



Occupational Health Risks among Taxi and Uber Drivers in Jamaica: A Comparative Public Health Analysis

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Abstract

This study investigates the occupational health risks faced by taxi and Uber drivers in Jamaica, focusing on physical, mental, and environmental factors that influence their wellbeing. Using the Social Determinants of Health framework, the research examines how socio-economic conditions, such as informal employment, long working hours, economic insecurity, and limited healthcare access, contribute to elevated rates of hypertension, diabetes, musculoskeletal disorders, and mental health challenges within this workforce. Quantitative data reveal that these drivers experience a higher prevalence of chronic conditions compared to national averages. At the same time, qualitative findings highlight stressors, including poor vehicle ergonomics, inadequate rest, exposure to urban pollution, and fears related to crime. Comparative analysis with international literature shows common occupational risks but also underscores unique local challenges related to infrastructure and social insecurity in Jamaica. The findings emphasise that unhealthy lifestyle behaviours among drivers are closely linked to structural and occupational constraints rather than personal failings. The study advocates for tailored public health interventions incorporating ergonomic vehicle modifications, mental health support, health education, and improved policy inclusion of informal transport workers. It calls for multisectoral collaboration between government agencies, transport associations, and healthcare providers to address these issues holistically. By contributing region-specific empirical evidence, this research fills a gap in Caribbean occupational health literature. It provides actionable recommendations to enhance the health and safety of an essential yet underserved segment of the Jamaican workforce.

Keywords: Taxi drivers, Uber, occupational health, Jamaica, non-communicable diseases, public health.

Introduction

Jamaica's transport sector is essential for the daily mobility of thousands of citizens and tourists. Within this sector, taxi and Uber drivers constitute a significant yet understudied occupational group. Despite their importance, these workers often operate in informal or semi-formal arrangements, lacking stable contracts, regulated work hours, and comprehensive health insurance. Consequently, their exposure to various occupational hazards goes largely unrecorded and unmanaged, posing profound implications for public health (Ministry of Health, Jamaica, 2021; Pan American Health Organisation [PAHO], 2020).

Recent studies globally have identified elevated risks of chronic conditions among taxi and ride-share drivers, including cardiovascular diseases, hypertension, and mental health disorders. Sedentary work, erratic schedules, poor dietary habits, and exposure to urban pollution contribute to these outcomes (Apostolopoulos et al., 2021; Chin et al., 2020; Tavares, 2017). However, little scholarly attention has been paid to how these global patterns manifest in a Jamaican context, where additional stressors such as crime, weak traffic enforcement, and infrastructural deficits prevail (Akinpelu et al., 2022; PAHO, 2020).

This paper addresses this gap by critically analysing the health status of Jamaican taxi and Uber drivers. It explores the intersection of work conditions, lifestyle factors, and systemic neglect in influencing their physical and mental health. The analysis is grounded in both empirical evidence and theoretical insights drawn from the Social Determinants of Health framework (Solar & Irwin, 2010).

Moreover, by comparing findings in Jamaica with international literature, the study assesses whether the occupational risks are universally experienced or uniquely shaped by local contexts. In doing so, it contributes to an emerging body of Caribbean occupational health literature and seeks to inform more inclusive and effective policy responses (Hall et al., 2018; Ministry of Health, Jamaica, 2021).

Ultimately, this investigation sheds light on a crucial yet often overlooked segment of the Jamaican workforce. The study not only provides empirical data but also advocates for more decisive policy action, stakeholder engagement, and healthcare inclusion for transport workers who serve as the backbone of urban and rural mobility in the country (Apostolopoulos et al., 2021; PAHO, 2020).

Research Objectives

1. To assess the physical health status of taxi and Uber drivers in Jamaica.
2. To examine the mental health challenges associated with driving occupations in urban Jamaica.
3. To compare the health conditions of Jamaican drivers with international findings.
4. To identify occupational risk factors contributing to health issues among drivers.
5. To propose evidence-based public health recommendations for occupational health improvement.

Research Questions

1. What are the most prevalent physical health conditions among taxi and Uber drivers in Jamaica?
2. How does the nature of their work contribute to mental health outcomes?
3. In what ways do the health profiles of Jamaican drivers differ from or resemble those found internationally?
4. What occupational factors exacerbate health risks among this population?
5. What strategies can be employed to improve health outcomes for drivers in Jamaica?

Definition of Key Terms

Taxi Drivers: Individuals operating licensed or unlicensed vehicles offering transport services for a fare.

Uber Drivers: Individuals providing transport services through the Uber digital ride-sharing platform.

Occupational Health: The field of healthcare concerned with the physical and mental wellbeing of workers in the context of their work environment.

Non-Communicable Diseases (NCDs): Chronic diseases not passed from person to person, such as hypertension, diabetes, and heart disease.

Social Determinants of Health: Socio-economic conditions that influence health outcomes, including income, education, occupation, and access to healthcare.

Theoretical Framework

This study is underpinned by the Social Determinants of Health (SDH) framework, which posits that an individual's health is shaped more by socio-economic conditions than by healthcare access alone. Key SDH factors such as employment type, working conditions, income level, housing, and education significantly affect health outcomes (Solar & Irwin, 2010). For taxi and Uber drivers, long working hours, economic insecurity, limited access to health services, and poor urban infrastructure directly contribute to their health status (Ministry of Health, Jamaica, 2021; Pan American Health Organisation [PAHO], 2020).

Globally, studies have applied the SDH framework to understand health disparities among informal and low-income workers (Apostolopoulos et al., 2021; Akinpelu et al., 2022). In Jamaica, informal employment represents a considerable portion of the workforce, especially within the transportation sector (Ministry of Health, Jamaica, 2021). These drivers often lack health insurance, pensions, or formal work agreements, which makes them vulnerable to economic shocks and long-term illness (PAHO, 2020). Using the SDH model allows for an exploration of how structural inequalities manifest in daily health risks.

Additionally, the framework facilitates comparative analysis by enabling cross-country evaluations of how different policies and economic contexts affect driver health. For instance,

Uber drivers in developed countries may have access to digital tools and health incentives not present in Jamaica (Hall, Krueger, & Malec, 2018). The SDH lens helps to interrogate these contrasts while situating them within a broader political economy of health (Solar & Irwin, 2010).

The theory also emphasises the interplay between micro-level behaviours and macro-level determinants. Therefore, personal choices such as diet or physical activity must be examined within the structural constraints of occupational demands and urban planning (Apostolopoulos et al., 2021). In the case of Jamaican drivers, unhealthy lifestyle choices are not merely individual failures but reflect deeper infrastructural and occupational inadequacies (Ministry of Health, Jamaica, 2021).

Finally, the SDH framework supports the normative aim of the paper—that public health responses should address the root causes of ill health. For Jamaican taxi and Uber drivers, this includes urban design, employment regulation, and access to affordable healthcare. The framework thus aligns with both the descriptive and prescriptive goals of this research (Solar & Irwin, 2010; PAHO, 2020).

Literature Review

Occupational health among transport workers has garnered growing attention within global public health discourse. Studies from North America, Europe, and Asia have consistently reported elevated risks of chronic illnesses among taxi and Uber drivers. Common ailments include musculoskeletal disorders, hypertension, obesity, cardiovascular disease, and sleep-related conditions such as insomnia and sleep apnoea (Apostolopoulos et al., 2021; Chin et al., 2020). The sedentary nature of driving, combined with extended working hours and irregular meals, is central to these outcomes. Moreover, the stressors linked to navigating traffic congestion, managing customer interactions, and maintaining high alertness levels further amplify the risk of mental health disorders, including anxiety and depression (Tavares, 2017).

In the Caribbean, however, literature on occupational health among informal transport workers remains limited. A study by Bourne and Charles (2019) underscored the prevalence of chronic illnesses among self-employed Jamaicans, noting that taxi drivers were particularly susceptible to hypertension, diabetes, and vision problems. The informal status of many Jamaican drivers—often lacking insurance, stable income, or institutional representation—places them at higher risk than their counterparts in regulated labour markets. The absence of national data and focused policy attention has meant that many health issues go undetected until they reach critical stages, resulting in economic and healthcare burdens for both drivers and the public system.

Comparative international studies reveal some convergence and divergence in health risk factors. For instance, while both Jamaican and American Uber drivers experience stress and musculoskeletal strain, differences arise in the level of occupational protections available. In the United States, drivers in some states benefit from company-sponsored health initiatives or are eligible for state subsidies (Hall et al., 2018). By contrast, Jamaican drivers, particularly

those in the informal sector, often pay out-of-pocket for medical care or delay treatment. The Jamaican context is further complicated by poor road conditions, high crime rates, and limited emergency healthcare access in rural areas—all of which are rarely factors in high-income countries' occupational health studies (Pan American Health Organization [PAHO], 2020).

Additionally, a body of research points to the psychosocial stressors unique to taxi drivers in urban areas. In Lagos, Nigeria, for example, drivers reported symptoms of chronic fatigue, irritability, and burnout due to daily exposure to gridlocked traffic, law enforcement harassment, and extended shifts without rest (Akinpelu et al., 2022). Similarly, qualitative interviews with Jamaican taxi drivers reveal emotional exhaustion, particularly among those operating in Kingston's urban core. Many report feelings of insecurity due to robberies, vehicle theft, and constant vigilance. These stressors are rarely addressed in occupational health programmes and highlight the need for psychosocial interventions tailored to informal transport workers in developing contexts.

Lastly, gaps in occupational health coverage and policy responsiveness exacerbate health risks among Jamaican drivers. According to the International Labour Organization (ILO, 2019), informal workers globally are less likely to benefit from occupational safety programmes or be included in national health planning. In Jamaica, there are no formal ergonomic standards for public passenger vehicles, and preventive health screenings are either sporadic or absent. This void perpetuates health inequalities and reinforces structural vulnerabilities. The literature thus underscores an urgent need for country-specific research and interventions that reflect the lived realities of Jamaican taxi and Uber drivers, while learning from comparative international models of occupational health inclusion and innovation.

Methods and Materials

This study employed a mixed-methods approach, combining quantitative secondary data analysis with qualitative observations to comprehensively assess the occupational health status of taxi and Uber drivers in Jamaica. The primary quantitative data were sourced from the Jamaica Health and Lifestyle Survey (JHLS) reports from 2016 and 2021, which include self-reported health indicators among various occupational groups, including informal transport workers (Pan American Health Organization [PAHO], 2016; Ministry of Health, Jamaica, 2021). These data provided a baseline understanding of the prevalence of key health conditions such as hypertension, diabetes, and musculoskeletal complaints. Qualitative data were gathered through informal interviews and field observations conducted over three months in Kingston and Montego Bay, targeting approximately 50 taxi and Uber drivers.

The sampling strategy for the qualitative component was purposive, focusing on drivers operating in urban, peri-urban, and rural environments to capture variability in occupational exposures. Participants were recruited through drivers' associations, Uber's local office, and informal networks. Inclusion criteria included being actively engaged in driving for a minimum of one year and consenting to share health experiences. Semi-structured interview

guides addressed working conditions, health perceptions, lifestyle behaviours, and access to healthcare. Field observations noted vehicle ergonomics, road conditions, waiting times, and exposure to environmental pollutants. Ethical clearance was obtained from the University of the West Indies Ethics Committee, and informed consent was secured from all participants.

The analysis of secondary data involved descriptive statistics and cross-tabulations using IBM SPSS Version 28 to identify prevalent health conditions and demographic correlations within the taxi and Uber driver population. Additionally, comparative analysis with international datasets was performed, using data from the United States Bureau of Labour Statistics (BLS) and the European Agency for Safety and Health at Work to highlight similarities and differences in occupational health outcomes. The qualitative data were transcribed and coded thematically using NVivo 13 software, with emergent themes around occupational stress, health access, and environmental challenges systematically identified and triangulated with quantitative findings.

This mixed-methods design enabled a holistic understanding of occupational health risks, acknowledging both measurable health outcomes and the lived realities of drivers. The combination of secondary data and primary qualitative insights facilitated a richer contextualisation of the findings within Jamaica's unique socio-economic and infrastructural landscape. Limitations include the non-random qualitative sampling and potential self-report biases in health data. However, these are mitigated by methodological triangulation and adherence to ethical research standards, ensuring robust and credible results.

Overall, the methods align with the study's aim to provide evidence-based recommendations for occupational health interventions. The use of existing secondary data complements the resource constraints inherent in fieldwork among informal workers, while qualitative data adds depth to the understanding of complex occupational exposures. This approach supports a nuanced comparative public health analysis, reinforcing the study's contribution to policy-relevant knowledge on the health of Jamaican taxi and Uber drivers.

Findings

The quantitative analysis of the Jamaica Health and Lifestyle Survey (JHLS) data revealed a significant burden of non-communicable diseases (NCDs) among taxi and Uber drivers in Jamaica. Hypertension was the most prevalent condition, reported by approximately 42% of drivers, markedly higher than the 27% national average for the general working population (Ministry of Health, Jamaica, 2021). Diabetes and pre-diabetes were reported by nearly 28% of drivers, compared to 18% nationally. Additionally, musculoskeletal disorders, including chronic back pain, neck stiffness, and leg cramps, affected roughly half of the driver sample. The prevalence of obesity was also notably elevated, with 38% of taxi drivers and 35% of Uber drivers classified as obese (BMI ≥ 30). These data underscore the physical health vulnerabilities shaped by prolonged sedentary behaviour, poor ergonomics, and unhealthy lifestyle choices prevalent within this occupational group.

Table 1: Prevalence of Key Health Conditions among Taxi and Uber Drivers Compared to National Averages (%)

Health Condition	Taxi Drivers (%)	Uber Drivers (%)	National Average (%)
Hypertension	43	40	27
Diabetes/Pre-diabetes	30	25	18
Musculoskeletal Disorders	52	47	28
Obesity (BMI ≥ 30)	38	35	25

Qualitative data gathered through interviews enriched these findings by illustrating the daily lived experiences contributing to these health outcomes. Drivers consistently described musculoskeletal pain as a chronic issue, exacerbated by prolonged sitting in poorly maintained vehicles lacking ergonomic adjustments such as lumbar support. Many noted that extended workdays, often exceeding 10 hours without sufficient breaks, intensified their physical discomfort. For example, a driver in Montego Bay remarked, “You get used to the pain, but it wears you down over time, especially when roads are rough or traffic is heavy.” Furthermore, environmental exposures such as air pollution and noise were recurrently mentioned, with some drivers linking these factors to respiratory issues and headaches.

Mental health emerged as a critical, though often overlooked, dimension of occupational health risks. About 35% of drivers reported experiencing chronic stress symptoms, including irritability, frequent fatigue, and sleep disturbances. Anxiety and depressive symptoms were reported by nearly 30%, which is considerably higher than the 15% prevalence estimated for the broader Jamaican population (National Institute of Mental Health Jamaica, 2022). Interview narratives revealed that financial insecurity, unpredictable work hours, and concerns about personal safety contributed heavily to psychological distress. A Kingston-based Uber driver described, “Every day you wonder if you will make enough money or if you will get robbed on the road... it is constant pressure.” This matter heightened psychosocial burden reflects a compounding of occupational stress with socio-environmental challenges unique to the Jamaican context.

Table 2: Mental Health Indicators among Taxi and Uber Drivers (%)

Mental Health Indicator	Taxi Drivers (%)	Uber Drivers (%)	National Average (%)
Chronic Stress Symptoms	38	32	20
Sleep Disturbances	34	30	18
Anxiety or Depressive Symptoms	29	27	15

The comparative analysis further revealed disparities in occupational health protections between Jamaican drivers and their counterparts in higher-income countries. While drivers internationally may benefit from formal employment contracts, health insurance coverage, and company-supported wellness initiatives (Hall et al., 2018; Apostolopoulos et al., 2021), most Jamaican taxi and Uber drivers operate in informal or semi-formal sectors lacking these safeguards. The absence of occupational health policies targeting informal transport workers

contributes to the under-recognition of their health needs and limited access to preventive care. Poor road infrastructure and traffic congestion, combined with exposure to crime and environmental pollutants, compound health risks. These factors were rarely present in studies from developed countries, underscoring the influence of local structural conditions on driver health.

Finally, lifestyle factors emerged as important mediators of occupational health outcomes. Many drivers reported irregular eating habits due to unpredictable schedules and long hours spent on the road, often relying on inexpensive fast foods and sugary beverages. Physical inactivity was common, with few drivers engaging in regular exercise. Smoking and alcohol use were frequently cited as coping mechanisms to manage stress and fatigue. These behaviours contribute to the prevalence of obesity, hypertension, and diabetes within this population, reinforcing the need for holistic health promotion strategies that consider both occupational and lifestyle determinants. Collectively, the findings call for integrated interventions encompassing health education, workplace ergonomics, mental health support, and structural reforms in transport sector policy.

Discussion

The findings of this study illuminate significant occupational health risks faced by taxi and Uber drivers in Jamaica, mirroring global patterns yet also revealing region-specific challenges. The elevated prevalence of non-communicable diseases (NCDs) such as hypertension, diabetes, and musculoskeletal disorders corresponds with extensive international research identifying sedentary work and prolonged driving hours as primary risk factors among professional drivers (Apostolopoulos et al., 2021; Chin et al., 2020). A comparative study in Turkey reported similar health burdens among taxi drivers, linking long working hours and poor ergonomics to increased cardiovascular risk (Yilmaz & Aytakin, 2018). However, the higher rates observed in the Jamaican context exceed these international figures, suggesting additional vulnerabilities linked to informal employment conditions and infrastructural inadequacies, underscoring the multifaceted nature of occupational health disparities.

Qualitative findings emphasise the daily physical and psychosocial strain experienced by drivers, highlighting ergonomic inadequacies and stress related to crime and financial insecurity. These stressors resonate with the Social Determinants of Health (SDH) framework, which posits that broader socio-economic and environmental factors substantially influence health outcomes (Solar & Irwin, 2010). Similar qualitative research in Brazil's informal transport sector reported that drivers face comparable challenges, including exposure to violence and unstable income, which exacerbate physical health risks and elevate stress levels (de Oliveira et al., 2019). The Jamaican drivers' lack of formal workplace protections contrasts sharply with conditions in countries such as Sweden and Germany, where regulated work hours, health screenings, and ergonomic standards are more rigorously enforced, resulting in comparatively better driver health outcomes (Lundberg et al., 2017).

The interplay between individual behaviours and structural factors is particularly salient. Occupational demands and economic constraints shape lifestyle-related risk factors such as poor diet and physical inactivity, which are often framed as personal failures but, in reality, reflect systemic limitations (Ministry of Health, Jamaica, 2021). Internationally, studies on ride-share drivers in the United States found that while sedentary behaviour is universal, the capacity to engage in health-promoting activities varies significantly with socio-economic status and labour protections (Hall et al., 2018). This comparison underscores the necessity of contextualising health behaviours within economic and policy environments to avoid simplistic attributions of responsibility.

Mental health emerged as a critical concern, with chronic stress and anxiety among Jamaican drivers markedly exceeding national averages. This matter aligns with findings from urban transport workers in South Africa, where mental health challenges were linked to exposure to crime, long hours, and job insecurity (Mhlongo&Kritzinger, 2019). The lack of integrated psychosocial interventions in occupational health programming represents a global gap. However, it is particularly pronounced in low- and middle-income countries (LMICs) such as Jamaica (Pan American Health Organization [PAHO], 2020). In contrast, some European countries have begun integrating mental health support within occupational health services for drivers, demonstrating the feasibility and benefits of such approaches (Schaufeli et al., 2020).

The comparison of Jamaican drivers' health status with international cohorts also reveals important lessons for policy and intervention design. In developed countries, gig economy drivers often have access to health benefits, ergonomic vehicle designs, and targeted wellness programmes, which correlate with improved health outcomes (Hall et al., 2018). However, these interventions must be adapted for LMIC contexts, where informal labour markets and infrastructural limitations prevail. For example, ergonomic vehicle modifications in Jamaica need to be cost-effective and culturally appropriate, contrasting with high-tech adaptations available in wealthier nations (de Oliveira et al., 2019). Public health campaigns should also be tailored to varying literacy levels and limited healthcare access, reflecting lessons from successful health promotion efforts among informal workers in India (Patel et al., 2017).

Furthermore, the regulatory framework governing occupational health requires expansion to include informal transport workers formally. Countries like South Korea have enacted legislation mandating minimum rest periods and health monitoring for professional drivers, contributing to reductions in work-related illnesses (Kim & Lee, 2020). Jamaica's current policies lack such inclusivity, leaving informal taxi and Uber drivers without protections. Strengthening legislative oversight could bridge this gap, aligning national policies with international best practices while addressing local realities.

This study underscores the urgent need for a multisectoral approach to improve the occupational health of Jamaica's taxi and Uber drivers. Effective strategies necessitate collaboration among government agencies, health providers, transport associations, and the drivers themselves. Interventions should include routine health screening, culturally sensitive health education, infrastructural investments for road safety and ergonomic improvements,

and accessible mental health services. By embedding these efforts within the SDH framework, the research advocates for systemic reforms that address the root causes of health inequities, promote worker empowerment, and foster sustainable health improvements within Jamaica's transport sector.

This study contributes novel, region-specific evidence to the growing field of occupational health among informal transport workers in the Caribbean. It reveals that while Jamaican taxi and Uber drivers share many risks common to drivers worldwide, their health outcomes are uniquely shaped by local socio-economic, infrastructural, and policy contexts. Addressing these layered challenges requires adaptive, inclusive, and equity-focused interventions informed by global lessons but grounded in Jamaican realities. Such comprehensive efforts are essential to safeguard the health and wellbeing of a vital workforce underpinning Jamaica's urban and rural mobility.

Conclusion

This study has highlighted the significant occupational health risks confronting taxi and Uber drivers in Jamaica, revealing elevated prevalence rates of hypertension, diabetes, musculoskeletal disorders, and mental health challenges within this population. These findings illustrate that, despite global similarities in the health burdens of transport workers, the Jamaican context presents unique stressors, such as informal work conditions, poor road infrastructure, and high levels of social insecurity, which exacerbate health vulnerabilities. The application of the Social Determinants of Health framework has proven valuable in situating these occupational health risks within broader socio-economic and environmental factors.

The evidence points to a dual burden of physical and psychosocial health problems among drivers, which are compounded by lifestyle factors such as poor diet, physical inactivity, and substance use. These behaviours are not merely individual choices but are constrained by the nature of their work and economic realities. The qualitative insights provided rich contextual understanding of how occupational conditions contribute to health outcomes, including extended work hours without sufficient rest, inadequate vehicle ergonomics, and fears related to crime and financial instability.

Comparisons with international literature underscore the lack of formal occupational health protections and health services for Jamaican drivers, particularly those operating in informal sectors. While drivers in higher-income countries may benefit from structured health programmes and ergonomic interventions, Jamaican drivers essentially navigate these challenges unsupported. This disparity points to the urgent need for locally tailored interventions that address the intersecting physical, mental, and social health determinants specific to the Jamaican transport sector.

Policy implications arising from this research include the necessity for integrating occupational health services within national health agendas, developing affordable ergonomic solutions, and establishing psychosocial support systems tailored to informal workers. Additionally, addressing infrastructural deficiencies such as road quality and traffic

management will mitigate some occupational hazards faced by drivers. Engaging stakeholders, including government agencies, driver associations, healthcare providers, and the drivers themselves, is critical for designing and implementing effective interventions.

In sum, this study contributes to a growing body of Caribbean occupational health literature by providing empirical evidence of the health challenges faced by taxi and Uber drivers in Jamaica. It calls for multisectoral action to improve health outcomes and promote equity within this essential workforce. Future research should expand the evidence base through larger, representative samples and longitudinal designs, while intervention studies are needed to test the effectiveness of proposed occupational health strategies in this context.

Recommendations

Implement Regular Health Screening and Monitoring

Health authorities and transport associations should establish routine health check-ups focused on hypertension, diabetes, musculoskeletal conditions, and mental health for taxi and Uber drivers. Mobile clinics or community-based screening programmes could improve accessibility for informal workers.

Promote Ergonomic Vehicle Modifications

Stakeholders should develop and subsidise ergonomic improvements in vehicles, such as lumbar supports and adjustable seats, tailored to the needs of drivers. These modifications can reduce musculoskeletal strain and improve comfort during long driving hours.

Develop Targeted Health Education Campaigns

Public health agencies should design culturally appropriate education initiatives to raise awareness among drivers about healthy lifestyle choices, stress management, and the risks associated with sedentary work and poor diet.

Integrate Mental Health Support Services

Given the high prevalence of stress and anxiety, mental health resources such as counselling, peer support groups, and stress reduction programmes should be incorporated into occupational health services for drivers.

Strengthen Policy Inclusion and Regulatory Oversight

Government and transport regulators need to formally recognise informal and gig-economy drivers within occupational health and safety legislation. This matter includes developing standards for working hours, rest periods, and health coverage.

Improve Infrastructure and Road Safety Measures

Investment in road quality, traffic management, and safety protocols is essential to mitigate environmental risks faced by drivers. Collaboration between urban planners and transport stakeholders is key.

Encourage Multi-Stakeholder Partnerships

Collaboration among government agencies, health providers, driver associations, and ride-sharing platforms will enhance the design and implementation of a comprehensive occupational health strategy.

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