite components: European quarters featuring low-density housing, broad streets, ample green space, and well-developed infrastructure; commercial zones that facilitated the extraction process; and African townships at the urban peripheries, characterised by high density, limited services, and deliberate under-infrastructure (Home, 2013).

Literature on South African apartheid urbanism provides critical insights useful for better understanding the colonial geography of Harare. Research on Cape Town, Johannesburg, and Durban shows how legislative instruments such as the Group Areas Act not only institutionalised spatial segregation but also contributed to the creation of built environments that have resisted transformation even after the end of apartheid (Turok, 2018). Post-apartheid cities research reveals that spatial inequalities persist even after several decades of democratic transition—an example of what scholars call "path dependency" in urban development, whereby historical spatial configurations create locked-in patterns that are extraordinarily difficult to overcome (Christopher, 2001).

Though Rhodesia never had a systemic apartheid regime similar to South Africa, Salisbury had almost identical spatial logics. Urban planning laws were tools for rigid racial segregation, with Africans restricted to townships while Europeans had lavish suburbs where they enjoyed the luxury of public infrastructure investment (Yoshikuni, 2007). Though the 1980 independence ended legal segregation, physical infrastructure largely remained unchanged, resulting in postcolonial spatial configurations where formal racial restrictions have given way to class-based inequalities that largely reproduce colonial spatial hierarchies.

Urban ageing in African contexts

Scholarship on urban ageing in Africa remains nascent compared to established literatures examining high-income contexts. However, emerging research reveals distinctive challenges confronting older persons in African cities, shaped by intersecting factors including economic precarity, infrastructure deficits, evolving family structures, and HIV/AIDS pandemic impacts (Schatz & Seeley, 2015).

Several themes emerge from this growing body of work. First, the research stresses the persistence of inter-generational support systems and cultural practices of elder care in southern African contexts, characterised by the concept of Ubuntu (Mudge & Ezech, 2009). Nonetheless, researchers are progressively uncovering documented changes in traditional social systems brought about by urbanisation, economic challenges, and generational shifts (Mokomane, 2013). The HIV/AIDS pandemic has deeply disintegrated inter-generational relations, with older persons left to care for orphaned grandchildren whilst simultaneously becoming more vulnerable (Zimmer & Dayton, 2005).

Moreover, research underlines how infrastructure deficits in urban areas limit mobility and social participation of older persons. Research carried out in several African cities documents inadequate public transport, poor pedestrian infrastructure, limited access to healthcare facilities, and unreliable basic services as significant barriers to active ageing (Naah et al., 2020). To be clear, the quality of infrastructure dramatically varies within



cities. Formerly colonial European neighbourhoods continue enjoying better services than historically African areas.

Specific studies on ageing in Zimbabwe provide crucial contextual grounding. Studies by Mupedziswa and Gumbo (2022) have documented that the old-age population in Zimbabwe is confronted with distinctive challenges including the impacts of economic crisis, the decay of the healthcare system, inadequate social protection, and spatial inequalities in accessing services. Scholarship specific to Harare details how economic instability has significantly weakened both formal social support systems and informal family networks. On the other hand, infrastructure decay has had a greater negative effect on historically marginalised areas (Kamete, 2021).

Synthesising spatial justice and age-friendly urbanism

This study develops a synthetic theoretical framework integrating spatial justice theory, postcolonial urban studies, and age-friendly cities scholarship. The framework's originality lies in three moves.

First, it reconceptualises colonial urban planning as *deliberate spatial production* aimed at creating and enforcing racial hierarchies through the built environment. Colonial spatial production operated through three mechanisms: territorial zoning (creating discrete spatial units assigned to racial groups); differential infrastructure provision (translating territorial divisions into material inequalities); and planning regulations (institutionalising spatial hierarchies through distinct requirements for European suburbs and African locations) (Home, 2013).

Second, the framework theorises age-friendliness *in terms of spatial justice*. Drawing on Fainstein's (2010) just city model—equity, diversity, and democracy—it holds that age-friendly urbanism requires deep-going changes to the spatial inequalities that condition differential capacity to age well, rather than mere incremental improvements. Colonial spatial hierarchies can thus be understood as a form of structural violence operating across the life course but striking older people most severely (Scheper-Hughes & Bourgois, 2004). Because older persons have diminished capacity to overcome environmental barriers, spatial inequalities produce what this study terms *gerontological spatial injustice*.

Third, the framework operationalises this synthesis by treating each WHO domain as a site where inherited spatial production intersects with contemporary distributional outcomes. This enables the analysis to ask not only whether a domain is age-friendly, but for whom, and why—questions the WHO framework alone cannot answer. The framework thus contributes a replicable analytical approach for postcolonial contexts where baseline infrastructure cannot be assumed.

ANALYTICAL APPROACH

Research design

The study employs a comparative, critical-interpretive case study design examining two spatially defined categories of neighbourhoods in Harare. The design is structured in four analytical stages: (1) historical spatial analysis; (2) contemporary domain assessment; (3) causal analysis linking historical production to present conditions; and (4) impact analysis examining consequences for older persons.

Data sources

The analysis draws on four categories of evidence:

1. Historical planning documents and secondary historical scholarship on colonial Salisbury (notably Yoshikuni, 2007; Home, 2013; Njoh, 2009), used to establish how segregation was produced through zoning, infrastructure standards, and planning regulations.



2. Contemporary policy and planning documents (municipal service records, WHO age-friendly guidance, national ageing policy documents).
3. Peer-reviewed empirical literature on Harare's infrastructure, service delivery, transport, housing, and healthcare (e.g., Kamete, 2021; Kanyepe, 2023; Matamanda, 2020; Mupedziswa & Gumbo, 2022).
4. Spatial and observational evidence reported in the cited literature concerning infrastructure condition, service distribution, and facility location.

This study is explicitly evidence-synthesis based rather than primary data collection; this limitation is stated in the Limitations section. Claims are therefore calibrated to what the cited evidence supports, and where evidence is indicative rather than systematic, this is signalled in the text.

Neighbourhood selection criteria

Neighbourhoods were selected using three criteria:

1. Historical designation under colonial planning, either as European residential zones or as African "native locations."
2. Contemporary socio-economic character i.e. persistence of affluence or of low-income status.
3. Availability of documented evidence in published scholarship and policy sources.

On this basis, the historically white northern suburbs (Borrowdale, Mount Pleasant, Avondale, Belgravia) and the former African townships (Mbare, Highfield, Mabvuku, Glen View) were selected. This selection is purposive, not statistically representative; it is designed to maximise contrast on the dimension of theoretical interest (inherited spatial status).

Analytical procedure

Each of the eight WHO domains was assessed through a consistent three-step procedure:

1. Condition assessment: characterising current infrastructure, services, and amenities in each neighbourhood category, drawing on documented evidence.
2. Distributional assessment: identifying disparities between the two categories.
3. Genealogical assessment: tracing disparities to colonial spatial production mechanisms and identifying contemporary mechanisms that sustain them.

Table 1. Comparative age-friendliness across the eight WHO domains

WHO Domain	Historically white northern suburbs	Former African townships	Principal evidence base
Outdoor spaces & buildings	Maintained pavements with kerb cuts; mature tree cover; well-kept parks (Alexandra Park, Botanical Gardens) with seating and toilets	Pavements absent or deteriorated; little green space; few parks, poorly maintained, lacking seating/toilets	Matamanda (2020); Kamete (2021); Yoshikuni (2007)
Transportation	High car ownership; well-maintained roads; proximity to amenities; private taxis	Dependence on unreliable kombis; inaccessible vehicles (high steps); overcrowding; bus stops without shelter/seating	Kanyepe (2023); Kamete (2021); Lucas (2012)
Housing	Detached homes on large plots; quality construction;	Colonial-era "core houses" overcrowded; structural	Kamete (2007; 2021);



	some accessibility features; resources for modifications	deterioration; few accessibility features; insecure tenure limits modifications	Mupedziswa & Gumbo (2022)
Social participation	Private clubs, golf/race courses, churches with programming, restaurants and malls as social venues	Strong informal networks but weak formal infrastructure; few community halls, small and dilapidated; churches central	Matamanda (2020); Mupedziswa & Gumbo (2022); Buffel et al. (2012)
Respect & social inclusion	High visibility and resourcing of older residents' needs; organised residents' associations	Older persons' needs less visible in policy and investment; reliance on familial respect norms	Matamanda (2020); Mudge & Ezech (2009)
Civic participation & employment	Residents' associations, neighbourhood watches, homeowners' associations	Few residents' associations; limited information on civic opportunities; age discrimination pushes older workers into informal economy	Matamanda (2020); Mupedziswa & Gumbo (2022)
Communication & information	Reliable telecoms; high smartphone ownership among affluent older persons; digital literacy challenges remain	Limited internet access (cost, infrastructure); English-language government communication excludes many older residents	Marston & van Hoof (2019); Kamete (2021)
Community support & health services	Private hospitals and specialists clustered nearby (e.g., Avenues Clinic, Corporate 24); insurance/payment capacity	Public facilities (Parirenyatwa, Sally Mugabe, Mbare Polyclinic) resource-constrained; distance, transport costs, user fees, age-unfriendly facility design	Mupedziswa & Gumbo (2022); Kamete (2021)

Note: "Present" and "absent" are used comparatively and heuristically; conditions vary within each category. The table synthesises documented evidence rather than primary measurement.

EMPIRICAL ANALYSIS: AGE-FRIENDLINESS ACROSS COLONIAL SPATIAL DIVIDES

Outdoor spaces and buildings

Outdoor spaces in historically white suburbs exemplify an age-friendly environment as envisioned by WHO guidelines. These areas are equipped with comprehensive pedestrian infrastructure, including well-maintained pavements with kerb cuts, thus making it easier for older persons using mobility aids to move and navigate (Matamanda, 2020). Streets have wide verges with mature trees, mostly jacarandas and flamboyants introduced during the colonial period, providing essential shade while creating beautiful walking environments. Regular municipal maintenance keeps pavements even and free from obstacles, thus minimising the risk of tripping, especially for older persons (Chipkin & Lipietz, 2012).

Suburban public spaces consist of well-maintained parks such as Alexandra Park and the National Botanical Gardens. These parks offer accessible pathways, public seating, toilet facilities, and well-tended and landscaped environments conducive to physical activity such as jogging and social interaction. The low-density nature of these areas guarantees generous open space and reduces pedestrian congestion. These features reflect the outcome of deliberate colonial spatial planning decisions that employed garden city principles emphasising low density, generous green space, and comprehensive infrastructure (Home, 2013).

The contrast with former townships could hardly be more substantial. High-density areas are devoid of decent pedestrian infrastructure, creating unfriendly environments for older persons. Where pavements exist, they are generally in poor condition, with uneven surfaces, deep cracks, and obstructions (Kamete, 2021). Generally, most streets do not have pavements, forcing pedestrians to walk on vehicular roads and dangerous footpaths, creating significant safety hazards, particularly for older persons with compromised mobility. High-density



development has resulted in the overcrowding of public spaces with very little green space. Public parks are significantly few and frequently in a bad state, with no seating places, toilet facilities, or shade.

The situation directly reflects colonial spatial production. The design of townships was such that they could accommodate a maximum number of African labourers within a minimal space whilst restricting infrastructure investment (Yoshikuni, 2007). Colonial plans permitted considerably higher densities in African areas, with very small plots and hardly any open space. Colonial authorities saw townships as temporary places for migrant workers rather than permanent communities warranting substantial investment; thus, infrastructure provision remained deliberately inadequate.

Transportation

Transportation represents probably the most consequential domain where age-friendliness inequality can be observed. Formerly white suburbs are characterised by almost all households owning private cars, typically multiple cars per household. Well-maintained road networks facilitate easy and comfortable automobile mobility. Therefore, if an older person is still able to drive, they can have a private car as a means of transport that is flexible, comfortable, and able to access the city independently (Kanyepe, 2023). Those unable to drive usually have a relative for transport or pay for a private taxi. Furthermore, these suburbs are very well located within key urban amenities, making residents' lives much easier. For example, proximity to quality healthcare facilities and shopping centres such as Borrowdale Shopping Centre and Sam Levy's Village provides convenient access for older persons (Matamanda & Chinovzina, 2020).

This automobile-centric mobility reflects colonial planning that designed European suburbs for private vehicle ownership (Home, 2013). They had wide roads, enough parking, and low-density development patterns, which all assumed and facilitated car use while marginalising public transport at the same time.

There is a dramatically different story to the transport conditions of former townships, which are characterised by heavy dependence on already strained public transportation. The majority of township residents do not own a private vehicle, relying completely on public transportation to commute. However, the public transportation system in Harare has faced a serious challenge in the past few decades. The Zimbabwe United Passenger Company (ZUPCO) is more or less at a standstill. Private commuter omnibuses (kombis) have taken over routes once served by ZUPCO but have proved unreliable and often unsafe, characterised by overcrowding, rogue driving, and poor vehicle maintenance (Kanyepe, 2023).

For older persons, the nature of the public transportation system creates multiple challenges. Typically, most kombis, if not all, are not equipped with accessibility features, with most having a high step that requires substantial physical effort. Hence, for an older adult with limited mobility or balance problems, boarding becomes very difficult. Overcrowding in both kombis and buses plying high-density routes means older persons may be unable to sit comfortably. Furthermore, unreliable and irregular schedules make planning difficult for older persons, potentially risking missed important appointments such as health checks. At the same time, the lack of bus shelters and seating spaces at bus stops means that those waiting are exposed to unfavourable weather conditions such as sun or rain while waiting for unpredictable transport (Kamete, 2021).

The stark transportation disparities largely demonstrate what scholars term “mobility poverty”—the systematic inability of people to access opportunities, services, and social connections due to transport barriers (Lucas, 2012). For older persons, mobility poverty has dire consequences. Limited means of transport hinders access to healthcare, where older persons may be forced to forgo medical care due to transport challenges. Reduced social interaction results in isolation, which rapidly increases cognitive decline. Additionally, transportation barriers limit political participation and civic engagement of older persons.

Housing

Housing in historically white suburbs generally comprises single-family detached homes situated on large plots, built to high standards using quality materials, with comprehensive infrastructure connections. Usually, these houses feature multiple rooms with separate living spaces, private gardens, and modern amenities. Some



newer developments or renovated properties are furnished with accessibility features such as single-storey layouts, wide doorways, installed grab bars, and ramps that accommodate mobility aids (Matamanda, 2020).

Property maintenance standards remain high, as most properties are in good condition because of regular investment by wealthy owners. When older persons require modifications that facilitate ageing in place, it is normally the case that financial resources are available to implement such changes. Additionally, the spacious nature of the suburbs encourages the absorption of extended family arrangements, which are becoming more common as economic pressure encourages multi-generational households. Nevertheless, rising property taxes and service charges are creating affordability challenges for older persons living on fixed incomes.

Former townships are confronted with a housing crisis characterised by overcrowding, infrastructure decay, and widespread inadequacy. Most housing in the townships dates back to the colonial era, where it was constructed to minimum standards and was never meant for permanent occupancy (Kamete, 2007). These houses—usually small matchbox houses popularly known as “core houses”—now accommodate multiple family extensions, which compromise the structural integrity of the house and worsen already unacceptably overcrowded conditions. At the same time, infrastructure systems such as water, sewerage, and electrical connections that have withstood decades of poor maintenance and are beyond design capacity due to overuse have gradually deteriorated. This has created chronic service failures, a burdensome situation for older persons who lack the necessary capacity to cope (Mupedziswa & Gumbo, 2022).

Housing accessibility remains profoundly inadequate. Very few older township homes incorporate accessibility features, with steps, narrow doorways, and compact spaces creating obstacles for older persons with mobility limitations to move around. Modifications typically prove impractical in rented properties or informal settlements where residents lack secure tenure. The small size of most township houses constrains capacity to accommodate extended families, creating pressures on older persons to share limited space with multiple generations, potentially compromising privacy and independence.

Housing quality fundamentally influences the capacity of older people to age in place—maintaining independence in their familiar communities instead of entering institutional care or becoming dependent on family (Sixsmith & Sixsmith, 2008). Generally, in affluent suburbs, housing characteristics are appropriate for older persons to age in place. Conversely, living conditions in townships worsen the situation and make it more difficult for older persons to age in place, as decaying structures render them unsafe. Inadequate accessibility in areas such as Mbare flats confines older persons even more to certain parts of the house.

Social participation and civic engagement

Affluent suburbs are very well endowed with social infrastructure that supports diverse social participation activities. Private clubs such as country clubs and golf clubs—including Borrowdale Race Course, Borrowdale Golf Course, and Old Hararians Sports Club—provide older persons from these neighbourhoods with venues for social interaction, physical activities, and community engagement. Besides the religious services they offer, churches such as Celebration Centre in Borrowdale also provide social programming. Several types of businesses, such as restaurants and shopping centres, serve as social places where older people maintain their social networks. Although less common, a few community centres such as Mt Pleasant Hall exist in affluent suburbs, hosting activities such as exercise classes and social gatherings (Matamanda, 2020).

The situation in townships presents a dramatically different landscape. Though strong cultural traditions of communal interaction and extended family networks provide good social resources, formal social infrastructure remains poorly developed. Community centres are not only rare but also generally ill-equipped. There are very few public spaces suitable for gatherings, let alone friendly to older people. The few that exist—such as Mai Musodzi Hall, Stodart Community Centre, Matapi Community Centre, Mabvuku Community Hall, and Mabvuku Art Centre—are very small, crowded, and in a state of disrepair due to inadequate maintenance, limiting their utility to older persons. However, churches remain the central social institutions that not only offer religious services but also provide social support networks, mutual aid, and community organising to older persons in the townships (Mupedziswa & Gumbo, 2022).



Social participation is a critical determinant of quality of life in later years and has been associated with increased mortality risk, cognitive decline, and reduced physical health (Buffel et al., 2012). Consequently, the stark disparities in social engagement opportunities have profound implications for older persons' wellbeing. Affluent suburbs offer diverse social venues and reliable transportation that enable active ageing. Conversely, in townships, limited formal social infrastructure coupled with mobility constraints leads to the risk of social isolation.

Regarding civic participation, senior citizens in affluent suburbs maintain substantial participation opportunities through residents' associations, neighbourhood watch programmes, and homeowners' associations (Matamanda, 2020). Conversely, townships offer limited civic engagement opportunities, with few residents' associations and a general lack of information on local opportunities for civic participation. Besides this, economic participation remains critical for many township older persons without adequate pensions. On the other hand, the exclusion of older workers from the formal sector due to age discrimination has forced them into informal economic activities that are often physically demanding and poorly remunerated (Mupedziswa & Gumbo, 2022).

Communication, information, and health services

Affluent suburbs enjoy extensive telecommunications infrastructure that includes dependable landline service, mobile network coverage, and excellent internet connectivity. Quite a number of wealthy older persons have smartphones that enable digital communication and access to information. Nonetheless, rapid digitisation of services poses challenges to digitally illiterate affluent older persons (Marston & van Hoof, 2019).

Access to information in townships is extremely difficult compared to suburban areas. Mobile phone penetration has increased, but internet access remains limited due to high data costs and lack of infrastructure. These digital barriers disadvantage many older persons since most services have migrated online. Language also compounds difficulties, as government communication is mostly in English, which is not friendly to the majority of older persons in townships whose education was mainly in Shona or Ndebele (Kamete, 2021).

Healthcare access and quality typify domains where spatial inequalities directly threaten older persons' wellbeing. Private hospitals and specialist facilities are clustered in affluent suburbs, where those with private insurance or the capacity to pay substantial fees can access high-quality healthcare services (Mupedziswa & Gumbo, 2022). Notable examples include Borrowdale Trauma Centre, Belvedere Trauma Centre, Arundel Hospital, Corporate 24 Medical Centre, and the Avenues Clinic, among others. Public healthcare facilities such as Parirenyatwa Group of Hospitals, Sally Mugabe Hospital, Mbare Polyclinic, Mabvuku Satellite Clinic, and Budiro Polyclinic are more evenly distributed and theoretically supposed to offer free or low-cost services. However, they face severe resource challenges that undermine service quality. Staff shortages, medicine deficits, equipment shortages, and overwhelming patient volumes result in conditions where older persons may have to wait for hours to get medical help (Kamete, 2021).

Besides quality disparities, accessibility barriers consistently constrain healthcare utilisation by older persons in townships. Distance to medical facilities poses challenges considering insufficient public transport and limited private cars. Financial constraints worsen accessibility challenges, as the combined cost of transport, user fees, and medication creates a substantial barrier for senior citizens on fixed incomes. Usually, the design of medical facilities neglects age-friendly principles. For instance, there is insufficient parking, dysfunctional elevators, and uncomfortable waiting areas, which make waiting difficult for older persons. These profound disparities in healthcare access and quality translate into measurably different health outcomes, with township older persons experiencing higher rates of preventable diseases and earlier mortality compared to affluent suburb counterparts.

DISCUSSION: IMPLICATIONS AND RECOMMENDATIONS

Colonial spatial legacies as structural determinants of differential ageing

The empirical analysis demonstrates systematically how colonial urban planning continues to shape contempo-



rary ageing experiences across Harare's spatially segregated suburbs. Systematic inequalities exist across all eight WHO age-friendly domains analysed, with older persons living in historically white suburbs advantaged while those in townships are deprived, creating unequal capacity to age actively and healthily. These patterns mirror the enduring materiality of colonial spatial engineering that deliberately created differential urban environments along racial lines, whose physical infrastructure, property markets, and service geographies persist today (Christopher, 2001).

However, colonial inheritance alone does not fully explain contemporary disparities. The analysis distinguishes two analytically separable layers:

Layer 1: Inherited spatial inequalities. These are the direct material legacies of colonial planning—differential infrastructure standards, density provisions, plot sizes, and facility locations designed into the urban fabric before 1980. These constitute the *baseline* of unequal endowments.

Layer 2: Contemporary mechanisms that reproduce and intensify inherited inequality. These include:

- Infrastructure path dependency: colonial-era systems continue structuring service provision, with historically privileged areas continuing to enjoy functional systems while formerly marginalised areas continue to experience chronic deficits (Turok, 2018).
- Property market dynamics: premium values in historically privileged areas channel private investment toward already advantaged neighbourhoods, whereas township properties remain undervalued (Kamete, 2007).
- Planning policy inertia: colonial-era zoning and density standards persist in contemporary planning practice, preserving the low-density nature of affluent suburbs while permitting continued high-density development in townships (Matamanda, 2020).
- Postcolonial political economy: elite capture of state resources by the politically connected means public investment still favours affluent suburbs while townships receive inadequate attention despite housing the majority of the population.
- Economic crisis and governance failures: Zimbabwe's broader economic instability and municipal capacity constraints have accelerated infrastructure decay, disproportionately affecting areas with the weakest initial endowments (Kamete, 2021).

This distinction matters analytically: colonial legacy is a necessary but not sufficient explanation. Contemporary political, economic, and governance factors are not mere continuations of colonialism but active mechanisms that reproduce and compound inherited disadvantage. The concept of *gerontological spatial injustice* captures the outcome—the compounding of inherited and contemporary disadvantage across the life course—without reducing it to colonial causation alone. Spatial injustice intensifies its impact on the older persons population, whose increased environmental vulnerability means that infrastructure deficits and accessibility barriers disadvantaging all township residents become consequential for older persons in particular (Scheper-Hughes & Bourgois, 2004). Colonial spatial engineering can thus be considered a form of slow violence whose consequences spread across generations and intensify over the life course, creating gerontological spatial injustice that systematically limits capacity to age with dignity in historically marginalised communities.

Challenging western-centric age-friendly frameworks

This study questions the applicability of age-friendly cities frameworks in postcolonial African contexts. Whilst WHO's eight domains capture universal dimensions—older persons require safe, accessible spaces that enable social participation and quality healthcare access—the framework was primarily developed in high-income countries. Therefore, its applicability remains questionable in contexts characterised by structural inequalities and different baseline conditions (Warth, 2016).



Age-friendly checklists often assume the availability of baseline infrastructure, whereas in reality, this may not be the case in resource-constrained countries. Recommendations for enhancing age-friendly cities through gradual improvements presume basic infrastructural facilities are in place. In townships where water and electricity supply are unreliable and road conditions deteriorating, such improvements are irrelevant until all fundamental infrastructure deficits are resolved (Kamete, 2021). Age-friendly frameworks risk becoming instruments through which privileged areas further improve their already adequate environments, negating transformative investment in deprived communities.

Moreover, the framework's emphasis on physical environments and formal services inadequately reflects the significance of informal support systems, extended family networks, and cultural practices central to ageing in the African context. Ubuntu notions of communal responsibility and extended family caregiving typify age-friendly resources hardly acknowledged in frameworks focused on institutional provision (Mudge & Ezech, 2009). However, recognising informal support systems cannot justify accepting infrastructure inadequacy that systematically disadvantages poor older persons.

The political economy of age-friendly initiatives in contexts of deep-rooted inequality requires critical examination. Where age-friendly certification happens in areas already substantially age-friendly while townships remain severely age-unfriendly, such efforts risk legitimising inequality instead of challenging it. Postcolonial age-friendly urbanism must, among other things, focus on spatial justice and prioritise transformative interventions aimed at correcting historical inequalities instead of simple linear increments in privileged areas (Fainstein, 2010).

Policy recommendations: Toward spatially just age-friendly urbanism

Achieving age-friendly urbanism in Harare, a city confronted with inherited spatial injustices, requires comprehensive policy interventions:

Infrastructure investment and spatial redistribution

Achieving age-friendliness requires massive infrastructure investment specifically targeting historically marginalised townships. This includes constructing comprehensive pedestrian infrastructure with quality surfaces, appropriate width, and accessibility features; expanding formal public transportation with accessible vehicles and reliable schedules; rehabilitating and upgrading water, sewerage, and electrical systems; and designing housing improvement policies supporting accessibility modifications (Turok, 2018). Such investments require considerable resources beyond current municipal budgets. It is therefore necessary that the national government and international organisations make commitments and provide assistance. Critically, investments should focus on spatial redistribution—channelling more resources towards historically deprived areas to redress accumulated infrastructure deficits.

Healthcare system reform

Addressing healthcare inequalities requires the government to substantially increase public healthcare funding to meet the Abuja Declaration. This should be accompanied by expanding staffing, ensuring medicine availability, and implementing age-friendly design standards (Mupedziswa & Gumbo, 2022). Moreover, strategic facility location must include developing new healthcare facilities in underserved townships. Developing publicly funded home care services is essential to enable older persons to receive healthcare in the comfort of their homes. There is also a need to expand health insurance mechanisms to ensure that older persons can access healthcare from both public and private sectors.

Social support services expansion

Providing extensive social support requires establishing neighbourhood-based day centres that offer meals, social activities, and caregiver respite; formulating age-specific programmes; creating accessible information and referral systems; and expanding adequate old-age pension coverage (WHO, 2015).



Planning policy reform

Transforming urban planning practice requires mandatory age-friendly design in all development approvals; explicitly integrating spatial equity criteria in urban planning decisions, giving priority to public investment in historically disadvantaged areas; establishing effective participation channels enabling older persons, particularly from townships, to influence planning decisions; and developing planning frameworks that explicitly acknowledge and address colonial spatial legacies (Fainstein, 2010).

LIMITATIONS AND FUTURE RESEARCH

This research relies on secondary sources and evidence synthesis rather than primary data collection, which limits neighbourhood-level granularity and the capture of lived-experience nuance. The comparative claims are therefore indicative and grounded in documented evidence rather than systematic measurement. Future research should: (1) collect primary data through surveys and participatory research with older persons across Harare's spatial hierarchy; (2) conduct fine-grained spatial analysis of neighbourhood-level variation; (3) undertake comparative research in other postcolonial African cities to test generalisability; and (4) conduct longitudinal research tracking how spatial patterns evolve and evaluating intervention effectiveness.

CONCLUSION

In conclusion, this research advances that colonial urban planning legacies fundamentally shape contemporary age-friendliness in Harare, creating deep gerontological spatial injustices. It demonstrates how enduring material infrastructures and service geographies from deliberate racialised domination systematically advantage older persons in historically white suburbs while disadvantaging those in townships across all dimensions of age-friendly urbanism. The findings reveal that these disparities reflect not merely current economic inequality but the persistent machinery of colonial spatial engineering, whose effects compound across the life course, transforming infrastructure deficits into severe constraints on active ageing for environmentally vulnerable township populations. Theoretically, this advances understanding of how colonial legacies structure inequality through spatial mechanisms, while methodologically, it provides an analytical framework that synthesises age-friendly, spatial justice, and postcolonial urban analysis, applicable to other contexts of inherited spatial inequality. From a policy perspective, the research unequivocally shows that achieving age-friendly urbanism in Harare and comparable postcolonial cities requires reconceptualising age-inclusivity as a social justice imperative demanding decolonial spatial transformation. This necessitates explicit confrontation with colonial legacies through targeted infrastructure investment in marginalised townships, equitable healthcare distribution, expanded social services, and planning reforms that prioritise spatial equity alongside age-inclusion. More than four decades after independence, the enduring geography of colonial exclusion constitutes an ongoing structural violence that constrains wellbeing and life chances. Therefore, realising genuine age-friendliness—where all older persons can age actively, healthily, and with dignity, irrespective of location—requires sustained political commitment, substantial resources, participatory inclusion, and, ultimately, the decolonisation of urban space itself.

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