



## 18 **1. Introduction**

19 The issue of water has become particularly pressing today, both at the global level and in  
20 countries characterized by limited water resources. Despite the efforts of the international  
21 community to improve this situation, the problem remains alarming. Of the 783 million  
22 people who lack access to safe drinking water, more than half live in Africa (Dione, 2014).  
23 The growing gap between supply and demand, competition among different uses (agriculture,  
24 industry, tourism), pollution of water resources, and the prevalence of waterborne diseases  
25 represent major challenges for both developing and industrialized countries (Nanfack et al.,  
26 2014; Faye, 2017; Monjour et al., 2005).

27 In Africa, access to safe drinking water remains particularly problematic. The continent is the  
28 region of the world where urban areas are the most disadvantaged, with only half of the urban  
29 population having access to quality water (Dos Santos, 2012; AFC, 2016). Rapid population  
30 growth, combined with accelerated urbanization and difficult socio-economic conditions,  
31 is placing increasing pressure on available resources. In this context, some populations resort to  
32 alternative solutions for their water supply.

33 Given the vital importance of water, it is essential to ensure safe access to good-quality water,  
34 not only for domestic consumption and hygiene (Mohamed, 2025; WHO, 2018; Houeha,  
35 2007), but also for essential productive activities such as agriculture. According to WHO  
36 guidelines (2020), water safety and quality are fundamental pillars of human development and  
37 well-being. Access to reliable drinking water is indeed one of the most effective means of  
38 promoting public health and reducing poverty. In this perspective, regulations related to  
39 drinking water safety constitute a central tool for health protection, both in industrialized and  
40 developing countries (Jimba & Long Sieber, 2023; Sy et al., 2014; Kamgho, 2010).

41 Niamey, the capital of Niger, has experienced strong demographic growth for several decades  
42 (Chippaux et al., 2002; Dongo et al., 2008), accompanied by rapid urban expansion. This  
43 dynamic exerts considerable pressure on drinking water supply infrastructure, particularly in  
44 peripheral neighborhoods where public networks remain insufficient.

45 Faced with these constraints, a significant portion of the population relies on  
46 groundwater resources through traditional wells and boreholes. However, some of  
47 these facilities present contamination risks related to their location, the lack of adequate sanitary  
48 protection, and their proximity to potential sources of pollution.

49 Furthermore, in recent years there has been a multiplication of domestic boreholes  
50 (private boreholes) as well as semi-industrial boreholes intended for the commercialization of

51 packaged water. However, most of these facilities are constructed and  
52 operated without systematic and rigorous monitoring of the physicochemical and  
53 bacteriological quality of the water.

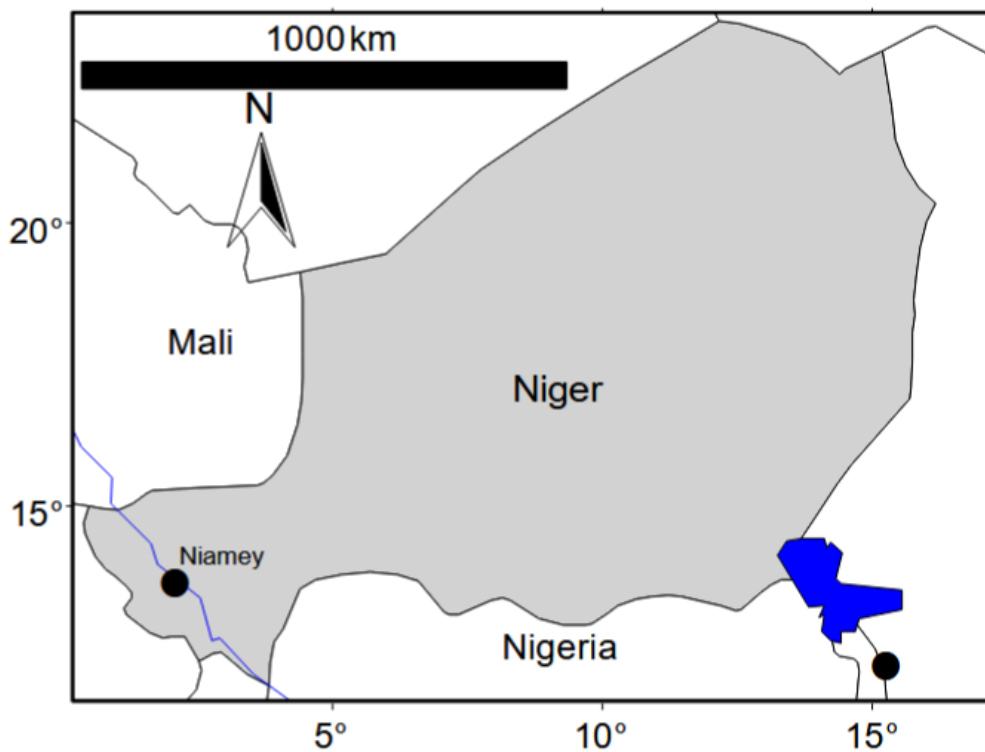
54 In this context, the central issue lies in assessing the quality of the groundwater exploited in  
55 Niamey and evaluating the health risks associated with its consumption. The absence of regular  
56 monitoring and compliance control therefore raises major public health and sustainable water  
57 resource management concerns.

## 58 2. Materials and Methods

### 59 2.1 Description of the Study Area

60 The city of Niamey is located in southwestern Niger, between latitudes  $13^{\circ}28'$  and  $13^{\circ}35'$   
61 North and longitudes  $02^{\circ}03'$  and  $02^{\circ}12'$  East (Figure II-1). It covers an area of approximately  
62 239 km<sup>2</sup> (Motcho, 2006). The Niger River flows through the city in a northwest–southeast  
63 direction.

64 The relief is generally gentle. On the left bank of the river, upstream of the alluvial plain, there is  
65 a plateau rising to approximately 230 m above sea level. Urban development in Niamey  
66 mainly takes place on this plateau, which is covered by relatively thin CT3 formations.



67

68 Figure 1: Study Area

69

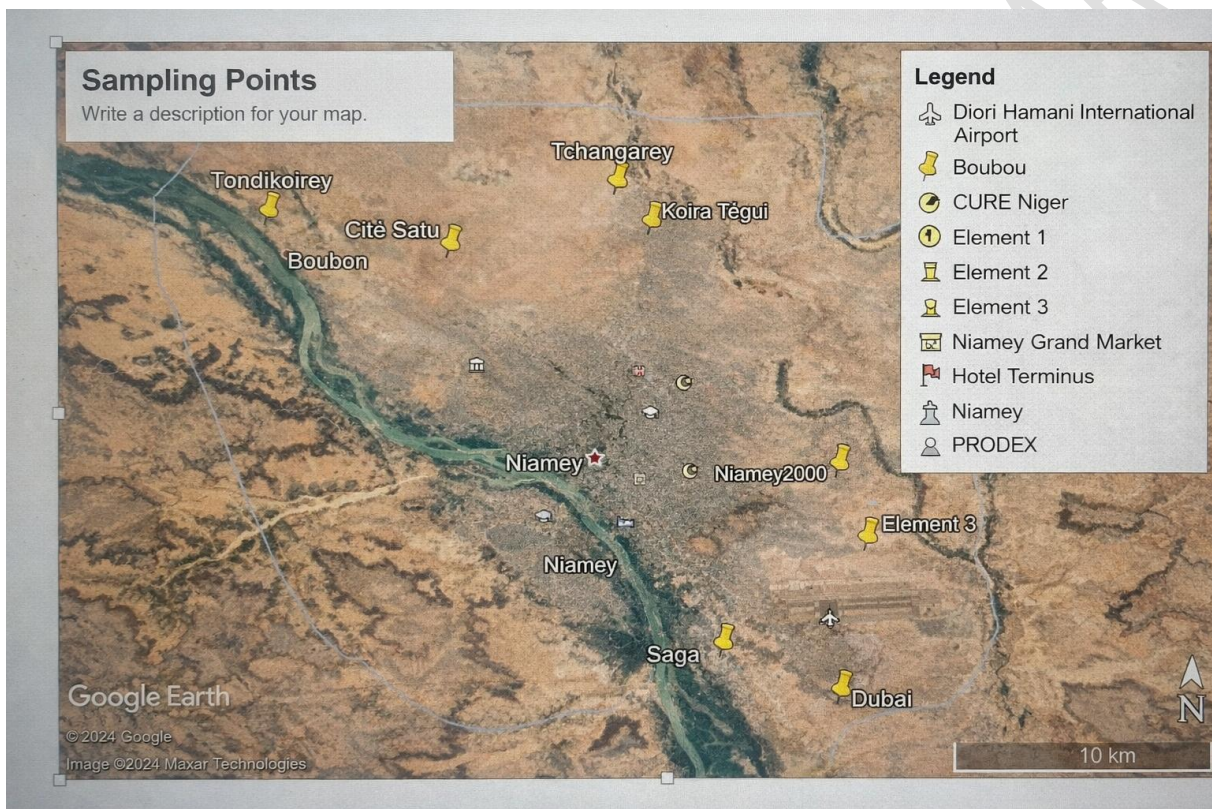
70

UNDER PEER REVIEW IN IJAR

## 71 2.2 Sampling

72 Water sampling constitutes a crucial step, as the reliability of analytical results and their  
73 interpretation directly depend on it (Rodier et al., 2009). The adopted procedure first consisted  
74 of allowing the water to run for approximately two (2) minutes in order to flush the system and  
75 obtain a representative sample. The flow rate was then reduced to ensure controlled sampling.  
76 The bottles were filled to the brim, avoiding any air bubbles, and then tightly sealed. The  
77 collected samples were immediately placed in a cooler to prevent any alteration.

78 A total of eight (8) water points were selected for sampling, as illustrated in Figure 2.



79  
80 Figure 2: Sampling Points

## 81 2.3 Analysis of Physical and Chemical Parameters

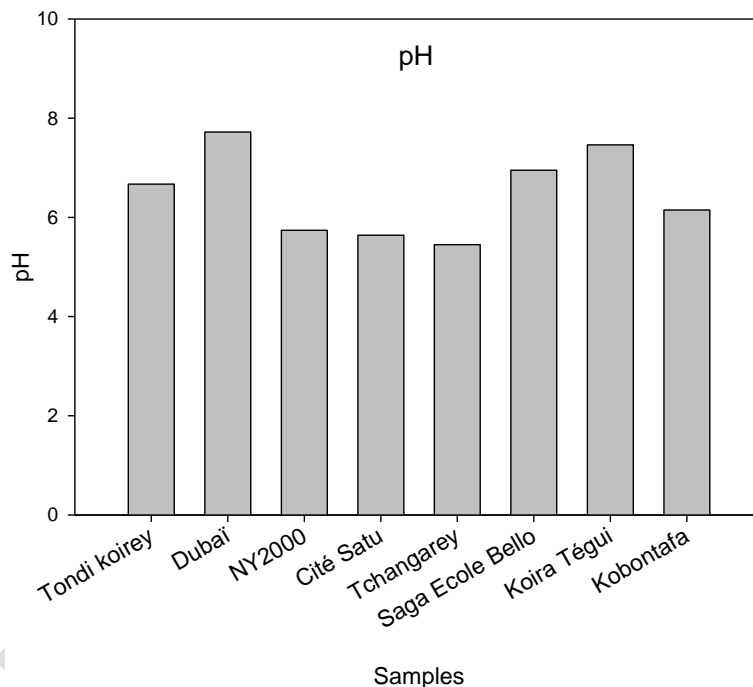
82 Physical parameters were measured directly at the sampling sites, while chemical analyses  
83 were carried out in the laboratory.

84 Concentrations of nitrates ( $\text{NO}_3^-$ ), nitrites ( $\text{NO}_2^-$ ), fluorides ( $\text{F}^-$ ), total iron, and  
85 residual chlorine were determined by spectrophotometry using a Hach spectrophotometer. Total  
86 hardness was evaluated by complexometric titration using EDTA.

## 87 3. Results and Discussion

### 88 3.1 pH

89 The hydrogen potential (pH) values of the analyzed water samples (Figure 3) range from 5.45  
 90 to 7.46. Approximately half of the boreholes show values below the lower limit of the WHO  
 91 standard (6.5–9.5), indicating relative acidity of the water. This acidity may be related to  
 92 several factors, including anthropogenic inputs such as the use of fertilizers and pesticides in  
 93 agriculture, or the infiltration of organic and industrial waste that generates acidic compounds.  
 94 Natural processes, such as the dissolution of carbon dioxide in groundwater or the weathering  
 95 of silicate rocks, may also lower the pH.  
 96 From a practical perspective, a pH below 6.5 can make water aggressive, promoting the  
 97 corrosion of metal pipes and the release of metals into the distribution network.  
 98



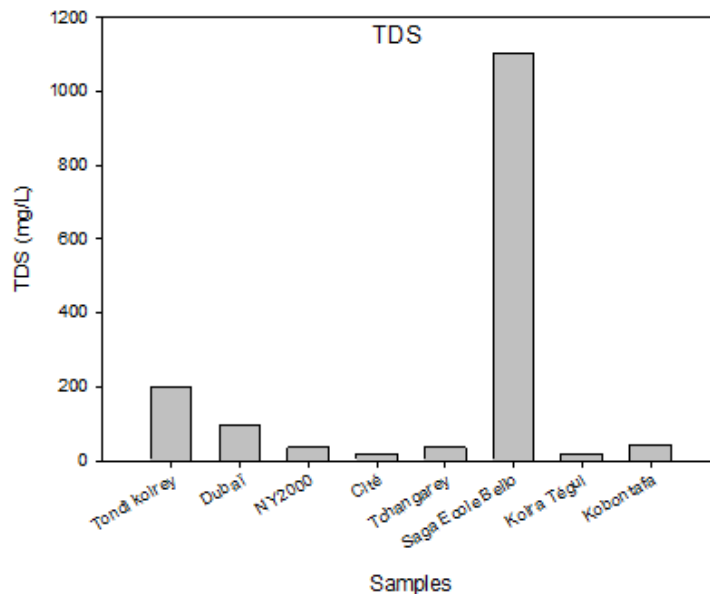
99  
 100 Figure 3: Hydrogen Potential (pH) Diagram

101 **3.2 Total Dissolved Solids (TDS)**

102 Figure 4 presents the values of total dissolved solids (TDS) measured in the different samples.  
 103 These values range from 18 mg/L to 1103.5 mg/L. The majority of the water points fall below  
 104 the guideline value recommended by the WHO for drinking water (1000 mg/L). However, the  
 105 Saga Éole borehole shows a particularly high content (1103.5 mg/L), slightly exceeding the  
 106 standard.

107 This high TDS concentration indicates excessive mineralization resulting from a  
 108 significant presence of dissolved salts. Such a value can not only affect the organoleptic quality  
 109 of the water (salty or bitter taste) but may also have adverse effects on human health,

110 including digestive disorders (laxative effect) in sensitive individuals, as reported by Maoudo  
111 et al. (2020).

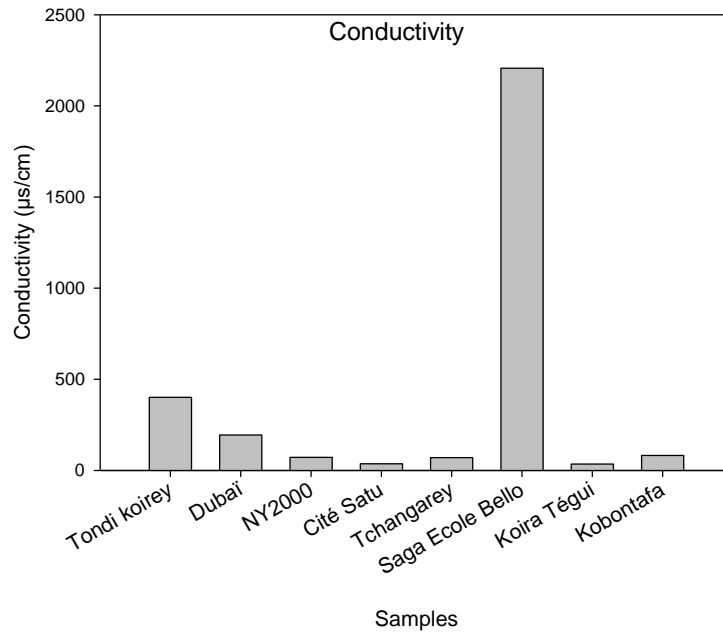


112  
113 Figure 4 : Figure 4: TDS Diagram of the Analyzed Water Samples

### 114 3.3 Conductivity

115 The electrical conductivity values of the different water points are presented in Figure 5.  
116 Overall, the majority of the analyzed samples have values within the range recommended by  
117 the WHO for drinking water ( $50 \leq EC \leq 400 \mu\text{S}/\text{cm}$ ). However, the Ny2000 and  
118 Koirá Téguí boreholes show values below the minimum standard ( $50 \mu\text{S}/\text{cm}$ ), indicating water  
119 with low mineralization and therefore poor in dissolved salts.

120 In contrast, the Saga École borehole exhibits a very high value ( $2207 \mu\text{S}/\text{cm}$ ), far exceeding the  
121 WHO guideline. This water is therefore highly mineralized and should be consumed in  
122 moderation.



123

124 Figure 5 :Conductivity Diagram of the Analyzed Water Samples

125 **3.4 Turbidity**

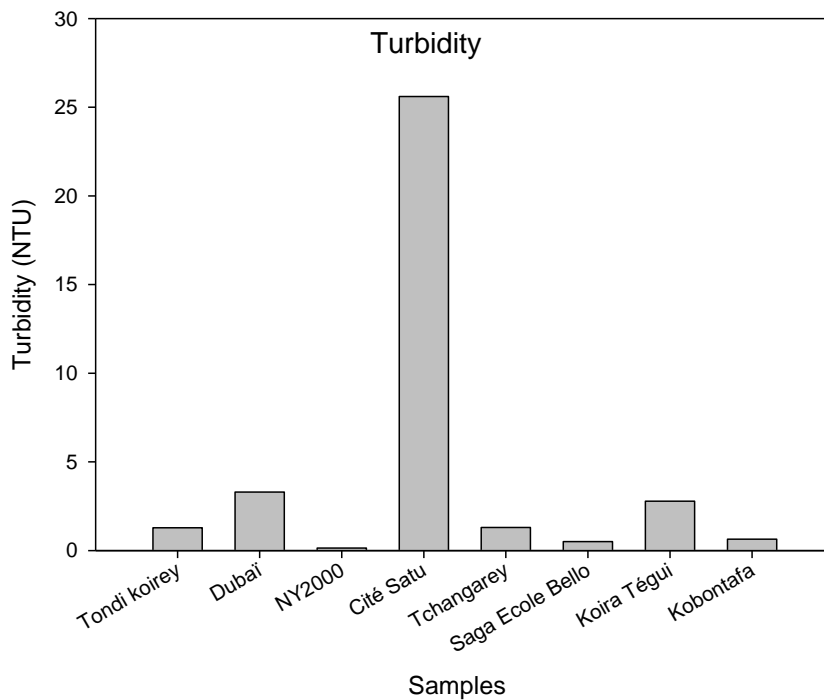
126 The turbidity values of the analyzed water samples range from 0.5 to 25.6 NTU (Figure 6).

127 The lowest value was recorded at the SAGA borehole (0.5 NTU), while the highest value  
 128 was observed at the Cité Satu site (25.6 NTU). This high turbidity can be attributed to the  
 129 presence of suspended materials (clays, silts, organic matter) as well as colloidal particles  
 130 capable of absorbing, scattering, or reflecting light.

131 From a regulatory perspective, the WHO guideline value for drinking water is set at 5 NTU.

132 Thus, most of the analyzed samples fall below this threshold and are therefore compliant.

133 However, the high turbidity recorded at Cité Satu (25.6 NTU) far exceeds this standard,  
 134 which could not only affect the aesthetic quality of the water (cloudiness, coloration) but  
 135 also promote the growth of microorganisms by protecting pathogens from the disinfecting  
 136 action of chlorine.



137

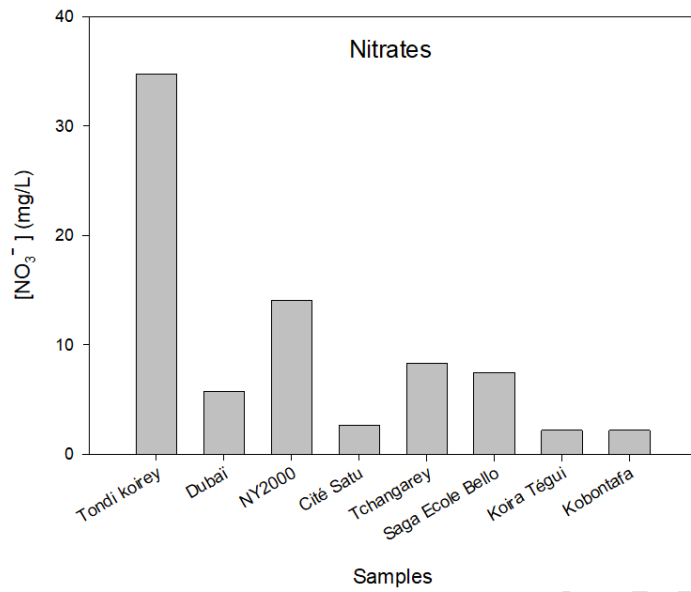
138 Figure 6 :Turbidity Diagram of the Analyzed Water Samples

139 **3.5 Nitrates**

140 The analysis results show that nitrate concentrations in the different water points (Figure 7)  
 141 range from 2.2 to 34.76 mg/L. All these values remain below the maximum limit of 50 mg/L  
 142 set by the World Health Organization (WHO) for water intended for human consumption.

143 This situation reflects good water quality with respect to the nitrate parameter, suggesting a  
 144 low influence of anthropogenic activities. However, the highest value recorded (34.76 mg/L)  
 145 at the Tondi Koirey borehole, although below the standard, could indicate a local vulnerability  
 146 of the borehole to diffuse pollution, probably linked to agricultural practices or the proximity  
 147 of human activities generating domestic waste (Adjagodo, A. et al., 2016; Soltani Chamse  
 148 Eddine, T.A., 2023; Youmbi et al., 2013).

149 From a health perspective, these concentrations do not pose an immediate risk to the  
 150 population, particularly regarding infant methemoglobinemia, which is often associated with  
 151 nitrate levels exceeding the standard. However, regular monitoring is necessary to prevent any  
 152 progression toward critical levels, especially in peri-urban neighborhoods where pressure on  
 153 water resources is increasing.



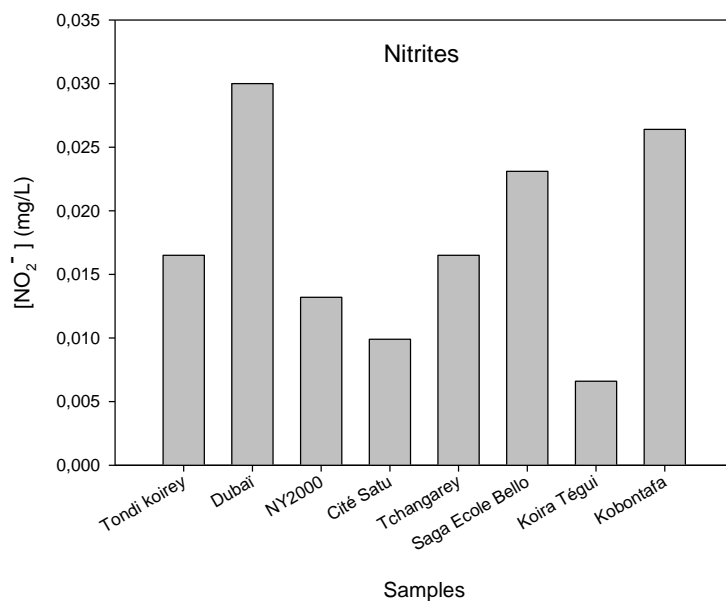
154

155 Figure 7 :NitrateDiagram of the Analyzed Water Samples

156 **3.6 Nitrites**

157 The concentrations of nitrite ions measured in the analyzed water (Figure 8) range from 0.013  
 158 to 0.03 mg/L. These values are well below the limit recommended by the World Health  
 159 Organization (WHO) for water intended for human consumption, indicating good sanitary  
 160 quality with respect to this parameter. This further supports the potability and health safety of  
 161 the water concerning the metabolic risk associated with nitrites (methemoglobinemia,  
 162 particularly in infants) (Faivre, J., et al., 1976; Chébékoué, S. F., 2008).

163 The low nitrite content canbeexplained by limiteddenitrificationactivity in the aquifer or by a  
 164 notable absence of recentorganic pollution.



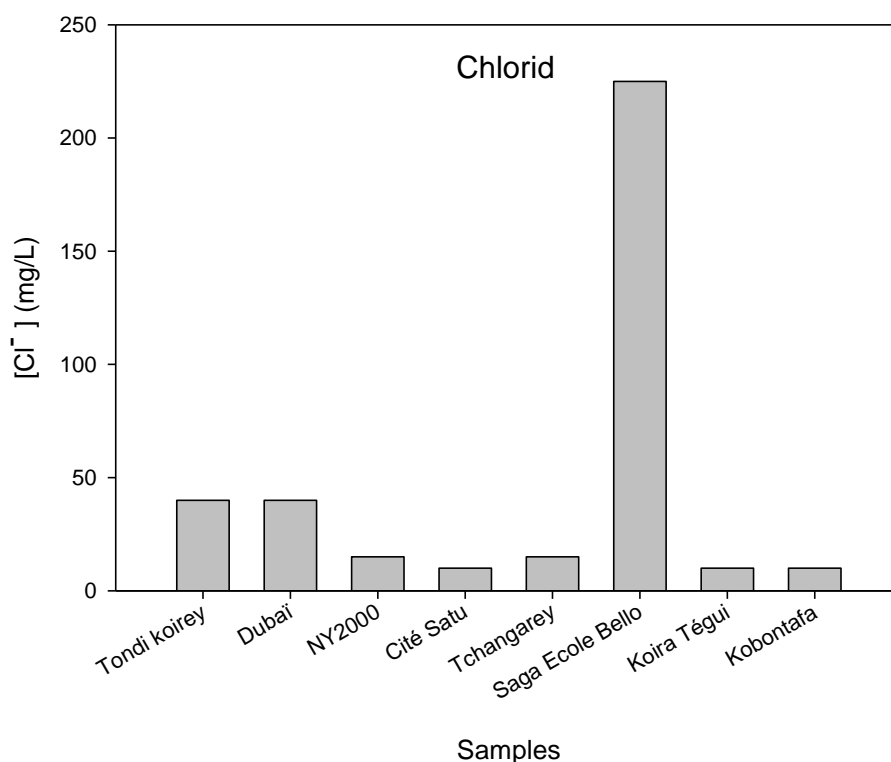
165

166 Figure 8 :Nitrite Diagram of the Analyzed Water Samples

### 167 3.7 Chloride Ions

168 Figure 9 illustrates the variation in chloride ion concentrations in the analyzed borehole  
169 waters. The values range from 10 to 225 mg/L, which remain below the maximum limit of 250  
170 mg/L set by the World Health Organization (WHO) for water intended for  
171 human consumption.

172 These results indicate that the groundwater in the study area complies with the potability  
173 standard regarding chlorides. From a health perspective, the measured concentrations do not  
174 pose a risk for consumption.



175

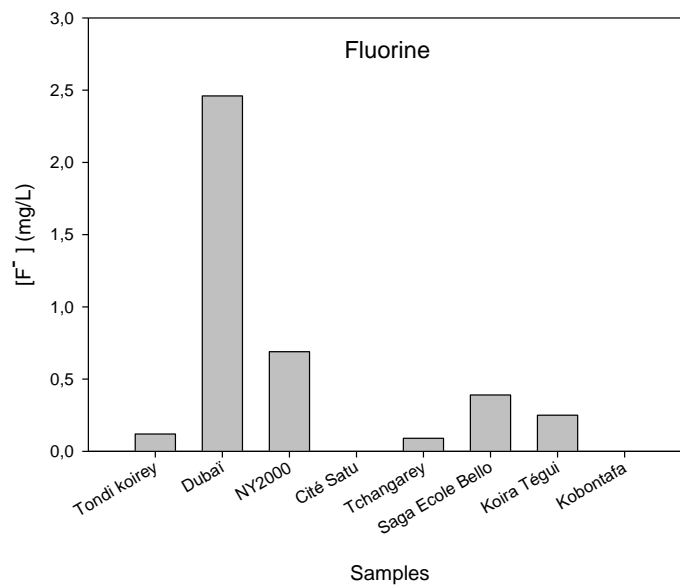
176 Figure 9 :Chloride Diagram of the Analyzed Water Samples

### 177 3.8 Fluoride Ions

178 Figure 10 presents the variation in fluoride ion concentrations in the analyzed water samples.  
179 Overall, the results show that most water points comply with the 1.5 mg/L limit set by the  
180 World Health Organization (WHO). However, a notable exception is observed at the  
181 Dubai neighborhood borehole, where the concentration reaches 2.46 mg/L, exceeding the  
182 guideline value.

183 This elevated concentration could be explained by the geological nature of the aquifer,  
184 particularly the dissolution of fluoride-bearing minerals (fluorite, apatite) present in certain

185 formations. Such a value, above the standard, exposes consumers to long-term health risks,  
 186 particularly dental fluorosis, and, with prolonged ingestion, skeletal fluorosis.  
 187 This situation highlights the need for enhanced monitoring of this borehole, as well as the  
 188 implementation of appropriate solutions (blending with low-fluoride water, defluoridation  
 189 techniques) to ensure the health safety of the local population.  
 190  
 191



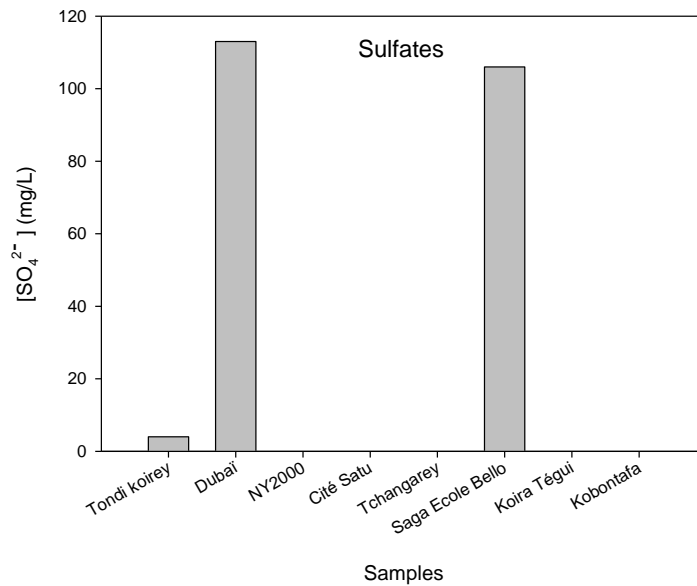
192  
 193 Figure 10 : Fluoride Diagram of the Analyzed Water Samples  
 194

195 **3.9 Sulfate Ions**

196 The sulfate ion concentrations measured in the groundwater (Figure 11) range from 0 to 106  
 197 mg/L. These values are well below the WHO guideline value of 500 mg/L. Thus, the analyzed  
 198 waters do not pose a risk related to high sulfate mineralization.

199 This low content may reflect a limited contribution of sulfate-bearing geological formations  
 200 (such as gypsiferous or evaporitic formations) to the chemical composition of the region's  
 201 waters. It also confirms that the waters remain suitable for human consumption with respect to  
 202 this parameter.

203

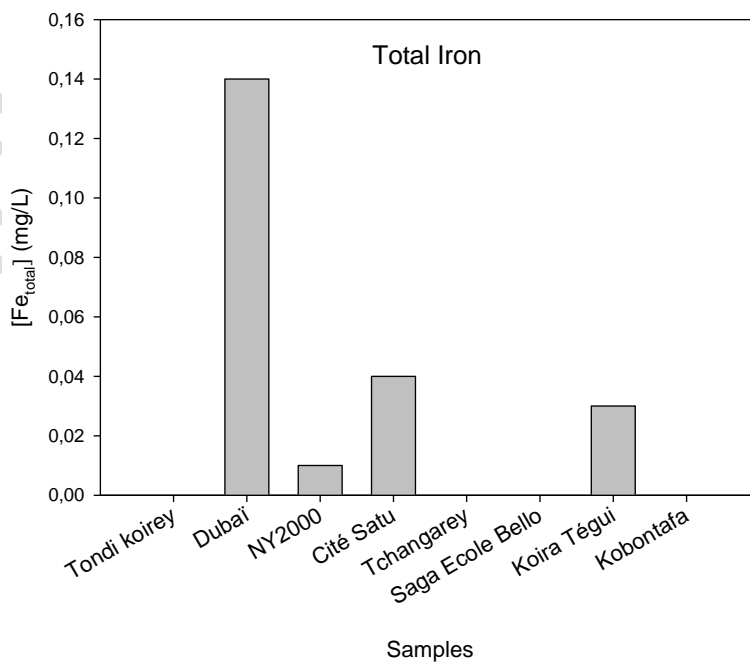


204  
205 Figure 11 : Sulfate Diagram of the Analyzed Water Samples

206 **3.10 Total Iron**

207 The total iron concentrations in the analyzed groundwater (Figure 12) range from 0 to 0.14  
208 mg/L. All these values are below the WHO guideline limit of 0.3 mg/L. Therefore, the studied  
209 waters do not present a risk of discoloration, iron deposits, or organolepticalteration (metallic  
210 taste), which are often associated with high iron content (Fakhfekh Hamdeni, R., 2017).

211 These results likely reflect low mineralization of the aquifers in iron-bearing minerals and  
212 suggest that the conditions for iron dissolution (pH, oxygenation, rock type) do not  
213 favor significant mobilization of this element in the study area.



214  
215 Figure 12 : Total Iron Diagram of the Analyzed Water Samples

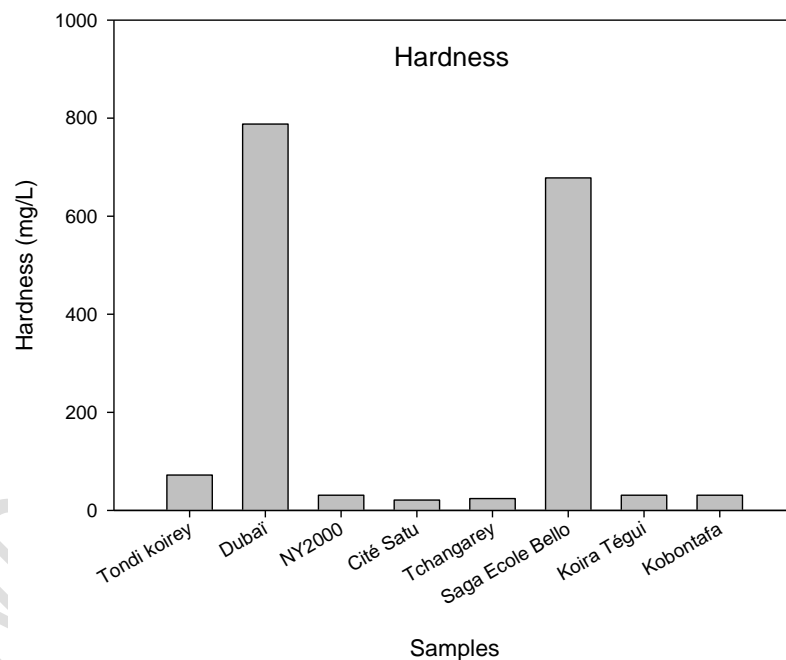
216 **3.11 Total Hardness (TH)**

217 The total hardness (TH) of the analyzed groundwater ranges from 21 to 788 mg/L (Figure 13).

218 The highest values, notably recorded at the Dubai neighborhood borehole (788 mg/L) and the  
219 École Bello Saga borehole (678 mg/L), indicate strong water mineralization, likely linked to  
220 the dissolution of carbonate and/or gypsum rocks in the aquifer.

221 It should be noted that there is no WHO guideline value for total hardness. However, from a  
222 practical standpoint, hardness above 500 mg/L is generally considered excessive and can cause  
223 domestic inconveniences (scaling of pipes, deposits on household equipment) as well as an  
224 unpleasant taste. Conversely, values below 150 mg/L correspond to so-called soft water,  
225 which is more suitable for domestic use.

226 Thus, the waters from the Dubai and Bello Saga boreholes fall into the very hard water  
227 category, which could limit their acceptability for consumption and domestic use despite  
228 being safe from a health perspective.



229  
230 Figure 12 : Total Hardness Diagram of the Analyzed Water Samples

231  
232 **5. Conclusion**

233 The study showed that the majority of the physicochemical parameters of the  
234 groundwater comply with the WHO potability standards. Overall, the boreholes exhibit a  
235 slightly acidic to neutral pH, with mineralization ranging from low to moderate depending on the

236 site. Only a few boreholes, notably those at Saga and Dubai, show certain parameters exceeding  
237 the standards.

238 In general, the waters remain soft and of acceptable physicochemical quality. The Koirá Tégui  
239 and Tchangarey boreholes are characterized by very low mineralization, while the others fall  
240 within a moderate mineralization range. Overall, the waters are soft to moderately hard and  
241 present a generally acceptable physicochemical quality.

242

243

UNDER PEER REVIEW IN IJAR

244 **BibliographicReferences**

- 245 1. Adjagodo, A., Tchibozo, M. A. D., Kelome, N. C., & Lawani, R. (2016). Flux of  
246 pollutantslinked to anthropogenicactivities, risks to surface water resources and the  
247 foodchainworldwide: abibliographicsynthesis. *International Journal of Biological and*  
248 *Chemical Sciences*, 10(3), 1459–1472.
- 249 2. AFC International. (2016). *Manual: Water and SanitationGovernanceApplied to*  
250 *Humanitarian and DevelopmentProjects*. 100 p.
- 251 3. Chébékoué, S. F. (2008). Assessment of carcinogenicriskassociatedwith contamination of  
252 municipal well water by nitrates/nitrites in some rural regions of Quebec.
- 253 4. Chippaux, J. P., Houssier, S., Gross, P., Bouvier, C., &Brissaud, F. (2002). Study of  
254 groundwater pollution in Niamey, Niger. *Bull Soc PatholExot.*, 94(2), 119–123.
- 255 5. Dione, Y. (2014). Public participation and access to drinking water policies in rural  
256 Senegal: user associations of drinking water networks in Saint-Louis. Doctoral thesis,  
257 University of Toulouse 3 Paul Sabatier and Cheikh AntaDiopUniversity of Dakar. 316 p.
- 258 6. Dongo, K., Kouamé, K. F., Koné, B., Biémi, J., Tanner, M., & Cissé, G. (2008). Analysis  
259 of the sanitaryenvironment of disadvantagedneighborhoods in the urbanfabric of Yopougon,  
260 Abidjan, Côte d'Ivoire. *Vertigo*, 8(3), 1–11.
- 261 7. Dos Santos, S. (2012). Access to water in sub-SaharanAfrica: is the measurement  
262 consistent withhealthrisk? *Environnement, Risques et Santé*, 11(4), 282–286.
- 263 8. Faivre, J., Faivre, M., Klepping, C., & Roche, L. (1976). Methemoglobinemiainduced by  
264 the ingestion of nitrites and nitrates. *Annales de la Nutrition et de l'Alimentation*, 831–838.  
265 CNRS.
- 266 9. FakhfekhHamdeni, R. (2017). Performance of the hybridprecipitation/microfiltration and  
267 nanofiltration system in ironremoval for water potabilization (Doctoral dissertation, Lyon).
- 268 10. Faye, C. (2017). Water pollution challenges, a threat to public health: strengths and  
269 weaknesses of water laws and policies in Senegal.
- 270 11. Houeha, Y. C. L. H. (2007). Improvingaccess to drinking water in rural areas of Benin:  
271 study of local practices (Doctoral dissertation, Université du Québec à Montréal).

- 272 12. Jimba, M., & Long Sieber, E. N. (2023). The power of health promotion to reduce global  
273 poverty. *Global Health Promotion*, 30(4), 58–61.
- 274 13. Kamgho, T. B. M. (2010). Access to drinking water and sanitation in Cameroon: current  
275 situation, constraints, issues and challenges for achieving MDG 7. *Revue d'Economie et de*  
276 *Management*, 9(1), 111–124.
- 277 14. Maoudo, H. A. N. E., Diagne, I., Ndiaye, M., Ndiaye, B., Dione, C. T., & Cisse, D.  
278 (2020). Comparative study of the physicochemical quality of well and borehole water  
279 consumed in the commune of SinthiouMaléme in the Tambacounda region (Senegal). *Int. J.*  
280 *Biol. Chem. Sci.*, 14(9), 3400–3412.
- 281 15. Mohamed, M. (2025). Waterborne diseases and treatment approaches. *Journal of Business*  
282 *and Technologies*, 1(6).
- 283 16. Monjour, E., Vouldoukis, I., & Monjour, L. (2005). New strategies for  
284 preventing waterborne diseases in tropical environments. *La Houille Blanche*, 91(4), 26–29.
- 285 17. Motcho, K. H. (2006). Reform of the urban community of Niamey. Working paper. Centro  
286 Città del Terzo Mondo, Politecnico di Torino. 19 pp.
- 287 18. Nanfack, N. A., Fonteh, F., Vincent, K., Katte, B. R. I. D. G. E. T., & Fogoh, J. (2014).  
288 Non-conventional waters: a risk or a solution to water problems for poor populations. *Larhyss*  
289 *Journal*, 11(1), 47–64.
- 290 19. Rodier, J., Legube, B., Merlet, N., Brunet, R., Mialocq, J.-C., Leroy, P., Houssin, M.,  
291 Lavisson, G., Béchemin, C., Vincent, M., Rebouillon, P., Moulin, L., Chomodé, P., Dujardin,  
292 P., Gosselin, S., Seux, R., & Almardini, F. (2009). *Water Analysis* (9th ed.). Dunod.
- 293 20. Soltani Chamse Eddine, T. A. (2023). Impact of agricultural and domestic pollution on  
294 the quality of water from the Bouhamdane dam.
- 295 21. Sy, I., Keita, M., Traoré, D., Koné, B., Bâ, K., Wedadi, O. B., ... & Cissé, G. (2014).  
296 Water, hygiene, sanitation, and health in precarious neighborhoods in Nouakchott  
297 (Mauritania): contribution to the ecohealth approach at Hay Saken. *VertigO - the electronic*  
298 *journal in environmental sciences*, (Special Issue 19).

299 22. World HealthOrganization. (2018). *Water, sanitation and hygiene in health care*  
300 *facilities: practicalsteps to achieveuniversalaccess to quality care*. World  
301 HealthOrganization.

302 23. World HealthOrganization. (2020). *National support systems for drinking water,*  
303 *sanitation, and hygiene: global status report 2019. Global UN-Water analysis and assessment*  
304 *of sanitation and drinking-water, GLAAS 2019 report*. World HealthOrganization.

305 24. Youmbi, J. G. T., Feumba, R., Njitat, V. T., de Marsily, G., &Ekodeck, G. E. (2013).  
306 Groundwater pollution and healthrisks in Yaoundé, Cameroon. *Comptes Rendus Biologies,*  
307 *336(5–6), 310–316.*

308

309

UNDER PEER REVIEW IN IJAR