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“We Are All Sick”: Sanitation, Structural Neglect, and the Embodied Politics of Informality in Cape Town

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Research Article

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Abstract

This paper examines the relationship between sanitation, systemic neglect, and embodied suffering in the RR Section of Khayelitsha, Cape Town. Drawing on thematic analysis of interviews with 30 residents and 16 activists, supported by computer-assisted coding in ATLAS. ti 22, it centres the statement of a resident - *“We are all sick”* - as a lens into perceived illness, infrastructural decay, and environmental degradation. Testimonies reveal how inadequate sanitation systems, including open toilets, bucket disposal, and stagnant wastewater, exacerbate illness and psychosocial stress in densely packed dwellings. Although authorities acknowledge the crisis, the continued classification of the settlement as “temporary” perpetuates inadequate service provision and entrenches vulnerability. Using Urban Political Ecology, the concept of slow violence, and embodied urbanism, the study demonstrates how informality produces material precarity and political marginalisation. Residents’ accounts highlight not only exposure and illness but also fragmented grassroots organising, civic disillusionment, and episodic resistance. These narratives transform private suffering into collective political speech, challenging invisibility and asserting claims to recognition and citizenship. The study contributes to debates on sanitation justice, health equity, and the politics of informality in African cities, advocating for infrastructure to be recognised as a fundamental right of urban citizenship rather than a conditional privilege.

1. Introduction

“We are all sick” - spoken by a resident of RR Section in Khayelitsha, Cape Town - serves as both a personal lament and a collective indictment. It reflects not only the health burdens faced by communities living amid infrastructural neglect (Smit et al., 2016; Weimann et al., 2020) but also a deeper socio-political malaise rooted in decades of environmental degradation and systemic state abandonment (Huchzermeyer, 2011; Storey, 2022; Redfield & Robins, 2025). This paper investigates how the sanitation crisis in informal settlements is experienced, narrated, and politicised by those who inhabit these spaces, examining how illness - literal and metaphorical - becomes a defining feature of life in RR Section and a vehicle for articulating struggles for dignity, recognition, and justice.

Extensive research has documented the persistence of South Africa’s sanitation crisis, linking it to structural inequality and spatial marginalisation (SJC, 2011; Robins, 2014a; Robins, 2014b; Robins, 2015; McFarlane & Silver, 2017; Baxter & Mtshali, 2020; Mukiga, 2024). Despite constitutional guarantees, millions still lack access to safe and dignified sanitation (Tissington, 2011; Dugard, 2015). Nowhere is this failure more visible than in informal settlements such as Khayelitsha, where residents rely on communal bucket toilets and open defecation, and where density, absent drainage, and poor road access transform everyday life into a continuous negotiation of health risks. Sanitation here is not a technical concern but a profoundly social and spatial issue, reflecting broader urban inequalities and contested citizenship.

Khayelitsha, located on Cape Town's periphery, encapsulates these contradictions. Established during late apartheid and expanded post-1994 (Mukiga, 2021; Mukiga, 2024), it remains a spatial expression of racialised poverty and uneven urban planning. RR Section, situated on a wetland and densely packed with self-built shacks, has repeatedly been denied formal infrastructure on the pretext that it is "temporary." It exemplifies what Simone (2004) calls a "zone of exception" - excluded from service provision yet continuously subjected to state visibility and control.

Drawing on qualitative interviews with RR Section residents, this paper centres community voices to explore how people interpret, survive, and resist conditions of infrastructural decay. The phrase *"We are all sick"* is treated as embodied testimony - a political statement that renders visible the entanglements of health, environment, and governance. The analysis draws on Urban Political Ecology (UPE) and Nixon's (2011) notion of slow violence to conceptualise neglect not as a rupture but as a cumulative process that shapes everyday urban experience.

This paper argues that the sanitation crisis in places like RR Section is not simply inadequate service delivery but a manifestation of structural violence. By listening closely to residents' accounts and analysing the spatial and political conditions sustaining precarity, the study contributes to debates on sanitation justice, health equity, and the right to the city in African urbanism. It asks: what does it mean to be "sick" in a marginalised urban space, and how might collective suffering become the basis for political claims and demands for recognition?

2. Literature Review and Conceptual Framing

2.1 Sanitation, Inequality, and Urban Citizenship

Sanitation is widely recognised as a determinant of dignity, belonging, and urban citizenship (McFarlane & Silver, 2017). In the global South, informal settlements often operate within what Watson (2009) terms "conflicting rationalities," where state planning frameworks diverge from residents' survival strategies. In South Africa, this disjuncture is stark: despite constitutional guarantees and post-apartheid service delivery frameworks, sanitation infrastructure remains uneven and racialised (Tissington, 2011; Dugard, 2015). Informal areas are frequently excluded not only due to technical constraints but also because they are designated "temporary" or "illegal," reinforcing systemic neglect (Huchzermeyer, 2011; Mukiga, 2021, 2024).

Sanitation failures in these contexts are not neutral but embedded in broader dynamics of injustice (Truelove, 2011; Mukiga, 2024). Policy decisions, insecure tenure, and inherited planning logics reproduce exclusionary patterns (McFarlane & Silver, 2017). Access to sanitation thus becomes a litmus test of citizenship, delineating who is recognised as a legitimate subject of state care (Robins, 2014b). Lemanski (2020) similarly shows how infrastructural inequality mirrors structural exclusion, rendering informal residents both spatially marginal and politically peripheral. These insights highlight sanitation as a deeply political issue, tied to recognition and rights.

This marginalisation resonates with scholarship on peripheralisation in urban studies. Bernt and Colini (2013) conceptualise it as a multidimensional process of economic restructuring, social stigmatisation, and political exclusion. Applied to disadvantaged cities, this framework explains how planning logics entrench disconnection and dependency (Bernt & Liebmann, 2013). Rupprecht's (2020) study of Kibera in Nairobi illustrates how urban planning perpetuates socio-spatial exclusion. Addressing these exclusions requires shifting from a narrow focus on built environments to approaches that prioritise human rights and inclusive participation (Mukeku, 2018; Rupprecht, 2020).

2.2 Urban Political Ecology and Infrastructural Violence

Urban Political Ecology (UPE) provides a critical lens for analysing how power is embedded in the uneven production and distribution of infrastructure. It shifts sanitation from a technical service to a contested terrain of governance, inequality, and nature (Heynen et al., 2006; Loftus, 2006). Poor sanitation in informal settlements is not accidental but reflects deliberate spatial outcomes of urban governance and capitalist development (Swyngedouw, 2004; Jackson & Robins, 2018). This perspective situates sanitation within broader struggles over urban space and political legitimacy.

Closely linked is the concept of infrastructural violence, which describes the slow, everyday harm caused by the denial or withdrawal of infrastructure (Rodgers & O'Neill, 2012; von Schnitzler, 2008). In RR Section, this violence is evident in wet, disease-prone environments, reliance on bucket systems, and the absence of drainage (SJC, 2011; Leuta, 2015; Smit et al., 2016; Leuta et al., 2020; Mukiga, 2021, 2024). These conditions are hazardous, historically rooted, and profoundly political (McFarlane, 2008; McFarlane & Silver, 2017). They reveal that infrastructural neglect is not merely a technical failure but a form of systemic abandonment.

McFarlane and Silver (2017) argue that under neoliberal urbanisation, infrastructural inequality becomes a terrain of political struggle. In Cape Town, sanitation has become symbolically potent, mobilising protests, audits, and acts of sabotage. These tactics confront governance failures while challenging the symbolic ordering of the city. Robins (2014) and von Schnitzler (2008) similarly show how sanitation infrastructures mediate state legitimacy, shame, and citizenship. Historical work by McFarlane (2008) in Bombay, and later studies of postcolonial cities, illustrate how sanitation regimes intersect with governance, health imaginaries, and class politics (Baviskar, 2018; Gandy, 2008). This historical geography of "cyborg urbanism" demonstrates that infrastructure is never neutral but always fragmented, unequal, and contested (Schwanen & Nixon, 2019; Cox, 2020; Barney, 2021).

2.3 Embodiment, Structural Violence, and Testimony

The statement *"We are all sick"* conveys more than physical illness; it reflects systemic abandonment and the embodied costs of living in neglected urban peripheries. Rather than a medical diagnosis, it is a political expression of how infrastructural neglect and socio-spatial marginalisation permeate everyday life. Nixon's (2011) concept of slow violence is instructive here, describing harm that is gradual, cumulative, and often invisible yet profoundly destructive. In the RR Section, residents articulate their

exposure to and degradation from inadequate sanitation and the absence of public services. These testimonies highlight how neglect becomes internalised as collective suffering.

This perspective aligns with scholarship on embodied urbanism, which emphasises inequality as lived and felt through the body (Simone, 2010). In informal settlements, the absence of infrastructure shapes personhood, routines, gendered labour, and emotional well-being (Winter et al., 2019). State inaction produces material and affective consequences, manifesting as shame, exhaustion, anxiety, and anger. Testimony thus becomes a political act, exposing how governance failure is experienced intimately and unevenly. Embodied accounts transform private suffering into collective critique, making visible the everyday violence of neglect.

Residents' anger has found vivid expression in the widely publicised "poo protests" (Robins, 2014a; Robins, 2014b; Robins, 2015; McFarlane & Silver, 2017; Baxter & Mtshali, 2020; Mukiga, 2024). These acts, which transported waste into elite urban spaces, confronted political leaders with the realities of informal settlement life. Such protests symbolised demands for recognition, exposing spatial and infrastructural inequalities in post-apartheid governance. Historical precedents reinforce these dynamics: colonial South Africa's racialised disease outbreaks to justify forced removals (Swanson, 1977; Miraftab, 2012; Harrison, 2019; Mukiga, 2024). Similarly, London's "Great Stink" of 1858 revealed the consequences of prolonged neglect, prompting shifts in sanitation policy (Halliday, 2001). These examples underscore how embodied testimony and crisis can catalyse political claims for dignity and justice.

2.4 Community Agency and the Limits of Participation

Residents of informal settlements are not passive victims but active agents who engage infrastructure through improvisation, negotiation, and protest (de Souza, 2006; Booysen, 2007; Appadurai, 2019; Mukiga, 2021). In South Africa, grassroots movements such as the Social Justice Coalition and Abahlali baseMjondolo have politicised sanitation, using toilets as both material and symbolic instruments of mobilisation (Piper & Nadvi, 2010; Miraftab, 2009; Robins, 2015; Mukiga, 2024). Empirical research shows that protest is not necessarily a rejection of formal politics; instead, it often complements voting as a strategy for demanding improved services (Booysen, 2007). However, as testimony from the RR Section illustrates, activism is frequently fragmented, fatigued, or absorbed into institutional processes that blunt its oppositional potential.

Community participation in urban governance remains undermined by limited engagement channels and unsupported street-level structures. Technocratic planning frameworks often exclude the voices of those most affected, reproducing procedural exclusion (Oldfield, 2008; Mukiga, 2021). This exclusion is not incidental but rooted in historical, spatial, and political patterns of marginalisation. As a result, participation is uneven, constrained, and often symbolic rather than substantive. These dynamics highlight the persistent gap between policy discourses of inclusion and the realities of governance in informal settlements.

Colonial planning practices entrenched exclusion by structurally disempowering Black urban residents. Under British colonial rule, Black Africans were denied economic participation and relegated to under-serviced peri-urban settlements (Baffoe & Roy, 2022; Mukiga, 2024). These marginal zones lacked tenure security and basic infrastructure, while racially exclusive enclaves were reserved for white populations. Habiyaremye (2022) observes that this spatial order produced “racialised poverty living side by side with wealth accumulation.” The legacies of exclusion continue to shape participation in post-apartheid South Africa, where decentralisation often reproduces inherited injustices. Civic disillusionment is thus historically conditioned and reinforced by contemporary urban realities.

3. Theoretical Framework

This study employs an integrated framework that combines Urban Political Ecology (UPE), slow violence, and embodied urbanism to interrogate the intersections among infrastructure, marginality, and lived experience in Cape Town’s RR Section. Together, these lenses reveal how systemic neglect is materially produced, temporally sustained, and physically internalised by residents. UPE situates sanitation within contested urban governance, slow violence highlights the temporal accumulation of harm, and embodied urbanism foregrounds the corporeal experience of inequality. Their integration allows the statement *“We are all sick”* to be read as both testimony of neglect and a political claim for recognition.

3.1. Slow Violence: Temporalities of Harm and Bureaucratic Neglect

Slow violence provides a temporal lens for understanding how harm unfolds gradually rather than through crises (Nixon, 2011). It highlights how degradation accumulates invisibly, shaping everyday life in ways that are consequential yet often overlooked. In the RR Section, illness and infrastructural decay are products of long-term neglect rather than isolated events. By foregrounding temporality, slow violence makes visible the incremental erosion of health, dignity, and citizenship.

Evidence from the RR Section illustrates how slow violence manifests through recurring respiratory infections, stagnant wastewater, and hazardous bucket systems (SJC, 2011; Leuta, 2015; Leuta et al., 2020). These conditions are symptomatic of governance systems that normalise degradation in informal spaces while safeguarding formal areas. The persistence of illness and exposure reflects bureaucratic neglect routinised over decades. Such neglect embeds vulnerability into the everyday, producing environments where suffering is expected rather than exceptional.

3.2. Embodied Urbanism: Lived Experience and Spatial Marginalisation

To further understand how infrastructural neglect is experienced and politicised, the study engages with embodied urbanism, which centres the body as a site through which cities are encountered, negotiated, and resisted (Alexander, 2010; Simone, 2010; Winter et al., 2019). In this approach, urban inequality is not

solely spatial or material; it is also experienced viscerally, manifesting through exhaustion, discomfort, physical vulnerability, and emotional distress.

Residents of RR Section do not speak about infrastructure in abstract terms; they narrate the physical consequences of living amid toxic environments and degraded infrastructure. Coughs, sores, anxiety, and fatigue are not framed as personal health problems but as evidence of being systematically left behind. Embodied urbanism makes legible how marginalisation is internalised, gendered, and unevenly distributed, while also underscoring the role of bodily testimony as political critique (Sen & Silverman, 2014; Winter et al., 2019; Mukwidigwi & Naidu, 2025).

3.3 Sickness as Testimony and Political Claim

Bringing these frameworks together, the paper interprets the resident's statement - "We are all sick" - as a form of embodied testimony that transforms private suffering into a collective political claim. Drawing on Fraser's (2000) concept of subaltern counterpublics, the statement functions as a demand for recognition, rupturing dominant narratives of urban progress and technocratic governance.

Rather than dismissing illness as a biological consequence of poverty, this theoretical lens frames it as an inscription of spatial injustice. The sick body becomes both a register and medium of political speech, calling attention to the consequences of state inaction and challenging the silences that sustain infrastructural violence. In this framing, sanitation is not just a service to be delivered, but a site of contestation over rights, recognition, and the terms of urban belonging.

4. Methodology

This study adopts a qualitative, interpretive case study approach to examine how residents of RR Section in Khayelitsha, Cape Town, experience and articulate sanitation injustice. Case study design is particularly suited to contexts where social and infrastructural processes are deeply embedded in place (Yin, 2018). Rather than seeking statistical generalisability, the study emphasises *thick description* (Geertz, 1973) and *situated knowledge* (Haraway, 2013), centring the voices of those most affected by infrastructural neglect.

RR Section, established in the early 1980s through a self-organised occupation, remains outside formal planning frameworks despite decades of residence. Its designation as "temporary" has perpetuated infrastructural exclusion, a pattern well documented in South African urban scholarship (Huchzermeyer, 2011; Robins, 2014; Mukiga, 2024). The site was strategically selected because it exemplifies the contradictions of informal settlement governance: high population density, reliance on bucket toilets, poor drainage, and proximity to wetlands, all of which contribute to elevated health risks (Smit et al., 2016; Leuta et al., 2020). Figure 1 shows the map of the RR section, and Figure 3 shows a picture taken during fieldwork.

Data were generated through semi-structured interviews with 30 residents and 16 activists across RR Section, BM Section, and Green Point. Interviews were conducted in English and isiXhosa, each lasting

approximately 60 minutes, and explored sanitation struggles, health risks, and community responses. Narrative inquiry guided the analysis, treating testimonies as carriers of collective social knowledge and political significance rather than isolated anecdotes (Riessman, 2008). Transcripts were coded thematically in ATLAS. ti, following Braun and Clarke's (2006) framework for thematic analysis. Codes were clustered into broader themes such as infrastructural neglect, embodied illness, and community agency, which were then interpreted in relation to urban political ecology and slow violence. Figure 2 shows the network of quotations derived from the data.

Ethical approval for the study was obtained from the Humanities and Social Science Research Ethics Committee (HSSREC) of [redacted]. Informed consent was secured verbally, and participants' identities were anonymised. Given the sensitivities around sanitation and health, interviews were conducted with care to minimise risk and ensure voluntary participation. Reflexivity was central to the research process: as a university-based academic engaging with marginalised communities, the researcher approached the field with humility and awareness of power dynamics (England, 1994; Rose, 1997). Testimonies such as "We are all sick" were therefore treated not merely as data but as embodied political statements demanding recognition.

The study does not claim statistical generalisability. Its contribution lies in providing contextually grounded insights that resonate with broader scholarship on sanitation injustice and urban political ecology (McFarlane & Silver, 2017; Nixon, 2011). While limited to adult perspectives, the findings provide analytical anchors for understanding the intersections among health, infrastructure, and informality. Future research could expand the dataset through participatory methods to incorporate children's voices and collective practices of resistance.

5. Findings and Discussion

The residents' narratives from RR Section, Khayelitsha, foreground the complex and interwoven realities of infrastructural neglect, environmental degradation, chronic illness, and civic disillusionment. Drawing from the rich and affective testimonies of participants across RR Section, BM Section, and Green Point, five central themes emerge: (1) Living with Exposure, (2) Infrastructural Violence and State Abandonment, (3) Fragmented Collectivity and Community Disillusionment, (4) Embodied Testimony as Political Speech and (5) Community Agency and the Limits of Sustained Struggle. These themes reveal that sanitation injustice in Cape Town's informal settlements is not merely a technical or infrastructural shortfall. Instead, it constitutes a deeply embodied, spatialised, and political condition, entangled with histories of marginalisation, everyday survival, and contested claims to urban citizenship.

5.1 Living with Exposure: The Normalisation of Undignified Living

Residents of RR Section describe living under prolonged exposure to environmental hazards, with many emphasising how undignified conditions have become normalised over decades. Participant (8)

captured this collective reality in stark terms: *“We are all sick. All of us. Everyone is sick in this place.”* This statement reflects not only individual illness but a shared experience of deterioration embedded in daily life.

Testimonies highlight recurring diseases, especially tuberculosis, persistent coughing, and skin infections among children. Participant (8) described illness as a constant risk, noting *“dangerous diseases patrolling in us.”* Another long-term resident explained: *“When you go to the clinic because your child is sick... 95% of the people here have TB. This place is a wetland; it is always wet. The kids are always getting sores and pimples, and they are coughing, too.”* A street committee member urged the researcher to observe the stagnant water behind shacks, stressing, *“My brother, we are struggling. We do not have toilets, there are very few taps, and honestly, we must leave this place... People here are getting sick, with illnesses like TB. They are always going to the clinic, and now we hear that the hospital is tired of people from this area because so many of us are ill.”*

Residents also spoke about malfunctioning toilets, reliance on buckets, and unbearable fumes from communal dumping points. Participant (20), an elderly resident, explained: *“Toilets are just in front of you - they do not flush. We sit on buckets and then move them to a place to dump them. Even the places where they organise the buckets are here. They throw every house’s bucket there, and the fumes spread throughout. So, do you think these diseases will go away? It is so bad.”* These accounts reveal how illness is not episodic but embedded in everyday life. Human waste is unmanaged yet fully integrated into the settlement, normalising suffering as part of existence.

5.2 Infrastructural Violence and State Abandonment

Participants expressed a deep sense of abandonment by the City of Cape Town and municipal authorities. Residents consistently voiced that the city is aware of their conditions but chooses to ignore them. As participant (28) stated: *“The Municipality and City of Cape Town know everything... our councillor stays nearby. They know everything.”* Despite this awareness, residents described years of neglect and the absence of basic infrastructure, including drainage, roads, and sanitation. Participant (15) explained: *“The whole area does not have a toilet at all, and the majority of the people who are staying there are vulnerable, especially women and children.”*

This infrastructural void has severe safety implications, particularly for women. Participant (15) recounted: *“That is where they get robbed, that is where the women get raped. So that is their weak point - just trying to access toilets and water.”* The physical distance to sanitation facilities increases vulnerability, especially at night. An activist from the BM Section described: *“Even in BM, you take 15 minutes to get to the toilet. So, you use a bucket system inside the house or next to the door because you are scared of crime and criminals who live around. Even if you report it to the police, they might come now, but by tomorrow, the criminals are back and will attack you again.”* These testimonies highlight the inextricable link between infrastructure and personal safety.

Residents also reported that existing facilities are often in disrepair and slow to be maintained. Participant (30) explained: *"Out of ten toilets, three are not working. Someone has taken the system or the pipe."* The same participant added: *"It takes three or four weeks to fix."* Such delays in repairing shared toilets used by hundreds of people reflect broader institutional failure. Testimonies reveal how infrastructural neglect is experienced as daily insecurity, exposure, and indignity. For residents, abandonment is not abstract but lived through broken systems, unsafe spaces, and the absence of responsive governance.

5.3 Fragmented Collectivity and Community Disillusionment

Informal governance arrangements, such as street committees and community-appointed leaders, characterise the settlements studied, yet residents expressed profound disillusionment with their effectiveness. Tensions often arose around the distribution of municipal services. In one case, two adjacent street committees lobbied jointly for services, but after success, one claimed exclusive access and threatened withdrawal. Participant (8), the chairman of the Msindweni street committee, reflected: "Everyone is minding their own business now," signalling the breakdown of collective governance and the growing individualism amid conflict.

Disillusionment also extended to formalised mechanisms such as ward committees, which residents described as absent or unresponsive. Participant (28) remarked: *"I do not even know if there is a meeting. You never see the committee… You see people you do not even know."* Such sentiments reveal the erosion of civic trust and the disintegration of participatory structures. Even among activists, frustration was evident. Participant (3) explained: *"Activists get to the point where they burn the tyres because that is the only way they know how to match."* Tyre burning symbolised alienation, a desperate tactic when formal avenues were perceived as ineffective.

Residents further criticised the absence of political representatives, reinforcing perceptions of abandonment. Participant (5), an activist, stated: *"I never see the councillor here. Since I have been here, no councillor has ever come to talk to us about sanitation. You hear about the name - you never see him."* Others articulated clear expectations of democratic accountability. Participant (1) explained: *"We have the ward councillors… that person must come with the lower structure from SANCO. People must be elected there in SANCO… Those structures are the people who look at the challenges across the whole ward. They ensure that the ward councillor has heard the people's challenges and problems."* These accounts underscore how the failure of governance structures to fulfil their mandate fuels civic disillusionment and weakens collective capacity.

5.4 Embodied Testimony as Political Speech

The declaration *"We are all sick"* functions not merely as a description of physical condition but as a collective indictment. It transforms bodily suffering into political speech, exposing the unequal geography of health and care in the urban periphery. Residents' testimonies reveal how illness is

narrated as evidence of abandonment, turning private pain into shared critique. Participant (8) explained: *"When you come to the clinic, they will ask for your address. Where do you stay? I say RR Section. They say: Whuuuu... that is why you are like this; you live in that place. You can get these few bottles of cough mixture and some tablets. They do not even care about us... We are all sick; everyone in this place is sick. There are many diseases plaguing us."* This account illustrates how stigma and neglect are embodied and politicised.

Residents framed illness as both a condition and a consequence of systemic marginalisation. References to "diseases patrolling in us" highlight how sickness is experienced as a constant presence, signalling the embodied costs of infrastructural failure. Testimonies challenge dominant narratives of service delivery, asserting visibility and demanding recognition. Participant (34), an elderly resident, described the generational continuity of neglect: *"As you see, I am an old man. I am sitting in my house doing my things, but no one can tell me we are doing this. I have been here for 25 to 30 years. We brought up our children in such a situation, and they also have kids in the same situation."* Such reflections underscore how abandonment is reproduced across decades, embedding disillusionment into family life.

These embodied testimonies render the invisible visible, politicising pain and reclaiming voice in spaces of exclusion. Illness operates as both diagnosis and social critique, transforming the body into a site of contestation. Residents' accounts reveal suffering not as passive endurance but as accusatory speech directed at the state. Participant narratives emphasise how silence and invisibility are disrupted through declarations of sickness, which function as collective claims for dignity and recognition. In this framing, the body becomes both evidence of neglect and a medium of political presence, asserting citizenship in the face of abandonment.

5.5. Community Agency and the Limits of Sustained Struggle

Residents of RR Section and surrounding settlements recalled moments of mobilisation in response to sanitation and safety injustices. Activists described how campaigns emerged from community-based research and reflection. Participant (1) explained: *"So, we conducted a sanitation survey and research and found out how much the government spends on informal settlements compared to the entire budget. We realised the government was not listening to people, so we needed another strategy to speed up the process. We ended up choosing sanitation as the issue. When we researched and used the mechanisms we developed, we saw that this was a major problem in Khayelitsha."* Mobilisation was driven not only by statistics but also by lived experiences, including testimonies of sexual violence linked to inadequate sanitation. As participant (1) added: *"We spent much time on testimonies and cases of the people."*

Civil society organisations played a vital role in amplifying community voices and advancing claims to citizenship. Activists pointed to support from groups such as the Social Justice Coalition, particularly in navigating the legal system and accessing resources. Participant (2) explained: *"Organisations have a bit of an advantage. When you are using these organisations, they have funding and lawyers. So, it is easy for people to advise you legally. However, for us as individuals, it will take a leg and a foot to access exactly*

what you want." However, activists also stressed the importance of empowering residents to lead their own advocacy. Participant (5) noted: *"We are empowering the residents so they can stand on their own. We do not want them to depend on us, because if we lose funding in the next few years, that area might not function. The goal is to empower residents to take the lead."*

Despite these efforts, participants expressed concern that activism is increasingly marginalised without institutional backing. Campaigns are now subject to donor priorities rather than grassroots needs, as participant (1) explained: *"When you ask donors to fund campaigns, it depends on the funder's interests. We do not currently focus on sanitation, but the engagements continue."* The collapse of organisations such as the Social Justice Coalition left a vacuum in community organising and advocacy. Participant (2) reflected: *"We no longer have the support of social movements. Many of us have been activists, community leaders, and residents, but now even those who engage government are questioned, 'Which government? Where do you come from? Now the responsibility falls on us, but we do not have the resources to continue the struggle or maintain sanitation systems."* These accounts highlight how grassroots resistance is precarious and episodic, undermined by structural neglect, political co-optation, and the absence of sustained institutional support.

6. Discussion

The empirical insights from RR Section and surrounding settlements highlight sanitation injustice not as a technical shortfall but as a profoundly political, spatial, and embodied condition (McFarlane & Silver, 2017). Across themes of exposure, abandonment, disillusionment, and protest, the findings reveal how uneven urban development produces sustained harm, experienced through the body, the environment, and fragile governance structures (Smit et al., 2016). This resonates with Urban Political Ecology (UPE), which views infrastructure as contested terrain shaped by socio-political power rather than neutral systems (Loftus, 2006; Heynen, 2014; Huchzermeyer, 2011).

Rather than treating informality as transitional, the findings show how exclusion has been normalised over decades. Testimonies such as *"We are all sick"* underscore how the absence of sanitation and drainage produces generational illness, particularly among children. This reflects Nixon's (2011) notion of slow violence: harm that is incremental, invisible, and denied political urgency. The enduring classification of settlements as "temporary" sustains infrastructural neglect, embedding vulnerability into everyday life. Illness thus becomes evidence of systemic abandonment, not incidental misfortune.

Embodied experiences reveal the urban periphery as a space of deprivation and political erasure. Residents pointed to absent councillors, dysfunctional ward committees, and fragmented street structures, echoing Oldfield's (2008) argument on the "disappointment of participation." Where participatory platforms fail, civic trust erodes, and collective capacity weakens. Disillusionment with governance reflects a broader crisis in democratic local government, where procedural inclusion masks substantive exclusion. These dynamics illustrate how infrastructural injustice is inseparable from political abandonment.

At the same time, residents' narratives demonstrate agency. Drawing on Fraser's (2000) concept of subaltern counterpublics, suffering is transformed into political speech. Embodied testimonies such as *"diseases patrol in us"* function as indictments of neglect and acts of resistance. This aligns with Robins' (2015) work on urban poor mobilisations and Simone's (2010) framing of embodied urbanism, where the body becomes the terrain through which injustice is contested. Testimonies politicise illness, reclaim visibility, and assert citizenship in spaces of exclusion.

However, the capacity for sustained mobilisation is constrained. Past collaborations with NGOs such as the Social Justice Coalition provided legal and logistical infrastructure, but their collapse left a vacuum in advocacy. This reflects Robins' (2014) framing of "slow activism," in which litigation and civic strategies contest exclusion yet remain vulnerable to donor cycles, political co-optation, and organisational instability. Without institutional support, grassroots resistance becomes episodic and precarious, forcing activists to rely on symbolic tactics such as tyre burning when formal avenues fail.

This study contributes to urban theory by showing how infrastructural neglect, state withdrawal, and civic fatigue converge to shape sanitation precarity in African informal settlements (Mukiga, 2024; McFarlane & Silver, 2017). It extends UPE by foregrounding the affective and embodied dimensions of injustice, demonstrating how exposure to faecal waste, illness, and humiliation coalesce into a lived critique of inequality. It also highlights the fragility of grassroots mobilisation, which persists despite limited tools and precarious conditions.

In sum, sanitation injustice emerges not as a service-delivery failure but as structural exclusion embedded in urban governance. The findings invite a rethinking of urban citizenship that centres recognition, embodied experience, and sustained collective agency. They challenge technocratic framings of infrastructure and demand a politics of care, justice, and accountability.

7. Policy Implications

Addressing the sanitation crisis in informal settlements such as RR Section requires a fundamental rethinking of how urban informality is conceptualised and governed. Policymakers must move beyond framing informal settlements as temporary anomalies and instead recognise them as enduring components of the urban landscape (Huchzermeyer, 2011). Such recognition enables sustained infrastructural investment and policy inclusion, redressing long-standing inequities in service delivery.

Sanitation must be reframed not as a narrow technical or budgetary concern but as a public health and human rights imperative central to dignity, well-being, and full urban citizenship (McFarlane & Silver, 2017; Nixon, 2011). These demands integrated urban planning that links sanitation provision with housing, drainage, solid waste management, and healthcare services, supported by interdepartmental coordination and institutional accountability. Policy responses should prioritise decentralised, context-sensitive solutions co-designed with affected communities, such as ecological sanitation or container-based systems (Smit et al., 2016; Leuta et al., 2020). These technologies offer scalable, affordable alternatives better suited to the spatial constraints and socio-political realities of informal settlements.

Revitalising grassroots governance structures, including street committees and ward-based civic platforms, requires more than rhetorical commitment. Meaningful resourcing, capacity building, and formal institutional recognition are essential for strengthening accountability and enhancing democratic participation (Oldfield, 2008). The embodied testimonies of residents, “We are all sick,” “diseases patrol in us”, must be institutionalised within policy planning, implementation, and evaluation processes. These narratives illuminate the lived consequences of infrastructural neglect and provide grounded insights into inclusive governance. Bridging the sanitation divide, therefore, demands more than pipes and toilets. It requires humility, recognition, and a transformative commitment to justice that centres community voices, addresses systemic inequities, and affirms sanitation as a fundamental right for all urban residents (Robins, 2015; Mukiga, 2024).

8. Conclusion

This paper has explored residents’ lived experiences in the RR Section of Khayelitsha, illuminating how chronic illness, infrastructural neglect, and environmental degradation intersect within the broader spatial and political context of post-apartheid South Africa. Anchored in the community’s statement *“We are all sick”*, the analysis demonstrated that inadequate sanitation is both a health hazard and a powerful site of political expression, resistance, and critique. Drawing on Urban Political Ecology, slow violence, and embodied urbanism, the study argued that the sanitation crisis in informal settlements is neither incidental nor purely technical, but a structural condition shaped by inequality, disinvestment, and state inaction.

The continued framing of informal settlements as “temporary” enables the systematic withdrawal of care and resources, normalising everyday suffering and infrastructural abandonment. Within this context, community-based mechanisms for participation remain fragmented and ineffectual, reinforcing civic disillusionment and constraining possibilities for collective redress. The phrase *“We are all sick”* thus emerges as both epidemiological reality and embodied political indictment. It renders visible the quiet, accumulative violence of neglect while reclaiming voice and visibility for those long relegated to the urban margins.

By centring residents’ testimonies, this study challenges dominant narratives of urban progress and inclusion, reframing sanitation as a terrain of justice rather than a technical service. Addressing sanitation inequality in South African cities demands more than pipes and toilets; it requires reimagining infrastructure as a site of recognition, democratic accountability, and care. In doing so, the study affirms the right to sanitation as central to urban citizenship and human dignity, while offering a framework for comparative urban research across the global South.

Declarations

Author Contribution

Alex Kihehere Mukiga conceived the study, designed the methodology, collected and analysed the data, and wrote the manuscript. All work was completed solely by the author.Thank you.

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Figures

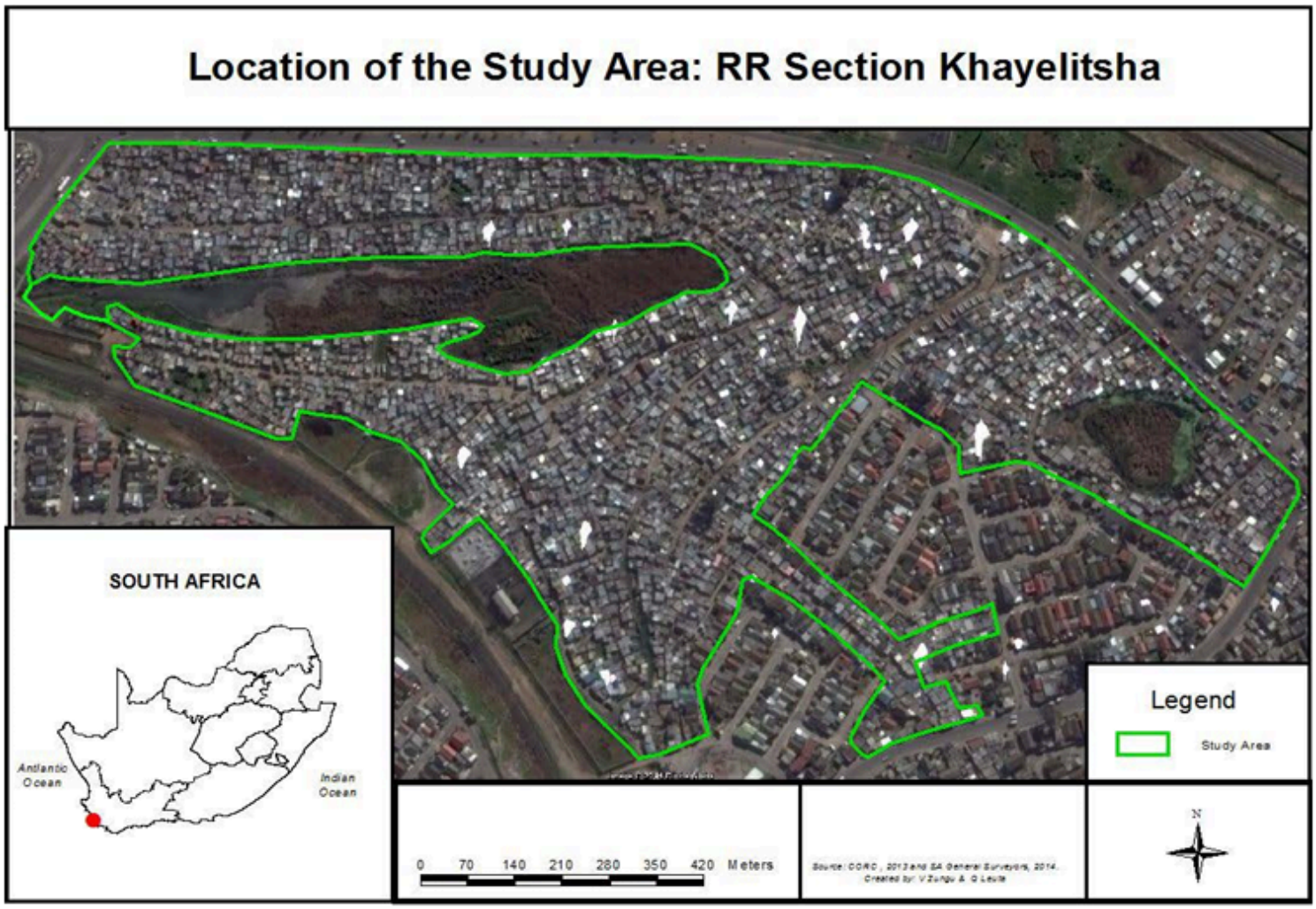


Figure 1

Location Map showing RR Section,

Source: Adapted from the community organisation resource centre (CORC 2013).

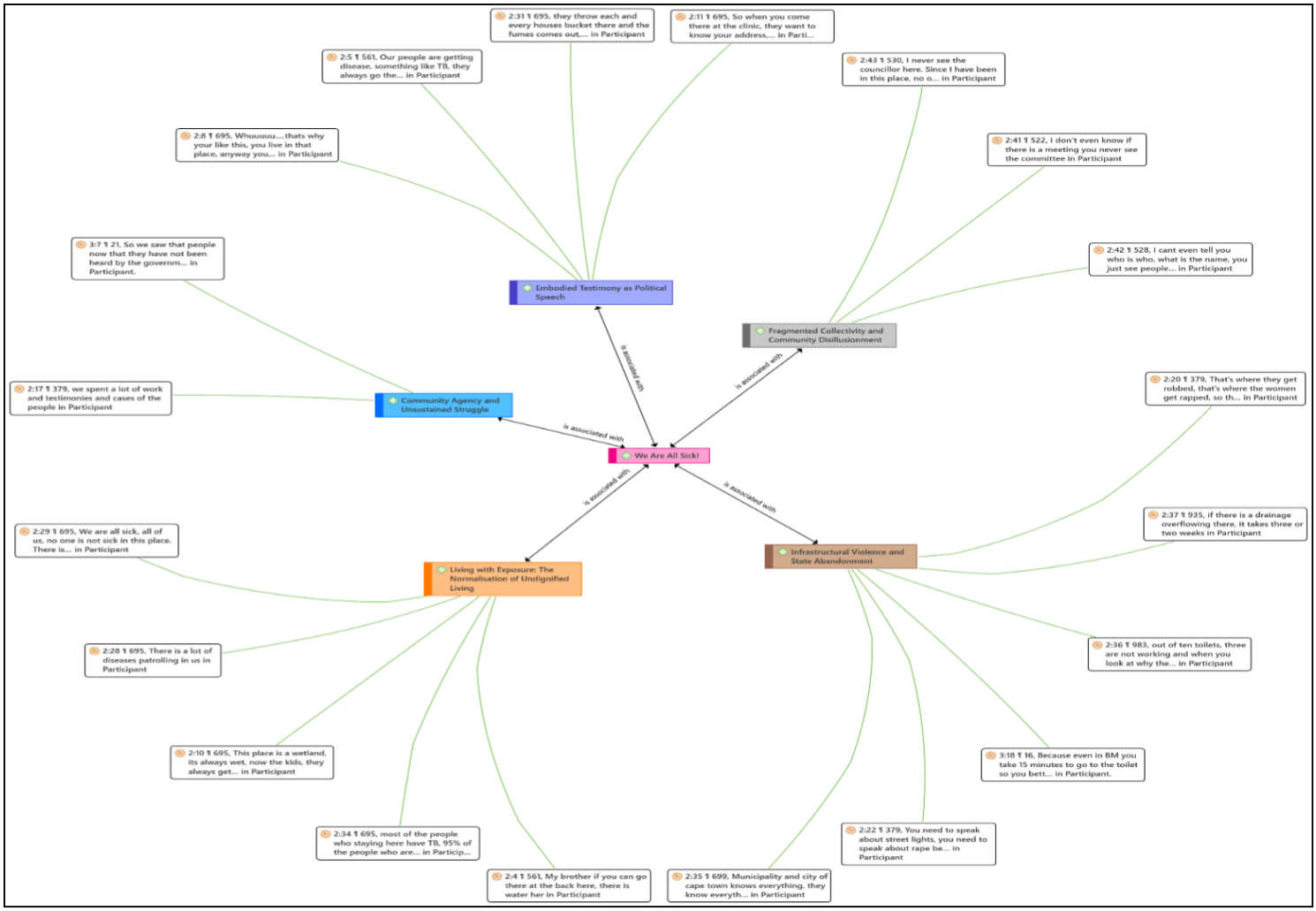


Figure 2

Showing the network of quotations created with ATLAS.ti22.

Source: Author Construct using Atlas.ti.22



Figure 3

Picture collation of the environment, people’s homes, and the public toilets

Source: Author Fieldwork 2019/2022