



Institute of Population, Development and Reproductive Health (IPDSR)

**The phenomenon of *moto taxi-drivers*
«*jakartamen*» in the communes of Tambacounda and
Kolda: life trajectories, community perceptions and
mental health issues**

Study Report

October 2025

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EXECUTIVE SUMMARY

This study is conducted within the framework of the My Path, My Pledge project, under the Healthy Cities for Adolescents (HCA II) Programme funded by the Botnar Foundation. It represents the culmination of a co-creation process initiated during the Needs Assessment and Co-Design (NACD) phase of the project. Preliminary surveys, participatory consultations, and prioritization exercises carried out with local communities in the communes of Tambacounda and Kolda identified the rapid expansion of the moto taxi-drivers «jakartamen» profession as a central concern for adolescent and youth mental health and well-being. At the community level, this activity is frequently associated with a range of social challenges, including school dropout, insecurity, substance use, road accidents, violence, and certain forms of delinquency.

The study is therefore justified by the need to examine these perceptions in greater depth, to understand their underlying mechanisms, and to assess their empirical relevance in order to inform and guide project interventions. *jakartamen* operate in a context marked by strong economic, social, and psychological pressures, exacerbated by the instability of their activity, low levels of social recognition, and a constant exposure to risks such as aggression and traffic accidents. Analysing these constraints—alongside the resources, coping strategies, and resilience mechanisms mobilised by these young people—is essential for designing more effective prevention, support, and social inclusion strategies that recognise their potential and position them as agents of change within their communities.

More broadly, this research forms part of an in-depth diagnostic of the health and well-being of adolescents and young people in the two beneficiary communes of the My Path, My Pledge project (Sama Yoon, Sama Kaddu). Its overall objective is to enhance understanding of the social, economic, and psychological dynamics associated with the motorcycle taxi driver profession (moto taxi-drivers «jakartamen»), as well as the ways in which this phenomenon shapes the mental health and well-being trajectories of adolescents and young people in Tambacounda and Kolda.

Background and objectives

In Tambacounda and Kolda, structural poverty and lack of employment opportunities for young people have encouraged the rapid expansion of the *Moto taxi-drivers «jakartamen»* profession. In both regions, respectively 60% and 54% of young people aged 15 to 24 are not in employment, education or training (NEET) (ANSD, RGPH 2023). The age of *jakartamen* surveyed ranges from 14 to 69 years, although the activity is overwhelmingly dominated by young people, with nearly 90% aged between 14 and 35.

The *moto taxi-drivers «jakartamen»* profession has stepped into this gap left by the failure of formal economic and educational systems, functioning as an indispensable social shock absorber for young people disconnected from the traditional circuits of success. However, the economic utility of this activity is overshadowed by a strong social stigma. *Moto taxi-drivers «jakartamen»* are often perceived as agents of urban disorder, symbols of indiscipline and are associated with road safety, the circulation of psychoactive substances and, in the collective imagination, crime. This study, carried out as part of a social diagnosis of the health and well-being of adolescents, is justified by the urgency of overcoming this stigma. It aims to better understand the realities, psychosocial vulnerabilities and resilience mechanisms of this population, with the aim of mobilizing it as a potential lever for social transformation.

Methodology

The study adopts a mixed-methods approach targeting *jakartamen* as well as mental health clubs aimed at young people in school and community settings. It combines a quantitative survey of 406 *jakartamen* (212 in Tambacounda and 194 in Kolda) and 404 members of mental health clubs, with a qualitative component including life stories, semi-structured interviews, focus group discussions, participatory mapping, and participant observation. Data collection was conducted between July 21st and August 1st, 2025.

The quantitative component relies on random sampling for *jakartamen* and mental health club members, using structured questionnaires covering socioeconomic characteristics, occupational and psychosocial risks, risk behaviours, mental health status, and resilience. Gender disaggregation applies to the mental health club sample, in which women represent 56.2% of respondents in Kolda and 60.8% in Tambacounda, accounting for 58.4% of the total

sample. The *moto taxi-drivers «jakartamen»* survey reflects the strongly gendered nature of the profession; consequently, all quantitative questionnaires were administered to men. One female *moto taxi-drivers «jakartamen»* was identified during fieldwork and included through an in-depth qualitative interview.

The qualitative component, based on purposive sampling, aimed to deepen understanding of individual life trajectories, social representations, relational dynamics, and perceptions of institutional actors—including local authorities, health services, community leaders, and civil society organizations—through semi-structured interviews, life stories, and focus groups. In parallel, a systematic literature review was conducted to examine existing research on urban mobility, mental health, precariousness, occupational risks, and youth dynamics in Senegal and West Africa, providing a solid theoretical and empirical framework for interpreting the findings. This analytical framework was further strengthened by the collection of institutional data from police, gendarmerie, health facilities, and municipal services to document accidents, incidents of violence, and conflicts associated with the activity. The fieldwork was underpinned by rigorous preparatory measures, including official letters of introduction, interviewer training, tool pre-testing, close supervision, and strict adherence to ethical principles ensuring informed consent, confidentiality, and anonymity of all participants.

Main results

The study made it possible to identify several major findings, illustrating the structural and psychological vulnerability of *the Moto taxi-drivers «jakartamen»* :

1. **Structural precariousness and burden:** The average age of *Moto taxi-drivers «jakartamen»* is 27 years, but 90 per cent are between 14 and 35 years of age. Despite their youth, the economic pressure is intense, with each driver supporting an average of 4.5 to 5.3 dependents. This role of family breadwinner, often assumed by default, makes their precarious income a vital source of livelihood for extended households. Entry into the profession is mostly imposed (lack of alternatives, > 70%), and not chosen.

2. **Payment anxiety and increased risk:** The motorcycle taxi driver business model is based on non-ownership of the vehicle. The obligation of the daily fee ("payment") to the owner is the main financial stressor. To honor it, drivers are forced to work up to 12 hours a day, seven days a week. This chronic fatigue is a direct causal factor in safety risks: more than 40% of drivers have been involved in at least one accident in the last 12 months.
3. **The silent mental health crisis:** *Moto taxi-drivers «jakartamen»* people are facing an immense mental load. More than 75% of respondents say they have gone through a period of significant psychological discomfort. The major stressors are financial stress, feelings of failure related to dropping out of school or broken migration plans, and stigma. In this regard, 15.8% of the total sample report having attempted and failed to migrate abroad, an experience frequently described as generating intense shame and a sense of social downgrading. Withdrawal into oneself is the main coping strategy, aggravating isolation.
4. **Community insecurity and the cycle of psychosocial violence:** Analysis of perceptions reveals that the presence of *moto taxi-drivers «jakartamen»* is a source of stress and anxiety for youth in mental health clubs. Nearly 87% of young people have witnessed or experienced unsafe driving, and 80% have experienced verbal or gender-based harassment. The *moto taxi-drivers «jakartamen»*, victims of precariousness and malaise, paradoxically become agents of disorder and psychosocial insecurity in the public space.
5. **Untapped social capital:** Despite the negative perception, an overwhelming majority of *Moto taxi-drivers «jakartamen»* (83%) express a willingness to engage positively in risk prevention and the promotion of youth well-being. This provision represents a strategic lever for any intervention aimed at social cohesion.

1. BACKGROUND AND RATIONALE FOR THE STUDY

To understand the complexity of the phenomenon of *moto taxi-drivers «jakartamen»* in Tambacounda and Kolda, it is imperative to situate it in its socio-economic context. These two regions, among the most marginalized in Senegal, constitute fertile ground for the emergence of informal survival economies. Human development indicators are of particular concern. Kolda, for example, ranks among the four poorest regions in the country, with a multidimensional poverty rate of 79.4 percent, well above the national average. This endemic poverty is not a simple statistical abstraction; it results in daily precariousness that weakens households and heavily mortgages the future prospects of young people.

One of the most obvious symptoms of this structural crisis is the high rate of young people in NEET situations (not in employment, education or training). The data from the National Agency for Statistics and Demography (ANSD) for 2023 are clear: in Tambacounda, this rate reaches 59.9% for the 15-24 age group and 62.4% for the 15-30 age group, in sharp contrast to the national averages of 46.8% and 49.2% respectively. This NEET status does not only mean an absence of employment; it reveals a deep social divide, youth left to fend for themselves, disconnected from formal education and work systems, and forced to find immediate solutions to survive.

It is precisely into this socio-economic breach and this inability of the formal market to absorb the young workforce that the *moto taxi-drivers «jakartamen»* profession has been engulfed. The motorcycle taxi business has emerged as an immediate and pragmatic solution to meet needs. The *moto taxi-drivers «jakartamen»* thus functions as a social shock absorber, absorbing excluded young people (out of school, unemployed graduates, apprentices who have dropped out of school or returning migrants) who, for lack of alternatives, find a minimum subsistence income in this activity. The informal and accessible nature of the business, requiring only an initial investment or a rental arrangement ("installment"), makes it attractive to those who need immediate liquidity.

Despite its functional role in the urban ecosystem and its contribution to social peace through the employment of otherwise unemployed youth, *moto taxi-drivers «jakartamen»* is heavily stigmatized. These young people are often associated in the collective imagination

with indiscipline, road safety, and criminal behavior. This perception is not unique to Senegal, with studies in Benin and Cameroon describing motorcycle taxi drivers (*zémidjans*) as being at the bottom of the social ladder or as agents of urban disorder¹.

Research question

1. What are the profiles and life trajectories of young *moto taxi-drivers* «*jakartamen*», and what factors of psychosocial vulnerability are linked to their integration into this profession?
2. What forms of risks (accidents, violence, drugs and stigma) are associated with the activity of *moto taxi-drivers* «*jakartamen*», and what impacts do they have on the mental health of young people?
3. What resilience strategies are being put in place by the *Moto taxi-drivers* «*jakartamen*», their families and their communities in the face of the challenges they face on a daily basis?
4. How do communities, adolescents (girls and boys) and local authorities perceive *moto taxi-drivers* «*jakartamen*», and what orientations can strengthen their inclusion in prevention and mental health policies?

Objective of the study

The general objective of this study is to analyze the life trajectories and psychosocial vulnerabilities of *moto taxi-drivers* «*jakartamen*» in Tambacounda and Kolda, in order to better understand their impacts on the mental health of adolescents and young people, and to identify levers for action to strengthen their role in the dynamics of resilience and social inclusion.

- To Specifically, the study has the following objectives.
- To describe the life trajectories and socio-economic, educational and psychosocial profiles of *moto taxi-drivers* «*jakartamen*» in the communes of Tambacounda and Kolda.

¹ Lourdes Diaz Olvera, Didier Plat, Pascal Pochet et Sahabana Maïdadi, « Motorbike taxis in the "transport crisis" of West and Central African cities », *EchoGéo* [En ligne], 20 | 2012, mis en ligne le 13 juillet 2012, consulté le 02 janvier 2026. URL : <http://journals.openedition.org/echogeo/13080> ; DOI : <https://doi.org/10.4000/echogeo.13080>

- Identify the psychosocial vulnerability factors related to the exercise of the profession, and analyze individual, family and community resilience strategies in the face of the risks encountered (precariousness, violence, instability, etc.).
- To document the frequency and nature of incidents associated with the *moto taxi-drivers «jakartamen»* phenomenon: accidents, crimes, substance use, violence, etc.
- To analyse the social perceptions of adolescents, families, communities and local authorities towards the *moto taxi-drivers «jakartamen»*, particularly in relation to insecurity, stigma and mental health.
- Formulate recommendations to integrate these young people into local mental health, prevention and inclusion policies, valuing them as potential actors of social change.

2. METHODOLOGY

The study takes a mixed approach, combining qualitative and quantitative methods. This strategy aims to grasp the quantifiable aspects of the theme as well as the deep logics that underlie them.

Quantitative component

The target population consists of two main groups:

- Moto taxi-drivers «jakartamen» in the communes of Tambacounda and Kolda.
- Members of school and community mental health clubs (boys and girls) in the same districts, to gather their perception of the *moto taxi-drivers «jakartamen»* profession and its impact on individual and collective mental health.

Sampling method

For the *moto taxi-drivers «jakartamen»*: simple random sampling was used to select individuals to be surveyed. For members of mental health clubs (girls and boys), the objective was to cover all individuals who were members of mental health clubs and available at the time of the survey.

Sample size covered

The survey covered a total of 406 *jakartamen*, with 212 in Tambacounda and 194 in Kolda. As expected given the male-dominated nature of this profession, all *jakartamen* respondents were men, except for one female *moto taxi-drivers «jakartamen»*, who was included through an in-depth qualitative interview.

For the mental health club members, a total of 404 individuals were surveyed, comprising 194 in Tambacounda and 210 in Kolda. This sample was gender-disaggregated: women accounted for 60.8% in Tambacounda and 56.2% in Kolda, representing 58.4% of the total sample.

2.2 Collection tool: Structured questionnaire

The *moto taxi-drivers «jakartamen»* questionnaire covered the essential dimensions to understand the socio-economic profile and risk/protection factors of *moto taxi-drivers «jakartamen»*. It includes sections dedicated to the following information:

- Socio-demographic data: neighbourhood, age, sex, marital status, number of children/dependents, level of education attained (or year of school dropout), number of years of *daaras*, geographical origin (urban/rural, region of origin, country of origin), duration of settlement in the municipality.
- Living conditions and socio-economic situation: Type of housing, residential situation (tenant, owner, resident), estimated monthly income from *moto taxi-drivers «jakartamen»* activity, other sources of income, financial burdens (debt repayment, family support), type of household (single, single, nuclear, extended, composite).
- Professional background: Length of time spent working in *moto taxi-drivers «jakartamen»*, reasons for choosing this profession, previous professional experience, vocational training, perception of job stability, property status (owner or employee) and possession of legal documents to drive.
- Work environment: Number of working hours per day/week, types of trips made, areas of operation, relationship with peers, customers and authorities, exposure to risks (accidents, assaults, controls).

- Lifestyle habits and risky behaviours: Substance use (alcohol, tobacco, drugs), safe practices (helmet use), history of motor vehicle accidents.
- Resilience Capacity: Coping Strategies and Problem Solving, Social and Community Support Networks, Optimism and Perspective, Self-Esteem and Self-Efficacy, Stress Management and Well-Being.

The questionnaire for members of mental health clubs made it possible to collect the representations, perceptions, concerns of members of mental health clubs on the psychosocial risks associated with the profession of *moto taxi-drivers «jakartamen»* and on the perceived effects on the mental health of young people, families and the community.

Qualitative component

The qualitative component of the study takes a comprehensive and exploratory approach aimed at delving deeper into the experiences, representations, and social dynamics surrounding the *moto taxi-drivers «jakartamen»* profession. Based on a reasoned sampling guaranteeing the diversity of profiles (seniority, age, origin, psychosocial experience), it mobilizes several complementary tools: life stories to trace individual trajectories and perceptions of well-being, semi-structured interviews with institutional and community actors (local leaders, health services, authorities, associations) to understand the issues of regulation, and focus groups with *Moto taxi-drivers «jakartamen»* and mental health club members to collectively explore sources of stress, coping strategies, and representations of mental health. In total, in each municipality:

- 15 individual interviews were carried out (5 women, 10 men),
- 4 focus group (16 women and 16 men)
- 4 life stories (3 men and 01 women)

3. STUDY RESULTS

Profiles, trajectories and living conditions of the *moto taxi-drivers* «*jakartamen*»

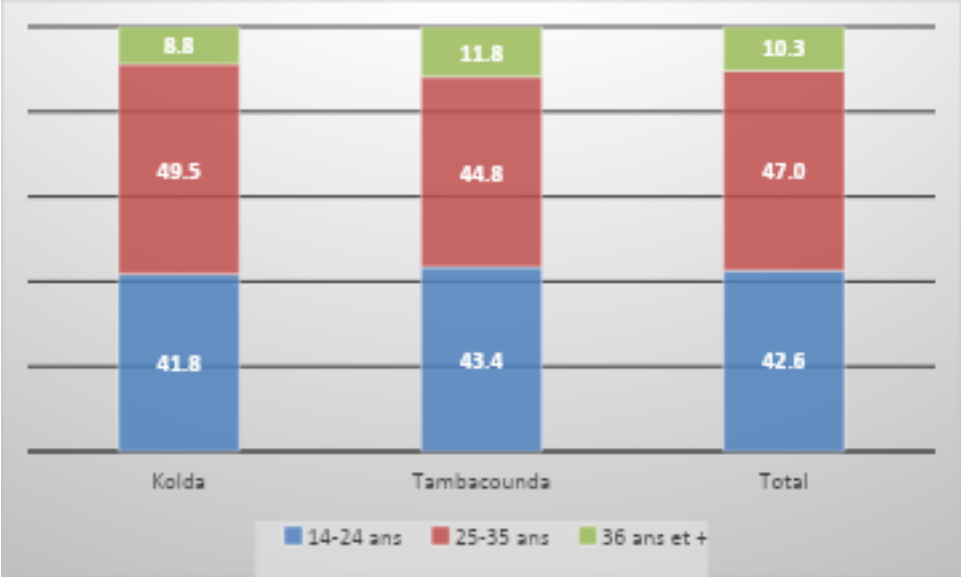
This first part is devoted to a detailed description of the *moto taxi-drivers* «*jakartamen*» population, based on their own statements. The aim is to answer the fundamental question: Who are they, where do they come from and under what conditions do they carry out their work?

Socio-demographic characteristics

During the fieldwork, all respondents to the structured questionnaire were men. This reflects the strongly gendered nature of the *moto taxi-drivers* «*jakartamen*» profession in the study areas. Only one woman was encountered actively working as a *moto taxi-drivers* «*jakartamen*» during data collection. Given the uniqueness of her profile, an in-depth qualitative interview was conducted with her to document her trajectory and experiences.

The analysis of socio-demographic data reveals a very young population, facing early family responsibilities and marked by intense migratory dynamics. The profession is a bastion of youth. The overall average age is 27 years, with no notable difference between Kolda (26.8 years) and Tambacounda (27.1 years). The concentration in the younger age groups is striking: 14-24 year olds represent nearly 43% of the total sample.

Chart 1: Distribution of the surveyed population by age group



This youth is not synonymous with the absence of burdens. 70.7% say they are single, nearly 30% are married and already have children.

The most telling indicator of economic pressure is the number of dependents. On average, a *moto taxi-drivers «jakartamen»* from Kolda financially supports 5.3 people, and a *Moto taxi-drivers «jakartamen»* from Tambacounda supports 4.5 people. This high figure suggests that their income, while individual and precarious, is vital for the livelihood of extended households.

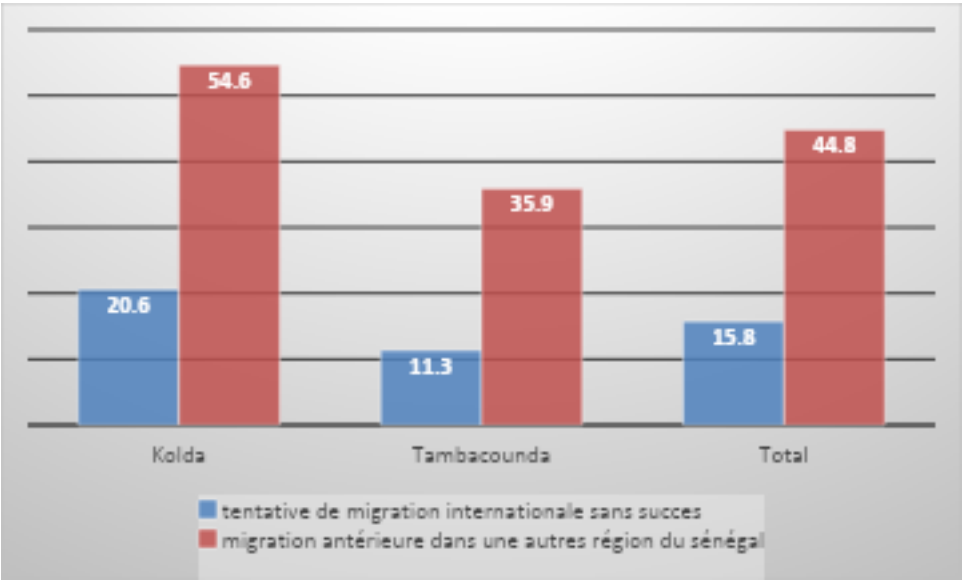
Origins and migratory routes

The data confirms that the *moto taxi-drivers «jakartamen»* profession is a point of arrival for many young immigrants. Tambacounda is a wider pole of attraction, with 26.9% of drivers coming from other regions, compared to 16.5% in Kolda where recruitment is more local.

Migration trajectories reveal significant differences. In Kolda, a majority of *moto taxi-drivers «jakartamen»* (54.6%) have already had an experience of internal migration, suggesting greater residential instability. It is also in Kolda that the international migration

project seems to be more present: 16% have already lived abroad and 20.6% have tried to leave without success. In the Tambacounda region, respectively 36% and 11% of respondents have already migrated to other regions of the country or tried to migrate internationally without success. For these young people, the *moto taxi-drivers «jakartamen»* profession can represent a fallback solution after the failure of a more ambitious migration project.

Figure 2: Migration dynamics of the *Moto taxi-drivers «jakartamen»*



Beyond international and inter-regional migration, the analysis of the migration profile shows a relatively large rural exodus in the two regions. Overall, 35% of the *moto taxi-drivers «jakartamen»* surveyed are from rural areas (34% in Kolda and 36% in Tambacounda).

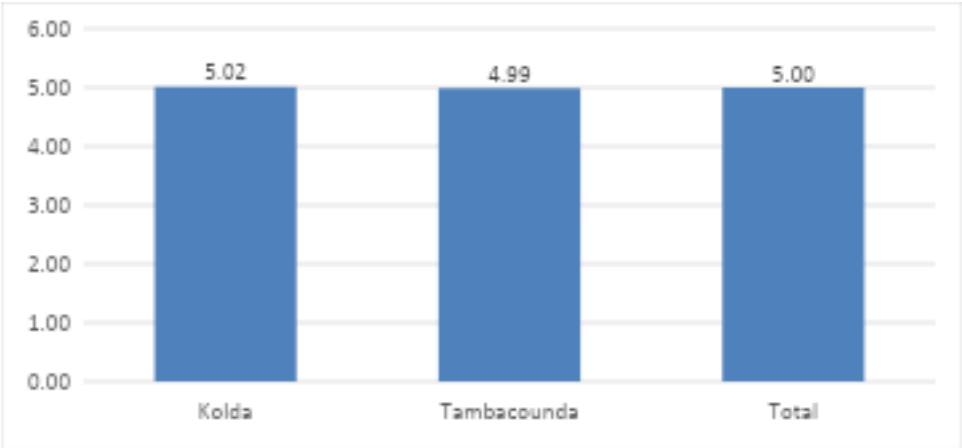
the life paths leading to work as a *moto taxi-drivers «jakartamen»* are rarely linear. They are most often indirect routes, shaped by constraint rather than choice, and marked by a rupture with an initial life project. Several emblematic trajectories emerge from the narratives collected. The case of AAD, a young man, is particularly poignant and illustrates the fate of many youths. His journey spans 13 African countries and includes a traumatic experience in the Sahara Desert, where he witnessed the death of fellow travelers. After reaching Italy, he went through a brief period of illusory success in drug trafficking, followed by arrest and forced return. Back in Senegal in 2017, with no prospects and after three years of inactivity, the profession of *moto taxi-drivers «jakartamen»* imposed itself on him. This activity is

experienced with a deep sense of shame and social downgrading: "he who earns millions [...] today he drives a motorcycle taxi, it's difficult." For him, as for many others, the motorcycle taxi is not a job, but the symbol of a broken dream and a life that has taken an unwanted direction.

Professional trajectories

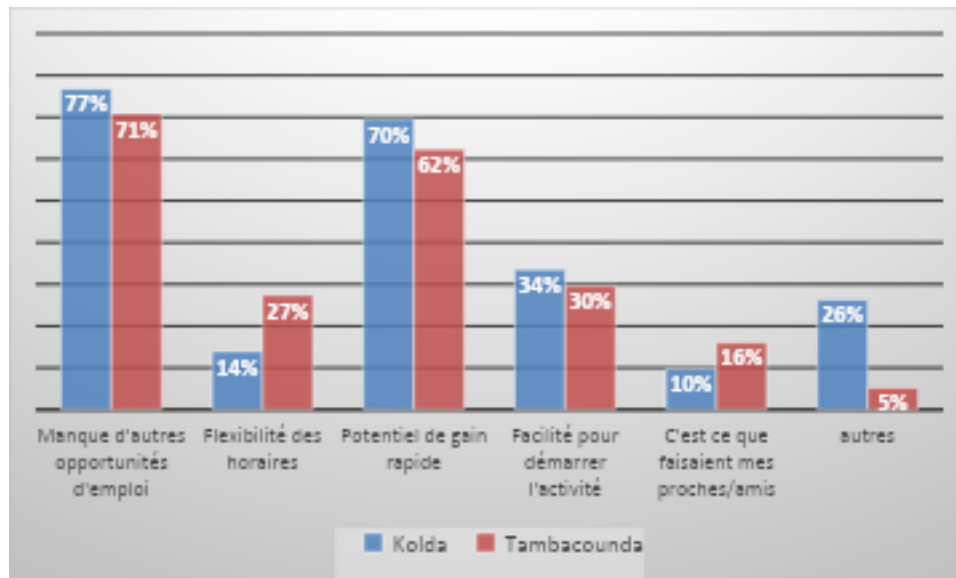
Entry into the profession is mostly imposed rather than chosen, and the conditions of practice are marked by high precariousness and weak regulation. For more than 62% of respondents, this activity is not a first professional experience. The average length of service of 5 years indicates that this profession is not only transitory, but tends to become a long-term career for many.

Figure 3: average number of years of practice of the *moto taxi-drivers «jakartamen» profession*



The motivations are unequivocal. Lack of other job opportunities is the dominant reason, cited by more than 70% of drivers. The potential for quick gains is the second motivation, reflecting a need for immediate cash flow to meet daily needs.

Figure 4: Main reasons for choosing the *moto taxi-drivers «jakartamen» profession*



The analysis of qualitative data highlights the illusion of "Easy Gain" as a factor encouraging young people to adopt the profession of *moto taxi-drivers «jakartamen»*. Indeed, for many young people confronted with an education system that does not guarantee them opportunities, the attraction of an immediate income, even a modest one, is powerful. Authorities and community leaders are concerned that the *moto taxi-drivers «jakartamen» profession* encourages people to drop out of school, offering what one of them describes as an illusion of "easy gain". This perception is shared by a religious leader who sees it as one of the causes of the expansion of the phenomenon. While this gain allows for short-term survival, it locks these young people into a cycle of long-term precariousness, depriving them of the skills needed to access more stable and better-paid jobs.

On the other hand, for a significant proportion of drivers, the job is dictated by a sense of responsibility. They are often the main, if not the only, breadwinner of their family. The testimony of a young man in Kolda is revealing: "*I am the one who gives the expense at home every day 2000 francs*". Another recounts how, after the death of his mother, he felt invested in the mission of providing for his father. In these cases, the profession, although difficult and not very rewarding, is invested with a nobility: that of autonomy and the ability to take care of one's own. This pride is an important factor in resilience in the face of daily difficulties.

This pressure to be the family provider affects boys and men in particular ways. Unlike girls who may be withdrawn from school for different economic or cultural reasons, boys abandon their studies specifically because they are expected to contribute economically.

These different trajectories reveal that the *moto taxi-drivers «jakartamen»* profession functions as a "social shock absorber". It absorbs individuals who have failed in other systems or who have been abandoned by them, whether it be the education system, the formal labour market or the migration project. By providing an immediate living income, it prevents total precariousness and helps to maintain a certain social peace, where formal safety nets are almost non-existent.

In terms of the conditions under which the activity is carried out, the *Moto taxi-drivers «jakartamen»* work an average of 12 hours a day, almost 7 days a week. The most important difference between the two cities is the regulatory environment. Kolda is characterized by almost total informality: 53.6% of drivers have no legal documents. In Tambacounda, the situation is the opposite, with only 10.8% in this case. Possession of a driver's licence is 3.5 times more frequent in Tambacounda (37.1%) than in Kolda (10.6%).

The interviews and focus groups highlight the precariousness of the working conditions of *the Moto taxi-drivers «jakartamen»*. The most decisive factor in this precariousness is the way in which vehicles are owned. During a focus group, the participants estimated that 80% of drivers do not own their motorcycle. This situation creates a relationship of dependence on the owner, to whom the driver must pay a fixed amount each day, called the "payment". This financial obligation is a source of constant stress. "*You always think about paying your employer, buying petrol and finally working to support your family,*" explains one participant.

To honour this payment and make a profit for himself, the *moto taxi-drivers «jakartamen»* is forced to work gruelling hours. The days are long and night work is frequent, not by choice, but by necessity. One young person explains that he can work "*late at night and even work until 7 or 8 a.m.*" to catch rush hour. This leads to physical exhaustion and chronic sleep deprivation, which directly impacts the health and safety of drivers and their passengers.

The economic situation is further aggravated by increasingly fierce competition. The number of motorcycle taxis has exploded, making it difficult to "raise 2000 francs for the payment". In addition, professional *moto taxi-drivers* «*jakartamen*» face unfair competition from what they call "civil servants" — teachers, state agents — who practice this activity outside their working hours. The latter, already having a fixed salary, can afford to slash prices, further weakening the incomes of those for whom it is the only source of subsistence. "Where you have to collect 250 francs, he does it at 200 francs," denounces a driver.

Socio-economic situation

The analysis of income and educational capital confirms that the profession, although generating a cash flow, is struggling to lift its actors out of precariousness.

The deficit in formal education is a structural factor of vulnerability. In Tambacounda, an alarming 28.3 per cent of *moto taxi-drivers* «*jakartamen*» have never been to school. The situation is better in Kolda (9.3%), but the overall level remains low. Vocational training leading to qualifications is the exception, affecting less than a quarter of the sample. This lack of educational and technical background seriously jeopardizes any prospect of transition to the formal sector.

Figure 5: *Moto taxi-drivers* «*jakartamen*» school attendance

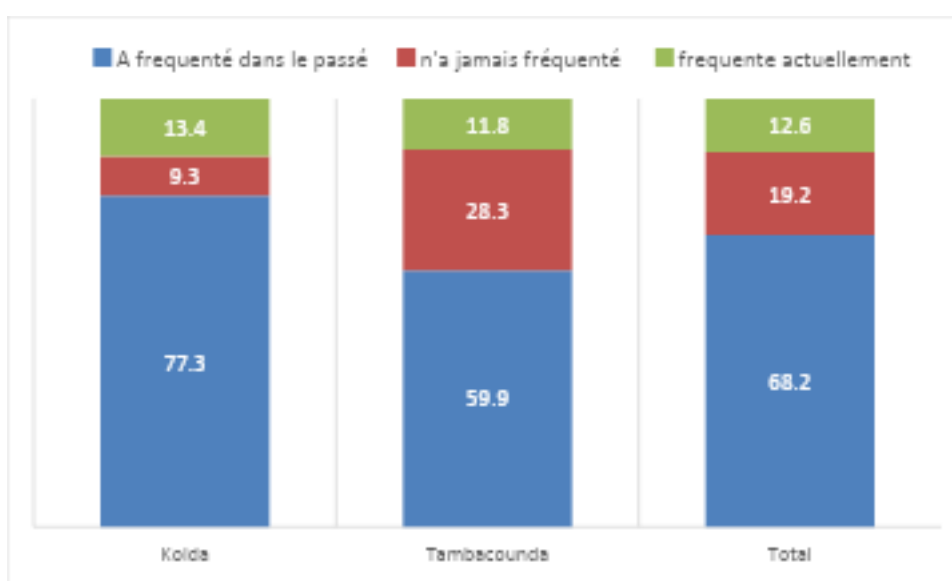
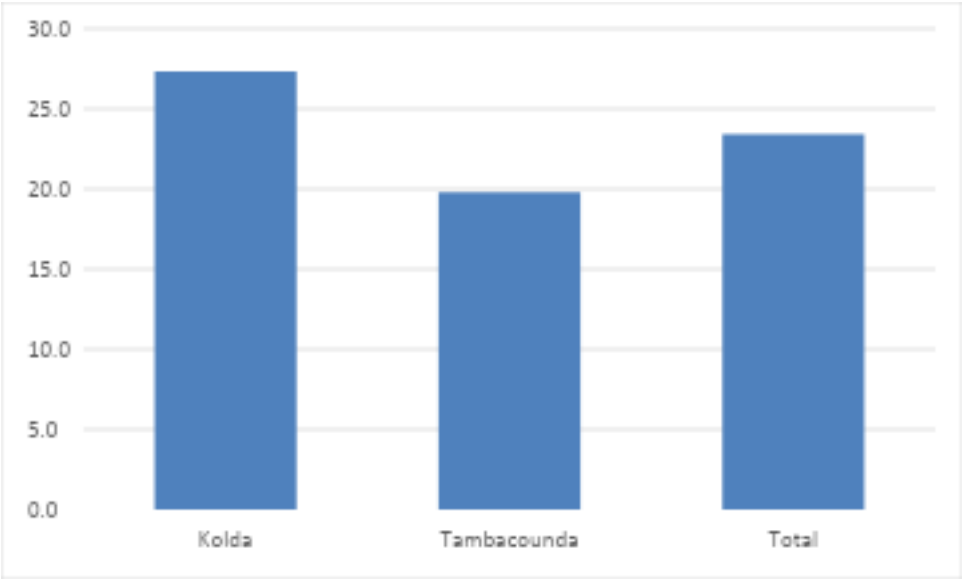


Figure 6: Percentage of *moto taxi-drivers «jakartamen»* who have received vocational training



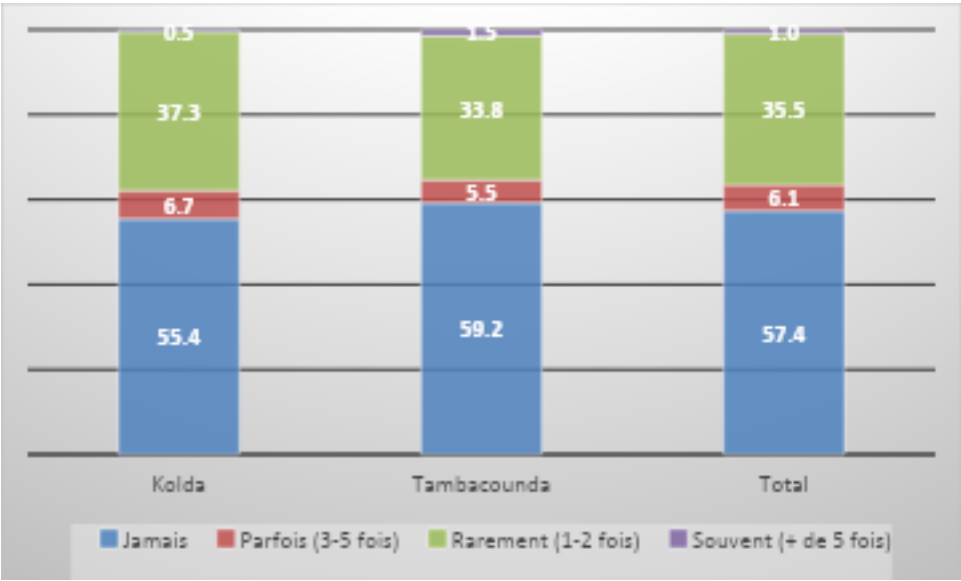
The average monthly income reported varies according to the municipality of residence. It is 93988 FCFA in Kolda and 135,177 FCFA in Tambacounda. However, these gross revenues must be qualified. They do not take into account operating costs and are supplemented, by necessity, by other activities for more than 44% of drivers.

Vulnerabilities, risks and psychosocial impact

This section analyses the direct consequences of living and working conditions on the well-being of *Moto taxi-drivers «jakartamen»*, based on their own statements regarding their health, exposure to risks and support strategies.

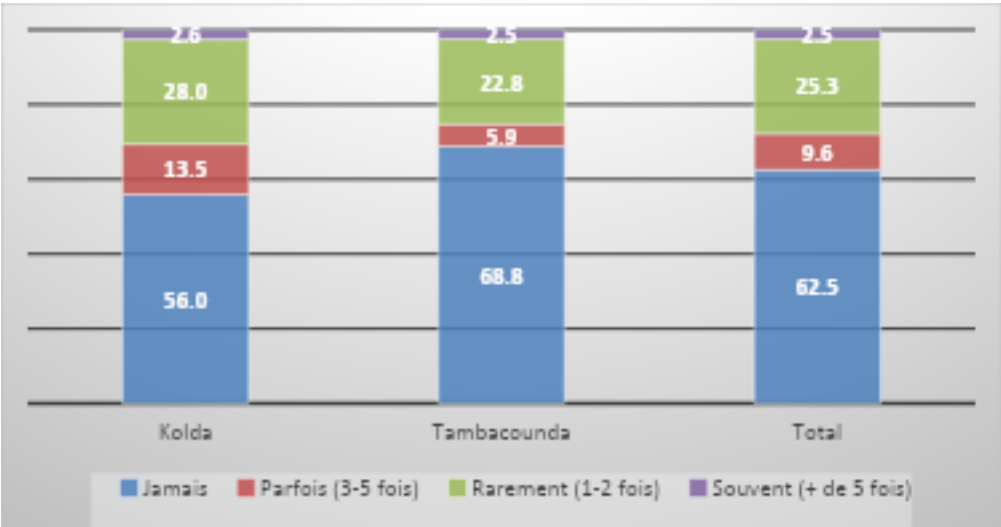
Road accidents are a ubiquitous reality. Almost a quarter of drivers have already been involved in a serious accident, and in the last 12 months, more than 40% have experienced at least one accident (even a minor one). Assaults are also common, often robberies or attempted robberies: 44% of drivers in Kolda and 31% in Tambacounda have been victims in the past 12 months.

Figure 7: Prevalence of road accidents in the past 12 months



During the interviews, an authority stressed that the young people are "exposed to daily accidents and sometimes there is loss of life". This risk is exacerbated by several factors: lack of training in the rules of the road, intense fatigue due to long working hours, and sometimes reckless behaviour. The memory of a fatal accident between two *moto taxi-drivers* «*jakartamen*» and a truck deeply marks one of the drivers interviewed, who cites it as the most traumatic event of his career.

Chart 8: Exposure to assaults in the past 12 months



Relations with local authorities (including the police and gendarmerie) are a major stressor, especially in Kolda. More than half of Kolda drivers (51.3 percent) describe these relationships as "difficult," a figure that drops to 25.4 percent in Tambacounda. This tension seems to be correlated with the lack of legal documents in Kolda.

Risky behaviour

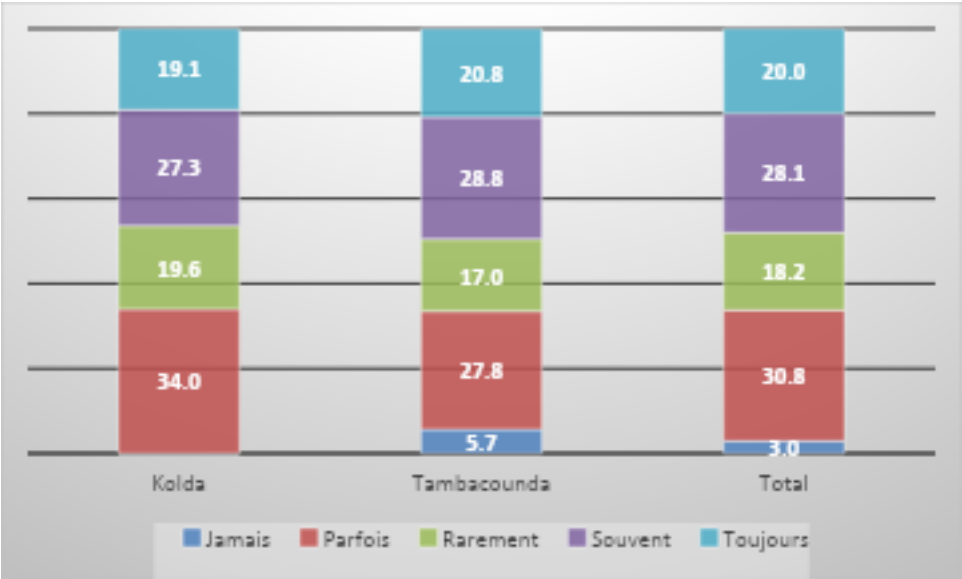
The analysis of individual behaviours shows significant exposure to health risks, which can be interpreted as unhealthy coping strategies in the face of extreme working conditions. Tobacco and psychoactive substance use.

Nearly a third (31.4%) say they have ever smoked tobacco, with a slightly higher prevalence in Tambacounda (32.7%) than in Kolda (29.9%). While alcohol consumption remains more marginal (8.6% in total), it is a major risk factor in a driving profession. The use of other substances, such as cannabis, is reported by a smaller fringe (4.5%). These uses can be mechanisms to manage stress, fatigue, or the monotony of long workdays.

Road safety practices: the case of helmet use

The most alarming safety behavior is the low rate of helmet use. The data is clear: more than half of *moto taxi-drivers* «*jakartamen*» (52%) do not wear a helmet systematically ("sometimes", "rarely" or "never").

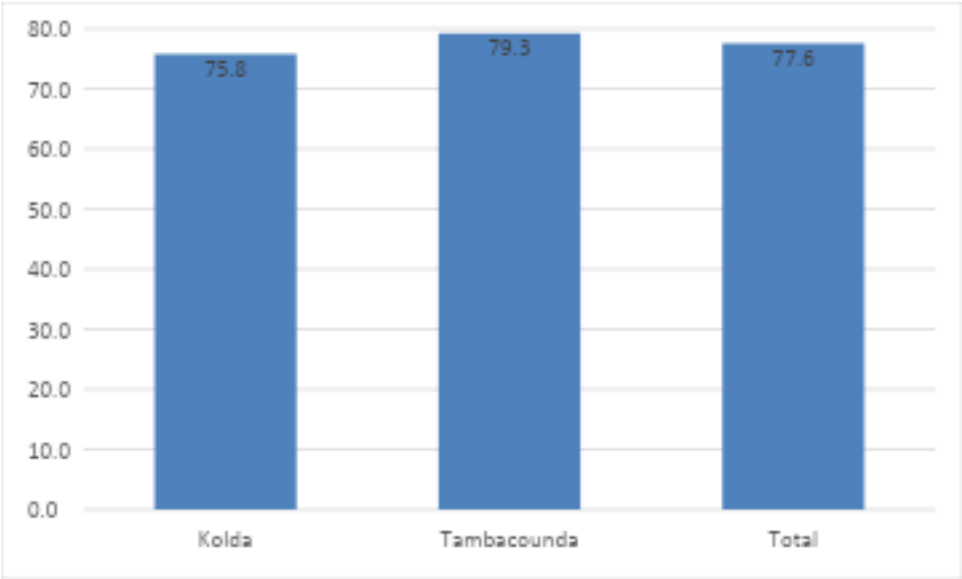
Figure 9: Percentage of *moto taxi-drivers «jakartamen»* by frequency of helmet use while driving



Mental health status of *moto taxi-drivers «jakartamen»*

The mental load associated with economic precariousness, physical danger and social pressure is immense. The data reveals that a significant proportion of *moto taxi-drivers «jakartamen»* – more than 75% in both cities – admit to having already gone through a period of significant psychological malaise. When asked about the last 12 months, 54.8% of drivers in Tambacounda and 32% of those in Kolda said they had experienced these difficulties repeatedly ("sometimes" (29%), "often" (12%) or "almost all the time" (3%)).

Figure 10: Percentage of *moto taxi-drivers «jakartamen»* who have already experienced a period of psychological discomfort in their lifetime



These numbers are a symptom of a silent mental health crisis. Stress, anxiety and feelings of hopelessness seem to be daily companions for a large part of this population.

Qualitative interviews, and in particular detailed responses on stress experiences, provide a precise map of the factors that weigh on their mental health. These stressors are multiple, often cumulative, and are rooted in both their daily professional life and their personal life stories.

Financial Stress

This is the most commonly cited factor. It manifests itself in the anxiety of not being able to provide for the basic needs of the family. The testimonies speak for themselves: "*Financial worries, I am the father of 7 children, the rent is sometimes complicated*"; "*Sometimes you can go all day without customers and come home empty-handed. It's complicated*"; "*my wife fell seriously ill and I didn't have the means for care, or any help.*" This pressure is exacerbated by the burden of debt and the obligation to make daily payments. The inability to honour one's financial responsibilities is experienced as a source of "disappointment", "shame" and "despair".

Trauma

Many stories reveal deep wounds related to the loss of loved ones, especially parents. The loss of the mother is a recurring theme, described as a confidante and an irreplaceable pillar of support: "*I had lost my mother, she was my only confidante [...] I was so upset since his passing.*" The death of the father is also a source of great sadness and new overwhelming responsibilities. This bereavement, often unaccompanied, leaves lasting scars and feeds a feeling of loneliness and chronic sadness.

Social pressure and failure

The feeling of personal and social failure is another major stressor. It is often linked to an interrupted school career ("Feeling of regret at dropping out of school"), to failed competitions ("I have failed a lot of competitions"), or to the painful comparison with classmates who have succeeded in other ways ("Seeing one's classmates succeed"). This perception of being "late" or having failed to achieve one's dreams leads to frustration, anger and low self-esteem.

Personal and family crises

Major life events and interpersonal conflicts are sources of acute stress. Accounts speak of unplanned pregnancies that led to intense family conflicts and even periods of imprisonment ("*I had impregnated a girl [...] I was a victim of imprisonment*"). Marital disputes, divorces, serious illnesses of a loved one (a father with a stroke, sick children) or betrayals of friends or love are all shocks that profoundly destabilize individuals and add an emotional burden to material precariousness.

Stigma and judgment

Finally, the weight of the gaze of others and the stigma associated with the profession is a source of constant suffering. The *Moto taxi-drivers «jakartamen»* are aware of the negative image attached to them (delinquent, irresponsible). This social judgment is

experienced as an injustice and a source of isolation. A young man recounts how, following a personal problem, the neighbors criticized him, thinking he was "a bad person".

This juxtaposition of stressors has devastating consequences for the psychological well-being and social relationships of *Moto taxi-drivers «jakartamen»*. The manifestations of this malaise are varied but recurrent. On an emotional level, "sadness", "anger", "fear" and "anxiety" are the most frequently expressed feelings. These emotional states are often accompanied by somatic disorders such as insomnia ("sometimes difficulty sleeping"), loss of appetite or headaches.

Behaviourally, the most common strategy for managing this distress is withdrawal and social isolation. Many testimonies report a tendency to isolate oneself from family and friends: "*I isolated myself a little, closed in on myself*"; "*I isolate myself far too much*." This isolation, while serving as a short-term protective mechanism, aggravates feelings of loneliness and deprives the individual of potential sources of support.

Interpersonal relationships also suffer. Stress and frustration can result in increased irritability, leading to family "tensions", arguments with colleagues ("*Sometimes we argue because of customers*"), or difficult communication with customers ("*Lack of communication with customers*", "*I sometimes got angry with some customers*").

In order to better understand the factors that weaken the mental health of *moto taxi-drivers «jakartamen»* people and influence their daily behavior, the qualitative analysis identified several categories of major stressors. These situations, which are often recurrent and cumulative, generate a variety of emotional and behavioural manifestations, ranging from anger to isolation, anxiety and loss of self-esteem. The table below summarises the main sources of stress reported by the participants, their psychosocial effects, as well as illustrative quotes to anchor these experiences in the concrete experiences expressed by the respondents.

Table 1: Main sources of stress and their psychosocial manifestations

Stressor Category	Description	Behavioral/emotional manifestations	Citation Illustrative
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Financial	Inability to pay rent, medical care, debts; pressure of the payment; days without income.	Anger, sadness, despair, anguish.	"My wife fell seriously ill and I didn't have the means for care, or any help... When things don't go well, it's terrible."
Familial / Deuil	Loss of a parent (father, mother); serious illness of a loved one; intense family conflicts; divorce.	Deep sadness, isolation, insomnia, feeling of loneliness.	"I was very often angry, discouraged from life... the difficulties of life and the loss of my parents (father and mother) very early."
Social / Failure	Dropout; failure of exams and competitions; comparison with peers; broken dreams (migration, career).	Regret, frustration, low self-esteem, anger.	"Frustrations because my desire is to be a bus driver or a private individual, but it's difficult to find a job. I am disappointed after every failed interview."
Personnel / Crises	Unplanned pregnancy; imprisonment; accusation of theft; treason in love or friendship.	Fear, shame, isolation, loss of confidence.	"I was accused of theft... I was stressed and overcome by fear."

Resilience strategies: the primacy of informal links

In the face of this distress, formal support systems are almost non-existent. Resilience relies entirely on informal solidarity networks. In the event of difficulties, the immediate family is the central pillar, cited by more than 75% of respondents. The wife, in particular, is often described as an unwavering moral support. A *Moto taxi-drivers «jakartamen»* confides: "My wife who supports me on everything [...] She is the one who always motivates me by telling me that tomorrow will be better." Mothers, aunts or brothers can also play a role of advice and occasional help. However, this family support is sometimes ambivalent, as the family can itself be a source of pressure or conflict.

Friends make up the second circle of support (about 45%). Alarmingly, around 14% of drivers feel they have no one to turn to, putting them in a situation of extreme vulnerability.

For some, *moto taxi-drivers «jakartamen»* colleagues are an important source of support. Sharing the same difficulties, they understand and help each other. "*My moto taxi-drivers «jakartamen» colleagues encourage me*", "*Yes some of my colleagues support me and give me advice*", we can read in the testimonies. This solidarity is manifested in encouragement, practical advice, and sometimes financial assistance. Nevertheless, this mutual aid seems to be crumbling over time and increased competition. The bitter observation of the disappearance of the collective social fund that existed at the beginning is a striking illustration of this: "*we used to contribute every year to help a moto taxi-drivers «jakartamen» who is in need or who has had an accident to accompany him, but unfortunately this no longer exists*".

Finally, many *Moto taxi-drivers «jakartamen»* draw strength from their religious faith and individual resilience. The belief in a divine destiny helps to accept trials: "*I am a believer, I only have what I must have*". This faith is combined with a strong personal determination, a willingness to "fight", not to "give up" and to keep hope in the future, despite the obstacles. This inner strength is an essential psychosocial capital that allows them to continue to move forward day after day.

Beyond the physical and economic risks, social stress is a burden. When asked about how they think they are perceived by the community, the *moto taxi-drivers «jakartamen»* show an acute awareness of the ambivalence of their image. In Kolda, the perception of a negative image (33%) outweighs that of a positive image (21%), while in Tambacounda, the trend is reversed. Notably, a very large proportion in both cities (43% in Kolda) believe that the perception is contextual, a sign of their lucidity about the duality of their status: useful but often criticized.

Faced with this complex image, the *Moto taxi-drivers «jakartamen»* express a very strong aspiration to be agents of positive change. An overwhelming majority of *Moto taxi-drivers «jakartamen»* (83% in total) are convinced of their potential to contribute positively to society, including mental health issues. Indeed, more than 92% say they are ready to personally commit to such initiatives. This massive desire for involvement contrasts sharply with negative stereotypes and represents a considerable lever for social action to be exploited.

The Story of a female *moto taxi-drivers* «*jakartamen*» in Tambacounda: dignity, gender and resilience in the urban informal sector

This interview with a female *moto taxi-drivers* «*jakartamen*» in Tambacounda reveals a complex negotiation between economic necessity, gender transgression, and the construction of dignity in informal sector work.

The respondent's insistence that she "prefers to be stigmatized as a *moto taxi-drivers* «*jakartamen*» rather than do prostitution" establishes a moral hierarchy within survival strategies available to young women facing economic exclusion. Her narrative resists victimhood—she frames her entry into this male-dominated profession not as desperate resignation but as active choice. The phrase "*I don't like to beg*" functions as both a rejection of dependency and an assertion of working-class pride.

Her account reveals the double burden of gender non-conformity: childhood punishment from her mother for preferring "men's activities" and ongoing mockery from male colleagues at Jakarta stands. Yet she persists, supported by a grandmother who defended her non-normative interests and later by a male mechanic mentor. This gender transgression is simultaneously pragmatic (economic necessity) and identity-affirming (she "*always loved*" masculine activities). Her experience challenges simplistic narratives of women's empowerment while documenting the real social costs of occupational boundary-crossing.

A striking aspect of her motivation is the responsibility she assumes for her mother and sisters, despite being female herself. She notes her mother "*only has girls apart from the eldest*," positioning herself as a surrogate son providing material support.

The 2020 accident—with another Jakarta—becomes the rupture point that forecloses multiple futures: her football passion, her BFEM examination, her educational trajectory. Yet rather than dwelling in loss, she pivots to motorcycle taxi work within a year.

Her statement that "*youth must not eternally wait, they should take responsibility, not expect everything from the Government*" reflects the internalization of self-reliance rhetoric. While this can be read as entrepreneurial spirit, it also reveals how structural unemployment and state withdrawal from youth welfare provision are naturalized as individual responsibility.

The emotional peak of her narrative—saving 150,000 FCFA to buy Ramadan provisions and clothes for her family—represents the moment when work translates into recognized social contribution. This act of provisioning validates her occupational choice and converts stigma into pride. Her repeated assertion "*I am proud*" and "*I have no regrets*" suggests an ongoing labor of self-justification against persistent social judgment.

This interview illuminates how young women navigate the intersection of gender norms, informal economies, and family obligations in contexts of limited formal employment. Her story is neither simply empowering nor victimizing—it reveals the constrained agency exercised within structural inequalities. The *moto taxi-drivers* «*jakartamen*» profession becomes simultaneously a site of gender transgression, economic survival, family support, and identity construction. Her narrative

demands recognition of informal sector workers not merely as victims of failed development but as actors constructing meaningful lives within difficult circumstances.

Community Perceptions of the *Moto taxi-drivers «jakartamen» Phenomenon*

This third part analyzes the way in which the community perceives the *Moto taxi-drivers «jakartamen»*. It is based on data collected from 404 members of school and community health clubs (58,4% of girls and 41,6% of boys), but also on qualitative interviews conducted with community and religious leaders, neighborhood delegates, as well as health and administrative authorities, thus offering a global and nuanced vision of the social perceptions surrounding this phenomenon.

The sample is composed of 210 people in Kolda (56,2% girls and 43,8% boys) and 194 in Tambacounda (60,8% girls and 39,2% boys). This is an even younger population than the *Moto taxi-drivers «jakartamen»*, with an average age of 21.6 years in Kolda and 19.9 years in Tambacounda. The sample is predominantly female (56% in Kolda, 61% in Tambacounda) and predominantly single (82% in Kolda, 89% in Tambacounda). The level of education is much higher, with a high proportion of middle and high school students. About 70% come from community clubs and 30% from school clubs.

Defining mental health from an adolescent perspective

Analysis of definitions and signs of mental health problems reveals a disparity in understanding and detection capacity between school and community clubs in Kolda and Tambacounda. The perception of mental health in the communities of Kolda and Tambacounda is twofold, encompassing both a state of well-being and the absence of disorders. For community clubs, it is often equated with a "quiet mind," the absence of worries, abusive thoughts, or mental problems. School clubs place more emphasis on the state of physical and mental well-being that allows one to realize one's potential and face life's difficulties. It is important to note that some members of community clubs in Tambacounda (6 respondents) and Kolda (2 respondents) explicitly indicated that they did not know how to define mental health. This lack of information at the community level can hinder the

identification of disorders and the search for help, justifying the need for increased awareness in these settings.

Symptoms of mental health problems

The three main signs of a mental health problem identified by members of mental health clubs are stress (distress, worry, anxiety), isolation and loneliness (withdrawing into oneself, being pensive, absence) and behavioural disorders (anger, aggressiveness, violence, irritability). Other common signs include substance use (alcohol and drugs), as well as inconsistent behaviors such as talking to oneself or hysterical outbursts.

Table 2: Symptoms of Mental Health Problems by Club Members

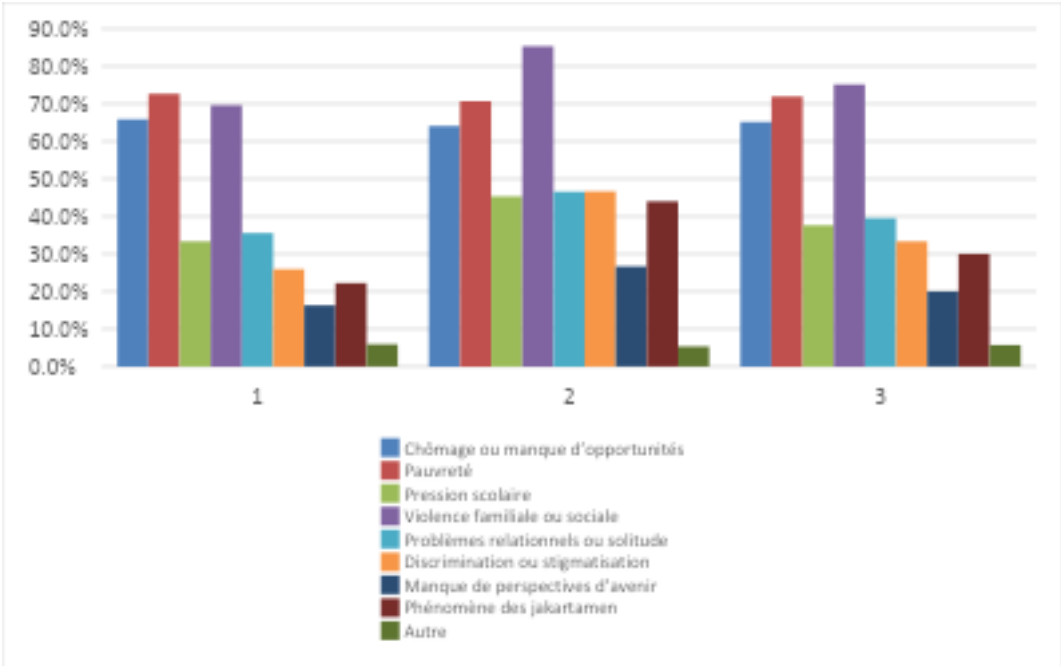
Global Theme	Frequently Cited Signs
Isolation and loneliness	Solitude, isolates himself from the group, withdraws into himself, remains alone, constant absence.
Stress, anxiety, depression	Stress, worry, anxiety, distress, suffering, sadness, depression.
Aggressive and bizarre behavior	Angry, aggressive, verbal abuse/violent gestures, talking to oneself (monologizing/talking), bizarre behavior, getting angry quickly.

Community Perception of Factors Affecting Adolescent and Youth Mental Health

The results of the survey reveal that the main difficulties mentioned by members of mental health clubs in the regions of Kolda and Tambacounda are above all poverty and unemployment or lack of opportunities. In Kolda, these two problems affect 71.9% and 65.2% of respondents respectively, while in Tambacounda they reach 74.1% and 71.5%, reflecting a difficult socio-economic context in both localities. Family or social violence is also a major factor, mentioned by 75.2 per cent of participants in Kolda and 64.2 per cent in Tambacounda,

with a particularly high prevalence in school clubs. Nearly half of young people are pressured at school, especially in schools (45.3 per cent in Kolda and 46.8 per cent in Tambacounda). Other problems, such as relationship problems (about 38%), discrimination or stigmatization (between 21% and 33%), lack of future prospects (around 20%) and the phenomenon of *moto taxi-drivers «jakartamen»* (30 to 32%), complete this picture of multiple vulnerabilities.

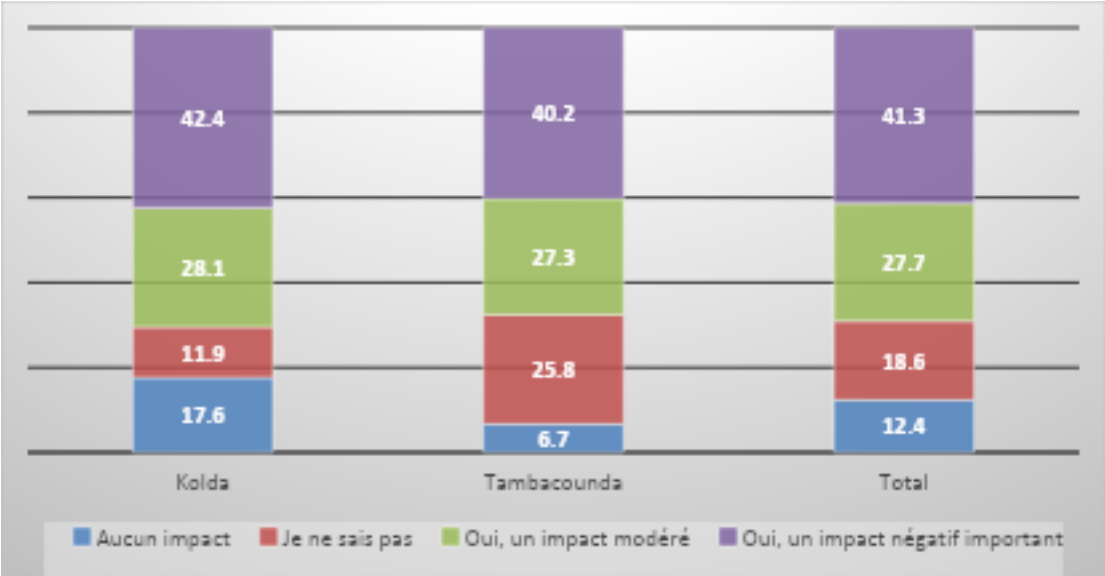
Chart 11: Key factors that can negatively affect the mental health of adolescents and youth



The analysis of the data highlights strong systemic links between the socio-economic problems identified previously (unemployment, poverty, lack of opportunities, social violence, stigmatization) and the phenomenon of the *moto taxi-drivers «jakartamen»*. This profession, often carried out by young people who have dropped out of school or are unemployed, appears to be a point of convergence of multiple vulnerabilities: it represents both an economic survival strategy in the face of unemployment and poverty, and a symptom of a system of social exclusion where future prospects are limited. Domestic violence, discrimination and stigmatization, frequently mentioned by young people, contribute to accentuating the feeling of marginalization that pushes some towards this informal activity.

In terms of perceptions, the phenomenon of *moto taxi-drivers «jakartamen»* is widely considered to have a significant negative impact on young people and their environment. In Kolda, 42.4 per cent of respondents believe that it has a significant negative impact, while in Tambacounda, this proportion rises to 40.2 per cent. In both regions, this perception is particularly pronounced in school clubs in Tambacounda (48.9 per cent) and community clubs in Kolda (45.2 per cent).

Figure 12: Percentage of mental health club members who believe that the phenomenon of *moto taxi-drivers «jakartamen»* has an impact (or not) on mental health



This perception, derived from the statistics, is particularly strongly echoed in the qualitative testimonies collected from young people, which highlight the dual nature of the phenomenon: both a means of subsistence and a source of social concern. Discussions within mental health clubs reveal that, behind the apparent economic opportunity that the *moto taxi-drivers «jakartamen»* profession represents, there are more complex realities related to precariousness, loss of reference points and psychological vulnerability.

Young people describe Jakarta as a refuge from unemployment, but also as a factor of insecurity, marginalization and tension in communities. Some see it as a chance to obtain a quick income to support the family, while others denounce the perverse effects of the phenomenon: frequent accidents, drug use, rudeness, or even school dropout. These

discourses, often ambivalent, show that Jakarta is at the heart of the social and mental dynamics of urban youth, on the border between economic resilience and psychosocial fragility.

The following table summarizes the diversity of perceptions of the phenomenon according to the type of mental health club.

Table 3: Perceptions of the *Moto taxi-drivers «jakartamen»* phenomenon by type of mental health club

Aspect	Community Clubs	School Clubs
Prevailing perception	The <i>moto taxi-drivers «jakartamen»</i> are both an economic solution and a source of social disorder.	The phenomenon is perceived as a danger to educational success and a negative social model.
Risks mentioned	Accidents, delinquency, drugs, noise, police violence.	School dropout, imitation of behavior, drug use, accidents.
Positive impacts mentioned	Job creation, transport facilitation, financial autonomy.	A few mentions of help with school transport, but overall negative perception.
Mental Health Connection	Stress, insecurity, fear, marginalization.	Social pressure, loss of bearings, exposure to risky behaviours.

Level of concern and perception of the social impacts of *moto taxi-drivers «jakartamen»*

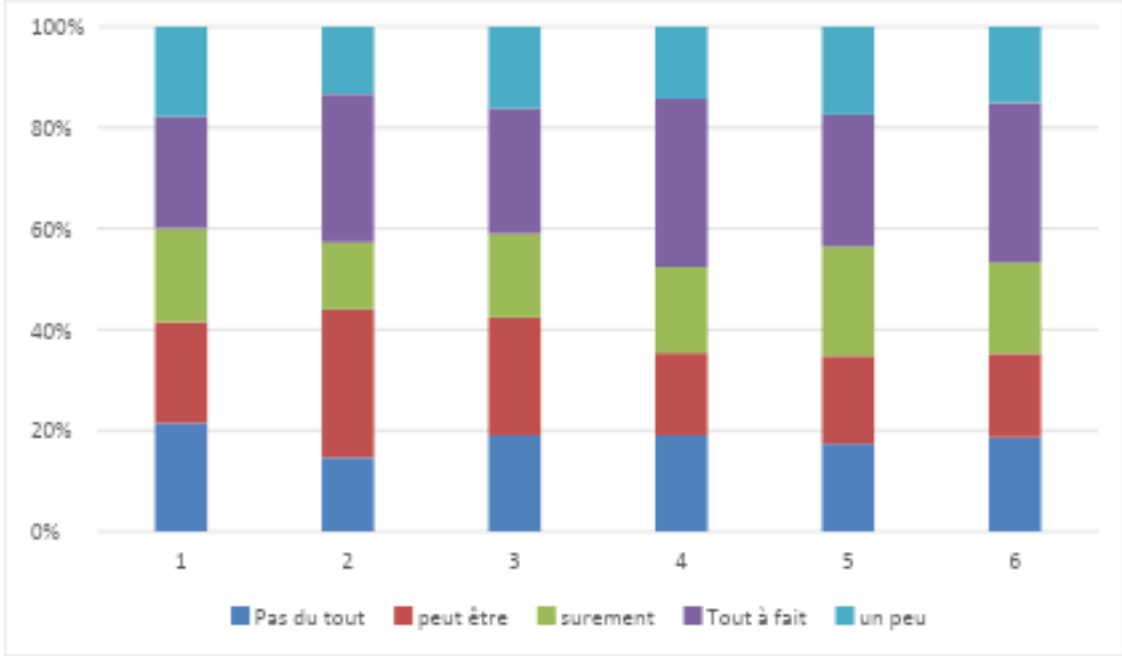
Looking at the data, there is significant concern about the significant presence of *moto taxi-drivers «jakartamen»* among young people, although the nuances vary by region and club type.

In Kolda, nearly one in four young people (24.8%) consider that this presence is "definitely" worrying, a slightly lower proportion than in Tambacounda (31.4%), where the feeling of concern is more pronounced, especially in community clubs (33.3%). In school clubs, the proportion of young people who say they are "completely" worried is also high, reaching 29.3% in Kolda and 25.5% in Tambacounda, showing that this concern also crosses educational circles. In contrast, only 18 to 19% of young people feel that they are not at all

worried, which confirms that the phenomenon is perceived as a social issue of concern in both regions.

Female respondents demonstrate higher levels of definite concern, with 32.34% expressing that it "definitely" worries young people, compared to 22.02% of males. Conversely, male respondents show greater skepticism, with 23.81% indicating "not at all" worried versus 15.32% of females. Overall, the phenomenon is perceived as a social issue of concern in both regions, with females showing heightened sensitivity to its impact.

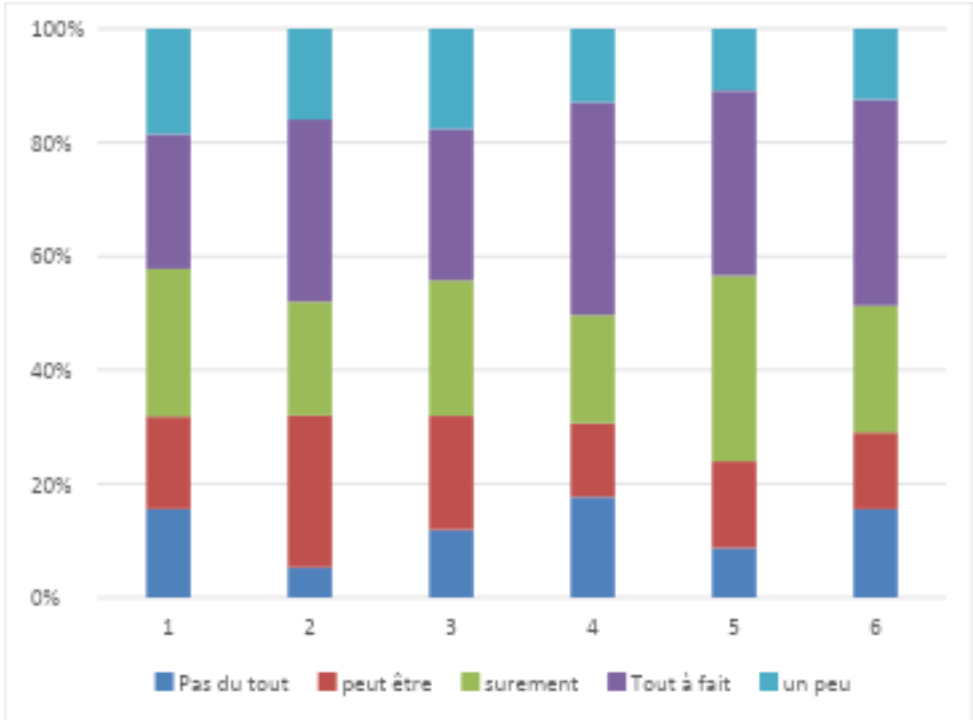
Figure 13: Percentage of club members who feel that the high presence of *moto taxi-drivers «jakartamen»* in certain neighbourhoods makes public spaces less safe



The idea that the presence of *moto taxi-drivers «jakartamen»* makes public spaces less safe is even more pronounced. In Tambacounda, nearly a third (31%) of young people say that this worries them "completely", compared to 25% in Kolda. These high proportions, combined with a majority of responses ranging from "definitely" to "absolutely", reflect a perception of a deterioration in the security and social climate in the neighbourhoods. School clubs in Tambacounda are particularly sensitive to this issue, with a third (33%) of responses stating a definite negative impact.

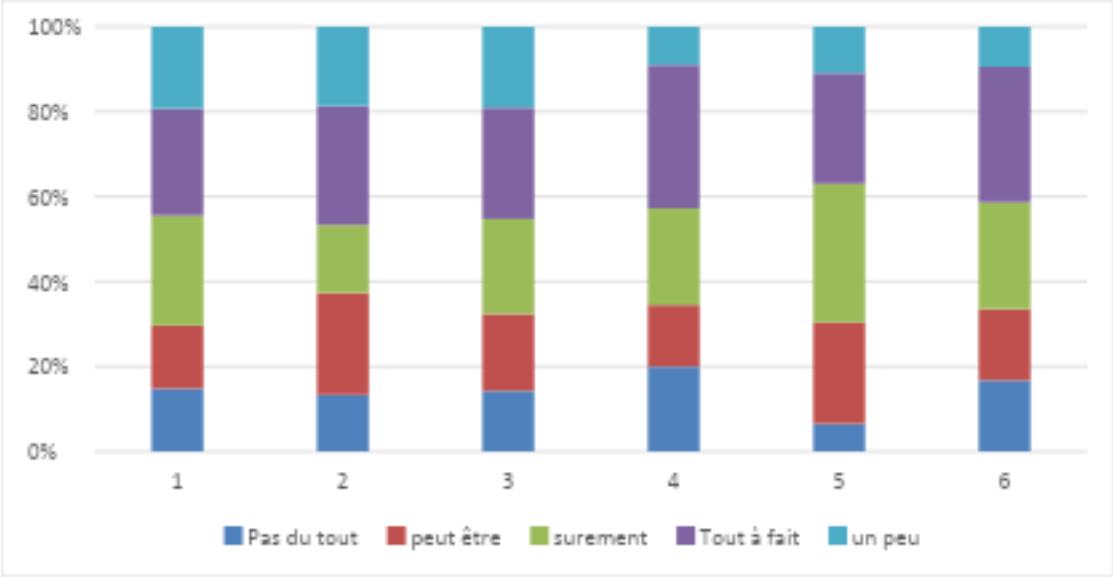
Female respondents express significantly higher concern, with 36.17% stating they are "completely" worried about public safety, compared to 24.40% of males. Only 11.49% of females feel "not at all" concerned versus 16.67% of males. This 12-percentage-point gender gap in the "completely worried" category underscores how women experience and perceive urban safety differently.

Figure 14: Percentage of club members who feel that the high presence of *moto taxi-drivers* «*jakartamen*» in certain neighbourhoods is a concern for young people



Finally, the perception of the link between the presence of *moto taxi-drivers* «*jakartamen*» and the stress or anxiety of young people confirms the psychological dimension of the phenomenon. About a quarter of young people in Kolda (26.2%) and nearly a third in Tambacounda (31.4%) believe that this situation contributes "completely" to increasing stress. Community clubs appear to be more affected in Tambacounda (33.3%) than school clubs (25.5%), which may reflect more direct exposure to disruptive behaviour in public spaces. Consistent gender patterns emerge in both regions. While 30.64% of females believe this situation "completely" contributes to increasing stress and anxiety, only 26.51% of males share this view.

Figure 15: Percentage of club members who feel that the high presence of *moto taxi-drivers «jakartamen»* in certain neighbourhoods contributes to stress or anxiety among young people



Direct experiences: exposure to disruptive behaviors

Data on experiences lived or observed in the last 12 months show that the *Moto taxi-drivers «jakartamen»* phenomenon goes far beyond mere perception: it is a daily reality for a majority of young people.

Almost all respondents witnessed or experienced at least one disturbing behaviour. The highest rates are for dangerous driving (87.1 per cent in Kolda and 82 per cent in Tambacounda) and motorcycle racing near schools or public places (85.7 per cent and 82 per cent, respectively). These figures reflect a structural problem of road safety and urban cohabitation.

Verbal violence and intimidation are also very frequent: more than 79% in Kolda and nearly 75% in Tambacounda have been confronted with it. Female respondents report significantly higher exposure to verbal violence, with 80.93% having witnessed or

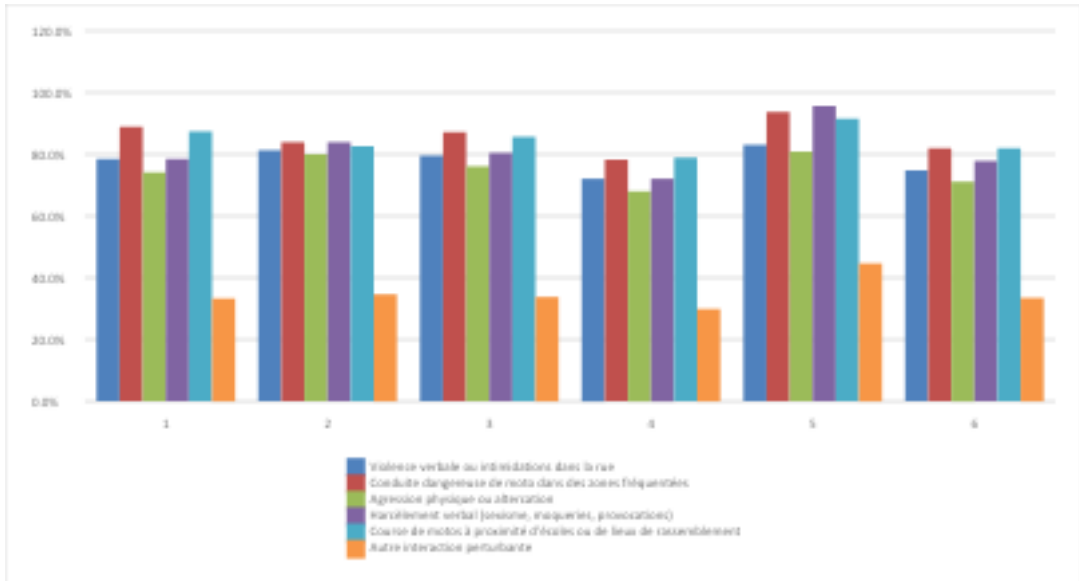
experienced street intimidation in the past 12 months, compared to 72.02% of males—an 8.91-percentage-point gender gap. This pattern suggests that verbal aggression disproportionately targets young women in public spaces.

Physical assaults are reported by about three-quarters of young people (76.2% in Kolda; 71.1% in Tambacounda), a particularly high level that reinforces the idea that the relationship between *Moto taxi-drivers* «*jakartamen*» and young people is marked by fear and tension. Physical aggression shows nearly equal exposure across genders, with 74.47% of females and 73.65% of males reporting witnessing or experiencing physical assaults or altercations (combined average: 74.13%).

Verbal harassment (sexist, mockery, provocation) is even more alarming, affecting 80.5% of young people in Kolda and 77.8% in Tambacounda. Overall, 81.70% of female respondents report experiencing verbal harassment with sexist, mocking, or provocative content, compared to 76.19% of males—a 5.51-percentage-point gap..

"Other disruptive interactions" are reported by a third of young people in the two regions, but more frequently in school clubs in Tambacounda (44.7%), which confirms that young girls and students are particularly exposed in public spaces.

Chart 16: Percentage of mental health club members witnessing or experiencing any of the following behaviours involving *moto taxi-drivers* «*jakartamen*» in the past 12 months



The analysis of qualitative data highlights disruptions in public life in Kolda and Tambacounda structured around new themes not explicitly listed.

- Noise pollution and night-time nuisance: In Kolda, the incessant noise of motorcycles disturbs sleep and general well-being.
- Alcohol and substance use: In Tambacounda, the use of alcohol, drugs or Indian hemp by drivers is frequently reported. This consumption is directly linked to the aggressive and dangerous behaviour observed in public spaces.
- Regulatory and legality issues: Disruption is not limited to misconduct. Respondents regularly mention the non-compliance with the wearing of helmets and the presence of drivers without a licence or vehicle registration document.
- Banditry and crime: The data also show theft and, in more serious cases, sexual violence, indicating that delinquency goes beyond simple altercations.

Impact of disruptions on sense of safety, mental well-being, and attendance

Data collected from participants in mental health clubs, community and school, sheds light on the effect of the disruptions caused by *moto taxi-drivers* «*jakartamen*» on daily life.

The results show significant differences between the two localities and between types of clubs, revealing particular local dynamics.

Feeling safe in the neighbourhood

In Kolda, the sense of security is moderately affected by these behaviours. About 26.2% of participants say they are "somewhat affected" and 14.3% very affected", which reflects a significant concern in the population. Community clubs appear to be slightly more sensitive (28.1% fairly affected) than school clubs (22.7%).

In Tambacounda, the effects on security are more pronounced. In community clubs, 30.6% of respondents say they are "very affected", and a total of 27.8% say they are strongly affected.

The gender breakdown reveals that females experience greater impact on their sense of neighborhood safety. While 29.95% of females feel "quite affected" and 24.88% "very affected" (combined: 54.83%), males report 26.39% "quite affected" and 20.83% "very affected" (combined: 47.22%).

Mental well-being

Disruptions also have a noticeable impact on mental well-being. In Kolda, 23.3% of respondents say they are "somewhat affected" and 9.0% very affected", reflecting stress and concern related to interactions with the *Moto taxi-drivers* «*jakartamen*». School clubs are slightly more affected (13.3% very affected) than community clubs (6.7%).

In Tambacounda, the psychological effects are more pronounced. 29.4% of participants say they are "somewhat affected" and 21.6% "very affected", reflecting a high level of stress. The most harmful disruptions to mental well-being are verbal abuse, gender-based harassment and physical assault, which create a climate of insecurity and anxiety, particularly in areas frequented by *moto taxi-drivers* «*jakartamen*».

Attendance at public and school places

Disruption also influences social participation and circulation in public spaces. In Kolda, 29.5% of respondents said they were "somewhat affected" and 10.5% were very affected, reflecting a certain reluctance to go to markets, schools or other public places. School clubs are slightly more affected (30.7% quite affected).

In Tambacounda, the impact on attendance is more severe: 29.3% of community club participants are "quite affected" and 27% are very affected. For example, nearly 56% of respondents limit or modify their movement, which reveals that *Moto taxi-drivers «jakartamen»*'s behaviours significantly disrupt daily life and access to essential services.

The impact on mobility and public space usage reveals the most dramatic gender disparity. Females report 32.26% "quite affected" and 24.88% "very affected" (combined: 57.14%), while males report 33.33% "quite affected" and 13.89% "very affected" (combined: 47.22%). The 10.99-percentage-point difference in "very affected" responses demonstrates that young women significantly modify or restrict their movements in public spaces due to *moto taxi-drivers «jakartamen»* presence.

Perception of local authorities and community leaders on the phenomenon of *moto taxi-drivers «jakartamen»*

The *moto taxi-drivers «jakartamen»* phenomenon is perceived by all local, educational, religious and community authorities as a symptom of the social malaise affecting urban and rural youth. Interviews conducted in Kolda and Tambacounda reveal a unanimous perception: Jakarta is above all a survival activity, born of unemployment, poverty, school dropout and lack of professional opportunities. An actor in the education sector describes the phenomenon as recent but already omnipresent: "*It is in the last ten years, especially in the last five, that we have a lot of Jakarta in the region. For me, this is a recent phenomenon. It's not a real job, it's a precarious and insecure activity.* »

The diversity of profiles working in the *moto taxi-drivers «jakartamen»* profession blurs the boundaries between temporary employment and sustainable profession. Several authorities are concerned about the trivialization of the phenomenon and the growing

presence of minors in this activity: "*Today, we even see children under the age of 18 driving Jakartas.*" (Local public official)

Religious and traditional leaders share a more critical view. For them, Jakarta symbolizes a crisis of reference points and values: "*There is not a country that can develop with Jakarta. This is a negative phenomenon for an emerging nation. Poverty and school failure have a lot to do with it.*" (Religious leader)

Despite these harsh judgments, some community leaders also recognize the economic and social role of Jakarta: "*The Jakarta motorcycles have an important contribution for low-income families: they make it possible to meet basic needs, pay for school or health.*" (Local Social Officer)

Jakarta thus appears to be both a social threat and an economic shock absorber for hundreds of young people without formal employment.

Socio-economic, educational and safety impacts

All the interviews underline the ambivalent nature of the Jakarta phenomenon. Economically, it offers an immediate income solution, but remains unstable and unsustainable. Most drivers work without social security, safety or legal recognition: "*Even if it's precarious, it's a job. People have closed their sewing workshops to become Moto taxi-drivers «jakartamen». It's a choice, but we have to help them project themselves, because this profession could disappear tomorrow.*" (Educational actor)

On the educational level, Jakarta contributes to school dropouts. Many students abandon their studies to do this activity, attracted by the easy gain: "*Many students drop out of school because of the job. Others try to combine school and Jakarta, but in the end it affects their performance.*" (Education Officer). According to the 2023 RGPH-5 report, in the Tambacounda region, 17% of boys and 15.2% of girls among the compulsory school-age population (6–16 years) have dropped out of school. In Kolda, the corresponding proportions are 17.2% for boys and 15.6% for girls. Thus, although the gender gaps are relatively small, school dropout rates are consistently higher among boys than among girls in both regions.

The psychological and social impacts are also notable. Several interlocutors mention chronic stress, mental fatigue, and sometimes alcohol or drug dependence: "*Young people are frustrated, stressed. They experience a sense of failure that deteriorates their behavior. Some compensate with alcohol or risky behaviors.* (Institutional actor)

In terms of security, local authorities and residents note an increase in road accidents, assaults and tensions with the police. "*Relations are often bumpy with the police. Moto taxi-drivers «jakartamen» bypass checkpoints to avoid fines.* (Security Officer)

Community leaders also denounce a rise in insecurity: "*Cases of aggression and theft have multiplied. Sometimes, women are attacked by the drivers themselves. It has become a source of insecurity in our neighbourhoods.* (Neighborhood Chief)

Religious leaders associate the phenomenon with a moral drift and the deterioration of the social fabric: "*Jakarta has encouraged drug use, fornication, aggression and the loss of respect for the elderly. Young people no longer have their bearings.* (Religious leader)

Existing initiatives and support efforts

Despite the seriousness of the phenomenon, some local and community initiatives show the beginning of a collective mobilization. Indeed, structures such as adolescent counselling centres, local associations and local authorities have set up specific awareness-raising actions: "*The adolescent counselling centre invited me to lead sessions with the Moto taxi-drivers «jakartamen» association. Local authorities also help them to formalize themselves.* (School health actor)

In Tambacounda, the municipality has supported more than a hundred drivers through community funding. Elsewhere, distributions of helmets and vests have been noted. However, the actors acknowledge the lack of coordination and follow-up: "*Many initiatives are made, but not in a coordinated way.* (Local authority)

Moto taxi-drivers «jakartamen» associations have also tried to set up solidarity funds and awareness-raising meetings on road safety, but these efforts have run out of steam: "We contributed every year to help an injured or struggling Moto taxi-drivers «jakartamen». But today, that no longer exists. (Motorcycle driver)

Public health professionals insist on the need for psychological support:

"Mental health has become a major concern. Young *moto taxi-drivers «jakartamen»* must benefit from psychological support, as they are exposed to all forms of stress and risk. (Actor in the medical sector)

Religious leaders propose an approach based on spiritual and cultural prevention: "*We must raise awareness based on Koranic writings and involve marabouts and guardians of tradition.*" (Religious leader)

Prospects and solutions envisaged

The interviews with diverse stakeholders -including education officials, health professionals, religious leaders, security personnel, municipal authorities, community leaders, and youth development officers- reveal a convergent consensus on the need for multi-sectoral intervention. Respondents articulate three interconnected strategic pillars for addressing the *moto taxi-drivers «jakartamen»* phenomenon: regulation and formalization, training and socio-economic reintegration, and mental health and psychosocial support. These recommendations reflect both pragmatic recognition of the sector's economic reality and urgent concern about its social and health consequences.

1. Regulation and formalization of the profession

Institutional recognition and legal framework

Multiple stakeholders emphasize that *moto taxi-drivers «jakartamen»* work has become a structural feature of urban transport systems in Kolda and Tambacounda, filling critical mobility gaps left by insufficient formal transport infrastructure. A municipal official articulates this reality: "We cannot say we must eradicate this Jakarta phenomenon as some politicians do... If these young people don't work, what will they do? If we don't take care of them, it's a threat to stability and social cohesion within the commune."

Respondents call for a fundamental shift from viewing *moto taxi-drivers* «*jakartamen*» work as a temporary anomaly to recognizing it as a legitimate sub-sector of local transport requiring formal regulatory frameworks:

Key regulatory measures recommended:

- Mandatory driver's licenses and technical inspections: An education official stresses: "I don't see any new motorcycles with license plates. There are those who have made this a profession... they count on this, so we must help them plan for the future." A security officer notes that in another commune, the mayor organized distribution of vests, helmets, and closed-toe shoes—a model worth replicating.
- Motorcycle and driver registration systems: A youth development director observes: "There are hundreds of Jakarta stops in Kolda, each with 20 to 30 drivers, and people cannot identify them. A few years ago, they tried to give them badges with numbers, but it didn't prosper." The failure of previous identification initiatives underscores the need for sustained, coordinated registration efforts involving municipal authorities, transport ministries, and driver associations.
- Zoning and designated stops: A departmental official recommends better organization of the sector to prevent market saturation: "Each person gets up—I'm a teacher, for example, I'm on vacation, I have my motorcycle, I give it to my brother... economically, it kills the *moto taxi-drivers* «*jakartamen*» who has been doing it all year." Formalization should include zoning regulations and caps on driver numbers per designated stop to ensure economic viability.

Collaborative governance model

A social services director emphasizes: "As a local elected official, we must manage these issues regardless of the pressure exerted on us. In our budget planning, something should be provided for them -notably, visiting them sometimes, even calling them- but this doesn't exist."

Effective regulation requires:

- Multi-stakeholder coordination platforms involving municipal authorities, security forces, driver associations, and civil society
- Dedicated budget lines in municipal plans for *moto taxi-drivers* «*jakartamen*» sector development
- Regular consultation mechanisms between authorities and driver representatives

2. Training, reintegration, and economic empowerment

Multi-dimensional capacity building

Stakeholders recognize that *moto taxi-drivers* «*jakartamen*» work, while economically necessary, represents a precarious and non-sustainable livelihood strategy requiring transitional support toward more stable economic opportunities.

Road safety and professional conduct training

A security officer highlights the core problem: "Children of 15-16 years old who don't master the traffic code—it's dangerous. They overload motorcycles, which causes accidents." An education coordinator reports: "In the first years of this phenomenon, we had many young people who died as a result of accidents with these motorcycles."

Training priorities include:

- Traffic code: Systematic training for all drivers on road safety regulations and passenger safety protocols
- First aid and emergency response: Basic first aid training to reduce mortality in accidents
- Customer service and conflict resolution: Training in professional conduct, customer relations, and non-violent communication to reduce altercations

A youth services official notes that during a previous administration, "drivers were enrolled, supervised, and given the basics of the traffic code. I saw this work done at the institutional level." This model should be institutionalized and scaled.

Financial literacy and entrepreneurship training

An education coordinator recounts a revealing moment: "I attended a meeting with *jakartamen* where they wished to be trained in management, accounting, etc., because they say when they earn money, they don't know how to use it, how to save it—and that's a major concern."

A social services director cites a successful case: "There's a young man in my neighborhood who came from the village solely to drive Jakarta. He deposited money daily in a bank until he mobilized 700,000 FCFA and bought a threshing machine for his village, entrusted to his older brother. That's a model of entrepreneurship."

Recommended entrepreneurship training includes:

- Micro-enterprise development: Business planning, market analysis, investment strategies
- Access to financial services: Linkages to microfinance institutions, savings groups, and credit cooperatives
- Cooperative models: Formation of driver cooperatives for collective equipment purchase, insurance pooling, and mutual aid.

Retraining and alternative livelihood programs

Multiple respondents emphasize that moto taxi-drivers «*jakartamen*» work cannot be a permanent career. A social services director states: "It's a job that has no future... It's not sustainable; at a certain age, one will no longer be able to do it."

A departmental youth officer identifies agriculture as the primary alternative: "In the area where we are, agriculture is full of hope. Now our young people haven't yet understood this because it's not the land that's lacking in this sector... If they understand that for three months I will cultivate, in the 4th, 5th month I will start harvesting, if they understand this, they will all start cultivating the land."

Retraining pathways recommended:

- Agricultural mechanization and agribusiness: Training in modern farming techniques, equipment operation, value chain development (processing, marketing)
- Poultry and livestock farming: An official notes: "We have quite a few restaurants, quite a few hotels. Today, if they are well organized in groups, they can, with support, produce everything with a buyer—it will motivate them further."
- Construction trades: Masonry, carpentry, electrical work, plumbing
- ICT and office skills: Computer literacy, digital services, data entry
- Vocational training partnerships: Collaboration with technical training centers for subsidized or free skills development

A municipal official advocates: "We must help them seek something better than this. When these young people think it's easy money, they won't look for other solutions."

Support for self-employment and enterprise creation

3. Mental health and psychosocial support

Recognizing the mental health crisis

A medical district chief frames the urgency: "The question of mental health has become an essential concern in public health... Statistics show that in Senegal, about 13% of people have suicidal ideation." The *moto taxi-drivers «jakartamen»* phenomenon, with its associated stress, substance use, violence exposure, and social stigma, represents a critical mental health vulnerability requiring targeted intervention.

A. Dedicated community listening spaces

Respondents express strong support for establishing accessible mental health services tailored to *moto taxi-drivers «jakartamen»* needs. An education coordinator states: "I think it's even a necessity, because given the challenges we observe in the context of their profession,

establishing a listening space with professionals with accessibility for these young people—for me, it's more of a necessity."

A social services director adds: "It would be a very good prospect to go toward that. Orienting the structures they have already created toward concerns like mental health. Mental health is personal development."

Design features for listening spaces:

- Physical accessibility: Located near major Jakarta stops or in central neighborhoods with extended hours (evenings/weekends) to accommodate driver schedules
- Trained counselors: Staff with expertise in adolescent/youth mental health, substance use counseling, trauma-informed care, and peer support models
- Peer support networks: Training selected drivers as peer counselors who can provide first-line support and referrals
- Linkages to health services: Formal referral pathways to psychiatric services, addiction treatment, and general healthcare

Multi-sectoral and integrated approach

A medical official advocates: "Co-construct structuring programs to better ensure a future for this profession in large cities... Put in place awareness programs for adoption of behavior change in schools, universities, major gathering centers."

Community mobilization and moral prevention

Religious and traditional leader engagement

A religious leader critiques the exclusion of religious authorities: "It's certain that religious leaders are not involved—that's why sometimes you notice that NGOs don't succeed, because there are two key elements: religious leaders and guardians of tradition. They have an impact in their community and communication. If they're not involved while they're with the community, there's delay." The same leader recommends: "For me, it's awareness based on Quranic writings and Quranic hadiths... Organize with youth so that marabouts are present, and if there are images or harmful consequences, we'll argue this according to Islam, according to Quranic verses, according to the Prophet's teachings."

Community-based prevention strategies:

- Interfaith dialogue sessions: Bringing together Islamic leaders, Christian clergy, and traditional authorities to develop shared moral frameworks for youth conduct and community responsibility
- Neighborhood assemblies: Regular community meetings in quarters with high Jakarta concentration, facilitated by delegates and religious leaders, addressing safety, cohabitation, and youth support
- Family engagement: As a religious leader suggests: "Pass through families first, explain the expectations regarding situations to regularize the mental and intellectual health of young people, their children, and then they will accompany us in the project."
- "Badiene Gokh" (community godmothers) mobilization: A women's organization leader represents organized networks of influential women who can provide mentorship, mediation, and social support. She recommends: "Strengthen youth supervision, first at the family level... Strengthen civic education courses in institutions, training workshops, and even vocational training institutes."

The convergence of stakeholder recommendations reveals a clear pathway forward: transforming the *moto taxi-drivers «jakartamen»* phenomenon from an unregulated crisis into a formalized, transitional livelihood sector with comprehensive support systems. This requires simultaneous action on regulation (making the sector safer and accountable), capacity-building (equipping drivers for current and future livelihoods), and mental health support (addressing psychological toll and preventing harm).

A religious leader captures the urgency: "If the State recovers all people doing Jakarta and gives them means of training so they can contribute to population development... A person who doesn't have means will always seek to have something by hook or by crook."

The success of these solutions depends on political will, coordinated multi-sectoral action, sustained resource commitment, and genuine partnership with *moto taxi-drivers* «*jakartamen*» themselves. As an education coordinator concludes: "If we manage to identify them, group them, and train them, it will be an asset—and that's what we hope for."

CONCLUSION

The *moto taxi-drivers «jakartamen»* phenomenon in Tambacounda and Kolda acts as a powerful mirror of the social, economic, and psychological tensions shaping contemporary Senegalese youth trajectories. Far from a marginal transport activity, it reflects a deeper crisis of adolescent development, marked by unemployment, educational rupture, failed migration dreams, and the erosion of social and institutional protections.

This study reveals a complex and ambivalent reality. For many young people, becoming a *moto taxi-drivers «jakartamen»* represents a survival strategy in the face of exclusion from formal employment and training systems. Yet this informal refuge simultaneously reproduces precariousness, reinforces social marginalization, and generates multidimensional vulnerability. Behind every motorcycle taxi lies a disrupted life course -interrupted schooling, failed migration attempts, loss of social bearings, or profound disillusionment with promised pathways to success.

Moto taxi-drivers «jakartamen» are therefore not merely economic actors facilitating urban mobility. They embody the cumulative consequences of systemic policy gaps, chronic youth unemployment, and the absence of inclusive, locally adapted development strategies. Their growing visibility in public space is both a coping mechanism and a symptom of deeper structural failures affecting adolescent mental health and socio-economic integration across both regions.

The study demonstrates that the *moto taxi-drivers «jakartamen»* phenomenon operates through distinctly gendered mechanisms, producing differentiated yet equally harmful effects on adolescent boys and girls.

For adolescent boys, *moto taxi-drivers «jakartamen»* work functions as a powerful economic pull competing directly with educational investment. School dropout rates are consistently higher among boys than girls in both Tambacounda and Kolda. Although this gap may appear modest, it translates into hundreds of boys annually abandoning formal education in favor of immediate, though unstable, income. Social expectations to contribute economically to households amplify this pressure.

For adolescent girls, the phenomenon produces harm through a different set of pathways. *moto taxi-drivers «jakartamen»* presence transforms public space into a site of insecurity, harassment, and constrained mobility. Girls report higher exposure to sexist harassment, greater fear for personal safety, and more severe restrictions on movement affecting school attendance, access to markets, and participation in public life. These constraints directly undermine educational continuity, psychosocial well-being, and future economic prospects. Across all indicators, girls consistently report higher levels of stress, anxiety, and severe psychological impact than boys.

Among adolescents and members of mental health clubs, perceptions of *moto taxi-drivers «jakartamen»* are deeply ambivalent. On one hand, they acknowledge the economic ingenuity and family support role of drivers. On the other, they associate the phenomenon with insecurity, disorder, and collective stress. Nearly 87% report witnessing dangerous driving, 80% verbal or gender-based harassment, and over 74% physical violence -indicating that *moto taxi-drivers «jakartamen»*-related disruption has become normalized within adolescent urban experience.

The mental health impacts are severe and bidirectional. *moto taxi-drivers «jakartamen»* themselves endure intense psychological strain driven by daily financial obligations, long working hours, accident exposure, violence, social stigma, and isolation. With formal mental health services largely absent or unknown, coping strategies often rely on withdrawal, substance use, and fragile informal networks.

Simultaneously, the wider adolescent population -particularly girls- experiences *moto taxi-drivers «jakartamen»* presence as a persistent source of anxiety and behavioral restriction. In this way, youth who are themselves victims of structural exclusion paradoxically become vectors of psychosocial insecurity within their own communities, reinforcing a self-perpetuating cycle of stress, fear, and marginalization.

Despite this bleak landscape, the study identifies a significant and underutilized potential for transformation. More than 83% of *moto taxi-drivers «jakartamen»* express a strong desire to contribute positively to their communities through prevention,

awareness-raising, and solidarity actions. This willingness represents a reservoir of social capital that current policies largely ignore.

Addressing the *moto taxi-drivers «jakartamen»* phenomenon requires moving beyond narrow transport regulation or road safety campaigns. The evidence points to the need for a holistic, gender-responsive, and multi-sectoral approach that simultaneously tackles immediate harms and structural drivers.

Key intervention priorities include:

- For boys at risk or engaged in *moto taxi-drivers «jakartamen»* work: vocational retraining, educational re-entry pathways, financial literacy, mental health support, and formalization mechanisms that provide protection and dignity for those who remain.
- For girls affected by insecurity: targeted gender-based violence prevention, safe mobility initiatives, accessible reporting mechanisms, mental health services, and educational protection measures.
- For communities and adolescents more broadly: community-based mental health services, peer support networks, civic education, and coordinated action across health, education, security, and youth sectors.
- At the structural level: policies addressing chronic youth unemployment, failures of the education system, and the absence of viable school-to-work transitions.

Ultimately, *moto taxi-drivers «jakartamen»* are not merely a “problem to be solved” but key stakeholders in any strategy aimed at improving adolescent mental health and socio-economic inclusion. Their trajectories underscore the urgent need for youth policies that recognize informal workers as deserving of dignity, support, and pathways to transformation—rather than stigma and exclusion.

The findings call for decisive political, economic, and social commitment: investment in adolescent mental health infrastructure, creation of credible employment alternatives, and reconstruction of trust between youth, institutions, and communities. The *moto taxi-drivers* «*jakartamen*» phenomenon in Tambacounda and Kolda is not peripheral to adolescent development, it is central.

As stakeholders emphasize, transformation is possible if action is simultaneous and coordinated. Recognizing that adolescent mental health, education, and livelihoods are inseparable is the first step toward breaking these interlocking cycles and opening pathways to genuine well-being for both girls and boys in Tambacounda and Kolda.