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The issue of promiscuity in the Matete district of Kinshasa: Health, social and environmental issues

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ABSTRACT

Residential overcrowding is a significant issue in urban areas characterised by high population density, dilapidated housing and inadequate sanitation infrastructure. This article analyses the issue of overcrowding in the Matete district of Kinshasa, focusing on its health, social, family and environmental dimensions. The study is based on field research and a descriptive and exploratory approach, supplemented by a review of documents relating to the area under study. The data collected indicate an increase in the number of occupants per dwelling, whilst the number of available rooms tends to decrease relative to household size. It also highlights difficulties with waste disposal, a strong presence of the informal economy, precarious socio-economic conditions and reports of several health problems. Analysis of the data reveals that 70 per cent of respondents rated the family atmosphere as 'mixed', whilst 30 per cent rated it as 'good'. Waste disposal is mainly carried out using handcarts. Our research concludes

that overcrowding should not be considered in isolation: it forms part of a set of factors including poverty, inadequate infrastructure, urbanisation and difficulties in waste management. Our recommendations focus on improving housing, sanitation, waste management, urban planning and strengthening community initiatives.

Keywords: overcrowding; housing; sanitation; health; urbanisation; Matete; Kinshasa.

1. Introduction

Urban growth is profoundly transforming housing conditions and access to essential services. In older or densely populated neighbourhoods, population growth may outpace the adaptation of the housing stock and infrastructure. Residential overcrowding thus emerges as one of the most visible signs of the mismatch between household size and housing capacity. The World Health Organisation considers housing overcrowding to be a health risk, particularly because it increases exposure to infectious diseases and can also affect well-being and social relationships (WHO, 2018).

In developing cities, this issue is closely linked to rapid urbanisation, poverty, inadequate water and sanitation networks, and the difficulty of maintaining housing that is suited to demographic changes. The WHO also emphasises that overcrowded and poorly sanitised urban environments can facilitate the transmission of respiratory, diarrhoeal and vector-borne diseases (WHO, 2018, 2025).

In Kinshasa, the issue takes on a particular dimension in the older districts, where part of the housing stock was built in a demographic and urban context very different from that of today. Prior to independence, the Office des Cités Africaines had developed planned housing estates, including Matete (Nzuzi, 2008). It notes that these older housing estates are now subject to significant demographic pressure and that much of the infrastructure is dilapidated or inadequate.

The central question of this study is therefore as follows: to what extent are the conditions of residential overcrowding observed in Matete linked to the health, environmental and social difficulties reported by residents? We hypothesise that overcrowding has adverse effects on public health, hygiene, safety and social relations.

The overall objective is to contribute to an understanding of living conditions in the municipality and to the discussion on ways of reducing the negative effects of overcrowding. The specific objectives focus on housing conditions, waste disposal, health problems, relationships within families and certain social consequences.

2. Methodology

2.1. Study area

Matete is situated in the southern part of the city-province of Kinshasa. The commune was incorporated into the planned urbanisation programme of the colonial period (Matete Commune Archives, 2022; Nzuzi, 2008). Historically, it acquired administrative status in the mid-1950s and saw the construction of social housing.

Geographically, depending on the source consulted, the commune covers 4.88 km². It is bordered to the north by the River Matete, to the south by Kisenso, to the east by the River N'djili and to the west by the River Matete. The terrain is described as comprising plains and areas influenced by watercourses, with sandy soils and marshy areas.

The physical and urban environment is important for understanding overcrowding. Densely built-up areas have little space available for horizontal expansion, whilst the deterioration of drains and drainage systems can exacerbate the effects of rainfall and standing water. The inadequacy or poor condition of certain drainage infrastructure and the absence of a functional domestic wastewater disposal system.

Local management comprises administrative, technical and specialist services.

Our study was carried out from 24 June to 15 August 2025.

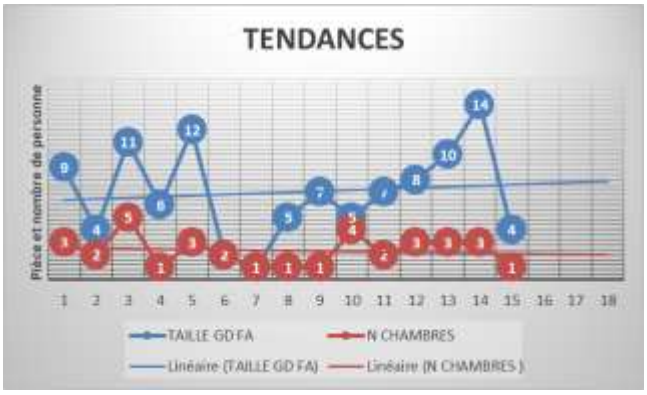
2.2. Methods

The study adopts a descriptive and exploratory approach. Data were collected through a review of the literature, a survey and a questionnaire sent to 120 Habitats, using stratified sampling. The results were then presented using descriptive analysis, notably in the form of figures and commentary.

The main aspects examined are: housing characteristics; the ratio of people to rooms; marital status; waste disposal; educational attainment; family atmosphere; eating habits; certain possessions; and self-reported health problems. The aim of this approach is to identify observable trends within the population under study.

3. Results

3.1. Overcrowding and housing capacity



This figure reveals a trend towards an increase in the number of people, whilst the number of available rooms tends to decrease. This trend leads to a gradual reduction in personal space.

This situation is an important indicator of overcrowding. It means that dwellings must accommodate more people without a corresponding increase in floor area or the number of rooms. The phenomenon is of particular concern when several people of different ages and genders share the same sleeping and living spaces.

The WHO defines overcrowding as a situation in which the number of occupants exceeds the capacity of the available housing, taking into account, in particular, the number of rooms, bedrooms or floor area (WHO, 2018). Documented effects include increased exposure to certain infectious diseases and possible impacts on well-being.

3.2. Marital status and family relationships

Our chart shows that 50 per cent of respondents live as part of a couple, 40 per cent are widowed and 10 per cent are divorced. The ages mentioned in the figure's caption range from 33 to 83 years, with a reported average of 57.6 years.

As regards the family atmosphere, 70 per cent of respondents describe it as mixed and 30 per cent as good. Overcrowding can reduce privacy and increase the potential for tension when a large number of people share a limited space.

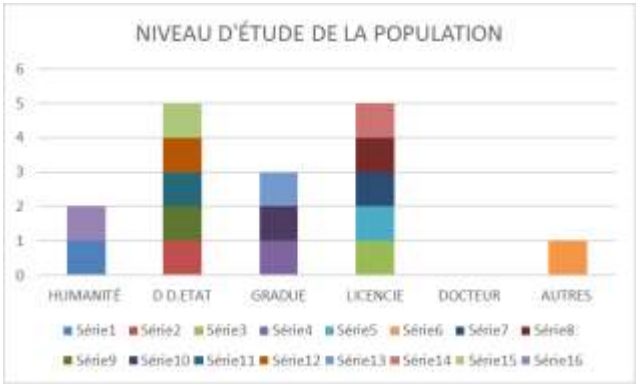
3.3. Waste management and sanitation

Waste management is another important aspect of the issue.

In the municipality of Matete, waste is mixed: plastics, plastic bags, scrap metal and organic matter are all disposed of in the same bins.

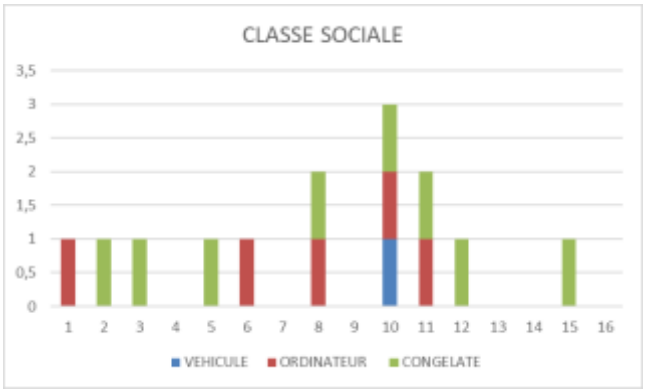
This situation constitutes a distinct health and environmental problem, but one that is likely to be exacerbated by urban density. The WHO emphasises that inadequate waste collection and treatment can encourage the proliferation of disease vectors and that these risks can be aggravated by overcrowding (WHO, 2018, 2025).

3.4. Educational attainment and socio-economic status



The data indicate a population comprising mainly people who have attained or exceeded upper secondary education, notably state-certified graduates and bachelor's degree holders, followed by those with a graduate diploma and those who have interrupted their studies.

From a socio-economic perspective, 90 per cent of the population studied relies mainly on self-reliance or the informal economy, compared with 10 per cent who are civil servants.



This figure shows that 50 per cent of our sample own a freezer, 40 per cent own a computer and 10 per cent report owning a freezer, a computer and a vehicle, with the latter category being regarded as part of the middle class.

This information suggests socio-economic heterogeneity within the municipality. It also shows that overcrowding must be analysed within the context of economic constraints that may limit households' ability to access more spacious accommodation.

3.5. Diet and self-reported health

The figure shows that the majority of the population studied report eating twice a day, whilst those eating once or four times a day are in the minority.

Furthermore, from another perspective focusing on illnesses, the survey identifies several problems reported by residents, notably fever, cough, fatigue, stomach ache, headache, spots, scabies, vomiting, dizziness and itching.

These data are self-reported from the survey and should not be equated with medical diagnoses. They do, however, indicate the existence of a range of symptoms and ailments experienced by the population studied. The link between overcrowding, poor ventilation, inadequate sanitation and infectious diseases is well documented in the international literature; the WHO, in particular, reports a link between overcrowding and respiratory diseases, as well as between overcrowding and diarrhoeal diseases.

4. Discussion

The results highlight a situation in which demographic pressure on housing is compounded by infrastructure deficits and socio-economic constraints. The main contribution of the study is thus to show that overcrowding is not an isolated phenomenon. It forms part of a system of vulnerabilities in which housing, sanitation, poverty and urban organisation interact.

The relationship between overcrowding and health is particularly well documented. The WHO's recommendations on housing and health are based on systematic reviews and regard lack of space as an important determinant of health. International data show, in particular, an association between overcrowding and certain respiratory infections, tuberculosis and diarrhoeal diseases.

In the case of Matete, the observations regarding housing and health issues are therefore consistent with a generally recognised mechanism: when several people live in a confined space, ventilation, privacy and hygiene standards can become more difficult to maintain. However, our study does not directly measure ventilation, living space per person or disease incidence rates. It would therefore be an over-generalisation to conclude that there is a direct causal link.

The environmental factor reinforces this analysis. Inadequate waste collection, the mixing of waste and its disposal in unsuitable areas can contribute to the deterioration of the living environment. The WHO emphasises that poor sanitation and waste management increase the risks associated with communicable diseases and disease vectors.

The social dimension also warrants a nuanced interpretation. Our results establish a link between overcrowding, the presence of young people on the streets and the 'Kuluna' phenomenon. This hypothesis is interesting but cannot be demonstrated by the descriptive data presented alone. Urban crime is a multifactorial phenomenon that may involve unemployment, poverty, education, family environment, exposure to violence, security governance and social opportunities. The contribution of this study lies rather in showing that the lack of domestic space may constitute one of the elements of the social context in which certain young people live.

Overcrowding can also affect privacy. We emphasise the difficulty of maintaining intimacy within couples and the

constraints associated with sharing living spaces amongst members of the same family. These observations are plausible in light of the very concept of overcrowding, but in a subsequent study they would benefit from being substantiated by specific indicators: the number of people per bedroom, the number of bedrooms per household, the separation of spaces by generation and gender, perceptions of privacy, and the frequency of conflicts as well as, where applicable, incest.

Finally, the issue of poverty must be factored into the interpretation. The WHO emphasises that overcrowding is frequently a marker of poverty and social deprivation (WHO, 2018). In the case studied, the high proportion of people making ends meet through resourcefulness suggests that economic constraints may limit the possibilities of moving house or building more suitable housing. Public policy should therefore not be limited to asking households to reduce the number of occupants: it must also address the provision of affordable housing, infrastructure and urban services.

Ultimately, the hypothesis is partially supported by the descriptive findings: the data show a coexistence of overcrowding, sanitation difficulties, socio-economic vulnerabilities and reported health problems. However, they do not demonstrate that overcrowding is the sole cause of insecurity or crime.

Implications for public policy

Our recommendations can be reformulated as public policy guidelines. Firstly, housing improvement should prioritise the gradual refurbishment of older dwellings and, where technically necessary, the construction of accessible social housing. A policy of widespread demolition and reconstruction would be difficult to implement without an urban study, funding, prior rehousing and resident participation.

Secondly, drainage networks, gutters and wastewater disposal systems must be refurbished and maintained. Areas prone to standing water and flooding should be subject to a specific assessment involving technical services, local authorities and communities.

Thirdly, waste management should shift from a predominantly individual and informal system to an organised chain: pre-collection, collection, transfer, treatment and, where technically and economically feasible, recovery or recycling. The WHO recommends integrated urban approaches combining health, water, sanitation, the environment and planning (WHO, 2025).

Fourthly, social prevention must complement measures relating to housing. Young people must have access to educational, sporting, cultural and vocational facilities. The fight against insecurity should therefore not be approached solely from a law enforcement perspective, but also through policies on youth, employment, education and neighbourhood development.

Finally, households should be involved in policies to improve housing and sanitation. Residents do bear a real responsibility, particularly with regard to waste disposal and the upkeep of public spaces, but this must be supported by accessible and reliable public services.

Limitations of the study

This study has several limitations. The first relates to the essentially descriptive nature of the data, which does not allow for a statistical assessment of the associations between overcrowding and health or between overcrowding and insecurity. Further research should use standardised indicators of overcrowding, measure the number of people per bedroom and the living space per person, document sanitation facilities and, where data permit, carry out association tests.

Conclusion

This study shows that overcrowding in the municipality of Matete is a multidimensional issue that goes beyond the mere question of the number of people living in a house. The results highlight a mismatch between changes in household composition and housing capacity, as well as difficulties relating to waste management, sanitation and living conditions. They also report several health problems and a family atmosphere deemed to be mixed by a majority of respondents.

However, the analysis leads us to qualify the initial hypothesis. Overcrowding may contribute to the deterioration of living conditions and increase certain health and social vulnerabilities, but it cannot be regarded as the sole cause of crime or insecurity. These phenomena must be viewed within the context of a broader set of economic, family, educational, urban and institutional factors.

A sustainable solution therefore requires an integrated approach: improving and renovating housing, sanitation, organised waste management, drainage, the development of social infrastructure, support for young people and resident participation. Such an approach is consistent with international recommendations which regard housing and the urban environment as major determinants of health and well-being (WHO, 2018, 2025).

Recommendations

• To public authorities: draw up a phased programme for the refurbishment of older housing and the development of social housing suited to household size.

• To municipal authorities: strengthen waste pre-collection and collection, identify suitable transfer points and improve the control of fly-tipping.

• To technical services: refurbish gutters and drainage systems, with a regular programme of maintenance and clearance.

• To community stakeholders: raise awareness amongst households about waste sorting, temporary storage and regular waste disposal.

• Social and educational services: to develop training, sporting, cultural and vocational integration activities aimed at young people.

• For researchers: to carry out quantitative studies to accurately measure the relationship between housing density, health, sanitation, family well-being and safety.

• For the general public: to take part in community sanitation initiatives and adopt responsible waste management practices, whilst having access to regular public services.

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