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Hajj health management in Indonesia

Eka Jusup Singka, Innes Ericca



The Hajj, one of the five pillars of Islam, is a “once in a lifetime” mandatory worship for all Muslims. However, only those who meet certain conditions, collectively called “conditions of obligation,” are obliged to perform the Hajj. These conditions are Islam religion, *baligh* or maturity, freedom, and *istithaah* or capability.

Istithaah is defined as the physical, mental, financial, and safe ability of a person to perform the pilgrimage without neglecting their familial responsibilities. Physical and mental *istithaah*, also known as health *istithaah*, is defined as the ability of pilgrims to perform Hajj rituals following Islamic guidance from the aspect of health.

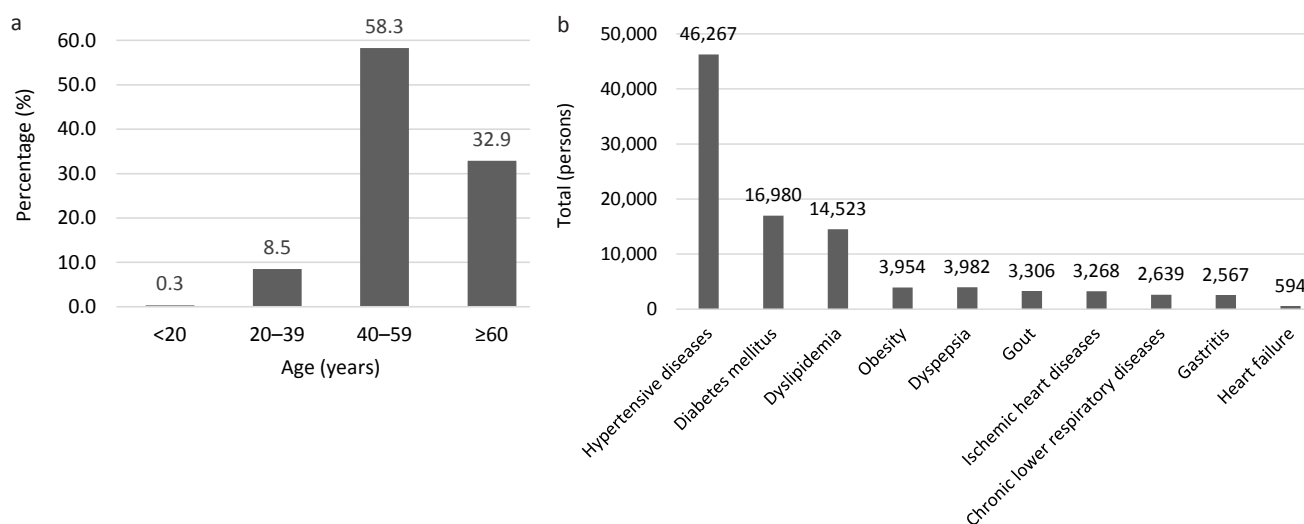


Figure 1. Estimated total number of Indonesian pilgrims for 2020. (a) Total number of Indonesian pilgrims according to age group; (b) ten most common preexisting diseases/condition of Hajj pilgrims

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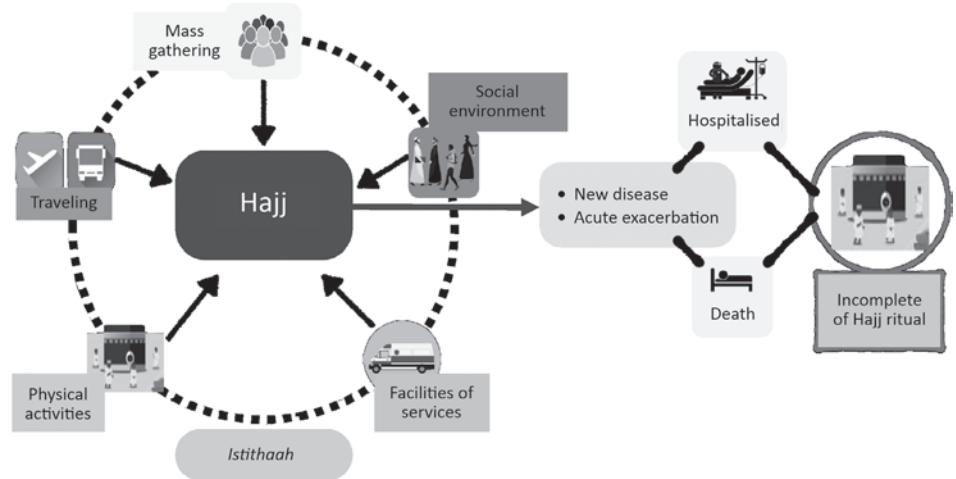


Figure 2. Determinants of health in Indonesian pilgrims during Hajj

The Hajj takes place annually in Makkah, the holiest city for Muslims, from the 9th to the 13th of Dhu al-Hijjah.¹ During the Hajj, millions of pilgrims gather in Makkah to perform a series of rituals, including *Tawaf* (circling Kaaba seven times), *Sa'i* (walking between Safa and Marwa seven times), *Wukuf* (standing at Arafat), *Mabit* (spending a night in Muzdalifah), and *Jamarat* (performing symbolic stoning of the devil by throwing stones at three pillars).

The Hajj is one of the greatest mass gatherings in the world. During the Hajj, approximately 3 million Muslims from over 180 countries gather in Makkah, Saudi Arabia, and the population density may reach as high as 7 persons/m²; this means worshippers are exposed to significant health risks.²

Indonesia, the largest Muslim country in the world, contributes a sizable proportion of the number of Hajj pilgrims each year. Over 200,000 Indonesian Muslims travel to Saudi Arabia annually, and approximately 63–67% of these travelers are elderly and have metabolic or chronic diseases (Figure 1, a and b). Indeed, this

group became more vulnerable to various diseases. Moreover, the long travel period from Indonesia to Saudi Arabia and differences in climate, food, and social and cultural conventions can contribute to the deterioration of the health condition of pilgrims and render them increasingly susceptible to health issues. Thus, the Hajj presents significant public health challenges for its organizers (Figure 2).

Considering the health challenges faced by its citizens during the Hajj, the Republic of Indonesia, through its Ministry of Health (MoH), which is responsible for providing Indonesian health care, has implemented three key measures for Hajj health management, namely, health coaching/guidance, health service, and health protection (Figure 3). These three measures are applied in Indonesia, during the journey, and in Saudi Arabia to prepare and maintain the health conditions of Indonesian pilgrims. These measures aim to help pilgrims complete the Hajj rituals as required by Islam and return to Indonesia healthy. Every year, the MoH sends approximately 1,800 Indonesian health

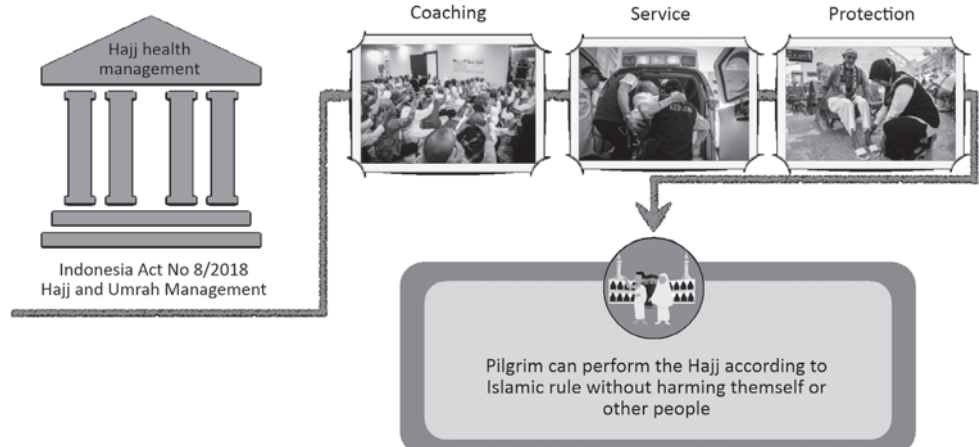


Figure 3. Principles of Hajj health management in Indonesia

workers to execute its health guidance, service, and protection programs in Saudi Arabia.

In 2016, the MoH released Regulation No. 15, which describes the health *istithaah* of Indonesian pilgrims. This regulation discussed the health examination and coaching/guidance protocols established for the Hajj to prepare pilgrims not just physically but also physiologically for their upcoming journey. The Arabic word “*istitha’ah*” is preferred to the Bahasa translation for “capability” for a specific reason. *Istithaah* is an “Al-Quran nomenclature” and exerts a physiological effect on pilgrims highlighting the importance of health capability during the Hajj. During the Hajj in Saudi Arabia, the MoH assigns a promotive and preventive team to provide health promotion and prevention tips to Indonesian pilgrims.

Other measures implemented in Hajj health management include health service and health protection. Health clinics are prepared for each embarkation in Indonesia, and Indonesian clinics are established in Jeddah, Makkah, and Madinah to serve Indonesian pilgrims with health problems or requiring hospitalization. Moreover, at least one doctor and two

nurses are assigned to each pilgrim flight group (*kloter*) to provide health care for pilgrims during their Hajj journey.

In terms of health protection, the MoH provides meningitis meningococcal vaccination and personal protective equipment for all pilgrims. In addition, a special task force is established in Saudi Arabia to provide first aid and rapid health care responses at any time necessary, especially during peak Hajj periods in Arafat, Muzdalifah, and Mina.

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Corresponding author:

Eka Jusup Singka

E-mail: e.singka@yahoo.com

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