Ageing in Urban Spaces: Developing Inclusive Urban Environments for Older People in Global South Cities

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Contents

List of Figures

List of Tables

Acknowledgements

List of Abbreviations

AU	Africa Union
AFC	Age-Friendly City
AFM	Age-Friendly Manchester
CBO	Community-Based Organisation
Dialogue	Dialogue on Shelter Trust
DZ.Ext	Dzivarasekwa Extension
HAI	HelpAge International
HSUP	Harare Slum Upgrading Programme
MDG	Millennium Development Goals
NGO	Non-Governmental Organisation
SDG	Sustainable Development Goals
SDI	Slum/Shack Dwellers International
SSA	Sub-Saharan Africa
UN	United Nations
WHO	World Health Organisation
ZHPF	Zimbabwe Homeless People's Federation

Defining Key Concepts

Global South

This research uses the conceptual category "global South" to refer to Latin America, the Caribbean, Africa and Asia often known as Developing & Low-Income Countries and the "global North" to refer to the rest of the world often known as Developed & High & Middle Countries. Global South is increasingly used in urban studies (Grech, 2015; Parnell & Oldfield, 2014; Pike, Rodríguez-Pose, & Tomaney, 2014) to denote an emphasis on a substantial portion of the world living in a scenario of profound geopolitical asymmetries, poverty and isolation. From today's perspective, there is no longer a neatly divided line between the rich and poor, power and powerless. It is challenging to display any singular framework that seeks to encompass and reflect geographically uneven economic, social, political, religious, cultural and environmental conditions in different places across the world. However, North and South divides are still important in shaping the way in which the global South is imagined, talked about and studied today (Williams, Meth, & Willis, 2009). This research recognises but cannot consider in depth, all the general differences and barriers within the social, legal, economic, environmental, political and cultural factors in the context of the global South and North.

This research therefore focuses on the African continent as a global South space and more specifically the southern African country, Zimbabwe for the case study analysis. The term "Africa" is used synonymously with sub-Saharan Africa.

Older Person

For the fieldwork, this research used the age parameter of 50 years and over. Attempts to define older persons in Africa are at variance and often international definitions that use retirement stages such as 60 years or 65 years and older are a poor indicator of being old in Africa. Fewer than one tenth of individuals are ever employed in the formal economy and may "retire" from employment (Ferreira,

2005). For most older Africans, the concept of "retirement" does not exist and they continue to work in the informal economy for as long as they are able (Aboderin, 2010a). According to the Older Persons Act (Government of Zimbabwe, 2012): An "older person" means a citizen of Zimbabwe aged sixty-five years or above, who is ordinarily resident in the country.However, the use of the age group 50 and over in this thesis is purposed to include persons growing into old age as well as those further into old age. Privileged women may remain free of health concerns that often accompany ageing until well into their 70s and 80s. Others who endure a lifetime of poverty, malnutrition and heavy labour may be chronologically young but "functionally" old at age 50 (World Health Organisation, 2007c). Older people between the age of 50 years and 65 years' living in areas of deprivation and poverty can experience age related losses in hearing, seeing and moving, and non-communicable diseases, including heart disease, stroke, chronic respiratory disorders, cancer and dementia (World Health Organisation, 2015b, 2015c). Older people are usually caregivers of households from as early as 50 years, particularly in the context of HIV/AIDS, taking care of children and orphaned grandchildren (Aboderin, 2010b). This thesis therefore includes those older people in the research methodology.

The thesis does not seek to provide conclusive statements about the lives of older people living in informal urban areas. The older generation is not a homogenous group for which one-size-fits-all policies are sufficient. Considerable differences in the population of older people persist between global South countries and cities. The diversity of older people as a group and the variety of contexts in which they live preclude generalisation. The meaning of ageing and the urban experiences of older people varies incredibly. Therefore, cultural and contextual definitions of older people shall be considered. Instead, this study seeks to explore and map out some relevant issues of urban ageing and informalisation and to draw attention to their complexity.

In this thesis, older persons, older people and ageing persons are used synonymously.

Informality

This thesis places informal housing and communities at the centre of analysis. Over the past decade, a continued stream of scholarship related to the informal economy in the context of sub-Saharan Africa has gained attention (Kamete, 2007, 2017; Potts, 2008; Rogerson, 2016). According to the (UN-Habitat, 2009), informal settlements are described as residential areas where 1) inhabitants have no security of tenure vis-à-vis the land or dwellings they inhabit, with modalities ranging from squatting to informal rental housing, 2) the neighbourhoods usually lack, or are cut off from, basic services and city infrastructure and 3) the housing may not comply with current planning and building regulations, and is often situated in geographically and environmentally hazardous areas. The diversity of African places negates a generalisation of the African city; however, it is argued that many of the problems are the same in different African countries. Piertese & Parnell (2014) suggest that there are at least some common themes regarding drivers of change on the continent that relate to the time frame and form of the urban revolution in Africa. The scope of the study is concerned with the physical and social informal environment. Other forms of informality such as institutions and governance have not been discussed within this study. However, there is potential for further research to investigate these forms of informality.

Abstract

In the Global South, older persons are often living in poverty and informality and have increased biological, socio-economic and physical vulnerabilities. Responses to the challenges of urbanism have resulted in increasing numbers of older people living in spaces of socio-spatial inequality. Despite the growing stream of literature in the development of inclusive and resilient urban areas in the Global South, there has been relatively little discussion of urban development in an ageing context.

This research seeks to address this gap by asking two main questions. How does the physical and social urban environment impact older people? And, how can inclusive urban environments for older people be achieved in global South cities?

Research was conducted in two selected case studies of informal areas in Harare, Zimbabwe. A qualitative method of data collection was adopted with semi-structured interviewing, informal conversations with key informants and older persons, spatial sketch mapping and the collection and analysis of key documents. Additional discourse analysis, participant observation and key informant interviews were conducted in Manchester, United Kingdom to explore how Global North cities can be developed with and for older people.

The primary contribution of this study to the discourse and practice on inclusive urbanism and ageing in the Global South is a conceptual framework offering interdependent thematic areas that explain the urban concepts that influence the lives of older people. Additionally, this research extends the current literature on ageing, urbanism and informality by exploring the relationship between the social and spatial fabric of informal communities and the lives of older people. The rights based approach is discussed together with a focus on the gendered experience of ageing. Importantly, the findings presented in this thesis contribute to dominant paradigms of vulnerability and contribution by foregrounding the spatial agency of older people and the existing strategies employed in the production of the city.

Chapter 1 Introduction to Research

1.1 Introduction

Population ageing and urbanisation have become major underlying demographic shifts taking place in nearly all the countries of the world (United Nations, 2013) but most dramatically in global South nations. Zimbabwe will witness an increase in the number of older people over the next few decades (United Nations Population Fund & HelpAge International, 2012). The majority of this rise in ageing populations, as reported by the World Health Organisation, will take place in urban areas (World Health Organisation, 2011). Global South urban areas are characterised by worsening economic and social conditions, especially in the sprawling, informal settlements across sub-Saharan Africa. This thesis positions itself in the context of rising numbers of older people in urban areas which calls for a better understanding of the context of ageing in sub-Saharan Africa as well as the situation of older people living in urban areas (Ezeh, Chepngeno, Kasiira, & Woubalem, 2006). A unique contribution of knowledge emerges in this thesis through the synthesis of urban ageing and informalisation. These concepts have been developed in relative isolation (Aboderin, 2007; Ferreira, 2005; Hoffman, Aboderin, & Keating, 2013; Hoffman & Pype, 2016; Kamete, 2007, 2017; Lloyd-Sherlock, 2010; Potts, 2008; Rogerson, 2016) from one another although there is considerable overlap in the lives of older people in urban informal environments. The literature review (chapter 2 and 3), the findings discussed in this study (chapter 5,6 and 7) and the developed conceptual framework (chapter 8) reinforces the case on why policymakers, local authorities, civil and community-based organisations and urban practitioners should address the needs of older people living in urban informality as a priority.

Discourses about older people in the context of global South cities are at an early stage. Over the last few decades, the discussion on the implications of ageing in Africa has been driven by a number of dedicated non-governmental organisations (NGOs) and international agencies, for example, HelpAge International, the United

Nations Fund for Population Activities and the World Health Organisation and a small corpus of African researchers (Aboderin, 2007; Ferreira, 2005; Hoffman, Aboderin, & Keating, 2013; Hoffman & Pype, 2016; Lloyd-Sherlock, 2010). These organisations as well as some nation-states have been pushing for a stronger human rights instrument to protect the rights of older persons (Fredvang & Biggs, 2012). Despite this, unlike most other population groups there is relatively little information about how to develop enabling and supportive environments for older people in Africa, a region which remains the world's poorest and youngest (Aboderin, 2010b; United Nations Population Fund & HelpAge International, 2012).

Given the growth of the ageing population especially in urban areas, there is a need to better understand the situation of ageing in such places and to consider appropriate policy and practice solutions. Already home to 59.7 million older people aged 60 in 2012, these numbers are expected to more than triple to 215 million in 2050 (United Nations Population Fund & HelpAge International, 2012). The population share of older persons (aged 60 years and above) in Africa, presently only 5.5%, is projected to rise to 9.8% by 2050, compared to increases from around 10% to 25% in Asia and Latin America, and 20% to 30% in Europe and North America (United Nations Population Fund, 2014)While the proportion of older people will remain low, the absolute number of older people in Africa is set to rise dramatically: from currently 36.6 million to 140.9 million in 2050, a more rapid increase than in other world regions (Aboderin, 2007). The main concern with demographic ageing has been unlike in the global North (e.g. Europe or North America) with a focus on the sustainability of existing health and care systems and social security systems. Instead, the focus is rather on concerns about the heightened vulnerability of older people (IFA, 2007; Aboderin, 2005:2010).

This introductory chapter aims to provide justification for this research, by discussing the context of urban ageing in sub-Saharan Africa and the relationship between older persons and the environment. This is followed by the research questions, aim and objectives and a summary of the research methods employed in this research. Finally, the structure of the entire thesis is outlined.

1.2 Research Justification

Little research has focused on the urban spatial dimensions of older people in Africa and the limited work that has been done has focused mostly on rural areas (Ezeh et al., 2006). This research seeks to address this gap. A combination of factors contributes to this lack of interest: Firstly, older people constitute a smaller proportion of the population and African countries are typically seen as "young countries" projected to grow slowly relative to other areas in the world. Francis Chigunta (2002) explains that in most African countries, including Kenya, Tanzania, Zimbabwe and Zambia, the youth and children aged 25 years and below constitute about 70 percent of the population. Specifically, young people aged between 15-25 years constitute about a third of the total population in most African countries. Nevertheless, the number of older persons in SSA will continue to increase dramatically. With a focus on younger age-groups, the competing and conflicting priorities for spending scarce public development resources make it challenging for the welfare of older people living in urban areas to make public policy and urban agenda.

Secondly, the issue of ageing is often addressed within the structure of the household, but in Africa, the task is made more difficult by the fact that defining "family" in Africa is a very complex and a changing concept that includes extended families as well. The continued increase in longevity, accompanied by the persistent decline in fertility in most regions across the globe may lead the population structure of developed as well as developing regions to dramatically alter over the course of the century. This will have challenging implications for the dependency ratio as well as the nature of the relationships between the generations on both the familial and societal levels (Hoffman, 2015). Little is known about the role of families, particularly where the family is under stress owing to severe economic crisis (Apt, 2001:2002) and what the effects of those changes are on family relations. Within developing country contexts it is therefore essentially about the ability of family networks to sustain intergenerational support in the face of changing family structures and in the context of poverty and pandemics (Hoffman, 2015).There is an emphasis on families as the key resource for their members, especially in times of hardship or entrenched poverty. In spite

of this, numerous articles have evidenced that there is a steady decline in the traditional kinship structures – the "joint" and "extended" family systems which previously guaranteed older family members shelter, care and support (HelpAge International, 2011; United Nations, 2013b; World Health Organisation, 2011). Concern has risen about the argument of the continuous sustainability of family capacity and support in global South countries (Lowenstein, 2007). Government policies never anticipated a situation where older persons would need housing or support; because of the hallmark of tradition, the problem never existed, and neither was there any cause to visualise it may do so in the future (Raje, 2013). This topic is further investigated in the literature review (chapter 2&3).

Thirdly, this region is burdened by the high prevalence of communicable diseases (e.g. HIV/AIDS), a high mortality rate in childhood and various other social ills. Far less public assistance to persons with HIV/AIDS is usually available in developing countries, thus necessitating greater reliance on informal care, which is often provided by elderly children. Chronic poverty is entrenched in sub-Saharan Africa and is seen as an inability of individuals, households or entire communities to manage sufficient resources for a socially acceptable minimum standard of living (Hoffman, 2015). In Africa, 47 per cent of the population live in extreme poverty – on under USD1.25 per day (UNDP, 2013). The range of problems that older people in Africa are facing is constantly increasing as societies are locked up in conflicts, experience huge economic problems, natural disasters, disease and a deterioration of family relationships. This implies that population ageing in Africa is largely unfolding in contexts of acute social ills, resource constraints and widespread economic strain (Aboderin, 2010b). All these factors represent different (and probably more immediate) priorities in public policy agendas (Teguo, Kuate-Tegueu, Dartigues, & Cesari, 2015).

The characteristics of urban spaces influence the well-being of older people, (Peace et al., 2007). This is particularly because research has shown that older persons have increased biological, psychological, and cognitive vulnerability and spend a significant amount of time in the home and neighbourhood space therefore relying more on community sources of integration (Buffel, Phillipson, & Scharf,

2012). For many years, researchers from different disciplines have emphasised the biological and genetic importance of the ageing process. The need to better understand the experiences of older people is in part driven and supported by research that suggests that environment matters. What is becoming increasingly evident is that the physical and social environment has an increasingly larger bearing on how people age and the quality of life that a person can enjoy in old age (Nahemow & Lawton, 1973; Sanchez-Gonzalez & Rodríguez-Rodríguez, 2016).

In Africa, the physical environment in which their dwelling is located and where they lead their day-to-day life is often wanting and inadequate for their needs. In this same vein, there is a growing concern about the quality and appropriateness of housing stock for ageing in place and the neighbourhood design (Howden-Chapman, Signal, & Crane, 1999). Despite the many advantages that urban areas provide, the poorest residents often live in exceptionally unhealthy and dangerous conditions. In global South countries, it is estimated that 900 million urban residents live in settlements with slum conditions (United Nations Department of Economic and Social Affairs, 2008). Despite the increasingly urban nature of today's older person's populations, rural areas remain home to more older people than urban areas in most developing (and developed) countries. This differential is a result of the migration of young adults to urban areas and, in some cases, of the return migration of older adults from urban areas back to rural homes (Martin & Kinsella, 1994). Should older persons follow their children to the cities, United Nations studies (1975) indicate that they live in slums and uncontrolled settlements (Apt, 2001). Poor urban housing conditions, distance from health services and schools, unsafe neighbourhoods (because of both environmental hazards and high rates of crime and violence), and limited access to water and sanitation put an additional burden on older people who, within households, are responsible for childcare, food preparation, cleaning and washing (Tacoli, 2012). A decaying urban home environment can bring an even greater sense of being trapped for older people and this may limit their ability to maintain a sense of self-identity (Buffel et al., 2012). Informality as an area of interest has been gaining a resurgence in Africa, however, even this interest often focuses on younger, productive individuals and families. Despite the growing recognition of

the contribution of older people in homes as caregivers (Hoffman & Pype, 2016). This research begins to address this restrictive view by exploring the lived realities of older people in informality.

The relationship between person and environment (P_E) at the level of community, neighbourhood and living arrangements (accommodation/home), also known as environmental gerontology (Wahl & Weisman, 2003) is a researched area from multiple subjects including psychology, geography anthropology, sociology, architectural design, engineering and public health studies. It is also a topic guided by on-going theoretical developments and historical influences largely from the English-speaking world, particularly the US, the UK, Germany, Canada, Sweden and Australia (Wahl & Weisman, 2003). Environmental gerontology is not an academic discipline that has grown interest in African universities (Aboderin, 2007). The last 15 years has seen an expanding, though limited, body of research on older people in Africa, conducted by international and African scholars (Aboderin, 2014; Hoffman, 2015; Ferreira 1999; Cohen & Menken, 2006), and an increasing volume of NGO programmes, research and advocacy for older people in the region, especially led by Help Age International and the WHO. These concerns highlight the urgent need to develop gerontological knowledge in and about Africa. Environmental gerontology is a relatively unknown field for a broad spectrum of society, with little impact on academic circles in these countries. This research aims to contribute to filling this gap through the intersection of urban planning and environmental gerontology.

1.3 Research Questions, Aim and Objectives

This section presents the questions, aim and objectives of the research. The main aim presents the outcome of this research and the overall picture. Each objective has a specific purpose and is ordered in a logical sequence to enable the research aim to be achieved.

1.3.1 Research Questions
This research has two main questions with three sub-questions for each:

1. What is the impact of the physical and social urban environment on older people in global South cities?
   a. What policy and theoretical frameworks recognise and deliver the necessary improvements to the lives of older people in urban environments?
   b. How are older people represented in the discourses on the development of inclusive urban environments?
   c. What are the factors affecting the interaction of older people with the physical and social urban environment?

2. What inclusive urban environments can be achieved in global South cities?
   a. What approaches are used to trigger necessary changes and planning approaches to transform the lives of older people in urban environments?
   b. What lessons can be learnt from global North approaches in the global South and vice versa for the development of inclusive urban environments for older people?
   c. What conceptual model can be developed to deliver inclusive physical and social urban environments for older people in urban Harare?

1.3.2 Research Aim

The aim of this research is to develop a conceptual model that informs how inclusive urban environments can be achieved for older people.

1.3.3 Research Objectives

This will be achieved through the following objectives:

1. To develop a critical approach to understanding the role urban environments play in including and excluding older people;
2. To investigate the various urban approaches pursued to provide inclusive urban environments for older people;
3. To identify and analyse the barriers and enablers for the development of inclusive urban environments for older people in global South cities;
4. To develop a conceptual model that informs how inclusive urban environments can be achieved for older people in urban Harare;

1.4 Research Methods Summary

To investigate the lines of enquiry mentioned in the section above, this thesis employs a qualitative methodological strategy attempting to move beyond a broad statistical comprehension and overly theoretical assumptions of the lives of older people in urban areas. The chosen method for this research is the case study approach. Two case study sites in Harare, Zimbabwe were identified as appropriate foci for this research: Gunhill and Dzivarasekwa Extension (DZ. Ext) Informal Settlements. The Gunhill settlement is one of the few informal settlements located close to the centre of the city and Dzivarasekwa Extension is in the west periphery of the city. Gunhill is a long term informal settlement due to relocate its settlers to a formal site upon complete negotiation with Harare city council. Dz. Ext is a former holding camp where Zimbabwe's Homeless Peoples Federation (ZHPF), Dialogue on Shelter and the City of Harare are co-productively delivering in-situ formal housing improvements. Further detail on the history and social composition of these sites can be found in chapter 6. Semi-structured interviews were carried out with older residents in Gunhill and in DZ. Ext as well as key informant interviews. Informal conversational interviews were undertaken with residents and non-residents to add detail to information gleaned from semi-structured interviews. Finally, discourse analysis and various mapping techniques were employed to gain deeper insights into the socio-spatial positioning of older persons and to record and convey information about the built environment.

The research investigated a Global North example of the creation of Age-friendly Cities (Chapter 5). The data collection for this exploration was conducted before the fieldwork in Harare to contribute to the direction of the thematic areas investigated in Harare. The city of Manchester in the United Kingdom is used as a case study for exploration of "how" cities can be developed with/on behalf of/for older people. Manchester's strategy for ageing and focus on older people in urban Manchester provided significant insight into the practice of inclusive urban development for older people. The chosen methodologies to investigate the Manchester Case are: discourse analysis, participant observation and key informant semi-structured interviews. The wide variety of methodologies are chosen to

triangulate the veracity of information and to compound their relative strengths while minimising their respective weaknesses.

1.5 Thesis Structure

The first two conceptual chapters, chapter two "Global Ageing Landscape" and chapter three "Conceptualising Urban Ageing" provide a theoretical backbone for this research. Chapter one opens with a discussion on the context of global ageing and ageing in Africa. The positioning of ageing within the International policy landscape is described with an introduction to the emerging rights-based approaches that foreground the entitlement of older people within the city. The significant role family plays in the lives of older people is discussed, often in some cases as a legal obligation set out in state policy. Finally, chapter two concludes with discussions about the African care model and the centrality of families in the debate about how African societies will face the challenges of population ageing.

Building upon this, chapter three explores the theoretical background of older people living in urban areas in Global South cities. The relationship between person and environment is explored at the level of community, neighbourhood and living arrangements (accommodation/home). The relevance of ecological perspectives such as the "press-competence" (PC) model suggested by North American researchers Lawton and Nahemow (Lawton & Nahemow, 1973) and concepts such as "ageing in place" are discussed. Following this, the WHO Age-Friendly City model (2007) is introduced as a leading urban participatory approach to meeting the needs of older people in cities. The significance of health for older people is highlighted in the WHO Healthy Ageing model (2015a). The production of spaces for older people is discussed in the latter part of the section.

Following the theoretical framework of this thesis, chapter four, the "Methodology: researching older people in urban Zimbabwe", outlines the methodological approach taken for this research. Firstly, the paradigm and philosophy for this research is discussed followed by justification for the chosen research strategy. Information on the empirical setting of the research in Harare, Zimbabwe is outlined with further details on the key relationships developed for

the case studies. Following this, the chapter provides details of the data collection methods employed in this research including informal and semi-structured interviews, the analysis of key documents and spatial sketch mapping. Chapter four ends with the ethical approval details confirmed by the University and data analysis.

The first empirical chapter, chapter five seeks to contribute to a more comprehensive understanding of this representation of older people in urban environments by examining documents produced for UN agendas such as review reports and country reports. Ultimately, this chapter highlights the comprehensive neglect of older persons within the urban policies and programmes. The process of the framework development is discussed in the second section of this chapter by investigating a Global North example of the creation of Age-friendly Cities. The city of Manchester in the United Kingdom is used as a case study for exploration of "how" cities can be developed with/on behalf of/for older people.

Drawing upon the empirical findings from the fieldwork in the two-case study informal settlements, chapter six, "Developing Urban Environments for the Urban Poor in Zimbabwe" begins the exploration of Zimbabwe's urban environment with emphasis on the lives of the urban poor. The examination of the data collected during the fieldwork is used to build a picture of the urban spaces lived in by older low-income Zimbabweans and the various stakeholders involved. Further discussion is detailed of the changing approaches to informality through alliances made with community based organisations and other stakeholders. This chapter examines the emerging recognition of informality and the Harare slum upgrading program marking the progressive relationship between the community and the local authority. This chapter begins to consider the implications of an absence of official formal recognition of informality and older persons and the associations of housing tenure and community co-production.

Chapter seven, "Older Persons in Informality and the Social and Physical Urban Environment" draws upon the discussions on the intersection of ageing and informality highlighted in earlier literature chapters. Informed by recent approaches linking environmental characteristics with older person's functional ability (World Health Organisation,2016; Sen, 1999) to do what they need and

desire to do (Friediani, 2007; Sen, 1999), this chapter uses a focus on five domains of abilities (World Health Organisation,2016) to explore how older persons are influenced by the physical and social urban environment. Drawing upon the semi-structured interviews, this chapter seeks to contribute to the empirical discussions in chapter 5 and chapter 6 by allowing for an understanding of how older people are living at the micro level in constructed informality.

The final empirical chapter, chapter eight, "Developing a Conceptual Framework for Older People in Urban Environments" presents the conceptual framework as a response to the critical urban ageing issues, drawing together the evidence gathered during the research to directly address the research aim and questions set out in chapter one. This resulting framework is divided into seven thematic concepts with sub-concepts. It acts as a response to the conclusions of (Hoffman et al., 2013; Sanchez-Gonzalez & Rodríguez-Rodríguez, 2016) who stress the importance of contextualised responses to challenges of informality (Brown, Msoka, & Dankoco, 2015) and inclusion of all urban citizens.

Finally, chapter nine, "Conclusion and Further Considerations" provides a summary of the empirical findings of this research. The first section of the chapter summarises the results and offers conclusions in terms of the research questions and the main findings. The second section acknowledges the limitations of the research undertaken in this study. This is followed by a final section considering how future work could build on this research and concluding statements.

Chapter 2 Global Ageing Landscape: Review of the literature

2.1 Introduction

This chapter aims to provide a holistic view of the ageing landscape by discussing the positioning of older people in international agendas and in the context of African policy. The first sections introduce the international policy addressing the challenges of ageing. International organisations such as the WHO, HelpAge International and the UN are at the forefront of the discourse on ageing in cities. The policies and agendas begin to acknowledge the physical, psychological and social significance of the environment on the lives of older people. This is followed by a discussion on the context of ageing in Africa. Population ageing in African policy and legislation is explored as it unfolds in contexts of acute social ills, resource constraints and widespread economic strain. The rights based approach is discussed followed by a focus on the gendered experience of ageing.

2.2 Global Ageing: A brief survey of theoretical developments

Ageing as a demographic change reflects the advances in health and overall quality of life globally, but also the profound social and economic implications extending far beyond the individual older person and the family, touching broader society and the global community in unprecedented ways (United Nations Population Fund & HelpAge International, 2012). Antonio Golini (United Nations, 2001) describes ageing as "a silent process that evolves over the long term, producing consequences that are difficult to anticipate and a new process in human societies, one for which there is no previous historical experience." There is a fiscal and economic impact of ageing such as spending and tax increases, increased borrowing, longer duration of working life, which will be absorbed in several ways, affecting both the younger adult population and older persons. As noted in a United Nations report, ageing has far-reaching consequences for every aspect of individual, community, national and international life; and every facet of humanity

will be affected: social, economic, political, cultural, psychological and spiritual (United Nations, 2002). Population ageing and urbanisation are the culmination of successful human development during the last century. This takes place in the context of processes of modernisation, democratisation, complex migration flows and patterns, emerging technologies, economic globalisation, fiscal constraints and climatic change.

The capacity for cities to reduce barriers and find solutions for the lives of older people and people as they age, has heightened the need to explore how and why urban environments can be inclusive for older people (World Health Organisation, 2007a, 2007b). Most of what global South countries will become by the year 2050 will be built during the next 40 years (Peirce, Johnson, & Peters, 2008). Under the pressure of the increase of population ageing and the large influx of people in cities in global South and global North cities, the built and social urban environment must begin to re-assess. How society and policymakers choose to do this in urban environments will determine the quality of life, well-being and availability of choice for older persons. The city as a starting point is an interlinked and complex organism in which people will grow old. Urban environments rely on effective interaction between people's homes, the possibilities of communication and travel, the availability of appropriate services and also less tangible, yet vitally important, influences such as a sense of belonging, security and the kindness of others (Help the Aged, 2007).

Ageing has received considerable attention and has become one of the most important demographic megatrends with challenges and opportunities for individuals, families, societies and policymakers alike. International organisations such as the World Health Organisation and the United Nations, academic and policy circles are increasingly singling out ageing for discussion and debate because of its pervasive nature (European Commission, 2014) which can affect the relative role of older people in society, family structures and households, employment, pensions, social care, housing and service demands. The concept of old age can be described as a socially constructed phenomenon (Gergen, 2001) and it is not simply a biological process, but something that is given particular meaning depending upon its social and historical context. This construction affects people's

perceptions of older adults and their own ageing. It then acts as a sort of shorthand for professionals and policy-makers, in everyday encounters and by older people themselves (Fredvang & Biggs, 2012). Economically, older persons are often viewed as non-productive and therefore incapable of contributing to society. Where services exist, they are often of lower quality and inadequately funded, partly because of the perceived 'burden' older people come to represent. That older persons are assumed to be economically non-productive legitimises and reinforces their marginality. The contributions that older people bring can present unprecedented opportunities for society such as the wealth of experience and wisdom, volunteering in community and neighbourhoods and significant contributors of family support. But, it also presents major challenges particularly for global South countries due to the crucial fact that this demographic shift as Bunchandranon, Howe, & Payumo (1997) warn is taking place against a background of minimal welfare provisions, no formal social security, dwindling public resources and significant gaps in infrastructure provision.

There are three major drivers of population ageing: declining fertility, increased longevity and falls in mortality (Beard, Kalache, Delgado, & Hill, 2012). In global South countries, population ageing is the result of large reductions in mortality at younger ages, particularly during childhood and childbirth, and from infectious diseases (United Nations Population Fund & HelpAge International, 2012). In global North countries, life expectancy is lengthening mainly due to decreasing mortality at younger ages which has been followed by decreases in fertility; these trends have shifted the age structure of the population from younger to older ages (Christensen, Doblhammer, Rau, & Vaupel, 2009). Yet, despite common sources, ageing processes is a concept which varies in its scope, speed and nature internationally and which manifests itself differently in different country contexts. Ageing is considered as both an individual phenomenon and a population or 'societal' phenomenon, and can therefore be described in both micro-level terms (personal, home and institution), meso-level (neighbourhood, public space) and macro-level terms (urban and rural environments, regions and landscapes) (Sanchez-Gonzalez & Rodríguez-Rodríguez, 2016).

In 2015, the United Nations Department of Economic and Social Affairs reported that there were901 million people aged 60 or over, comprising 12 per cent of the global population (United Nations Department of Economic and Social Affairs, 2015). Figure 1 shows that there are marked differences between the percentages of older people in different regions and the percentage of older persons is currently much higher in the global North regions than in global South regions. At present, Europe has the greatest percentage of its population aged 60 or over (24 per cent) although there are large differences between European Union (EU) member states, the EU population as a whole is projected to age and increase (European Commission, 2014). Rapid ageing will occur in other parts of the world as well, so that, by 2050, all major areas of the world except Africa will have nearly a quarter or more of their populations aged 60 or over (United Nations Department of Economic and Social Affairs, 2015). According to the (United Nations Department of Economic and Social Affairs, 2015), Japan is currently only one country where this proportion exceeds 30% (Figure 1). Most of the countries currently with a significant proportion of older persons have invested or began investing in supporting the contributions, experience and expertise of their growing number of older citizens. For example, in 1960s Japan, known as a hyper-ageing country, adopted a comprehensive welfare policy, introduced universal healthcare, a universal social pension and a plan for redistribution (HelpAge International, 2015). However, by the middle of the century, many countries will have a similar proportion of older people to that of Japan in 2014 (United Nations Department of Economic and Social Affairs, 2008). These include countries in Europe and North America, but also Chile, China, the Islamic Republic of Iran, the Republic of Korea, the Russian Federation, Thailand and Vietnam.

Figure 1: Proportion of population aged 60 or over
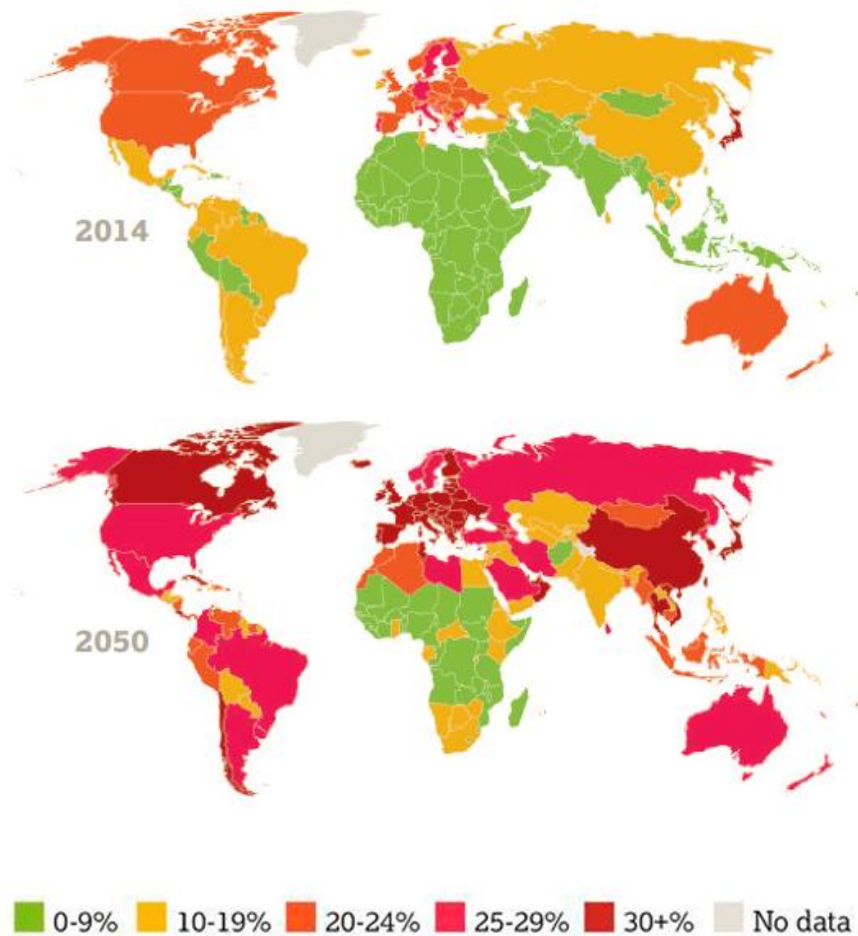
Source: (HelpAge International, 2015, p. 6)

Europe has a unique position in the world, as it is the first region in which the demographic transformation in ageing was manifested (Carpenter, 2005). Populations of European countries are projected to become more aged as the proportions of older people in their populations continue to increase. The fastest population increases have been in the "oldest old" (those aged 85 and over).

Asia and the Pacific and Latin America and the Caribbean regions are undergoing a more moderate process of ageing, although certain countries within those regions are ageing quite rapidly. The adaptation that global South countries need to go through will have to be undertaken much more quickly than was often the case in the past. For example, while France had almost 150 years to adapt to a change from 10% to 20% in the proportion of the population that was older than 60 years, places such as Brazil, China and India will have slightly more than 20 years to make

the same adaptation (HelpAge International, 2015). Compared with Europe or Northern America, Asia and Latin America and the Caribbean still have relatively young populations, with median ages, which is the age that divides the population into two equal groups (Janneh, 2012), of 28.8 and 27.3 years in 2010, respectively, values comparable to those of Europe in 1950 (Zlotnik, 2016). However, as Zlotnik (2016) explains, Asia and Latin America and the Caribbean have reached those median ages just 40 or 45 years after their populations began to age, whereas Europe attained a similar stage in the ageing process after more than 60 years had elapsed from the start of the process. Therefore, these regions are ageing faster than the population of Europe did before 1950.

The years 50 to 69 are typically thought of as 'early later life' or 'young old', the 'old-old' are those between 70 and 79 while the 'oldest old' are usually those aged 80 and over (United Nations Department of Economic and Social Affairs, 2008). Although the age criteria for these groups vary slightly within the research, there is a common theme of the diversity within the ageing population and the differences of the ageing experience. As a result of longer life expectancy, one of the fastest growing population cohorts is those aged 80 or more years. The number of persons aged 80 or over have been termed as the "oldest-old" and has been increasing more rapidly than the older population as a whole (United Nations Population Fund & HelpAge International, 2012). Globally, 1.6 per cent of the population is now aged 80 or over and the proportion is projected to rise to 4.3 per cent by 2050, reaching 402 million (United Nations Department of Economic and Social Affairs, 2015). According to the UN statistics, by 2050, the 402 million 80 year olds and older persons will live in the developing world and most of these persons will be women (United Nations Population Fund & HelpAge International, 2012). The number of centenarians in the world is projected to increase from fewer than 316,600 in 2011 to 3.2 million in 2050. The UK Office of National Statistics (2012) report notes that, in common with the rising life expectancy at younger old ages, the main driver of the rising number of centenarians is increased survival due to improvements to medical treatment, housing and living standards (ONS, 2012). In the UK there are currently three million people aged more than 80 years and this is projected to almost double by 2030 and reach eight million by 2050 (Cracknell, 2010). This trend is similar in some global South countries like

China currently with 14, 300 centenarians. In Africa this is true for a majority countries, although they account for a very small (7.1 per cent) proportion of the total population aged 60 and over they will be increasing over the next decades (Velkoff, 2001).

The growth of the oldest old population is important to public policy planners because this group is typically one of the most vulnerable and most often in need of care. The oldest old often age alone after having lost their partner, however, research shows they often seem well accustomed to it (Oswald, Jopp, Rott, & Wahl, 2011).

2.2.1 Ageing for cities in different stages of the demographic transition

Demographic dependency ratios are used as approximate indicators of the relative sizes of the non-working age (0-14 years old) and older persons (65 years or over) and working-age populations (15-64 years old). They indicate the potential effects of changes in population age structures for social and economic development, pointing out broad trends in social support needs (United Nations, 2013b). A dependency ratio aims to measure how many people there are working to support those who are too old or too young to work. It is typically calculated by dividing the number of people who are under 16 or over 65, by the number of people who are of 'working age', 16-64 (Creighton, 2014). The dependency ratio can be disaggregated into: (1) the youth dependency ratio, which is the number of children aged 0-14 per 100 persons aged 15-64, and (2) the old-age dependency ratio, which is the number of persons aged 65 or over per 100 persons aged 15-64 (United Nations, 2013a). The dependency ratio, also referred to as total dependency ratio, is the sum of the youth and old-age dependency ratios.

Figure 2: Total dependency ratio table per selected countries
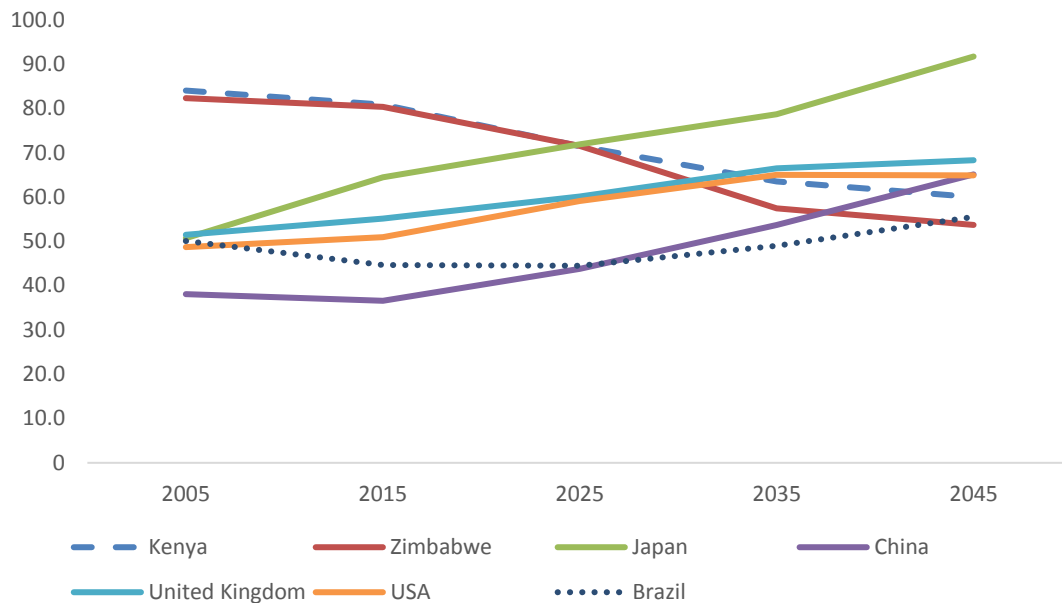
Source: Author adapted from United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision. NB: projections are using medium variants

In a demographic transition, fertility rates decline and thus, the size of the working-age population (ages 15 to 64) increases compared to the size of the younger and old-age population groups. Africa is still relatively early in its transition and its total dependency burden remains high, although it is expected to decline steadily and substantially over the next several decades (Figure 1 and 2). Asia and Latin America entered their transitions earlier than Africa and these regions already have experienced about a quarter century of declines in their dependency burdens. This trend will continue into the early part of the next century before levelling off and eventually turning up again (Bongaarts, 1998).

Figure 3: Old Age Dependency Ratio Table per region
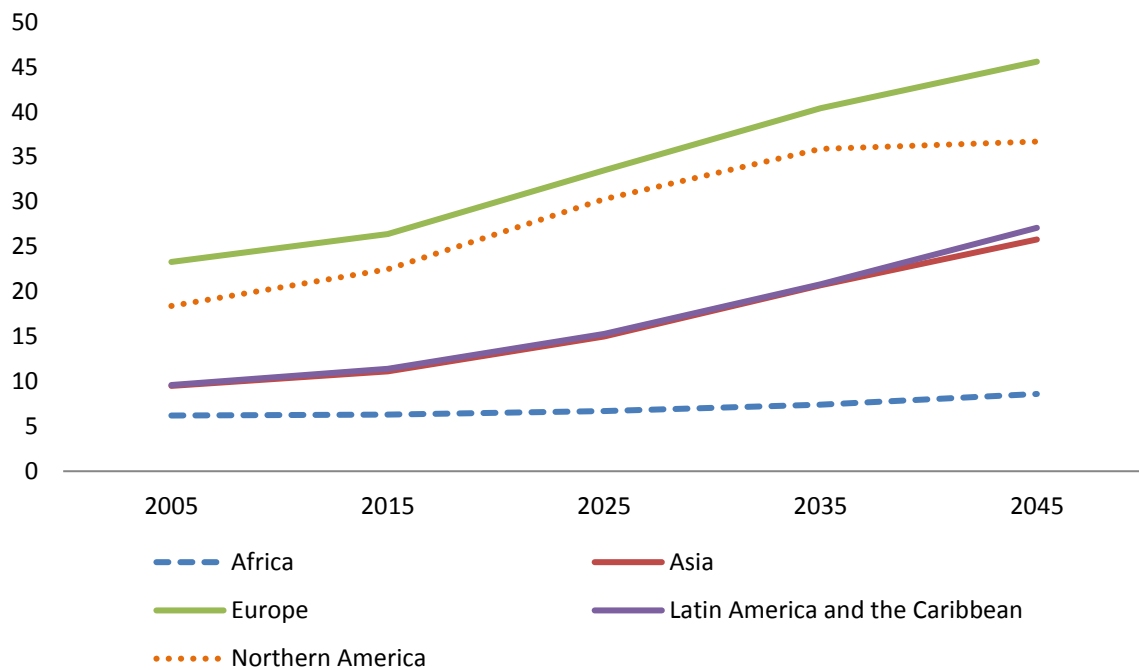
Source: Author adapted from United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision. NB: projections are using medium variants

Continued increases in longevity will ensure that the old-age dependency ratio, which measures the number of elderly people as a share of those of working age, will rise sharply in most countries over the next 40 years. Europe's dependency ratio was 26.4 in 2015. This meant there were roughly 4 working age adults per dependent. By 2045, Europe's dependency ratio is projected to reach 45.6. This means there will be just 2 working age adults per dependent. Figure 3 shows that the old age dependency ratio in Africa is currently approximately six older people (aged over 65 years) to every 100-people aged between 15 and 64 years old. The graph shows an increase only slightly, going past 10 from 2050 and reaching 22.4 in 2100. The pace of these demographic changes means that population ageing in terms of dependency will not be something African countries must contend with in the next few decades.

Aboderin (2007) suggests that old-age dependency notions can be viewed as fallacious. Older persons are implicitly or explicitly assumed to be unproductive or

marginally productive, thereby rendering input into their physical and cognitive capacity redundant (United Nations, 2013b). The assumptions made in the dependency ratios about the relationship between people, age and productive labour, raise important doubts about the likelihood that forecasts of crisis can be completely correct. Labour statistics for most African countries show that large and even majority percentages of older adults remain economically active in Zimbabwe (Zimbabwe National Statistics Agency, 2012). However, there is an opportunity for these countries to benefit from a potential demographic dividend; a large increase of economically active adults who enter the workforce as fertility declines. This means that if investments in education, health and economic opportunities for adults are expanded, this rapidly increasing number of adults have the potential to provide a catalyst for national economic growth and development (Maharaj, 2013).

2.2.2 Promoting Health for Older People

At a biological level, ageing is associated with the gradual accumulation of a wide variety of molecular and cellular damage (World Health Organisation, 2015c). With increasing age, numerous underlying physiological changes occur, and the risk of chronic disease rises. By age 60, in global North and South countries, the major burdens of disability and death arise from age related losses in hearing, seeing and moving, and non-communicable diseases, including heart disease, stroke, chronic respiratory disorders, cancer and dementia (World Health Organisation, 2015b, 2015c). But the changes that constitute and influence ageing are complex and beyond these biological losses, and therefore it is important to understand ageing phenomena as a result of structural developments within the life course, as resources (such as finances) and potentials (such as education) are accumulated over a lifetime (Lasch & Reimann, 2006). Lasch & Reimann (2006) explain in their article on ageing that these resources serve as a basis for coping with the process of ageing and this means that socio-political as well as individual strategies for coping with ageing need to be established at a much earlier point in life. The WHO introduced the life course approach to Health. The life course approach emphasises a temporal and social perspective, looking back across an individual's

or a cohort's life experiences or across generations for clues to current patterns of health and disease, whilst recognising that both past and present experiences are shaped by the wider social, economic and cultural context (World Health Organisation, 2002).

Quality of life in older people has been variously conceptualised as "successful" (Rowe & Kahn, 1997), "active" (World Health Organisation, 2002), "productive" (Kerschner & Pegues, 1998) and "positive"(Kendig & Browning, 1997) ageing. The term "active ageing" developed by (Rowe & Kahn, 1997) is a bio-medically oriented 'successful' ageing model that is an important influence on research, intervention and public policy in this framework and stresses health promotion intervention aimed at older people avoiding disease and disability, maintaining high mental and physical functioning, and remaining socially engaged (Stephens, Breheny, & Mansvelt, 2015).

The term "healthy ageing" attempts to encapsulate the health-related dimension of quality of life. There is little consensus on what this might comprise or how it might be defined or measured and few of the definitions have been well explicated (Hung, Kempen, & Vries, 2010). Peel, Bartlett & McClure (2004) showed in their review of existing studies which defined and measured healthy ageing that, due to the lack of a unequivocal definition, there is not even a clear idea about the prevalence and incidence of healthy ageing. For example, measures used in studies of healthy ageing have been criticised because they commonly use criteria that distinguish the least healthy individuals rather than those in the best of health and often they do not investigate variability across the whole spectrum (Kuh, Karunananthan, Bergman, & Cooper, 2014). Distinguishing between healthy and unhealthy individuals in research is also problematic in older age because many individuals may have one or more health conditions that are well controlled and have little influence on their ability to function.

The notion of healthy ageing may be understood as a positive shift, which responds to a deficit model of ageing based on disengagement and dependency and to problems of ageism and neglect (Stephens et al., 2015). Images of a healthy, active and fully contributing older cohort construct older people as a homogenous group, and healthy ageing discourses ignore societal and physical impacts on their

well-being. Although many older people are less disabled than stereotypes suggest, many do experience disability and chronic illness. Casting all ageing people as able to be fully active and independent can be equally damaging (Stephens et al., 2015). Furthermore, culturally-sensitive definitions of healthy ageing have not yet been fully explored (Hung et al., 2010). In assessing the health needs of an older person, researchers have suggested that it is more important to consider the functional capacity of a person (World Health Organisation, 2015c). The functional capacity of a person's biological systems (e.g. muscular strength, cardiovascular performance, respiratory capacity etc.) increases during the first years of life, reaches its peak in early childhood and naturally declines thereafter (Stein & Moritz, 1999). However, functioning is determined not just by assessing physical and mental capacities but also by the interactions the person has with the environment (World Health Organisation, 2002). The WHO frames Healthy Ageing as one that is based on life-course and functional perspectives. The most commonly quoted definition of health is that formalised by the World Health Organization (World Health Organisation, 2018)over half a century ago as "a state of complete physical, psychological and social well-being and not only the absence of disease or weakness". This term is particularly current in health policy development in Australian, European and North American literature (Peel et al., 2004) and only a handful of studies have been conducted on healthy ageing on Asia.

The healthy ageing policy is on the whole written and enacted by global North policymakers who draw upon developments in ageing policy in other global North countries such as the UK, the USA and Western Europe, which is framed within an individualistic worldview which values independence, autonomy and self-reliance (Ranzijn, 2010). These values are in sharp contrast to those of African worldviews such as ubuntu, which are characterised by interdependence, mutual reliance, reciprocity and an intricate kinship system (later explained in chapter 3). Hardly any healthy ageing studies exist in Africa (Hung et al., 2010). The assumption of "human health and well-being" can often be inapplicable in global South countries. Traditional African conceptions of health have been described as focusing on "mental, physical, spiritual, and emotional stability for oneself, family members, and the community"(Smit & Watson, 2011). The way people interact

with the physical urban environment is strongly mediated by social factors, and people's conceptions of health and well-being go beyond the biomedical into the realms of the spiritual and the emotional (Ustun & Jakob, 2005). Health is also measured by the capacity to cope with life challenges and the capacity to maintain one's health will reflect the ability to establish relationship networks (Smit & Watson, 2011). Culturally-sensitive definitions of health ageing have not yet been fully explored (Uotinen, Suutama, & Ruoppila, 2003). The debate is missing a deeper appreciation of the needs, demographics, values, life opportunities and histories of diverse cultures such as the African culture (Ranzijn, 2010). The WHO Healthy Ageing model defines Healthy Ageing as the process of developing and maintaining the functional ability that enables well-being in older age (World Health Organisation, 2015c).

Figure 4: Healthy Ageing Model
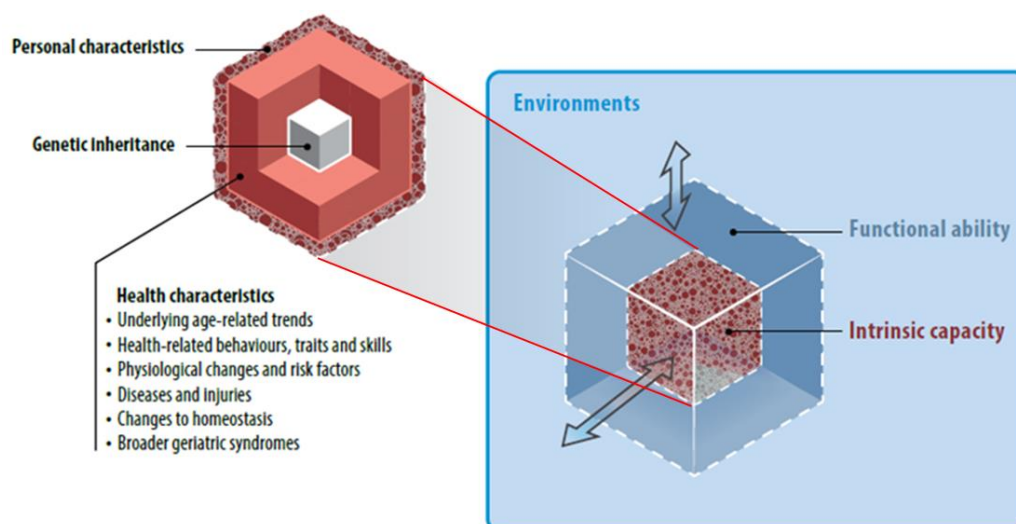
Source: (World Health Organisation, 2015c, p. 28)

The process of Healthy Ageing is outlined in Figure 4 above. This process begins with a person's genetic makeup and inheritance. The personal characteristics a person is born with include those that are fixed, such as sex and ethnicity as well as those that have some mobility such as occupation, educational attainment, gender and wealth. These interactions can be inequitable, as the share of opportunities and resources may not be based on need or right but on a person's social or economic position. The WHO model (2015c) explains that as people age,

and they are exposed to a range of positive and negative environmental influences across the life course can influence the development of health characteristics. The interactions among these health characteristics translates into the intrinsic capacity of the individual which is the composite of all the physical and mental capacities that an individual can draw on. The model emphasises the importance of the impact of environments on the individual at all levels and the factors within them such as the physical and social environment, people and their relationships, attitudes and values, health and social policies, the systems that support them, and the services that they implement. This combination of the individual and their environments, and the interaction between them is described by the WHO as the individual's functional ability. The domains of functional ability are described as the ability to: move around, build and maintain relationships, meet their own basic needs, learn, grow and make decisions and the ability to contribute (World Health Organisation, 2015c).

Hung et al. (2010) explain that whichever term is used, the concept 'healthy ageing' should differentiate those older people who experience positive outcomes in old age, not only in maintaining good physical health and functioning, but also in coping and remaining in control of later life and to age well in accordance with the values of their own cultures.

Figure 5: Maintaining functional capacity over the life course
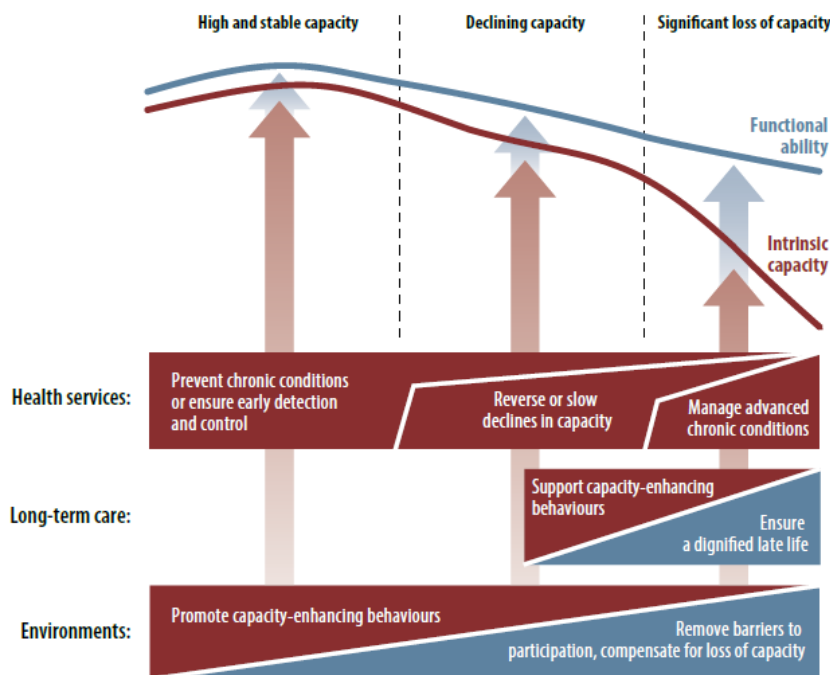
Source:(World Health Organisation, 2015c, p. 33)

Figure 5 shows how, when considering the population as a whole, functional ability and intrinsic capacity can vary across the second half of the life course. The WHO (2015b) suggest that the speed of decline can be influenced and may be reversible at any age through individual and public policy measures, such as promoting an age-friendly environment. Furthermore, the role of the environment in enabling functional ability will broaden as capacity falls, with strategies that help people overcome these decrements becoming increasingly important. For example, if physical capacity becomes limited, good street lighting may allow an older person with slight visual impairment to get home in the evening. Access to health care is a core concern of older people everywhere. Many global South countries are challenged by a double cost burden: the costs related to infectious diseases may still be high while population ageing and the rising number of non-communicable diseases are putting additional pressure on resource-strained health-care systems.

2.3 International Policy Landscape

The World Health Organisation (WHO) has been at the forefront of the discourse on the urban environment and older people, with the recent World report on ageing and health (2015) and the current development of a Global Strategy and Action Plan on Ageing and Health. These reports are fundamentally adopted from the global policy framework, the Madrid International Plan of Action on Ageing (MIPAA) in 2002. The Madrid plan represented a milestone in addressing more than just the "challenge" of building a society for all ages but also the "celebration" of human progress and social achievement. Representatives of 159 countries gathered at the Second World Assembly on Ageing to focus on numerous facets of changing age distributions that have multiple social consequences, but also helped to forge an international consensus regarding the development of priorities and ways to address the challenges and opportunities of demographic ageing (Zelenev, 2008).This was the first time that population ageing and the well-being of older persons was linked to international frameworks for social and economic development and human rights (United Nations, 2013b).

Examples include the right to equal protection before the law, the right to own property, the right to education, the right to work and the right to participate in government. Some rights may have more relevance in older age than at other times in life, e.g. the right to social security in the form of a pension, the right to a standard of living adequate for the health and well-being of the person. The Framework acknowledged that when these inherent rights are respected, people can live with dignity and equality, free from discrimination. This rights-based approach stemmed from the first draft declaration on old-age rights submitted by the Government of Argentina in 1948 as the first initiative to place ageing on the United Nations agenda. Although it was not adopted, the issue itself stayed on the UN agenda and two years later the United Nations Secretariat produced the report "welfare of the aged: old-age rights" recognising the need to call world-wide attention to the consequences of population ageing, the first World Assembly on Ageing was held in Vienna in 1982 and adopted the Vienna International Plan of Action on Ageing (United Nations, 1983). Some of the key areas of concern

mentioned in this plan include: health and nutrition; housing and environment; family; social welfare and income security and employment, as well as of research, data collection and analysis, and education and training. Urban areas were identified as an important consideration. The Vienna Plan raises awareness on the impact of the environment, particularly the housing environment on the quality of life for older people. The plan begins to acknowledge the physical, psychological and social significance of the environment. Gender concerns are a critical subset of issues in the design of the Madrid Plan, especially because the attention accorded to them in the Vienna Plan was felt to be insufficient (Zelenev, 2008).

Following the Vienna Plan, the nineties in the General Assembly began discussions of the notion of an "inclusive society", a "society for all" where "everyone, every individual, each with rights and responsibilities, has an active role to play" and this peaked public interest. The Madrid International Plan of Action on Ageing in 2002 was seen as a well thought-out basis for policy action and a "bold strategy for a new century" (Zelenev, 2008, p. 6) which served to recognise the necessity "for the creation of an inclusive society for all ages in which older persons participate fully and without discrimination and on the basis of equality" (United Nations, 2002).The Plan focused on three priority areas: older persons and development, advancing health and well-being into old age; and ensuring enabling and supportive environments (United Nations, 2002).The priority directions were conceived to guide policy formulation and implementation towards the specific goals of successful adjustment to the ageing world (Zelenev, 2008). Under the first priority direction, "Older persons and development", the issues for action are active participation in society and development; work and the ageing; rural development, the labour force, migration and urbanization; access to knowledge, education and training; intergenerational solidarity; eradication of poverty; income security, social protection and poverty prevention; and emergency situations. Under the second priority direction, "Advancing health and well-being into old age", the issues are health promotion and well-being throughout life; universal and equal access to health-care services; older persons and HIV/AIDS; training of care providers and health professionals; mental health needs of older persons; and disabilities. Under the third priority direction, "Ensuring enabling and supportive environments", the issues being targeted are housing and the living environment;

care and support for caregivers; neglect, abuse and violence; and images of ageing.

The United Nations Population Fund (UNFPA) and HelpAge International collaborated in 2012 to produce a report as a contribution to take stock of progress since the adoption of the Madrid International Plan of Action on Ageing in 2002. The report "Ageing in the Twenty-First Century: A Celebration and A Challenge" is based on an assessment of progress since the Second World Assembly on Ageing in 2002 in the three priority areas identified in Madrid: development, health and well-being, and enabling and supportive environments. The United Nations Population Funds frames the ageing phenomenon in a joint report with Help Age International in 2012 a "cause for celebration and triumph" presenting unprecedented opportunities that are endless as the contributions that a socially economically active secure and healthy ageing population can bring to society (United Nations Population Fund & HelpAge International, 2012). Some of those challenges and opportunities are universal to all countries and regions, including the need for adequate income security and health care for older persons, ensuring enabling and supportive environments, as well as the importance of ensuring and protecting the human rights of all persons as they age (Kelly, 2008).

However, ensuring enabling and supportive environments as people grow older is a significant challenge, so that older persons can age actively and participate in the political, social, economic and cultural life of society. Poor conditions earlier in life place older people at risk of serious health problems and adversely impact their quality of life. The housing environment has a clear impact on the health of occupants (Howden-Chapman et al., 1999) and good housing can promote health and well-being (United Nations, 2002). Housing that is adequate and well-designed means older households can remain independent within their own neighbourhoods for as long as possible. Developing inclusive housing and surrounding environments is therefore a major challenge for policy makers and urban practitioners. Further discussions on international policies and agendas relevant to older people in informal settlements can be found in chapter 6 of this thesis.

2.4 A Discussion of Ageing in the African context

Africa is a vast region with a population of 1.1 billion people and it is the world's second largest and second most populous continent but economically the poorest. The continent is divided into five sub-regions: Eastern Africa, Middle Africa, Northern Africa, Southern Africa and Western Africa. Historically, many African countries have been colonised but the majority gained independence beginning in the 1960s (Ferreira, 2008). The continent's diversity is evident in a plurality of cultural heritages, traditions, beliefs, religions and value systems, as well as modes of production, levels of economic development, and types of social and political structures and national and social contexts (Cohen & Menken, 2006).

Chronic poverty is entrenched in sub-Saharan Africa and is seen as an inability of individuals, households or entire communities to manage sufficient resources for a socially acceptable minimum standard of living (Hoffman, 2015). In Africa, 47 per cent of the population live in extreme poverty – on under USD1.25 per day (UNDP, 2013). The range of problems that older people in Africa are facing is constantly increasing as societies are locked up in conflicts, experience huge economic problems, natural disasters, disease and a deterioration of family relationships. This implies that population ageing in Africa is largely unfolding in contexts of acute social ills, resource constraints and widespread economic strain (Aboderin, 2010b). Therefore, demonstrating a sharp congruence between the advance of the ageing process and the social and institutional context within which it takes place. Palloni (2001) explains the two main consequences of this dislocation: first, the demands associated with rapid ageing are less likely to be met in these areas than elsewhere and, secondly, levels of well-being of older persons will be endangered in the best of cases and will decline in the worst. Urban planners and social researchers in African cities confront the almost insurmountable task of addressing these critical challenges.

Ageing in African regions is a slower process than other regions because its population is considered as "young", that is having a majority youth population.

Although its median age is currently increasing, it began to do so only in 1990 and, as a result, the median age in Africa was only 19.7 years in 2012 (Janneh, 2012), equal to Africa's median age in 1950 before a period of population rejuvenation started (Zlotnik, 2016). These numbers show that Africa has maintained a very young population over the whole 1950 – 2012 period mainly because of its high fertility and the increasing survival of children. In Figure 1 population ageing may appear less relevant to African regions. While the proportion of older people will remain low (rising to 8% by 2050, compared to 24% for Asia and Latin America), the absolute number of older people in Africa is set to rise dramatically: 46 million in 2015 to 157 million by 2050 (HelpAge International, 2015), a more rapid increase than in other world regions (Aboderin, 2007). Life expectancy at age 60 in Africa is 16 years for women and 14 years for men (United Nations Population Fund & HelpAge International, 2012),suggesting that old age is already a reality.

The limited understanding of the demographics of ageing in most global South countries stands in stark contrast to the comparatively well documented course and implications of ageing in global North countries. Several trends and factors that are features of the African regional and ageing contexts go against the well-being of older persons and opportunities for successful ageing. Their dynamics, interplay and effects are not well understood, partly because of a paucity of credible scientific evidence and the under-developed state of research on ageing (Ferreira, 2008). The priority that an individual country gives to ageing issues tends to correlate directly with its current stage of demographic ageing, rather than with projections of its population in the next 20 to 40 years (Kelly, 2008). This absence of interest for the effects of ageing in low-income regions is concerning because these areas are not only highly populated but also have the same demographic trends that characterise high-income countries (Teguo et al., 2015). The reality is that Africa is the world's poorest and least developed region in the world and the ageing of its population is starting to represent a real issue for public policy.

Economic growth in most of sub-Saharan Africa did not outstrip the increase in its population, in contrast to all other global South regions which have seen drastic improvements (Aboderin, 2005). As later life is associated with an increased probability of experiencing poverty, population ageing will, amongst other things

being equal, result in higher rates of poverty (Barrientos, Gorman, & Heslop, 2003). Factors in many low-income African countries are placing undue burden on older persons.

Few studies have systematically analysed the poverty situation among older people (relative to other groups such as children) in global South cities and studies on urban areas are even more limited (Kakwani & Subbarao, 2005). Determining if older persons are poorer than the average national level is not an easy task as older persons live in extended families. (Kakwani & Subbarao, 2005) examined household survey data from 15 countries in Africa against the respective national poverty lines. Data from this study on African countries revealed that the incidence of poverty among households in which older persons were living is higher than the average and the differences are very large and statistically significant in countries where the incidence of HIV/AIDS is very high such as Malawi, Zimbabwe and Zambia. The data also revealed that there are significant rural/urban differences and with respect to older persons, a much higher proportion of individuals are poor in rural areas compared with urban areas in every country (Kakwani & Subbarao, 2005). The relatively higher proportion of poverty in rural areas may reflect the fact that rural poverty is generally higher than urban poverty in all countries.

Mararike (1999) conducted qualitative research on survival strategies in rural Zimbabwe, the Buhera District. Twenty families were randomly chosen from each of the 10 villages to participate in the research process. Older people identified in the research were found to be mostly in distress, lacking adequate food, clothing and medical care. A growing concern within the research area was the weakening network of support from relations and the government. Orphanhood because of HIV/AIDS was another factor which created hardships for older people taking up the responsibility of caregivers. The study did identify a small group of older people living in the rural areas after retiring from formal employment. These older people were able to build decent homes, had sent most of their children to fairly good schools, and in some cases a few of them owned houses in urban centres.Concerned by population ageing and a looming pension crisis, many Governments are promoting more self-reliance in income security for older persons

and greater family responsibility for providing care. Traditionally, the "family" especially was the greatest force that gave security to its poor, its children and its older members. The most striking feature of traditional care systems in developing cities in Africa is that they are rooted in complex family systems that include reciprocal care and assistance among the generations (Hoffman et al., 2013), with older people not only on the receiving end but also fulfilling an active, giving role. Nana Apt (2002), a professor in sociology in Ghana explains that the pattern is changing and is even more prominent in the value base of African traditional society which revolved around respect for "the elder" and intergenerational sharing. Older people who are routinely excluded from credit and other development programmes find it hard to survive in an increasingly competitive and non-supportive environment (Apt, 2002). In global South countries most older people live in intergenerational households, and so their poverty and vulnerability, and the likely impact of pension benefits on these, is as much a household issue as an individual one (Lloyd-Sherlock, 2002). Romanticised notions that all older people are cared for by their families ignore the fact that increasing numbers of older people can no longer rely on traditional patterns of care and support. The erosion of traditional familial and community support structures caused by multi-dimensional modernization processes, the impact of HIV/AIDS and the absence of adequate social protection and other forms of support leaves older people increasingly disadvantaged and vulnerable. Changes in household structures arising from factors such as migration, and HIV/AIDS, have undermined informal old age support. In the absence of appropriate policy interventions, old age poverty is set to become a larger problem for developing countries in the next few decades (Barrientos et al., 2003).

Literature has shown that poverty in old age has a strong gender dimension. (Tacoli, 2012) places emphasis to the gendered element of urban poverty engaging with the informal economy which typically exacerbates women's vulnerabilities in the unremunerated activities such as caring which are usually associated with women's responsibilities. The overlapping group of single older women and the oldest age cohort of 75 years and over have, in general, a much higher poverty risk rate compared to other subgroups of older people (Zaidi, 2010). Older women, especially widows and those without children are particularly vulnerable, both

economically and socially (United Nations Population Fund & HelpAge International, 2012). Women's life expectancy is higher than that of men, so they may spend more time living in poverty than men and are less likely to re-marry. Lower education levels and the need to combine work with childcare means that women are more likely to work in the informal sector and they are often paid less than men. Older women are particularly at risk of poverty and exclusion because of the discriminatory nature of statutory and customary laws that restrict their access to land and property in most countries, and the cumulative effect of lifelong sex discrimination.

Changes in household structures arising from such factors as migration, and HIV/AIDS, have undermined informal old age support. In the absence of appropriate policy interventions, old age poverty is set to become a larger problem for developing countries in the next few decades (Barrientos et al., 2003). Social protection can provide a more appropriate framework for addressing rising poverty and vulnerability in the context of current conditions prevailing in developing countries (Lloyd-Sherlock, 2002). In most countries in Africa, social security systems are non-existent or poorly developed, and coverage extends to a privileged sector of the workforce only. Even though social security systems were established in some Latin American countries much earlier than in the United States of America, they are currently in disarray and are experiencing reforms that will drastically alter the programmes' coverage and contract their safety net components (Palloni, 2001; Zimmer & Das, 2013b). Social protection identifies the key risks affecting households in developing countries, and the policy interventions which could help households prevent, ameliorate, or cope with the materialisation of these risks and therefore social protection has a strong poverty focus (Lloyd-Sherlock, 2002). In South Africa, a universal pension benefit exists that is paid to men aged 65 and over and women aged 60 and over which has been in operation through the 1990's. The programme began as a means of providing a basic income in retirement for whites who lacked an occupational pension although Africans are now the main beneficiaries but with different conditions for entitlement and benefit levels. In Kenya, the government continues to take measures to guarantee security and safety of older persons. These include implementation of the various targeted programmes such as the National Social Security Fund which provides

finances to retirees in the formal sector and the National Hospital Insurance Fund which has been revised to include contributing members beyond 65 years (Republic of Kenya, 2014). However, most of older persons are not entitled to these security payments since they have not been engaged in the formal sector. Literature has revealed that some older African women and men living in slum communities are engaged in income-generating activities, mainly petty trading, such as selling vegetables along walkways in the community (Ezeh et al., 2006). One of the biggest challenges to the economic well-being of older people in urban informal settlements is the informality of their economic activities.

While lack of income is a root cause of poverty, Tacoli (2012) explains that its' use as the primary indicator (based on household surveys of expenditure and consumption) in the establishment of poverty lines both under-estimates and misrepresents the multiple dimensions of poverty and thus, not only are the urban poor typically under-counted, but poverty reduction policies also often fail to address the multiple dimensions of poverty and disadvantage. These definitions and conceptualisations of urban poverty have been broadened in research and there has been increasing acknowledgement that income poverty is compounded by the problems closely associated with often inadequate housing and living conditions (Rakodi, 2002). The poverty and vulnerability of older people is strongly intertwined with the situation within the communities and countries where they live. Despite this, the situation varies significantly from country to country. Moreover, urban poverty is exacerbated by inadequate protection of rights and entitlements, and limited representation and power within political systems and bureaucratic structures (Satterthwaite, 2004).

2.4.1 Policy and Legislation of African states

One year after the Second World Assembly on Ageing in 2002 generated momentum for the support of governmental action on population ageing and ratified the Madrid International Plan of Action on Ageing, the Heads of State and Government of the African Union adopted the African Union Policy Framework and Plan of Action on Ageing, in Durban, South Africa in July 2002. The African Union, with

Help Age International, drafted a policy paper to provide for older persons in Africa. The AU-plan represents the regional response to tackling the challenge of ageing populations. Developed in partnership with the African Union, African governments and Help Age International, the AU-plan commits all AU member countries to develop policies on ageing with priority areas of rights, poverty and income security, health and social welfare and the role of family and information and coordination of policy development (HelpAge International & African Union, 2002). The Plan makes 29 recommendations and 184 specific recommendations to address these issues. Most importantly, it calls for the recognition of the rights of older people and their active participation in society and development. The AU-plan highlighted older women as a group that are disproportionately affected by high levels of poverty and economic dependence, are victims of war and violence as well as experience inequities in nutrition and food distribution, education and have limited decision-making power (Maharaj, 2013).

However, reviews by UNFPA & HAI (2012) United Nations Population Fund & HelpAge International (2012). on the Policy Framework and Plan of Action on Ageing, reveal that despite regional and global efforts to put in place frameworks and support to encourage governments to take action, the current situation of older people in African countries remains a matter of great concern. Another framework includes the Research Agenda on Ageing for the 21st Century in 2003. The Research Agenda on Ageing for the 21st Century is designed to support the implementation of the Madrid International Plan of Action on Ageing 2002, adopted by the Second World Assembly on Ageing (IAG, 2003). The ten top priorities for research on ageing in Sub-Saharan Africa were identified as: Poverty effects on older people; Formal and informal social protection systems; Household level resource allocation patterns and effects on health and well-being of older persons; Changing family structures; Implications of urbanisation for older persons; Roles and contributions of older persons to family, community and society; Family and community elder care and support systems; Health status and health care service delivery; Mental health; Impact of HIV/AIDS on older persons, family and communities. Older persons as caregivers to persons infected with and affected by AIDS (IAG, 2003).

Several African countries have in recent years formulated or drafted National policy frameworks or action plans on ageing. However, only few countries have ratified or implemented comprehensive policies for older people on the ground. Seven countries have adopted national policies on ageing since 2002: Ghana, Kenya, Mozambique, South Africa, Tanzania, Tunisia and Uganda, although only Kenya, South Africa and Tanzania have evidence of allocating budgets (United Nations Population Fund & HelpAge International, 2012). Exceptions include the social pensions instituted in South Africa, Namibia, Botswana or Senegal and limited health cost exemption schemes for older people in Ghana. For the most part, therefore, and despite the potent rationales put forward, very little national policy action on ageing has ensued in Africa. The most recent agenda urging the African society to translate political statements and commitments into concrete actions is the Africa's Agenda 2063 created in 2013. A year later, the Heads of State and Government of the African Union assembled in Ethiopia to provide a unique opportunity for Africa to reach consensus on common challenges, priorities and aspirations, and to actively participate in the global debate (African Union, 2014). Despite the broad relevance of the above frameworks for ageing research in Africa, their usefulness of the above frameworks for stimulating and facilitating a joint, concerted and effective research endeavour may be limited (Ferreira, 2005).

2.4.2 Protection of Older Persons in the African Rights-Based Approach

Further advances in recognising older people's human rights include the Protocol on the Rights of Older Persons to the African Charter on Human and People's Rights in April 2012 (United Nations Population Fund & HelpAge International, 2012). In 1986, The African Charter on Human and Peoples' Rights (also known as the Banjul Charter) was introduced. This international human rights instrument intended to promote and protect human rights and basic freedoms in the African continent and which all African Union member states have ratified (ACHPR, 2016). This African Charter has only two provisions which are of specific relevance for older Africans: Article 18 states that "the aged shall also have the right to special measures of protection in keeping with their physical or moral needs" and Article 29 states that the duty of the individual is "to respect his parents at all times and to maintain

them in case of need." (Organisation of African Unity, 1986). The African Youth Charter introduced in 2006 reiterates this responsibility of the youth to "have full respect for parents and elders and assist them anytime in cases of need in the context of positive African values" (African Union 2006). Article 22 in the 1996 Protocol to the African Charter on the Rights of Women in Africa gives provision for the "protection to elderly women and to take specific measures commensurate with their physical, economic and social needs as well as their access to employment and professional training"; and that older women shall have the right to freedom from violence, including sexual abuse, discrimination based on age and the right to be treated with dignity.

Recent state reports to the African Commission however suggests that state parties to the African Charter do not sufficiently deal with the rights of older persons in their reports, despite the provisions in the Charter. The state report of Nigeria in 2014 ensures the welfare and development of older people amongst other "vulnerable Nigerians" through the National Social Welfare Policy that is yet to be implemented (Federal Republic of Nigeria, 2014). Furthermore, the report notes that "the aged shall be protected against exploitation, and against moral or material neglect" with no further details on how this is to be achieved (Federal Republic of Nigeria, 2014, p. 84). This vagueness and non-specificity on the protection of older people is continued in other reports such as the Angolan state report in 2010 which groups the protection of older peoples with persons with disabilities but fails to mention anything about older persons (Republic of Angola, 2010).The Zimbabwean state report promotes physical health through policies that are in place to ensure that older people who cannot afford to pay in public hospitals are assessed by the department of Social Welfare and assisted (Republic of Zimbabwe, 2006). There is acknowledgment that the department of Social Welfare faces significant resource constraints.

Kollapan (2008) notes that the African Commission's Guidelines for National Periodic Reports may partly be blamed for the omission to discuss the implementation of the rights of older persons as they require States to report on what has been done to "improve the condition" of women, children and disabled people as vulnerable groups" while no reference is made in the guidelines to older

persons. A significant reason for the few references to the implementation of the rights of older persons may be found in Kenya's state report which notes that there is no "major problem" with regard to the protection of older persons as "under traditional African systems children are to take care of their aged parents" (Republic of Kenya, 2014). Therefore the idea of older persons as "the subjects of rights and participants in actions affecting them" rather than merely "passive beneficiaries" (Frediani & Hansen, 2015) has not gained sufficient currency in the context of the African human rights system. The overwhelming reality is that older persons are alienated from their environment and the co-production (Purcell, 2002) of the space they live in.

There seems to be little progress made in establishing dedicated state institutions on ageing across the continent. In fact, only a selective number of African states have created specialised ministerial divisions, while even fewer have designated a national focal person specifically addressing issues on ageing (Kollapan, 2008). However, most African states view ageing to be a separate topic and tend to assign the responsibility for addressing the issue to an existing ministry that deals with broad issues regarding social welfare. There is a clear lack of focus on issues to do with physical building and environmental accessibility and transportation with only a few countries even mentioning these areas in their policies.

This dire situation may improve with the adoption of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons in Africa. This has been urged in 2016 and it is suggested that it would be a significant step by governments and provide them with a framework to help them meet their human rights obligations towards people in older age. It also provides African countries with an advocacy tool which can be used to challenge the ageist attitudes and behaviour that occur at every level of society, from the individual up to large institutions (HelpAge International, 2016).

2.4.3 Improving Health and Well-being

Health is of overwhelming importance in understanding the vulnerability of older people, especially as differentials in health status are associated with both

material resources and social supports, i.e. with other key dimensions of older people's reserve (Grundy, 2006). At a biological level, ageing is characterised by a gradual, lifelong accumulation of molecular and cellular damage that results in a progressive, generalised impairment in many body functions (World Health Organisation,2015), and this can increase the vulnerability of the older people. In global North countries, informal care (45%) and formal social care (40%) account for the majority of costs, while the proportionate contribution of direct medical costs (15%) is much lower and in global South countries direct social care costs are small, and informal care costs (i.e. unpaid care provided by the family) predominate (World Health Organisation, 2015b).

More recently there has been an increasing global momentum on ageing and health. The importance of strong health systems and universal health coverage has been widely recognised by national governments and international organisations (Galvani, Stefanoni, & Williamson, 2017). In 2002, the Madrid International Plan of Action on Ageing outlined health as a priority direction for action. The priority direction: Advancing health and well-being into old age is about recognising that good health is vital to the development of individuals and the overall health of the population, and vital for economic growth and national development. The plan also stated that there is a need to ensure access for older persons to preventative and curative care and services involving health promotion and disease prevention (United Nations, 2002). The African Union Plan of 2003 recognises that older people's capacity to earn a living and participate in community life is dependent to a large extent on their health status (HelpAge International & African Union, 2002). Health care in many African countries is provided outside of health facilities by traditional healers and in Sub-Saharan Africa, traditional healers outnumber allopathic medical practitioners by more than 50 to 1 (Cohen & Menken, 2006). While providing for older people became a central focus of primary health care in the North, its application in the developing world was almost exclusively concerned with mothers and young children (Lloyd-Sherlock, 2005). The HelpAge International recently produced a report (Galvani et al., 2017) based on a healthcare-focused programme in four African countries: Ethiopia, Mozambique, Tanzania and Zimbabwe. The report found that the number of health facilities is inadequate in all the four countries, each of which also faces a critical health

worker shortage. It states that, "a direct consequence of the small number of health facilities is their poor accessibility, with people walking an average of 30-45 minutes to reach the nearest one" (Galvani et al., 2017, p. 4). This situation is exacerbated by reduced availability of transport and, for many older people, limited mobility.

Literature also highlights the gender aspect of health and ageing as older women are usually caregivers of households, particularly in the context of HIV/AIDS, taking care of children and orphaned grandchildren (Aboderin, 2010b). Women are affected by conditions such as post-menopausal reproductive health problems, and often reproductive health issues that have negative impacts on them later in life (Maharaj, 2013). It is therefore important that gender should be integrated in all international and national policies and programmes related to older persons.

In Kenya, the Ministry of Health have no targeted services for older persons. The curative and the primary health services offered by the Ministry are only provided within the broader context of the society (Republic of Kenya, 2014) although they do state that various measures will be taken to improve financial access to health services for the financially vulnerable and the very poor and this includes the older persons. Subsidised health care for citizens is also provided in Nigeria, except there is currently no specific focus on older persons (Federal Republic of Nigeria, 2014). Some mental health disorders, notably dementia, are closely associated with later life. Dementia is a syndrome, usually of a chronic or progressive nature, caused by a variety of brain illnesses that affect memory, thinking, behaviour and ability to perform everyday activities (Tanna, 2013).The World Health Organisation calculates that the number of people living with dementia worldwide in 2015 was estimated at 47.47 million, reaching 75.63 million in 2030 and 135.46 million in 2050 (World Health Organisation, 2015a). The Northern part of Africa is expected to experience a particularly rapid increase while projected increases for sub-Saharan Africa are modest and are considered consistent with limited demographic ageing in view of persistently high child mortality and the effects of the HIV epidemic (Tanna, 2013).

Civil Society Organisations play a significant role in the provision of health care for older persons. The Civil Society Organisations which include non-governmental,

Faith-based and philanthropic organisations provide support health care and related services targeted to older persons in most African countries where state provision is inadequate. Examples of types of health care support include screening and treatment of eye care, diabetes, tuberculosis, hyper-tension, epilepsy, feeding programmes to individuals, day care centres and homes for older persons, recreational activities and adult functional literacy classes. These organisations also provide targeted support to older persons in refugee camps and in disaster situations (Republic of Kenya, 2014). The family as described in literature above is still the most important caring institution for older persons and the extended family support system to older persons is still operational in most communities, despite the changing structures, living patterns, social values and economic pressures (Apt, 2002). Impaired health in older age in sub-Saharan Africa thus affects not only older individuals, but families, communities, and prospects for development more broadly. The extent to which older African people can execute their social and economic functions effectively depends heavily on their physical and mental capacity (Aboderin & Beard, 2014). Conversely, if their health deteriorates to a point at which they themselves need care, the responsibility is likely to fall on female younger kin, whose own health, and employment and education opportunities, can be affected. Economic barriers for older people to access health care include: the inability to pay user fees, the inability to pay for transport, the fact that many are physically unable to reach a health service due to inability to purchase devices and the lack of ID cards (Maharaj, 2013). Lack of transport fare and the absence of health personnel at the health facilities were often cited in literature as major hindrances to seeking health care in hospitals (Ezeh et al., 2006). This may explain why older people living alone are less likely to seek care even though they are sick.

Kyobutungi, Egondi, & Ezeh (2010) collected data from 2,696 older people in two slum communities in Kenya. Data was collected in the framework of a larger study on the linkages between urbanisation, migration, poverty and health over the life course. The data revealed the factors associated with poor self-reported health status. Individuals with no formal education were more likely to report poor health compared to those with more than 6 years of education. Individuals who were never married were almost twice as likely to report poor health status compared

to those who were in partnership while widowed individuals were 1.6 times more likely. This indicates that health, old age and poverty are inextricably linked. Literature has shown that there is a general fear that the ageing population will create an unmanageable increase in demand on health care services and social security costs (Maharaj, 2013). However, there is evidence in demand to suggest that cooperation from multiple sectors, advance planning, innovation, and making evidence-based, context appropriate policy choices will enable countries to successfully manage the basic health needs of the ageing population (World Health Organisation, 2008).

2.5 The Gender Dimension of Ageing

Men and women experience old age differently. Help Age International and United Nations Population Fund (2012) have put an emphasis to a more balanced perspective that recognises gender as a potential focus of vulnerability for various aspects of well-being to address both male and female disadvantages. Due to the differential life expectancy of women and men, there are simply more older women in the world than older men; especially among the "oldest old" (Zahidi, 2010). Women live longer than men worldwide by nearly 4.5 years and therefore makeup the majority of older people in the world (Zahidi, 2010) and this gender bias is not specific to global South countries (Shetty, 2012b). The proportion of women rises further with age. For every 100 women aged 80 or over worldwide, there are only 61 men. The so-called "feminisation of ageing", particularly the relatively large proportion of the "oldest old" are women, has important implications for policy (United Nations Population Fund & HelpAge International, 2012). Women and men differ on several issues that are relevant for ageing policies globally. A gender-perspective in gerontology would entail a research approach taking both the differences as well as the shared traits of men and of women into account (Lasch & Reimann, 2006).

International attention has been given to older women at various conferences over the last few decades including the World Conference on Women in Nairobi (1985) and Beijing (1995) as well as the 1994 International Conference on Population and Development (ICPD) held in Cairo. The agendas in Nairobi, Beijing and Cairo

highlighted older women as a particularly vulnerable group. The Agenda for the World Conference on Women called for older women as an area of special concern. The agenda recommended in a short paragraph for the care of older women to include their total well-being and further efforts should be made for health care and suitable housing (United Nations, 1985). There was however no mention of the contribution that older women made in the family and within the wider society. The Programme of Action for the ICPD (United Nations, 1994) began this discussion on contribution by mentioning the valuable contribution that older people make to families and society, especially as volunteers and caregivers. The World Conference on Women in Beijing (1995) interestingly enough did not have a section dedicated to older women unlike the girl child (United Nations, 1995). The vulnerabilities of older African women began to be defined in the African Union Policy Framework and Plan of Action on Ageing (2002). Recommendations are made in this AU plan to develop and review national gender policies and programmes to include the specific concerns of older women and men (HelpAge International & African Union, 2002).

Ana Falu (2002) states that "life in cities, both, for men and women, is related to their experiences in the territories in which they live and act." She emphasises in her research that women use the city in a different way from men. Men and women age differently, both physically and physiologically as well as emotionally and socially. There is a further claim (Fainstein & Servon, 2005) that the subject of gender differences has been historically invisible from the design and planning of the urban environment (Chant, 2012). This is despite the wave of feminist thinking in the 1970s that caused a spate of research on women and the urban environment, but the integration of that body of work was still far in the future. Beneficial changes for women have accompanied modernisation in many of the developing countries and much progress has been made of the status of women with a significant increase of women in positions of political decision making and a growing of women's rights practices (Falu, 2002). There is a higher prevalence of women-headed households in urban areas than in rural areas in several countries. Research in Honduras shows that the most critical stage for these households is their formation, when decisions need to be made by women on whether such organisation is likely to be viable (Tacoli, 2012). Several aspects of housing, such

as tenure, quality, location, accessibility, and service provision, can have major impacts on gender divisions of labour, resources, power, and rights (Chant, 2012). These inequalities disproportionately affect women and are often at their most marked in the context of urban slums in developing countries. Tacoli (2012) explains that women who are rarely consulted within the context of households and their needs are often ignored in the design of human settlements, the location of housing, and the provision of urban services.

Yet gender and development debates have tended to neglect the life course impact of gender discrimination on both men and women. The emphasis has instead been on the rights and development of girl children, and the needs and rights of younger "productive" and "reproductive" women (HelpAge International, 2002). Poor women face very different constraints from those faced by higher-income women, who are likely to have greater access to education and incomes that enable them to hire domestic workers (Tacoli & Satterthwaite, 2013). Women's lives reflect a striving after many different elements of well-being, including health, education, mobility, political participation, and others. But, the situation of the older woman appears to be particularly precarious (United Nations Population Fund & HelpAge International, 2012).

Figure 6: Percentage of female older persons among 60+ and 80+ for world population in 2015
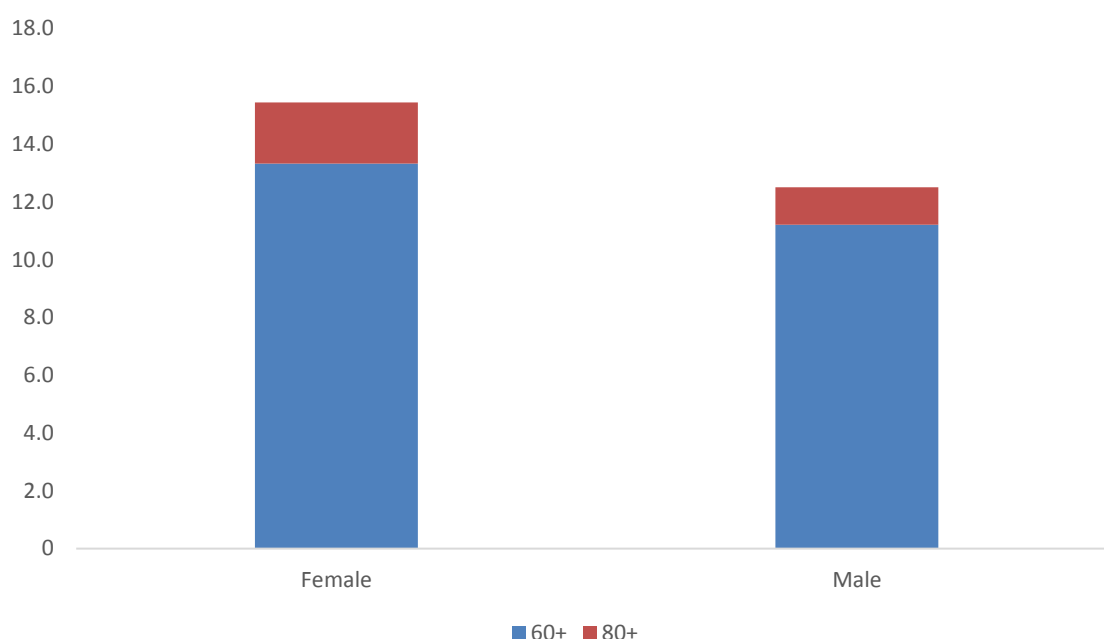
Source: Author adapted from United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision. NB: projections are using medium variants

Given that disability rates rise with age, this means that there are substantially more older women than older men living with disabilities. The global burden of disease report by World Health Organisation (2008) suggests that the prevalence of disability increases with age, but that more than 46% of people aged 60 years have some type of impairment. What is more, the prevalence of disability among older people in global South countries is higher than among those in global North countries, and, in turn, higher among women than men (World Health Organisation, 2008). This means that even if women on average live more years than men, many of these years may be spent living with disability or illness. Privileged women may remain free of health concerns that often accompany ageing until well into their 70s and 80s. Others who endure a lifetime of poverty, malnutrition and heavy labour may be chronologically young but "functionally" old at age 40 (World Health Organisation, 2007c).

Women make up not only most of the old, but also the majority of the poor old because they generally have less opportunity to earn a living during their lifetimes, tend to be less economically active in their older years than men, do not have access to formal social security systems and tend to have lower social status and economic rights when they are widowed (Zahidi, 2010). Older people, especially older and widowed women, are among the poorest as defined by poor people themselves (Barrientos et al., 2003). The percentage of women reported as widowed rises considerably with age in England. Almost two-thirds of women aged 80 and above are widowed (63%) compared with almost a third of men aged 80 and above (32%) (Banks, Nazroo, & Steptoe, 2014). The World Bank funded Participatory Poverty Assessment in Ghana, for example, found that "the combination for women of age, widowhood and lack of adult children was frequently associated with chronic vulnerability" (DFID, UNICEF, & World Bank, 2011).

Another dimension of the gender perspective on ageing to be reckoned with is changes in the living arrangements of older persons: worldwide 19 per cent of older women live alone, compared with 8 per cent of older men. Generally older persons living either alone or in "skipped-generation" households tend to be an especially disadvantaged group in the less developed regions; and older women are most likely to be found in such situations (United Nations, 2005). Not only in the developing world are women affected; for example, in the United States, at the threshold of the twenty-first century, 25 per cent of divorced, separated or never-married women over age 65 lived in poverty (Zelenev, 2008).

The relationship between women, aging and poverty in the African context is of significance. Lack of education, lack of technological and financial support for women's entrepreneurship, unequal access to and control over capital, in particular, land and credit and access to labour markets, as well as certain limiting cultural values, have restricted women's economic empowerment and exacerbated their poverty in old age (Apt, 2011). In many global South countries, women's access to land is often through husbands and therefore bereaved, divorced, or deserted women may lose land to their conjugal kin, or, as widows, be forced into various demeaning and/or self-sacrificial strategies to retain rights to property

(UN-HABITAT, 2007). Research shows that the bulk of care received by older persons is "informal", provided in the older person's own home. This is due to the fact that formal care for most Sub-Saharan African countries is negligible (Hoffman et al., 2013). Informal care is provided mostly by female members of the immediate or extended family or alternatively by hired, informal unqualified help. Literature suggest that older women, who may be more vulnerable economically and socially are often more likely to shoulder the burden of caring for orphaned grandchildren or relatives (Ntozi and Zirimenya, 1999 in Ezeh et al., 2006). In rural Zimbabwe, grandmothers were observed to become more actively involved in the general management of the family's affairs. Mararike (1999) reports that "their power and authority was more pronounced than before, perhaps realising that they were then established within the family, having given birth to children and taking care of grandchildren" (p.100).

Figure 7: Older women in Africa (in thousands) in 2015, 2035, 2050
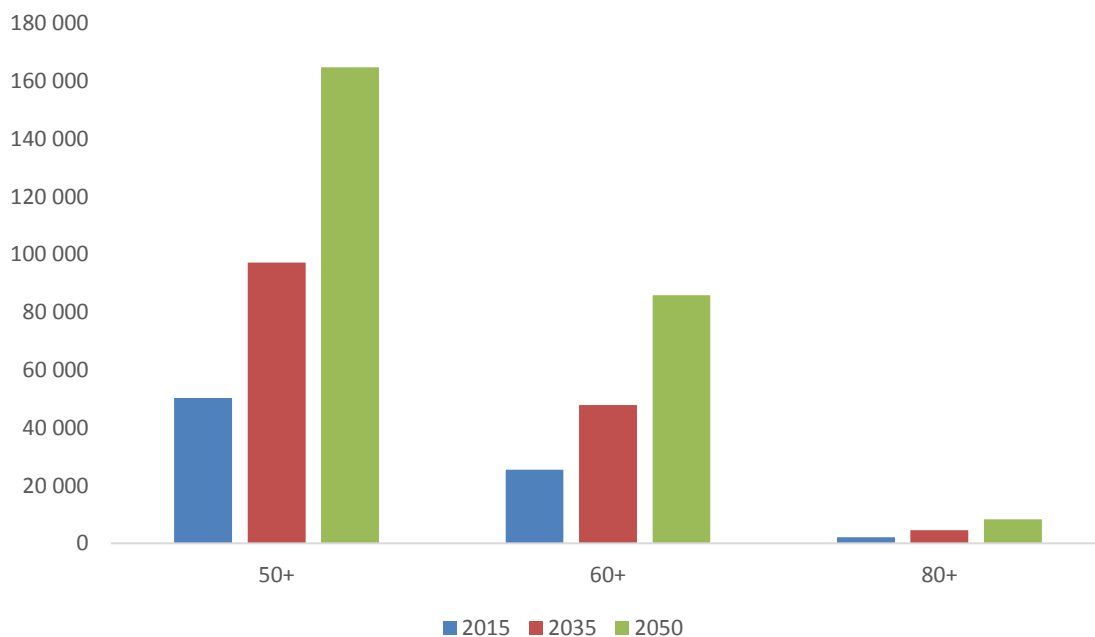
Source: Author adapted from United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision. NB: projections are using medium variants

Other factors such as high maternal mortality, discrimination against women in nutrition, access to healthcare, killing or neglect of female infants means that in

certain poor countries in African countries, women's life expectancy is about the same as, or even lower than, men's (Zahidi, 2010). Over the next few decades, as these conditions improve, women's life expectancy in the developing world is expected to increase faster than men's.

2.6 Conclusion

Building on the previous conceptual chapter, this chapter has reviewed the discourse on global ageing produced by international organisations, academic and policy circles. The chapter has discussed the shift towards healthy ageing which begins to consider the societal and physical impacts on well-being of older persons. The positioning of older persons in international policy agenda is making a gradual move away from the deficit model of ageing based on disengagement and dependency and to problems of ageism and neglect and towards the construction of older people as a diverse heterogenous group. However, the discussions in this chapter reveal that African policy and legislation regarding the well-being of older people has yet to fully recognise the needs of older persons and how to address them. Population ageing in Africa is unfolding in contexts of societal conflicts, spatial inequality, resource constraints and a deterioration of family relationships. Many African governments are relying on the traditional care systems that are rooted in complex family systems that include reciprocal care and assistance among the generations. The loss of traditional support structures and the absence of adequate social protection and other forms of support leaves older people increasingly disadvantaged and vulnerable. Within global South contexts it is therefore essentially about the ability of family networks to sustain intergenerational support in the face of increasing urban poverty and changing family structures and dynamics.

The latter part of this chapter has sought to identify that several aspects of housing and the urban space, such as tenure, quality, location, accessibility, and service provision, can have major impacts on gender divisions of labour, resources, power, and rights. These socio-spatial inequalities disproportionately affect women and are often at their most marked in the context of urban slums in global

South countries. The following chapter conceptualises the approach to urban ageing in global South macro spaces (the city) and micro spaces (the home).

Chapter 3 Moving from the Margins: Conceptualising Ageing in Urban Spaces

3.1 Introduction

This chapter builds on the theoretical framework of this thesis by discussing the role urban areas play in influencing older people and the theoretical concepts that have emerged because of this. The first part of the chapter addresses the urban challenge of informality associated with increasing urbanisation in global South cities. This is followed by an exploration of concepts such as ageing in place and ecological perspectives such as the "press-competence" (PC) model suggested by North American researchers Lawton and Nahemow (Lawton & Nahemow, 1973). The inclusive design of cities and the WHO Age-Friendly Cities (AFC) model (2007) is discussed as a driving framework. The WHO Healthy Ageing (2015a) model takes the needs of older people further and emphasises the significant role of health and well-being. The chapter ends with the presentation of a preliminary thematic concept developed from the literature and WHO framework.

3.2 Urban Ageing in the Global South

Urban areas are now home to more than half the world's population and face complex and systemic problems (UN-Habitat, 2013b). Population growth is increasing at an unprecedented rate, especially in urban centres and the older population is becoming more concentrated in these areas. New York and Tokyo were the only megacities in 1950, but by 2014 their number had increased to 28, with metropolitan areas such as Tokyo, Delhi, Shanghai, Mexico City or Sao Paulo having populations in excess of 20 million inhabitants each (OECD, 2015). Many global North countries are already highly urbanised and have stable or declining populations. Population growth in North American cities was the least slow of all those in the developed world between 2005 and 2010, particularly in the United States (one per cent on average) (UN-Habitat, 2013b). The population of global South countries is projected to rise from 5.9 billion in 2013 to 8.2 billion in 2050

(United Nations Population Fund, 2014). In 2030, approximately 2.6 billion people will live in cities and towns across Asia and the Pacific and in Latin America and the Caribbean (United Nations, 2011). Countries in Asia are particularly urbanised, with roughly 20 per cent of the population living in urban areas and around 70 per cent of the population living in metropolitan areas (OECD, 2015). The overall trend in Asia is dominated by China and India, which together account for 2.5 billion people. This is similar in Latin America where urbanisation levels are at around 80 per cent. Several countries such as Argentina, Uruguay and Venezuela currently report urbanisation levels above 90 per cent (United Nations Department of Economic and Social Affairs, 2015) and therefore because of the already high levels of urbanisation, only moderate changes to urbanisation levels are expected for the near future. The proportion of the older adult population residing in cities in global South countries matches that of younger age groups at about 80%, and will rise at the same pace (World Health Organisation, 2007a). In developing countries, however, the share of older people in urban communities will multiply 16 times from about 56 million in 1998 to over 908 million in 2050.

Hancock & Duhl (1988) in Rydin et al., (2012) describe cities as "the example par excellence of complex systems: emergent, far from equilibrium, requiring enormous energies to maintain themselves, displaying patterns of inequality and saturated flow systems that use capacity in what appear to be barely sustainable but paradoxically resilient networks". Increasing the prospects of prosperity and individual and collective well-being is now commonly seen as the responsibility of cities (UN-Habitat, 2013b). However, when prosperity is absent or confined to some groups, the city becomes the arena where the right for a shared prosperity is fought for. The diversity of African places negates a generalisation of the African city, but Pieterse & Parnell (2014) suggest that there are at least some common themes regarding drivers of change on the continent that relate to the time frame and form of the urban revolution in Africa. At the point of colonial independence, most African countries were predominantly rural and most urban centres that did exist were either small colonial towns or traditional villages. Today, Africa is no longer a continent of villages and towns; it encompasses the full spectrum of scale in urban settlement.

While large cities in the global South present specific management challenges precisely because of their scale, the concentration of poverty and the paucity of municipal capacity, it is projected that by 2015, 54 per cent of the urban population will live in settlements with fewer than 0.5 million people (UN-Habitat, 2014). The urban challenges in Africa are undoubtedly more serious than in any part of the world. Most recently, the summary of the Habitat III regional report on Africa authored by Edward Paice (2016) asserted that "at present, rapid urbanisation in Africa is taking place amidst high unemployment and under-employment, insecure and unhealthy jobs, poverty and rising inequality: it is therefore "delinked" from economic growth and industrialisation, contrary to the experience of other world regions."

Not only will rates of urban growth over the next several decades outstrip other regions of the global South, but Africa is the only continent where urban population and economic growth have not been mutually reinforcing, leading to a situation where an impoverished urban populace survives largely under conditions of informality (Duminy, Andreasen, Lerise, & Watson, 2014; Paice, 2016). Perhaps the greatest challenge to urban areas in Africa is the inequality that characterises the "urban divide", with urban dwellers highly segregated by class and ethnicity. There is a greater appreciation across Africa that urban growth and urbanisation can no longer be ignored (Paice, 2016). Typically, African cities are economically controlled by small political or economic elites, while the vast majority of dwellers barely meet their basic needs. Spatially, the urban divide in Africa is reflected in the high slum and informal settlement incidence (UN-Habitat, 2014). For example, the demographic profiles of the different racial groups in South Africa are markedly different. The massive social and economic inequalities that the apartheid system served to maintain are mirrored in enormous inequalities in health status among the different racial groups in South Africa (Cohen & Menken, 2006). In 1997, life expectancy at birth was 77 years for white women, compared with 55 years for African women (Kinsella & Ferreira, 1997). Older Africans are the most likely of all racial groups to live in rural areas and the least likely to live in urban areas. Conversely, an overwhelming majority of older white men and women (80%) reside in urban areas (Mba, 2005). In large part, this differential likely reflects racial differences in socio-economic status, with Africans, the most

disadvantaged of the racial groups, likely less able to afford the high cost of living in towns and cities. Ethnic diversity can be experienced as dissimilarity, as not belonging, as the opposite of place attachment, when residents perceive it to stand in the way of forming social ties to neighbours (Yen, Shim, Martinez, & Barker, 2012).

Mbiba (2017) emphasises that dispute arises due to confusion of the terms "urban growth" and "urbanisation". Urban growth is the increase in urban population that occurs as a result of any or a combination of rural–urban migration, natural increase, boundary changes or reclassification of rural villages or territories into urban areas (Mbiba, 2017). The process of urbanisation, or "urban transition", describes a shift in a population from one that is dispersed across small rural settlements in which agriculture is the dominant economic activity towards one where the population is concentrated in larger, dense urban settlements characterised by industrial and service activities (Montgomery et al., 2004). This process involves major shifts in the ways people work and live such as the pattern of balanced exchange between generations (Tacoli, 2012). In highly urbanised nations such as most of those in Latin America, movement is predominantly between urban centres. In contrast, much migration in countries with low levels of urbanisation and where agriculture remains the main economic activity, for example in Africa, is between rural settlements. The 2016 African Economic Outlook report describes episodes of de-urbanisation or slow urbanisation in certain African countries including Zimbabwe, were often related to economic crises caused by the shortfall of commodity exports and the ensuing structural adjustment that cut subsidies to urban populations (African Development Bank, Organisation for Economic Co-operation and Development, & United Nations Development Programme, 2016).

Pieterse & Parnell (2014) explain that African cities have a distinct feature because they are integrally connected to rural areas through the practice of circular migration, a strategy for maintaining multiple bases so as to optimise livelihoods and mitigate the risks of settling permanently in economically, environmentally, socially or politically precarious African towns (Potts, 2012 in Pieterse & Parnell, 2014). Migration in African cities has never been either solely

domestic or a one-way rural–urban flow and many migrants actively maintain links with rural kin, especially when they can make claims on rural land; many families pursue multi-local livelihoods (Rakodi, 2014). Despite the increasingly urban nature of today's older person's populations, rural areas remain disproportionately home to older people than urban areas in most developing (and developed) countries. This differential is a result of the migration of young adults to urban areas and, in some cases, of the return migration of older adults from urban areas back to rural homes (Martin & Kinsella, 1994). Should older persons follow their children to the cities, United Nations studies (1975) indicate that they live in slums and uncontrolled settlements (Apt, 2001).

The intensity and depth of ageing varies considerably among countries and regions, for example, in Africa, Asia, and Latin America, there is a strong sense of obligation, sometimes legal, towards parents and older people are looked after in intergenerational, extended family households (Shetty, 2012a). Increasing urbanisation means that people who live several hundred miles away from their parents simply cannot provide care, and increased migration means that the younger generation may not even live in the same country as their parents, leaving their children in the care of their grandparents. Only a quarter of older persons live independently in global South countries, compared to three quarters in global North countries. Older persons in cities such as Mumbai or Shanghai may expect to live with extended family, whereas residents of European cities may relocate to retirement communities away from their families. In China, from a cultural position, the concept of a retirement home is not merely unattractive, but profoundly disagreeable (Bunchandranon et al., 1997). There is significant evidence that indicates an increase in the number of households occupied by a single older person or an older couple. The Global Population Report on Ageing (United Nations,2013, p.3) states that globally, 40 per cent of older persons aged 60 years or over live independently, that is to say, alone or with their spouse only (Kakwani & Subbarao, 2005). Independent living is far more common in the developed countries, where about three quarters of older persons live independently; although this trend is starting to become visible in developing countries (United Nations Population Fund & HelpAge International, 2012).

Poverty often manifests itself in inequality in access to adequate housing. Much analysis from researchers takes the household as the primary organisational unit of urban society (Rakodi, 2014). Urban living means that the old and the young are no longer found inhabiting the same dwelling and increasingly result in the formation of nuclear families and therefore, traditional family support systems for older people may decrease as younger family members living in urban areas may provide money but unlikely to be physically present to provide health care for vulnerable older family members (Apt, 2011). Tacoli (2012) explains that the reality of housing in African countries is that the composition of households is frequently more fluid, and members may reside in different locations for varying periods of time through seasonal or temporary migration (the latter often involving periods of several years) although in terms of commitments and obligations (including financial support) they can still be considered members of their household of origin. Martin and Kinsella (1994) note that family structure can also serve as a determinant of migration for older people to urban areas due to "moving for support" or moving to support grandchildren. Rural-to-urban migration may also arise when older women migrate to cities to join their children after the deaths of their husbands (Martin & Kinsella, 1994).

Despite the many advantages that urban areas provide, the poorest residents often live in exceptionally unhealthy and dangerous conditions. In global South countries, it is estimated that 900 million urban residents live in settlements referred to as 'slums' (United Nations Department of Economic and Social Affairs, 2008). The pace of this change means that developing countries will have much briefer periods to adjust and establish the infrastructure and policies necessary to meet the needs of their rapidly shifting demographics. It also means that unlike developed countries, they will need to cope with getting old before they get rich (United Nations Population Fund & HelpAge International, 2012).

3.2.1 Urban Informality and Older People

This thesis places informal housing and communities at the centre of analysis. The body of literature on the impact of the environment on older people emanates largely from debates in the global North. Yet, despite the authors employing terms

such as "housing" and "neighbourhood", there is emphasis on formal communities. This overlooks the significance of the housing realities of millions of older people who live in informal conditions where housing and neighbourhood are designed and developed informally rather than by the state. The informal elements of urban space have received less attention in the literature when concerned with age-friendly design. The trajectories of urban poverty in Zimbabwe have been associated with the development of increasingly informalised urban employment and "illegal" low-income housing solutions across the urban hierarchy. Urban Zimbabweans were progressively forced into informal settlement usually defined as one that is unplanned by the government, municipal or town authority (Potts, 2006). The focus on informal spaces allows for an exploration into the reality of how older people live within this uncertain context. Redevelopment is occurring slowly, and waiting lists for housing are long and highly politicised. Delays signify families living for 20+ years in informal housing. Upgraded communities continue to display elements of informality despite formalisation.

Informal settlements is therefore used as the focus of exploration in this research. Over the past decade, a continued stream of scholarship related to the informal economy in the context of sub-Saharan Africa has gained attention (Kamete, 2007, 2017; Potts, 2008; Rogerson, 2016). Informal settlements are becoming an ever more salient context within which Africans grow older and spend all or part of their later lives. According to the (UN-Habitat, 2009), informal settlements are described as residential areas where 1) inhabitants have no security of tenure vis-à-vis the land or dwellings they inhabit, with modalities ranging from squatting to informal rental housing, 2) the neighbourhoods usually lack, or are cut off from, basic services and city infrastructure and 3) the housing may not comply with current planning and building regulations, and is often situated in geographically and environmentally hazardous areas. This definition was recently used as the foundation for discourse generated at the Habitat III conference on resilient and inclusive cities[1]. It is therefore universally relevant in describing settlements globally. The diversity of African places negates a generalisation of the African city; however, it is argued[2] that many of the problems are the same in different

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[1] Author attended the Habitat III conference in Ecuador 2016 organised by UN-Habitat
[2] Discussion on Informal Settlements at the Habitat III conference organised by UN-Habitat

African countries. Piertese & Parnell (2014) suggest that there are at least some common themes regarding drivers of change on the continent that relate to the time frame and form of the urban revolution in Africa. In reference to slum dwellers, UN Member States have agreed to define a slum household as a group of individuals living under the same roof lacking one or more of the following five conditions:

1) Access to improved water
2) Access to improved sanitation facilities
3) Sufficient living area – not overcrowded
4) Structural quality/durability of dwellings
5) Security of tenure.

(UN-Habitat, 2015, p. 2)

These "Five Deprivations" affect the lives of slum dwellers in informal and often formal settlements and, since their agreement, have enabled the measuring and tracking of slum demographics.. Spatially, the urban divide in Africa is reflected in the high slum and informal settlement incidence (UN-Habitat, 2014). The deprivations listed above can be found in informal settlements, urban spaces which are often viewed as landscapes of urban deprivation due to associations with poverty, irregularity and marginalisation. It is estimated that 56 per cent of urban households have access to improved sanitation in African cities (UN-Habitat, 2014). However, community settlement profiles of 72 informal settlements in Harare demonstrate that only 11 per cent have such access (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014). These examples of informal places in African cities are described as "a manifestation of poor housing standards, lack of basic services and denial of human rights, but also a symptom of dysfunctional urban societies where inequalities are not only tolerated, but allowed to fester" (UN-Habitat, 2006, p. 5). However, ideological constructions of informal settlements may lack an understanding of the more prosaic or micro-level processes (Lombard, 2014) involved in making these places.

It is important to note that formal settlements often display slum conditions. For example, residents in formal neighbourhoods often lack access to safe, clean and

portable water and this has periodically led to outbreaks of waterborne communicable diseases such as typhoid and cholera (Mugadzaweta, 2017). This implies that older people living in informality may experience similar challenges to those in formal residential areas. Nevertheless, this research limits the scope of study to settlements termed as informal in the city of Harare positioning itself within the growing discourse on informality in global South cities. Future research comparing the lives of older people in informal and formal neighbourhoods is warranted.

3.3 Theoretical Approaches to Developing Urban Environments for Older People

3.3.1 Person and Environment Relationship

Peace et al (2007) has recognised that research concerning ageing and the environment must address a 'layered environment' which engages not just with housing but the residential area around the dwelling, the natural environment, the availability of transport, the presence of services, characteristics of the resident population and aspects of security and safety within an area. These are all key factors that may affect an individual's well-being (Peace et al., 2007). Literature on the relationship between the physical urban environment and health suggests many important linkages, and possible interventions that can improve health and well-being. Older persons are often particularly vulnerable to the influence of urban characteristics. They may spend more time in their neighbourhoods; have increased biological, psychological, and cognitive vulnerability; have changing patterns of spatial use; and rely more on community sources of integration (Buffel et al., 2012).

Urban researchers, (Smit & Watson, 2011) challenged the implicit assumption about what an "urban environment" is. For example, the concept of "urban space" often assumes that there are clear separations between urban and rural, residential and commercial, and public and private (Watson & Agbola, 2013). However, urbanism in some global South countries is characterised by informality

and complexity and the lack of neat separations. Much like the favelas in Rio de Janeiro, there are no clearly defined streets or separations between public and private space and residential dwellings are often also the site of home-based enterprises (Peirce et al., 2008). These complexities make it difficult to transfer concepts and ideas from the western conception of the western modern city. Despite the different social and spatial outcomes in the global North and South, urban areas confront common issues such as increased socio-spatial inequality, rapid urbanisation, complex migration flows and patterns and the unresolved tensions in understanding space and place.

The need to better understand the experiences of older people is in part driven and supported by research that suggests that environment matters. The concept of the 'environment' is often seen as complex and in relation to human ageing, it may be considered as having physical, social and psychological dimensions. Combinations of these environments make up ecological systems that can be viewed as macro (urban and rural environments), meso (neighbourhood, public space) and micro (personal, home and institution) (Sanchez-Gonzalez & Rodríguez-Rodríguez, 2016). The World Health Organisation (2015a) defines environments as the settings in which people live their lives and refer to more than just the natural environment (e.g. air, climate, soil, water, etc.). They describe environments as including a range of factors including broader policies, health and social care services but also buildings, transportation, housing, information, streets and parks, as well as people and their prevailing attitudes and values.

Early researchers in gerontology (Bronfenbrenner, 1994) illustrated human development as a function of nested systems of interpersonal relationships that occur within these environments. The physical environment can be defined as including the natural landscape, cultivated and open spaces and the built environment, both domestic and non-domestic, developed over time (Peace, Wahl, Mollenkopf, & Oswald, 2007). It includes the home, and the objects in the home, the built environment of buildings, roads and other amenities, and the natural environment, including climate and topography. It includes both objective elements and the meaning or evaluation of those elements; (Keating & Phillips, 2008; Peace et al., 2007). The social environment is concerned with the

engagement of people to places, how spaces and places are used, organised and structured, social relationships, and cultural milieus within which defined groups of people function and interact (Peace et al., 2007).

The relationship between person and environment (P_E) at the level of community, neighbourhood and living arrangements (accommodation/home), also known as environmental gerontology is a researched area from multiple subjects including psychology, geography anthropology, sociology, architectural design, engineering and public health studies. It is also a topic guided by on-going theoretical developments and historical influences largely from the English-speaking world, particularly the US, the UK, Germany, Canada, Sweden and Australia (Wahl & Weisman, 2003). As an academic discipline, gerontology is so new in many African universities that many students and their lecturers might have difficulties in defining the term (Aboderin, 2007). The applicability of theoretical models developed in the English-speaking cultural environment poses what (Sanchez-Gonzalez & Rodríguez-Rodríguez, 2016) describe as certain imbalances with regard to other sociocultural ageing environments.

Environmental gerontology has focused particularly on the physical/material and spatial component of the context of ageing, while acknowledging that there are close links between physical, social, psychological and cultural environments (Peace et al., 2007). Sociological and ecological contributions within gerontology have discussed and critiqued the impact of the environment on the health and well-being of older people. Ecological perspectives such as the "press-competence" (PC) model shown in Figure 8 is suggested by North American researchers Lawton and Nahemow (Lawton & Nahemow, 1973). They make major assumptions that the lowered competence of the older person in conjunction with strong "environmental press" - the differential effect of the environment on behaviour that relates to the capabilities and characteristics of the individual, negatively impacts on behaviour and well-being. Peace and colleagues (2007) gives clarity to the definitions and indicates that "competence" in the PC model relates to sensory loss, loss in physical mobility or cognitive decline; and "environmental press" could relate to low housing standard, bad neighbourhood conditions, or underdeveloped public transport.

Figure 8: Press-Competence Model

The graph shows Competence on the Y-axis (Low to High) and Environmental Press on the X-axis (Weak to Strong). Labels within the figure include: Negative affect, Maladaptive behavior (upper left); Tolerable affect, Marginally adaptive behavior; Positive affect, Adaptive behavior (top); Zone of maximum comfort; Adaptive Level (AL); Zone of maximum performance potential; Tolerable affect, Marginally adaptive behavior (right); Negative affect, Maladaptive behavior (lower right).

Source: (Lawton & Nahemow, 1973)

Optimal fit occurs when a person's abilities is consistent with the demands and opportunities within that environment. Therefore, a person-environment misfit can happen if those environmental demands exceed those of the person's abilities. The Y-axis of the graph (rated low to high) represents an individual's competencies that are a result of their physical, psychological, intellectual and social abilities. The X-axis (rated weak to strong) depicts how accommodating their current environment is to their abilities. Lawton argued that individuals behave within their environments ("person-environment fit") and respond to environmental demands ("press") depending on their abilities to cope with those demands. As people age, they experience physical and social losses, such as losses in vision, mobility, cognitive capacity, and in social support provided by kin and friends and this affects their interactions with their environments (Yen et al., 2012). Sanchez-Gonzalez & Rodríguez-Rodríguez (2016) raise the debate from research in Latin America over the limited possibilities of older people to alter their environments.

They insist on the need to better understand the spatial experiences of older people within their relationship of belonging to the physical and social context.

3.3.2 Redesigning the Urban Area using Inclusive Design

Inclusive Design presents itself not as a panacea or as a separate specialism interested in mobility and dexterity alone. It is framed within a more generalist approach which understands how the design and management of the built environment affects an individual's ability to move, see, hear, communicate and participate. This approach addresses the needs of the widest possible audience, irrespective of age or ability (Burton & Mitchell, 2006). Ensuring inclusive access throughout the built environment often involves breaking down stereotypes, re-aligning value systems and thinking 'outside the box' from project inception through to completion.

Legislation on the design of inclusive cities especially for older people and people with disabilities initially focused on accessibility for mobility impaired persons and has made significant progress particularly in the United States of America, United Kingdom of Great Britain, Northern Ireland and Australia (UN enable, 1999). Among global South countries the situation is much more diverse. Disability remained in the wings until 1982 when it was designated United Nations (UN) Year for Disabled Persons and eleven years later, in 1993 the UN Standard Rules for the Equalisation of Opportunity for Persons with Disabilities were adopted, setting out the basic rights of disabled people to access and participation (Clarkson et al., 2003). The convergence of the two issues of disability and ageing underpinned the dramatic shift in thinking and the move towards a rights-based approach to development. This has tended to feature increasingly early in the process for global North countries. This approach has enabled a growing body of literature on users with diverse needs, mainly people with disabilities in the global South. However, as Grech (2014) identifies, a substantial amount of the literature remains grey literature documents and reports by international organisations. Grech explains that much of this literature echoes discourses and findings from other areas

pertinent to high visibility populations within the development sector, such as women, people with HIV/AIDS, and racial and ethnic minorities.

The medical model approach exacerbates the confinement of the needs of users with varying capabilities broader than the 'average' to a space of distance and irrelevance. This model approaches the issue of disability/dis-ordinary as being a problem that can be 'fixed' in the individual (Goldsmith, 2000; Boys, 2014). However, the social model opposes this model and argues instead that the problem is not with individuals but that it is the barriers, prejudice and exclusion by society (purposeful or inadvertently) which are the ultimate factors in defining who is disabled/dis-ordinary and who is not in a particular society (Clarkson & Coleman, 2013; Imrie & Hall, 2001; M'rithaa, 2009). Grech (2014) argues that no single model can encapsulate the disability experience and the meanings and impact of disability are dependant on different understandings of the notions of personhood in specific contexts and temporalities. He explains the importance of understanding what surrounds disability e.g. the multiple geographical spatial, social, cultural, gender, racial/ethnic and economic dimensions, imbued within broader notions of ideology and spirituality. This view is also aligned with the social model approach; an approach that is adopted in this research when discussing older people[3].

The concept 'Inclusive design' emerged in the mid-1990s in the UK and other countries, from collaborations between industry, designers, researchers and educators (Clarkson, Coleman, Keates, & Lebbon, 2003). Inclusive design is also known as Design for All in Europe and as Universal Design in the USA and the global South. It is fundamentally based on the social model of disability in which people have disability thrust upon them by inadequate design, inconsiderate services and environments and cultural stereotypes. A key aspect of inclusive design is to expand the target group to include as many users as possible, moving away from 'direct' access to the built environment through assistive and special features (see Table 1).

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[3] See definition of older persons in chapter "Defining Key Concepts"

Table 1: From "special needs" to "inclusive design"

Special Needs Approach	Inclusive Design Approach
Designer client – the mythical average (i.e. active young person) as the yardstick for good design	People are individuals, who have different needs and requirements during their life course.
Others – older people and people with disabilities are not 'normal' clients	US – we all have goals/aspirations as well as problems/impairments
Focus on age or disability ('special needs')	Inclusivity at a social level (generic needs) accommodating the whole population without stigma
Ethos of specialisation and pragmatism	Ethos of normalisation and enablement
Limited in choice and tailors the environment so that it is 'just right' for each client group	Offers more than one solution to help balance everyone's needs and recognising that one solution may not work for all
Telling people what they need – designing for them	Asking people what they want – designing with them
Does your disability prevent you from using the city centre? (medical model)	What is it about the design of the city centre that prevents you from using it? (social model)

Author synthesis from (Clarkson et al., 2003; Commission for Architecture and the Built Environment, 2006; Hanson, 2004)

A global survey conducted by HelpAge International (2012) revealed that safety and accessibility of the physical environment is a pressing issue for older people, especially in regard to transportation. Injuries due are an increasing concern, with many countries with particularly high levels of murder and traffic accidents such as Cape Town of which murder and traffic accidents are the second and fourth most

frequent causes respectively of premature mortality in Cape Town (Smit & Watson, 2011).

Shelter is a basic need and the nature and suitability of older people's housing are key determinants of their well-being. Barrier-free buildings and streets can also enhance mobility and independence, secure neighbourhoods, accessible transportation can enable better participation in society. Despite this, many older people in low resource settings are still concerned with the delivery of basic infrastructural improvements such as a better road network, improved sanitation and water infrastructure.

Accessibility and connectivity are important factors of an inclusive urban environment. Access to goods and services such as the local store and public transport is essential for older people to maintain their independence. Just as critical is the ability of a city's citizens to participate in social aspects of society so that they are not cut off and excluded from the vital social benefits of living in a community. At the neighbourhood level, cultivating familiarity, pedestrian safety and social engagement are important components for inclusive design. Street lighting, adequate seating, accessible public toilets are all design solutions that promote independence and mobility.

It is important to note the potential challenges that can arise when applying this inclusive design approach in low-resource settings, with all its origins stemming from global North countries. The economic, social and cultural realities of developing countries influence this approach significantly (CBM, 2008) and can be limiting when considered in economies that cannot afford the necessary physical and social interventions. The prevalence of oppressing socio-political and economic realities such as poverty, illiteracy and the lack of infrastructure call for vastly different, creative and context specific solutions. However, the principles of inclusive design can serve as a good foundation for developing inclusive urban areas in growing cities such as Harare, Zimbabwe that bear the potential for elements of inclusive design to be utilised at an early stage in development. The consideration of how to design cities inclusively at the conceptual stage reduces the necessity for expensive intervention on established infrastructure.

3.4 Developing a Conceptual Framework

This research aims to develop a conceptual model that informs how inclusive urban environments can be achieved for older people in global South cities (United Nations, 2013b). The literature sources mentioned in chapter two and three are useful in revealing the holistic and multi-dimensional conceptual nature of the inclusion/exclusion of older people in urban spaces. Literature based in sub-Saharan Africa has conceptualised the exclusion of older people with vulnerability and poverty (Hoffman & Pype, 2016). Aboderin (2006) emphasises practices of care, income and material resources, and family and social support. Barrientos et al.,(2003) outline the need to understand older people through the lens of contribution and values (Lloyd-Sherlock, 2002). Similarly, the life-course approach (Aboderin, 2007) is suggested for exploring social exclusion and poverty and emphasising the influence of life-course events, experiences and status positions within different life domains. Literature on older people in Africa has remained focused on health-care considerations and issues such as social protection (HelpAge International, 2016). There is yet a clear focus beyond this into conceptions of older persons and place. The absence of theoretical development on old age socio-spatial exclusion represents a significant gap in the existing conceptual literature in the global South particularly in sub-Saharan Africa. This may in part be responsible for the way in which policies addressing urban exclusion and inequality has only recently begun to gain traction and has focused on single parents, young people and, principally, labour market participation (Raje, 2013).

Global North conceptualisation have begun placing emphasis on place through literature focusing on the social exclusion of older people in urban-deprived areas Buffel et al. (2012) referring to participation and integration, spatial segregation, and institutional disengagement as key themes regarding the situation of older people. A recent two-stage scoping review of the international literature on old-age social exclusion by Walsh, Scharf & Keating, (2017) identified conceptual frameworks concerning old-age social exclusion and six common domains of exclusion across these frameworks: neighbourhood and community; services, amenities and mobility; social relations; material and financial resources; cultural

aspects; and civic participation. Many of the frameworks originated from global North cities in Northern Europe, Australia, North America and Asia. This research addresses issues that are concerned with the fact that the numbers of older people are increasing in global South cities and the urban environment is yet to fully acknowledge and include the needs and diversities of older people.

To encourage cities to plan for ageing in an inclusive manner and as an integral part of planning the built and social environment, the WHO initiated the Age-Friendly Cities (AFC) model to support governments to develop and strengthen health and social policies that are responsive to an ageing population (World Health Organisation, 2007a). Thus far, however, the global AFC movement includes neither a locality in Africa (Figure 10 in section 3.4.1.1) nor an explicit focus on informal settlements. The AFC approach as explained further in this chapter has a broad and general thematic focus on the built and social environment (Figure 9). A study conducted by Aboderin, Kano & Owii (2017) on the applicability of the AFC domains in informal settings using data from two informal communities in Kenya. Their study concludes that the AFC framework domains reflected in the AFC indicators (Figure 9) capture only partially the likely central challenges that constrain older people's well-being in informal spaces (Aboderin et al., 2017). Omitted, for example, are challenges to older adults' mental and emotional well-being that arise from the intergenerational linkages between the lives of old and young, the profoundly circumscribed quality of housing and basic amenities, and the limited access to even basic health care (Aboderin et al., 2017, p. 10). The conceptual framework developed in this research study offers an adaptive and modified framework focusing on older informal settlers and their lived realities. The development of the conceptual framework is built upon previous conceptualisation in literature and the WHO AFC framework.

3.4.1 WHO Age-Friendly Cities (AFC) Framework

The AFC framework initiated by the WHO builds on the theoretical principles of inclusive design and the person and environment relationship. The WHO has emphasised the relationship between health and the built, natural and social environments as well as the role of local government in promoting active living for

all ages initially through its Healthy Cities Project that commenced in 1986. The AFC project adopted a locally-driven and "bottom-up" participatory approach and protocol that required a minimum of material and technical resources, and be adaptable to varying cultural and economic contexts (Plouffe & Kalache, 2010). The "Vancouver protocol" (World Health Organisation, 2007b) as it became known, was adopted in 35 cities situated in 22 countries of North and South America, Western Europe, Russia, the Eastern Mediterranean, Africa, the Indian sub-continent, Oceania and the Pacific Rim. The focus group research was conducted by 33 participating sites, of these, 19 were developing (global South) countries, and 14 were in industrialised (global North) countries. Only one of the cities, Nairobi, is in Eastern Africa, the capital city of Kenya.

The WHO's AFC project's main report Global Age-Friendly Cities Guide, details the recurring themes and variations among communities. No systematic differences in themes were apparently noted between communities in developed and developing countries, except the listing of positive, age-friendly features and services tended to be much longer in cities in the developed world (Plouffe & Kalache, 2010). This draws attention to the lack of services and enabling features for older people in global South cities. Physical accessibility, service proximity, security, affordability, and inclusiveness were important characteristics everywhere. Older people and care providers from the focus groups identified eight domains of city life that might influence the health and quality of life of older people. The domains can be separated into three main areas of intervention highlighted in the Figure below: (i) the physical and built environment (outdoor spaces and public buildings, transportation, housing), (ii) social environments (social participation, respect and social inclusion, civic participation and employment), (iii) community services (communication and information, community support, and health services) (World Health Organisation, 2007a).

Figure 9: The WHO framework for assessing the age-friendliness of a city: The eight domains of an Age-Friendly City
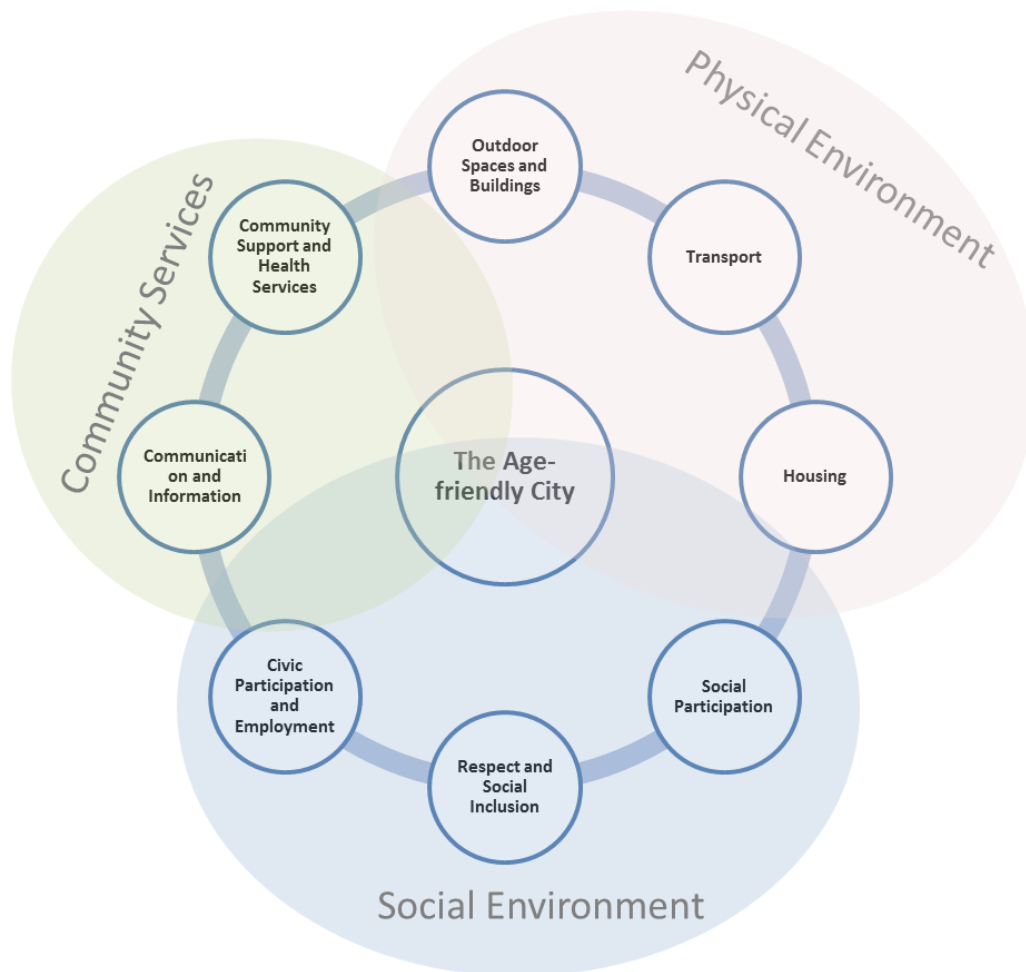
Source: Author adapted from (World Health Organisation, 2007a, p. 9)

These features are intended to serve as a reference for other communities to assess their strengths and gaps, advocate and plan change, and monitor progress. This work concluded that an age-friendly city should emphasise enablement rather than disablement, "friendly for all ages" and not just "age-friendly". The project was designed to acknowledge older persons as critical users within the urban environment and as a dimension of diversity thus emphasising the value of inclusive design for preserving heterogeneity in the community (Lui, Everingham, Warburton, Cuthill, & Bartlett, 2009). Although, the focus is often more on the urban environment and ageing, the AFC project begins to respond to current and future demographic trends in a holistic manner supporting the argument that an age friendly community is 'friendly' for all. The global 'age-friendly' city

perspective has been influential in raising awareness about the impact of population ageing, especially for the management and planning of urban environments. However, the value of this approach has yet to be properly assessed in the context of the complexities and contradictions that beset cities (Buffel et al., 2012) especially those that arise from accelerated global social and economic change.

3.4.1.1 Creating an Age-friendly World

Age-friendliness is an internationally recognised concept that enables good quality of life for older people, and is supported by a World Health Organisation movement of over 500 age-friendly cities and communities worldwide (World Health Organisation, 2017). The Age-Friendly City approach was expanded in June 2010 with the establishment of the WHO Global Network of Age-friendly Cities to encourage implementation of policy recommendations from the 2007 project. The Network was established to: link participating cities to the WHO and to each other; facilitate the exchange of information and best practices; foster interventions that are appropriate, sustainable and cost-effective for improving the lives of older people and provide technical support and training (World Health Organisation, 2009). The original conceptual boundaries have become more encompassing, bringing innovative ideas and twists to the original WHO model (Beard et al., 2012). For example, the Project Villes Amies des Aines (Age-friendly Cities Project) of the Canadian province of Quebec now involves small rural communities, in addition to large cities such as Montreal. New York City has also created an Age-friendly New York City Commission composed of public and private sector leaders purposed to work with local business to make the private sector more age-friendly (Age-friendly New York, 2013).

Figure 10: Age-friendly World Membership
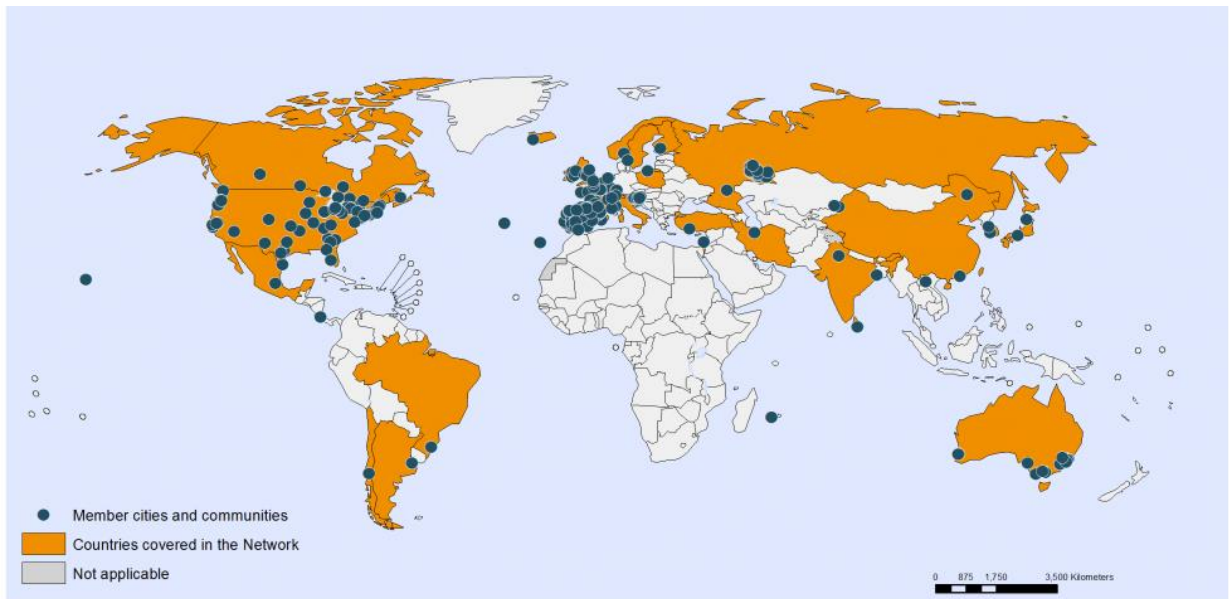
Source: (World Health Organisation, 2014)

There are currently 500 cities and communities in 37 countries, covering over 155 million people worldwide (World Health Organisation, 2014, 2017). Membership is not an accreditation for age-friendliness, rather a reflection of cities commitment to listen to the needs of their ageing population and work towards creating accessible physical environments, inclusive social environments and an enabling service infrastructure. To join the Network, cities must apply with a letter from the Mayor and municipal administration indicating their commitment to the Network cycle of continual improvement. There is an opportunity for affiliate and partner membership at the national and NGO level.

Figure 10 clearly indicates the absence of commitment from cities and communities in sub-Saharan Africa in engaging actively with older persons. This paucity may be because of three main factors. Firstly, there is a lack of recognition of older persons as urban citizens in African regions. Ageing is a slower process than other regions because its population is considered as "young", that is having a majority youth population. The priority that an individual country gives to ageing issues tends to correlate directly with its current stage of demographic ageing, rather than with projections of its population in the next 20 to 40 years (Kelly, 2008). The growing numbers of older people in urban areas call for a better

understanding of the context of ageing in sub-Saharan Africa as well as the situation of older people living in urban areas (Ezeh et al., 2006).

Secondly, urban areas in African regions are often characterised as contexts of acute social ills, resource constraints and widespread economic strain. The Network cycle consists of the commitment to measure the age-friendliness of cities using WHO's core indicators to establish a baseline. To conduct this assessment, the city will need to provide the appropriate funding and this can prove difficult in a resource-strained context. Consequently, the needs of older citizens become less of a priority for the state. This is also the case for overwhelmed civil society organisations that have had to fill in the needs gaps for the urban poor. Political priorities change frequently and therefore maintaining membership that requires active engagement may prove to be tasking. Thirdly, the needs of older urban citizens are under-reported and accurate data on this group of persons is lacking (Ferreira, 2008). Governments therefore have little incentive to commit to an international programme on improving urban areas for older persons.

3.4.1.2 The UK Network of Age-friendly Cities

The UK Network of Age-friendly Cities was launched in 2012 with member cities and a core steering group representing a diverse range of programmes across the UK. Representatives from across the UK are collaborating to bring about change in the way that cities respond to population ageing. By developing and sharing policy and best practice, network members are working together to improve the experience of growing older in cities, and help people age better. Affiliated members come from a range of local governments, third sector and charitable organisations. Through shared expertise and an evidence base of best practice, the UK Network of Age-friendly Cities is developing infrastructure and capacity at national, regional and local levels to support the application of age-friendly approaches (MICRA, 2017). The Network aims to bring new thinking to the challenges and opportunities of population ageing and work with the World Health Organization's Global Network of Age-friendly Cities and Communities to contribute to an international information exchange on best practice.

3.5 Producing Urban Spaces for Older Persons

3.5.1 Spaces of Vulnerability

Older men and women are often among the most vulnerable members of society and they are frequently among the poorest of the poor. An underlying premise of policy development is that older people, or at least sub-groups of them, are conceptualised as being "vulnerable" and living in vulnerable circumstances (United Nations Population Fund & HelpAge International, 2012), for which without any support, quality of life would be seriously compromised. Models of ageing processes are used to define vulnerable older people as those whose reserve capacity falls below the threshold needed to cope successfully with the challenges they face (Grundy, 2006). The vulnerability of older people derives partly from the diminished intrinsic capacity generally associated with ageing and partly from a greater reliance on environmental characteristics to maintain functional ability (Hutton, 2008). The diverse needs of older people are best viewed as a continuum of functioning. Yet policy responses often appear disjointed, focusing on one end of the continuum or the other (World Health Organisation, 2015c). This reflects a broader public discourse that is often polarised between two very different perspectives on ageing. The first of these generalises about the high levels of dependency and vulnerability of older people. The second acknowledges the contributions that older people make in their family and within society.

Discussions on the vulnerability of older persons have emphasised that no social group, including older persons, is vulnerable by definition; rather, vulnerability is a result of a negative combination of various adverse phenomena in society (Zelenev, 2008). Old age is, however, associated with characteristics which increase vulnerability relative to younger age groups. Older people face increased health issues and decreased physical capacity, and these, in turn, tend to result in decreased ability to earn an income. How this vulnerability will impact on older people will vary significantly depending on their individual circumstances. Macro-level shifts such as labour migration, population ageing and economic crises are changing the roles of older people and, while the results are not straightforward,

it is also clear that the vulnerabilities of old age have significant impacts on other generations (United Nations Population Fund & HelpAge International, 2012). Research has shown that older people experience daily vulnerabilities in urban environments such as poverty, social isolation, loneliness and crime (ILC-UK, 2011). Social and economic challenges can lead to older people having less autonomy and less financial independence with limited choice (Shetty, 2012b). The discourse on older persons has been focused on this heightened vulnerability. From this perspective, decline and increasing irrelevance appear inevitable, and decision-makers focus on the "care of older persons" and fret over what is portrayed as dependence and increasing demands for health care, pensions and social services (World Health Organisation, 2015c). This perspective of vulnerability is enhanced in rural areas where bodies are regarded as main assets. Residents living in rural areas survive mainly on physical work and therefore any person with physical vulnerabilities is viewed as a liability that has to be fed, clothed and treated (Mararike, 1999).

Older people in low-income households have limited means of improving their income, but are subject to fluctuations in their outgoings, associated with factors such as changing health. This places even more importance on a range of resources that can help older people cope with such fluctuations, including social networks, individual knowledge and budgeting skills, as well as personal attitudes and values (Hill, Sutton, & Hirsch, 2011). The vulnerabilities of older people are made greater by homelessness, physical disability and sensory impairment, mental ill-health and dementia, substance abuse and addiction, learning disability, domestic violence and elder abuse, poor housing conditions and isolation. This view of vulnerability associates later life with a withdrawal from economic activity, increasing levels of illness and disability, and with skills and outlooks that are ever more out of touch with the realities and demands of the modern age (Lloyd-Sherlock, 2002). This gives rise to concerns about a potential "ageing crisis", where the growing burden of demographic dependence and the costs of sustaining large older populations will cripple economic development.

HIV/AIDS has deepened poverty and increases inequalities at every level: household, community, regional and sectoral. A Unicefanalysis indicates that a

high proportion of orphans live in households headed by older persons (mostly grandmothers) – up to 60 per cent (UNICEF, 2003). Older persons are increasingly affected – and infected – by HIV/AIDS; their vulnerability is heightened by the financial and social burdens they face. There are few to no institutional care options for AIDS patients or orphans and in most cases not even considered. The caring roles of older people can be divided into two types: Those caring for their adult children infected with HIV/AIDS; and those caring for their grandchildren orphaned by HIV/AIDS (Mupedziswa, 1997). In most cases, their adults children may not have provided for contingencies and therefore when they pass away, older people are left with memories of the pain and suffering experienced by the children and grandchildren to look after with extremely limited resources (Mupedziswa, 1997, p. 10). Grandmother-headed networks have to ultimately provide the necessary shelter and care in house (Ferreira, 2006). It has been suggested that older people are affected by the HIV epidemic more through the fulfilment of their parental obligations than the loss of their children's support (Barnett & Whiteside, 2002).

There is limited attention to how HIV/AIDS affects older persons in areas that are impacted the most such as Africa and Asia. In nine African countries, more than 15% of adults are estimated to be infected and in Botswana, the level exceeds one third. Higher prevalence rates in Africa and part of Southeast Asia ensure that greater proportions in these regions are likely to experience the loss of an adult child or younger generation relative than in countries where prevalence is low (Knodel, Watkins, & VanLandingham, 2003). Although the number of older persons infected with HIV/AIDS is small, more older people will experience impacts that derive from effects of the epidemic and through it. Knodel and colleagues discuss the potential consequences for older people. Their written articles discuss the likelihood of how illness and death caused by HIV/AIDS can remove significant numbers of working age persons from the workforce thereby increasing the old age dependency burden. In turn, this could hurt formal programs and health services designed to assist or benefit older persons.

Living arrangements are a key factor influencing whether parents take on caregiving. In general, old age support systems in Africa are based on a broader

definition of family. Far less public assistance to persons with HIV/AIDS is usually available in developing countries, thus necessitating greater reliance on informal care, which is often provided by older parents. Knodel and colleagues (2003) review findings in Thailand on the pathways through which AIDS epidemic can adversely affect the well-being of older persons and their possible specific consequences. Their results shown in the Figure below are context sensitive and therefore will vary with different levels of economic development, demographic conditions, government capacity, culture and personal interactions. The lack of a well-developed public health service in many African countries means that the overwhelming burden for caring for persons with AIDS is almost certain to fall on family members, including those of older age. Older persons are taking on the role as care givers for adult children and grandchildren with HIV/AIDS. This role demands time and effort and has adverse financial consequences when the role competes with time needed to earn a livelihood. Older persons may also inherit the responsibility for AIDS orphans, with obvious financial implications. Emotional strains may result from negative community reactions towards the grandchildren or costs of childcare. Physical strain and exhaustion can result from additional work to cover these costs.

Figure 11: Potential pathways through which AIDS epidemic can adversely affect the well-being of parents of adult children with AIDS and their possible specific consequences

Potential pathway	Dimension of well-being and possible specific consequence (see codes for possible specific consequence below)			
	Emotional/ psychological	Economic/ financial	Physical health	Social
Caregiving	A B C	A	A B	A B C
Coresidence	A C	-	B	B
Providing financial/ Material support during illness	D	B C	C	-
Sponsoring the funeral	C D	B C	C	-
Fostering grandchildren	C D	B C	C	A B C
Loss of child	D E	D E	-	-
Negative community reaction	C	F	-	B D

Possible specific consequences
(note PDA = person who dies of AIDS)

I. Emotional/psychological consequences
A. psychological pain of seeing suffering and decline of PDA's health
B. feeling overwhelmed by caregiving demands
C. psychological pain from anticipated or enacted negative community reaction
D. anxiety concerning consequences for economic security
E. grief from loss of PDA

II. Economic/financial consequences
A. opportunity costs of time taken from economic activities
B. indebtedness from borrowing money to cover expenses
C. depletion of savings or sale of assets to cover expenses
D. disruption of PDA's contributions to parents' household
E. loss of future support when parents are in old age
F. loss of business from former customers out of fear of contagion

III. Physical health consequences
A. physical efforts required by caregiving
B. Risk of exposure to HIV (very low) or opportunistic diseases (esp. TB)
C. Strain of additional economic activity needed to cover expenses

IV. Social consequences
A. time taken away from social activities
B. avoidance of social contact by others
C. strained intra-familial relations
D. strained social relations

Source: (Knodel et al., 2003, p. 5)

Hoffman (2015) describes the concept of vulnerability as an argument that tends to focus on the AIDS epidemic portrayed as a unique phenomenon characterised by frailty disempowerment, insecurity and rupture, which inevitably translates into an inability and failure of families to manage. According to this argument and much of AIDS-impact literature, HIV/AIDS has caused the eventual disintegration of families and unfortunate reality for grand-mothers who otherwise should be enjoying a restful retirement.

In her study of low-income settlements in Harare, Zimbabwe, (Kanji, 1995) found that older women, usually widows and main householders, had the least resources and opportunities and were heavily dependent on adult offspring. Their research

revealed that older women depended upon their relationships especially with sons, who tended to have more available resources than daughters to support the family but when their sons did not meet their obligations and where daughters were not able to help, the effect on the household was particularly severe (Kanji, 1995). Family care is commonly regarded as the "traditional", even "natural" source of care and support for older people (Twigg & Atkin, 1994). The extent to which older people continue to rely on informal care, however, suggests that any reduction in informal care could have a substantial influence on demand for formal care. Despite this, family solidarity is nonetheless seen as insufficiently strong to ensure the provision of necessary support, and as easily withdrawn if the norms, expectations and financial circumstances on which it is underpinned are relaxed. Hoffman has however acknowledged that this approach can be over-simplistic and older persons and their families can be considered vulnerable not just to HIV/AIDS, but to a variety of other everyday hardships.

3.5.2 Spaces of Contribution

Policies often do not account for the fact that, in all societies, older people both want to and do contribute economically and socially well into old age (Apt, 2002). Apt argues that by "depicting older people as victims, objects of pity and a burden, we condemn ourselves as well as others to an existence where the normative values we seek for others do not apply. From this viewpoint, World Health Organisation (2015) argues that 70 becomes the new 60 and decision-makers look to overcome outdated stereotypes and foster active or successful ageing to create a society where the contribution of older people generally outweighs social investments. Barrientos et al., (2003) contributes to the argument by stating that the contributions of older people are systematically undervalued, and, thus, perceptions of later life are tinted by the presumption that older people are largely dependent on their households, communities, or the state. They go on further to emphasise that tackling poverty in later life involves acknowledging the contribution older people make to sustaining their households and communities, and to the broad development process, and therefore breaking out of preconceptions of dependency.

Older people are a valuable and productive economic resource and significantly contribute to the human capital. They play important roles in public and political discourse, caregiving and volunteering work and intergenerational sharing of wisdom and experience (United Nations Population Fund & HelpAge International, 2012; Beard et al., 2012). This aligns with the concept of "active ageing" originally developed during the United Nation's Year of Older People in 1999 and further elaborated by the European Union (1999) and the WHO (2002). The approach to active ageing has focussed on a broader range of activities than those normally associated with production and the labour market, and has emphasised health, quality of life and the participation and inclusion of older people as full citizens (Walker, 2015). A change in story was suggested for older people; from the representation of old age as a period of dependency and decline, to 'active living' and 'social participation' for older people. While the more optimistic perspective can be seen as an "attempt to set something positive against the negative societal stereotypes of ageing", it has also been criticised as a "new orthodoxy" (Soares, Osorio, Soares, Medeiros, & Zepeda, 2009) with fundamental flaws that are likely to have negative consequences for more vulnerable members of older populations.

A study conducted by Ezeh et al., (2006) on older people in low income communities in the global South revealed that older people played an important role in the community, for example in settling disputes both at the domestic or family level and at the community level. In about 21 of the 24 focus groups, older people were said to be non-partisan when settling disputes because of their wealth of experience and knowledge and their ability to give valuable advice on various issues. They were also said to play a major role in security matter in the community and to participate and provide leadership in community development initiatives such as the construction of schools and toilets (Ezeh et al., 2006). This view is reinforced by research conducted by Kyobutungi et al., (2010) in the Nairobi slums where the study that was conducted shows that older people are perceived as important in community development initiatives and also instrumental in development. These roles are in addition to more traditional roles of heads of household, breadwinners and care givers for grandchildren.

In his study of older people in informal settlements of Buenos Aires, Argentina, Lloyd-Sherlock (1997) shows how they share many of the same requirements as younger people and often make as significant a contribution to household well-being and urban life. For many decades, for example in South Africa, grand-mothers customarily stayed behind to care for grandchildren, and have been dependent on remittances from their adult children. Situations of reciprocal exchanges have occurred in replace of retirement: grandmothers raised children; young children assisted with house work and "absent" adult children (the parents of the children being raised by these grandmothers) provided income (Madhavan, 2004).

Older people are not simply the passive recipients of economic support from pensions and social security systems or from families. On the contrary, for many low income families in developing countries, regular pensions payments no matter how little, provide a valuable source of guaranteed income in households where younger members are forced to rely on casual work or the vagaries of informal employment (Lloyd-Sherlock, 1997).

The extent of chronic poverty and the HIV/AIDS pandemic in Africa results in an unsurprisingly focused research and policy attention mainly on older generations' care and downward familial support for younger infected/affected generation and how much care should be sustained, often to the detriment of care for those older people in need (Hoffman, 2015). Aboderin and Hoffman (2012) argue that a key reason for the lack of enquiry into the questions of care for older persons is an overriding official discourse, which declares the centrality of the family in the care for older persons as an unassailable African value and model. Shetty (2012) describes the nonchalance with which governments are responding to the ageing crisis seems to be due to the assumption that in countries in Africa, Asia and Latin America, where family units are still cohesive compared with the USA or Europe, families rather than governments, should shoulder the burden of care for older people.

3.5.3 Spaces of Care: The Home and Family

Place emerges as an important factor of concern in the ageing process. Older people become increasingly concerned with who will take care of them and be with them during their later years. As an older person's functional ability begins to depreciate, such as mobility, they become aware of the absence or presence of care opportunities in the home, neighbourhood and city (Hoffman & Pype, 2016). Hoffman and Pype (2016) explain that the performance of care activities transform places into spaces of care. This includes activities such as providing shelter, basic needs and accommodation for older people.

The home is described by many academics as the primary space of care for older people. The home is often taken as synonymous with "the family" in an African context. The family therefore provides a space of care for the older person, performing care and social activities. Families irrespective of the nature of the welfare regimes they are embedded in, are central to the debate about how societies will face the challenges of population ageing. Few Africans have access to pensions in old age, so nearly all rely eventually on their families for income support. Isabella Aboderin (2006), a sociologist at the Oxford Institute of Ageing, reports that this safety net is failing, with the result that many face misery and deprivation in the last years of their lives. Within developing country contexts it is therefore essentially about the ability of family networks to sustain intergenerational support in the face of changing family structures and in the context of poverty and pandemics (Hoffman, 2015).There is an emphasis on families as the key resource for their members especially in times of hardship or entrenched poverty. In this perspective, in Africa, Asia, and Latin America, there is a strong sense of obligation, sometimes legal through international and national policies that see families as the core institution to support older people in intergenerational, extended family households (Hoffman, 2015; Shetty, 2012b). Older people are just as likely to provide different forms of support as they are to receive them and data showed that for some older people, social relations and family obligations may be a cause of vulnerability rather than a source of support (Daatland, 2009).

In spite of this, numerous articles have evidenced that there is a steady decline in the traditional kinship structures – the "joint" and "extended" family systems which previously guaranteed older family members shelter, care and support (HelpAge International, 2011; United Nations, 2013b; World Health Organisation, 2011). There is a rising concern about the argument of the continuous sustainability of family capacity and support in global South countries (Lowenstein, 2007). The structural changes to families may threaten their caring capacity and researchers and policy makers have expressed rising apprehension due to this (Hoffman, 2015). Aboderin (2006) interviewed 51 older persons, adult children and grandchildren in the Capital city of Ghana, Accra. She concluded that "the family support system, as it has developed and operates today, can no longer be counted upon to provide sufficient economic protection for the old" (p. 157). In contrast, "family support given to older people in the past was largely sufficient to meet their material needs and even to provide many with a surplus" (Aboderin, 2006, p. 100).

Government policies never anticipated a situation where older persons would need housing or support; because of the hallmark of tradition, the problem never existed, and neither was there any cause to visualise it may do so in the future (Raje, 2013). However, rural to urban migration of the youth and the increasing geographic mobility has resulted in a loss of hands-on family support. "Romanticised "notions that all older people are cared for by their families ignore the fact that increasing numbers of older people can no longer rely on traditional patterns of care and support. Consequently, patterns of caregiving and co-residence are emerging as pre-eminent issues related to the well-being of older persons (United Nations, 2001). There has been an increasing global interest in response to these concerns. The first major step to understanding the living arrangements of older people globally was led by the United Nations in 2000. The United Nations Population Division, with financial support from the United States National Institute on Aging, organised the Technical Meeting on Population Ageing and Living Arrangements of Older Persons: Critical Issues and Policy Responses, at United Nations Headquarters in New York. The purpose of the meeting was to bring together experts from different world regions to address the most pressing issues concerning population ageing and living arrangements of older persons and their

historical and cultural contexts and processes as well as how Governments respond to these perceived needs. The living arrangements of the older people are just one element among many others included in a package of transfers towards the older person originating within the boundaries of the kin group or family (United Nations, 2001). These are referred to as familial or family transfers. In turn, these transfers are just one part of the totality of transfers towards the older person that also include societal resources such as pensions, disability income, health payments and transfers in the form of subsidies for institutionalization, home care and housing. These are referred to as social transfers. Thus, co-residence of the older person with their children (or other kin) is just one among many transfer flows involving older people. Social transfers and family (kin group) transfers are the most important sources of support for most older persons. Other sources include assets, wages and private pension plans (Palloni, 2001).

In many African countries, neglect and isolation of older persons is increasingly surfacing at two levels: at the family level and at the societal level (Apt, 2001). Mutual intergenerational support is seen as the 'African way' as opposed to the so-called Western ways, and a moral asset upon which the African care model can and must be built (Hoffman, 2015). This type of support is commonly known as "Ubuntu". Increasingly, the indicators are of a trend away from the traditional perception of an obligation to the older person and the practice of caring for them. This is due to various factors explained further in this chapter such as changing familial dynamics (Aboderin, 2006), urban to rural and rural to urban migration (Help Age International, 2007), increasing economic and social hardship (United Nations Population Fund & HelpAge International, 2012) and reducing urban support networks (Gierveld & Fokkema, 1998). Due to international migration countries such as Zimbabwe, spaces of care have changed for older people (Hoffman, 2015). Older people have become dependent on remittances from adult children living outside of the country (Nyanguru, Hampson, Adamchak, & Wilson, 1994). However, the absence of physical and emotional support from family can lead to increasing isolation and loneliness for older people (Buffel et al., 2012).

The concept "Ubuntu" is an African word for a universal concept that can be defined as community identity, humanity, humanness and the use of consensus to resolve conflicts (Bongmba, 2006; M'Rithaa, 2009). As a philosophy, ubuntu does not fit into the Global North model of formalised knowledge but it is flexible as well as being context and content dependant. Traditional societies in Africa have relied on various expressions of Ubuntu. In Kenya, the concept of "harambee" means, literally, "all pull together". Harambee stresses community self-reliance togetherness, mutual responsibilities and mutual assistance rather than individual gain (Bunt-Kokhuis & Ngambi, 2014). In Rwanda, "urukwavu rukaze rwonka abana", literally meaning "an old hare suckles from the young", expresses the cultural concept of intergenerational support (Apt, 2001).

The concept has been officially recognised by several African governments including the South African Government which clearly states in The South African White Paper on Welfare that the principles of Ubuntu should be employed in relations between people.

> The principle of caring for each other's well-being...and a spirit of mutual support...Each individual's humanity is ideally expressed through his or her relationship with others and theirs in turn though recognition of the individual's humanity. Ubuntu means that people are people through other people. It also acknowledges both the rights and the responsibilities of every citizen in promoting individual and societal well-being (Republic of South Africa, 1997).

Ubuntu is a conceptual tool that should drive social agendas and is crucial to urban planning and governance because it can be applied to the challenge of empowering marginalised minorities. Both the United Nations and African Union have emphasised the need for policies to build on indigenous values of informal support systems especially in the view of the absence or malfunctioning of formal social support systems and against the backdrop of poverty and the HIV/AIDS pandemic (Hoffman, 2015). According to tradition, in a typical African household, older people in Africa are not excluded from the process of productive and social participation, each person has a role to play, whether young or old (Apt, 2001). The elder plays an important role in the social upbringing of the young and thereby

becomes the educator and guiding spirit behind many initiatives of the young, psychologically a very satisfying role. As people grow and relate to each other they are taught by older persons to pass what they learn to another person (Masango, 2006). Older persons are often consulted in administrative matters with family land, property and family wealth particularly in rural areas (Apt, 2001). In the rural district, Buhera in Zimbabwe, older people were identified as having significant influence in the affairs of the villages. They acted as reference points on past events, as well as counsellors on many issues which affected young families (Mararike, 1999). The Shona people of Zimbabwe refer to the old who have passed away as "ancestral spirits" and this represents a change in their status to one of respect and honour (Masango, 2006). An older person who has acquired a vast experience of life therefore becomes a spiritual adviser to the young ones and they are always consulted when important decisions are to be made. However, this seniority principle, needs to be qualified according to traditional expectations (Apt, 2001) and the individual who is perceived as having nothing of his past to enhance the life of future generations therefore forfeits the respect.

However, the reality is more complex than the intergenerational/family ideal suggests. Aboderin (2006) concludes from her research in Ghana that parents' entitlement to filial support in old age is no longer unconditional, but based on the principle of reciprocity which is contingent upon the degree to which they fulfilled their earlier parental duties to the children. With this perspective, it is the children themselves who judge the conduct of their parents and even if children feel that an aged parent "deserves" support, this will not be forthcoming if resources are scarce, since the needs of the young have a "fundamental priority" over those of the older person (Aboderin, 2006).

Gierveld & Fokkema (1998) found that in large cities "local core networks tend to be small because fewer children and siblings live in the neighbourhood". The importance of support networks comes out clearly from the studies. These found that older people without adult children and those who are widowed are more vulnerable to poverty . Older people living in cities can tend to have less contact with neighbours, fewer friends and other non-kin than in rural communities, which is compensated for by more contact outside the immediate neighbourhood. In fact,

in rural areas in developing countries, there is a higher sense of value, community and belonging from older people than in urban areas even though older people in rural areas have less income and access to healthcare. Help Age International (2007) have explained that this could be because of traditional family values and family members spanning generations often living in the same household, leading to stronger interdependent relationships. Lack of opportunities in rural areas may mean that older people living in urban areas have migrated away from their families to seek employment and so may have less social networks, sense of community and feeling of being valued. There is also a link between the social status and care of older people and their economic power and if the latter diminishes, there is a parallel loss of status within their households and social networks (Help Age International, 2007).

The literature on Ubuntu is extensive and often tends to project a mainly communitarian, positive if not utopian ethos. It has been criticised for reducing emphasis on individuality and wrong interpretations of traditional social relations. Louw (2010) called for a careful reading of the neoliberal discourse that makes the assumption that the extended family has the capacity to function as an acceptable substitute for the state. Aboderin & Ferreira (2008) argue that the normative emphasis on the centrality of family obligations is not an extension of neo-conservative macroeconomic policy arguments that seek to limit formal welfare provision and public spending. But it is part of a broader perspective and critique of Western economic development models imposed on Africa in past decades. Though these laws may appear draconian, Shetty (2012) explains that there is an argument for them given the severe lack of institutional support in terms of social security and pension schemes, as well as government funded infrastructure such as old age homes and geriatric clinics.

Ageing in most global South cities is occurring against a background of immense economic and social hardship. Only a minority of countries provide non-contributory pensions (United Nations Population Fund & HelpAge International, 2012). In all regions of the world, relative wealth and poverty, gender, ownership of assets, access to work and control of resources are key factors in socioeconomic status. Socioeconomic status and health are intimately related, with each step up

the socioeconomic ladder, people live longer and healthier lives (World Health Organisation, 2002). Poverty has an adverse effect on both individuals and society and if people live in poverty they may lack necessities, have an unacceptably low standard of living, have other associated disadvantages such as poor health and be unable to fully participate in society (Age UK, 2014). Failure to address this problem will have serious consequences for the global economy and social order, as well as for individual societies and people of all ages.

3.5.4 Spaces of (Cap)ability

Applying the Capabilities Approach developed by Amartya (Sen, 1999) may be a useful contribution to the above discourse. The Capability approach is a theoretical framework that puts emphasis on the importance of freedom to achieve well-being, where freedom to achieve well-being is understood in terms of people's opportunities to choose and how to be (Frediani, 2007). Various scholars have adopted Sen's ideas and developed them into the Capability Approach, an attempt to develop a broad normative framework for the evaluation of individual well-being and social arrangements (Nussbaum, 2011; Sen, 1999). Nussbaum (2011), a distinguished philosopher describes this approach as, "instead of asking about people's satisfactions, or how much in the way of resources they are able to command, we ask, instead, about what they are actually able to do or be"(Nussbaum, 2011, p. 20). The core characteristic of the capability approach is to de-emphasize an exclusive preoccupation with income-led evaluation methods, and to focus more generally on the ability people have, to achieve the things they value. In this view, well-being can be measured by assessing people's freedom and choices, rather than their level of income or consumption (Frediani, 2007). Policy proposals usually refer to older persons' need for "income security, participation, access to health care or specialized living environments," or for "custody and company of their children and grandchildren" (HelpAge International & African Union, 2002). These dimensions are undoubtedly relevant to older people's quality of life. However, research on older people's quality of life perceptions (Lloyd-Sherlock, 2002) illustrates that it does not capture important distinctions among: the attributes or activities older people aspire to and value as essential to the

quality of their daily lives, the abilities they need to achieve these, and the key factors that might obstruct their gaining access to these abilities. Barrientos et al., (2003) argued for the adoption of Sen's approach and put forward that options of old age dependence; based upon undervaluing older people's contributions, impose a valuation of lives in purely instrumental terms. They further emphasise that "notions of dependency in later life contribute to a restrictive view of human agency purely in terms of future production, and preclude adequate consideration of the contribution of human agency to substantive freedom" (Barrientos et al.,2003, p.556). Sen's approach to well-being assessment is based on two concepts: capabilities and functionings. Sen describes the various components or aspects of a person's life as functionings. A functioning is an achievement of a person: what he or she manages to do or to be, and any such functioning reflects, as it were, a part of the state of that person (Sen, 1999).

Capabilities are understood as people's freedom to achieve the values they have reason to value (Frediani, 2007). The notion of 'capabilities' differs from the notion of 'capacities', as it refers to a wider set of issues shaping people's freedom to broaden the informational space for making evaluative judgements by acknowledging the aspired dimensions of human well-being moving beyond a focus on abilities and skills. Instead of focusing on subjective life satisfaction or objective well-being achievements as do other areas of well-being literature; authors within the capability approach literature underscore the freedom people have to shape their lives in meaningful ways.

This approach, which sees the goal of development as expanding the freedom of individuals to pursue the life "they have reason to value," considers two main dimensions: what people have reason to value doing or being (their valued functionings) and people's abilities, freedom or opportunities to pursue or achieve these functionings (their capabilities) (Aboderin, 2007). These freedoms are complementary and mutually reinforcing. Sen (1999) does not identify a list of valuable capabilities nor functionings; he proposes five instrumental freedoms that can serve as guidance for the application of Sen's concepts on an urban context. He describes these as "(1) political freedoms, (2) economic facilities, (3) social opportunities, (4) transparency guarantees, and (5) protective security". Described

separately, each forms a part of a complex web of relationships within a larger whole contributing to creation of choices and opportunities for individuals and society (Frediani, 2007). The five instrumental freedoms aim at evaluating the level of development of an individual, household or community. The key consideration as Sen argues is individual freedom, rather than possession of resources (Sen, 1999). Using Sen's approach, this concept of freedom can be understood as the choices, abilities and opportunities of individuals and groups to pursue well-being dimensions (Frediani, 2007). Older people are not passive in their relationship with their environments. Rather, this interaction is shaped to varying degrees by the choices they make to respond to, or change, their situation (World Health Organisation,2015). The capabilities approach is applied to women by Martha Nussbaum (2011). Although Nussbaum's studies are concerned with women, she raises some issues of relevance to older people (Lloyd-Sherlock, 2002). Nussbaum identifies a list of 'central human capabilities' (Figure below). Drawing on Marx and Aristotle, she claims that the items on her list are essential to human life (Lloyd-Sherlock, 2002).

Figure 12: Nussbaum's Central List of Human Capabilities

1. Life. Being able to live to the end of a human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living.

2. Bodily Health. Being able to have good health, including reproductive health; to be adequately (nourished); to have adequate shelter.

3. Bodily Integrity. Being able to move freely from place to place; to be secure against violent assault, including sexual assault and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction.

4. Senses, Imagination, and Thought. Being able to use the senses, to imagine, think, and reason—and to do these things in a "truly human" way, a way informed and cultivated by an adequate education. Being able to use imagination and thought, being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasurable experiences and to avoid non-beneficial pain.

5. Emotions. Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one's emotional development blighted by fear and anxiety.

6. Practical Reason. Being able to form a conception of the good and to engage in critical reflection about the planning of one's life.

7. Affiliation.

a. Being able to live with and toward others, to recognize and show concern for other humans, to engage in various forms of social interaction; to be able to imagine the situation of another.

b. Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provisions of non-discrimination based on race, sex, sexual orientation, ethnicity, caste, religion, national origin and species.

8. Other Species. Being able to live with concern for and in relation to animals, plants, and the world of nature.

9. Play. Being able to laugh, to play, to enjoy recreational activities.

10. Control over one's Environment.
    a. Political. Being able to participate effectively in political choices that govern one's life; having the right of political participation, protections of free speech and association.
    b. Material. Being able to hold property

Source: (Nussbaum, 2011, p. 33)

These should not be understood as discrete phenomena, since capability in one area will require capability in another, and the whole is greater than the sum of the parts. Nussbaum (2011) argues that when any one of these central human capabilities falls below a basic threshold, this leads to a loss of human dignity. She sees them as fundamental, universal human rights, which should provide the moral basis for national constitutional guarantees. This resonates with the rights-based agendas of NGOs such as HelpAge International, and the development of a new United Nations International Plan of Action on Ageing. Yet, strictly speaking, Nussbaum's approach can only be taken as loosely indicative, as it may not reflect the diversity of real personal preferences. Nussbaum's list of capabilities was put together without older people specifically in mind. However, as Lloyd-Sherlock (2002) argues that this may have been advantageous as some of the items on this list, such as bodily health, might never have been included, but simply written off as unfeasible or even inappropriate in later life.

There is a degree of truth in both generalisations: some experience good health, but others experience a significant loss of capacity and require substantial care. Policies cannot just focus on one end of this spectrum. The main shortcoming of these opposed viewpoints is that they portray later life as a common experience. To develop a more balanced perspective, it is necessary to appreciate later life as a fluid, complex and heterogeneous phenomenon.

3.5.5 Spaces of Belonging and Attachment

Research mainly based in the global North (2011) has shown that many older people would like to remain in their home and community for as long as possible despite diminished physical or financial abilities. This concept is known as "ageing in place". The term is described as ambiguous and a complex process not merely about "staying put" in the home but where the older person is continually re-integrating with places and re-negotiating meanings and identity in the face of dynamic landscapes of social, political, cultural and personal change (Wiles, Leibing, Guberman, Reeve, & Allen, 2011).

Ageing in place as a concept is relatively new or none-existent in the developing contexts (Raje, 2013). This largely because the option of institutional care or remaining in one's home with diminished capacity is very limited (Nyanguru, 1987). The challenges that accompany older people when they age in Africa often encourage them to move in with family for support. The strong policy stress upon older people "staying put" in the global North context for as long as possible is often driven by financial concerns relating to the cost of residential and nursing home provision (Means, 2007). Large numbers of older people were ending up in these institutions, not from deliberate government policy but through a process of drift because of the lack of alternatives. In contrast, faced with multiple other priorities for fiscal expenditure, the governments of global South countries may indeed shy away from formulating specific policy on housing for older people, to avoid a commitment to finance implementation of such policy (Ferreira, 2013a).

There are many claims, mainly from research from European, North American and Australasian countries, that older people prefer to "age in place" because it is seen as enabling older people to maintain independence, autonomy, and connection to social support, including friends and family (Wiles et al., 2011). Although most discussions on ageing in place focus on home, there is growing recognition that beyond the home, neighbourhoods and communities are crucial factors in people's ability to stay put (Wiles et al., 2011). Quantitative research

has focused upon the effect of individual characteristics with age and length of residence reported as important determinants. Having people remain in their homes and communities for as long as possible also avoids the costly option of institutional care and is therefore favoured by policy makers, health providers, and by many older people themselves (World Health Organisation, 2007a). For example, Livingston, Bailey, & Kearns (2008) in a UK study, found that someone aged over 65 with 16 or more years of residence in an area were nearly four times as likely to be attached as a 16 –19 years old with less than two years of residence. The British interpretation of ageing in place has ranged from a stress on the general importance of housing for older people, the adaptation of existing housing, the importance of inter-agency working to include housing organisations, the development of theoretical "age neutral" housing and the importance of building new housing to high access standards (Means, 2007). Research in the United Kingdom shows that older people are choosing not to live in residential care homes and are opting for housing models that offer a greater level of independence and a less institutional approach to housing and care (ILC-UK, 2011). Research reflects that in later life, a majority of older Europeans live in mainstream housing, with a proportion of those aged 80 being most likely to move into age-related housing combining accommodation with a more supportive care environment (Peace et al., 2007).

Researchers from Latin America state that the habitability of the environmental setting for older people is determined by their spatial experience, which relates socioeconomic factors (income, housing conditions, facilities), factors of spatial subjectivity (proximity to relatives and neighbours, sense of place, rootedness) and the warning of worsening socio-spatial problems for older people in the absence of gerontology planning in cities (Sanchez-Gonzalez & Rodríguez-Rodríguez, 2016). Older people have much greater attachment to places and therefore a deeper understanding of the need to manage their environment. They are more likely to recognise the longer-term relationship between people and their livelihoods, well-being and the environment (United Nations Population Fund & HelpAge International, 2012). Place attachment is related to their experience of the life course and themes of self-identity that span that life course. Environmental psychologists have given various reasons why place attachment is important to

older people: firstly, older people are likely to have spent a longer period of time in the same locality, resulting in feelings about experiences and places as an important part of remembering one's life course and organising and accessing a lengthy life span. Attachment to key former places is one way of keeping the past alive and relating to the later life tasks of maintaining a sense of continuity and fostering identity; secondly, the greater time spent at home and in the neighbourhood following retirement, reflecting changing patterns of spatial use (Peace et al., 2007). Thirdly, attachment to a current place may be a way of enacting or representing independence and continued competence (Rubinstein & Parmelee, 1992). In Argentina, many older people own their dwelling and continue to live in familiar surroundings, therefore, as argued by Daichman (2013) they age in place.

In Africa, the physical environment in which their dwelling is located and where older people lead their day-to-day life is often wanting and inadequate for their needs. In this same vein, there is a growing concern about the quality and appropriateness of housing stock for ageing in place and the neighbourhood design (Howden-Chapman et al., 1999). There is often a lack of public spaces, services and accessible public transport. Where such facilities and services are available, their accessibility may be problematic due to architectural, built environment, transportation and communication barriers. International Longevity Centre Global Alliance research papers from Argentina, France and South Africa refer to the run-down nature of dwellings occupied by some low-income older people, typically in inner-city areas; the dwellings are sometimes described as "obsolete" (Ferreira, 2013a). Former qualitative studies in deprived urban settings in the global North have highlighted the factors that limit a sense of attachment and challenges the conventional wisdom relating to the belief that older people are best off "staying put" (Buffel, 2013; Livingston, Bailey, & Kearns, 2010; Smith, Sim, Scharf, & Phillipson, 2004). These include: physical deterioration of homes, buildings and infrastructure, lack of services and agencies, traffic congestion and poor neighbourhood design.

3.6 Preliminary Thematic Concept Map

This research introduces a preliminary interdependent conceptual map based on four themes of change emerging from the literature and addresses the development of inclusive urban environments for older people (Figure below). The four inter-related themes are: (1) Family (section 3.5); (2) Housing and the Built Environment (section 3.3 and 3.5) (3) Older Person's rights, participation and equality (section 2.4) (4) Improving Health and Well-being (section 2.2.2 and 3.5). Each main theme has sub-themes related to the theme. The table below (Table 2) shows how the themes relate to the Healthy Ageing Model developed by World Health Organisation (2015) described in section 2.2.2 and Sen (1999) and Nussbaum's typologies (2011) for the capabilities and freedoms of older people explained earlier in the chapter (section 3.5.4). The four thematic concepts and sub-concepts emerging in the conceptual framework in Figure 13 are to be social constructs that are useful in thinking about the urban ageing and informalisation. The integration of this thematic map into the final conceptual framework is further explained in section 8.2.

Table 2: Thematic Concepts in relation to Models

Thematic Concepts	Healthy Ageing Model	Sen's (1999) instrumental freedoms	Nussbaum's (2011) Central List of Human Capabilities
Older Person's rights, participation and equality	Meet their basic needs/ Be mobile/Contribute	Economic Security/Protective/Security/Transparency guarantees/ Social opportunities	Control over one's material environment/Affiliation/ Life/health/security
Housing and the Built Environment	Meet their basic needs/ Be mobile/ Build and maintain relationships	Protective Security/Social opportunities/ Economic Security	Control over one's material environment Emotions/Bodily health /Affiliation
Family	Be mobile/Build and maintain relationships	Transparency guarantees/Social opportunities/Political Freedom	Play/Emotions/Affiliation Control over one's political environment
Improving Health and Well-being	Meet their basic needs/Learn, grow and make decisions/ Contribute	Social opportunities	Life/bodily health/bodily integrity

Source: Author synthesis from literature review

Figure 13: Thematic Conceptual Elements derived from Literature on Urban Ageing
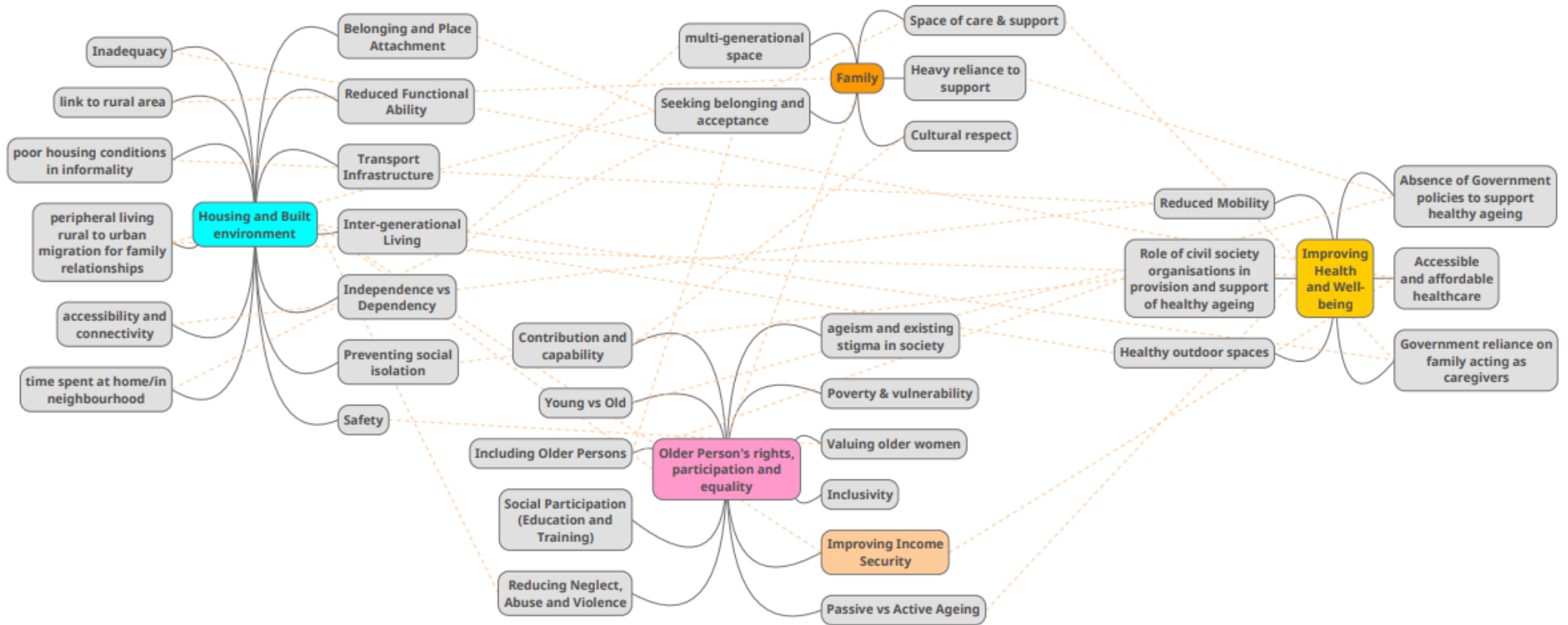
3.7 Conclusion

This chapter began by exploring urban ageing in the global South. Cities have the potential and responsibility to increase the prospects of prosperity and individual and collective health and well-being. Unfortunately, the response to increasing urbanism has resulted in periphery developments of informal settlements. These urban spaces limit the health and well-being of older people through poor urban housing and neighbourhood conditions. The discussion in this chapter stresses the potential for these spaces to enable older persons.

This chapter has synthesised a largely global North literature on the influential relationship between older persons and the environment. Drawing upon the gerontological work, this thesis focuses on the spatial component of the context of ageing, while acknowledging that there are close links between physical, social, psychological and cultural. The theoretical concepts explored in this chapter set the scene for the empirical chapters to follow. A rights-based approach is suggested to promote the rights and needs of older people (United Nations Population Fund & HelpAge International, 2012), a gender-perspective entail the approach takes both the differences as well as the shared traits of men and of women into account (Lasch & Reimann, 2006). The impact of the environment to the health and well-being of older people is explored through the press-competence model (Lawton & Nahemow, 1973) and the concept of "ageing in place", encouraging older people to remain in their home and community for as long as possible despite diminished physical or financial abilities. This chapter refers to the WHO Age-friendly City model (2007) which is used globally as an example of inclusive design (Clarkson, Coleman, Keates, & Lebbon, 2003) for older people living in urban areas. Additional concepts of influential spaces are discussed with the aim to investigate the association between older persons and the urban space. The following Chapter discusses the methodology adopted within this research on older people and the physical and social urban environment in informal settlements in Harare, Zimbabwe.

Chapter 4 Methodology: Researching older people in urban Zimbabwe

4.1 Introduction to the Chapter

This thesis employs a qualitative methodological strategy, attempting to move beyond a broad statistical comprehension, and overly theoretical assumptions, of the lives of older people in urban areas. Instead, this research study attempts to understand how older people live in urban areas in Zimbabwe and answer the research questions outlined in chapter 1.3. Before expanding on the specific methodologies employed in this study, the research approach and philosophy is outlined. This is followed by the methodological choice and justification for the chosen research strategy: case study approach. Details of the case study feed into the development of field research relationships. The remaining chapter examines the employed data collection methods. These include: semi-structured interviews, informal conversational interviews, mapping techniques and a discussion on triangulation of methods. An elaboration of each methodology is given along with the sample design. The chapter concludes with a brief examination of the techniques and procedures used for data analysis.

4.2 Research Approach

Methodology can be defined as the "overall approach to a problem which could be put into practice in a research process, from the theoretical underpinning to the collection and analysis of data" (Amaratunga, Baldry, Sarshar, & Newton, 2002). This approach or framework is used to conduct research in a systematic manner to discover and explore valid answers for the research questions. To claim that a valuable or significant addition has been made to the collection of knowledge, the researcher should comply with a scientific method, or approach, (Remenyi et al., 2003) which is an informal but strict set of rules that have evolved to ensure the integrity, reliability and reproducibility of the research work.

Mark Saunders, Philip Lewis and Adrian Thornhill published a book on "research methods for business students" in which they introduce the research "onion" model as a way of depicting the issues underlying the researcher's choice of data collection method(s) (Saunders, Lewis, & Thornhill, 2007, 2009, 2012). They argue that the methods selected by the researcher belong in the centre of the research "onion". Before coming to this point, there are important layers of the onion that need to be peeled away. The research onion (Figure 14) details two outer layers: research philosophies and research approaches; three inner layers: methodological choices, strategy(ies) and time horizons. The centre of the onion deals with the techniques and procedures for data collection and data analysis. This research prefers the classification put forward by Saunders et al., (2012) in the latest publication as it provides a clearer overall framework for the complete research process.

Figure 14: Research Onion
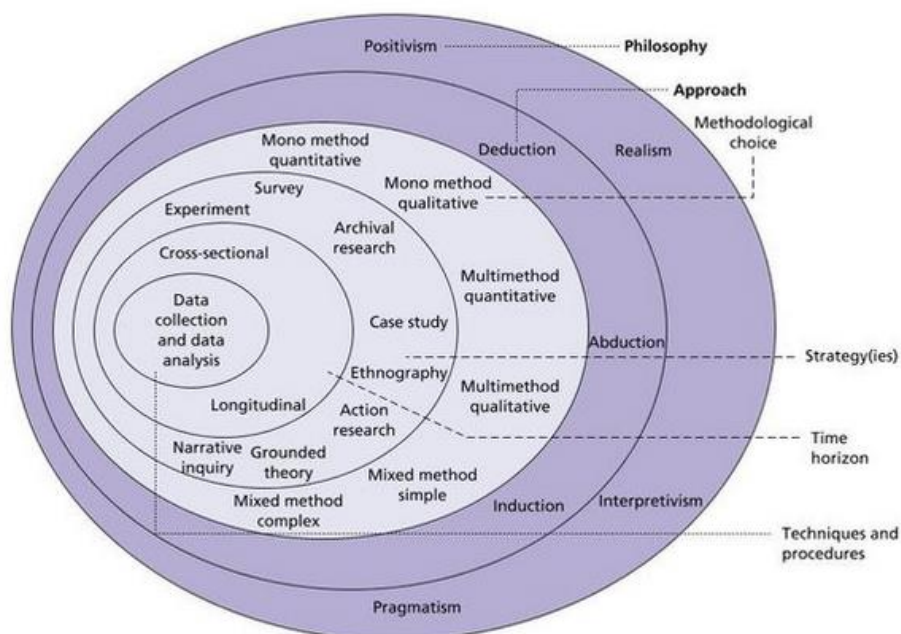
Source: (Saunders et al., 2012)

The research onion is helpful in highlighting the inter-relationships between the layers and the need for these layers to be "peeled away" to determine the research methodology.

4.3 Research Paradigm and Philosophical Orientation

All research has a philosophical foundation and the importance of understanding the assumptions that shape the processes of research is vital for any researcher. Johnson and Clark (2006) argue that philosophical assumptions and commitments often remain un-interrogated. They bring to the foreground, the importance of unpicking the philosophical choices that are being made by using particular methodologies. Creswell (2014) agrees with Johnson and Clark and notes that although philosophical ideas can remain largely hidden in research, they still influence the practice of research and need to be identified. Bryman (2012) emphasises the importance of not overlooking the intellectual inclinations serving as a foundation to a research study. He explains that methods are not simply neutral tools; they are linked with the ways in which the researchers envision the connection between different viewpoints about the nature of social reality and how it should be examined. For this reason, it is imperative to consider an appropriate framework for conducting this research whilst considering the nature of the research aim, objectives and questions.

These terms are used interchangeably in research methods, although the term "paradigm" is chosen by (Guba & Lincoln, 1994) to represent the worldviews and basic belief systems that guide the investigation, not only in choices of method but in ontologically and epistemologically fundamental ways. The original use of the term *paradigm* was defined by Thomas Kuhn in his book *The Structure of Scientific Revolutions* (1970), stating that "a paradigm is a set of generalisations, beliefs and values of a community of specialists" (Creswell & Plano Clark, 2011). Guba & Lincoln (1994) note that both qualitative and quantitative methods may be used appropriately with any research paradigm. They state that questions of method are secondary to questions of paradigm. However, Saunders et al., (2012) challenges this view arguing that choosing between one position and the other is somewhat unrealistic in research practice. They discuss the thinking of the philosophy or paradigms adopted as a multidimensional set of continua (Figure 15) rather than separate positions. Saunders et al., (2012) describe various (questions) dimensions

about the nature of reality (ontology), what is considered acceptable knowledge (epistemology) and the role of values (axiology).

Figure 15: Research philosophy as a multidimensional set of continua

Question (dimension)	Continua

• What is the **nature of reality**?	External ⟷ socially constructed Objective ⟷ Subjective
• What is considered **acceptable knowledge**?	Observable phenomena ⟷ Subjective meanings Law-like generalisations ⟷ Details of specifics
• What is the **role of values**?	Value free ⟷ Value bound
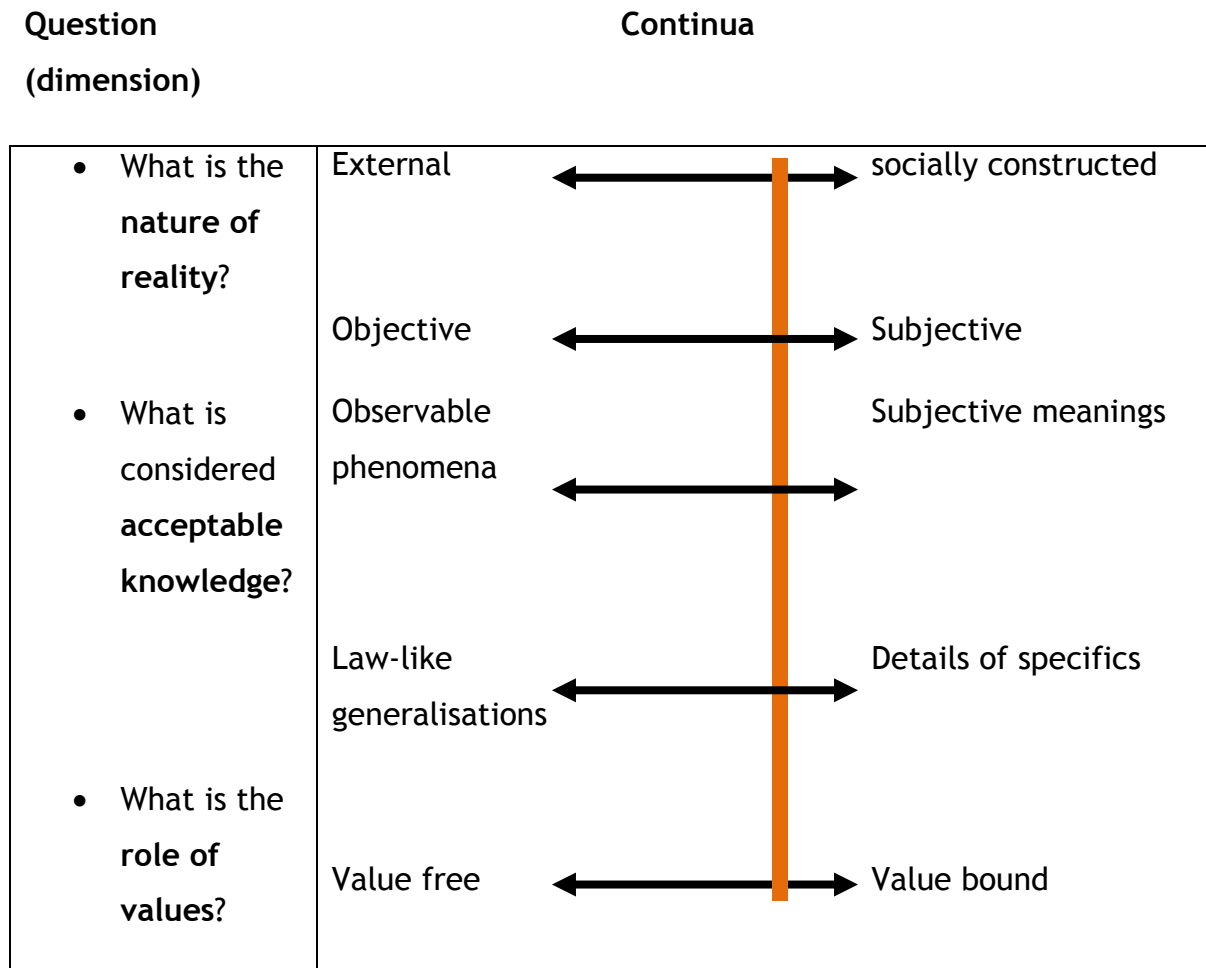
Source: Author adapted from (Saunders et al., 2012)

The paradigm used in this research assumes that dignity, autonomy and choice in the design and development of the urban environment should be made available to older people. It further recognises the extent to which the built and social environment in global South cities has failed so far to acknowledge and embrace the difference and diversity inherent within the older person's population. Figure 15 shows the researcher's position in relation to the Ontology, Epistemology and Axiology. This is further discussed in the sections below.

4.3.1 Chosen Philosophical Position: Interpretivism/Social Constructivism

The chosen philosophical stance for this research is Interpretivism. The Interpretivism philosophy is typically seen as an approach to qualitative research and combined with Social Constructivism, relying heavily on naturalistic methods (interviewing and observation and analysis of existing texts). Saunders et al., (2012) describes this as a viewpoint that advocates that it is necessary for the researcher to understand differences between humans as social actors. They use the term "social actors" as a metaphor of the theatre, suggesting that humans play a part on the stage of human life and in the same way interpretation can be done of everyday social roles in accordance with the meaning given to these roles (Saunders et al., 2012). According to Lincoln, Lynham, & Guba (2011), constructivism adopts a relativist ontology, and users of this paradigm are oriented to the production of reconstructed understandings of the social world.

Academics and theorists from the global North and South have questioned the validity of social theories and epistemologies produced in the global North for the global South, even when they purport to be general theories (Santos, 2012). Santos argues that the epistemological diversity of the world must be accounted for and global North theories are theories best equipped to account for the social, political and cultural realities of the global North. However, this study asserts the chosen philosophical standpoint explained in this research, although Eurocentric in its origin, it is still a relevant viewpoint that can appreciate the diversity and socio-politico-cultural realities of the global South. A main strength of choosing the constructionist lens is its ability to look at how change processes over time, to understand people's meanings, to adjust new issues and ideas as they emerge, and to contribute to the evolution of new theories (Easterby-Smith et al., 2002). The researcher aims to confront the Southern space and engage with its complexities and multi-dimensionalities.

Table 3: Comparison of four research philosophies

	Positivism	Realism	Interpretivism/ Constructivism	Pragmatism
Ontology: the researcher's view of the nature of reality or being	External, objective and independent of social actors	Is objective. Exists independently of human thoughts and beliefs or knowledge of their existence (realist), but is interpreted through social conditioning (critical realist)	Socially constructed, subjective, may change, multiple

Construct knowledge through our lived experiences and through our interactions with other members of society.(Lincoln et al., 2011) | External, multiple, view chosen to best enable answering of research question |
| **Epistemology**: the researcher's view regarding what constitutes acceptable knowledge | Only observable phenomena can provide credible data, facts. Focus on causality and law like generalisations, reducing phenomena to simplest elements | Observable phenomena provide credible data, facts. Insufficient data means inaccuracies in sensations (direct realism). Alternatively, phenomena create sensations which are open to misinterpretation | Subjective meanings and social phenomena. Focus upon the details of situation, a reality behind these details, subjective meanings motivating actions | Either or both observable phenomena and subjective meanings can provide acceptable knowledge dependent upon the research question. Focus on practical applied research, integrating different perspectives to help |

		(critical realism). Focus on explaining within a context or contexts		interpret the data
Axiology: the researcher's view of the role of values in research	Research is undertaken in a value-free way, the researcher is independent of the data and maintains an objective stance	Research is value laden; the researcher is biased by world views, cultural experiences and upbringing. These will impact on the research	Research is value bound, the researcher is part of what is being researched, cannot be separated and so will be subjective	Values play a large role in interpreting results, the researcher adopting both objective and subjective points of view

(Saunders et al., 2012)

Realism is a branch of epistemology which is similar to positivism in that it assumes a scientific approach to the development of knowledge. As a philosophical position, realism is objective and relies on observable phenomena to provide credible data. The essence of realism is that what the senses show us as reality is the truth: that objects have an existence independent of the human mind. (Saunders et al., 2012). Although realism is value laden, this research cannot be viewed in an objective manner.

Pragmatism argues that the most important determinant of the epistemology, ontology and axiology a researcher adopts is the research question, although one position may be more appropriate than the other (Saunders et al., 2012). Tashakkori and Teddlie (1998) are advocates for pragmatism as a philosophical underpinning for mixed methods studies. In their first book on mixed methods, they contend that pragmatism is intuitively appealing, largely because it avoids the researcher engaging in what they see as rather pointless debates about such concepts as truth and reality. In their view the researcher should study what is of interest and value to them and use the results in ways that can bring about

positive consequences within the researcher's value system (Tashakkori & Teddlie, 1998). Although it is important to focus on the research question, the pragmatist view focuses on practical applied research integrating different perspectives to help interpret the data. Creswell (2014) agrees that pragmatist researchers work best to provide the best understanding of a research problem and need to establish a rationale for the reasons why quantitative and qualitative data need to be fixed in the first place. The common data collection technique is usually mixed or multiple method designs, quantitative and qualitative. The research questions encourage qualitative data collection with smaller samples and in-depth investigations as the focus. The discussion chapters (chapter 6 and 7) include some numerical data aimed to complement the participants' perspectives in providing a clearer and more in-depth understanding of what's going on in a particular informal settlement. This position is more aligned with the Interpretivist paradigm.

The definition of the term positivism varies between authors, (Flick, 2009) affirms the epistemological position known as positivism explains the importance of imitating the natural sciences. Easterby-Smith, Thorpe, & Lowe (2002) view positivism as often associated with realism, and is seen as adopting a deductive approach to the relationship between theory and research The positivist paradigm often believes that there is one truth out there waiting to be discovered and reality is discovered through empirical observation and measurement (Creswell & Plano Clark, 2011; Flick, 2009; McGregor & Murnane, 2010). Research aligning with the positivist paradigm is commonly undertaken in a value-free way and the researcher is independent of the data and maintains an objective stance. The research questions cannot be answered using this philosophical stance.

4.3.2 Ontology

Ontology raises basic questions about the nature of reality (what is real) and the nature of the human being in the world (Saunders et al., 2012). Bryman (2012) adds on to this definition by suggesting that ontology considers the nature of social phenomena and questions if they are relatively inert and beyond our influence or if

they are the product of social interaction. There is consensus in research that the ontological positions are frequently referred to as objectivism and subjectivism (Bryman, 2012; Saunders et al., 2012).

Objectivism is an ontological position that implies that social phenomena confront us as external facts that are independent or separate from social factors (Bryman, 2012). This viewpoint suggests that a single reality is made of discrete elements external to our consciousness (not a product of our minds) (McGregor & Murnane, 2010). Considering the research objectives which focus on understanding the 'realities' of older people in the built and social environment, the ontological position of objectivism is disagreeable.

The position of subjectivism is more appropriate. This viewpoint suggests that social reality is relative to the observer and everyday concepts need to be understood to appreciate this reality (McGregor & Murnane, 2010). Saunders et al (2012) highlights the fact that the subjectivist view is a continual process in that through the process of social interaction these social phenomena are in a constant state of revision. To develop a critical approach to understanding the role urban space and architecture plays in excluding society, social interaction must be seen as a critical contributor. Literature suggests the acknowledgment and even celebration of the interdependence of social factors and how they shape the realities of users in the built environment to design inclusive cities.

4.3.3 Epistemology

Epistemology asks how do I know the world? It raises questions about, and invites us to reflect upon, the issue of how the social world should be studied and what approach is the right stance to adopt (Bryman, 2012). It is a branch concerned with the theory of knowledge and the development of knowledge (Grix, 2010). (Chia, 2002) describes epistemology as 'how and what is possible to know' and the need to reflect on methods and standards through which reliable and verifiable knowledge is produced. The role of urban development and how it responds to older users seems to be tentative and involving of intangible elements such as perception. Multiple realities exist and these realities are social products of

actors, of interactions, of negotiations and relations. In global South countries especially some post-colonial societies, notions of 'truth', 'order' and 'reality' (Pisani, 2013) are unsuitable in dealing with often conflicted constructions of meaning and knowledge and interchanges among people. This research position aims to understand multiple subjective inherent meanings (Easterby-Smith et al., 2002; Crotty, 1998) and human action in the social and built environment.

4.3.4 Axiology

Only recently have the interpretive and critical research methodologies focused on the role of values thus paving the way for a legitimate concern for axiology (McGregor & Murnane, 2010). Axiology relates to the assessment on value and it is divided into two different types: value free and value laden. Value free is the choice of study in terms of what/how to study the objective criteria which are unaffected by the research activities, while value laden is determined by human beliefs and experiences (Easterby-Smith et al., 2002). To understand how inclusive urban environments can be achieved in global South cities, it is imperative to assign value to the multiple voices of individuals and communities. (Grech, 2014) highlights the importance of necessitating an understanding of the diverse 'values' and 'purposes' of disability and ageing in specific contexts and temporalities. Consistent with the chosen ontological and epistemological position, the researcher assigns value to the complex 'voice' and 'meaning' that older people and their communities assign to their experiences and actions with the aim of highlighting the various notions positioned within the global South space.

This research recognises the personal values of the researcher and therefore, may, by necessity, contain a certain amount of value bias. This research strives to be impartial in such a way that the personal values and ideologies of the researcher will not distort the framework of the research.

4.4 Qualitative Methodological Choice

The questions asked in this research require predominantly qualitative data. Saunders et al., (2012) suggest that the first methodological choice that should be made is related to choosing between a single quantitative or qualitative (mono method) or multiple methods/mixed methods research design. To accommodate the philosophical and paradigmatic positions mentioned in the section above, this research chooses a single qualitative mono method.

This is usually achieved by devising a research design. A research design acts as a "blueprint" (Yin, 2009) that is designed to detail the stages of the research. Saunders et al., (2012) describe the research design as a general plan of how a researcher goes about answering the research question(s). The research design should specify the sources from which data is collected and analysed (Creswell, 2014). Qualitative research methods are often inductive, seeking to answer questions that stress how social experience is created and given meaning, enquiry in quantitative studies is purported to be within a value-free framework (Denzin & Lincoln, 1998; Denzin & Lincoln, 2000). Due to these reasons, there has been a significant growth in the application and use of qualitative approaches in the built environment (Amaratunga et al., 2002). Flick (2009) explains that due to rapid social change and the resulting diversification of life worlds, qualitative inductive strategies are increasingly being adopted in the built environment. Most inductive methods will develop a set of sensitising concepts as an initial theoretical framework, to provide a conceptual frame for the analysis and resulting conclusions (Duminy, 2014).

The questions asked in this research pertain to an understanding of processes and cultural and contextual meanings, emphasising the need for enquiry through an inductive approach. The inductive approach attempts to find various interpretations of reality and understand lived experiences with a goal to present a credible representation of the interpretations of those experiences the phenomenon under study (McGregor & Murnane, 2010). The research questions cannot be studied in isolation of context neither can the processes and practices

be viewed as single variables or artificial situations. None of the research questions are quantitative in nature, and therefore quantitative methods will not be appropriate. Justification for this decision is provided by Denzin and Lincoln (1998). They describe qualitative study as research that "demands an alternative set of methods for exploring peoples' perceptions, one that is contextually and culturally related". They write that qualitative research "does not belong to a single discipline. Nor does qualitative research have a distinct set of methods that are entirely its own" (Denzin & Lincoln, 1998). This makes it associative with an interpretive philosophy due to the fact that it needs to make sense of the subjective and socially constructed meanings expressed about the phenomenon being studied (Saunders et al., 2012).

The objectives of this research reflect the need to investigate the perspectives of older people in the design and development of inclusive urban environments and this requires developing inductive inferences and a rich theoretical perspective through existing literature. This research investigates how the physical and social urban environment impacts older people in a global South city. This requires the researcher to study relationships and meanings in order to develop a conceptual framework. Amaratunga et al., (2002) describe two major features of qualitative research as focussing on naturally occurring, ordinary events in natural settings, so that there is a view on what "real life" is like and revealing richness and complexity. Aboderin (2007) aligns the qualitative approach with research on older people's vulnerability and contributions in Africa. She states that most research on this topic mainly derives from small qualitative, often participatory studies, small-scale surveys and data from routine national surveys and national censuses. Studies on older people in Kenyan informal settlements have predominantly been of a qualitative nature. **Bennett et al.,** (2015) conducted a study using data from a longitudinal survey of older people residing in Korogocho, an informal settlement. The survey was nested in the Nairobi Urban Health and Demographic Surveillance System (NUHDSS) which contains data on the population of Korogocho and was conducted via face-to-face interviews. Face to face interviews and focus groups are favoured as methods that illuminate the lived realities of older people (Aboderin & Hoffman, 2015). A similar approach is adopted in this study considering it is of a qualitative nature. This study contributes to this approach by

utilising spatial mapping (section 4.12) to support the key findings and provide a contextualised description.

4.5 Case Study Approach: Harare Informal Settlements

The chosen method for this research is the Case study approach. The case study design favours qualitative methods for example, participant observation and unstructured interviewing, as these methods are particularly helpful in generating an intensive, detailed examination of a case (Flick, 2009). Revealing power relations are vital to an understanding of the unequal distribution of spaces and (Nnyka, 2010) explains that this can be uncovered in the course of case research. The case study approach is also useful in unearthing the tensions involved in the struggle for democratic, accountable and inclusive planning practice (Association of African Planning Schools, 2012). Zimbabwe was selected as the case study because it is identified as a global South country and therefore it will contribute in unearthing the challenges and opportunities involved in designing and developing inclusive urban environments.

Justification of this chosen approach also comes from Yin's (2009) distinction of research methods according to three conditions: the type of research question posed, the extent of control an investigator has over actual behavioural events, and the degree of focus on contemporary as opposed to historical events. Table 4 displays these three conditions (form of research question, requires control of behavioural events and focuses on contemporary events) and shows how each is related to selected research methods.

Table 4: Relevant situations for different research methods

Method	Form of Research Question	Requires Control of Behavioural Events?	Focuses on contemporary Events?
Experiment	How, why?	Yes	Yes
Survey	Who, what, where, how many, how much?	No	Yes
History	How, why?	No	No
Case Study	How, why?	No	Yes
Action Research	How?	Yes	Yes
Grounded Theory	How?	No	Yes
Ethnography	Why?	No	No

Source: (Yin, 2009, p. 6)

This research is interested in answering "how" and "why" questions. These types of questions are more explanatory, dealing with operational links needing to be traced over time, rather than mere frequencies and or incidence (Yin, 2009). This research does not require the relevant behaviours to be manipulated and it is preferred in examining contemporary events. Therefore, the case study approach is likely to be advantageous for this research study. Yin (2009) also highlights the importance of context, adding that, within a case study, the boundaries between the phenomenon being studied and the context within which it is being studied are not always apparent.

4.5.1 Criteria and location of case study sites

Two case study sites in Harare, Zimbabwe were identified as appropriate foci for the research: Gunhill and Dzivarasekwa Extension (DZ. Ext) Informal Settlements.

The Gunhill settlement is one of the few settlements located close to the centre of the city and Dzivarasekwa Extension is in the west periphery of the city. Gunhill is a long-term informal settlement where its residents are due to be relocated to a formal site upon complete negotiation. Dzivarasekwa Extension is a former holding camp where ZHPF, Dialogue on Shelter and the City of Harare are co-productively delivering in-situ formal housing improvements. Further detail on the history and social composition of these sites can be found in chapter 6.

Case study research appears in research to be highly relevant and highly contested. There exist many definitions as to what exactly merits "case study" research. A case connotes a spatially delimited phenomenon (a unit) observed at a single point in time or over some period of time (Gerring, 2007; Orum, 2001). Different authors give different weight to the importance of the various elements of the case study approach. Bennett (2001) defines the case study term to 'include both within-case analysis of single cases and comparisons between or among a small number of cases'. Merriam (2002) suggests that the case study is an intensive description and analysis of a phenomenon or social unit such as an individual group, institution, or community.

Merriam (2002) focuses on the "unit of analysis" and explains that the unit of analysis, not the topic of investigation characterises a case study and for it to be a case study, one program (a bounded system), selected because it was typical, unique, experimental, or highly successful, would be the unit of analysis. According to these definitions, two main points can be identified: firstly, case studies are studies of something particular and secondly, case studies involve intensive analysis. Robert Yin (2009) also argues that the case study research incorporates the intensive examination of simple or complex phenomenon within a single case or multiple case studies; it entails using a variety of lines of actions in its data-gathering segments and can meaningfully make use of and contribute to the application of theory (Berg, 2009; Yin, 2009). According to Remenyi et al., (2003) the case study shows both an in-depth understanding of the central issue(s) being explored and a broad understanding of related issues and context. The advantage of undertaking case research in global South countries, explained by the African Association of Planning Schools (AAPS, 2012) is that it is well-suited to

analysing complex planning processes and power relations, as it involves detailed study of developmental factors (i.e. changes over time), and emphasises the importance of local and regional contexts.

The unit of analysis in this research is the relationship between older people and the social and physical environment. Duminy, Odendaal & Watson (2014) suggest that the point of defining a unit of analysis is to make sure that the case study is not a "case of everything". Using this definition, the unit of analysis in the context of this research is developing inclusive urban environments for older people. The unit of analysis is chosen to understand and explore how physical and social urban environments for older people could be designed and developed in global South cities.

Duminy, Odendaal & Watson (2014) explain two important sets of issues impacting upon case design and selection. The first set of issues relate to the practical obstacles that affect the fieldwork process and the researcher's access to and control over actual behavioural events (Yin, 2009). Practical considerations also informed this case selection. (Proverbs & Gameson, 2008) explain that a key component of case study research focuses upon existing information that emanates from the unit of study. Access to this kind of information is therefore important and may be restricted due to confidential matters and/or sensitivity of the topic under investigation. The researcher has lived in Harare and can access key actors involved in the urban planning and design of the city of Harare. This research needed a case that would allow for the study of the social and physical urban environment in the context of a global South city. Zimbabwe represents many of the challenges and opportunities of a Global South Country.

The researcher had sufficient access to research locations although gaining data for the sites was a significant challenge as very little research has been conducted on the sites. Access to key informants was facilitated through relationships formed with Dialogue and ZHPF as explained in the section above. The second set of issues relates to the investigator's attempt to understand what a case study can offer in terms of contributing to the wider knowledge of a particular issue, and to ensure that the chosen case maximises the potential for learning (Duminy, Odendaal, et al., 2014). The Association of African Planning Schools (2012) suggests a possible

way of re-casting the relation between a case study and a research problem/question and the process of case selection, is through the "good patient" metaphor. They describe that a real-world problem affecting society in some way could be imagined as an "illness" that needs to be "cured". In this case, the research questions the impact of the social and physical urban environment on older people and how it excludes older people. This can be viewed as the "illness" and the selected case studies would be the "patient" that displays "symptoms" of the general "illness". Through the challenge of confronting the "illness", the case offers a challenge and an opportunity to generate knowledge about the causes, modalities or outcomes of a real-world problem (Duminy, Odendaal, et al., 2014).

Figure 16: Selected study sites
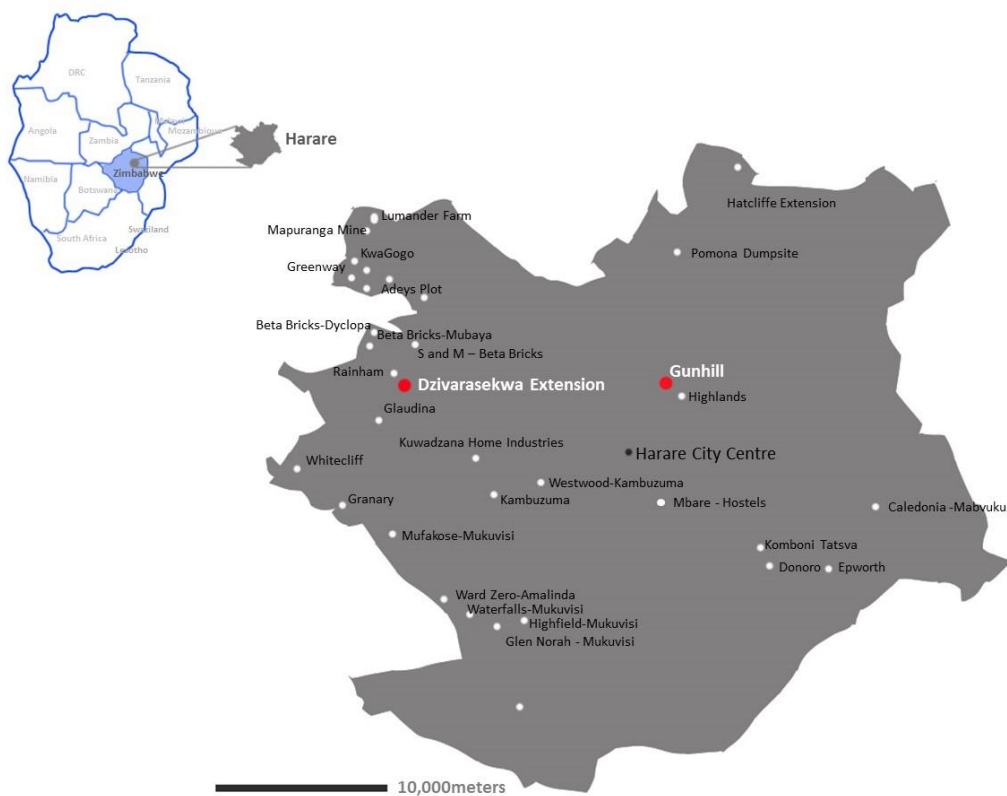
Source: Author (modified arcGIS) map

These case study sites were selected in discussion with key informants from the Dialogue and ZHPF for three main reasons. Firstly, according to the Harare Slum Upgrading Profile conducted by Dialogue on Shelter and ZHPF in partnership with

the City of Harare, in 2014, a total of 37 informal settlements were identified in Harare for profiling and potential upgrading (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014). The two settlements chosen by the researcher are amenable to be studied by one individual and by contrast, many larger slums in the city like the Mbare – hostels settlement (Figure above) with approximately 800 households, pose logistical difficulties for study. Future research with an increase in resources could go further to investigate older settlers living in larger and medium sized informal settlements in Harare.

Secondly, because of the age of the settlements, both sites allow for the possibility of interviewing older persons who have settled for long periods of time. It is important to note that there are other informal settlements in Harare with older settlers such as in Epworth and Hatcliffe Extension. However, prioritisation of the selected case study sites was given based on the presence of the ZHPF within the settlements and the developed relationships which enabled older people to be accessible and identified without much difficulty for interview and informal discussions. The chosen sites do not represent the totality of older persons living in informal settlements in Harare, but are presented here with the aim to illustrate the lives of older persons in urban informal spaces.

Finally, due in part to the locations on state land, and the continuing growth of the settlements, the historical evolution of the settlements is apparent in the built environment, giving access to fundamental emergent processes such as in-situ upgrading, land reclamation, incremental building techniques, and infrastructure development.

4.6 Research Strategies

This study has rejected other possible qualitative strategies such as Experiments, Ethnography, Grounded Theory, Archival Research, Action Research and Narrative Enquiry for the following reasons:

4.6.1 Experiments

Experiments are frequently held up as a touchstone because it engenders considerable confidence in the robustness and trustworthiness of causal findings (Flick, 2009). However, experimental designs are less favourable in social research

due to the need for independent variables to be manipulated to determine influence. Often in social research, independent variables e.g. gender, social and political attitudes cannot be manipulated. In this research, the researcher will not have direct control over variables such as social and political attitudes and therefore there cannot be an inference of causal relationships required in experimentations.

4.6.2 Ethnography

Ethnography has been described as that of providing 'thick description' through the active and frequently protracted engagement of the researcher in the setting under study. It involves studying phenomena within the context in which it occurs and not using data collection techniques that oversimplify the complexities of everyday life (Saunders et al., 2009). Ethnographic style studies rely largely upon direct observation and do not call for other specialised data collection methods (Robson, 2007). Ethnography is a viable option for gaining considerable insight into the various actor's values, beliefs and behaviours and this method is often useful in anthropological research. However, the researcher cannot gain sufficient access into both cases to conduct direct observation and therefore using the ethnographic method would be unsuccessful.

4.6.3 Grounded Theory

Grounded Theory which is a sophisticated, lengthy, intensive research model for the generation of explanatory theory and requires iterating multi-source and multisite data collection and analysis (Charmaz, 2007) has not been considered because this research is not about the study of social structures and processes, in addition, due to pragmatic reasons such as the time and resources available for this research, this choice was not considered viable.

4.6.4 Archival Research

An archival research strategy makes use of administrative records and documents as the principal source of data. An archival research strategy allows research questions which focus upon the past and changes over time to be answered. (Saunders et al., 2012) describes all research as making use of data contained in administrative records, however, when these data are used in an archival research

strategy they are analysed because they are a product of day-to-day activities. This research will make use of data however not as the principal source of data.

4.6.5 Action Research

Action Research can be described by (Reason & Bradbury, 2001) as a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview. Action research begins with everyday experience and is concerned with the development of living knowledge. This research strategy would be quite successful if the researcher was living in the global South city or had substantial time in the city. However, the researcher could notcarry this strategy out due to the geographical restrictions.

4.6.6 Narrative Enquiry

This type of research is a design of enquiry from the humanities in which the researcher studies the lives of individuals and asks one or more of the individuals to provide stories about their lives (Riessman, 2008, cited in Creswell, 2014, p. 13). This information is then often retold or re-storied by the researcher into a narrative chronology. Using this research strategy requires a significant amount of time to understand the view of the participant's life. This is unpractical for the size and time of this research.

4.7 Data Collection Methods

Given the research objective of exploring older people's lived experience of urban place, a broadly qualitative methodology was employed to gather the data analysed in later chapters. Research data collection was focused in two areas, firstly semi-structured interviewing, participant observation and conducting informal conversations with key informants and older persons and secondly, the collection and analysis of documents. The field work in Harare, Zimbabwe took place during 2015 and 2016. The strengths and weaknesses of sources of evidence are highlighted in table 4. The research draws upon a combination of methods to both triangulate, and therefore crosscheck findings (Bryman, 2008), and to

generate a holistic account of the situated and multi-dimensional nature of the settlement assemblage and networked components under study.

Table 5: Strengths and weaknesses of selected data collection methods

Sources of evidence	Strengths	Weaknesses
Documentation	- Stable-can be reviewed repeatedly - Unobtrusive - Specific-can contain the exact names, references, and details of an event - Broad-can cover a long span of time, many events, and many settings - Can be intrusive for understanding social realities in institutional contexts	- Retrievability-can be difficult - Difficult to conceptualise the relations between explicit content, implicit meaning, and the context of functions - Reporting bias-reflects bias of any given document's author - Access-may be deliberately withheld
Semi-structured Interviews	- Targeted-focuses directly on case study topics - Insightful-provides explanations as well as personal views (e.g., perceptions, attitudes, and meanings) - Opportunity	- Bias due to poorly articulated questions - Response bias - Inaccuracies due to poor recall - Reflexivity-interviewee gives what interviewed wants to hear

		• Mediation and steering
Participant-observation	• Reality – covers events in real time • Contextual – covers the context of event • Insightful into interpersonal behaviour and motives	• Time consuming • Selectivity – unless broad coverage • Reflexivity – event may proceed differently because it is being observed • Bias due to participant-observer's manipulation of events

(Yin, 2014; Flick, 2009)

4.8 Developed Key Relationships in Harare

During initial field research in Zimbabwe in 2014, a relationship was formed with a lecturer and researcher in the Department of planning at the University of Zimbabwe. This lecturer was instrumental in providing details of all the major stakeholders involved in improving the lives of urban dwellers and planning and developing Harare's urban environment. Through this relationship and a colleague at the University, the researcher was introduced to the Director of the Dialogue on Shelter in Zimbabwe. Dialogue on Shelter is registered as a non-governmental organisation and acts as the technical partner supporting the Zimbabwe Homeless People's Federation and the alliance of the two organizations work in partnership to address issues of low-income housing and poverty in general. Dialogue on Shelter provides technical support in the form of capacity-building, training and

facilitating interface between communities and government, private sector and academic institutions. This support is mainly geared towards enabling the poor to access resources and address systems and practices that hinder affordable housing and infrastructural services. After many discussions about the research study, the Director informed me of the five-year program funded by the Bill Gates Foundation to demonstrate what can be accomplished when cities engage with poor communities. The main task was key profiling of slums and introducing the Harare Slum Upgrading Project because of the challenge of rapid urbanisation where people migrating to urban areas to improve their livelihoods in terms of income opportunities and access to social services are ironically forced into slums/informality as the cities which are intended to be economic units, witness impoverishment and fails to accommodate them. Older people have increased vulnerability and poverty in these slums and their lives are continually invisible. This engagement process ensured that ZHPF and Dialogue was familiar with the research being undertaken to assist in facilitating access to the community on both sites.

4.9 Conducting Semi-Structured Interviews

Semi-structured interviews can provide a more intimate setting for discussion of personal views and attitudes without any confidentiality issues. Bernard (2002) suggests that semi-structured interviewing is best when there is only one opportunity to interview someone. Due to the location of the study sites and busy schedules of the key informants research had few opportunities to interview someone more than once and therefore semi-structured interviewing was employed for both case studies.

Data collection procedures were developed to emphasise the various tasks in collecting data (Yin, 2014). This includes gaining access to key individuals, making a clear schedule of the data collection activities and considering unanticipated events. For both case studies, the interviewees were identified and the researcher used various methods of approach. Research assistants in the organisation, Dialogue on Shelter facilitated in approaching older people in informal settlements and gathering them for interviews. The key informants were approached by using

email which was the most effective channel of communication for most. In Zimbabwe, calls were made to key informant if this was requested. The semi-structured interviews enabled a targeted focus directly on the prior developed themes whilst providing personal views such as, perceptions, attitudes, and meanings. As set out in the Salford University ethical approval for this project, prospective interviewees were provided with an information sheet (appendix A) describing the research and asked for an interview lasting around thirty minutes to an hour.

4.9.1 Interviews with Key Informants

The overall approach of the study is focused on the interaction of older people in dealing with dimensions of the physical and social urban environment. Of interest, therefore, were the views of key actors who were to some degree responsible for aspects of the physical and social environment (practitioners or professionals) and older people.

Thirteen key informant interviews were conducted using both purposive and snowball sampling. The starting point for interviews with key informants used purposive sampling by approaching the ZHPF and dialogue on shelter personnel who were involved in the enumeration projects on both case study sites. This method involved identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell & Plano Clark, 2011). In this case, the researcher's relationship with the organisation was central to the viability of the research project and in providing logistical support and advice throughout the fieldwork. In addition, interviews were carried out with City Council staff and academia involved directly with the case study sites and the development of urban environments. A common structure of questioning was used with the key informants to build an explanatory narrative on developing a discourse on informality, inclusive urban development and improving the lives of informal settlers. Additional participants were involved using snowball sampling (Saunders et al., 2009), where participants were asked to recommend other individuals. For instance, this was the case for the interviews

with the planner from Arup and the officer from the Urban Council recommended by the academics at the University of Zimbabwe.

Table 6: List of key Informants

Key Informant Group	Organisation	Interviews
NGO	Dialogue on Shelter	Director (senior staff) provided interview and informal conversations before, during and after the fieldwork
CBO	ZHPF	Interviews undertaken with 3 staff members involved in the enumeration project on both case study sites
Local Authority	Harare City Council – Housing Department	Housing Officer
Local Authority	Harare City Council – Planning Department	Senior Planning Officer
NGO	HelpAge Zimbabwe	Director of HelpAge
Academia	University of Zimbabwe – Urban Planning Department	Interviews undertaken with 4 academics involved in planning for the urban poor
NGO	Urban Councils Association of Zimbabwe	Senior Officer
Pvt	Arup – Urban Planning	Senior Planner

4.9.2 Older People

Interviews with older persons took place in Gunhill and Dzivarasekwa Extension site. During 2015 and 2016, 19 semi-structured interviews were carried out with older residents in Gunhill and 50 semi-structured interviews with older residents in Dzivarasekwa Extension (DZ Ext). A local ZHPF project officer supported the interview process on the first few days of the fieldwork to allow for initial introductions and familiarity with the site. Once a basic understanding of the site was achieved, the researcher began semi-structured interviews with older persons. The project officer facilitated introductions with key persons involved in the federation on both sites to assist with the identification of older persons. These

key persons were particularly useful in the DZ Ext community where some homes are walled and people are difficult to access. The interviews typically took place in and around the older person's home. In the Zimbabwean and general African culture, the home is a very personal and intimate space (Duminy, Odendaal, et al., 2014) and the researcher endeavoured to greet the older person respectfully and treat their dwelling with cultural sensitivity. In some instances, older persons were found to be gathering together and informal group conversations were conducted briefly followed by individual interviews with the researcher separate from the group. The study participants were purposely chosen to meet the following criteria:

1. Participants are to be 50 years and over and can communicate their experience.

2. Participants freely chose to participate and share their experience.

3. Participants must be able to communicate in English or Shona to share their experience and views with the researcher.[4]

To ensure a balanced representation of older persons in the total sample, older people with relevant socio-demographic characteristics were also purposefully selected for interview. These categories were: older women, those living alone, those with disabilities (chapter 6). Introductions by ZHPF to older persons and families presented the researcher as a PhD student interested in documenting their experience. The introduction made by the ZHPF member appeared to offset any bias and participants were willing to create time to be interviewed as well as showing signs of openness when discussing their lived experiences within the settlement. The researcher's ability to speak in Shona and Ndebele developed a sense of ease during the interviews and conversations. The choice of participants favoured older women, as in practical terms they were most likely to be at home during the day when interviews were conducted. Older men were more difficult to locate as most were found to be out during the day looking for work.

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[4] The researcher discovered that all participants were more forthcoming to communicate in either English or Shona. Most chose to respond in Shona.

Interviews were conducted with older persons using a prepared interview schedule with interviews lasting between 30 to 40 minutes. The interviews were recorded using a Dictaphone and subsequently transcribed for coding and data analysis. Upon reflection on the interviews, the initial introduction made by the ZHPF project officer may have placed an assumption that the researcher was associated with the ZHPF despite the disconnection being emphasised by the researcher in the interviews.[5]

4.10 Conducting informal conversational interviews

There was opportunity to conduct informal conversational interviews during the field research. These are interviews without an explicit structure guiding the questions. The interview may be understood as a purposeful conversation (Eyles, 1988), and thus may be guided by an aide-mémoire or some mental checklist. Generally, the questions are developed in-situ during the interview, and the interviewee is encouraged to discuss issues they feel are pertinent to the general research being performed. Informal conversational interviews were carried out with two broad categories of people: residents and non-residents of the Gunhill and Dzivarasekwa settlements. Unstructured interviews with residents proceeded through convenience samples during chance meetings. Most of these chance meetings occurred after the researcher had been informed of a specific person of interest to the investigation, and met with them during the field research in the settlement or when discussing the research with key informants. For instance, visits to the University planning department provided many opportunities to interact with various people involved in developing Harare's urban area in some manner. The informal interviews ranged widely in subject matter, depending on the expertise and experiences of the interviewee. The first few conversational interviews happened spontaneously and due to the lack of preparation, some of the answers were very vague and tended to bring up new paths of discussion that were not necessarily relevant. This called upon the need for better preparation. Thematic lines of enquiry were developed and committed to memory to enhance

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[5] Partcipants were more forthcoming with information because of the researcher's association with the ZHPF. The researcher navigated this by maintaining a neutral stance and reiterating, when possible, the moderator's independent status.

the conversation. Most conversational interviews were recorded in the field notebook during the process and those that were not were immediately recorded there after the interview had terminated. These notes have been drawn upon for the empirical chapters of this thesis. These spaces of informal conversations allowed for exploration of current economic and political events in Zimbabwe and enabled the researcher to understand their views of the country and actions taken to improve the physical and social environment of the urban poor.

4.11 Discourse Analysis

To gain an understanding of how older people are represented in international and local policy, a central facet of this thesis required the analysis of key texts produced for international agenda and documents specific to the Zimbabwean locale and urban older citizens living in the city of Harare. Systematic searches for documents where conducted and discourse analysis was used to examine the documents. Further details about the methodology can be found in chapter 6. NVivo 10 was used as a qualitative data analysis software tool designed to help the systematic storing, retrieval, evaluation and interpretation of the texts.

4.12 Spatial mapping

A walk around the sites was conducted on the first days of the fieldwork to understand current living conditions of residents and to investigate the spatial arrangement of the place and its physical conditions. Sketch maps were produced to record the initial findings using computer aided design software and ArcGIS. These maps were improved with data collected from the semi-structured interviews and informal conversations. The sketch maps were created to facilitate data interpretation (Boschmann & Cubbon, 2014) and provide spatial information on the urban environment for older people on both study sites. Photographic analysis supported the development of the maps.

4.13 Data Triangulation

According to the research questions, the researcher has chosen to triangulate data by collecting qualitative data using semi-structured interviews, document analysis and participant observation. This is further discussed in this chapter. Saunders et al., (2012) suggest that triangulating multiple sources of data is usually expected in the case study approach. Triangulation refers to the use of different data collection techniques within one study to ensure that the data are revealing what the researcher thinks. Denzin (1978) first outlined how to triangulate methods. Denzin defined triangulation as "the combination of methodologies in the study of the same phenomenon" (p. 291). Denzin outlined the following four types of triangulation: (a) data triangulation (i.e., use of a variety of sources in a study), (b) investigator triangulation (i.e., use of several different researchers), (c) theory triangulation (i.e., use of multiple perspectives and theories to interpret the results of a study), and (d) methodological triangulation (i.e., use of multiple methods to study a research problem). The main advantage of this is that it allows the researcher to evaluate different sources of information to test a concept or theory on the basis that a consensus of the findings will yield more robust results (Proverbs & Gameson, 2008).

4.14 Generalisation, Validity and Reliability

Single-case studies are typically seen as generalisable only in their capacity, through their depth of detail, to evoke an empathetic or comparative response (Duminy, Andreasen, et al., 2014). Often the inductive case study research process is designed to be "representative" or "illustrative" of general trends, opportunities or challenges pertaining to a particular approach and context from the urban to national scales (Duminy, 2014). This case study research will aim to provide detailed data and information on the social and physical environment for older people living in urban informal settlement communities in the city of Harare. Flyvbjerg (2006) emphasises that the many misunderstandings concerning the case study method are concerned with theory, reliability, and validity. Validity refers to the accuracy and trust-worthiness of instruments, data and findings in research and reliability refers to whether or not the researcher gets the same answer by using an instrument to measure something more than once (Bernard, 2000). To

establish quality in case studies Yin (2009) suggests the use of four criteria (tests) relevant in judging the quality of case studies and these include:

Construct validity: identifying correct operational measures for the concepts being studied. There are three tactics available to increase construct validity: use multiple sources of evidence; establish a chain of evidence and have the draft case study report reviewed by key informants. The researcher has used multiple data collection methods (semi-structured interviews, informal conversations, discourse analysis, spatial mapping) to study the two informal settlement communities as described in section 4.7. The researcher discussed findings informally with key informants after the data collection stage.

Internal validity: mainly a concern for explanatory or causal studies only and not for descriptive or exploratory studies. This study is largely descriptive and investigative of in-depth issues.

External validity: defining the domain to which a study's findings can be generalised. A common thread that allows for the transferability of the concepts is the African culture of "ubuntu". There is potential to develop a local narrative for action on urban ageing based on the underpinnings of ubuntu. The supposition put forward here is that the value of ubuntu is widespread in sub-Saharan Africa (earlier explained in section 3.4.3) promoting strong families and the concept of interdependence and belonging. This common understanding is the principal incentive to practise harmony in the multigeneration family. Commitment by the state and urban stakeholders to a renewal of cultural values such as ubuntu can support the basic concepts of mutual respect between the generations and also strikes a sympathetic chord among the young generation. Thus, African renaissance may ensure that the multigeneration household continues to meet the needs of both young and old in harmony. This narrative can align itself with local and community based initiatives of co-production and incremental inclusive urban development (Chapter 6.6).

Reliability: demonstrating that the operations of a study – such as the data collection procedures – can be repeated, with the same results. This can be overcome by using a case study protocol to deal with documentation problem in

detail and the development of a case study database. The data collection methods can be found in section 4.7 and the analytical strategy in section 4.16.

Flyvbjerg (2006, p. 221) disagrees with the notion that one cannot generalise based on an individual case. He states that "one can often generalise based on a single case, and this can contribute significantly to the development of scientific insights, either as a supplement or alternative to other research methods. Formal generalisation is widely overvalued as a source of scientific development, while the power of the good example is underestimated" (Flyvbjerg, 2006, p. 221). The AAPS (2012) also suggests that case studies can be generalisable by ensuring "relatability" and "transferability". Choosing a greater number of case studies in global South cities would provide better analytical generalisations. However, this research will collect data from one global South city (Harare, Zimbabwe) and due to the size of the research and the varying contexts in global South cities, the data collected may not be sufficient to transfer and generalise to other informal urban areas in Zimbabwe and other global South cities.

4.15 Ethical Approval Process and Considerations

The researcher under the guidance of the main supervisor filled out and submitted the ethical approval form for postgraduate research. Ethical approval was obtained with reference number CST 15/11. The College of Science and Technology Research Ethics Panel confirmed that they have no objections on ethical grounds to the researcher's project (appendix B).

Informal settlers in Zimbabwe have experienced evictions, fear and misery under a prevailing governmental attitude that has led to an "invisibility" to informality and a refusal to provide for informal settlers (Duminy, 2014). This had led to a level of mistrust associated with representatives of the government and often any type of outsider that may jeopardise their settlement. Outsiders entering informal settlements can often unconsciously bring with a position of power in relation to the local community based on preconceived notions about and reflecting the

history of class, race, and other relationships (Danielson, Downey, Krayer, Soto-Belloso, & Williams, 2015). Representatives from the ZHPF and Dialogue on Shelter maintain a reputation for representing the community, empowering and advocating for informal settlers and were therefore welcomed on both settlement. The facilitation provided by the ZHPF and Dialogue on Shelter as explained in section 4.8 in the field made a significant difference in creating a safe and respected space for participants to share their personal information and experiences with the researcher. The participants were asked for their full consent to record the interview and willingness to participate in the research. An information sheet was shown to each participant reiterating their anonymity and confidentiality in the research.

4.16 Analytical Strategy

Qualitative data analysis can be described as an interactive and iterative process, a gradual process and a thoughtful and reflective, rather than a mechanical process (Saunders, Lewis, & Thornhill, 2016). An inductive approach was used to collect, analyse the data and explore the themes and issues to follow up and concentrate on. Underpinning the analysis of key documents and empirical material in this thesis was a critical discourse analysis approach. The overall approach taken has drawn substantially on the elements of discourse analysis presented in the work of Fairclough (2003), namely: the text itself, intertextuality, and social practice. The use of intertextuality as a research method acknowledges the existence of different types of discourse including assumptions. Fairclough suggests that texts inevitably make assumptions and what is "said" in a text is "said" against a background of what is "unsaid", but taken as given (Fairclough, 2003). Social practices aid in approaching the text in multiple layers such as agency, power relations and social structures. The discourse approach is fitting for this research as it attempts to understand how discourses locate and constrain actors in their choices of actions (Reed, 2000).

NVivo 10 was used as a qualitative data analysis software tool designed to support the discourse approach through systematic storing, retrieval, evaluation and interpretation of texts and transcripts. It is particularly valuable because it

facilitates the examination of more texts than would be feasible by hand and therefore allowing for a greater culmination of research findings. Research shows that computer-assisted tools such as NVivo are useful in coding and categorising large amounts of data. Using the software, it is possible to structure different themes and to combine them in related nodes. Laws et al (2003) suggest that the analysis falls to the researcher to read, sort, understand and interpret the data to fit the objectives of the research. When describing strategies for the analysis of data, Yin (2014) suggests that a researcher "play" with their data and use various manipulations including putting information into different arrays, making a matrix of categories, creating data displays, tabulating the frequency of different events, juxtaposing the data from different interviewees and putting information in chronological order.

4.16.1 Analysing Key Documents

Three units of assessment were used for the discourse analysis: the key words (using word frequency), the context in which the recorded unit appeared (using key-word-in-context-KWIC), and the overarching purpose of the section or chapter in which the recorded unit appeared. The combination of units was used to enhance the validity of the method of analysis and to build up the evidence. The word frequency count was used for comparative purposes, to record the number of references to older persons to other social groups to give a picture of the relative importance of different groups. An examination of how the words were used in context provided relational analysis to determine the visibility of older people. The literature review in chapter two and three of this thesis identified some of the terms used to identify older people (table below). A word frequency was also carried out on the key terms used for women, youth, children and informality. Every occasion in which these words appeared within the text was verified for their context reducing any ambiguous results. The term informality was included due to the nature of this research and the emphasis on the informal urban environment.

The distinction within two categories of references to older persons was used as shown in the table below. This was done so as not to miss out on any indirect

references to older persons such as references concerned with intergenerational issues where the older person is not necessarily the focus of attention.

Table 7: Terms used for older persons, women, youth and children

Category	Descriptors used in NVivo
Older Person	"older" "olderANDpeople" "ageing" "aging" "elderly" "elder" "seniorANDcitizen" "pension"
Presence of an older persons	"grandparent" "grandmother" "grandfather" "intergenerational" "grandchildren" "caregiver"
Woman	"female" "gender" "mother" "woman" "women" "maternal" "maternity"
Youth	"young" "youth" "teenager" "school leaver"
Child	"boy" "girl" "child" "infant"
Informal Settlements	"informal" "informality" "slum"

Both direct and indirect references towards older people were sought. Direct references included searching for terms such as vulnerable, disadvantaged. The indirect themes were mostly concerned with identifying references to the daily lived experience such as poverty, housing, health care. Chapter five and six discuss the results of the document discourse analysis for the Zimbabwean and Manchester context.

4.16.2 Analysing Interview Transcripts and Informal Notes

Each interview transcript will undergo content analysis. This means that every transcript will be read thoroughly to identify key issues that were highlighted by using descriptive codes generated by the researcher as the reading proceeded and new or recurrent themes were identified. Thematic analysis is a conventional practice in qualitative research, which involves searching through the data to

identify any recurrent patterns that can be coded to develop themes (Boyatzis, 1998).

4.17 Conclusion

This chapter has focused on the methods used in the case study data-gathering phase of this research. This chapter has shown the design of this study and the conceptual challenges of designing an approach able to investigate micro-level urban experiences of older people in low-income (informal) communities. Central to the construction of the research method has been an ontological and epistemological perspective that older people have agency and value within the urban space. It has also explained the rationale for a case study approach focusing on Zimbabwe. This research methodology has continually spoken to the questions and objectives of this thesis in its commitment to move beyond statistical work and towards a deeper, qualitative approach which captures the lived experiences of older people and the complexity of negotiating informality. The following four empirical chapters open a discussion on the context of urban Zimbabwe, the navigations of urban older persons in Harare and the developed conceptual framework for inclusive urban environment.

Chapter 5 Connecting Ageing and the Global Discourse

5.1 Introduction

This chapter seeks to present a detailed conceptual landscape of urban ageing in Harare, Zimbabwe (global South) and a Global North example of the creation of Age-friendly Cities in Manchester, United Kingdom. Discourse analysis is utilised within this chapter for investigation. Chapter two in the literature review considered the representation of older persons in international development revealing that discussions about older people in urban areas is still relatively new. The discourse represented an attempt to address more than just the "challenge" of building a society for all ages but also the "celebration" of human progress and social achievement. In the context of African urban development, the idea of older persons as "the subjects of rights and participants in actions affecting them" rather than merely "passive beneficiaries" (Frediani & Hansen, 2015) has not gained sufficient currency. A substantial part of the "business" of urban development is concerned with external agendas and interventions by international institutions, such as the UN, aimed at improving the circumstances of the poor and enabling people to influence that improvement. This chapter therefore seeks to contribute to a more comprehensive understanding of this representation of older people in urban environments by using discourse analysis, examining documents produced for UN agendas such as review reports and country reports and policy documents and legislation in Zimbabwe.

The latter part of this chapter seeks to continue conceptualising ageing by investigating a Global North example of the creation of Age-friendly Cities. The data collection for this exploration was conducted before the fieldwork in Harare to contribute to the direction of the thematic areas investigated in Harare. The city of Manchester in the United Kingdom is used as a case study for exploration of "how" cities can be developed with/on behalf of/for older people. Manchester's strategy for ageing and focus on older people in urban Manchester provided significant insight into the practice of inclusive urban development for older people. Although the city of Manchester is in the Global North, the context of

increasing deprivation and austerity in Manchester and its leading position in this emerging field of urban ageing allows for critical understandings. The practice of age-friendly development is explored in this chapter to provide insights into the development of the conceptual framework is detailed in chapter 8.

5.2 Towards the development of Urban Zimbabwe in International Agendas

5.2.1 Selection of texts for Discourse Analysis

The documents produced for international agendas for the discourse analysis consist of texts generated by the UNDP about Zimbabwe's development (n=12). The United Nations Development Programme (UNDP) is the UN's global development network and it is the largest provider of grants for sustainable human development worldwide. The documentation is non-age specific to provide a broad enough scope for analysis. A selection of the Millennium Development Goals (MDGs) Progress Reports for the UNDP were chosen, including key UNDP reports for Zimbabwe and two national reports for the UN-Habitat on improving human settlements.

Since the adoption of the Millennium Declaration by the United Nations member states in the year 2000, the MDGs have become the major guiding framework for development. The MDGs introduced targets set for the nation of Zimbabwe to serve as social development benchmarks for all development policies and interventions. As a way of monitoring country progress towards achieving these goals, periodic reports were produced to act as a guide and monitoring tool to measure successes realised and challenges encountered. The UN-Habitat national reports on Human Settlements are produced as part of a preparatory process for the United Nations conferences on housing and sustainable urban development and used as a framework for future human settlement developments. These are events that the United Nations General Assembly has authorized at 20-year intervals. The first of these summits, then called the U. N. Conference on Human Settlements, took place in Vancouver, in 1976. The second took place in Istanbul, in 1996 and the third in Quito, in 2016. The national report for the 1976 Vancouver conference

is not accessible and therefore cannot be included in the discourse analysis. A selection of other UNDP documents that have an influence on urban development in Zimbabwe include country reports on human rights and sustainable development.

5.3 Findings from the Discourse Analysis

The analysis seeks to illuminate the representation of older people, the attitudes towards older people, the level of visibility of older people in comparison to other social groups and in rural and urban settings. The findings for each of the sections are divided into two overarching themes. The first theme examines the "texture" of the texts (Fairclough, 2003), revealing the relations between elements of the text such as form and style. The second theme addresses the research question 1.3 which asks how older urban persons are represented in the discourses on the development of inclusive urban environment. Attention is drawn to the changing representation of other social groups to provide a comparison. The analysis of the documents is conducted using NVivo 10 as explained in the research methodology chapter (4.16). An example of the textual analysis is shown in the Figure below.

Figure 17: Example of textual analysis in NVivo 10
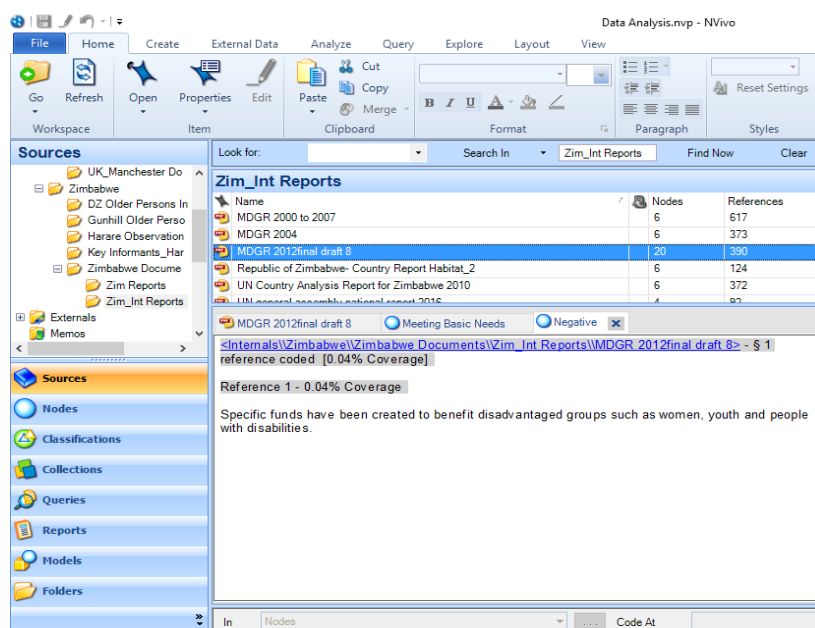
Source: Author (2016)

5.3.1 Millennium Development Goals: Commitment to Development

The Government of Zimbabwe committed to the Millennium Development Goals at the Fifty-Fifth Sessions of the United Nations General Assembly in September 2010. The MDGs, aimed at an array of issues that included slashing poverty, hunger, disease, gender inequality, and access to water and sanitation. As part of the monitoring and implementation framework, Zimbabwe produced progress reports on the adaptation of the MDGs. Five MDGs national progress reports are analysed in this section. The reports provide an analytical summary of the development progress made so far, the key challenges, priority areas for intervention and how much these will cost to achieve the set national targets in 2015. The reports included in this discourse analysis are from the years 2004, 2009 (progress from 2000 to 2009), 2010, 2012, 2015 (final report from 2000 to 2015). The progress reports revealed a clear sense of "invisibility" of the needs and concerns of older persons in urban or rural settings. Direct mentions to older people were very low and in those instance, references were made as general groupings with other social groups such as children and people with disabilities. The highest number of mentions of older persons was in the final MDGs progress report (n=6). This can be considered insignificant when compared to the mentions of women(n=746), children(n=126) and youth(n=233).

Despite the text focus on improving the lives of all Zimbabweans, the MDGs concentration on goals and targets was quickly seen as an unsuccessful approach for Zimbabwe as a major guiding framework for development. The 2015 progress report details that out of a total of 21 targets, only three targets were achieved by the deadline with positive trends mainly found in MDG2 on universal primary education, MDG3 concerning gender equality in schools and MDG6 on HIV and AIDS. This is a tangible indication that the indignity of poverty has not been ended for all. Some of the largest MDG challenges that the country faced were in MDG1: eradicating extreme poverty and hunger, and MDG5: improve maternal mortality, where all the targets under these goals are unlikely to be met by the 2015 deadline. The MDGs were intended as tools to advocate for improved services for the urban poor however, the rising inequality disproportionately affected the most

vulnerable. The reports detailed very basic skeletal consultation processes involving key stakeholders despite the UNDP guidelines and recommendations. Often there is mention of the terms "all stakeholders" or "multi-stakeholder", without further elucidation as to who these groups are and what they represent. There is no clear indication that the urban poor were involved in the interventions designed to assist them indicating their voices were often absent at local government levels where action was needed the most. This was a situation that seemed to be occurring in other global South countries (Hasan, Patel, & Satterthwaite, 2005) where local governments themselves were seen to be missing from the MDG process. Data about older persons within cities with any levels of informality, poverty and slum formation was not viewed as a priority in any manner. This suggests that little disaggregation of data was done for the MDGs intended to assist in monitoring and reviewing the progress.

What becomes increasingly apparent from the reports is the protection of an image or brand of a country that desires to be considered as being a part of the international movement for sustainable development. However, the national government did not have the resources or capacity to implement changes on the ground needed to achieve the MDGs. The MDGs era coincided with one of the most difficult periods in Zimbabwe's economic history. The severe economic challenges in the country saw gross domestic product (GDP) halve over the decade to 2008 along with low agricultural productivity, and hyperinflation reaching 231 million percent at its peak in July 2008 (Government of Zimbabwe, 2012). Company closures in this period were accompanied by urban unemployment of 30 percent, urban youth unemployment of 38 percent (2014), and informalisation of employment, with 14 percent of all employed persons being in the large informal sector (Government of Zimbabwe, 2012). These factors placed strain on the fiscal space, leading to a reduction in social services provision and an increase in poverty.

Little attention was drawn to the urban environment in the first few progress reports. In fact, the 2004 report states that public expenditure was geared towards the expansion of rural infrastructure as a national priority despite recognition that Zimbabwe is faced with the challenge of rapid urbanisation. As trends became

more apparent, the reports could no longer ignore the urban environment with increasing mention of the plight of urban poverty. The MDGs goals and targets had no specific focus on urbanity. Only target 11 of MDG 7 to "ensure environmental sustainability" had an urban dimension: "achieving by 2020 a significant improvement in the lives of at least 100 million slum dwellers". A closer consideration of the targets and indicators underpinning the MDGs suggests that they are not necessarily appropriate for urban contexts, particularly in a context like Zimbabwe's with extensive informalisation of cities.

The MDG era came to an end in December 2015 and the global community decided to look back at the value of a unifying agenda underpinned by goals and targets and use the lessons learnt to effectively implement the Sustainable Development Goals (SDGs) from 2016 to 2030. At the Sustainable Development Summit on 25 September 2015, Zimbabwe and other UN Member States adopted the 2030 Agenda for Sustainable Development, which includes a set of 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030. The SDGs, otherwise known as the Global Goals, build on the Millennium Development Goals (MDGs), eight anti-poverty targets that the world committed to achieving by 2015. The lack of focus on urban areas and disaggregation is addressed at an international level through the introduction of the SDGs. Successful global campaigning by a network of civil society, cities and the United Nations, a campaign that recently culminated in a New Urban Agenda (Habitat III, 2016) and a specifically Urban Sustainable Development Goal (USDG) as part of the United Nations 2030 Agenda for Sustainable Development. The goal is to "make cities and human settlements inclusive, safe, resilient and sustainable" and includes a series of 11 targets, each with politically negotiated indicators. A task force was created to focus on improving the lives of slum dwellers argued for recognising the poor as active agents, improving urban governance, promoting local pro-poor policies, investing resources to make this happen and empowering local action, all as means to achieving target 11. The SDGs were intended to redress many of the shortfalls of the MDGs. While the MDGs committed governments and international agencies to reduce the number of people living in poverty or lacking access to essential services and infrastructure, the SDGs commit these actors to poverty eradication and universal access to these services and

infrastructure. The SDGs are a United Nations-sponsored effort to create a common set of development goals for all communities in every country, with a deadline for attainment of 2030. The idea is to get governments, aid organizations, foundations and NGOs on the same page about what global problems most urgently need to be solved and how to measure progress and solutions. Of the 17 finalized SDGs, one of those, Goal 11, centres on a pledge to "make cities and human settlement inclusive, safe, resilient and sustainable." That goal is backed by specific targets and indicators (currently under negotiation), such as eliminating slum-like conditions, reducing urban sprawl, and ensuring universal access to safe and sustainable urban transit. Goal 11 marks the United Nations' strongest expression ever of the critical role that cities will play in the world's future.

The new global development focus on cities also comes with a new set of targets that reach far beyond the typical focus on housing and slum upgrading to include safe, affordable, accessible and sustainable transport, participatory and integrated planning, green and public spaces, improved air quality and waste management, climate resiliency and natural disaster risk reduction (see Figure 18). These targets draw urban planning, design and architecture into the heart of the development enterprise in an unprecedented way, raising the question of how the USDG and its targets and indicators will integrate into and help improve existing urban process, policy and planning in very diverse cities across the globe. While national governments of UN member states have set the USDG, the goal and its targets will need to be realized at the urban/city scale. The USDG thus raises the question of the relationship-and coordination- between cities and other sub-national as well as national governments in relation to implementation of the goals and monitoring.

Figure 18: Sustainable Development Goals

Source: (United Nations, 2016)

What is uncertain is how another set of goals and targets will impact the lives of urban citizens and more specifically older persons living in poor urban areas.

5.3.1.1 Defining older urban persons within the Millennium Development Goals

The representation of older persons in the MGDs progress reports are extremely low. Any representation of older persons is generally indirect and the group are clustered together with other social groups. Often the terms "vulnerable", "poor" and "disadvantaged" are closely associated with any mentions. There is some direct focus on older persons with regards to their financial vulnerability and the disintegration of pensions. The introduction of the multi-currency system saw the country lose its monetary policy autonomy, while all Zimbabwe dollar denominated financial accounts were reduced to zero, meaning that genuine savers such as pensioners were caught in the grand loss crossfire. Older people are in a vulnerable economy as unpaid contributing family workers, generally constitute vulnerable employment. Informal employment is associated with high vulnerability to poverty. It can be argued that the political and technical choices underpinning the MDG targets led to a very real risk of leaving behind the growing number of older people living in urban poverty. The MDGs concepts and discourses could have made the plight of older persons "visible" however, they became in themselves marginalising and suppressing.

5.3.2 Developing a Framework for Human Settlements Reports: Habitat II and III reports

The two national reports included in these selected texts are the Habitat II and Habitat III national reports. Language is the principle means by which UN papers create a coherent social reality of the country. In these two major texts, the language presents itself as standard and assumes a readership familiar with the UN written approach. This may exclude non-academic readers or readers with difficulty understanding UN jargon. The Habitat II national report was produced in 1996 by the Ministry of Public Construction and National Housing in conjunction with the Zimbabwe Coordinating Committee on Human Settlements for the Habitat II Conference held in Turkey 1996. This was the first report produced by a national consultative body related to urbanisation, shelter and living environments. The UN-Habitat Governing Council produces guidelines to support countries in preparing their national reports. The guidelines included suggested headings which included a dedicated section on responding to the needs of older people along with a recommended word count. This meant that the reports have a similar format to other UN reports with limited personalisation. The latest national report for Zimbabwe was produced under the 2016 guidelines to support the preparatory process of the third United Nations Conference on Housing and Sustainable Urban Development (Habitat III). The UN chose to put emphasis to active participation of all relevant stakeholders, including local governments, at all stages of the preparatory process and at the conference itself. The process suggested that co-production and participation and establishing a gender-balanced consultation should be at the heart of the development of the report and furthermore the implementation of the agenda. There is a focus on local Government and localisation with the promotion of dialogue and consensus among all stakeholders.

During the 1960s and early 1970s, the world was seeing surging urban populations. This was brought about largely by migration to cities drawn by strengthened economic prospects on the one hand and the extreme poverty in rural areas on the other. In turn, governments were increasingly taking notice of the negative effects of rapid and unplanned urbanization. These problems included the growth of urban

slums and squatter settlements alongside broader concerns regarding chaotic development and declining quality of life. The Habitat II and III report acknowledged that Zimbabwe was experiencing urban sprawl although mentions of this are somewhat superficial, with little detail about the impact or plans to address these issues. There is an overall negative image about the increase in informality and the effects of urbanisation. This led to the Government creating an "ease of entry characteristic" of the informal sector due to deregulation. The attractiveness of urbanity with better infrastructure such as potable water, telephone facilities and electricity is highlighted as the reason for rural to urban migration. Problems associated with this rapid urban growth are not dealt with in any structured manner. Lack of funding for any urban interventions to improve the environment is often cited as a key barrier. Housing is a salient issue that is discussed in this report. The government claims to be encouraging NGOs to focus on the urban instead of the rural. The needs and desires of older persons and other vulnerable social groups are not fully embraced in this report and efforts have concentrated on levelling the terms of access rather than affirmative action for their needs or understanding their daily lived reality.

5.3.2.1 Defining older urban persons within the Habitat II and III reports

The Habitat II & III reports refer to older people using the term "elderly". It is quite surprising the lack of progression from this term. This semantic continuous use of the term could also be interpreted as reflecting the rejection or ignorance of the social model, rather than the medical model of ageing presenting older people as being a homogeneous group. There is an argument that the grouping of older persons particularly by key actors in urban development deny the older person of their individuality. Older people are mainly depicted as part of the vulnerable group, often described as those who are not able to compete on an equal basis for resources and opportunities. Some form of diversity is found in references to gender with specific data on policies, policy impact and cultural issues. In these texts, older persons are included in a group usually consisting of women, children, migrants and refugees and people with disabilities. There is association with these social groups with situations of informality in the reports.

This group are likely to be without formal accommodation and in dire need of financial assistance. Older persons were therefore mostly mentioned in the light of informality and described within a framework of defencelessness.

Table 8: Word frequency in selected texts

Date	Report focus	Older Person	Women	Children	Youth	Informal	Context in which OP mentioned
	MDGs						
2004	MDGs Progress Report 2004	**2**	**218**	**115**	**36**	**2**	**General grouped reference**
2009	MDGs Progress Report 2000 to 2007	**4**	**400**	**106**	**90**	**16**	**Goal 6 combat HIV and aids, malaria and other diseases: intergenerational sexual patterns between older men and younger women**
2010	MDGs Progress Report 2010	**2**	**229**	**49**	**55**	**4**	**Grouped reference to lack of existing user fee policy**
2012	MDGs Progress Report 2012	0	247	66	51	8	
2015	MDGs Final Report 2000 to 2015	6	746	126	233	54	Indirect reference to the disintegration of pensions
	Habitat Reports						
1996	National Report for Habitat II	11	29	5	3	6	Shelter strategies for the vulnerable

Year	Title						Notes
							groups included older persons
2016	National Report for Habitat III	10	43	2	25	44	Dedicated section on addressing the needs and concerns of older persons
	Other UNDP texts						
2010	UN Country Analysis report for Zimbabwe	11	248	29	19	18	General reference to HIV, poverty, caregiving
2016	UN General Assembly national report Human Rights	3	37	31	1	0	Government free user policy. Grouped reference
2015	Independent Assessment of Development Results, Zimbabwe, UNDP	0	360	11	18	1	
2015	UNDP, Zimbabwe, Supporting a sustainable future	1	64	14	11	2	Indirect reference on community level interventions
2016	Zimbabwe United Nations Development Assistance Framework	2	226	23	32	0	Grouping reference to income security and poor households

5.3.3 Key United Nations Development Programme texts

These selected UNDP texts were chosen to highlight development work in Zimbabwe within periodic reviews reflecting national priorities, and anchored on the Zimbabwe United Nations Development Assistance Framework (ZUNDAF). The texts detail progress and interventions that cut across areas of democratic governance and human rights, poverty reduction and sustainable development, environmental management, gender equality and women empowerment as well as the fight against HIV/AIDS, Tuberculosis and Malaria. The reports are a positive action to provide reflection and helpful to map out the issues and concerns of Zimbabweans.

The reports frequently mention the participation of all stakeholders in the process of review and producing the report. This is often mentioned in the first few sections of each document implying the need for readers to be made aware of this to the credit of the country. The term "stakeholder" is very seldom articulated as to who the stakeholders are, why they were chosen and what role they take. Only one report contained the list of the persons consulted as an appendix. This revealed that the majority group consisted of high-level Government officials and scanty representation from members of civil society and non-governmental organisations. The texts for all reports contain generic terms that appear to encompass all social groups of society, such as "users", "consumers" and "households". Additionally, groupings such as "the disadvantaged", "the poor", "the vulnerable", give no definition of who is encompassed by these terms and there is no evidence to suggest that older people have been included in any of them.

5.3.3.1 Defining older urban persons within the United Nations Development Programme policies

The word frequency of the selected texts identified few references to older persons. Where they were found, commonly using the term "elderly", they were often located with chronically ill, people with disabilities, orphaned children, generation-gap households, displaced or mobile populations, undocumented and

'distressed' labour migrants, persons of indeterminate nationality and refugees (ZUNDAF 2016). Such vague and unhelpful grouping is found in all the texts, giving an impression that older persons are only seen as part of a group of vulnerable and dependent people. The country analysis report (2010) makes some effort to providing an alternative discourse. There is reference to older persons as caregivers within the context of an increasing number of orphans and other vulnerable children due to HIV related causes. Additionally, there is mention to skipped-generation households headed by older persons. The UN general assembly report (2016) gives reference to a free user fee policy, the Assisted Medical Treatment Order (AMTO), which supports the children under the age of five, pregnant women and older persons above 65 years. This assumes that the Government continues to uphold the user fee policy, however, the MDGs progress reports clearly state the short shelf life for such Government policies unless there is a significant change to the context of financial stringency.

5.4 Developing Age-Friendly Manchester

Following on from the discourse analysis of international documents is an exploration of an international example of creating age-friendly cities. In 2010, Manchester became the first UK city to join the WHO Global Network of Age-Friendly Cities and Communities. Manchester is the United Kingdom's second-largest metropolitan area, the first industrial city, and the economic centre of the North-West England Region. Manchester's high economic productivity is essential to the North and it is home to a major international airport and one of the largest student populations in Europe. The city of Manchester forms part of the statutory city-region of Greater Manchester, together with nine other metropolitan boroughs: Bolton, Bury, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan (see Figure 19). Manchester City Council is the local government authority in the city of Manchester.

Figure 19: Manchester City Region
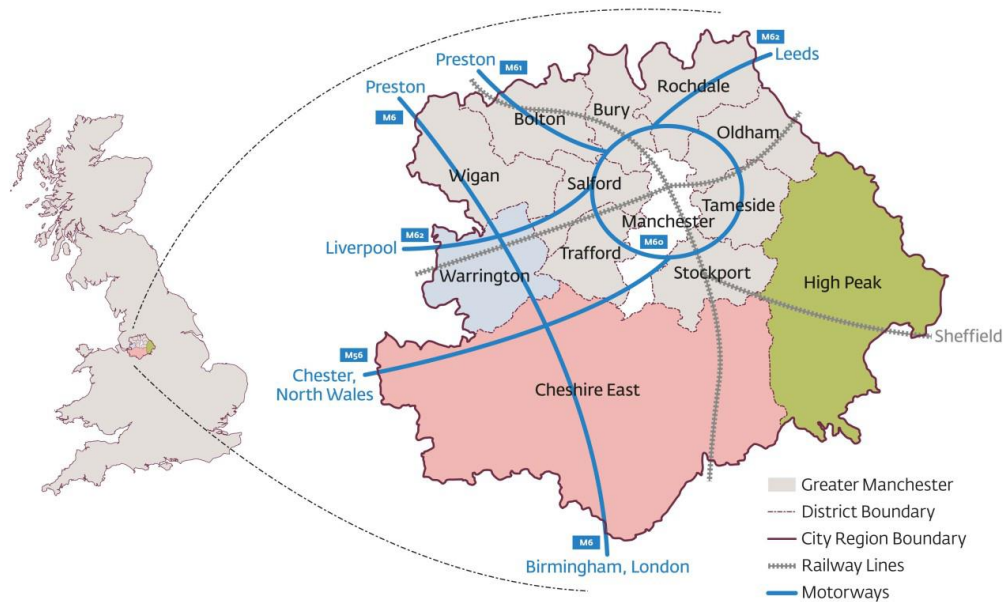
Source: (Manchester City Council, 2012)

Manchester City Council has closely collaborated work with local key actors to become recognised nationally as one of the UK's leading cities for developing innovative projects that enhance the well-being of older people. The Age Friendly Manchester program represents good practice in the design and development of inclusive urban environments for older people (Buffel, 2013). Manchester is a suitable learning case because an important aspect of the work has been the development of an account of urban aging rooted in the city's disadvantaged communities, built around a combination of research findings and conceptual insights[6]. The case study is also accessible in terms of case location and case data. It is also the researcher's lived city whilst studying and this enables closeness to the data sources and an opportunity to act as participant-observer within the case study research.

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[6] The city of Manchester is used as a non-comparable case study to the city of Harare (primary focus). This case location has been chosen solely for its advancement in work on urban ageing as a learning case. This research attempts to move away from the ideas of complete universality and applicability but instead it seeks to emphasise the ideas and theories emerging from specific localities.

5.4.1 Manchester Duration of study, key relationship and methodology

A relationship was built between the researcher and the Manchester City Council in 2014 initiated by the interests of Salford University. The chosen methodologies to investigate the Manchester Case were: discourse analysis, participant observation and key informant semi-structured interviews. Data collection was conducted during 2014 and 2015, before the main Harare fieldwork began to contribute to the direction of the thematic areas investigated in Harare (chapter 6 & 7). The discourse analysis examines a selection of documents relevant to the development of the Age-Friendly Manchester approach.

5.4.2 Manchester Discourse Analysis

This chapter utilised discourse analysis to examine a selection of documents. These texts allowed a preliminary identification of how older people and the issues they face in Manchester are brought to a point of discourse and priority from the perspective of actors such as policy makers, planners and older people themselves. The overall approach for the discourse analysis is described in the research methodology chapter (chapter 4.16). Two groups of texts were selected: Primary (n=7) and Secondary (n=7). The primary group of texts are specific age-related relevant documents produced by Manchester City Council. The selected texts are key to the development of the Manchester Approach.

Table 9: Primary Age-related documents

Date	Report
2009	Manchester: A great place to grow older 2010-2020 Manchester Strategy for Ageing
2010	Manchester A sense of place
2014	Living Longer, Living Better Housing for an age-friendly Manchester
2015	Older People's Charter
2016	Living in Manchester Our Age Friendly City
2016	Age-Friendly Manchester work plan 2016/17
2016	Draft Greater Manchester Ageing Hub Vision and Priorities

The Secondary group of texts are policy documents from the Manchester City Council used for city and community development. These texts were selected to link with the wider themes of Age-Friendly Cities that influence the lives of older people living in Manchester.

Table 10: Secondary Manchester City Council Policy Documents

Date	Report
2012	Manchester's Local Development Framework Core Strategy Development Plan Document
2014	Community Safety Strategy 2014-2017
2015	Greater Manchester Transport Strategy 2040 Our Vision
2016	Delivering Differently Manchester's Domestic Violence and Abuse Strategy 2016-2020
2016	Manchester Joint Health and Well-being Strategy 2016 Refresh
2016	Our Manchester The Manchester Strategy 2016
2016	Manchester: A Housing Strategy 2016-2021

5.4.3 Making Manchester

The secondary documents reveal an ambitious visionary tone for the city of Manchester and Greater Manchester. Manchester is determined to be a competitive "world-class" city and an inclusive city (TfGM, 2017). The chosen language in the documents present a city that aims to stand out as enterprising, creative and industrious. The challenge facing the city is how to deliver this ambitious vision during a period of increasingly finite public sector resources (Manchester City Council, 2016d; Moore, 2016). Manchester's growing population is an indicator of growth, but it can bring additional challenges such as an increased demand for services (Manchester City Council, 2014a). Whilst the city has been growing rapidly and new jobs are being created, the global economic downturn has created unprecedented and extremely difficult economic conditions and led to the subsequent reduction of government funding. The North West has been one of the hardest hit regions and Greater Manchester was not immune to this global and

national economic and fiscal environment. An ageing population, concentrations of unemployment and low skills and changes to the welfare system means that demand for services will only increase in the near future (Oxford Economics, 2013).

Several county-wide services were co-ordinated through the Association of Greater Manchester Authorities up until 2011, when the Greater Manchester Combined Authority (GMCA) was established as the strategic county-wide authority for Greater Manchester, taking on functions and responsibilities for economic development, regeneration and transport. The devolution to the GMCA announced in 2014 will see more control of transport, planning, housing, skills, policing and healthcare budgets move from Central government to the Greater Manchester Combined Authority in 2017. Sir Richard Leese, Leader of Manchester City Council recently stated: "The last few years have been very challenging for the Council...with continuing cuts at the same time as increasing pressures on services...exacerbated by unfair government funding settlements which have hit big cities such as Manchester the hardest" (Manchester City Council, 2017). The stark reality of budget cuts and less funding means less services are meeting the needs of the vulnerable (Moore, 2016). The needs of older people have to compete with the city's wider objectives (Buffel, 2013) associated with economic growth and development and in consequence may appear marginal to both. A resulting challenge has been concerned with building a narrative for older persons that can fit in with a city experiencing financial stringency, political strain and a variant local context [7].

5.4.4 Manchester: A city with older people

Cities have a great power to harness and create wealth and create social inclusion for people of all ages. Developing a city that is inclusive for all ages has slowly emerged as a city priority for Manchester. The secondary documents give reference to the dominance of young people in the urban space, questioning if city

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[7] Meeting on Age-friendly cities in 2014

living is predominantly designed for the young (Manchester City Council, 2016d). In contrast to the national picture, Manchester has a comparatively young population. Approximately 39% of the population are aged under 25, compared with around 31% in England as a whole and, if current trends continue, there will be increasing numbers of school age children living in the city (Manchester City Council, 2016c). Some of the earlier secondary documents demonstrate little mention (table 4) of older persons (community safety strategy 2014 (n=0) and Domestic Violence and Abuse Strategy (n=1)).

However, an increasing focus on older people is demonstrated in the city council documents, with the most mentions in the document "Manchester: A Housing Strategy 2016-2021" (n=30). Providing suitable housing and a wider choice for older people is presented as a significant challenge. Investment in new affordable homes for rent is targeted to support the independence of older households and other groups, for whom home ownership is not achievable (Manchester City Council, 2016b). To address this challenge, Manchester City Council launched a comprehensive housing strategy, "The Living Longer, Living Better; Housing for an Age-Friendly Manchester Strategy from 2014-2020". The strategy sets out Manchester's aspirations for older people to remain in the city and be supported by a range of housing options that maximise their independence and promote their health, safety and well-being. The strategy is strongly linked to the Residential Growth Strategy developed in 2013 to address undersupply and the development impasse evident in the City across all house types and tenures (Manchester City Council, 2014). The key strategy focusses on five key aspects: housing design and provision, creating age-friendly neighbourhoods, increasing social participation, maximising and prolonging independence, improving advice and guidance provision for older people across housing, care and health.

Table 11: Word Frequency

Date	Report	Older Person	Women	Children	Youth	Context in which OP mentioned
2012	Manchester's Local Development Framework Core Strategy Development Plan Document	12	0	13	17	Housing, community services
2014	Community Safety Strategy 2014-2017	0	5	9	11	
2016	Delivering Differently Manchester's Domestic Violence and Abuse Strategy 2016-2020	1	47	62	19	Life course approach to domestic violence and abuse
2016	Manchester Joint Health and Well-being Strategy 2016 Refresh	35	4	54	27	Specific section for older persons - Enabling people to keep well and live independently as they grow older
2016	Our Manchester The Manchester Strategy 2016	11	1	28	14	Poor health, older workers, positive contribution, public health preventing illness, voluntary work
2016	Manchester A Housing Strategy 2016-2021	30	1	2	8	Providing choice and affordability for older households
2017	Greater Manchester Transport Strategy 2040	11	1	10	7	Access to local facilities, concessionary fares, choice of travel, accessibility

Generally, older people form a smaller than average proportion of the population in Manchester and the total number of people aged 65 and over is currently

decreasing, set against an above-average number of young adults (Manchester City Council, 2016c). Although Manchester's population numbers fell during the industrial decline of the 70s and 80s, the estimated population of Manchester between 2001 and 2010 averaged out an growth of nearly 2% per annum. The figures show continued growth from the mid-estimate in 2011 as 502,900 to 514, 400 in 2013 (Manchester City Council, 2013). However, the growth in Manchester's population has not been equally spread across the age groups, with those of pension age (65 and over) falling in number over the decade. Despite having the largest population in Greater Manchester, it does not have the largest number of older people. Proportionally, at 9.5%, Manchester is smallest in proportion, with the other districts ranging from 14.5% to 18.8% (Figure below).

Figure 20: Population aged over 65 in Greater Manchester by district, 2012 Mid-Year Estimates
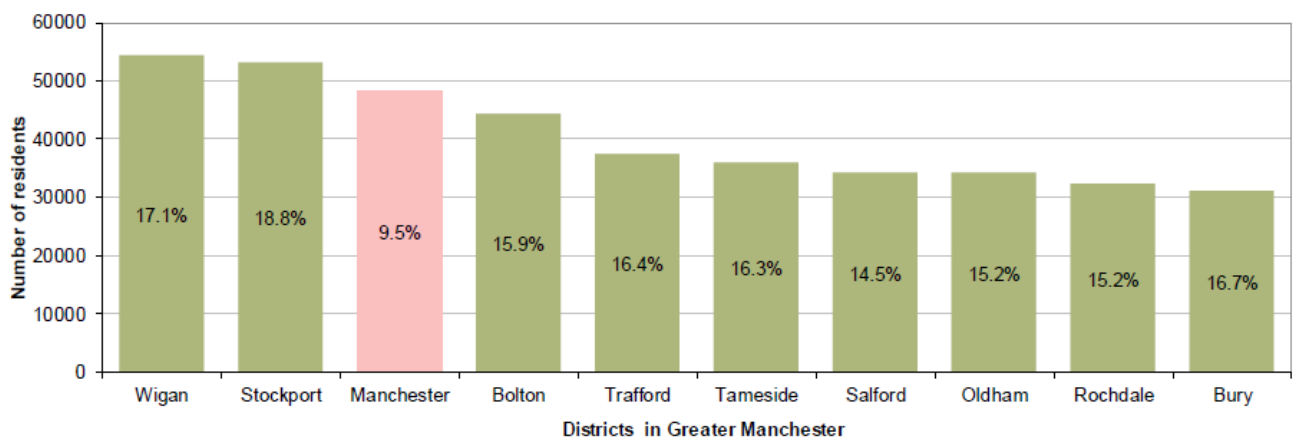
Source: (Manchester City Council, 2013)

Manchester's older population is almost unique in England. In comparison to the national age profile, Manchester has a lower proportion of residents aged 65 and over (9.5% in Manchester compared to 16.9% in England), and this proportion has been decreasing while nationally it has increased. This is set against an above average number of young adults. This is a combination of emigrants not being replaced by a large enough cohort of late middle-aged people and older people moving into the city. The Audit Commission, an independent watchdog, reports in 2008 that "some councils will see an outward migration of affluent people in their

50s and 60s who chose to leave the cities where they spent their working lives to retire to coastal or rural areas. This urban flight will impact significantly on the shape and nature of the remaining older population, which tends to be poorer, isolated, and more vulnerable, with a lower life expectancy and a need for acute interventions earlier in older age (Audit Commission, 2008). The City is still tackling the social, physical and environmental legacy of years of economic decline. Manchester is the fourth most deprived district in the country and 52% of the City's neighbourhoods (measured by Lower layer Super Output Areas from the 2007 Indices of Multiple Deprivation) are among the worst 10% nationally (Manchester City Council, 2013).

5.4.5 Creating Age-friendly Manchester

The primary documents reveal a significant commitment to the rights of older persons living in urban areas in Manchester (Age-friendly Manchester, 2015). Manchester has been established as a leading authority in developing one of the most comprehensive strategic programmes on ageing (Beard, 2014)[8]. Work on age-friendly issues in Manchester was linked to activities during the 1993 European Union Year of older people. This prompted the city council to create a multi-departmental working group charged with promoting a broader range of opportunities and services for older people (Buffel, 2013). The Valuing Older People (VOP) programme was launched in Manchester in 2003, aiming to improve the quality of life of older people, particularly those in disadvantaged areas. The VOP approach was an extension of work done by the Older Age and Opportunity Working Group and the Better Government for Older People group in the later 1990s and consisted of staff from the National Health Service, local government, a housing trust, an arts agency, a national charity, and a local university. The VOP programme was developed at a time when the older people's agenda was moving to centre stage. The government launched the National Service Framework for Older People in 2001 to improve standards in the health and social care sector. Later that year, the Department for Work and Pensions published the government's strategy for ageing. This enforced local authorities to demonstrate

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[8] John Beard – AFM Presentation 2014

to the government how they were serving older people. Consequently, Manchester became one of the founding cities to join the World Health Organisation (WHO) Global Network of Age-Friendly Cities and Communities in 2010.

Figure 21: Key policies and programmes for older people in Manchester

Key dates at a glance

2004	The first Manchester older people's strategy published following the VOP's launch in 2003
2005	Manchester Community Strategy includes objective of becoming a 'pioneering third-age city'.
2008	Publication of Valuing Older People 2004-8 Update report
2009	Launch of ten-year Manchester Ageing Strategy
2010	Manchester joins WHO Global Network of Age-friendly cities
2012	Launch of Age-Friendly Manchester Initiative
2014	Age-Friendly Manchester Development Plan
2015	Older Person's Charter
2016	Greater Manchester Ageing Hub launched; Launch of Living in Manchester, our age-friendly city

The dialogue from AFC meetings confirm that cuts to national and local government and other public sector budgets put achieving the strategic goals at risk and strong evidence from a range of sources indicated that the impact of austerity measures are creating further barriers to delivering the AFM objectives[9]. In response to these challenges, the Age-Friendly Manchester team has sought to mainstream issues of urban ageing by developing strategic partnerships and networks with the public sector and with voluntary and community organisations and universities. Getting government buy-in early gave the initiative both stature

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[9] MICRA Event 2015

and momentum and helped give assurance that concrete policy change would take place (Finkelstein & Netherland, 2010). The AFC approach appeals to political leaders because it addresses a real need among a key constituent group in a way that optimises the strengths of the city (Finkelstein & Netherland, 2010). High-level political support was received from elected council members and leaders such as 2014 Lord Mayor Sue Cooley who dedicated her year of office to promoting the age-friendly initiative. However, a critical challenge was developing an age focus that is central to effective and efficient government rather than an add-on[10]. Conversations on developing the Manchester approach have debated how to create an approach that is humanitarian and humanistic in a largely utilitarian sector concerned with funding and budgeting.

5.4.6 Older people as urban citizens & co-production

Manchester's primary documents display a substantial focus on the importance of the voice of older people and the need for older residents to contribute to and benefit from the city's capacity for wealth creation (Age-friendly Manchester, 2016). There has been a significant effort aimed at offering older people greater control over the research and design process, with the aim of developing sustainable projects that are relevant to the needs that they identify (Goulding, 2016). This approach is known as co-production. It embraces the facts that older people should be recognised as urban citizens; they should have the 'right' to appropriate urban space; the 'right' to participate in decision-making surrounding the production of urban space and the 'right' to shape strategies for urban planning and regeneration. This includes recognising older people as key actors in society. Paul McGarry the Senior Strategy Manager for Age-Friendly Manchester explains in (Buffel, 2015) that "the co-productive approach recognises the centrality of older people as active citizens in the Age-Friendly approach and gives a unique voice to many of the most excluded older people in central and south Manchester".

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[10] AFM meeting 2014

Co-production, when considered, is viewed as a strategy used by citizens and the state to extend access to basic services with relatively little consideration given to its wider political ramifications (Mitlin, 2008). The age-friendly concept in Manchester builds on the city's own long-standing citizenship approach to ageing: shifting the focus of attention away from the traditional medical and care models around provision of ageing services to developing programmes that are led by older people as active citizens (McGarry, 2013). As part of the Age-friendly Network, Manchester have developed a "citizenship" perspective on engagement rather than a deficit model of ageing (Buffel et al., 2012). The approaches that focus on the "medical" services tend to describe people in terms of dependency and deficit rather than focusing on the wider determinants of ageing. The medical model approaches the issue of disability/dis-ordinary as being a problem that can be 'fixed' in the individual (Boys, 2014; Goldsmith, 2000).

Linking discussions about age-friendly cities to ideas of urban citizenship and the right to the benefits which living in a city brings, gives way to a stronger argument for constructing enabling environments for older people (Buffel et al., 2012). Citizenship embodies the notion of rights and obligations and is assumed to be inclusive but this is not always necessarily true. It has been argued that a deep contradiction between citizenship and urbanism exists more so in developing countries (SACN, 2008), where the notion of citizenship is undermined through the inexistence of a public ground for negotiating rights. In this approach to ageing, older persons act as a resource for action, viewed as social and intellectual capital[11].

5.5 Thematic Analysis from Interviews and Observation Notes

Written observations were taken at seminars and meetings conducted by various groups such as the Manchester Institute for Collaborative Research on Ageing (MICRA), Manchester Urban Ageing Research Group, Ambition for Ageing workshops from 2014 to 2017. Although these meetings were mostly focused on the development of the city of Manchester and European cities, there was still

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[11] AFM minutes 2014

immense relevance due to the characteristics of the city of Manchester and the international approach. Eleven key informant Semi-Structured Interviews (Table 12) were employed for discussion of the Age-Friendly Manchester Approach and how this is implemented in practice. The interviewees were identified from meetings and snowball sampling was utilised to select further informants (Saunders et al., 2009) where participants were asked to recommend other individuals. A common structure of questioning was used with the key informants to build an explanatory narrative on how these individuals are involved with the creation of Age-Friendly Manchester and their practices.

Table 12: List of key Informants

Key Informant Group	Organisation	Interviews
Local Authority	Manchester City Council	• Project Manager in the Age-friendly Manchester Team • Housing Commissioning Manager in the Strategic Housing, Growth and Neighbourhoods Directorate • 2 Older Persons Board members and Cultural Champions
Not-for-Profit local housing company	Southway Housing	• Project Officer- Age-friendly Old Moat
Community-led Organisation	Levenshulme Inspire	• Coordinator for the Inspired people's Project • 4 members of the older person led Inspire Task Force
Academia	Manchester University - Manchester Institute for Collaborative Research on Ageing (MICRA)	• Professor of Medical Gerontology & Co-director of MICRA

The Figure below illustrates the development of the coding scheme for interview transcripts in NVivo 10. These themes and key words or phrases were highlighted in the interview transcripts.

Figure 22: Development of coding scheme
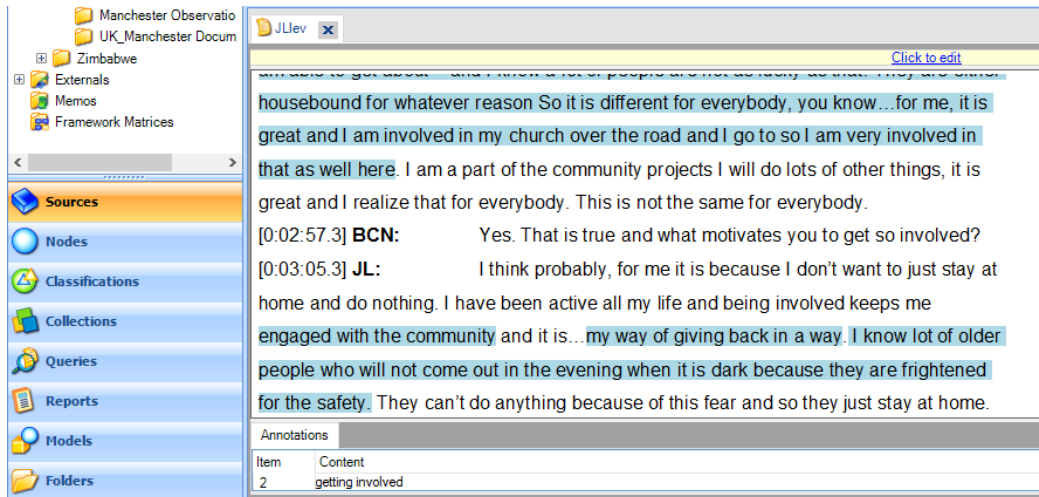
Source: Author (2016)

Field notebooks detailing informal observations and observations of meetings were not subjected to transcription and word processing and instead were dealt with as supplementary to the semi-structured interviews employed in this study (see Figure below). Thematic codes were created from these notes and used to support codes created from transcripts.

Figure 23: Field Notebook showing observations
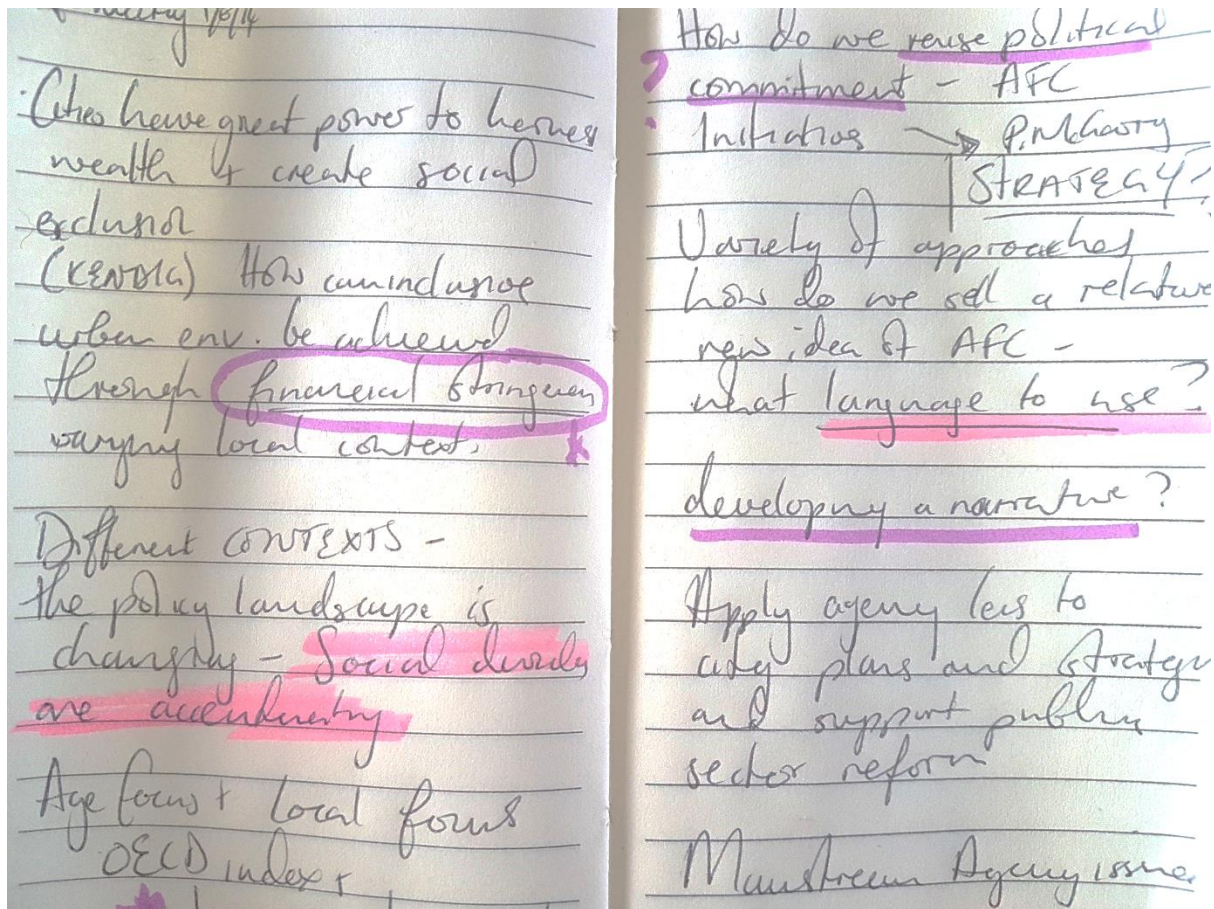
Source: Author (2014)

Codes were developed through the aim, question and objectives of this research, the documents and the recurrent themes in the data. Initial thematic codes were developed as shown in the Figure below.

Figure 24: Thematic Codes developed from Manchester data
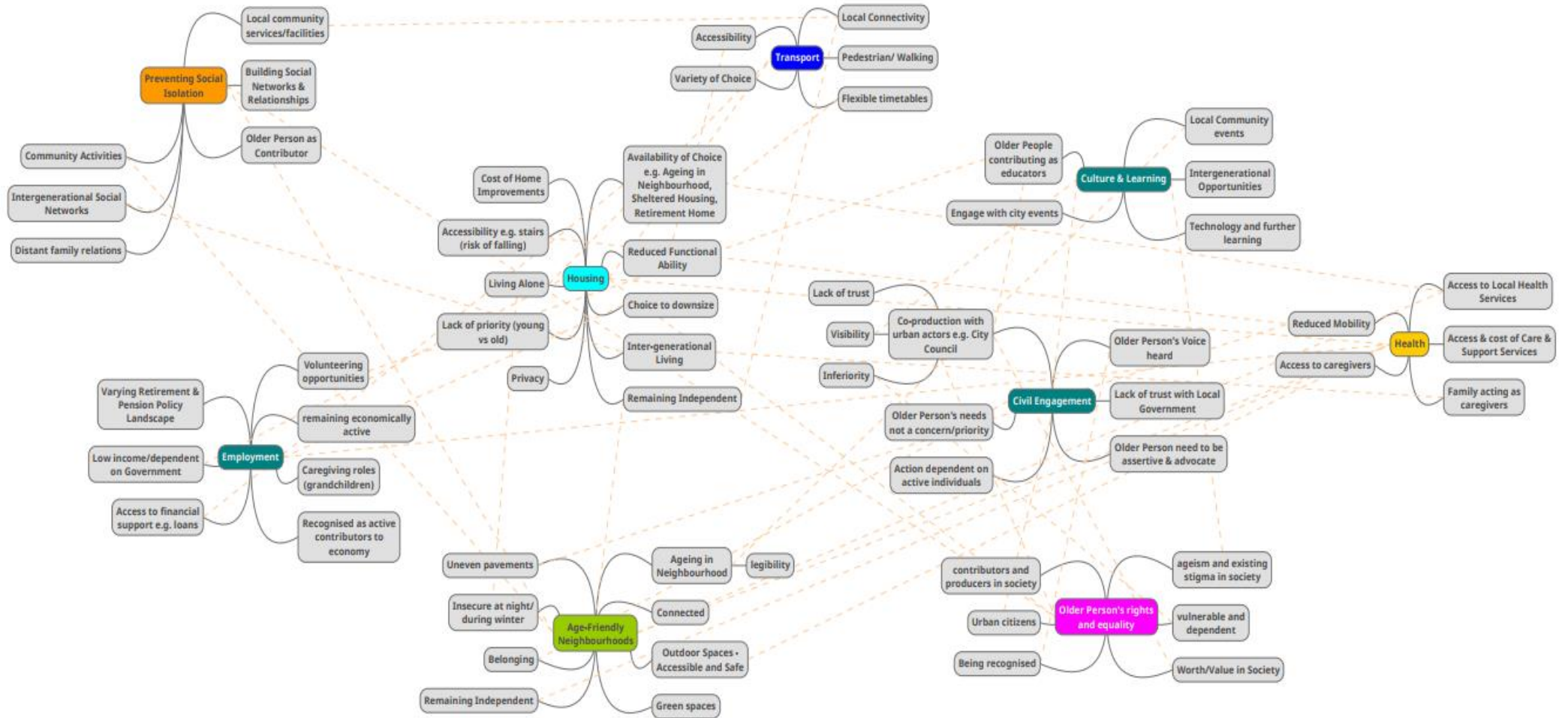
5.5.1 Developing a strategy to improving the lives of older people in Manchester

The framework for ageing in Manchester is currently derived from a key 2009 strategic document, "Manchester: A great place to grow older 2010-2020; Manchester Strategy for Ageing". The Manchester Ageing Strategy (MAS) launched in 2009, set out a ten-year approach aiming to make Manchester, 'A Great Place to Grow Older.' Following extensive consultation with older citizens, experts from academic institutions, charities, and agencies working with older people, The Manchester approach aims to acknowledge the changing nature of "old age" and therefore Manchester's policies consider those entering old age as young as 50, in transition between healthy, active life and frailty and those people vulnerable because of health problems such as stroke or dementia.

This strategic document presents a vision of Manchester as a place where older people are more empowered, healthy and happy. The strategy is organised into eight themes that cover all aspects of city life, based on the WHO model (2007). The eight themes (Figure 25) are: Promoting Equality, Improving Relationships (tackling loneliness and social isolation, and strengthening intergenerational relationships), Improving Engagement, Lifetime Neighbourhoods (Housing, Transport, Environment, Community safety), Income and Employment, Culture and Learning, Healthy Ageing and Care and support services.

Figure 25: Framework for Ageing in Manchester
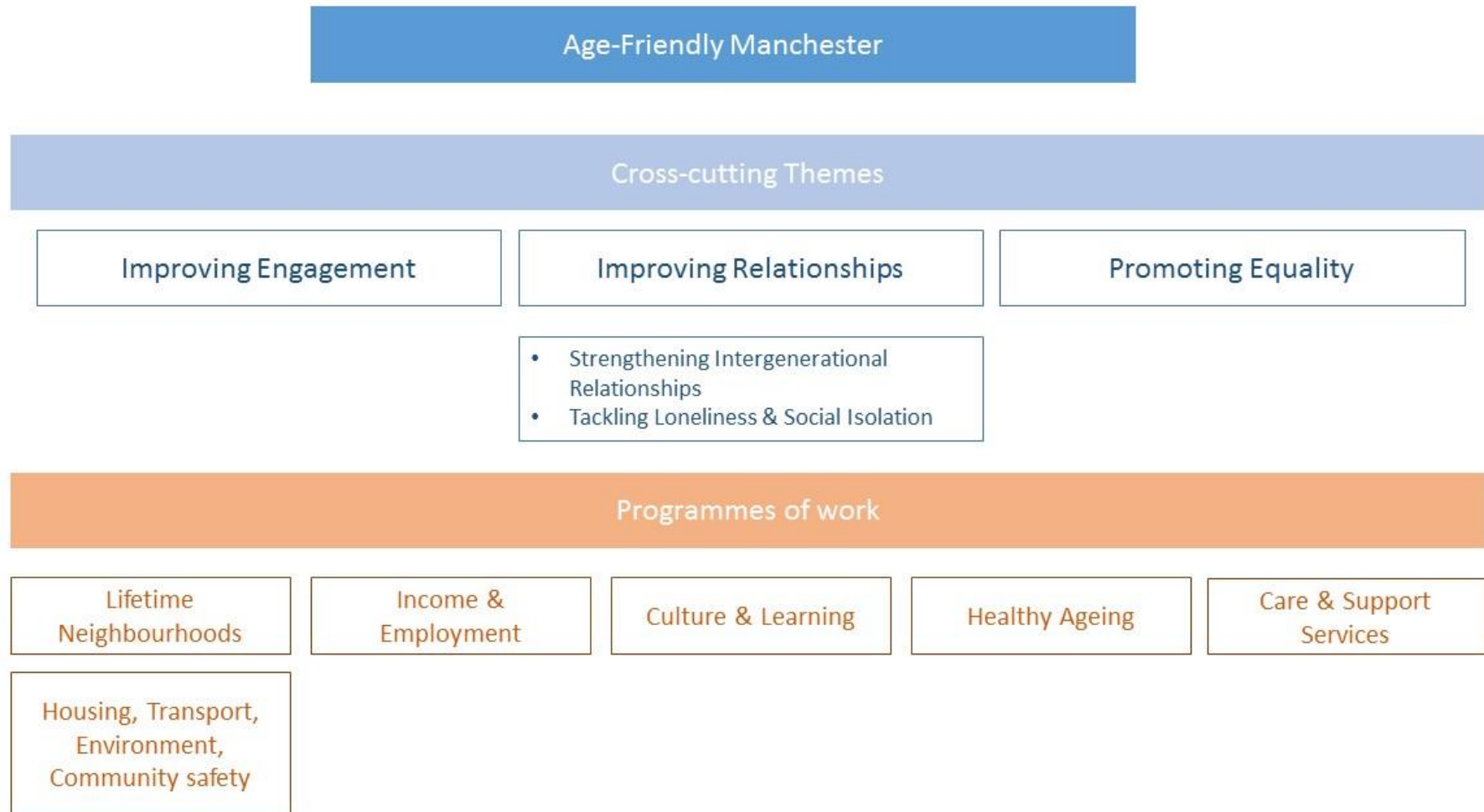
The following section will focus on the examples of practice within four themes (Life-time Neighbourhoods, Improving Relationships, Healthy Ageing and Improving Engagement) as an opportunity to demonstrate age-inclusive practice in Manchester. Although the examples are interlinked with other themes of age-friendliness. These examples have been driven mostly by the local authority in collaboration with community groups, academia and not-for-profit organisations.

5.6 Life-time Neighbourhoods

An age-friendly neighbourhood includes: a physical environment accessible to older people; provision of basic services for older people that are within easy reach; networks of social support and opportunities for older people to take part in the community in which they live (Manchester City Council, 2016a). Lifetime neighbourhoods are described by Harding (2007) as those which offer everyone the best possible chance of health, well-being, and social, economic and civic engagement regardless of age.

5.6.1 Age-Friendly Housing

Housing for older people has emerged as a priority area for Manchester, described as one of the fundamental dimensions of an age-friendly city (Manchester City Council, 2014b, 2016b). A choice of housing close to services, support and good transport links help older people to belong to a community and counteract the damaging effects of loneliness and isolation (Smith, 2014). Good housing in good neighbourhoods provides safety, security and warmth, as well as opportunities to build social relationships and take part in community activities.

Manchester City Council launched a comprehensive housing strategy, The Living Longer, Living Better; Housing for an Age-Friendly Manchester Strategy from 2014-2020. The strategy sets out Manchester's aspirations for older people to remain in the city and be supported by a range of housing options that maximise their independence and promote their health, safety and well-being. The strategy is

strongly linked to the Residential Growth Strategy developed in 2013 to address undersupply and the development impasse evident in the City across all house types and tenures (Manchester City Council, 2014). The key strategy focuses on five key aspects: housing design and provision, creating age-friendly neighbourhoods, increasing social participation, maximising and prolonging independence, improving advice and guidance provision for older people across housing, care and health.

Retirement housing is still a viable option for many older people especially those with complex care needs. Care and health needs will have an impact on housing choice. Although research shows that residential care homes are dwindling in popularity (Ferreira, 2013a). This is because of the preference for a greater level of independence and a less institutional approach to housing and care. The housing strategies developed by Manchester City Council acknowledge this fact and are working on increasing choice for older people. The appropriate housing can reduce residential care placements, facilitate earlier hospital discharge or prevent emergency admissions. There is a strong link between appropriate housing and access to community and social services in influencing the independence and quality of life of older people (World Health Organisation, 2007a). The design, accessibility, affordability and location of housing within neighbourhoods all have a huge impact on health and well-being.

5.6.2 Age-Friendly Neighbourhoods

Two examples of age-friendly neighbourhoods are described in this section. The first example is the community-led organisation, Levenshulme Inspire. This organisation brings together people from many backgrounds to transform the area through community activity, creativity, enterprise and fun. Levenshulme is a predominantly residential area approximately 4 miles from Manchester city centre. It has a multi-cultural and multi-ethnic population. Levenshulme Inspire is a community centre and social enterprise at the heart of Levenshulme offering community-led services that promote the well-being of residents of Levenshulme and beyond.

The Inspired People Project (IPP) has been created to make Levenshulme a more "age-friendly neighbourhood". The three-year project, supported by the Big Lottery Reaching Communities Fund, supports older people in Levensulme and South Gorton to: Increase opportunities for social interaction; feel less lonely and have improved sense of well-being; feel more confident about making informed decisions; feel better able to influences the services which affect them (Levenshulme Inspire, 2017b). The Inspired People's Project was developed as a response to a consultation held with local older people where they raised concerns about social isolation and loneliness as well as mental health issues, financial issues. The project has encouraged older people who may feel isolated and lonely to join with other older people and people from the community through weekly activities such as coffee mornings, armchair aerobics, health & well-being workshops, ICT classes and other training programmes.

Maintaining good health is central to the development of Age-friendly Levenshulme. The community centre provides NHS Pop-Up Clinic every month for older people with no appointment necessary. This is a free nurse-led clinic for health advice, chronic condition support and medicines review. The centre can assist older people in registering with a local GP. There are at least ten GP surgeries within a mile of the community centre.

Older People from the community were recruited as IPP volunteers to form the Older Persons Taskforce. Having done some training in community development and reporting, the group has been meeting regularly to research and decide on campaigns for local issues. An emerging focus for the group has been concerned with the disproportionate effect that easily-overlooked obstructions of the urban environment can often have on older people's everyday lives.

Figure 26: The Graffiti Grannies

Source: (Levenshulme Inspire, 2017a)

The Graffiti Grannies campaign has been a successful campaign designed by older people to "fix the environment" by looking to transform a physically obstructive environment into an actively supportive one. The campaign involved a small group of older people marking up the pavements with bio-degradable spray paint to highlight local trip hazards. This led to the local council installing a dropped kerb outside sheltered accommodation and addressing some of the other reported hazards (Levenshulme Inspire, 2017a). Another campaign "Caught Short" draws light to recurring "age-related" issues by promoting venues around Levenshulme to welcome older people to use their toilet facilities. The work developed by the IPP team challenges a disabling environment for older people as part of the broader concept of Lifetime Neighbourhoods. Urban actions such as improving public access to toilet facilities, dropped kerbs and tactile paving are not just beneficial to older people but they allow persons of all ages and abilities to pursue their own ambitions for a high quality of life.

The second example of Manchester's concerted efforts to develop age-friendly neighbourhoods is the creation of the Age-Friendly Design (AFD). The AFD group created by the Manchester City Council. The AFD group is made up of retired architects, planners, design students and urban designers. They aim to present and promote reasons for age-friendly design principles and criteria and influence how the city is currently designed so it is more age-friendly in the future. Some of their recent work includes increasing the age-friendliness of Alexandra Park as well as creating a sense of place for the residents (Manchester City Council, 2010).

Alexandra Park is one of the earliest and most intact Victorian Parks in Manchester.

Figure 27: Benches and wide paths in Alexandra Park

Source: Author (2017)

Local older residents were consulted as part of the process of refurbishing the park landscape, benches, buildings and sporting facilities to help shape the city's first Age-friendly park (DWELL, 2016). This included the refurbishment of The Pavilion to provide public toilets, a larger flexible community space and a community café.

5.7 Towards Healthy Ageing

The city's industrial decline of the 70s and 80s has left a legacy of poverty and poor health experienced by many of Manchester's older residents. Manchester has some of the poorest health in England, and residents experience higher levels of illness in some parts of the city than others (Manchester City Council, 2016c). A significant part of the population of older people in the city of Manchester is said to be in poor health and with greater levels of disability (Manchester City Council, 2016c). As a result, the health and well-being of older people living in Manchester has been a priority for the local authority, NHS, voluntary and community-led

organisations. This can be shown by the numerous mention of older people in the Manchester Joint Health and Well-being Strategy 2016 Refresh (n=35). In this document, Manchester City Council states one of their priorities as "enabling people to keep well and live independently as they grow older" (Manchester City Council, 2016c). The solutions proposed to meet this strategic priority include: developing age-friendly neighbourhoods, improving communication and engagement with older people and improving the identification and management of dementia.

5.7.1 Dementia friendly Manchester

As part of the government's historic devolution agreement, new decision making and spending powers are being given to Greater Manchester from April 2016. One of the early health and social care priorities for this work is dementia. Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes. It describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. These changes are often small to start with, but for someone with dementia they have become severe enough to affect daily life.

An example of a Dementia Friendly Community Project being delivered in the city of Manchester is the Dementia Friendly Swimming Project. Manchester joined this programme at the beginning of 2015 as one of the pilot cities of the project with an aim to create a network of dementia friendly pools across the city, providing people living with dementia and their carers and families the opportunity to go swimming in a safe and supportive environment (Swimming.org, 2016). All sessions are free for people over 60 years old or attending as a carer, otherwise a £1 charge applies.

5.8 Improving Engagement

5.8.1 Age-Friendly Manchester Older Person's Board

The Age-Friendly Manchester Older People's Board demonstrates the importance of involving older people in decision-making. The Age-Friendly Manchester Older People's Board is a formal meeting taking place approximately every six weeks. The Board includes and represents older people, addressing issues affecting the quality of life for older residents and their communities across Manchester. The Board members provide a vital voice for older people in the city. Members of the Board are elected as representatives of the Older People's Forum, representatives of citywide older people's organisations, or co-opted.

This has resulted in more successful policies and programmes for older people and a more integrated community (Manchester City Council, 2012). There has been a significant effort aimed at extending opportunities for older people's involvement in decision making, project delivery, and service design.

Figure 28: Metrolink station showing sheltered tram stops and tactile paving

Source: Author (2017)

An example of this is the official response provided to a recent TfGM (Transport for Greater Manchester) consultation, "Greater Manchester Transport Strategy 2040:

Our Vision". TfGM provide services to help older people access transport to get around the city. The AFM Older People's Board discussed the draft strategy at two formal meetings and consulted with the city's Older People's Forum. As a result, older people are mentioned throughout the document (n=11) regarding the importance of concessionary fares, the need for access to local facilities, choice of travel and accessibility.

5.8.2 The Culture Champions Scheme

Age-Friendly Manchester has historically been committed to promoting arts and culture for older people. The Valuing Older People partnership is an initiative to improve life for older people in Manchester involving several different services, organisations, agencies and most importantly, older Manchester residents. It was launched in 2003 by Manchester City Council, NHS Manchester and community and voluntary organisations. The Valuing Older People Cultural Offer (VOPCO) was set up in 2007, with the Valuing Older People team at Manchester City Council along with Arts About Manchester (now The Audience Agency) and Library Theatre to extend the reach of the arts and culture in the city centre to older people in Manchester.

Introducing older people as Culture Champions as part of the wider AFM Cultural offer has been a successful initiative for AFM. The Culture Champions scheme launched in 2011 is aimed at engaging older people (over 50) with Manchester's cultural venues in the city, from museums and theatres to galleries and concert halls. It also aims to inform, involve and actively engage older people in Manchester with the variety of cultural activities and events taking place in the city throughout the year.

5.8.3 Older People as Co-researchers

Another AFM programme aimed at improving engagement is the use of older persons as co-researchers. This participatory study was developed in partnership with the Age-friendly Manchester team at Manchester City Council, community organisations, and older people themselves. A case study methodology was carried

out between September 2013 and April 2015 in three contrasting neighbourhoods in the city of Manchester: Whalley Range, Chorlton and Chorlton Park. Older residents, local stakeholders, community organisations and researchers worked together to examine the opportunities and constraints of their neighbourhood as well as identify actions and strategies to improve the physical and social environment (Buffel, 2015). A key feature of this project was the active involvement of older people as co-investigators in all stages of the project, including the planning, design, execution and implementation phases of the research.

5.9 Improving Relationships

5.9.1 Strengthening intergenerational relationships: Chorlton High School Projects

Described as a young city, Manchester has the potential to promote dialogue between the generations as a channel for sharing and learning. Since 2015, Chorlton High School students have been taking part in an intergenerational "Junior Digital Champion" project in collaboration with Southway Housing Association. The students hold half-termly digital drop in sessions at school and pair off with older residents to deliver digital training. Creating more intergenerational learning opportunities involving older people, helps to develop better family and community relationships, and build understanding and respect (Manchester City Council, 2012). Not only are older adults able and interested in volunteering to help younger generations, but researchers say that doing so also improves their health (Holtgrave, Norrick, Teufel, & Gilbert, 2014).

Figure 29: Southway Housing Junior Digital Champions

Source: (Chorlton High School, 2017)

5.9.2 Tackling Social Isolation: Southway Housing Age-Friendly

Manchester has a similar profile to London in terms of a higher prevalence of isolated older people living in transient communities but has a lower proportion of older people than average (Cooley, 2012). Loneliness is an enduring feature of city life for many older people.

Southway Housing is a not-for-profit local housing company that has developed links with the national "Campaign to End Loneliness" to take effective steps to prevent and alleviate loneliness and isolation in South Manchester communities. Southway owns and manages almost 6,000 homes and works with tenants, residents and other organisations to deliver excellent services to improve quality of life for people within their neighbourhoods. They have a particular focus on older people, with 43% of households containing one person over the age of 65 (Southway Housing, 2017).

Figure 30: Old Moat Project

Source: Author (2017)

In 2012 the Old Moat Age-friendly project, was commissioned by Southway Housing Trust and supported by AFM with an aim to address the environmental and social factors that contribute to active and healthy ageing in communities such as Old Moat. Old Moat is an example of a Naturally Occurring Retirement Community (NORC), which is a natural occurrence of older people in a neighbourhood. A key priority of the NORC is to provide regular meaningful activity in Old Moat to engage Older People and tackle social isolation such as a Peer Support Network run by older people for older people (Southway Housing, 2015). This network was developed to organise events and activities in community venues or their own homes to reduce isolation. Other social activities to combat isolation in the community include bi-weekly coffee mornings, chair-based exercise classes, a Dementia Café and a Men's Sheds project offering activities specifically for older men.

5.10 Conclusion

The discourse analysis has demonstrated an absence of consideration of the interests of older people in the urban development discourse. Much of this is evidenced by a silence in the texts examined. The findings indicate that despite the UNDP's many efforts to promote the recognition of the needs and desires of

older people and urban informality using the MDGs and now SDGs, scant attention has been paid by national and local governments. Women and children however, are discussed in significantly more depth in the texts, and often in relation to their health and education. It is worth mentioning that older women are rarely explicitly mentioned amongst the representation of women. The emphasis is undeniably on the young and reproductive female. Much of the responsibility for caring for family members living with HIV/AIDS falls on older women, most of whom receive little or no formal support. Despite this, there is little attention towards the contributory role of older women as care givers for adult children and grandchildren with HIV/AIDS. A role that demands time and effort and has adverse financial consequences when the role competes with time needed to earn a livelihood.

The compelling need for action to create inclusive cities has been recognised in commitments and recommendations set out in the Sustainable Development Goals, World Humanitarian Summit and the New Urban Agenda from Habitat III (2016). Parallel to the dialogue on urban inclusivity is the increasing attention on the global demographic shifts of ageing in urban areas. The WHO framework (2007) was developed in response to these urban discourses. Concerted action on the part of governments, city authorities and other stakeholders has been taken to commit to understanding and improving the lives of older people living in urban areas. Age-Friendly Manchester (AFM) in the United Kingdom is a leading example of this commitment by becoming the first UK city to join the WHO Global Network of Age-Friendly Cities and Communities. The WHO AFC Framework, promotes a mixture of top-down and bottom-up approaches, which targets both macro-level and micro-level systems, allowing for local voices and innovations to inform policy (Menec, Means, Keating, Parkhurst, & Eales, 2011).

The AFM approach has sought to mainstream issues of urban ageing by developing strategic partnerships and networks with the public sector and with voluntary and community organisations and universities. Getting government buy-in early gave the initiative both stature and momentum and helped give assurance that concrete policy change would take place(Finkelstein & Netherland, 2010). Examples of AFM practice demonstrate that local initiatives can be successful and sustainable when tackling the concerns of older people especially those who are considered

vulnerable and hard to reach. Although the WHO AFC framework is global, there is less adaptability to the Global South cities such as the absence of mention of access to informal support from family and friends in the domain of Community Support and Health Services.

Chapter 6 Developing Urban Environments for the Urban Poor in Zimbabwe

6.1 Introduction

As reported in the research methodology chapter, the fieldwork for this research was undertaken in Zimbabwe during 2015 and 2016 in two informal settlements in the capital city of Harare. This chapter begins the exploration of Zimbabwe's urban environment with emphasis on the lives of the urban poor. The examination of the data collected during the fieldwork is used to build a picture of the urban spaces lived in by older low-income Zimbabweans and the various stakeholders involved. To examine the urban environment in Zimbabwe requires further exploration of Harare's urbanisation and how the local authority has responded to the needs of the urban poor living in informality. Further discussion is detailed of the changing approaches to informality through alliances made with community based organisations and other stakeholders. This chapter examines the background of the two-selected case study informal areas: Gunhill and Dzivarasekwa Extension (DZ Ext.). The recognition of informality and the Harare slum upgrading program marks the progressive relationship between the community and the local authority. These case studies do not represent the totality of older persons living in informal settlements in Harare, but are presented here with the aim to illustrate the lives of older persons in urban spaces. The chapter concludes by considering the efforts made by community based organisations, Zimbabwe Homeless People's Federation (ZHPF) and Dialogue on shelter to mobilise the community and deliver affordable and sustainable urban environments.

6.2 Zimbabwe Study Area

Zimbabwe is a country in the Southern African region along with eight other countries: Angola, Botswana, Lesotho, Mozambique, Namibia, the Republic of South Africa, Swaziland and Zambia. Their estimated combined population was 108.4 million in 2011, of these, 52.0 million (48.0 percent) lived in areas classified

as urban and 56.4 million (52.0 percent) rural (UN-Habitat, 2014). Zimbabwe is becoming increasingly urbanised with approximately 33 percent of the population recognised to be urban areas and all provinces in Zimbabwe are found to have urban population settlements (Zimbabwe National Statistics Agency, 2012). The official definition of an urban area in Zimbabwe is based on a combination of two criteria: namely a settlement designated as urban; and a compact settlement of 2,500 people or more, the majority of whom are employed in non-farm employment (Zimbabwe National Statistics Agency, 2012). Harare Urban district incorporates the City of Harare, which is the capital and largest city in Zimbabwe. The chosen urban environment for this research is the city of Harare in Zimbabwe as the primary spatial focus for the research, with the local authority of the area being the geographical unit of analysis. Harare is the capital city of the country and it houses the major administration offices of government.

Harare urban area is relatively better developed than all other urban areas in the country, housing heavy industrial area and a total population of 1,485,231 people (Zimbabwe National Statistics Agency, 2012). Harare was identified as the primary spatial focus due to its largely urban area and increase of informal settlements. Additionally, there has been a recent focused effort (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014) in exploring Harare's informal settlements and improving the lives of the settlers. This is highlighted through combined initiatives and urban activity by the Zimbabwe Homeless People's Federation, Dialogue on Shelter and Harare City Council (Local Authority). This research endeavours to acknowledge "capital city issues" such as accentuated political contestation beyond what may occur in other urban areas in Zimbabwe which may be viewed as motivation towards development and funding. The limits of this research prevent a structured comparison of informal settlements in other urban areas.

6.2.1 Demographic: Older Urban Zimbabweans

Like most countries in the developing world, Zimbabwe will witness an increase on the number of older people. The most recent national census taken in 2012 reported that only 6% of Zimbabwe's population is aged 60 and less than 1 percent

is aged over 80 years old (Zimbabwe National Statistics Agency, 2012). These percentages are similar to those in the overall Eastern and Southern African region (Table 13), and are expected to experience subsequent increases between 2012 and 2050. As in any society, such aggregate figures mask the heterogeneity of the population of older people.

Table 13: Percentage of older persons: Country and Regions, 2012 and 2050

	Percentage of total population aged 60+		Percentage of total population aged 80+	
Country	2012	2050	2012	2050
Eastern Africa	4.9	8.2	0.4	0.8
Southern Africa	7.6	14.3	0.6	2.0
Zimbabwe	6.0	12.4	0.7	0.9
Mozambique	5.2	7.2	0.4	0.8
Zambia	4.6	4.2	0.4	0.3
South Africa	7.8	14.8	0.6	2.1
Namibia	5.9	13.4	0.5	1.6

(United Nations Population Fund & HelpAge International, 2012)

As in countries such as Zambia and Mozambique, the low proportions of current and projected older population in Zimbabwe can be associated with a high fertility rate, although the national fertility rate has decreased over the past decade. This small proportion of older population might suggest that ageing is not a phenomenon in Zimbabwe. However, the absolute numbers tell a different story.

The 2012 census displays a total of 156,204 people over the age of 50 years[12] in Harare Province. Projections based on the 2012 national census show that 785 000 persons aged 50 and over living in Zimbabwe in 2012 and by 2050, it is projected that there will be 2, 556 000 older persons (United Nations Population Fund & HelpAge International, 2012). Additionally, contrary to misconceptions, there is considerable longevity within the older population. According to recent UN population statistics, older people in Zimbabwe will typically live beyond 60 years (HelpAge International, 2015). This does not differ dramatically from that in other regions. Between 2000 and 2100, the percentage of the total population over the age of 50 is expected to quadruple, from 8.6 percent in 2000 to 37.7 percent in 2100. The proportion of older people over the age of 60 years will increase from 4.7 percent in 2000 to 25.2 percent in 2100. The population of over 80 year olds will increase by approximately 5 percent from 2000 to 2100. In general, the increases in life expectancy couples with low fertility which increases the number of older people over the age of 80 years in a population.

Figure 31: Predicted change in the proportion of the Zimbabwean population in older age groups[13]

Source: Author adapted from United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision. NB: projections are using medium variants

Zimbabwe is currently experiencing a steady declining fertility rate, although still relatively high when compared with other countries and regions, with a total fertility rate of 3.8 average number of children per woman. The infant mortality rate is also declining and was estimated at 64 deaths per 1000 births for 2012. This means that Zimbabwe has a demographically young population. Over the long run, however, especially if fertility continues decline, the share of the population of working age also declines and that of older persons increases, leading to rising dependency ratios (United Nations Population Fund, 2014). Zimbabwe can be defined as a society only just entering the demographic transition. Population ageing occurs because of fertility decline, as fertility falls within the demographic transition, it has a direct impact on the age composition of the population only at the base of the structure (Dyson, 2010). This will take a long time for the process to occur in Zimbabwe, however, if the death and birth rates become very low and approximately equal towards the end of the demographic transition, then not only will the population stop growing, but eventually the number of people in all groups except for the oldest will be roughly comparable. Zimbabwe will not start to see significant fertility declines until the latter half of the 21st century. The increase in the percentage of older people in a country has implications for dependency ratios.

Figure 32: Dependency ratio (<15 & 65+)/(15-64) in Zimbabwe, (ratio of population 0-19 and 65+ per 100 population 15-64)[14]
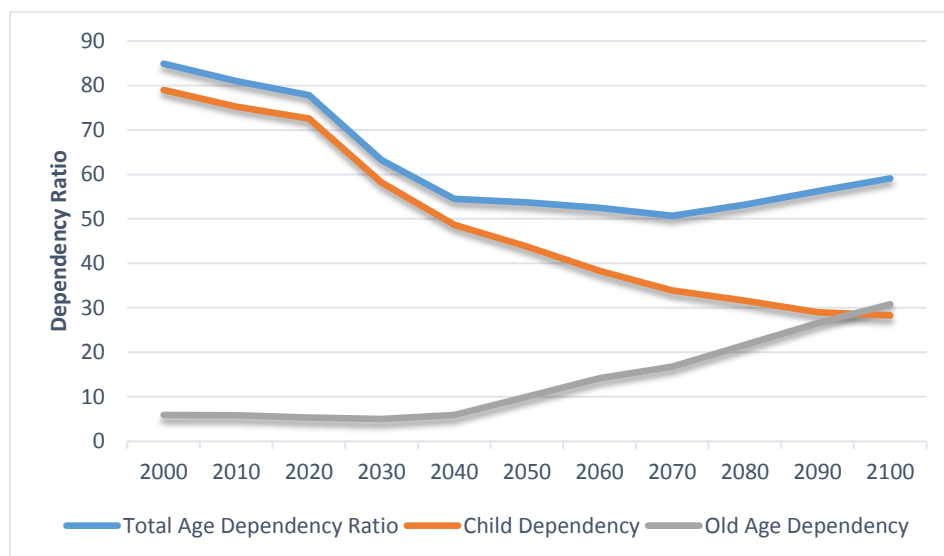
Source: Author adapted from United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision.

Demographic dependency ratios are used as approximate indicators of the relative sizes of the non-working age and working-age populations. The Figure above shows that the old age dependency ratio in Zimbabwe is currently approximately five older people (aged over 65 years) to every 100-people aged between 15 and 64 years old. This is predicted to increase as from 2050 onwards. Contrasting figures show the child dependency ratio remaining relatively high, above 40 children per working age adult until 2060. The pace of these demographic changes means that population ageing in terms of dependency will not be something Zimbabwe must contend with in the next few decades. However, there is an opportunity for Zimbabwe to benefit from a potential demographic dividend; a large increase of economically active adults who enter the workforce as fertility declines. This means that if investments in education, health and economic opportunities for adults are expanded, this rapidly increasing number of adults have the potential to provide a catalyst for national economic growth and development (Maharaj, 2013). Aboderin (2012) explains that old-age dependency notions can be viewed as

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[14] The figure shows the dependency ratios from the years 2000 – 2100

fallacious. Older persons are implicitly or explicitly assumed to be unproductive or marginally productive, thereby rendering input into their physical and cognitive capacity redundant. However, labour statistics for most African countries show that large and even majority percentages of older adults remain economically active (Zimbabwe National Statistics Agency, 2012).

Figure 31 has shown that there will be a sizeable increase in the percentage of older people in Zimbabwe in the upcoming decades. Although the increase can still be viewed as small when compared to other countries andregions, the absolute number of older people will increase dramatically. In 2005 Zimbabwe had an estimated 1 million persons over the age of 50 and this is predicted to more than triple to 5.5 million persons by 2050 (HelpAge International, 2015). There are gender differences in the predicted increase in the proportion of older people in Zimbabwe. The 2016 ZIMSTAT summary of the women and men census reveals a total of 299,779 women and 231,925 men over the age of 65 years (Zimbabwe National Statistics Agency, 2016). The Figure below shows the gap between the proportion of older women aged 60 years and over in the total population and the proportion of older men continues to widen up. This echoes international literature such as the 2014 report by Help Age International and UNFPA which highlight that globally women's life expectancy is higher than that of men.

Figure 33: Predicted change in the proportion of the Zimbabwean population aged over 60 years from 2000-2100, by gender (using medium fertility variant)
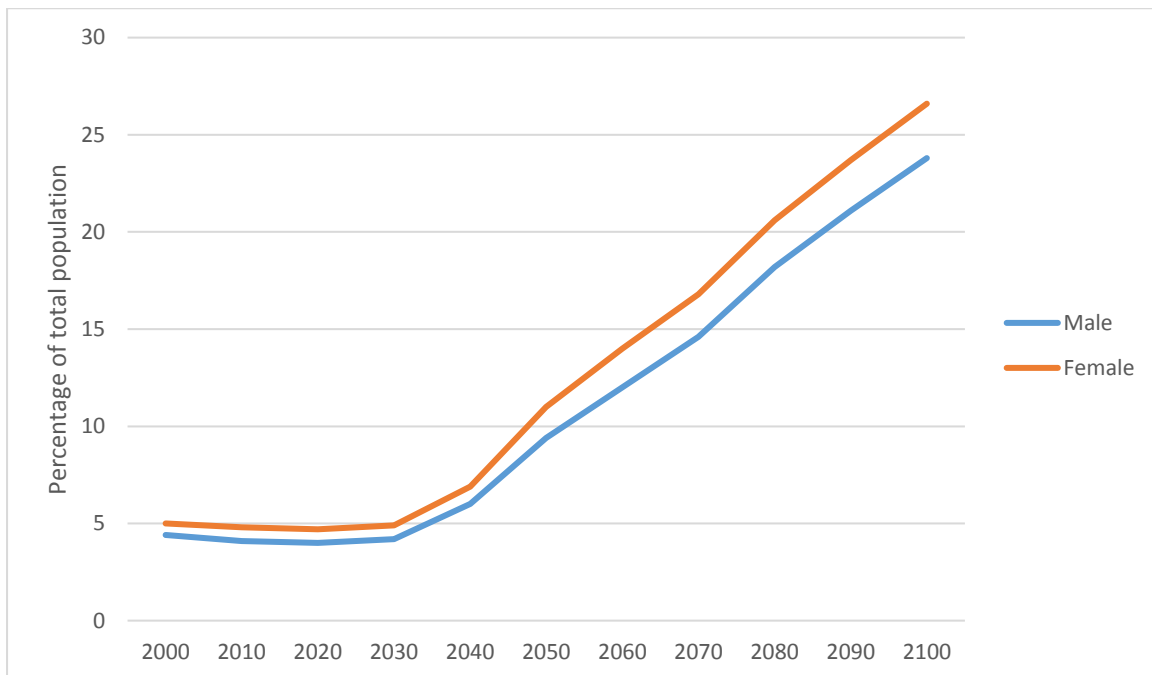
Source: Author adapted from United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision. NB: projections are using medium variants

6.3 Understanding the Decline of Harare Urban

Harare is a sprawling city, whose spatial structure is characterised by its radial road network, converging in the centre of the city. Recent development of Harare's population and spatial pattern was influenced by the political change in the country with independence war in the 1970s followed by independence in 1980 that marks a major event in the development of the city. Residential urban housing types have been historically divided into low density (plot sizes of equal or above 1000 metre square), middle density (plot sizes of equal or above 300 metre square but lower than 1000 metre square) and high density (plot sizes of equal or smaller than 300 metre square) suburbs[15]. High density, for black Zimbabweans (where the poor now reside in what is called low-income housing), middle density for mixed race citizens (where the middle income now reside with smaller plots

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[15] All areas in low, middle and high density suburbs have freehold tenure

and houses) and low density intended for white people (where the middle to upper class now reside with freehold tenures, large plots and good quality houses). Characteristic of all the residential areas is the complex mix of household income levels for residences credited by academics because of the colonial past and control over urbanisation. Zimbabwe's colonial urban history has additionally created segregated spaces based on race, and post-independence policies or the lack thereof have maintained the status quo (Chitekwe-Biti, 2009), further alienating the urban poor. Due to restrictive urban housing land allocation in Zimbabwe, and expensive land prices and rates, high levels of poverty, wide disparities exist (Potts, 2011) and the land use zoning has become enmeshed as even medium and high income households can be found in low income areas (Zimbabwe National Statistics Agency, 2012). Private sector developers have tended to finance only low-risk individuals which resulted in the construction of new housing limited to high income groups (Butcher, 1986).

By 2003, the urban situation of Zimbabwe had changed drastically with 72 per cent of urban households defined as poor, this included 51 per cent deemed to be "very poor", meaning that they could not afford to buy enough food, let alone anything else (ZNVAC, 2004). The introduction of the Economic Structural Adjustment Programmes (ESAP) and its successor program, the Zimbabwe Programme for Economic and Social Transformation (ZIMPREST) in the 1990s, marked a major negative economic turning point. Many analysts point to the failure of ESAP in the early 1990s as a major negative economic turning point (ZNVAC, 2004) deeming it unnecessary and responsible for fostering under-development in Zimbabwe (Bond & Manyanya, 2002, p. 86). The austerity measures imposed by ESAP and ZIMPREST led to, inter alia, the massive retrenchment of skilled and unskilled labour due to the downsizing of the civil service and either the restructuring or closure of many industrial and commercial enterprises; general price increases and the deterioration of social services (Chibisa & Sigauke, 2008). The poorly designed structural programmes worsened the situation of urban who suffered from declining wages and increases in the cost of basic services (Rakodi, 1995, p. 256). The Zimbabwean economy has been on a downward spiral, registering a growth rate of 0.9% in 1998, declining to 0.5% in 1999, and negative growth rates since 2000-2001 (Tibaijuka, 2005a). Within the high density areas in Harare cited earlier,

by 2003, 77 per cent of households were poor and 57 per cent very poor (Potts, 2006), the proportion below the poverty line had therefore trebled in twelve years.

In the south, west and east of the city of Harare, the small plots and housing units of high-density residential areas are the dominating housing structure. As in many other African cities these were specifically built to host the influx of people, which were moving to the city as labour force for the growing economy during the colonial period. Harare is surrounded in the south by mixed density suburbs and in the north and north-east by high-income and low-density residential areas (e.g. Borrowdale). Most of the high-density residential areas are located south-west of the centre with Highfield and Mbare being the oldest black residential areas. South of the urban district extends Harare Rural, which is dominated by agricultural areas with some isolated low-density areas and some high-density areas in the north-west. Older people living in households in high-density areas such as Highfields are becoming increasingly dependent on the market for their basic needs, corresponding with the decline in the system of economic reciprocity and a disintegration of social cohesion (Nyanguru et al., 1994). Many of the older persons (aged 55 years and over) in the study conducted by Nyanguru et al., (1994) were found to be living in households with large numbers of economically inactive children making it difficult for them to support themselves and their families. A conducted survey by Potts (2006) found that 10 to 15 per cent of High Density households in the capital city Harare had incomes below the minimum industrial wage. In addition, Zimbabwe showed urban socio-economic success through other indicators. Most male household heads were employed in the formal sector, social services functioned effectively and were free for many of those on very low incomes and the vast majority of the urban population had access to water and electricity except during the severest droughts (Potts, 2006). No residential area can be said to be exclusively low income and this has implications on vulnerability and other assessments (Wania, Kemper, Tiede, & Zeil, 2014). Therefore, older people living in mixed-density and low-density residential areas may not be experiencing a better quality of life than those in high-density areas or even informal settlements. Further comparative research is needed to determine the

similarities and differences of the lived realities of older people in the different residential areas in Harare.

The increasing levels of poverty and the HIV/AIDS pandemic in Africa impacts the care for older generations and the familial support for younger infected/affected generation often to the detriment of care for those older people in need (Hoffman, 2015). Older people living in residential care facilities with low incomes struggle to meet their basic needs. An earlier study conducted by Nyanguru (1987) on two residential care homes in Harare revealed an insufficient provision of food, clothing and shelter to ensure a satisfactory quality of life for older people in residential care facilities. Nyanguru (1987, p.356) concludes by stating that, "emphasis should not be placed exclusively on physical resources and health care…the socio-emotional needs of the elderly must not be neglected and the cultural context in which individuals have lived their lives must be respected". Achieving the desired level of care and quality of the environment in residential homes in Harare varies with price, and though the best care is likely beyond the reach of many with monthly costs ranging from $300 to $800 (Chavango, 2016). Many of the higher priced retirement homes and old-age care facilities offer 24-hour support and health care while others provide moral support, a social space, and other elderly-specific assistance.These factors, combined with the liberalisation of the economy, led to the gradual but systematic decline of the formal economy and to the rapid growth of the informal sector, especially in the rapidly growing towns and cities. To improve this scenario of rising inequalities, Rakodi (1995, p.258) suggests the contradictions and inconsistencies in Zimbabwean policies at both national and urban levels need to be challenged.

6.3.1 Framing the Urban Poor in Zimbabwe

The story of the urban poor in Harare and Zimbabwean cities in general is a story of evictions, fear and misery. Informal urban settlements are home to most urban poor Zimbabweans. In Zimbabwe, increasing attention focuses upon planning for low-income communities and local state responses towards informal settlers (Kamete, 2009, 2017). Despite this fact, informality is still a concern that needs to be centralised in the discourse on development. A salient question arises as to

why the violation of planning and occurrence of informality is so objectionable to the Zimbabwean state despite numbers that suggest that informality accounts for the provision of the majority of basic needs in sub-Saharan Africa. Piertese and Parnell (2014) state that the negative attitude of government arises from the particular blend of national liberation ideologies that were built on the valorisation of a "return" to the land, to rural lifestyles and to traditional harmony, accompanied by the postcolonial era. Potts (2007) tracks the long history of anti-informality in the colonial period which extended into the post-independence period in Zimbabwe.

Part of the answer can be found in the policy rhetoric. The City of Harare strategic plan 2012 – 2025 gives detail of a great desire for a capital city that is a "World Class City Status by 2025" characterised by order, beauty, cleanliness, vibrancy, wealth creation and prosperity (Mahachi, 2012, p. 15). What is described is an imagery that is almost directly opposing to the current reality of Harare's urban setting. There is a quest being spelled out by the local authorities, Harare's policies and strategic visions for a city that seeks to be viewed as a competitive city, a city of business and enterprise by the international world. This can be viewed as contrasting and often contradictory goals and principles to an inclusive and sustainable city for example, competitive vs inclusive, efficiency and participation. Another possible reason for the intolerance of informality suggested by Kamete (2010) is that the ruling elite is uneasy about the expansion of the urban informal sector and the possibility of a popular uprising. What is desired is the monopoly of a certain type of discourse that resonates around power, influence and branding.

What emerges is the prevailing governmental attitude that informal urbanisation is undesirable and this has led to an "invisibility" to informality and a refusal to provide for the "illegal" urban dwellers. This widespread denial of the realities of urbanisation creates a negative policy environment (Duminy, 2014) that leads to unmanaged urban processes. The weight of evidence is that whilst Zimbabwe is experiencing an expansion of informality, the government is by and large indifferent to the specific needs of this sector (Rogerson, 2016). State responses to informal settlers can be viewed along a continuum from sustained evictions on the

one hand to an inclusive approach to urban development on the other hand. Against this line of thought, the leading political party, ZANU-PF implemented "Operation Murambatsvina" ('Drive out the rubbish' or 'Restore Order') through the urban areas of the country from May to July 2005. The operation started in the capital, Harare and quickly developed into a deliberate nationwide campaign destroying what the Government termed illegal vending sites, structures, other informal business premises and homes. The Operation had major economic, social, political and institutional impact on the Zimbabwean society. Official Government figures released on 7 July 2005 revealed a total of 92,460 housing structures that had been demolished directly affecting 133,534 households. At the same time, the structures of 32,538 small, micro and medium-size enterprises were demolished. Based on average household size derived from the 2002 census, and authoritative studies on the informal economy, the population having lost their homes can be estimated at 569,685, and those having lost their primary source of livelihood at 97,614 (Ministry of Local Government, Public Works and Urban Development, 2005, cited in Tibaijuka, 2005). Older people were one of the main categories of vulnerable victims who lost their home and livelihoods. Other groups included orphans, widows, pregnant women, women and child-headed households and people with disabilities. An estimated 26,600 people aged 60 and above were directly affected by the Operation. Many of these victims relied on renting out backyard shacks to supplement their retirement or disability pensions that have been seriously eroded by inflation over the years (Tibaijuka, 2005a).

Normative approaches to urban governance and planning and idealised visions of city space too often result in relocation or forced eviction of informal residents from their homes and public space as a policy of choice. Often a response to a short-term political, investment and economic imperative, clearances take place with little understanding of the interconnected nature of the urban informal economy or widespread poverty impacts that result. Brown et al. (2015) stress that evictions are a widespread response to the expansion of informal trade and other activities on city streets. Impacted informal residents often feel ostracised and even describe themselves as 'refugees' (Brown et al., 2015). A Harare former metropolitan governor the late David Karimanzira was quoted in the state-run Herald newspaper as saying, "As a policy we don't want squatters, and all people

who are building shacks must destroy them. We want well-planned settlements and the government is not going to sit and watch while people build shacks everywhere" ("Zimbabwe threatens fresh crackdown on slums: report," 2007).

6.3.2 Older People in Informal Settlements: Limits of knowledge

Little research has focused on older people in sub-Saharan Africa. The limited work that has been done has focused mostly on rural areas, and attention to older people living in urban areas is almost non-existent (Ezeh et al., 2006). Ageing is a major risk factor as older people in many African countries inclusive of Zimbabwe are experiencing the syndromes of poverty, ill-health, neglect, abandonment and abuse (Dhemba, 2013; Ferreira, 2005). Recent academic discourses on older Zimbabweans have been from a social policy perspective, with research on governmental public assistance schemes and institutional care that operate only in accordance with older people meet the eligibility criteria and have formal registration. Older persons living in informality are therefore left out of any narratives of state social support and security. The prevalence of HIV/AIDS in Zimbabwe and the increasing numbers of orphans have resulted in progressive interest into older persons as crucial caregivers (Dhemba, 2014; Mhaka-Mutepfa, Cumming, & Mpofu, 2014). However, research has problematically remained largely focused on rural areas in Zimbabwe (Dhemba & Dhemba, 2015). Despite the growing awareness of the informal economy, the issues of young people dominate the scene (Kamete, 2008, 2010), overshadowing rising numbers of older persons that remain a part of the informal workforce in the absence of state support[16]. The limited data on older persons in urban areas present multiple challenges to the understanding of how older people live in informality.

6.4 Zimbabwe's policies and legislative documents

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[16] Notes taken from presentation by Silvia Perel-Lewin (Head of ILC) at Habitat III Older Person's Roundtable 2016 in Quito, Ecuador organised by UN-Habitat

This section analyses documents used for social and physical urban development in Zimbabwe with a focus on the capital city, Harare. One of the documents, the Older Persons Act (Government of Zimbabwe, 2012) focuses solely on older persons. A word frequency and discourse analysis was carried out on the texts. The results of the word frequency count are presented in the table below. What is revealed is a very low representation of older persons in all the key documents except for the Older Persons Act which is solely concerned with the affairs of older persons. Five of the documents do not record any interest in older persons these include the Regional Town and Country Planning Act (1992), the Housing and Building Act (2001) and the National Gender Policy (2013). Whereas references to women are significantly more in non-gender specific text. The greatest number of mentions of older people excluding the Older Persons Act is in the New Constitution (n=26), however this is very low compared to the mention of women (n=76). Informality is absent from these key documents, with the greatest number of mentions in the National Housing Policy (n=9).

Table 14: Word frequency

Date	Report focus	Older Person	Women	Children	Youth	Informal	Context in which OP mentioned
1992	Regional Town and Country Planning Act	0	0	0	0	0	
2001	Housing and Building Act	0	0	0	0	0	
2001	Social Welfare Assistance Act	0	0	4	0	0	Social welfare assistance
2002	Zimbabwe Urban Councils Act	10	2	6	4	3	Reference to Pension
2010	National Housing Policy	2	2	0	0	9	Reference to Pension

2012	Harare City strategic plan 2012 to 2025	0	0	0	0	1	Indirect grouping - Grouped with poor and vulnerable
2012	Older Persons Act	79	0	0	0	0	Focused solely on the affairs of older persons
2013	National Gender Policy	0	536	6	6	1	
2013	Zimbabwe Asset Agenda for Sustainability	3	40	7	4	2	Reference to Households headed by older persons – social service delivery
2013	Zimbabwe New Constitution	26	76	10	1	0	Dedicated section on older persons
2015	Harare City Health Strategic plan 2010-2015	0	45	61	5	4	Indirect grouping - Grouped with vulnerable

6.4.1 Form and texture of key texts

The New constitution (2013) is a major national document influencing the lives of older urban Zimbabweans. This Constitution is the supreme law of Zimbabwe and any law, practice, custom or conduct inconsistent with it is invalid to the extent of the inconsistency. The obligations imposed by this Constitution are binding on every person, natural or juristic, including the State and all executive, legislative and judicial institutions and agencies of government at every level, and must be fulfilled by them. The document contains a dedicated section for older persons (the term elderly was used). This serves as a positive recognition of older persons and the need to support and protect them. Positive and empowering words such as

"enabling" and "participation" in the community are used. A rights-based language is also used to articulate the right to healthcare and financial assistance in a dedicated paragraph on the rights of older persons (termed the elderly). The recognition of older people's human rights in the New Constitution was perhaps fuelled by the Protocol on the Rights of Older Persons to the African Charter on Human and People's Rights created in April 2012 (United Nations Population Fund & HelpAge International, 2012).

This rights-based language is reflected in the Older Persons Act produced a year before the New Constitution. The Older Persons Act 2012 was created to provide for the well-being of older persons and the establishment of an Older Persons Board and Older Persons Fund. Positive affirmative language such as "equal opportunities", "independent lives", "improving well-being and social and economic status" can be found in the Act. Additionally, the Act introduced offences and penalties for any person who fails to comply with an adjustment order, or wilfully denies to an older person, on the ground of his or her age alone. Surprisingly, there is no mention of informality, or explicit distinction between older urban persons and rural urban persons. The Act is intended to encompass all older persons and therefore treating all older persons as homogenous and with the same needs and concerns.

In tandem with the New Constitution, the National Gender Policy introduced in the same year recognises that men and women have a right to equal treatment, including right to equal opportunities in political, economic, cultural and social spheres. It accords to women the right to custody and guardianship, and makes void all laws, customs, cultural practices and traditions that infringe on the rights of women and girls. The policy mentions women according to the terms used in NVivo (n= 536) with no direct mention to older women.

The principal legal instruments governing housing development in urban areas (the Regional, Town and Country Planning Act Chapter 29:12, Housing and Building Act, Urban Councils Act) show no mentions of older persons, women, children, youth or informality. The exception in this case is the Urban Councils Act (2002) which showed low mentions.

The Regional, Town and Country Planning Act Chapter 29:12 is included as the law at the core of planning legislation in Zimbabwe. It is often considered an obsolete colonial law which has no relevance in the present Zimbabwe. There are some considerable inconsistencies between central and local government roles and responsibilities within the Act particularly regarding support to alternative housing delivery models and informal developments. These included allocation of un-serviced plots, promotion of co-operatives and incremental housing without or before changing legislation used to control development. This resulted in some form of policy-legislative log-jam which resulted in or manifested through the legalistic rationalisation of mass evictions of informal settlements. Housing and Building Act establishes the Housing and Guarantee Fund (National housing Fund) which benefits civil servants and non-civil servants. The Fund guarantees loans for Zimbabwean civil servants or non-civil servants for purchasing or constructing of houses. Local authorities also apply for loans under this fund to establish trunk services. The Act gives no articulation of how the urban poor working within the informal sector can access this fund. The Urban Councils Act provides for the setting up of Urban Councils and management of Council areas i.e. urban settlements. It also covers issues of estate development, housing provision and development, which proceed in tandem with Ministry activities in the same areas. The Act outlines how Councils can raise finance and spend it in the context of urban development and how they relate with the Minister.

There is a noticeable absence of references to older persons living healthy and fulfilled lives. There was expectancy to find reference to this in the Harare City Health Strategic plan 2010-2015. However, there is no mention of older persons (n=0) in comparison to mentions of women(n=45) and children(n=61). Although this plan is now outdated there is no reviewed strategic plan for post-2015. The plan is still useful in revealing the priorities of health in the city such as maternal and child health and HIV/AIDS. No recognition is given for potential health concerns of older persons such as Alzheimer's and mental health difficulties.

6.4.2 Describing older urban people in Zimbabwe's Government Policies

Three documents have introduced a chronological definition for older persons. According to the Older Persons Act (Government of Zimbabwe, 2012): An "older person" means a citizen of Zimbabwe aged sixty-five years or above, who is ordinarily resident therein. "Ordinarily resident" means, in relation to an older person, an older person who resides in Zimbabwe for not less than one hundred and eighty-one days in any calendar year. The use of the term citizen in the definition implies that the older person must have been born in Zimbabwe or have Zimbabwean descent. This being the case excludes older persons who may have refuge and immigrant status.

In the New Constitution, People over the age of seventy years are identified as older persons and entitled to the rights of older persons such as healthcare and financial support. The age of sixty years and over is used in the Social Welfare Act as eligibility for social welfare assistance. Arguably, the different age requirements and definitions can be viewed as contradictory and confusing in national policy. "Older" is a nebulous term defined variously by researchers, services and older people themselves. It should not be used as an encompassing term; the needs of a 55-year-old will be very different to those of an 85-year-old, and this is not taken into consideration in the documents. Within the documents there is an assumption that older persons are defined within the context of family. The changing culture of care experienced through post-colonial governance positions old age at an uncertain place particularly with existing discourses and frameworks that underline the "traditional" family as a source of belonging, safety and care for older men and women. An assumption that continues to be challenged by the actual realities of urban life and dissolve of the traditional family structure. This could partly be the reason for the confusing and homogenous perception of older age in policy documents and legislation. There is need to emphasise the departure from socio-political approaches towards the concept of old age. Instead, an acceptance that in an environment of strain and inadequacy, the older person is a "social shifter" (Durham, 2000, p. 116), a term developed by Durham in the context of youth in Africa. Durham (2000) suggests that a categoried such as youth

and in this case, older people can no longer be solely identified by physical/chronological age, but they additionally evoke a social landscape of power, rights, expectations and relationships.

6.4.3 Gender Responsiveness in Zimbabwe Government Policies

The quest for gender equity has evolved from advocacy, negotiation and consensus building, awareness rising on the importance of gender equity, to a point where gender considerations are becoming an obligation in development programming and implementation. The first National Gender Policy (NGP) gave way to a range of initiatives meant to address gender inequalities in 2004. The second National Gender Policy in 2013 seeks to address the shortcomings of the 2004 NGP and the emerging issues prevailing under the changing political, economic and social contexts at local, regional and global levels. The gender policy sets out eight priority policy interventions around which policy objectives and strategies, implementation, monitoring and evaluation are formulated. The policy intervention areas are: (i) Gender, Constitutional and Legal Rights; (ii) Gender and Economic Empowerment; (iii) Gender, Politics and Decision Making; (iv) Gender and Health; (v) Gender, Education and Training; (vi) Gender Based Violence; (vii) Gender, Environment and Climate Change, and (viii) Gender, Media and ICTs.

MDGs goal 3 is concerned with promoting gender equality and empowering women. The word frequency results reveal that women are the most mentioned social group and therefore a significant aspect to achieving sustainable development. Despite the frequent mentions, the targets are largely focused on younger women. Older women are rarely mention directly and indirect referencing is buried in general commentary. It is argued that the limited indicators created for the MDGs force countries to concentrate only on females who can be deemed as young, productive, economically active and relevant to urban development. Target 3A for MDG goal 3 is to eliminate gender disparity in primary and secondary education and the indicators for this target are: 1) Ratio of girls to boys in primary, secondary and tertiary education; 2) Ratio of literate women to men, 15-24 years old; 3) Share of women in wage employment in the non-agricultural sector; 4) Proportion of seats held by women in national parliament. The presence of older

women can be predominantly found in the text related to the third indicator. This indicator measures the degree to which women have equal access to decent jobs. The majority of this employment is concentrated in the micro, small and medium enterprises sector, and is largely informal. Despite the inadequate direct referencing of older women, the data produced from fieldwork with older women in the informal sector reveal that older women are indeed still working as a form of necessity. Being self-employed in the informal sector can make women vulnerable to unemployment, underemployment, difficulties incurred by lack of formal regulation of the sector and low wages. A key challenge when measuring change is that it is often considered to be a technical and political process. The choice of what to measure can reflect the priorities of those who "hold the purse strings" (BRIDGE, 2007). The data collected for these reports often come from the national census data. This source of information reveals a bias to a very small population group. The analysis of activity and labour force of a population in the national census reports gives a picture largely of people who are deemed "economically active". The economically active population refers to the total number of persons available to produce goods and services as realised in national income statistics (Zimbabwe National Statistics Agency, 2012). This grouping renders household activities such as caregiving and homemaking invisible. Informal jobs such as working as a vendor are also excluded from national income statistics and therefore not acknowledged. Access to disaggregated local area data has been scarce in recent years and extrapolation is sometimes required (Mbiba, 2017). Older women tend to have stronger social networks than men, they are more likely to be caregivers of children or sick relatives (United Nations Population Fund & HelpAge International, 2012). Excluding the important contribution of caregiving made by older women significantly places older women at a major disadvantage within the discourse on inclusive development.

Another indirect reference to older women can be found in national documents such as the New 2013 Constitution and the Zimbabwe Asset Agenda for Sustainability (2013) relating to several factors for example; negative cultural norms, women's fear of being isolated from their families for reporting domestic violence, religious proscriptions, limited knowledge of the law, delays in the legal system and economic dependence on male partners. Though not explicitly

mentioned in any the reports, older women are negatively impacted by all these factors. This can give reason as to why women who are rarely consulted within the context of households (Tacoli, 2012) and their needs are often ignored in the design of human settlements, the location of housing, and the provision of urban services.

6.4.4 Positioning Older Persons in the Urban Space

This discussion departs from the assumption that all black older persons retire to the village/rural area and this is becoming even less so for the generations born in cities. The image of the *sekuru* (older man) or *gogo* (older woman) is still depicted within a background of rurality and agriculture/farming. This is evident from the absence of mention of older persons in urban settings in the analysed documents. The very idea that such persons could be found in the urban hustling and bustling of life, in the overcrowded "concrete jungle" was and is still very much unheard of. Their very presence in urbanity is questioned. With the dominant view that Zimbabwe is a "young" nation, older persons are seen as visitors to the city with a belonging only for the rural areas. The issues that accompany ageing are still viewed in obscurity despite the valuable contributions that older persons bring to urban life. These contributions such as caregiving and being a part of the informal economy are certainly lacking from the language portrayed in the texts analysed in this chapter. Large numbers of older urban Zimbabweans experience urbanity with existing connectivity with both the post-independent narratives of national development and the collective social memories that had established an interweaving of individual life histories with the prospective and 'eternal' return of ancestral knowledge. However, without structured responsibilities and certainties, the places they inhabit become instances of disjointed histories with no official claim to the modernity of urban life.

Older persons within the urban poor have invariably become citizens that are "left behind" in a daily life that has been frequently characterised as a rather tedious routine of incessant improvisation required to make ends meet in contexts offering little formal employment, political stability or reciprocity. Unlike urban youth who

were only nominally involved within the colonial and postcolonial logics of urban development and governance, older persons have a stronger social connection with the urban space despite the limited possibilities that accompany the precarious environment. Thus, maintaining the integrity of a coherent space of operation and therefore, to a certain extent, a coherent sense of themselves with a focus on conventional notions of urban development that give attention to the consolidation of local social capital, community governance.

6.5 Research Background to the Case Study Area and Communities

6.5.1 Case Study I: Gunhill Informal Settlement Background

The Gunhill settlement is controversially situated in the North-East of Harare City Centre (Figure 34) on contested land within the leafy and low density residential suburban area of Gunhill. It is one of the few informal settlements that is located close to the centre of the city. The settlement houses a total population of 52 households (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014) with intergenerational families from Mashonaland Central and East provinces as well as a number of immigrants from Malawi and Mozambique.

Figure 34: Gunhill Informal Settlement

Gunhill Site

Mabvuku (re-location)
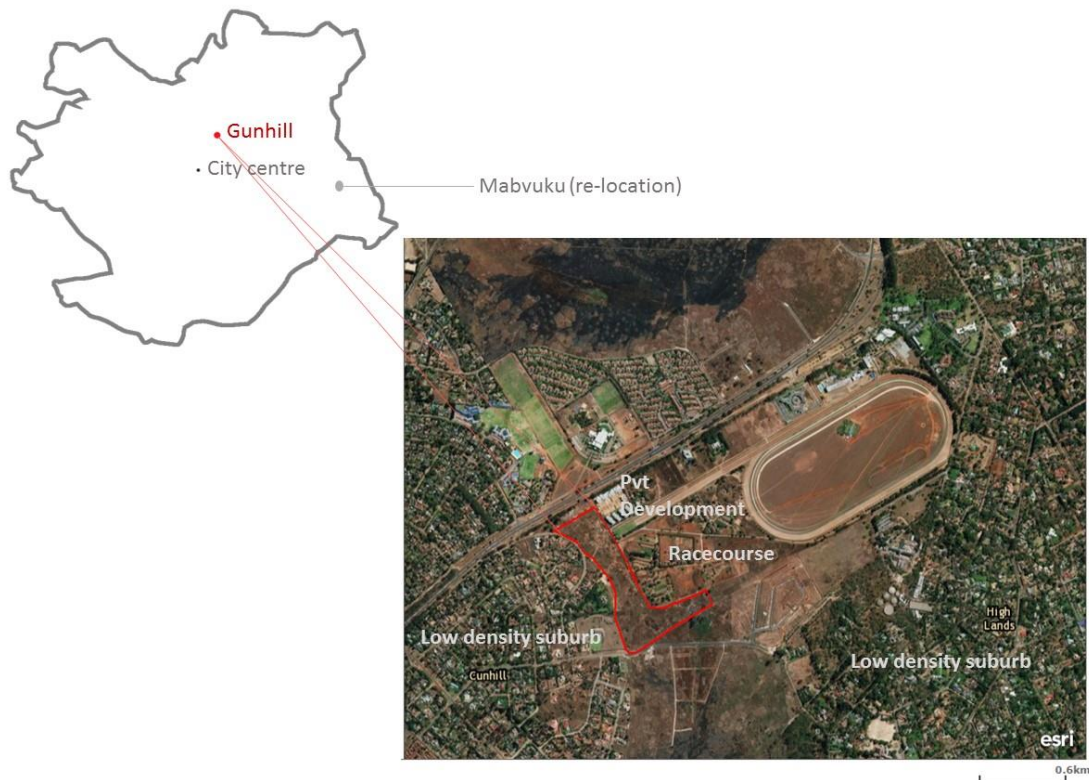
Source: Author (modified ArcGIS map)

The settlement started in 1973 as a coping strategy by the urban homeless who could neither be accommodated by the prevailing residential laws and existing housing stock (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014). The settlement also became home for people who either could not afford high rents or those who lost their homes during the mass eviction, Operation Murambatsvina (clean out the rubbish) in 2005 ("Zimbabwe threatens fresh crackdown on slums: report," 2007). Older people form a part of the Gunhill community profile from as early as 1981. The slum profiling exercise conducted by ZHPF revealed that on average a family of four share a single room which doubles up as a bedroom, kitchen and living room (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014). The settlement lacks adequate basic infrastructure such as water, electricity and sanitation facilities. The majority of

the population are families of men who work or worked as horse grooms at the neighbouring Borrowdale racecourse.

The settlement consists almost entirely of self-constructed housing built on private land. The land the settlers are occupying is reserved for commercial, housing and the development of a freeway from the roundabout of the Newlands bypass into Borrowdale Road. Thus, there has been a longstanding battle with the police, local authority and the informal residents. This development has acted as a catalyst for the numerous evictions experienced by the residents of the Gunhill settlement. Recently, land negotiations with Harare City Council and ZHPF has led to the allocation of land in Mabvuku, a high-density residential area located at the periphery of the city (Figure 34) as relocation for the Gunhill settlers.

6.5.2 Case Study II: Dzivararsekwa Extension (DZ Ext.) Informal Settlement Background

The Dzivarasekwa extension (DZ Ext.) settlement (figure 35) is located at the western periphery of the city; approximately 18km west of Harare and was established by the Zimbabwean government in 1993. Originally over 2000 families resided in DZ Ext until 2004 when the government relocated some of the families to allocated plots in Hatcliffe Extension. The mass eviction in 2005 sent approximately 150 families returning to DZ Ext (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014). Today, it is estimated that almost 450 families live there. DZ Ext was developed to be an extension to the main high density community, Dzivarasekwa (DZ) established in the late 1950's as a residential area for black Zimbabweans working as domestic workers, employed in the nearby and formerly white areas of Malborough and Malbereign. In the absence of conventional infrastructure, the site is being serviced by two boreholes and wells, as well as decentralised sanitation systems such as eco-san toilets and pit latrines. Residents do not have access to electricity and therefore must rely on alternatives such as solar generators, firewood or paraffin as energy sources. In contrast to Gunhill, DZ Ext, has community services such as a clinic, a government-administered primary school and a privately-run secondary school. There are also a variety of formal shops and informal tuck-shops (connected to a home) in the

community and other services such as a fuel station. DZ Ext sits on the margins of DZ and lacks adequate infrastructural connection to the central area of DZ (Bachmayer, 2012). The main DZ area provides a wider variety of shops, banks and other key amenities.

Figure 35: DZ Ext. Site
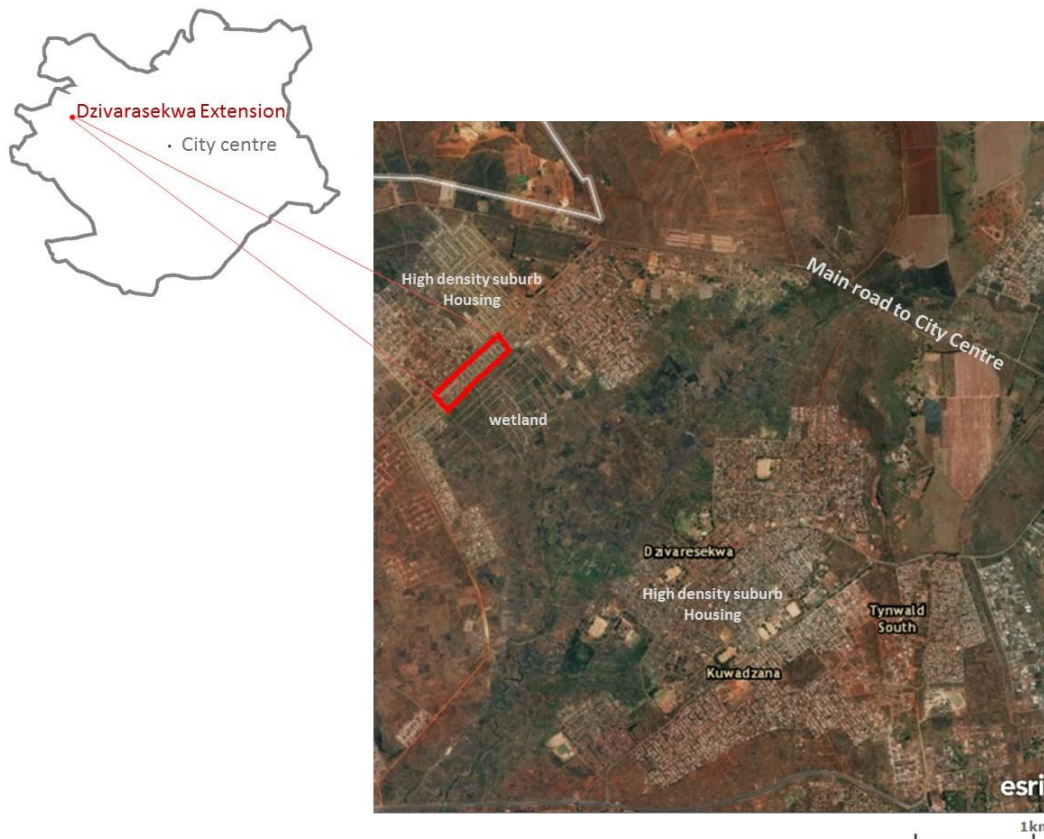
Source: author (modified ArcGIS maps)

The area neighbours a wetland which adds further complication to the impacts of the heavy rains during the rainy season. DZ Ext. is located on state owned land and in 2010 ZHPF, Dialogue and the City of Harare signed a Memorandum of Understanding to take a different approach and prevent the rolling cycle of informal settlement creation and destruction. As part of an ongoing partnership, it was agreed to use DZ Ext, as a pilot project to demonstrate that increased densities are viable and can deliver affordable, adequate and aesthetically pleasing physical spaces for communities (Bachmayer, 2012).

6.5.3 Sociodemographic Characteristics of Study Sample

The table below details the background sociodemographic characteristics of the older persons who took part of the study in the two informal settlements (Gunhill & DZ Ext). The informal settlements receive new residents daily and therefore there is no accurate account of the population of the settlements. Among respondents there were more females than males and most respondents were in the 50-59years age group. Less than 10% of older persons were aged in the age groups 70-79years (old-old) and 80years and over (oldest-old). There are more females than men in the overall population in Harare, and this is also reflected in the population age 50 and over (Zimbabwe National Statistics Agency, 2012). Slightly more than half of the respondents in both settlements have achieved primary education. The average number of household members for the respondents was four members. This is the same average from the slum profiling conducted by ZHPF (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014). In both study areas, most of the older people are married with a lower number of those who are single and widowed. More women than men reported a disability or long-term health condition. Both sites reported few numbers of older people with international migrant backgrounds.

Table 15: Sociodemographic characteristics of study participants

	Gunhill Respondents % (n=19)	DZ Ext Respondents % (n=50)
Sex (%)		
Men	26% (n=5)	18% (n=9)
Women	74% (n=14)	82% (n=41)
Age group		
50-59 years	79% (n=15)	78% (n=39)
60-69 years	16% (n=3)	12% (n=6)
70-79 years (old-old)	5% (n=1)	8% (n=4)
80 years and over (oldest-old)	0% (n=0)	2% (n=1)
Education level		
No formal education	37% (n=7)	22% (n=11)
Primary	58% (n=11)	54% (n=27)
Secondary+	5% (n=1)	24% (n=12)
Marital status		
Single	21% (n=4)	6% (n=3)
Married	42% (n=8)	46% (n=23)
Divorced/Separated	11% (n=2)	10% (n=5)
Widowed	26% (n=5)	36% (n=18)
Mean number of household members	(n=4)	(n=5)
Live alone	11% (n=2)	6% (n=3)
Disability or long-term health condition		
Female	37% (n=7)	50% (n=25)
Male	16% (n=3)	10% (n=5)
International Migrant Background	5% (n=1)	12% (n=6)

Source: Data collected from fieldwork (2016)

6.6 Changing Approaches to Informality: Actions taken by a Community Based Organisation

Zimbabwe's increasing impoverishment has resulted in a vicious circle translating into a serious erosion of local government capacity. It is in this gaping hole of the absence of government that civil societies have attempted to fill. Civil society organisations and community based organisations play an important role in supporting older people in poverty. These organisations describe a wide range of organisations, networks, associations, groups and movements that are independent from government.

One main organisation pivotal in improving the lives of Harare's urban poor is the Zimbabwe Homeless People's Federation (ZHPF). ZHPF is a community-based organization consisting of a network of housing savings schemes found in low-income communities that collectively save for housing and other poverty-related challenges. The Federation was founded in 1997 with the initial grassroots housing savings schemes being established in the then two holding camps of Hatcliffe Extension and Dzivarasekwa Extension. In the late 1990s The Zimbabwe Homeless People's Federation began targeting communities living in informal settlements and in the holding camps that had been established in the peri-urban areas of most of Zimbabwe's major towns and cities for families evicted from inner city informal settlements (Chitekwe-Biti, 2009).

Zimbabwe's economic crisis period following 2000 paradoxically created an environment where Harare city council was open to new ideas, as their capacity to generate solutions was severely undermined (Chitekwe-Biti, 2014). The breakthrough in the relationship between the Federation and the City of Harare came at a time when Harare was operating without elected councillors. The Zimbabwean Federation has continued to negotiate for years with various local authorities to find affordable and sustainable solutions for informal settlers. Maintaining a level of engagement with the local authority and improving the lives of informal settlers in the challenging socio-economic context of Zimbabwe has proven to be difficult (Dialogue on Shelter, 2009). Despite this, ZHPF in collaboration with the local authority in 2010 broke new ground through the

Harare Slum Upgrading Programme (HSUP) with funds provided by the Global Programme on Inclusive Municipal Governance of the Bill & Melinda Gates Foundation. The City of Harare, Dialogue on Shelter and the Zimbabwe Homeless People's Federation completed a five-year (2010-2015) participatory slum-upgrading project with the aim to profile, document and initiate incremental upgrading of slums in and around Harare. By enumerating slums together, the parties have worked hard to re-write the informal settlements narrative, seeking to shift away from the era of demolitions and evictions to an era of upgrading.

The City of Harare, Homeless people's Federation, Dialogue on Shelter and slums communities in and around Harare make up the integral stakeholders of the project to improve the overall livelihoods of people living in slums through targeted interventions to address shelter, infrastructure services, land tenure, employment issues, impact of HIV/AIDS and overall create resilient and sustainable settlements. The Dialogue on Shelter Trust is a Zimbabwe NGO that supports the initiatives of the Zimbabwe Homeless People's Federation, an autonomous network of community organisations, on issues securing tenure and services in slum communities in the country. Dialogue on Shelter is affiliated to the global network of Slum Dwellers International, the two organisations working in alliance over 13 years to engage cities to work with the urban poor to build more inclusive cities in Zimbabwe, where the urban poor are key partners and contributors to current urban challenges. This five-year programme is set up on the understanding that the Federation and local authority work in partnerships to undertake participatory profiling and incremental slum upgrading; it marks a significant shift away from the evictions of the past. The success of the partnerships and project outcomes achieved during this period have enabled ZHPF and Dialogue to apply for additional funding for future development of Harare's informal settlements[17].

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[17] Informal Conversation with the former director of Dialogue on Shelter, Oct 2016

6.6.1 Mapping Harare's Informal Settlements

Enumeration and the profiling of slums is conducted as a practical means to recognise the people living and working in slums as the integral stakeholders of the whole slum upgrading process. Community-led mapping and enumerations are powerful tools to return power and democracy into the hands of the urban poor. Tudehope (2013) defines enumeration as "the fundamental basis of inclusion in the city". Profiling involves the collection of socio-economic details about the settlement during a community meeting. This information gathering is done concurrently with mapping through identifying the exact location of the settlements on cadastral maps and using GIS software to incorporate them in existing maps. Harare's Informal Settlers have historically been excluded from census and mapping activities, rendering them "invisible" (Mitlin, 2008) to urban decision-making processes. Tudehope (2013) gives two reasons why community mapping and enumeration is vital. Firstly, giving informal residents some documentation enhances both internal and external perceptions of a community's legitimacy and secondly, accurate data allows them to express their concerns in quantitative terms that carry far more weight with decision-makers.

Table 16: The process of profiling

First step:	Identification of the slum settlement (initial stage): this process entails locating the geographical positioning of the slum settlements in and around Harare and this is done through field visits.
Second step:	The enumeration team goes to the area for sensitisation purposes which essentially entails mobilising the residents and making them aware of the programme, that is, articulating the vision and opening communication channels.
Third step:	Once the community is understood and accepted the programme the area is profiled and mapped. This process

	involves documenting the general information about the slum settlement focusing on its historical evolution, tenure status, development facilities and the demographics of the slum
Fourth step:	Slum mapping - the exercise involves capturing the spatial information about the slum settlement which includes among other attributes the exact location and extent of the settlement. The overall goal of this exercise is to integrate this spatial information with the City maps and assess the possibilities for upgrading
Fifth step:	Slum enumeration - this is the detailed collection of information of individual households within the informal settlement and this creates scope for understanding the exact magnitude of the slum challenge.
Sixth step:	Documentation - this is the compilation of slum profile reports which cover the narrative reports and presentations of slum maps.

Source: (SDI, 2012)

In the case of Harare, the slum profiling played an important role in "counter-mapping" (Tudehope, 2013) by challenging official figures with collected community data. In 2014, the official housing waiting list for the city of Harare was put at 50,000 people but the profiles conducted in the city revealed over 15,000 families living without secure tenure (Chitekwe-Biti, 2014). The Harare Slum Upgrading Project managed to profile 66 slums by 2014 in and around Harare. A slum database has been created because of the project enabling the city policy makers to visualise and acknowledge the slum challenge as a reality, which must be addressed. One of the project outcomes was GIS-based maps specifically indicating the position and spatial extent of each slum.

Figure 36: Community Slum Profiling in Harare

Source: (ZHPF, 2010)

Examining the process of collecting the data from the community is particularly useful when considering the needs of older people living in informal settlements. The project encourages a form of participatory community mapping. This is when communities with the support of the community organisations, carry out surveys of their own area, thereby building an accurate knowledge of what their community looks like. Enumeration champions and co-ordinators are selected by the organisation, some of whom are Federation members to mobilise the community and train them in conducting a survey. Women were intentionally chosen to play a major role in the enumeration process.[18] Employing community members to conduct the survey gives a sense of familiarity to older persons who may be feeling vulnerable. ZHPF trained the community champions how to assist residents who will struggle to answer questions. In DZ Ext, two older persons mentioned that they were community champions involved in collecting data and filling out the survey. The lack of education displayed by older persons may have limited them in taking part in the enumeration process.

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[18] Interview with ZHPF staff members co-ordinating the enumeration

6.6.2 Gunhill: From Insecurity & Evictions to Security of Tenure

The Harare Slum Upgrading project describes the Gunhill negotiations for tenure with Harare City council as a "huge opportunity for reaching win-win solutions" (Chitekwe-Biti, 2014). Attaining security of tenure is a central component of the right to adequate housing (OHCR, 2014) and in this program, increasing land tenure security within a community became an important step towards the security of the status of an urban poor settlement. The settlement is currently on private land situated on contested land with part of the land the settlers are occupying reserved for commercial purposes and housing. A senior staff member in the Harare city council planning department[19] described the land owners as "influential" responsible for placing pressure on them to relocate the settlers to a permanent site. Gunhill neighbourhood is a low-density suburb in Harare known to be resident to high-profile members such as the City Mayor. Recent development surrounding the site has included a business office park for private companies that provide investment and financial support with the intention for continued expansion. Construction equipment and building materials are evident at the edge of the settlement[20], acting as a visible reminder to settlers of the precarious position they are in.

Figure 37: Gunhill neighbourhood showing extreme contrasts

Source: (Agere, 2015)

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[19] Interview with Senior Urban Planner, April 2016
[20] Notes from walking around the settlement during fieldwork in 2015 & 2016

Figure 38: Land Pressures for Gunhill Site
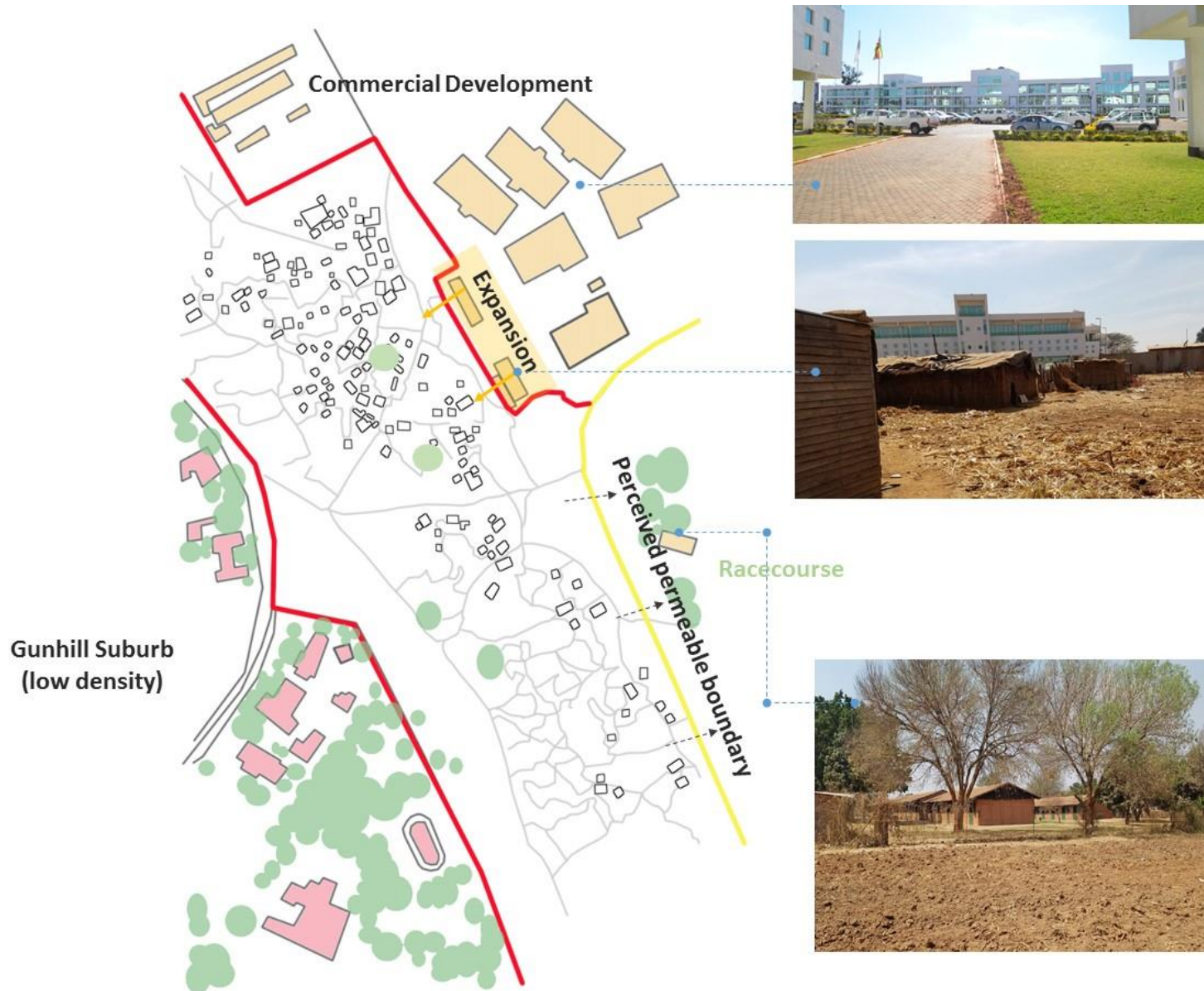
Source: author

The encroaching development has acted as a catalyst for the numerous evictions experienced by the residents of the Gunhill settlement (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014).The lack of security of tenure in law and practice makes protection against forced eviction very difficult, leaving the most vulnerable older persons at risk. Eviction can be considered as the most detrimental manifestation of tenure insecurity for the urban poor, but it is not the only one: tenure insecurity impacts also on access to services, access to credit, vulnerability to risks and other hazards (Payne et al., 2012). With no alternative option, the life of older residents and other residents has consisted of routinised exploitation in the form of insecure tenure, evictions or threats of evictions, and generalised extortion for access to any basic services or economic opportunity[21]. This is evidenced by threats made by senior members of the City Council such as The Deputy Mayor in 2009 who declared that informal settlements will be a target of mass evictions (United Nations, 2010). The pretext to justify this action was fear that poor water and sanitation facilities may result in another cholera epidemic and measures to clamp down on illegal trade in the targeted settlements. Older residents described the impact of past evictions in the interviews.

> *We are staying here in fear. We are constantly under eviction threats especially by the police. There have been many times when the police have come to raid us in the middle of the night. As soon as we heard them coming, my family and I had to hide quickly but we were not fast enough. They took us to the police station where we were detained for hours until representatives from Amnesty International came to take us out. We had nowhere else to go so we went back to Gunhill. The police had destroyed our home, our crops, everything and we had to start back all over again.* (Older Male, PG, 52yrs Gunhill)

> *We are always seen as illegal here. The police constantly raid our homes and I hardly travel outside because of fear. I don't know what is going to happen to me and my family.* (Older Woman, DM, 56yrs Gunhill)

The incidents being described in the interviews acted as a catalyst for action by Amnesty International. In 2010, Amnesty International began calling on the Zimbabwean government to take immediate action to protect the Gunhill residents

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[21] Notes from informal group conversations with Gunhill settlers during 2015 fieldwork

who were forcibly evicted before their homes and possessions were set alight during a night raid by armed Zimbabwean police. Evicted older persons not only lost their homes and neighbourhoods, in which they had invested over the years, but they were also often forced to leave behind personal possessions, since little warning was given before the demolition squads destroyed their settlements (Amnesty International, 2010). Despite this traumatic experience for older Gunhill inhabitants, they returned to the settlement after an eviction, therefore, highlighting their housing vulnerability. In Gunhill and DZ Ext, 42% (n=8) and 48% (n=24) respectively are responsible for caring for their grandchildren (often women). Therefore, the responsibility often falls on them to rebuild their home and provide shelter for their dependents. Living a life under these constant pressures compromises the "feeling of home" within their community (Chaudhury & Rowles, 2005).

Older women find themselves in a heightened place of vulnerability due to cumulative effects of multiple discriminations and informal customary mechanisms (HelpAge International, 2002) that remain the most important mechanisms for land tenure, regardless of formal law. An older widow (EH, 56) in Gunhill who experiences insecurity of tenure explained that her current circumstance of living in the Gunhill settlement are because of her husband's brothers forcibly removing her from her house when her husband passed away. She went on further in the interview to explain that she had no children and did not have the resources or knowledge to defend herself. Her experience supports the research by HelpAge International (2016) which showed that too often, older women do not have the legal empowerment, or the education, or the financial resources to defend their tenure. Regardless of its form, tenure is often understood, recorded or registered in the name of men in Zimbabwe, leaving women dependent on their male relatives for tenure security (Chant, 2012). Moreover, while collective forms of tenure can include women, the decision-making processes are often dominated by men (United Nations Population Fund & HelpAge International, 2012). This supports the concerns local civil society organisations assisting informal settlers have about the vulnerable position of women's housing tenure (HelpAge USA, 2010). Without control over housing, land or property, women enjoy little personal or economic autonomy and are more vulnerable to abuse within the family, community and

society at large[22]. Despite the provision of land for settlers in DZ Ext, access to the house, land and property for older women is often dependent on a third person; their husbands, brothers, fathers or other male relatives. This space of security can often only be perceived security as older women can at any moment become vulnerable to homelessness, poverty and destitution if this relationship comes to an end.

6.6.3 Incremental approach to Development in Dzivarasekwa Extension

The recent approach to improving the lives of low-income communities in Zimbabwe has been the incremental in-situ slum upgrading programme initiated by ZHPF and Dialogue on Shelter in collaboration with Harare City Council. The ZHPF and Dialogue on Shelter alliance began with the issue of housing and had to re-structure how to tackle this challenge in a country with a constantly changing macro socio-economic environment. Ensuring access to land has become the forefront of their agenda with an underlying assumption that with a supportive policy environment, the poor including the older poor can still build their house incrementally (Zimbabwe Homeless Peoples Federation & Dialogue on Shelter, 2012).

Figure 39: Incremental Construction Process

Stand
- Allocation of stand through ZHPF
- Funding for temporary cabin through ZHPF

Wood Cabin
- Occupation of stand reduces expenditure on rent
- Construct Eco-san toilets

2-room House
- Use home to generate income e.g. lodgers, enterprise

5-room House
- Extend to 5 roomed family home
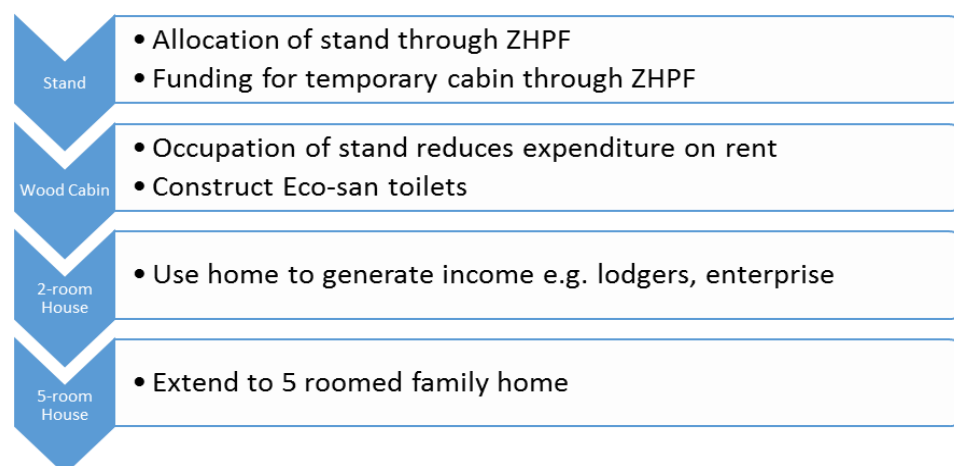
Source: Author adapted from (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014)

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[22] Interview with senior member of Help Age Zimbabwe

Urban practitioner, Flavie Halais (2013) argues that incremental housing solutions are the most sensitive way to deal with increasing urban slum populations. The alliance chose the DZ Ext. study area as a valuable opportunity to demonstrate the "incremental development approach" which is now captured in the National Housing Policy as a pro-poor services delivery strategy. This approach promotes gradual or phased provision of services starting with the most basic facilities that make a settlement functional and habitable (Chitekwe-Biti, 2014).

Figure 40: Photo-visual of incrementalism

Source: Author (2016)

Infrastructure provision has been implemented on an incremental basis with the main priority being the provision of water and sanitation followed by roads and then electricity. Currently, water and sanitation facilities are provided on a communal level with two main boreholes and wells and individualised services are in the progress of being installed[23]. The housing development model (Figure 39) used in DZ. Ext allows for families to move on-site and into wooden cabins from the point they are allocated a stand. Once they have saved up enough money, they can build a two-roomed house and then expand to five rooms.

The findings revealed that the majority of older people are presently living in temporary cabins on both settlements with older settlers in DZ Ext living in wooden cabins on stands allocated by the ZHPF. This suggests the slow progress of the incremental model and the challenges faced by older people to save adequate finances to progress further than the first and second stages illustrated in Figure 39 and 40. Further discussion on the findings can be found in section 7.2.

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[23] Notes from observation of site conducted during fieldwork.

6.6.4 What does it mean to co-produce the Informal Community?

The construction of the houses in DZ Ext is designed to be part of an approach that is based on co-production with the community. Labour is included as capacity, rather than a "human resource", to emphasise how, through organisation, the potential for action is released. Harare City Council pledged to assist with technical expertise in the construction and oversight (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014) to allow for local community residents to assist each other in the construction of their houses (Figure 41). It is recorded that women played a major role in assisting with the construction of roads, and buildings (Chitekwe-Biti, 2009; Dube, 2014) including the participation of older women. Together, the community successfully constructed multiple houses, a community hall (solar-powered) and 200 eco-san toilets. Community building projects that endeavour build engagement give older people the opportunity to contribute to the appropriation and transformation of their community and build a sense of belonging. Although the findings in section 7.3 and 7.5 reveal that there is a need for closer attention to the age-related losses in hearing, seeing and moving and social changes that can occur (World Health Organisation, 2015c).

Figure 41: Co-production community construction in DZ Ext

Source: (ZHPF, 2010)

Co-production, when considered, is viewed as a strategy used by citizens and the state to extend access to basic services with relatively little consideration given to its wider political ramifications (Mitlin, 2008). Co-production has been widely

discussed in relation to the provision of state services both in the context of the global North and South. The concept has been explored as another set of discussions of forms of state-society engagement which are structuring planning and urban development processes in certain global South contexts (Watson, 2014). Watson explains that co-production represents one way in which poor urban communities have been able to secure significant improvements to their living environments under conditions in which governments are either unwilling or unable to deliver land and services. The case of co-production in DZ Ext. is primarily linked to the work of the international non-governmental organisation (NGOs): Shack/Slum Dwellers International (SDI). In a 2008 article Diana Mitlin interprets the work of SDI, as a "bottom-up co-production". She explains this form of co-production as a political strategy used by citizen groups and social movement organizations to "enable individual members and their associations to secure effective relations with state institutions that address both immediate basic needs and enable them to negotiate for greater benefits" (Mitlin, 2008, p. 339). The SDI approach to co-production, she argues, is increasingly being used by the urban poor as a way of politically consolidating their base and extracting gains from the state. Mitlin (2008) argues that SDI's co-production is different from standard "participation" or "partnership" arrangements. It is also more effective than "lobbying" or "protesting" in terms of gaining benefits, and the predominantly non-confrontational nature of the process used by SDI allows greater participation from women and better chances of securing political gains.

6.7 Conclusion

This chapter has aimed to provide empirical depth to the theoretical and contextual chapters set out earlier in this thesis. The chapter has been structured to emphasise the shifting perspectives and actions of the state and local authority when dealing with the urban poor. There is clear evidence as detailed in chapter 4 of a clear lack of recognition of informal settlement communities. The city has historically spatially segregated poor Zimbabweans excluding them physically from accessing the city. City officials, policymakers and planners have in the past, made every effort to present the city as "ordered" and "formal" despite the drastic

decline of the socio-economic and political environment of Zimbabwe. What appears to be evident from the data presented in this chapter is a layering of experience of the urban poor within a dynamic and constantly changing context. Informal settlements have become a seemingly permanent home for most low-income communities including older persons. This chapter has also aimed to apply the conceptual discussion of the local authority partnering with community based organisations and non-governmental organisations to secure land tenure for informal settlers in Gunhill and in-situ upgrading of the DZ Ext. settlement. The growing alliance with Harare City Council and community stakeholders has not been without setbacks and negotiations have been a challenging process. What is evident is that efforts are being made to acknowledge the lives of the urban poor and improve their living environment. Despite this, the plight of the urban older persons remains invisible in the planning of the city.

The reasons for the continuing poor representation of older people in the Zimbabwean discourse were diverse. There is a high level of opacity and uncertainty in the use of language touched with a limited attempt to reassure that "all" citizens are considered. This obscures the interests of older people and subsequently opts for convenience by grouping them with other social groups preventing an informed representation of their interests. The normative medical perspective on older people side-lines them as disadvantaged, in need of care and vulnerable (Goldsmith, 2000; Boys, 2014). The term "elderly" is the most popular term for addressing older people. The lack of progression from this term presents older people as being a homogeneous group always being viewed under the lens of vulnerability, as objects of pity and a burden (Lloyd-Sherlock, 2002). The concept of vulnerability can also be understood as an over-simplistic approach lacking articulation of the types of vulnerabilities older persons' experience.

There is argument (Burton & Mitchell, 2006) that the grouping of older persons particularly by key actors in urban development deny the older person of their individuality. Groupings in the policies and legislation analysed in this chapter such as "the disadvantaged", "the poor", "the vulnerable", give no definition of who is encompassed by these terms and there is no evidence to suggest that older people have been included in any of them. Likewise, the terms "household" and "family"

found in many other texts may be viewed as including older persons, but there is ample room for speculation of whether there is knowledge about older persons within a community. Similarly, there are mentions of services, infrastructure and opportunities presented in a style which suggest that all members of the community would benefit and yet upon further analysis, there is a clear target to specific groups and therefore not intending at all for older people.

The Zimbabwean policies and legislation analysed in this chapter often do not account for the fact that, in all societies, older people both want to and do contribute economically and socially well into old age. The valuable contributions of older persons are rarely mentioned in any of the documents. This supports the argument made by Barrientos et al (2003) that the contributions of older people are systematically undervalued, and, as a result, perceptions of later life are tinted by the presumption that older people are largely dependent on their households, communities, or the state. It could be argued that the lack of a comprehensive definition of older persons acts as an inhibitor to positive perception and action. The representation of older persons within the urban setting is barely visible, positioning older persons as passive recipients within the city. The definitional boundaries and positioning of an older person in urban Zimbabwe are not simply understood. Rather, what is emerging is that the notions of elderliness and seniority are not fixed, and the experiences of older persons should not be viewed as homogenous. How the urban environment impacts this group of persons will be examined closer in the following chapter.

Chapter 7 Exploring an Older Person's Ability in the Informal Social and Physical Urban Environment

7.1 Introduction

Older persons living in informality form a part of the city's urban poor, with little to no security and resources. As discussed in earlier chapters, the social, economic and environmental conditions prevailing in informal settlements provide a challenge to the well-being of older people living in this setting (Hoffman, 2015). These communities of informality are often depicted in practice and academia (Kamete, 2017) as landscapes of urban deprivation (Brown, 2001) due to associations with poverty, irregularity and marginalisation, described by the UN-Habitat (2006) as "a manifestation of poor housing standards, lack of basic services and denial of human rights, but also a symptom of dysfunctional urban societies where inequalities are not only tolerated, but allowed to fester". Older people are particularly challenged given their increased vulnerability due to declining physical and health status and reduced economic productivity (United Nations Population Fund & HelpAge International, 2012). A response to these narratives of poverty in informal settlements can be found in ethnographic studies by anthropologists and urban theorists (Brown et al., 2015; Kamete, 2009, 2017) which begin to reveal the heterogeneity of urban poor communities, foregrounding the agency of the poor by emphasising the existing negotiations and strategies enabling persons to live in informality (Rogerson, 2016). Discussions on the intersection of ageing and informality highlighted in earlier literature chapters have been largely detached from the influence of the urban form and space. The dominance of particular paradigms in the global South, such as vulnerability and contribution (chapter 3) (Hoffman, 2015) tend to negate the relationship between the social and spatial fabric of informal communities and the lives of older people. Informed by recent approaches linking environmental characteristics with older person's functional ability (World Health Organisation, 2016; Sen, 1999) to do what they need and desire to do (Friediani, 2007; Sen, 1999), this chapter uses a focus on five domains of abilities (World Health Organisation, 2016) to explore how older persons are

influenced by the physical and social urban environment. Chapter 5 illustrated the dominant discourses of older people in urban space and the "invisibility" of their lives within international and national policies. This chapter seeks to contribute to the empirical discussions in chapter 5 and chapter 6 by allowing for understanding of how older people are living at the micro level in constructed informality.

In this setting, two informal settlements were identified as representative of patterns of informal urban environments and development in Harare: Gunhill and Dzivarasekwa Extension based on selection criteria outlined in the research methods chapter. As discussed in the methodology, the case studies are different in size, number of older people and point of urban development. The objective of selecting the two case studies was less in support of a direct comparative approach, and more in the interest of revealing how older people live in informality and their ability to absorb, contribute, provide services, establish networks, and essentially extend the margins of the urban system to new levels of robustness. The research aims to develop an understanding of how the physical and social urban environment impacts older people in the context of a city experiencing a pattern of rapid and uncontrolled urban expansion. In this setting, a qualitative methodology was employed to gather the findings explored in this chapter. The information in the following section derives from semi-structured interviews, participant observations and informal group conversations. As outlined in the research methods chapter, over two visits in 2015 and 2016, 19 semi-structured interviews were carried out with older residents in Gunhill and 50 semi-structured interviews with older residents in Dzivarasekwa Extension (DZ Ext). Additionally, 13 key informant interviews were undertaken with local government officials, civil society representatives, academics and urban practitioners.

7.2 Ability to meet basic needs

Living in informality in the challenging socio-political and economic context of the city of Harare leaves older men and women with dire concerns about their ability to meet their basic needs, to afford an adequate diet, clothing, suitable housing

and health-care services. This section discusses the impact of the home, wider neighbourhood and living environment in meeting older person's basic needs.

7.2.1 Adequate Housing and Living Environment

The findings reveal that all the older persons living in the two informal settlements are living in inadequate (OHCHR, 2014) housing and living environments. The definition of an "adequate housing and living environment" used in this research is taken from the UN-Habitat Fact Sheet 11, OHCR (2014). The report describes five key elements of adequate housing and living environment relevant to older people living in informal settlements:

1. **Security of tenure:** housing is not adequate if its occupants do not have a degree of tenure security which guarantees legal protection against forced evictions, harassment and other threats. Chapter 6.6 of this thesis discusses the findings regarding security of tenure.

2. **Availability of services, materials, facilities and infrastructure:** housing is not adequate if its occupants do not have safe drinking water, adequate sanitation, energy for cooking, heating, lighting, food storage or refuse disposal. Section 7.2.4 of this chapter discusses the findings on this topic.

3. **Affordability:** housing is not adequate if its cost threatens or compromises the occupants' enjoyment of other human rights. Chapter 6.6 and section 7.2.5.

4. **Habitability:** housing is not adequate if it does not guarantee physical safety or provide adequate space, as well as protection against the cold, damp, heat, rain, wind, other threats to health and structural hazards. Section 7.2.2 of this chapter discusses the findings on this topic.

5. **Location:** housing is not adequate if it is cut off from employment opportunities, health-care services, schools, childcare centres and other social facilities, or if located in polluted or dangerous areas. Section 7.2.2 and 7.4 discusses the findings on this topic.

(OHCR, 2014, p.3)

Due to the informal nature of the settlements, older settlers experience difficulties in meeting their basic needs within the urban environment which engages not just with housing but the area around the dwelling.

7.2.2 Home Space and Living Environment

The home is a central part of the life of older men and women in this study. Despite the lacking that exists in the conditions of informality, findings suggest that most older persons have the sole responsibility of caring for the home, 89% (n=17) in Gunhill and 78% (n=39) of older persons in DZ Ext. The idea of "making" (Brown et al., 2012) your home reflects older persons' active role in the construction of urban space. Feldman and Stall (2004) suggest that this may be realised by a variety of means: individuals may possess, construct, enhance, or care for their home environment, and mark it with identifying signs, symbols or practices. Such processes were evident in narratives about their daily activities[24] and responsibilities such as: taking care of grandchildren; cooking; cleaning; socialising; meeting with family; home-based work; gardening; refuse disposal. In Gunhill and DZ Ext, 42% (n=8) and 48% (n=24) respectively are responsible for caring for their grandchildren (often women). These daily activities and responsibilities are predominantly performed in the home and its close surroundings. The findings reveal that older persons in these two study sites spend relatively more time in their homes and living environment. Communal vegetable patches and individual gardens are visible on both sites. This supports previous research into this area which reports on average, older people tend to spend 80% of their time at home (Baltes, Maas, Wilms, Borchelt, & Little, 1999). Research conducted by Batles et al., (1999) show association between time spent at home and the development of strong cognitive and affective ties to the home environment as people age. However, this study has been unable to demonstrate that linkage due to the small sample and limited time frame observing older people in their home environment. Although older people are reported to spend significant time at home (Hoffman et al., 2013), they experience severe challenges with establishing a sense of place and creating a home of comfort to meet their basic needs.

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[24] Informal conversations with older persons during site visits in 2016. Notes taken from visits inside their home.

The habitability of housing plays a key role enabling older persons to meet their needs and fulfil their responsibilities. Older persons are usually characterised as a group with diverse needs requiring special consideration such as reduced cognitive function and impaired physical capacity (World Health Organisation, 2015c). The dwellings in informal settlements are generally known for their poor standards impacting the abilities of older people to complete day to day activities that require physical strength and sustained mobilityThe findings revealed that older people are living in inhabitable, dilapidated make-shift dwelling types. In Gunhill, 74% (n=14) of older persons live in two roomed wooden shacks with the remaining older persons living in grass shacks. Despite the non-contested nature of DZ Ext land, the overwhelming majority of the older residents interviewed in DZ Ext were found to be living in one and two bedroomed wooden cabins (74%; n=37) that were constructed on individual plots.

The Gunhill settlement consists almost entirely of self-constructed housing built from non-permanent materials such as plastics, grass, scrap metal, packing cases, metal cans, plywood and cardboard (Figure 42). Homes made from inadequate, temporary materials can limit the ability of older persons to live independently and safely. Without the provision of features such as slip-resistant flooring or handrails for support, older people with limitations of stamina and strength will struggle. An example home as illustrated in the Figure below, consists of one or two rooms with no kitchen or cooking facility and therefore daily activities such as cooking happens either in the living room or in shared open spaces[25]. The setup of cooking facilities on the ground requires older persons (often older women) to bend constantly and cook in uncomfortable positions. Any older persons with the prevalence of poor coordination will find this challenging. Moreover, the task of outdoor cooking in an environment with limited lighting can be problematic for older people with poor or complete degradation of sight.

Firewood is collected by individuals or groups from nearby construction sites and gathered close to the dwelling for individual or shared purposes. Patches of crops such as the maize crop can be found close to the dwelling. Urban agriculture also forms the base of their livelihoods (Dialogue on Shelter & Zimbabwe Homeless

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[25] Based on author's observation during site visits and visits within older person's homes.

Peoples Federation, 2014). The fertile soils in the area enable the settlers to make bumper harvest especially in the rainy season. The enumeration conducted by Dialogue on Shelter & Zimbabwe Homeless Peoples Federation (2014) revealed that residents choose to grow crops such as maize and rape (staple diets) for domestic consumption and trade to the wider community.

The location of the Gunhill settlement is on wetland and is therefore prone to flooding which many older persons' experience during rainy seasons. Lack of proper infrastructure facilities and unplanned urbanisation schemes combine to create new hazards in informal settlements, where inadequate waste is disposed in riverbeds and ravines.

Figure 42: Gunhill Home Environment

Shared vegetable patch & firewood storage

Shared Space (interaction, passage)

0   3   6
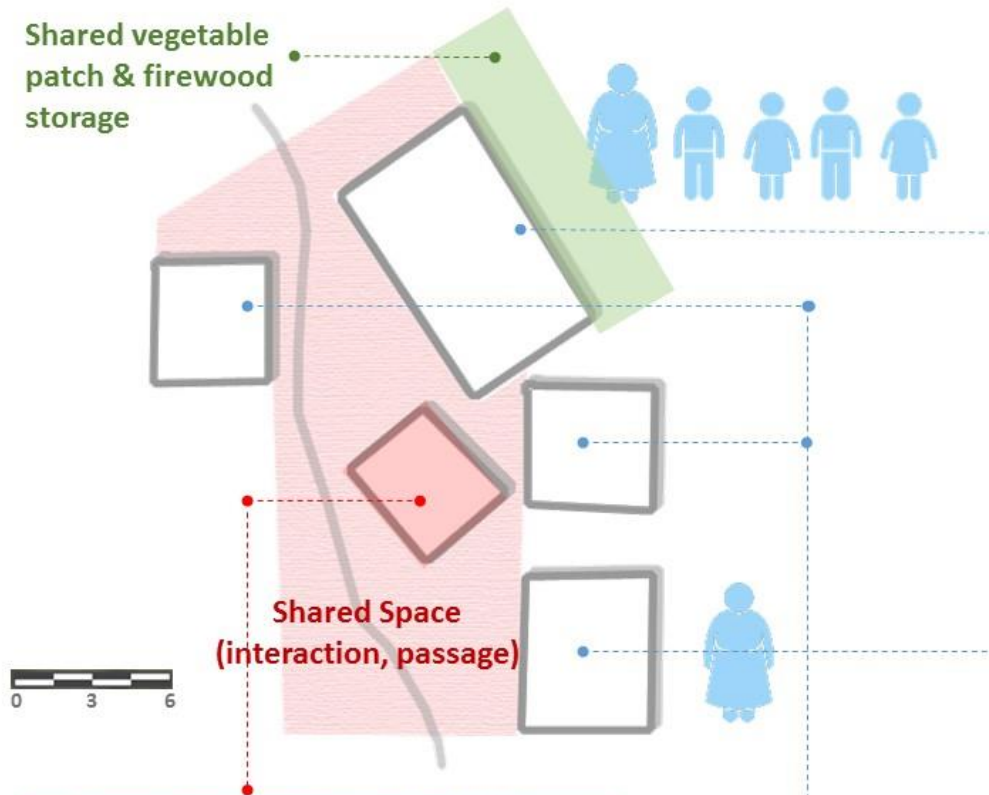
Wooden Cabin
2 rooms

Makeshift dwelling
Grass and Plastic
found materials
One room

Individual Family
Makeshift toilets

Shared cooking space

In DZ Ext, the type of the dwelling unit depends on the availability of land and economic status of the occupants. The settlement housing stock has a mixture of non-permanent structures such as shacks and wooden cabins and permanent dwellings built from brick and mortar. The incremental construction in-situ approach of ZHPF (chapter 6) has resulted in older people dwelling in a two-roomed wooden cabin financed by the Federation's Gungano (*together*) Urban Poor Fund due to a lack of finances. The wooden cabins are intended to be temporary housing until residents save enough money to build their homes with more permanent materials. One roomed cabins are approximately 3m by 3m and two bedroom cabins are approximately 6m by 3m. However, due to the challenging socio-economic climate and the increasing poverty, most of the residents are yet to start or complete building of brick and mortar structures. The two-roomed wooden cabin have been financed at a cost of $250.00/unit by the Federation's Gungano Urban poor fund under a transitional housing programme (Chitekwe-Biti, 2014). On the other hand, the two-roomed semi-permanent brick and mortar are being built by the residents at an average cost of $500.00. There are few examples of brick two or five roomed houses in the community. In the absence of permanent structures, residents use outdoor (eco-san) toilets and outdoor shared and individual cooking spaces. The Harare slum upgrading program (chapter 6) has facilitated for the provision of communal water taps. Urban agriculture is an important part of the lives of the residents, using it for domestic consumption and trade.

Figure 43: DZ. Ext Home Environment

Individual vegetable patch

Outdoor cooking

Communal water tap

Brick and mortar house (3 rooms) on own plot

Communal Eco-san toilet

Makeshift two room dwelling on own plot

0   3   6
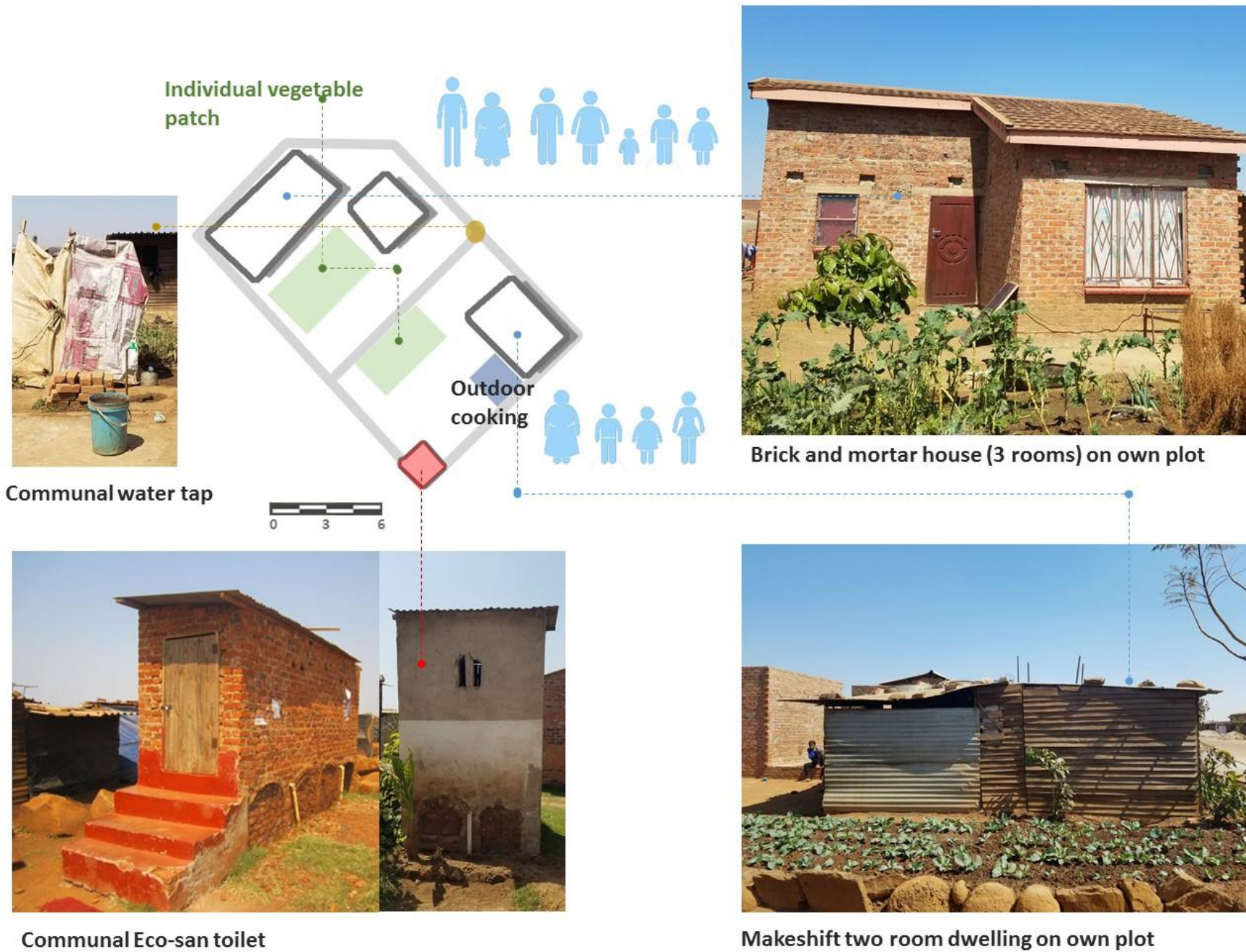
7.2.3 Intergenerational home space

It is interesting to note that older persons living on both study areas were found to be living in large intergenerational households (Figure 44). According to, Un-Habitat (2016), the definition of sufficient living space is a dwelling unit that provides sufficient living area for not more than three household members sharing the same habitable room." In Gunhill and DZ Ext, 58% (n=11) and 56% (n=28) of older persons respectively were found to be living in households of four people or more sharing the same room. Surprisingly, small numbers of older persons were found to be living alone, 11% in Gunhill (n=2) and 6% in DZ Ext (n=3). Those living alone in both sites are all female. For such older persons, there is added vulnerability and a home that is inhabitable can enhance feelings of risk and danger.

Figure 44: Household Size
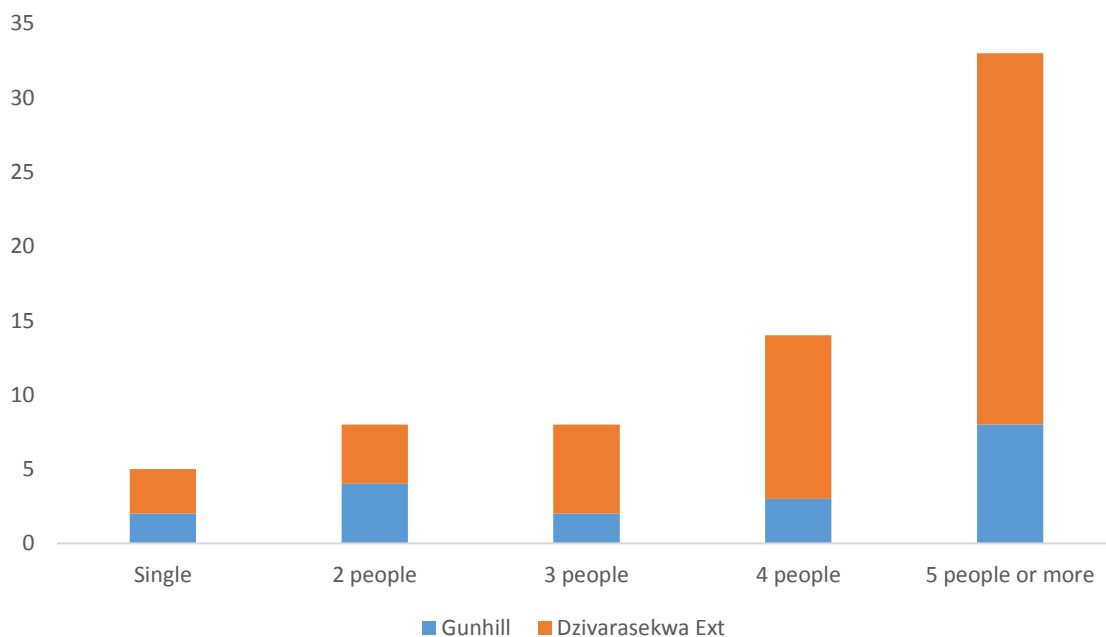
7.2.4 Availability of Services, Facilities and Infrastructure:

The results of this research study indicate that older men and women on both study areas do not have safe drinking water, adequate sanitation, energy for cooking, heating, lighting, food storage or refuse disposal. Although these

challenges are experienced by other informal settlers, it is particularly problematic for older people who experience a range of difficulties such as poor or inability in handling and fingering, using upper and lower extremities and limitations of stamina and strength (World Health Organisation, 2016a). These difficulties require older people to work harder than other age groups to complete daily activities.

Local Authorities, Harare City Council have been reluctant to extend basic services to informal settlements precisely because they are informal[26]. Both sites have no electricity and the residents rely on solar and fuel generators to power electrical gadgets. As a site on the periphery of the city, connecting water and sewer lines to DZ Ext. is expensive (Bachemeyer, 2012) making it a challenge to deliver adequate services at affordable costs. This scenario is not unique to DZ Ext, as a pattern has emerged pushing the urban poor further from the centre to areas where services are non-existent and costly to install (Kamete, 2014).

Firewood is the primary energy source for cooking while paraffin lamps are mainly used for lighting. Thus, informal settlers rarely have access to safe drinking water, adequate sanitation or electricity, and refuse collection is limited or non-existent. Sanitation is grossly inadequate and older persons on both sites use pit latrines and eco-san toilets are found only on the DZ Ext site. There is a wide range of pit latrine styles across both settlements. This indicates that there is no single design and choice of construction style is up to the builder and the individual household. However, most dry pit toilets are of a basic construction, many little more than a hole in the ground, and some without a roof. The DZ Ext site has made progress with sanitation with the introduction of eco-san toilets. An eco-san toilet is a sanitation system that does not require any water to function. Not only does it save on water use, but it is entirely isolated from the surrounding environment and cannot contaminate underground water resources. The introduction of these toilets has enhanced the lives of older persons. However, the design of the toilet has made it inaccessible for many older persons that have mobility problems. The toilet was built with step access due to the waste containers stored above ground. This is a typical example of interventions intended to better the lives of informal

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[26] Key informant Interview with Urban Council

settlers but without consideration of the mobility diversities of the settlers. Older persons experiencing difficulties using this system must go through the tortuous process of applying for additional funding for ramp access.

Access to safe water for drinking and other purposes is a daily need and concern for older persons, more specifically, older women who must contribute to the household through daily tasks such as washing clothes, washing dishes, cooking and cleaning. The DZ Ext site currently has no reticulated infrastructure services and the site is being serviced by boreholes and wells and outside taps. The Gunhill site has a donated water tank and one unprotected well suitable for domestic needs built by the owners of the neighbouring racecourse. Potable water is drawn from the Borrowdale racecourse illegally and often at night to prevent being caught. The unavailability of services is extremely detrimental to the lives of older persons, limiting the ability for them to complete daily responsibilities. Older women tasked with caring for the home experience an associated fear of not meeting the needs of home and fulfilling their duty. The use of forms of energy such as firewood, means that older persons are having to cook outside even during winter conditions (temperatures as low as 5 °C).

Inadequate internal space leads to the blurring of private and public space. Public spaces in these settlements become multi-layered and multi-dimensional entities. They serve as an extension of various household activities such as washing, cooking and sleeping. The lack of privacy compromises the dignity of older women and puts them at risk to abuse.

7.2.5 Financial Security

Findings from this research study indicate that the older men and women involved in this study are a part of the urban poor in Zimbabwe. They do not have any financial security and most of them are part of the informal economy. The vulnerable position of older persons is because at present, Zimbabwe offers limited access to national social insurance benefits and other social safety nets. The only programme that provides for financial and in-kind assistance to older persons and

other vulnerable groups in the population is public assistance also known as social assistance, and social insurance which is provided for under the Social Welfare Assistance Act of 1988 and the Older Persons Act (2012). These avenues provide for means-tested benefits (financial and in-kind assistance) to qualifying applicants. However, as a key informant from Help Age Zimbabwe observes, this is not a reliable source of support because firstly, older persons do not have automatic entitlement to assistance as they have to go through a means-testing process. Secondly, even for the lucky few who manage to get the assistance, it is very little (US$20 monthly per household) Dhemba (2012) and this cannot be expected to make a difference in the quality of life of the beneficiaries or meet the most basic needs. Formal social security provisions exist in Zimbabwe for older people namely the Pensions and Other Benefits Scheme (POBS), which caters for retirement pensions and grants in old age, among other benefits. Participation in this scheme is compulsory for all formal sector employees and funded from employer and employee contributions. The POBS was introduced in October 1994 under the auspices of the National Social Security Authority (Dhemba, 2012). However, a key informant explains that the national public assistance schemes in Zimbabwe are an unreliable and erratic source of income for certain groups of older persons that form part of the urban poor living in informality and struggling to meet their basic needs.

The state of poverty influences older people to live in informality where there is less access to safe environments that might allow them to be physically active; where there are fewer resources, such as hospitals, that might help them cope with adverse events; and where there is less access to healthy food that might allow them to eat a nutritious diet (Gibson et al., 2011). Money can also increase choices related to other abilities, such as decisions about relationships, learning options and work.

Figure 45: Older male street vendor

Source: Author (2015)

Findings indicate that older people must engage in a type of work to provide for household expenditure such as food, afford clothes and other necessities. On both study areas, older persons are found to be engaged in a form of informal employment, 63% (n=12) in Gunhill and 44% (n=22) in DZ Ext. The figures below illustrate the makeup of the older persons engaged in informal work. Informal wage employment is comprised of employees of informal enterprises as well as various types of informal wage workers who work for formal enterprises, households, or who have no fixed employer. These include casual day labourers, domestic workers, industrial outworkers (notably homeworkers), undeclared workers, street vendors, home-based workers, waste pickers and part-time or temporary workers without secure contracts, worker benefits, or social protection. Fewer older men and women worked in DZ Ext. Some of the reasons given were due to health difficulties and the presence of adult children to assist in meeting their basic needs. An older man living in Gunhill with three grandchildren comments on how difficult it is to provide for his household and therefore he needs to wake up early every day and walk into city centre to sell whatever he can as a street vendor. Such skip-generation households are at increased risk of poverty

(Zimmer & Das, 2014a). The findings also suggest that the lack of financial security is associated with feelings of depression and anxiety (Cooper & Stewart, 2015).

> *It is hard here, sometimes I think too much and cry a lot because our problems are many and I struggle a lot. I have no means of income, no water, what can I do. My mom died and there is no-one left to support me emotionally.* (Older woman, ES, 53yrs, Gunhill)

> *I can become very lonely thinking about financial concerns. I am a widow. I sell vegetables and work as a vendor. I used to be a domestic worker but because of my health problems, I am asthmatic, I have high blood pressure and backaches, I struggle to work harder on chores in the house.* (Older woman, EM, 63yrs, DZ Ext)

> *Sometimes I experience extreme hunger, where I am eating once a day and I have no money to feed my family. I often cannot sleep at night just thinking about these things.* (Older woman, CT, 53yrs DZ Ext)

Even within the informal sector economic activities that men and women engage in may be different and this is directly related to their use of urban space. Older women on both sites make up most of those working in the domestic space and as vendors. Older men were found to be working in construction and labour jobs. This may have been a continuation of the gender roles that men and women had been engaged in their rural homes (Ezeh et al.,2015). Therefore, the continuity between the rural and the urban space with women predominating in the domestic sphere and men the public.

Figure 46: Gunhill and Dzivarasekwa Extension Informal Employment
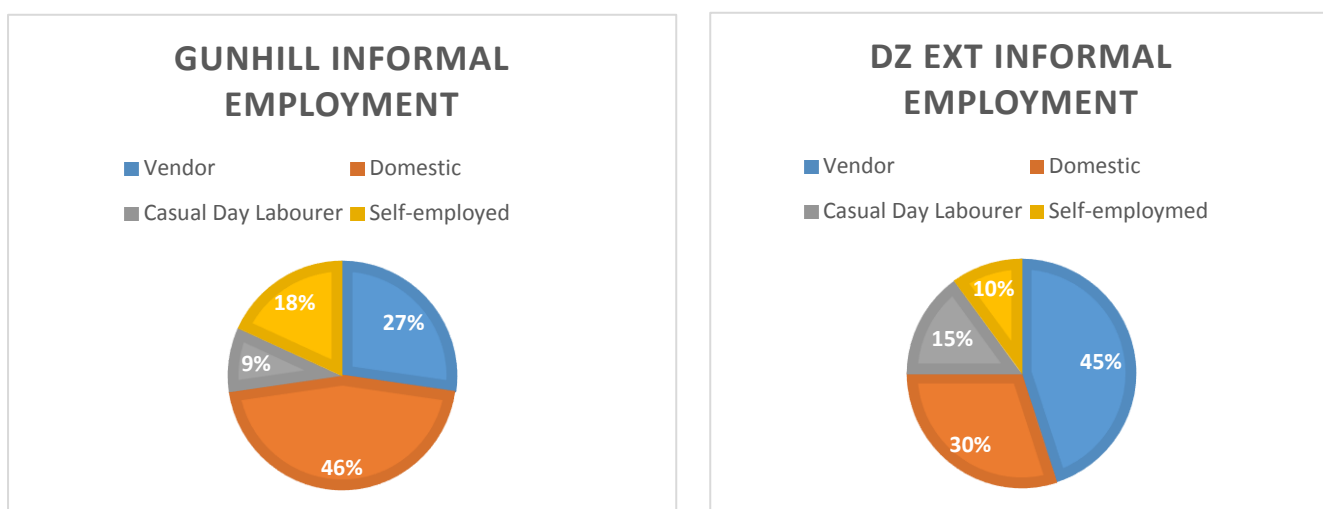
The risky nature of large business (by slum settlement standard) where people may be asked to pay protection fee to the gangs of young men running protection rackets may have made women shy away from going into established business and instead preferred petty trading activities (Chitekwe-Biti, 2014). There are vendors who are usually women who trade at their doorsteps or walk around the informal settlement areas selling their goods. They often do not make enough money to attract the youths controlling the urban space from which they make their living (Ezeh et al., 2015).

7.2.6 Personal Safety

The above sections have described the temporal building materials found in the settlements. These materials leave the occupants vulnerable to fire and harsh weather conditions. The materials used for the creation of the home for most older men and women only exacerbates their vulnerability and risk. These structures lack protection against the elements of the weather and other threats to health and structural hazards. In Gunhill, older men and women commented on the fear they experience when there is a "*high wind*" in case their houses are set on fire. The photographs below provide evidence of a home with a door formed from scrap materials secured with a padlock in Gunhill and upgraded houses with

burglar bars in the windows in DZ Ext with the absence of a fence surrounding the property.

Figure 47: Security features (padlock on the door and burglar bars on windows)

Source: Author (2016)

The challenges of accessing basic infrastructure have been identified earlier in this section. The positioning of external community boreholes providing access to water and outdoor toilets necessitate walking some distance from one's home to make use of these services. This reality is a safety problem for older men and women especially at night when the settlements lacks street or passage-way lighting as well as the vigorous growth of wild vegetation. Conceptually this feature necessitates analyses of crime and violence that understand common domestic, residential and private practices to occur beyond the walls of the housing structures (Meth, 2016) and to recognise that particular practices exacerbate older person's vulnerability and perception of safety.

7.3 Ability to contribute

This ability covers a myriad of contributions that older people make to their families, friends and communities (World Health Organisation, 2016). The findings reveal the significant social roles older persons take on in their families often by

providing support. The ability to contribute is closely associated with engagement in social and cultural activities. Religious activities such as attending church and participating in church events were found to be avenues through which older persons contributed within their community. Civil society and community-based organisations offer opportunities for older men and women to participate and engage in the creation of their urban space. These social roles reflect the various ways in which those older persons take part in the construction of their neighbourhood as a collective space; a setting for interaction, activities and the establishment of social values and norms.

7.3.1 Within the Home

On both study areas, older persons lived with their children and grandchildren and had a regular and intense level of family contact. The results indicated that these social ties were extremely important for the older person and influenced their position within the family. A space of daily contribution is created within the home as older persons are tasked with childminding, cooking and generally looking after grandchildren. In Gunhill and DZ Ext, 42% (n=8) and 48% (n=24) respectively are responsible for caring for their grandchildren (often women). It is not clear whether the grandchildren are HIV/AIDS orphans as research often suggests (UNICEF, 2003). However, frequent comments on the migration of adult-children to surrounding countries for gainful employment were made. Older persons are engaged in situations of reciprocal exchanges (Madhavan, 2004): grandmothers raising children; young children assist with house work and "absent" adult children (the parents of the children being raised by these grandmothers) provided income. This social role brings a sense of fulfilment and purpose for older persons, as indicated by an older woman in Gunhill (DD, 54), "...*with my grandchildren, I feel like I can be a part of their upbringing and this makes me happy. My children died and now I am responsible for the care of their children*." Despite this, it is important to note that caregiving demands time and effort and has adverse financial consequences when the role competes with time needed to earn a livelihood. The responsibility of caregiving particularly for older women is also found to be prevalent in rural areas in Zimbabwe (Mabiza, 2013; Mararike, 1999).

This reveals a continuance of cultural responsibility (section 3.4.3) irrespective of location. In 2012, nationally, child-headed households were the largest with an average household size of 7.6 people, followed by elderly-headed with 4.4 people and adult-headed with 4.1 people (Zimbabwe National Statistics Agency, 2016). Older persons heading the household who inherit the responsibility for grandchildren have palpable financial implications and this may result in emotional strains. Physical strain and exhaustion can also result from additional work to cover these costs.

7.3.2 Within the Settlement & Community

Volunteering within the community can be a gratifying opportunity for older persons to contribute within their community. Less prospects for this type of contribution were found in the Gunhill settlement. Older men and women indicated that the nearby community and social facilities catered to upper and middle class Zimbabweans and therefore older poor are treated as the "other" with no prospects for engagement. In some cases, the Gunhill community assist each other to build or re-build their homes when needed. In contrast, DZ Ext offers more volunteering opportunities. Civil society organisations like the Homeless Federation offer ways for older persons to contribute and make a difference in the lives of others. Older persons together with other community and Federation members collectively build homes for persons that have acquired funding. This gives opportunity to contribute to the appropriation and transformation of their community not only in material but also in a symbolic sense, the creation of a sense of place. This is exemplified by a comment made by an older man in the DZ Ext settlement who described how significant he felt when he contributed to the construction of the community centre, an "own place" for the community. Furthermore, older persons contribute to their social capital through intergenerational engagement. This is illustrated through the life of an older woman who volunteers daily for the nursery at the community centre.

> *I volunteer at the school and I am constantly concerned about the younger children. They should be educated and provided for so they can also have a quality life. What makes me happy is to see the children happy. Here at the nursery there*

is no food or clothes and I cannot look after them. I wish there was more that I could do but I don't have an income. It can be hard to live here but my faith helps me. (Older woman, CT, 78yrs, DZ Ext)

Figure 48: DZ. Ext Community Hall and nursery

Source: Author (2016)

Lefebvre (1991) has suggested that such productions of potentially new forms of social space is an integral part of group identity formation, which he considers as a fundamental right of all inhabitants of the city.

7.4 Ability to be mobile

The ability to be mobile is imperative for Healthy Ageing (World Health Organisation, 2016). It refers to movement in all its forms, whether powered by the body (with or without an assistive device) or a vehicle. Mobility is necessary for doing things around the house; accessing shops, services and facilities in the community and participating in social and cultural activities. Harare's city centre is known to be the central hub to places of informal work and other social opportunities in the city (Rogerson, 2016). Seeking financial security and maintaining informal livelihoods, means that older persons must travel frequently to the city (World Health Organisation, 2016).

At the city level, viable transportation options are critical for ensuring that older people have access to essential social, medical and retail destinations (Birks & Prater, 2014). In global South cities, socio-spatial segregation and inadequate urban transport provision are highlighted (Fouracre, Sohail, & Cavill, 2006) as major barriers for improving urban livelihood conditions for disadvantaged groups including older persons in the global South. The challenge of this urban context and dominant informal transport system is exacerbated with an increasingly "peripheral" (Kamete, 2013; Potts, 2006) population and job opportunities located mainly in the city centre. Zimbabwean's urban poor are increasingly excluded from social and economic opportunities through a combination of peripheral locations, poor public transport provision and urban development patterns oriented towards motorisation (Tichagwa, 2016).

Urban transport in Zimbabwe has been described as "chaotic" (Sachiti, 2015) and progressively informalised. There are limited transport services in the city of Harare, ZUPCO, a semi-public company, provides mass transport services but it has been losing market share steadily in recent years and has a poor reputation among the population (Bloy, 2001). The commuter omnibuses (*kombis*) have become the dominant form of transport for Zimbabweans (Tichagwa, 2016). *Kombis* are informal privately operated vehicles that dominate transportation with schedules and fares varying with demand, routes being semi-fixed and stopping points unregulated. *Kombis* are minibuses with more than seven seats, which were authorized in 1993. It is estimated that the *kombi* fleet today accounts for approximately 90 percent of the market (Sachiti, 2015). Commuter minibus terminuses are spread across the city centre with haphazard pick up and drop off points. The main terminus (Figure 49) allocated by the local authority is known for being overcrowded with traffic and vendors as well as lacking in critical infrastructure such as waste management (Kunambura, 2016).

Figure 49: Commuter Omnibus central

Source: (Ufumeli, 2016)

The use of the ma*kombi* is the most common choice of transportation for older persons that manage to afford public transport. Despite its' dominance, older persons using this form of transport reported significant challenges such as attitudinal, affordability and accessibility. The issue of affordability was the most significant issue mentioned on both sites, 37% (n=7) of Gunhill settlers & 30% (n=15) of settlers in DZ Ext. Cost is viewed as an important factor affecting older people's use of transport. Older men and women repeatedly comment on the arbitrary price increases. They often find themselves with insufficient funds because the fares are ever changing and are hiked randomly during peak hours or when it rains or during public holidays. In response to consultation conducted by Help Age Zimbabwe, the government introduced free travel on public transport for persons over the age of 65 years in 2012 (The Republic of Zimbabwe, 2012). There are two main problems with this form of support. Firstly, there is a limited form of formal public transport due to the adverse socio-economic environment with very few buses and trains functioning. Secondly, the age criteria exclude any vulnerable older persons below the age of 65 experiencing ageing and the effects of poverty. Thus, older persons must pay full price on any informal transport and this can be unaffordable without any form of support.

Older person's [21% (n=4) Gunhill; and 26% (n=13) DZ Ext] expressed the negative attitude and insensitivity of *kombi* drivers towards them. The drivers are described as rude, unkind and they ill-treat older persons particularly during boarding and disembarking. The drivers of the *kombis* will often set off abruptly if they (older persons) are deemed "*too slow when boarding*" and they will not wait for them to be seated before taking off. Other identified barriers include careless driving and disregard for the rules of the road. Older women travel in fear as passengers in the *kombis* because of the dangerous driving and the lack of respect shown for traffic regulations. Two older women living in DZ Ext. (VC, 69years Female & CT, 78years Female) have been involved in accidents resulting in physical and emotional damage, thereby discouraging them from travelling. Crowded public transport, particularly during peak, also presents safety issues for older people. Older persons report being pushed and shoved when trying to find a commuter omnibus. One older woman reported that:

> *There is often so much pressure when trying to get on the commuter omnibuses. They are always overcrowded and because I am slow I don't get to where I am meant. I sometimes need to go to the hospital but I cannot because of this overcrowding and pressure issue.* (Older woman, LM, 55, DZ Ext)

In addition to these barriers to being mobile, there is little consideration for declines in capacity and older persons with mobility difficulties. This is exemplified with the challenges experienced by an older widower (JM, 74, DZ Ext) using a manual wheelchair who states that "*Commuter buses are a serious problem. The windies (assistant drivers) are very negative and often there is no space for me in my wheelchair*". The ability to be mobile also rests on the provision of assistive technologies to aid mobility. There is a lack of governmental funding for this type of support and often any assistance comes from non-governmental organisations and local and international charities. This absence of mobility support means that older persons have a reduced choice in assistive technology.

Despite this dominant form of transport, it is suggested (Bryceson et al., 2003) that many poorer people including older persons are "mobility constrained" rather than deliberately adopting localised, low-mobility lifestyles. At the neighbourhood level, principles of inclusive design (Burton & Mitchell, 2006; Hanson, 2004)

proposes that cultivating familiarity, pedestrian safety and social engagement are important components of accessibility. It is not only the availability of various transport options that can enable mobility for older persons (World Health Organisation, 2016), but also spatial structure, including the respective location of work places, residential areas and social services.

7.4.1 Urban Density and Spatial Extent of Case Study sites

It has been argued that Zimbabwean policy makers and urban planners have become obsessed with density when planning on meeting the needs of low-income households for shelter and services (Kamete, 2017). This has led to a quantitative approach to housing provision that focuses on individual housing units ignoring broader questions of urban environmental quality and performance (Brown, 2001), and creates sterile environments, de-emphasising the city's role as a source of livelihood for the urban poor (Pieterse & Parnell, 2014). Harare inherited a colonial planning framework that sees a strict divide between low, medium and high-density areas (Fouracre et al., 2006). High density areas in Zimbabwe are often associated exclusively with poor and overcrowded urban environments. Since 2006, the state has become the primary supplier of land on which residential stand production has occurred[27] with much of the urban expansion taking place on previously private-owned farms located on urban and peri-urban land. This land became state-owned after the advent of the Fast Track Land Reform Programme in 2005 (Tibaijuka, 2005b). To the north and northeast of Harare are the spacious low density residential areas on plot sizes of about 1000 m^2 or more, while to the extreme east, south, southwest and west are the high density residential areas on plot sizes of about 300 m^2 (Gamanya, De Maeyer, & De Dapper, 2009). In addition, some medium density residential measuring between 800 and 1000 m^2 are found in the southern part of the study area. Pre-independence City of Harare was divided along racial lines, whereas post-independent was divided along socioeconomic divisions (Kamusoko, Gamba, & Murakami, 2013). Gathering up to date information on the population and urban density for Harare has proven difficult due to limited available data and research. There is some improvement of data accessibility

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[27] Key Informant Interview: Ministry of Planning

through online statistics databases and reports made available by The Zimbabwe National Statistics Agency (ZIMSTAT), a corporate body that was established through the Census and Statistics Act of 2007. The Figure below illustrates Residential areas in greater Harare by population density as at year 2008. As shown in the Figure, Gunhill informal settlement is in a low-density residential area with low population density (0-383 pop/sq. km). This contrasts with the DZ Ext. settlement located in a high-density residential area with high population density (43331 -9222 pop/sq. km). The alliance of ZHPF and Dialogue with the Harare City Council foregrounded high-density design when upgrading DZ Ext. They agreed to design the settlement with an average plot size of 150m^2 to 200m^2 in DZ Ext (Dialogue on Shelter & Zimbabwe Homeless Peoples Federation, 2014), almost one fifth of the low density residential areas.

In densely populated urban areas, many poor households have very restricted access to private space, as a result of small plot sizes, multiple households on plots, and high room occupancy (Brown, 2001). Services and amenities in low income high density residential areas, where high population densities are located are often poor and inadequate. The organic informal layout of housing can result in difficulty with wayfinding and navigation for older persons. Improving wayfinding can enhance the legibility of neighbourhoods and positively impact on older adult mobility (Maus, Lindeman, & Satariano, 2016).

Figure 50: Harare Population Density
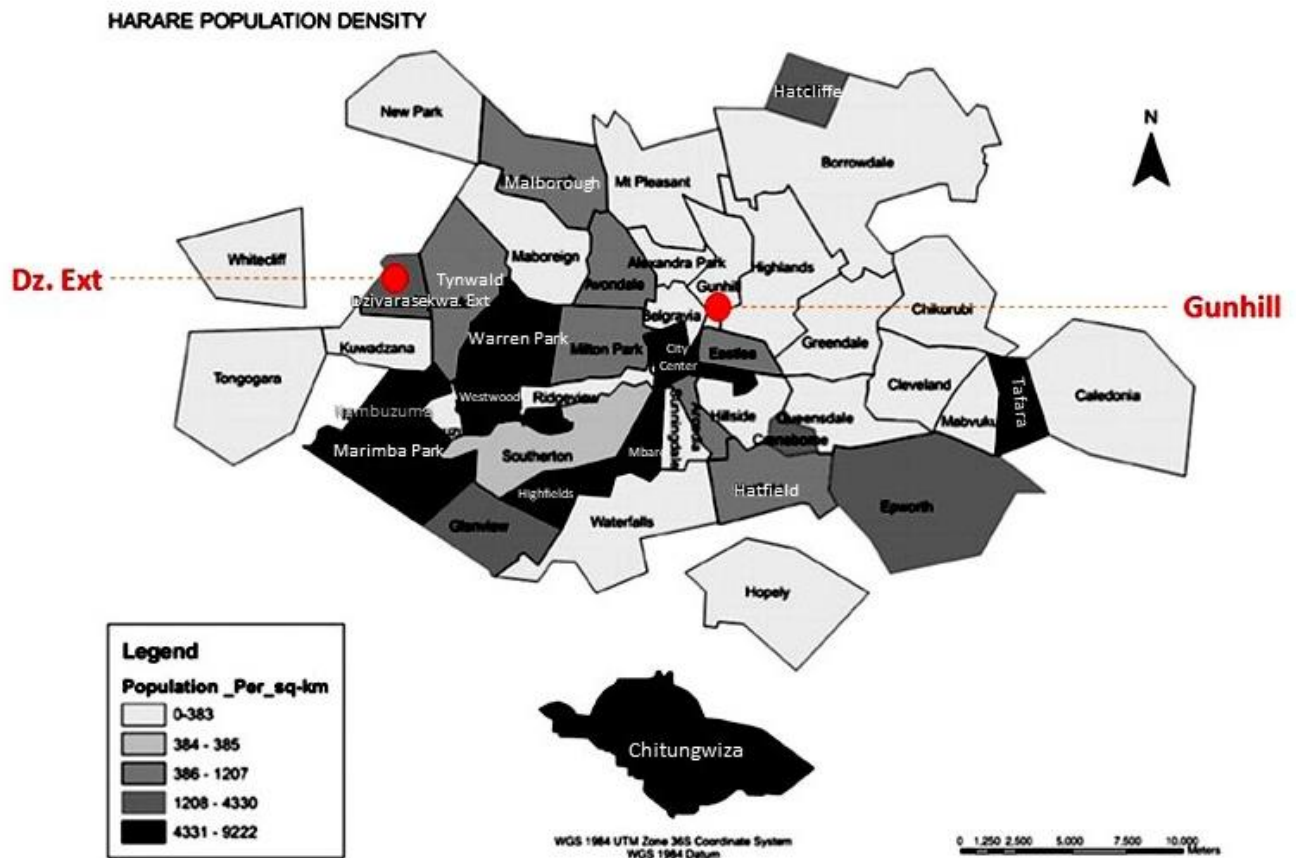
Adapted from (Fernandez, 2013)

7.4.2 Accessing the City

Harare's urban form can be described as car-oriented (Fouracre et al., 2006) with a wide variety of urban forms that are defined by land-use and transportation systems that are not conducive to the provision of "efficient" forms of urban mobility (Mbara, 2015; Tichagwa, 2016). Visions for the future development of this city consist of re-branding of the city as "world-class" only enhancing this domination (Mahachi, 2012). Plans for future urban infrastructure are less focused on the urban poor left in the peripheral areas and more on an envisaged competitive city. According to media reports, The Government of Zimbabwe has commissioned plans for a new city with financial backing from various Chinese

institutions ("Minister tours new capital city site," 2016) as a result of growing rural to urban migration ("Chinese to build new capital city," 2015). With less focus on the emerging challenges experienced in the city and a shift away from the current city problems, poor attention paid to key services such as the maintenance of pavements, street lighting or street crossings continues incessantly. The city's basic infrastructure is displaying significant decay reflecting the increasing social inequality. The city has been recently dubbed the "city of decay" replacing the historical title "the sunshine city" (Chogugudza, 2016). Observations[28] made in the city centre shows that pedestrian infrastructure (pavements, public spaces and bridges) is insufficient, poorly maintained, dirty or obstructed, such that crossing busy roads can be difficult and dangerous. A key informant from HelpAge described the prioritisation that older people should receive in public buildings for example when standing in queues and requiring assistance. Although, she believes that this is not always the case.

The quality of the city urban environment has important age and gender dimensions (UN-Habitat, 2013a). Public consultations conducted by the ministry of planning identified the negative impact of unreliable and dysfunctional street lighting causing older persons and other vulnerable persons to feel unsafe[29]. Older persons spoke up about experiencing difficulties with hearing loss making it challenging to identify approaching traffic which can make them feel anxious. Additionally, uneven and poorly maintained pavements increase the risk of falls. This is reinforced by older persons in interviews with older persons commenting on the barriers present in the city's makeup.

> *Since I started using a wheelchair, some buildings do not have any access for people in wheelchairs. The public buildings and the city in general is very inaccessible. I cannot move independently; the roads are treacherous.* (Older man JM, 74, DZ Ext)

> *The issue is that most of the buildings don't have lifts that are working and getting up the stairs is very difficult. My legs hurt after walking to and from the city centre.* (Older man, RM, 73, DZ Ext.)

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[28] Observations from field notebook – taken from visit to Harare city centre, First Street 2015
[29] Key informant interview, Senior Urban Planning Official 2016

> *The city council offices are totally inaccessible. They are overcrowded and with my health condition (HIV), I get tired easily.* (Older woman, CJ, 54, Gunhill)

Informal jobs such as being a street vendor and bin picker require older persons to stand for long hours and navigate the streets of the city. The city has become flooded with vendors selling anything from needles to second-hand clothes, fruits, and cosmetics products ("Zimbabwe: Why vendors are flooding Harare's streets at night," 2016). Attitudes are polarised between those who want to see an orderly, managed environment symbolic of a city centre, and those trying to make a livelihood (Brown, 2001; Kamete, 2007). Due to the informal nature of working as a vendor, Harare's policeman roam the streets enforcing "order" and chasing away the vendors during the day. Informal traders have resorted to flocking to the city during the night to sell their goods in the absence of enforcers (Rogerson, 2016).

This appropriation of the street urban space may be ideal for younger traders who can cope during the evening and night time. However, older street traders may find it challenging to maintain lengthy working hours especially during harsh winters. Young adults dominate the streets and the informal trading leaving older person feeling a loss of control of urban space. More recently, Harare's public squares and streets have turned into spaces of conflict and contestation with unpredictable violence[30] erupting from demonstrations (Mananavire, 2016). This, according to England & Simon (2010) can lead to the formation of geographies of fear and marginality which can impact on how older informal settlers are able to manipulate the urban space for their advantage. The history of violence in the city has led to increasing police presence (Rogerson, 2016) discouraging informal settlers who regard their "illegal" status as a liability, into the city. An older man from DZ Ext (CM, 56years) reported that *"there are now many police in the road harassing us every time we want to sell things and therefore the streets can be difficult to travel in. We have to be very careful just so we can survive. You have to understand that we are not wanted."* England & Simon (2010) refer to this as a "process of othering" that can lead to exclusion from public space and an inability

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[30] The author was present in the city centre in August 2016 for field observation when an anti-government protest broke out resulting in police firing tear gas and water cannons on protestors.

to be mobile in the city (Frediani & Hansen, 2015). This is further emphasised by an older woman living in Gunhill (JS, 52) who commented: "*I cannot afford to go anywhere and I have never even taken my grandchildren to any public areas. I feel I do not qualify to go there. They will look at us differently and I don't like that feeling.*" This seems to aptly express their social isolation within the city. Such accounts also suggest a perceived difference between legally protected citizens and marginalised urban dwellers. The social stigmatisation of spaces restricts the ability for older persons to move without hesitation and limitation.

7.4.3 Accessing Green Spaces

There are clear physical and mental health advantages linked to mobility outside the home and being in outdoor spaces (Andrea Rosso, Auchincloss, & Michael, 2011). Neighbourhoods that are designed to make it easy and enjoyable to go outdoors will help older people attain recommended levels of physical activity through walking. Photographic analysis and observation during fieldwork on both sites and neighbouring areas identified a lack of planned green infrastructure (trees, parks, gardens). Sparsely populated trees were found on both sites and often residents were seen taking advantage of the shade they provided clearly emphasising the need for a better planned network of green spaces.

Figure 51: Trees providing coverage for informal business in DZ Ext. (left) and relaxation in Gunhill (right)

Source: Author (2016)

The invisibility of informality has led to a lack of effective neighbourhood planning with an expectation that informal settlements are temporary and unimportant. The findings show that families are living in these neighbourhoods for longer periods and therefore would benefit from the planned implementation of green spaces. Most parks with free entry are in the city centre, discouraging older persons living in periphery communities to access them.

7.4.4 Accessing Healthcare Services

Access to healthcare becomes an important service as people age and experience diminished capacity. In Zimbabwe, the Assistance Medical Treatment Order (AMTO) is offered to enhance access to health care among vulnerable populations including older persons. The challenge with this programme is that eligible older people have been unable to access free medical treatment as a result of the government being under severe economic pressure and struggling to pay providers (Langa, 2014). Moreover, healthcare insurance is only available to those in formal employment thereby excluding any older people living and working informally. Given the limited availability of government services, many older people reported experiencing significant barriers when accessing healthcare services.

The findings reveal that 52% (n=10) of older Gunhill residents and 60% (n=30) of older DZ Ext residents reported having a disability or long-term health condition[31]. The Gunhill site is located approximately 6km from Harare city centre and the DZ Ext site is more than twice the distance at approximately 15km from the Harare's centre. While the Gunhill settlers are currently closer to the city centre, the planned relocation from Gunhill to Mabvuku, a high density residential location at the periphery at Harare increases the distance considerably to approximately 19km. In low-density areas, often on the peri-urban fringe, the problems of poor households result not from lack of space in the home, but from the relative isolation of households from urban centres which provide a choice of employment opportunities and a range of facilities for healthcare or education (Brown, 2001).

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[31] This may be under-reported as informal conversations with the community workers during fieldwork suggested that many people do not disclose medical conditions in fear of disqualifying for any benefits or programmes. There is also a continued bias surrounding the disclosure of HIV/AIDS.

In this context, urban space becomes a barrier that must be traversed at considerable cost to the households whose income is insufficient to provide for the cost of public transport.

An important urban service mentioned by older persons is the access to clinics and hospitals. This is shown in the choices older men and women have made when deciding to stay in urban areas or return to their rural home. Choosing to stay in the urban locality is because of the availability of healthcare and medication. A service that is not guaranteed in rural areas as one women (RS, 59yrs) with mobility difficulties commented: "*I cannot think of returning to the rural areas, because of my health challenges, there are no facilities at all so I must stay.*" In some cases in rural areas, seeking medical assistance can be viewed as a cultural and social stigma; that of being careless with one's body with many rural residents opting for traditional healing (Mararike, 1999). Older people living in rural areas were found to be living with pain because they thought it was normal with old age and continuing to labour despite health issues, having accepted that bodies are assets in rural living for agricultural production (Mararike, 1999, p. 112).

Nevertheless, accessing healthcare or other services is not an easy task for older persons on both study areas. Due to the unaffordability of transport options mentioned in the section above, lacking in choice, older persons must walk to access services such as clinics, hospitals, shops and churches. Located in an uptown suburb surrounded by low density houses and social amenities that cater for middle class and upper-class residents, Gunhill's community facilities and services such as schools, clinics and shops are out of reach for the urban poor. An older man (SZ, 72 years) living in Gunhill with HIV/AIDS described walking for almost two hours to the nearest healthcare centre with free consultation, Parirenyatwa which is approximately 6km away. This is a journey he must take frequently because of his need for regular medication and check-ups.

Figure 52: Distance to key services from Gunhill Settlement
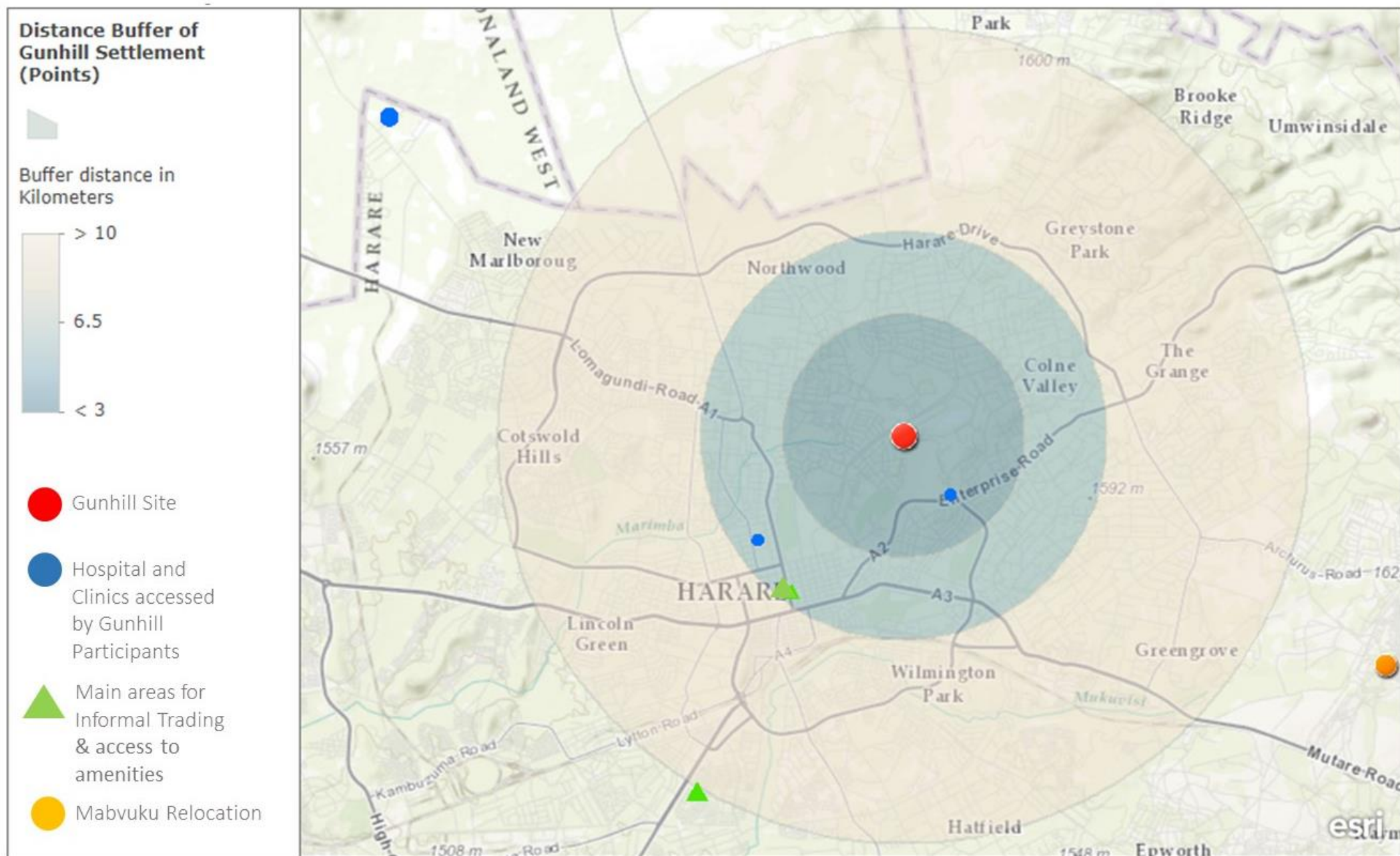
Nearer clinics such as the Highlands clinic demands a USD5 consultation fee and they charge for prescriptions. These charges discourage them from seeking help as described by an older woman (RM, 60yrs) with back pain, *"My back is always sore but I do not go to the clinic because I have no money. I have to endure the pain but it is getting harder every day."* This demonstrates how the barriers in the environment, lack of affordable and accessible healthcare can reduce an older person's functional ability and resilience (World Health Organisation, 2016).

The situation is not entirely dissimilar in DZ Ext. Older persons living in DZ Ext have access to a community clinic which is run by Zvimba rural district council. The clinic is free for consultation for older persons; however older persons do have to pay for prescriptions as described by an older man (SM, 53yra) in Gunhill, *"It depends where I go but sometimes the consultation is free. But even then, this is just the consultation and it excludes prescriptions or any other thing. What is the point if I have to find money for transport and medication or any other follow-ups."* The community clinic is reported to be understaffed and lacking in basic medical resources. Older persons are often referred to the closest major clinic which is in the main Dzivarasekwa community (9.4 km away). For older persons who cannot walk long distances due to their health conditions, they are obliged to find alternative means of travel such as the use of *kombis* or shared private vehicles if they can afford it. Without any financial means, older persons are deterred from accessing the healthcare they need. These findings support the research conducted by HelpAge International on older people's access to healthcare services in Zimbabwe (Galvani et al., 2017). Although the research was conducted in rural and urban fringe areas, the findings showed that lack of free medication from healthcare centres is a serious restriction to older people seeking treatment. These results demonstrate the similarity of challenges in accessing healthcare in rural (Mararike, 1999) and urban areas and therefore older people migrating from rural to urban for this reason may not necessarily experience any urban advantage.

Figure 53: Distance to services from DZ. Ext Settlement
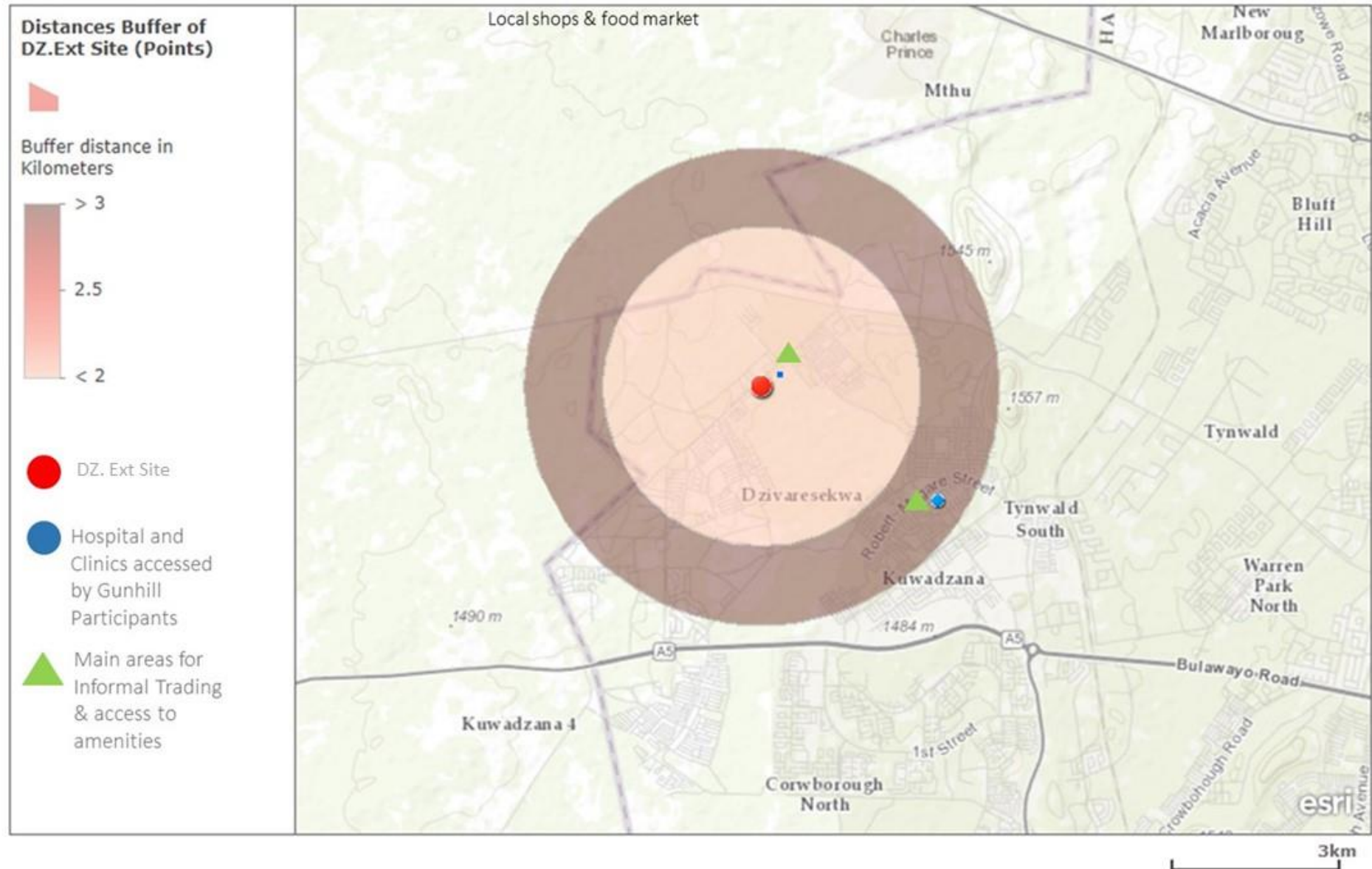
7.5 Ability to build and maintain relationships

A broad range of relationships are important to older people, including their relationships with children, grandchildren and other family members, intimate relationships, and informal social relationships with friends, neighbours, colleagues and acquaintances, as well as more formal relationships with community-based organisations. This ability is also strongly interconnected with, and can have an impact on, all other abilities.

7.5.1 Belonging to the Urban: Myth of Returning to Rural

There is a continuing dialogue amongst academics and practitioners Piertese and Parnell (2014) about the realities of urbanisation and the relationship with the rural and urban. Duminy (2014) argues that the negative attitude of government arises from the particular blend of national liberation ideologies that were built on the valorisation of a "return" to the land "*kumusha*", to rural lifestyles and to traditional harmony, accompanied by the post-colonial era. In this case, older Zimbabweans are perceived often as invisible within the urban household, lacking agency and power. An interview with a key informant from the Parliament questioned why older persons living in informality and poverty did not return to the rural area. He commented that "*vakuru*" older men and women "belonged" in the rural homestead and not in the city. It is in this context that older people part of the urban poor are excluded and dislocated from the construction of the city. There is no concrete understanding of why the rural homestead is best for older persons except that it has been traditionally depicted as a place of rest and family. A qualitative study of older people in Chivhu, a rural area in Zimbabwe (Mabiza, 2013) revealed that indeed "*kumusha*" was depicted as a place of permanence, sought by older people causing them to re-link with the rural areas as they perceive that this is where they belong. Respondents from the study highlighted that even when people work far away from home or in urban centres they still do come back home even if it is to be buried there (Mabiza, 2013, p. 34).

Comments by older persons in this study suggest that this "temporariness" of the urban space is not the case. One older widow (EM, 54yrs) from DZ Ext states: "*I*

prefer to live here because, I am becoming weaker and weaker every day. The rural areas require me to work in the fields and I cannot do that anymore. There is also nothing left there because of the droughts." Local media reports that the state of the rural area is such that food and nutrition security remains fragile and subject to natural and economic shocks in Zimbabwe, with chronic and persistent rates of under-nourishment (The independent Zimbabwe, 2014). In fact, the idea that family is found in the rural areas is no longer certain as older persons from both study areas comment on the mass migration of their family to "greener pastures" often urban locales within the country and in neighbouring countries. For this reason, many older persons choose to stay and create their home in the city with their family. Their role within the family, often taking care of the grandchildren gives them cause to stay and create a place with the family even if it is within informality. A woman in DZ Ext (GN, 55yrs) says "*I would go back to kumusha (rural home) if I could but my family needs me here to assist them with the kids and home.*" In contrast, older international migrants who have no family in Zimbabwe have little choice but to build a life in the city. Comments on the unaffordability of returning to their home country and the practicality of the move leads them to stay in and adjust to the idea of growing old in their current place.

In addition, the potentialities that the urban may bring such as ownership of land and employment opportunities persuade older people to choose to stay in the city. This illustrated by comments made by an older woman and older man in Gunhill who both comment on their desire to "own a home and land" being fulfilled by staying. Ownership of land for older people in rural Zimbabwe can be seen as encompassing a sense of ownership, freedom and belonging (Mabiza, 2013). Mabiza's study described older people who did not own land in rural Chivhu as being despised and considered to be poor no matter their income or education (Mabiza, 2013, p.46). Considering this perspective, remaining in urban areas despite the challenges may be an avenue for older people who do not own land in rural areas to maintain a level of belonging within the family home and possibly own their own land in the urban space.

7.5.2 Community Connectivity

The quantity and quality of interpersonal relationships, and the levels of trust within, and feeling of belonging to, a network of people with shared interests can influence the enjoyment of other abilities, such as being mobile and contributing to the community. Participating in social, cultural and spiritual activities in the community is reported to allow older people the ability to continue, to enjoy respect and esteem, and to maintain or establish supportive and caring relationships. Older persons provided insights into the reciprocal relationships within the community because of the structural barriers. Various types of support are given and received within the settlement and community on both study sites. Support reported receiving includes: provisional support (building, food supplies, money, clothes); emotional support; faith support. The following comments illustrate the importance attached to values such as cooperation and social support within their communities:

> *With the small jobs, I do, I sometimes get some money to help from others. There also can be others who help me* (Older woman, LM, 55yrs, DZ Ext)

> *We as a community do try to help each other. In our co-operative, we support each other when we can with food and other things.* (Older woman, VC, 63yrs, DZ Ext)

> *The community assisted me with building the slab and some of the building of my house* (Older woman, LM, 58yrs, DZ Ext)

> *When I get sick the community supports me* (Older man, EK, 63yrs, Gunhill)

This is similar to the reliance on kinship ties and outside organisations found in rural areas in Zimbabwe, where families play an important role in how people survive during crises (Mararike, 1999). Some older persons suggested that relationships that began with these types of reciprocity have ceased due to increasing hardships. Poverty, lack of housing security, lack of access to services and facilities, commitment to informal employment were among the factors which discouraged some older persons from engaging in community life. These spatial conditions feature in their comments on how they experience the decline of support within the place:

In these times, everyone has to look after themselves, so they don't really help me as they have their own struggles. There are some random times where if I ask they will help for example if I need salt they will provide me with salt or if I need mealie meal then they will assist. (Older woman, EM, 63yrs, DZ Ext)

There were better times when everyone was helping each other but murambatsvina (mass evictions) make this very difficult now. Everyone is struggling. (Older woman, EH, 55yrs, Gunhill)

Spatial elements of exclusion apply to the development of friendships and social networks. The findings indicate a desire for "sameness" as a prerequisite to building relationships within the community. Older people in DZ Ext comment on the perceived differences between those that have built their house or started building and those that still dwell in houses made of non-permanent materials. An older woman (TS, 53yrs) states that: "*There are those that have built their houses and they don't seem to respect us who haven't*". She went on further to say that: "*they don't even speak to us.*" This desire for similarity in informal settlements such as DZ Ext undergoing regularisation and formalisation, may be difficult to realise when there is great struggle for financial security. In addition, the location of Gunhill settlement makes it difficult for engagement with the wider suburban community. Different narratives of space (Buffel et al., 2012) will limit any ability to build relationships with people.

Attending religious activities and socialising within faith communities is an important avenue for older persons to develop and maintain relationships. Community spaces such as the primary school in DZ ext and the churches are also used as centres for civic engagement serving the dual purpose of maximising utilisation of existing spaces and fostering connectivity within the community. These types of spaces facilitate increased intergenerational interaction (Birks et al., 2014).

The spatial connectivity of the two settlements plays an important role in the level of interaction that takes place amongst older people. Due to the makeshift temporality of the materials used in the Gunhill settlement, older persons lack any permanent spaces for socialising with others. Resting places in the community consist of reclaimed benches underneath a tree or sitting on found objects besides

one's dwelling. Multiple spontaneous social spaces are noticeable in the settlement, often these are set up by the "youth" as explained by an older woman but open for anyone to enter and exit. An example of this is taken from an observation made in the author's fieldwork notes.

> On day 2 in the pm...I noticed a group of older and younger women sitting on improvised chairs besides the "home restaurant". They were looking after children and chatting amongst themselves. Besides them was a group of young men playing pool and a couple of adult men talking amongst themselves.

Churches contribute to older people's lives by organising events and providing food and clothes supplements when available. However, contributions from the churches seem to have become far and in-between over the most recent years. Thus, some older persons leave church out of need not desire, to find another church that can support them. Leaving a church can disrupt any formed relationships and make it difficult for the older person to maintain the relationships.

7.5.3 Family Relations

Findings from this research suggest that the relationship with family is tremendously important and when they are positive, they can yield resources such as financial and social support and trust. The relationship between families are embedded in the observations and comments from older persons on both study areas. Most older persons live in large households and these households are predominantly intergenerational. Older men and women are found to be living with their adult children and grandchildren or their grandchildren only. In some cases, children or grandchildren from extended family are claimed as "theirs" and treated in that way. These relationships afford for familial or family transfers that are dependent on the positive maintenance of the relationships. This, co-residence of the older person with their children (or other kin) provides opportunities for reciprocal relationships. Older women who play the role of caregiver commented on both positive and negative impacts of this relationship. Taking care of their grandchildren is a fulfilling responsibility and it is of great cultural value. However,

the tasks can be physically, financially and emotionally strenuous. This can result in the family relationship becoming burdensome. Older women stress the isolation they can feel in their community because they must be at home with their grandchildren. An older widow emphasised this by saying *"I have stopped moving up and down because I am looking after my grandchildren. I don't know what is happening or what events are taking place."*

None of the older men and women part of this study have access to pensions, so all rely on informal livelihoods and to some extent on their families for income support. This heavy reliance on family may result in a strenuous relationship, exacerbated with the resource-strained context. The family support, often financial is from adult children living in other parts of the city or country and those living in the diaspora. The continuing difficulty with money transfers using channels such as western union and money remit will lead to a decline in these forms of support. The findings indicate that the misery and deprivation that many families face, the safety net of family support is failing. Older men and women on both sites report a weakening of support from their adult children due to the increasing adversities. This supports the research from Isabella Aboderin (2006), a sociologist at the Oxford Institute of Ageing, who reports "the family support system, as it has developed and operates today, can no longer be counted upon to provide sufficient economic protection for the old".

An older man (JM, 74yrs) living in DZ Ext comments that *"At the moment it is very difficult for me. There are no jobs for my children and they are struggling as well. Sometimes we get (money) from renting out one room and then we all stay in the other room. Since my children do piece jobs, we get very little money."* Similar results were found in the study by Nyanguru et al., (1994). the study showed that 48% of the respondents did not receive any money from their children. The reasons for this may be that the children were young, were students, or were unemployed. A lack of financial assistance from children in the case of half the sample no doubt had grave implications for the elderly respondents, most of whom were unemployed, or were poorly paid (Nyanguru et al., 1994, p 24). For some older persons, the plight of HIV/AIDS has broken up their nucleus family and they have no family support to rely on. Furthermore, rural to urban migration of the youth

and the increasing geographic mobility has resulted in a loss of hands-on family support. Processes of globalization introduce complexities at a local level through transnational care-giving. Support between ageing parents and adult children across considerable geographical distances is compromised by the state of the country. Few older people still receive any type of support from their adult children living in the diaspora. Often these remittances are sporadic and receiving them in cash is unlikely due to the recent cash crises. Many have been forced to send via cross border buses and other risky and unreliable methods which resulted in many customers losing the money (Herald, 2016). Decline of these critical funds disadvantage older people relying on them to meet their basic needs and result in feelings of abandonment as one woman (VC, 69yrs, DZ Ext) states: "*Two of my children left for South Africa and only one remains but he has no job. We used to receive money from them and they would visit and bring provisions but this does not happen anymore. I feel as though they have forgotten about us.*" Maintaining social ties across geographical borders is a significant challenge to sustain intergenerational support for older people in the context of poverty (Hoffman, 2015).

7.5.4 Social Isolation and Loneliness

There is emerging evidence that urban environments can place older people at a heightened risk of isolation and loneliness, possibly because the social well-being of older people is more prone to changes in population and social issues, such as changes in services and levels of crime (Kneale, 2012). A decaying urban home within informality can bring an even greater sense of being trapped for older people and this may limit their ability to maintain a sense of self-identity (Buffel et al., 2012). Findings from this study suggest that older men and women experience social isolation and loneliness. However, the findings do not completely support previous research conducted by Kinsella and Taeuber (1992) and Ramos (1981) claiming that larger units may promote intergenerational support and reduce the isolation of old age. Older men and women found in larger households commented on feelings of loneliness within the home due to being the least financial contributor. Older persons are often left at home with no-one to socialise

with and tasks such as taking care of the grandchildren confine them to the home whereas their adult children or spouses have more freedom to meet with their friends. Additionally, both study areas lack facilities, events, community programs that cater specifically to older persons. Any places for socialising are predominantly used by younger persons. Therefore, even where they are co-residing, isolation and insecurity are felt among the older persons due to the generation gap, defined household roles and change in lifestyles.

Older women living alone in both study areas described greater feelings of insecurity and loneliness within their community. Without the security of close family, findings suggest that older people may be exposed to exclusion within their community. One older woman (RM, 60yrs, Gunhill) comments that "*Living with others in this community can sometimes be problematic. I don't have any support from people and they make fun of me because I have no family to protect me.*" The study on older people in high-density areas in Harare and rural Zimbabwe by Nyanguru et al., (1994, p. 24) revealed that older urban-based respondents were more likely to be visited by their children and to visit them than those who lived on commercial rural farms or communal lands, therefore combating loneliness. The study suggested that this was due to the availability of transport and employment opportunities in the city.

Furthermore, the location of the settlement can limit the ability for older persons to collaborate and engage with others. DZ Ext is located on the periphery of the city of Harare, 14km from the city centre. It can be viewed as an advantage for the settlement to be situated nearby the main DZ Ext mixed-use low-income development, however there is limited physical access to the social areas as an older woman suggests: "*We would like a road that connects us to the main DZ Ext community so we can be less isolated.*" In this case, the inaccessibility of the built environment (inadequate road infrastructure) confines older residents to their settlement. As mobility and related health considerations become a larger factor in their daily considerations, engaging in activities beyond the necessary is a more substantial challenge for older residents (Birks et al., 2014). Relocating the Gunhill residents to Mabvuku (visual 5), a high-density area may increase levels of isolation for older people due to the added distance to the city centre and main hospitals. It

may become more difficult for older people to attend medical appointments and access typically required amenities. Despite the community clinic and amenities in the DZ Ext community, there has been reported strain on the community resources (Chitekwe-Biti, 2014) with people traveling from outside the community to access the shops and healthcare facility.

7.5.5 Older migrants

Older migrants can be found in both study areas. Migrants from neighbouring African countries have been migrating to Zimbabwe since the nineteenth century. Sub-regional labour migration was facilitated by a number of factors including the permeable borders that gave easy access for work-seekers to travel to Zimbabwe for work in mining centres and plantations (Mlambo, 2014). Zimbabwe (Southern Rhodesia) played a role in receiving migrant labourers from its neighbours Malawi (Nyasaland) and Zambia (Northern Rhodesia), who would work in Zimbabwe and settle or move forward into South Africa. . The federation between Zimbabwe, Zambia and Malawi was established in 1953 as an attempt by the British colony to attract investment capital and to facilitate a diversification of economy. During the periods of 1953 to 1963, Zimbabwe experienced a rapid industrialisation thrust which saw the transformation of some of the service centres and the federal capital (Salisbury now Harare) received the bulk of the productive sector investments in the region. This supports the historic experiences of older migrants from both study areas who moved to Harare with their families for a better and more prosperous life. During an interview, an older migrant (72 years old) from Malawi living in Gunhill recalls of his travel to Harare as a child with his parents and his brother to work as domestic employees. His parents have since died and his brother has moved to Bulawayo, in South-West Zimbabwe. He describes his gainful employment at the Borrowdale racecourse in 1987 as a horse assistant as one of the steadiest periods of his life. The employers did not provide cheap accommodation and his low income could not afford him any housing in the area, resulting in his residence at the Gunhill settlement. His circumstance is not different to other migrants in the settlement. The absence of family ties in Zimbabwe makes it difficult to develop and maintain social relationships.

Consequently, they become reliant upon their immediate environment for achieving social integration. The structural disadvantages experienced in informality often disables migrants. This is illustrated by a comment made by an older migrant widow from Malawi living in DZ Ext with hearing and mobility difficulties. She described her struggles to go to the shops or visit a clinic because she does not have any family living close by to assist her. She often must ask her neighbours to help her but she feels like an inconvenience and a burden. The narratives generally expressed by older migrants reflected a discrepancy between desired and achieved (Phillipson & Buffel, 2011) social relationships.

7.6 Ability to learn, grow and make decisions

The above sections reveal that older persons are very much a part of the informal urban landscape. Older persons spend a significant amount of their time in the home environment and within their neighbourhood (*being part of the city*). The ability to learn, grown and make decisions is related generally to engaging with the decision-making processes within their environment (*taking part in the city*). This includes efforts to continue to learn and apply knowledge, engage in problem solving, continue personal development, and make choices. These abilities are strongly associated with older people's autonomy, dignity, integrity, freedom and independence (World Health Organisation, 2016).

7.6.1 Positioning older Persons

It was surprising to find that most older people on both study areas do not feel completely excluded from the process of decision making and participation. Older men and women commented on playing an important role in the social upbringing of the children and grandchildren. In this role, older persons become the educator and guiding spirit behind many initiatives of the young, psychologically a very satisfying role. The findings support research by (Apt, 2001) that states that older persons are often consulted in administrative matters to do with the family. This can be identified in comments made by older persons below:

I feel totally respected by everyone in the settlement. I am part of discussions that take place in my family. We often discuss matters with the children, and any family events like funerals. It is very important to me to give wisdom where I can. (Older woman, AC, 67yrs, DZ Ext)

People call me the chairman. I always take the time to help my family and give them advice. In fact, I am mostly the one who heads the meetings in my family and in the settlement. (Older man, PG, 52yrs, Gunhill)

There is evidence that older persons who have acquired a vast experience of life and have lived in the settlement for a considerable number of years. One older man living in Gunhill said that he receives respect because he has been living in Gunhill for 26 years, since 1991. His time spent and accrued knowledge of the settlement positions him as the go-to person for multiple types of advice. According to the findings, young people on both study areas attach importance to the advice given from older persons within their household and community. These results indicate that older man and women living in informality have direct and indirect influence on the actions and directions of their family and the community. Thus, illustrating that older persons have a degree of agency and additionally play a, sometimes seemingly invisible role in the collective activity within the city.

In contrast to the findings above, there is evidence that suggests that this seniority principle often needs to be qualified and as (Apt, 2001) explains, the individual who is perceived as having nothing of his past to enhance the life of future generations therefore forfeits the respect. In some cases, older persons are deliberately excluded and treated with discrimination because of their perceived vulnerability and loss of status.

Sometimes it depends if people see you with money, then they respect you…But if you are seen as old and neglected then you are seen as insignificant and they disrespect you, especially the youth, they can be very disrespectful…they just talk. (older woman, AK, 58yrs, Gunhill)

The results demonstrate that older women living alone are left out of conversations and their voice in matters regarding the community is perceived as inconsequential. A widow with no kin (ZM, 51yrs) living in the Gunhill settlement reported on how she often feels culturally isolated and often receives ageist

comments: "*There is no dignity in this community. I sometimes get hit by the young boys and they taunt me. I cannot go to the police for that because I am an illegal.*" Further in the interview, she said "*I have no family to help and support me, so people look down on me and it can often be hard to live with that. They don't care about me or about what I say.*" This case suggests that ageist stereotypes are still prevalent and can lead to social exclusion and increased vulnerability for older women living alone.

7.6.2 Desire to Learn

Discussions about the ability to participate and get involved in decision making processes was often closely followed with commentary about the poor education and lack of educational opportunities for older men and women. The findings indicate that older persons living on both study areas have low levels of education. A health report by World Health Organisation (2016) supports this by explaining that literacy levels, including levels of health literacy, are lower among older age groups than other sections of the population. Basic literacy and health literacy provide important foundations for learning and decision-making. Slightly more women in Zimbabwe leave school than men and the same is observed towards higher levels of education (Zimbabwe National Statistics Agency, 2012). Activity and Labour force information from 2012 show that women tend to report that they are homemakers even though they combine housework with other economically productive activities. Women tend to be more disadvantaged and marginalised when it comes to formal job opportunities and informal income-generating activities because of their limited access throughout the life-course to education, land and other productive assets, and financial services (The Republic of Zimbabwe, 2013).

In Gunhill, 37% (n=7) of older persons never attended any type of formal education, 58% (n=11) attended primary school. Only one woman attended secondary school up to the age of 15. The findings are similar in DZ Ext; 22% (n=11)

never attended school, 54% (n=27) went to primary school and 24% (n=12) progressed to secondary school. These results indicate that older persons do face limitations in their ability to obtain information, access services or take part in social, economic or political activities. One woman in DZ Ext (AC, 67yrs) comments on this: "*I cannot read or write. I have limited opportunities. I am anxious to know how to read and recognise numbers. I want to use a cell phone independently without always having to rely on my children.*" Another woman (HC, 54yrs) in the same settlement who works as a community volunteer goes on further to say "*There are many issues in the community, lack of schooling and early marriages. There is a need to build skills amongst women in the community so they can do something learning about how to work. Many women do not know about learning and freedom.*"

The desire to learn and grow was expressed by older persons on both sites. Many felt that they had limited choices or could not understand their choices because of their low level of education. The community centre in DZ Ext built by the community has a few PCs intended for use by any community resident. However, there is hardly a regular supply of electricity to maintain the use of the PCs. Additionally, older people would have to be taught how to use the computers first if they wanted to access them. This requires resources and funds, leaving only younger age groups with access to these community facilities. Significant losses in capacity, particularly mental capacity, can present operational and ethical challenges to the right to self-determination for older people. When individuals do not have the capacity to exercise choice independently, then support for decision-making may be required. The older men and women in this study grew up during the colonial era. This was a time with few educational opportunities for black Zimbabweans. It is interesting to note that although there is an expressed desire for learning, older people's own attitude can present itself as a barrier. Older people may have negative attitudes about returning to learning because they see themselves as too old, lack confidence or motivation, fear competition with younger adults or in some cases fear that their limited educational background may be exposed.

7.6.3 Spatial Aspirations of Property Ownership

Contrary to the popular view of the urban poor living in informal settlements characterised by social disorganisation the research revealed that older persons were culturally optimistic with aspirations for their children and grandchildren's quality of life and their housing. A 51year old man (PR) from DZ Ext describes his desired housing situation and future landlord desires by stating in an interview: "*I would like to build and complete a five-roomed nice house with a kitchen, dining, bedrooms for my family and possibly a spare room that we could rent out to others and earn some extra money for the family*." Another 52-year-old (PG) man in Gunhill who lives with his children and grandchildren emphasised his desire for a stable home with privacy "*I live with my whole family…this is how we live. I would want a bigger house with 3 or 4 rooms that would accommodate my family and give me some privacy and a place of my own*." Despite the limitations of the spatial environment, there is a real desire for older people to be in a home environment that allows them to fulfil their complete needs. The inadequacy of the lived-in space restricts how older people experience their social aspirations. A 56-year-old female in Gunhill comments on the hope to someday own a home with a veranda (porch) and a big living area so she can socialise with her friends in her own space instead of informal outdoor areas.

7.7 Concluding discussion on the abilities of older people living in informal urban spaces

The critical analysis presented in this chapter has demonstrated that concentrating on abilities moves the focus away from the inputs to outcomes. In doing so, it focuses on functional ability. This shifts beyond using only checklists, which have limitations because they do not consider the role of environments in nurturing capacity and fostering ability, they assume everybody will benefit equally from a particular resource (World Health Organisation, 2016). This chapter has explored the enabling and reduction of older people's abilities in two informal settlements in Harare.

The scope in this chapter is limited to discussing the dynamic and interactive nature of the relationship between older people and the physical and social informal environments they inhabit. This is discussed with the understanding that the environment alone does not influence the lives of older people and other considerations include the health characteristics and capacity, societal needs and resources, political landscape and the changes that occur in people and places over time. Other forms of informality such as labour, services provision, institutions and governance have not been discussed within this chapter. However, there is potential for further research to investigate these forms of informality.

The sections within this chapter are treated separately, but they are strongly interconnected and interdependent. This chapter affirms the significant role, the physical and social urban environment plays in the lives of older people living in informality. Older people are struggling to meet their basic needs due to the inadequate housing and living environment in both settlements. Those older people who are physically capable can complete daily activities independently. However, there is an increasing reliance on family support for older people who experience diminished capacity and mobility. In most cases, familial support is contingent upon the older person's contributions with specific tasks such as caregiving within the home. The urban environment has advantages such as connectivity of key services and employment opportunities. However, the peripheral location of the informal settlement such as DZ Ext. limits the accessibility to reach these services and opportunities. Older people with difficulties in moving, hearing and seeing find it particularly challenging to access healthcare services independently.

The chapter discusses the evidence of community support and connectivity encouraged through local projects organised by community-based organisations such as Dialogue on Shelter. Despite this, older people experience social isolation and loneliness. This more so the case for those older people living alone or with no family living in the area. The reliance on community and family (local and abroad) to support financially or otherwise is diminishing due to the increase in hardships. The role of assets and survival strategies for older people in urban spaces is an area which deserves further attention from researchers and policy makers.

Irrespective of the challenges which older people face living in informality in Zimbabwe, there is evidence of a sense of belonging, aspirations and hope for on-going transformations and solutions. Ignoring how older people live within the home and urban environment can no longer be an option if inclusive development is to be achieved. The following chapter consolidates the empirical findings and literature through the development of a conceptual framework.

Chapter 8 Drawing the Research Together: Developing a Conceptual Framework for Older People in Urban Environments

8.1 Introduction

The aim of this research was to develop a conceptual framework for creating inclusive urban environments for older people in Harare. The purpose of this chapter is to build on the previous chapters of this thesis and present this framework as the main form of contribution. The research sought to bring together the emerging literature on inclusive cities and ageing to explore how older people in the Global South are impacted by the physical and social urban environment (Nahemow & Lawton, 1973; Sanchez-Gonzalez & Rodríguez-Rodríguez, 2016). Concerned with the increasing numbers of older people in global South cities (United Nations Population Fund & HelpAge International, 2012), there is an increasing consensus (Hoffman, 2015) for the design of the urban environment to fully acknowledge and include the needs and diversities of older people. This requires an understanding of the context of ageing in sub-Saharan Africa as well as the situation of older people living in urban areas (Ezeh et al., 2006).The conceptual framework presented in this chapter is a response to these critical issues, drawing together the evidence gathered during the research to directly address the research aim and questions set out in chapter one. The conceptual framework is intended to build on the Age-Friendly City Framework developed by WHO (2007) and gain insights from international approaches.

Discussions on the notion of an "inclusive society", a "society for all" where "everyone, every individual, each with rights and responsibilities, has an active role to play" have developed significantly since the first World Assembly on Ageing was held in Vienna in 1982 (United Nations, 1983) to the most recent UN Habitat III New Urban Agenda (2016). The Madrid International Plan of Action on Ageing in 2002 introduced a pragmatic action plan and a "bold strategy for a new century" (Zelenev, 2008) which served to recognise the necessity "for the creation of an inclusive society for all ages in which older persons participate fully and without

discrimination and on the basis of equality" (United Nations, 2002). Further advances in recognising older people's human rights include the Protocol on the Rights of Older Persons to the African Charter on Human and People's Rights in April 2012 (United Nations Population Fund & HelpAge International, 2012). Despite the global policy commitments undertaken by states and other key actors the current models often developed in the Global North are failing to fully address the problems of older people in many Global South cities today (Aboderin, 2010b). There is therefore a necessity for approaches that can be adaptable to local contexts, including the general socio-political and cultural context (Beard et al., 2012; Buffel et al., 2012).

The framework acts as a response to the conclusions of (Sanchez-Gonzalez & Rodríguez-Rodríguez, 2016), (Hoffman et al., 2013), (Buffel et al, 2012) who stress the importance of contextualised responses to challenges of informality (Brown et al., 2015) and inclusion of all urban citizens. The non-prescriptive thematic domains of the framework are considered within the context of increasing urbanisation and informality. Older people that form part of the urban poor and low-income communities are the focus of the framework. Broadly, the intention of the framework is to bring to emphasis the urban navigation of the lives of the older urban poor and prompt action and discourse that can position itself within the production of inclusive cities and communities.

8.2 Introducing the Conceptual Framework

The findings from this study discussed in previous chapters have been integrated into a conceptual framework which is presented in this chapter. This resulting framework is divided into seven thematic concepts with sub-concepts. In setting out this framework, this section emphasises that urban ageing is occurring in Global South cities and physical and social environments can influence the lives of the older urban poor. This framework calls for a need to transcend outdated ways of thinking of older people in urban environments but to inspire a non-prescriptive lens to view older persons living in informality and deprivation as protagonists in making and shaping their living environment. It is a reference for policy makers, local urban planners, civil society and community-based organisations, architects,

urban practitioners, academics desiring to develop inclusive urban environments with and/or for all diversities of people including older people in urban Zimbabwe.

8.2.1 Process of framework development

As the phrase "conceptual framework" can be confusing, it is important to define the sense in which the term is being used in this thesis. A conceptual framework can be defined as a network of interlinked concepts that together provide a comprehensive understanding of a phenomena (Jabareen, 2009). Broadly, the intention of this framework is to bring to emphasis the urban concepts that can improve the lives of the older poor and prompt action and discourse that can position itself with the production of inclusive cities and communities. According to Miles and Huberman (1994) a conceptual framework "lays out the key factors, constructs, or variables, and presumes relationships among them" (p. 440). This framework provides not knowledge of "hard facts" but, rather, "soft interpretation of intentions".

The elements in the conceptual framework are not assumed to be literally present in the world, but to be social constructs that are useful in thinking about the situation. Mapping the selected data sources for this framework included using themes derived from the literature in chapter 2 and 3, the insights gained from the Manchester case study practice (chapter 5) and the themes derived from the empirical data from fieldwork conducted from the two informal settlements (image above). The thematic map shows the process of development has been iterative, requiring movement between concept and data to produce the proposed conceptual framework (Figure below). When developing the proposed framework, the themes derived in each of the three maps were reviewed and defined by the author. The author considered the themes themselves, and each theme in relation to the others. Each theme has sub-themes which are useful for giving structure to a particularly large and complex theme, and for demonstrating the hierarchy of meaning within the data (Braun & Clarke, 2006).

Figure 54: Framework Development
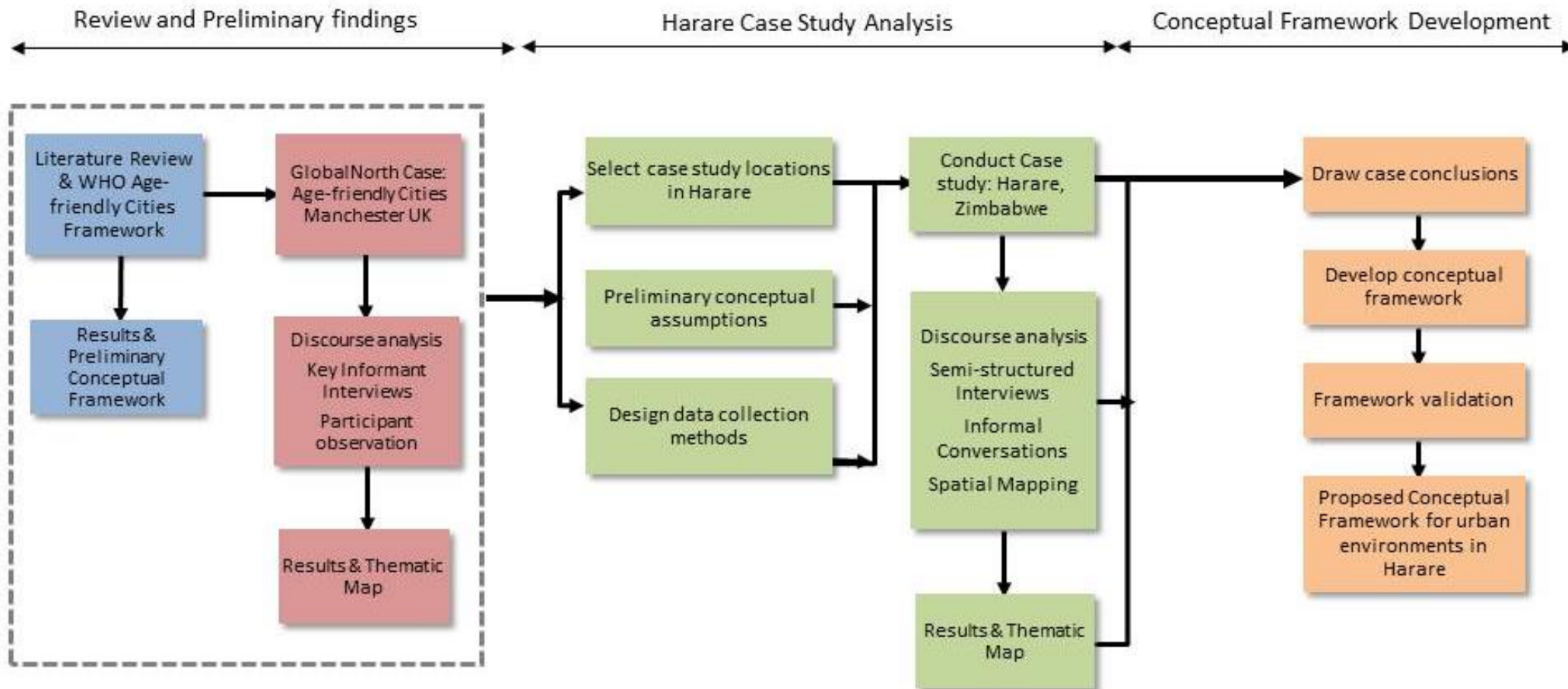
Figure 55: Thematic Map derived from Harare Case Studies Data
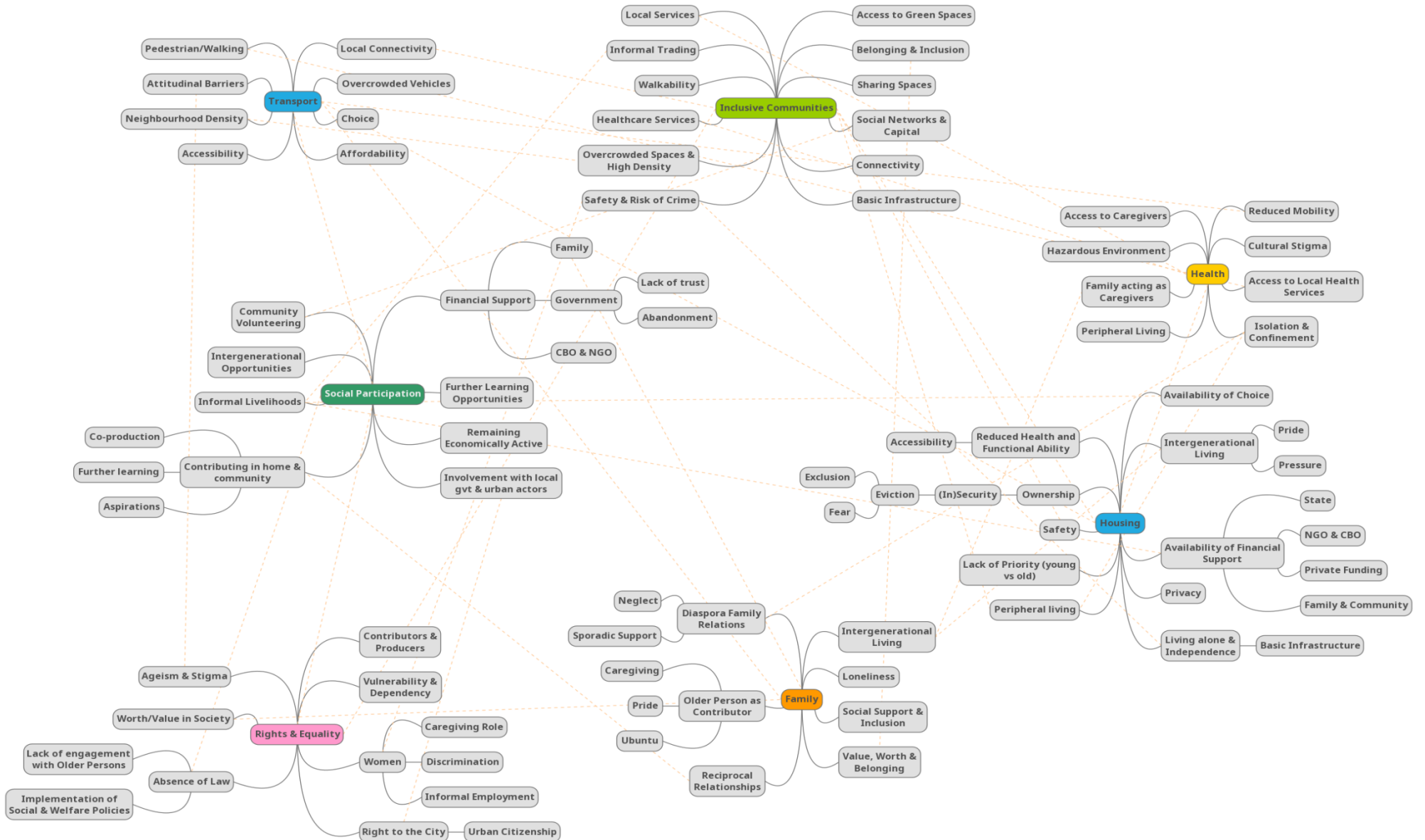
During this phase, it became evident that all the themes were interrelated in some way and through triangulation of data, some sub-themes recurred in all thematic maps. For example, this was the case for sub-themes "accessing healthcare services" and "affording healthcare" under the main theme of "health and well-being". Some themes collapsed into each other. For example, the themes of "healthy outdoor spaces" and "hazardous environments increasing risk" derived from literature, relating to the main theme "health" can be consolidated under the sub-theme "creating healthy spaces". This sub-theme encompasses other sub-themes such as "safety and risk of crime" in the main theme "inclusive communities", and, "habitability" in the main theme "housing". Some sub-themes were found to be repetitive and were discarded if already mentioned under a main theme. For example, the sub-theme of "cultural stigma with health diagnosis" initially under health in the literature map was discarded as it was fundamentally related to the theme of "recognising and promoting rights and equality".

The consideration of the framework is purposed to be used in conjunction with local and national pro-poor and inclusive strategies and action plans to reinforce the important role older people should play in the change process in the home and community. Concerted action on the part of governments, city authorities and other urban stakeholders needs to be taken to commit to understanding and improving the lives of older people living in urban areas. As an example, the AFM approach has sought to mainstream issues of urban ageing by developing strategic partnerships and networks with the public sector and with voluntary and community organisations and universities. Getting government buy-in early gave the initiative both stature and momentum and helped give assurance that concrete policy change would take place (Finkelstein & Netherland, 2010). Examples of AFM practice demonstrate the engagement of older people in local initiatives, acting as co-producers of their environment. Community-based organisations such as the Homeless Peoples Federation (ZHPF) working in collaboration with local governments can support the co-engagement of older people. In this respect, governance can integrate bottom-up and top-down priorities of development at city and local scales. This requires governance to embrace more inclusive, collaborative and supportive approaches towards informal sector activities rather than focussing purely on their regulation. There is considerable value in drawing

from experiences and lessons from global North contexts and beyond sub-Saharan Africa. However, importation of "blue print" approaches to address socio-spatial exclusion without context specific adjustments should be avoided.

8.2.2 Receiving feedback on the proposed framework

The author presented the proposed conceptual framework at the Association of Researchers in Construction Management (ARCOM) Doctoral Research Workshop "The challenges of ageing society in Construction Industry" Programme on Friday the 15th of September 2017 in Salford, United Kingdom to an audience of urban professionals and academia. The author presented the development of the framework and the proposed themes within the conceptual framework. Members of the audience offered feedback based on the presentation recorded by the author in a notebook. The author summarised the comments thematically. One main theme within the comments was concerned with the transferability and generalisation of the proposed framework in other global South cities. This is explored further in chapter 9. Another theme was related to the priority themes for the framework. Initially the proposed framework was presented with priority themes based on the context of Harare. However, the prioritisation confused the audience and led to uncertainty about the applicability of the priority concepts in other urban settings. Based on these comments, the author decided to remove the prioritised concepts and allow for users of the framework to identify priorities based on the local context.

Figure 56: Proposed Conceptual Framework

Housing
- Security of Tenure (CS, L)
- Adequacy and Provision of Basic Infrastructure (CS, L)
- Physical Accessibility (L, M)
- Intergenerational Shared Space (CS, M)

- CS = Harare Case Studies
- L = Literature Review
- M = Manchester Practice

Age-Inclusive Communities
- Accessible and Mixed-use Density (CS, M)
- Safe Spaces (L, CS)
- Socially inclusive shared spaces (L, CS)

Transport
- Affordability and Accessibility (CS, L)
- Attitudinal Barriers (CS)

Health and Well-being
- Accessibility & Affordability of Healthcare (CS, M, L)
- Creating Healthy Spaces (M, L)

Supporting Family and Community
- Spaces of Care and Support (CS, L)
- Space of reciprocity, interdependence and belonging (CS, L)

Opportunities for Social Participation
- Social and cultural participation (M, L)
- Informal Livelihoods (CS)
- Facilitating Learning and Intergenerational Sharing (M, L)

Recognition and Promotion of older person's citizenship, rights and equality
- Protection and Respect of Rights to the city (L, M)
- Recognising and Involving Older People (M)
- Valuing Older Women (CS, L)

Circles: Housing, Transport, Supporting Family and Community, Recognition and Promotion of citizenship, rights and equality, Opportunities for Social Participation, Health and Well-being, Age-Inclusive Communities — surrounding central circle: Urban Ageing in Harare

294

Figure 57: Conceptual Framework in Context

Wider Context (Political Situation, Social Policies, Cultural & Societal Values) Multi-level Governance & Collaboration

Physical Environment

Housing

Age-Inclusive Communities

Transport

Urban Ageing in Global South cities

Health and Well-being

Supporting Family and Community

Opportunities for Social Participation

Recognising and Promoting Citizenship Rights and Equality

Social Environment

Inclusive Urban Environment

8.3 Thematic Areas for Conceptual Framework

8.3.1 Recognition and Promotion of older person's citizenship, rights and equality

Sub-concept: Protection and Respect of Rights to the city

This conceptual framework emphasises the human rights perspective when considering the increasing numbers and proportions of older persons that are highly vulnerable to neglect, isolation and abuse (United Nations, 2013). Older Zimbabweans living in low-income neighbourhoods and informal settlements have the right to the city. This means that, regardless of their class or social status, they have the same rights as other (younger) persons and should be able and enabled to exercise those rights like anyone else. The state has an obligation to make particular efforts to reach any groups of older people who are disadvantaged or vulnerable, and to target resources towards these groups in an effort to promote equality (United Nations, 2013). However, there is a need for a shift from a needs-based approach which views older persons as vulnerable and passive recipients of urban life (table 16). Notions of dependency in later life contribute to a restrictive view of human agency purely in terms of future production, and preclude adequate consideration of the contribution of human agency to substantive freedoms (Frediani, 2007; Barrientos et al.,2003). Central to a human rights-based approach is the idea that older people are valuable members of society (Harvey, 2008) and they are entitled to participate actively and make informed decisions.

Table 17: Basic Needs Approach vs Rights-Based Approach

Needs Approach	Rights-Based Approach
Older person as vulnerable and passive recipients	Older person as citizen empowered to claim rights
Focus on meeting needs	Focus on realising rights and promoting participation
Older people deserve assistance	Older people are entitled to assistance
Focus on individual	Focus on individual, family, formal & informal support, social networks, neighbourhood and city
Focus on input not outcome	Focus on process and outcome
One way relationship perpetuating dependence	Two-way relationship promoting empowerment
Highlighting immediate causes of problems	Encourages collaboration, using existing capacities, local resources to build resilience

Source: Author adapted from (Frediani, 2007; Frediani & Hansen, 2015; United Nations, 2013b)

The Right to the City is realised only when structures, processes, and policies enable all inhabitants as social and political actors to exercise the full content and meaning of citizenship (UN-Habitat, 2016). Policies and programmes should empower older people to contribute to, and remain active members of, their communities for as long as possible. Together with all levels of government, older people living in all types of settlements, including informality, are protagonists in

(re)making and shaping their living environment. Enabling older persons' right to the city and that of other urban citizens can lessen the relatively high control by national government and state elites over decisions regarding the organisation and management of the city and its spaces (UN-Habitat, 2016). However, this process requires transparency, accountability, and the democratisation of data for decision making and the allocation of opportunities and resources.

Sub-concept: Recognising and Involving Older People

This sub-concept links older people's rights with urban citizenship. This concept builds on a key principle developed by the World Health Organisation (2007); the idea of prioritising the role of older people in developing research and action plans to improve the age-friendliness of their neighbourhood and city. Older people are valuable resources and contribute towards the production of the city. Concerted efforts should be made to promote and encourage the engagement and co-production of older people in decision making about the design and development of urban spaces. There is opportunity for older people to be in more than just the bare consultation by local authority and included in actions by all urban stakeholders. Community based organisations such as Dialogue on Shelter can encourage urban citizenship at a neighbourhood level.

Sub-concept: Valuing and Supporting Older Women

Older women play a central role in families and within society. They are often found to play the role as unpaid family caregivers, taking care of the home, and contributing economically. The findings reveal a significant presence of older women in the co-production of urban spaces (section 6.6.4) and the home environment.

Several aspects of housing, such as tenure, quality, location, accessibility, and service provision, can have major impacts on gender divisions of labour, resources, power, and rights (Chant, 2012). These inequalities disproportionately affect older women and are often at their most marked in the context of urban informal settlements in Global South cities. In young populations, the design of the city can

often favour the younger, (re)productive woman. This framework calls for a focus on the significant role older women play in producing and appropriating the urban environment, particularly the home environment and therefore their needs and desires deserve to be considered in the design of human settlements, the location of housing, and the provision of urban services. Gender is a "lens" through which to consider the appropriateness of various policy options and how they will affect the well-being of both men and women. Organisations such as the Dialogue on Shelter under the umbrella of Slum Dwellers International have made a deliberate attempt to build a culture that favours women through dialogue and practice (section 6.6.4) (Mitlin, 2008). Further action and research should be taken to recognise the contributory roles older women have (section 7.3) as well as providing opportunities to address older women's disadvantage in the urban informal environment (section 7.2).

8.3.2 Supporting Family and Community

Sub-concept: Spaces of Care

The evidence of older people with disabilities and long-term health conditions living in the case settlements reflects the increasing need for care and support. Care for older persons is a core dimension of family life. The findings revealed that older people play roles both as (a) care providers for vulnerable children in contexts of poverty, and labour related migration and as (b) recipients of long-term care. This supports research conducted on older people and spaces of care in areas of urban poverty in sub-Saharan Africa (Aboderin & Hoffman, 2015). The extent to which older African people can execute their social and economic functions effectively depends heavily on their physical and mental capacity (Aboderin & Beard, 2014). Equally, if their health deteriorates to a point at which they themselves need care, the responsibility is likely to fall on younger adult children, and employment and education opportunities, can be affected. The dynamics of the spaces of care are changing as structural changes to families

threaten their caring capacity. Romanticised notions that all older people are cared for by their families ignore the fact that increasing numbers of older people can no longer rely on traditional patterns of care and support. The erosion of traditional familial and community support structures caused by multi-dimensional modernization processes, the impact of HIV/AIDS (HelpAge International, 2011) and the absence of adequate social protection and other forms of support leaves older people increasingly disadvantaged and vulnerable. Therefore, families and communities need effective strategies to support the maintenance and improvement of care for older persons.

Sub-concept: Space of Reciprocity, Interdependence and Belonging

Older persons in the case studies show a dependency on reciprocal agreements within the family such as looking after the grandchildren in return for shelter and provisions. Further intra-familial flows of material and non-material forms of capital exist within the family (Aboderin & Hoffman, 2015). In households of increasing poverty, the findings reveal that older people are being asked to contribute economically through informal work such as street trading. This may sometimes result in a level of pride and respect for the older person within the household. Thus, co-residence of the older person with their children (or other kin) is just one among many transfer flows involving older people. Social transfers and family (kin group) transfers such as these are the most important sources of support for the majority of the older person (Palloni, 2001). The dire socio-economic situation in Zimbabwe means that older people with low incomes find it particularly problematic to meet their basic need for adequate housing[32]. With access to social insurance benefits and other social safety nets limited in Zimbabwe, older people find themselves with no choice but to work and rely on financial support from family and the community. Older people living with

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[32] The exceptional socio-economic situation in Zimbabwe exacerbates the challenges and lived reality of older people. Therefore, generalisation cannot be applicable when compared to other African or Global South countries. This study is a snapshot of how older people live according to the context at the time of investigation.

grandchildren (known as skip-generation households) are at increased risk of poverty (Zimmer & Das, 2013a).

8.3.3 Health and Well-being

Addressing the health and well-being of older people is a significant issue when considering their quality of life. The notion of healthy ageing may be understood as a positive shift, which responds to a deficit model of ageing based on disengagement and dependency and to problems of ageism and neglect (Stephens et al., 2015). Images of a healthy, active and fully contributing older cohort constructs older people as a homogenous group, and healthy ageing discourses ignore societal and physical impacts on their well-being. Casting all older people as able to be fully active and independent can be equally damaging in the context of urban Zimbabwe. It may lead policymakers to ignore those older people who are vulnerable and hard to reach. There is a need for local, cultural and community-based action on improving the health and well-being for older people in informal settings without the overburdening reliance on family.

Sub-concept: Accessibility and Affordability of Healthcare Services

An important service for older persons in the two case studies is the access to clinics and hospitals. Over half of the participants in the two case studies reported having a disability or long-term health condition. The findings reveal that some older men and women choose to stay in the urban locality instead of staying in the rural areas because of the availability of healthcare and medication. However, low-income communities are often on the peri-urban fringe result in the relative isolation of households from urban centres which provide a range of facilities for healthcare or education (Brown, 2010).

Due to the unaffordability of transport options, lacking in choice, older persons in the two case studies have little choice but to walk an average of 9km to access clinics and hospitals or stay at home with their illness. The findings demonstrate

that there are significant economic barriers for older people to access health care and these include: the inability to pay user fees and prescriptions, the inability to pay for transport, the fact that many are physically unable to reach a health service due to location of community. Research also shows that the lack of formal identification cards (Maharaj, 2013) can discourage older people from accessing healthcare services. There is potential for the development of community-based Health services providing support for informal residents.

Sub-concept: Creating Healthy Spaces

Healthy urban communities and cities can play a key role enabling older persons to meet their needs and fulfil their responsibilities. The dwellings in informal settlements are generally known for their poor standards and thereby increasing the vulnerability of older persons who experience reduced capacity (Smit & Watson, 2011). Therefore, older people require living environments that can provide protection against the cold, damp, heat, rain, wind, other threats to health and structural hazards. It is also of crucial importance to create cities, neighbourhoods and homes that are more conducive to the health and well-being of all residents and older persons. This includes access to green infrastructure such as natural environments and green open spaces that encourages the mobility of older persons.

8.3.4 Housing

It is evident from the findings that housing is a paramount concern for older people living in resource-poor settings. Older people want housing that enables them to be safe and comfortable regardless of their age, income or level of capacity (World Health Organisation, 2015c). In settings of informality, limited basic infrastructure, multiple safety risks and overcrowded intergenerational households restrict both comfort and security. Recognition that housing issues are closely related to human rights and targeting the most poor and vulnerable groups is crucial if the situation is not to deteriorate. The solution of housing challenges cannot depart from addressing the root causes that violate the principles of non-discrimination and equality in the access to housing (UN-Habitat, 2016), not only on the basis of age,

but also on the basis of gender, geography, disability and socio-economic status. Four sub-concepts are pivotal to the provision of inclusive housing for older persons.

Sub-concept: Security of Tenure

Attaining security of tenure is a central component of the right to adequate housing (OHCR, 2014). The lives of older residents in the case studies living in informality has consisted of routinised exploitation in the form of insecure tenure, evictions or threats of evictions, and generalised extortion for access to any basic services or economic opportunity. Older people therefore require a degree of tenure security which guarantees legal protection against forced evictions, harassment and other threats. The discourses of socio-spatial insecurity due to a lack of housing tenure experienced by older residents of the two case studies suggests the significant influence of the home. Despite the reality of informal development, the local conversations with older residents suggested an aspirational and forward-looking perspective of the settlements. This suggests that the home could be viewed as work in progress, opening a possibility to look beyond the limitations and absence of choice and instead focus on the meaning and value of the home.

Sub-concept: Adequacy and Provision of Basic Infrastructure

One of the more daunting challenges of urbanisation has been the provision of adequate housing that people can afford (UN-Habitat, 2016). Housing lending has moved away from the urban poor and government interference in the housing sector has been minimal and many have almost withdrawn from housing provision, land supply, procurement, servicing and even regulation. Due to this, older people and their families continue addressing their housing needs by themselves, incrementally and often informally. The daily activities and responsibilities of older persons are predominantly performed in the home and its close surroundings and rely heavily on the availability of adequate safe drinking water, adequate sanitation, energy for cooking, heating, lighting. Access to safe water for drinking

and other purposes is a daily need and concern for older persons, more specifically, older women who must contribute to the household through daily tasks such as washing clothes, washing dishes, cooking and cleaning. The emphasis on "enabling the poor to help themselves" has contributed to the acknowledgement of local initiatives and innovations led by organisations formed and run by the urban poor or inadequately housed. Such responses need to consider the needs of older persons and the availability of saving schemes and microfinance.

Sub-concept: Physical Accessibility

The accessibility of housing and the neighbourhood is important for older persons because they are likely to spend more time in their homes when compared with younger people, and may have less ability to navigate barriers (World Health Organisation, 2015c). When older people experience a significant loss of capacity, previously minor household barriers become major obstacles to managing their daily needs. Removing physical barriers such as steps to access key buildings (home and community) and uneven surfaces and pavements can allow for older people with diminished capacity to participate.

Sub-concept: Intergenerational Shared Space

Older people living on both study areas were found to be living in large intergenerational households. These households play a pivotal role in influencing the older person's social exclusion and loneliness. Mutual intergenerational support is seen as the "African way" as opposed to the so-called Western ways, and a moral asset upon which the African care model can be built (Hoffman, 2015). Older persons have traditionally relied on various expressions of Ubuntu that stress community self-reliance togetherness, mutual responsibilities and mutual assistance rather than individual gain. However, in some cases, an intergenerational space can restrict older people to the home environment due to their given duties and responsibilities whereas their adult children have more freedom to socialise. The provision of community services and facilities that foster

intergenerational interaction (Holtgrave et al., 2014) can enhance the social life of an older person.

8.3.5 Age-Inclusive Communities

Sub-concept: Accessible and Mixed-use Density

The findings show that older persons living in peripheral communities struggle to access amenities such as shops and clinics. The added distance to the city centre and main hospitals increase the levels of isolation for older people. Formalised neighbourhood design processes and layouts are not very distinct within informal settlements where building is often incremental, organic, unplanned, not necessarily shaped by pre-existing roads or pathways and often more individually constructed. Physical activity and patterns of mobility among older people are influenced by land-use patterns, aesthetics, the accessibility and connectivity of urban design, as well as the perceived level of safety. Density of land use represents an increased compactness of neighbourhoods with easier access to pedestrian destinations. Urban design characteristics such as number and width of traffic lanes, size and extensiveness of sidewalks, influence safety and attractiveness and ultimately decisions about whether or not to walk (Andrea Rosso et al., 2011). High density areas in global South cities are often associated exclusively with poor and overcrowded urban environments (Fouracre et al., 2006). In densely populated urban areas, many poor households have very restricted access to private space, as a result of small plot sizes, multiple households on plots, and high room occupancy (Brown, 2001).This is often due to the absence of effective planning in infrastructure that is person-centred and enabling. Planned mixed-use dense communities offer a broader range of services and opportunities for people of all ages (Jones, 2016). This is particularly useful for older poor people who often have little choice other than to walk when they want to get somewhere.

Governments have been re-locating the urban poor to areas far from the centre where services are non-existent and costly to install (Kamete, 2014). Sites on the periphery of the city, make it a challenge to deliver adequate services at affordable costs (Bachemeyer, 2012) such as connecting water and sewer lines. As people age, there is a heavier reliance on public services such as health-care services. Furthermore, the location of the settlement can limit the ability for older persons to collaborate and engage with others if the location of the settlement is cut off from social facilities.

Attention to streets and streetscape amenities can foster the mobility of older people and their participation in community life (Acioly, 2014). Being able to move safely about the community with easy access to shopping, health and community services are considered important elements for health ageing (Pas et al., 2015). Yet environmental pressures in low-income neighbourhoods such as noise, crime, unemployment and lack of local amenities can decrease walkability for older adults (Buffel, 2013). Non-motorised transport accounts for 30-35% of all trips in Africa (UN-Habitat, 2015). Despite the high proportion of people relying on non-motorised transport, a divergence is seen between modal use, infrastructure allocation and modal funding in many cities with more road space being dedicated primarily to private vehicles.

Sub-concept: Safe Spaces

There is emerging evidence that urban environments can place older people at a heightened risk of isolation and loneliness (Kneale, 2012), possibly because the social well-being of older people is more prone to changes in population and social issues, such as levels of crime. Increasing older people's personal safety and the security of their property requires taking action at home and within the broader community (World Health Organisation, 2015c).The increased physical vulnerability of older persons causes greater susceptibility to violence and abuse in the home and community, in care settings, or in times of conflict (Fredvang & Biggs, 2012). Without the security of close family some older people may also be exposed to abuse, violence and exclusion both in public spaces and within the home (World Health Organisation, 2002). Older persons living alone and older women are

particularly vulnerable (Ferreira, 2013b) and avoid going out because they are afraid of being attacked. The most common experience is robbery, mainly when walking in the street (Tacoli & Satterthwaite, 2013; United Nations Population Fund & HelpAge International, 2012) . Older women are particularly vulnerable in urban areas. The fear of crime, having been the victim of crime, a disaster or abuse can increase the risk of social isolation and feelings of vulnerability, undermine both older people's ability to participate in their families and communities and community efforts to improve their health. Developing physical urban interventions such as wide open spaces and public lighting can improve the safety of spaces.

Sub-concept: Socially inclusive shared spaces

Shared spaces enable people of all ages to access essential services and facilities without physical barriers, safety concerns or transport difficulties in reaching them (Holland, Clark, Katz, & Peace, 2007). Shared urban space such as streets have become the main place of informal work and socialising for many of the urban poor (Acioly, 2014). Both street traders and other informal sector operators, access and use public space to support their livelihoods. In particular, older women have benefited socially from sharing spaces and forming informal social groups (Acioly, 2014) in the street or marketplace. Older people may feel isolated due to a lack of confidence to go outdoors, even in their immediate neighbourhood (Jones, 2016). Urban spaces that encourage older people to meet and share in activities can allow for a greater sense of belonging such as shared community gardening. Some groups of younger people tend to select and colonise particular public spaces, streets or structures as meeting points (Holland et al., 2007), however, such gatherings can be perceived as a threat for older people and can produce unease and represent a potential source of petty crime and disorder.

8.3.6 Transport

Older people living in urban areas experience significant barriers to transportation (World Health Organisation, 2007a). Transportation, including accessible and

affordable public transport, is a key factor influencing healthy ageing. Formal and informal transportation in Africa is often described as fragmented, disorganised, unsafe and irregular, offering urban residents few options (Mbara, 2015; Sachiti, 2015). There is a clear lack of focus on issues to do with the availability and accessibility of transportation with only a few African countries even mentioning these areas in their policies (HelpAge International, 2016). Local governments find it increasingly difficult to keep up with the demand for basic service provision, before considering housing provision. Ferreira (2013b) describes the geographical and social environment in the informal settlements as harsh, overcrowded, socially disorganised and because distances are vast, often residents must rely on costly forms of transport. Older people's need for social support tends to increase with declines in capacities (cognitive, mental, social and physical) and when environments, such as social venues and transport, are not accessible this limits them. Furthermore, improving older people's mobility requires considering accessibility throughout the entire travel chain. At the city level, viable transportation options are critical for ensuring that older people have access to essential social and medical destinations (Birks & Prater, 2014).

Sub-concept: Affordability and Accessibility

Limited formal transport services lead older people to use informalised means of transportation (Fouracre et al., 2006). These types of transport dominate with schedules and fares varying with demand, routes being semi-fixed and stopping points unregulated. Despite this dominant form of transport, it is suggested (Bryceson et al., 2003) that many poorer people including older persons are "mobility constrained" rather than deliberately adopting localised, low-mobility lifestyles. The findings reveal that affordability was the most mentioned transportation issue on both sites. Older people who have no financial security will be challenged by this barrier. Additionally, persons with declines in capacity and older persons with mobility difficulties will find it difficult to access transportation without features such as step free access or wheelchair provision.

Sub-concept: Attitudinal Barriers

The research shows that older people experience attitudinal barriers when on public transport. Public transport is largely informal in global South cities. Operators and drivers of informal transport are known for insensitivity, careless driving and disregard for the rules of the road. Older persons who experience limited mobility need time to board the transportation and fear of dangerous driving and negative attitudes can discourage older people from travelling.

8.3.7 Opportunities for Social Participation

Sub-concept: Social and cultural participation

Literature and the findings demonstrate that older people play an important role in participating culturally and socially. The provision of community services and facilities that foster this participation and engagement can enhance the quality of life of an older person. Policies need to consider that older people both want to and do contribute economically and socially well into old age (Apt, 2002). Encouraging the contribution of older people breaks out of preconceptions of dependency and links with concepts of older person's rights and health and well-being.

Sub-concept: Informal Livelihoods

Older women and men living in informal communities are engaged in an informal income-generating activity, mainly petty trading, such as selling vegetables along the streets in the community (Ezeh et al., 2006). One of the biggest challenges to the economic well-being of older people in urban informal settlements is the informality of their economic activities. It leaves individuals in employment relationships without labour and social protection through their work, or without entitlement to employment benefits, whether or not the economic units they operate or work for are formal enterprises, informal enterprises or households (UN-Habitat, 2015). Older dwellers in informality cannot provide legal addresses needed to obtain a license while street vendors suffer from frequent evictions from their place of work. In situations of removal or relocation, their livelihood

strategies are often destroyed. Older persons working informally must walk for long periods of time looking for customers and this can negatively impact their health.

Sub-concept: Facilitating learning and Intergenerational Sharing

Continued personal growth (mental, physical, social and emotional) is important for enabling older people to do what they value, and the ability to make decisions is key to older people's sense of control (World Health Organisation, 2015c). Investing in these abilities can have positive impacts on all aspects of life: health, recreation, relationships, and civic and work life. Studies reveal that those with limited education are at a heightened risk of social detachment (Handler, 2014). Poor access to education earlier in life means that high proportions of older people are illiterate and unaware of their rights. Older people with low levels of health literacy are more likely to report not receiving vaccinations or cancer screening, and health literacy is a more meaningful predictive factor than educational level for older people's use of preventive services (World Health Organisation, 2002). Public education programmes often use language and images that are not accessible to older people (HelpAge International & African Union, 2002). Having appropriate support in place to enable accessibility, particularly for people with mobility issues (World Health Organisation, 2007a) is important everywhere, and even more so in Global South cities. Older people who continue to learn keeps them more involved in community activities, reduces their dependency on family and government-funded social services, and enhances their health and well-being.

8.4 Conclusion

The proposed conceptual framework aims to foreground the lives of the older urban poor and their needs and desires. The thematic concepts and sub-concepts are interdependent. For example, the provision of reliable, affordable and accessible public transportation is an important factor in encouraging and enabling older persons to participate in family and community life, as well as assisting older persons to remain mobile. The conceptual framework is aimed to reinforce the important role older people must play in the change process in the home and

community. Older people tend to spend a lot of their time in their neighbourhood, but are often among the last to be engaged when it comes to decision-making processes – despite being in the city, they are not fully of the city. However, viewing participation and consultation only in specified formal structures can have limitations in less developed settings (Groenewald et al., 2013) with a prevalence of informal settlements. The space of informality is addressed in every concept drawing emphasis to the home and community environment. Inclusive urbanisation provides the potential for new forms of social inclusion for older people and their families living in informality and deprivation.

Chapter 9 Concluding Comments and Further Considerations

9.1 Introduction

This brief chapter concludes by discussing the results of the thesis in three sections. The first section summarises the results and offers conclusions in terms of the research questions and the main findings. The second section acknowledges limitations of the research undertaken in this study. This is followed by the contribution to knowledge and a final section considering how future work could build on this research and concluding statements.

9.2 Developing a Narrative for the Conceptual Framework

The influence of deprivation on the well-being of older people remains a significant area of concern in both global areas. Research undertaken in the global North has begun to develop a greater understanding of this relationship (Bartlett, Frew, & Gilroy, 2013; Kotecha, Arthur, & Coutinho, 2013). The proposed conceptual framework has elements of "relatability" and "transferability". External validity defined by Yin (2009) suggests defining the domain to which a study's findings can be generalised. Single-case studies are typically seen as generalisable only in their capacity, through their depth of detail, to evoke an empathetic or comparative response (Duminy, Andreasen, et al., 2014). In this case, the proposed conceptual framework can be contextualised in certain areas of socio-economic deprivation, informality and low-income communities in other sub-Saharan African cities with upgrading redevelopments. The impact of inequality in the urban areas (Kamete, 2017) is evident in the social, economic and environmental conditions prevailing in informal settlements. The socio-spatial challenges to the well-being of older people living in this setting needs further investigation (Hoffman, 2015). These communities of informality are particularly challenging for older people given their increased vulnerability due to declining

physical and health status and reduced economic productivity (United Nations Population Fund & HelpAge International, 2012).

Despite the clear need for a focus on urban planning and architectural design guidelines that support the needs of older persons, the recent discourse on age-friendly communities (Lui et al., 2009) emphasises the critical role of quality of social relations in the enhancement of quality of life of older people. The proposed conceptual framework stresses the role of family in the lives of older people. The research found that the immediate and extended family significantly influences the choices an older person makes about their life. This includes, where and how they live, what they do and how they engage with the urban space. The research showed the family unit is facing increasing vulnerabilities and pressures. Older persons headed by women, female-maintained households and those living in intergenerational homes might be particularly vulnerable to poverty and social exclusion (United Nations, 2017). Local contextual and cultural understanding is important when exploring the function of family to older people. The domain of family in the Manchester case study is discussed with the concerns of social isolation and loneliness. The AFC model (2007) does not specifically include unstructured contact with family, friends, and neighbours. However, the research from the Harare case studies revealed the importance of accessing informal social support from family and the community. The research found that older people with health conditions and reduced ability depend on family, friends or community members to assist them in accessing and providing care. The ability to remain in the role of contribution and engagement in the home and community is influenced by the availability and accessibility of informal care and local healthcare facilities. Therefore, the concept of health and well-being is understood beyond terms of services that are publicly available, i.e., primary health care and hospital care.

Global South cities like Harare have enormous potential for future development to be undertaken inclusively. As a city that needs physical upgrading, there is scope for increased attention on community infrastructure or resources as well as design specifications for various aspects of the built environment that address the needs of older people living in the community. Examples of these include housing and

transportation services. This is not the case in global North cities with developed infrastructure. An enhanced understanding of older person's needs contributes towards reimagined development visions to guide sustainable urban and other transitions in Africa over the decades to come. Unsustainable forms of urbanism in Zimbabwe have resulted in some older poor persons living in small, very densely populated peripheral areas relying on private and informal forms of transportation. The proposed conceptual framework encourages short term measures such as building ramps for better access to houses and public buildings and long to mid-term goals such as the (re)design of urban neighbourhoods that are safe, walkable, healthy, mixed-use density and reduce mobility demand.

The issue of ageing can be aligned with the gained interest on urban initiatives such as resilient cities, inclusive cities and healthy cities. Age-disaggregated information about older people in global South informal areas collected in enumeration processes and community surveys will support the implementation of the framework. Extensive research with older people allow for older people's lives and experiences to serve as a starting point to identify desirable community services and support. The reduction of urban vulnerability for older persons and the inclusion of their needs can be realised only when underlying macro causes such as the political economy, social and urban policies, income level, location, and housing structure are recognised and dealt with.

9.3 Limitations of Research

This section describes the limitations of this research in two parts. The first part is concerned with the theoretical limitations and the second part discusses the methodological limitations.

9.3.1 Urban Ageing Research in Sub-Saharan Africa

The focus of this research is on urbanity in sub-Saharan Africa as a representative of a Global South region. Research on urban ageing in sub-Saharan Africa, a region which remains the world's poorest and youngest is still very much in its infancy and under-developed (Ferreira, 2008). There is little information about how to

develop enabling and supportive environments for older people in Africa. The current situation of older people in sub-Saharan Africa is, in fact, quite poorly known, and micro-level data are available only for a limited number of countries (Aboderin, 2010b; United Nations Population Fund & HelpAge International, 2012). The dearth of knowledge on ageing for this region contributed to the inadequacy of inclusive approaches incorporating the needs of older people in new policies and programmes and limited comparable approaches for the development of age-friendliness in urban areas. Major longitudinal studies focusing on older people in urban areas tend to be located in the Global North and instead much of what is known in the Global South comes from censuses or small cross-sectional surveys (Aboderin, 2005). This limited the ability to accurately set the context for theoretical exploration and fieldwork in Zimbabwe by relying on data collected from the census which was mostly collected from formal households thereby ignoring citizens residing in informality. Theory on deprived urban areas such as informal settlements has only just begun to shift from the conceptualisation of informality as entirely problematic to postcolonial ideological constructions that look beyond marginalisation (Kamete, 2007; Watson & Agbola, 2013). The damaging effects of the stigmatisation associated with informality may lead to an "unseeing" of the productive spaces and contributory roles played by older people.

9.3.2 Methodological limitations

The selected sample size of older people in the two case studies for this research can be considered as small and therefore it is difficult to consider this a representative of all older people living in informality in Zimbabwe or other global South cities. This research therefore emphasises the provision of rich data and narratives of older people to give full attention and in-depth analysis to the cross-sectional data. The sampling choice was of older people only living in informal settlements. A more encompassing sample frame including different settlement types e.g. low-income formal settlements could have led to greater variation. The two informal settlements used as case studies are context specific therefore the findings cannot be generalised to all older people in all informal settlements in Harare, other urban informal areas in Zimbabwe and Global South cities. Despite

this, the findings presented valuable information on the lives of older urban people.

In the case of this research, a cross-sectional study was undertaken. The data collection undertaken in this research were conducted over a short period of time, aiming to capture the situation at that moment in time. The implication of the chosen research design is that the findings did not reflect changes happening over a long period of time, for example, the author could not study within the time period, the change in familial relationships and need in DZ Ext. as the community is further upgraded. Longitudinal research often study change and development over long periods of time allowing for a measure of control over some of the variables being studied (Saunders et al., 2012). Critical insights on variables such as residential patterns and kinship networks can be investigated through detailed longitudinal data over a prolonged period. Datasets from research on older people have tended to be cross sectional in Africa (Cohen & Menken, 2006; Zimmer & Das, 2013b). This type of research is limited in its potential to reflect the full range of the ageing population (Oswald et al., 2011) and provide an in-depth, representative understanding of older individuals' situation in national populations (Aboderin, 2007). The nature of PhD research in this case managed by one independent researcher, constrains the ability to undertake resource intensive study as it is expensive and can become a difficult undertaking (Cohen & Menken, 2006).

9.4 Contribution of the Study of Ageing in Urban Informal Environments

The aim and objectives of this research provided a unique opportunity to explore the design and development of inclusive urban environments. This research contributes to both knowledge and policy and practice.

9.4.1 Contribution to Knowledge

The research aimed to develop a conceptual framework that informs how inclusive urban environments can be achieved for older people. This framework included

bringing various bodies of knowledge on inclusive urban development in global South cities, informalisation and environmental gerontology. The conceptual framework builds upon theory that recognises that urban environments need to be designed and developed in a manner that is inclusive for older people. The findings support ageing and urban theory (Nahemow & Lawton, 1973; Sanchez-Gonzalez & Rodríguez-Rodríguez, 2016; World Health Organisation, 2007a) that suggests the social and physical environment plays a significant role in impacting the lives of older persons. There is a paucity of research aimed towards spaces of informality and global South cities and this framework contributes to filling this gap. The author has begun to communicate the research at different stages in two peer-reviewed publications as well as presentations at three international conferences and one local conference.

9.4.2 Contribution to Policy and Practice

The framework developed based on these findings that older people are active urban citizens will support policy makers in making decisions concerning older people in urban communities. The findings strengthen the case on why global South policymakers, local authorities, civil society organisations and urban practitioners should address older people and their needs as a priority. This research strategically puts policy into practice in conjunction with a range of local community based agencies so as to support the rights of older persons. This encourages discussion and dialogue on the impact and influence of the urban environment on older persons especially in global South cities. At a more local level, the findings ensure the support and protection of older persons living in informal settlements. Although, of course, no ideal set of policies or programmes can be universally applied in respect of ageing and the urban environment, the dissemination of information and the exchange of ideas and experience can substantially contribute to inform the debate and facilitate appropriate solutions for different countries, regions and cities.

9.5 Directions for Future Research

The prevailing dominance of particular forms of knowledge, and the assumptions that underlie these, suggest there is still much work to be done in this area. Further study is suggested to develop the proposed conceptual framework in chapter 8. The framework was developed based on field work conducted in the two case study sites in the city of Harare in Zimbabwe. This urban area houses a heavy industrial area and a total population of 1,485,231 people[33] (Zimbabwe National Statistics Agency, 2012). Harare was identified as the primary spatial focus due to its largely urban area and increase of informal settlements. Additionally, there has been a recent focused effort in exploring Harare's informal settlements and improving the lives of the settlers. This is highlighted through combined initiatives and urban activity by the Zimbabwe Homeless People's Federation, Dialogue on Shelter and Harare City Council (Local Authority). However, capital city issues and characteristics such as accentuated political contestation and focused investment prevent a structured comparison of informal settlements in other urban areas in Zimbabwe. The bulk of the urban population increases are now being absorbed by Africa's secondary and smaller cities (UN-Habitat, 2014) and therefore the use of the proposed conceptual framework in this thesis could begin to extend itself to low-income communities in small urban areas countrywide that may not experience the same "capital" issues as settlements in Harare. Research and investment into the upgrading of informal settlements existing outside the capital is only beginning to take place (Zimbabwe Homeless Peoples Federation & Dialogue on Shelter, 2012) and therefore how older people live and cope in those environments could have significant differences that need to be explored.

This study chose to use Amartya Sen's capabilities approach (Sen, 1999) as discussed in section 3.4.4. There is potential for Amartya Sen's theory on entitlements **(Sen, 1981)** to be incorporated into any further development of the conceptual framework. Sen introduced the concepts on "endowments" and

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[33] The census (Zimbabwe National Statistics Agency, 2012) data mostly covered formal areas and therefore the figure is not completely reliable.

"entitlements". These notions draw attention to two distinct issues: endowments are rights and resources that social actors can have such as land, labour skills, while entitlements derive from endowments and are what social actors take away and receive in practice. Sen's notion of entitlements can be extended to the lives of older people living in informality by focusing on the issues of power to take command over their endowments as they age. This enriches the concept of capabilities, human agency and social identity.

The two explored Zimbabwean case study sites were investigated at different stages of their development. This PhD research was completed before the successful relocation of the older people living in the Gunhill residency. Additionally, further infrastructural and community upgrading is due to take place in DZ Ext. It would be of great interest to review the findings of this research following the relocation of older Gunhill residents to the urban periphery of Harare and of older DZ Ext. residents experiencing further community upgrades. This can enhance data on how older urban poor navigate urban areas and what physical and social elements emerge as influential to older people in a way that can meaningfully address policy-related information needs and generate relevant insights.

Future research could go further to capture the intergenerational spatial elements within the home and wider urban environment. During the fieldwork, older people were observed with (grand)children found consistently present in the streets, the home and community. The inclusion of the spatial experience of adult children, grandchildren living with older people can enhance the understanding of the geographies of the (in)formal urban space. On a wider scale, there is need for a critical examination of the relevance of global North approaches and concepts on urbanism and inclusivity for understanding urban ageing in Global South cities. As the development of inclusivity in urban areas in Global South cities becomes more prominent internationally, further comparative research can extend itself to the applicability of the proposed conceptual framework across cities in the Global South.

9.6 Conclusion

This thesis began by exploring the global literature on urban ageing with the aim to investigate the positioning of older persons in urban areas in the Global South. Emerging from the literature chapters and the findings is a clear argument for an urban focus on ageing in the Global South. Beyond the legal imperative for recognising and realising the rights of older persons, there are other compelling reasons discussed in this thesis about why meeting the needs of older persons living in urban areas is in the interest of everybody in the city. Subsequently, a conceptual framework is proposed offering a set of thematic areas for addressing the challenge of developing urban environments that support and enable older people in the Global South.

In concluding, the author re-asserts a need for increasing political will and multidisciplinary approaches to ensure older persons' rights and participation in the city. This thesis acts as a call for the attention of all stakeholders involved in the makeup of urbanity in the Global South such as: central and local governments, academia, civil society organizations, private sector, community-based organisations; to take practical steps to realising and fostering a society for all ages. This emphasises a requirement for pro-active strategies that engage and co-produce with the diversities of older populations. Although these actions will inevitably require resources and investment, they are likely to result in a future that gives older people dignity, freedom and choice.

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Appendices

Appendix A Interview Consent and Data Statement

University of Salford MANCHESTER

Interview Consent and Data Statement

If you consent to being interviewed and to any data gathered being processed as outlined below, please read the consent statement, print and sign your name, and date the form, in the spaces provided.

Title: Ageing in Urban Spaces: Developing Inclusive Urban Environments for Older People in Global South Cities

Researcher: Busisiwe Chikomborero Ncube, Doctoral researcher at SURFACE Inclusive Design Research Centre, School of the Built Environment, University of Salford, Manchester

Supervisors: Professor Marcus Ormerod and Rita Newton

Purpose of data collection: PhD Thesis

Consent Statement

- I understand that my participation is voluntary and that I can withdraw unconditionally at any time from taking part in the interview
- I understand that I can ask for the information I provide to be deleted/destroyed at any time and, in accordance with the Data Protection Act, I can have access to the information at any time.
- My data collected may be processed manually and with the aid of computer software.
- My data are to be held confidentially and only the researcher and supervisors will have access to them.
- My data will be given a research code known only to the researcher. My name and other identifying details will not be shared with anyone.
- In accordance with the requirements of some journals and organisations, my coded data and short quotations from my data may be shared with other competent researchers and in other related studies.
- The overall findings may be submitted for publication in a journal, or presented at scientific conferences.
- I will be able to obtain general information about the results of this research from the researcher at their email address

I am giving my consent for data to be used for the outlined purposes of the present study.

I, _____ consent to participate in the study conducted by Chiko Ncube, School of the Built Environment, Salford University with the supervision of Marcus Ormerod and Rita Newton.

Signed:

_____

Date:

_____

Appendix B Ethics Approval

Academic Audit and Governance Committee

College of Science and Technology Research Ethics Panel (CST)

University of
Salford
MANCHESTER

To	Chiko Ncube (and Prof Marcus Ormerod)
cc:	Professor Hisham Elkadi, Head of School of SOBE
From	Nathalie Audren Howarth, College Research Support Officer

MEMORANDUM

Date	21/04/2015

Subject: Approval of your Project by CST

Project Title: Ageing in Urban Spaces: Developing Inclusive Urban Environments for Older People in Global South Cities

REP Reference: CST 15/11

Following your responses to the Panel's queries, based on the information you provided, I can confirm that they have no objections on ethical grounds to your project.

If there are any changes to the project and/or its methodology, please inform the Panel as soon as possible.

Regards,

Nathalie Audren Howarth
College Research Support Officer

For enquiries please contact:
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