REVIEW ARTICLE

JURIDICAL ANALYSIS OF HEALTH SERVICES FOR ELDERLY HAJJ PILGRIMS

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ABSTRACT

Introduction: Indonesia with the largest Muslim population causes the number of Muslims who registered to leave for the holy land to increase, including the number of elderly pilgrims in 1444 H/2023 M as many as 10,166 people from a total quota of 221.000 pilgrims. The Indonesian Ministry of Religious Affairs issued several special policies related to elderly pilgrims. The program is outlined in the "Elderly Friendly Hajj Guide" which consists of several important things in providing services to elderly pilgrims both at the time of departure, while in the holy land, and when returning to the homeland.

Method: This research uses a descriptive qualitative approach and secondary data, in the form of normative

research through literature studies consisting of laws and regulations, books, journals, and presentation papers.

Result: Regulations related to elderly pilgrims have been stated in Law No. 8 of 2019 on the Implementation of Hajj and Umrah. However, existing laws and regulations have not specifically regulated services for elderly pilgrims, so special regulations are needed that regulate elderly pilgrims including elderly Hajj health services. The Indonesian Ministry of Health in supporting the Elderly Friendly Hajj policy seeks to improve health services to pilgrims, especially to elderly pilgrims.

Conclusion: Policy changes related to health istithath are needed to reduce the risk of morbidity and mortality of elderly pilgrims along with the increasing number of elderly pilgrims in the coming year.

Keywords: Juridical, hajj health, elderly hajj.

INTRODUCTION

Hajj is one of the pillars of Islam that must be performed by its people. Almost all Muslims around the world yearn to be able to perform the pilgrimage to the holy land. In Indonesia in 2022, there were 241.7 million Muslims out of 276.5 million people, or around 87.7 percent.¹

The large Muslim population in Indonesia causes the number of Muslims who intend and then register themselves to be able to go on hajj to the holy land is also very large. The number of prospective Indonesian pilgrims continues to increase every year. In 2023, based on the Decree of the Minister of Religious Affairs of the Republic of Indonesia Number 189 of 2023 concerning the Indonesian Hajj Quota for 1444 H/2023 AD, there are 221.000 people consisting of 203.320 regular pilgrims and 190.897 special pilgrims. In 2024, it is informed that the quota of Indonesian hajj pilgrims will be increased by 20.000.²

The high demand for the Hajj pilgrimage has also led to an increasingly long waiting list for the departure of prospective pilgrims. Currently, the waiting period for hajj pilgrims ranges from 11 to 47 years depending on the origin of the pilgrims' region.³ Seeing the long waiting period,

elderly pilgrims must patiently wait for the waiting period. Of the total number of pilgrims in 2023, there were 66.943 pilgrims aged 65 years and over, 12.912 pilgrims aged 75 to 84 years, 7.680 pilgrims aged 85 to 94 years, and 555 pilgrims aged 95 years and over.

Given the common problems encountered by elderly pilgrims, ranging from endurance that causes easy disease and a longer healing period, even most elderly pilgrims already have several geriatric diseases, socialization skills that tend to be lacking, and many other things that need special attention. Debates still often arise regarding the ability (istithaah) of elderly pilgrims to carry out every process from departure, while in the holy land, to returning to the homeland.⁵

The Hajj in 1444 H/2023 AD is the implementation of the Hajj which was held after more than three years of the world being hit by the Covid-19 Pandemic. Since 2020, the government of Saudi Arabia has not opened the implementation of Hajj by pilgrims outside the residents of Saudi Arabia until 2022. In 2022, the implementation of the Hajj is still carried out with restrictions because it is still in a Pandemic situation. However, in 2023, the hajj quota returned to its original level, so the Indonesian government gave priority to hajj pilgrims who had delayed their

departure. This also causes the quota for elderly pilgrims to increase.

Seeing the importance of giving special attention to these elderly pilgrims, the Indonesian Minister of Religious Affairs Yaqut Cholil issued several special policies related to elderly pilgrims. The program, which is outlined in the Elderly Friendly Hajj Guide, contains several important things in providing services to elderly pilgrims both at the time of departure, while in the holy land, and when returning to the homeland. In preparing the elderly pilgrims, the Ministry of Religious Affairs of the Republic of Indonesia also published a guide to Hajj and Umrah manasik for the elderly. In addition, the Indonesian Ministry of Health, in support of the Elderly Friendly Hajj policy, seeks to improve health services to pilgrims, especially to the elderly pilgrims.

There are six Hajj health services provided by PPIH in 1444 H/2023 M, namely the presence of Hajj Health Workers (TKH) in each group, the Health Promotion Team which is on duty not only in the inn but also in the mosque area until the procession in Arafat-Muzdalifah-Mina (ARMUZNA), the medical emergency team, the presence of the Indonesian Hajj Health Office (KKHI), the sanitation and food control team, and the medicine and medical supplies team. ⁶

It is hoped that by implementing a special policy for the elderly, the incidence of morbidity and mortality of hajj pilgrims can be reduced. Although in 2023, 775 hajj pilgrims died in the 1444 H/2023 AD Hajj, the majority of them were hajj pilgrims aged 65 years and over 562 people. Head of the Hajj Health Centre of the Indonesian Ministry of Health Liliek Mahendra Susilo said that the death of Hajj pilgrims in 2023 was caused by several things, namely the high number of high-risk pilgrims (risti) which reached 75 percent of the total congregation, but obstacles in the field such as delays in the congregation leaving Muzdalifah, lack of food and drink and tent constraints triggered an increase in morbidity and mortality. The diseases that caused the most deaths were sepsis and cardiogenic shock.7 The Saudi Arabian government itself has investigated the incident in Muzdalifah that caused the pilgrims to be expelled late and not receive food and drink.8

At the Hajj Implementation Evaluation Meeting 1444 H/2023 M in September 2023, the Minister of Religious Affairs of the Republic of Indonesia Yaqut Cholil Qoumas said that a study should be carried out regarding the implementation of health istithaah before repayment, besides that the Minister of Religion also said that a breakthrough should be made regarding the stay of pilgrims in Saudi Arabia which could be reduced.⁹

Seeing the importance of the existence of elderly pilgrims, as well as arrangements related to health services for elderly pilgrims, both at the Ministry of Religion level and the Ministry of Health level, the researcher is interested in conducting research by raising a title, namely "Juridical Analysis of Health Services for Elderly Hajj Pilgrims".

METHODS

In this research, the author uses a qualitative descriptive approach. Qualitative descriptive research is a problem formulation that guides research to explore or portray the social situation to be studied thoroughly, broadly, and in-depth. Qualitative approach is a research procedure that produces descriptive data in the form of written or spoken words from people and observed behavior. Qualitative research focuses on social phenomena, giving voice to the feelings and perceptions of the participants under study.

Data collection in this research consisted of laws and regulations books, journals, presentation papers, and magazines. The types of documents used in this research are the website of the Ministry of Religious Affairs, hajj and umrah management books, laws, government regulations, technical guidelines, as well as decisions of the Minister of Health and state leaders related to the organization of Hajj and Umrah, and other sources.

RESULTS

A. Special Policy of "Haji Ramah Lansia"

After the Government of Saudi Arabia announced the revocation of all provisions that applied during the pandemic, the Indonesian government through the Minister of Religious Affairs followed up by agreeing to the hajj quota from Indonesia. The Memorandum of Understanding (MoU) between the Government of Saudi Arabia and the Government of Indonesia regarding the implementation of the Hajj in 1444 H/2023 M was received by the Minister of Religious Affairs in early January 2023. 11 Based on the MoU, the Minister of Religious Affairs issued a Decree of the Minister of Religious Affairs Number 189 of 2023 concerning the Indonesian Hajj Quota for 1444 H/2023 M.¹² The decree states that Indonesia's hajj quota is 221.000 people consisting of 203.320 regular hajj pilgrims and 7.680 special hajj pilgrims. The regular hajj quota consists of 190.897 regular hajj pilgrims in the current year, 10.166 elderly priority quota, 685 supervisor quota, and 1.572 regional hajj officer quota. Meanwhile, the special hajj quota consists of 16.305 special hajj pilgrims with a priority of 177 elderly pilgrims, and 1.375 special hajj officer quota.¹²

Seeing the high number of elderly pilgrims in 1444 H/2023 M Hajj has prompted the The Elderly Friendly Hajj Guide published by the Ministry of Religious Affairs in May 2023 states that the meaning of Elderly Friendly Hajj is a service concept that provides facilities for pilgrims who have special needs, especially elderly pilgrims.¹³ The purpose of the elderly friendly Hajj service is:¹³

1. Availability of infrastructure, and facilities for organizing the Hajj pilgrimage that support the needs and rights of the elderly.

- 2. The realization of the active role of the government in the congregation both when in the country, on the journey, and when in Saudi Arabia.
- 3. The realization of an independent, healthy, active, and productive elderly.
- 4. The realization of protection and assistance for elderly pilgrims who experience physical, mental, social, and economic limitations.

In the success of the "Haji Ramah Lansia" program, the Ministry of Religious Affairs implemented three strategies, ¹³ namely: Increase the number of PPIH officers (pilgrimage counselors, accommodation, and health workers), specifically establishing an elderly service area in PPIH Saudi Arabia, and recruiting 4.200 people to become special Hajj officers for elderly pilgrims. In the Elderly Friendly Hajj policy, 21 Standard Operating Procedures (SOPs) were prepared, consisting of:¹³

- Hajj pilgrimage release services in regencies/cities and provinces
- 2. Services while in the dormitory
- 3. Activity services when boarding the aircraft
- 4. Services while on the aircraft
- 5. Disembarkation services
- 6. Service for the first batch of hajj pilgrims arriving in Madinah
- 7. Service while in Madinah hotel
- 8. Arbain and pilgrimage services
- Departure services for pilgrims from Madinah to Makkah
- 10. Services while in Makkah hotel
- 11. Services for Wave II hajj pilgrims departing from the country to Saudi Arabia
- 12. Services for Wave II pilgrims arriving in Jeddah
- 13. Arafat, Muzdalifah, Mina services
- 14. Safari Wukuf service
- 15. Post-Armuzna Service
- 16. Return services for the first batch of pilgrims to the country
- 17. Departure service for Wave II pilgrims from Makkah to Madinah
- 18. Services for Wave II pilgrims upon arrival in Madinah
- 19. Services for Wave II hajj pilgrims while in Madinah hotels
- 20. Wave II pilgrimage services Arbain and Pilgrimage
- 21. Return services for Wave II hajj pilgrims from Madinah to the homeland

Based on the SOP above, it should be noted that the first batch of pilgrims depart first from the country and will arrive at Amir Muhammad bin Abdul Aziz Airport (AMAA), Medina, then will be dispatched to Mecca to perform wukuf. Meanwhile, the second batch of hajj pilgrims are those who are included in the second group of departures and will arrive at King Abdul Aziz Jeddah Airport (KAIA), Jeddah. Then, after performing wukuf, they will depart for Medina.

The Minister of Religious Affairs of the Republic of

Indonesia issued Decree of the Minister of Religious Affairs of the Republic of Indonesia No. 1 of 2023 concerning the Hajj Success Team in 1444 H/2023M to succeed the program of organized the Hajj in 1444 H/2023M. The attachment to the decree explains the composition of the team's personnel, which consists of various ministries, starting from the Ministry of Religious Affairs, the Ministry of Health, the Ministry of Foreign Affairs including the Consulate General in Jeddah, and the Ministry of Transportation. This Ministerial Decree follows up on the mandate of Government Regulation Number 8 of 2022 concerning the Coordination of Hajj Implementation. ¹⁴

In addition to issuing the Elderly Friendly Hajj policy, the Minister of Religious Affairs decree No. 1 of 2023 concerning the Hajj Success Team in 1444 H/2023M. The Ministry of Religious Affairs of the Republic of Indonesia through the Directorate General of Hajj and Umrah in March 2023 published the Hajj and Umrah Manasik Package which consists of: guidance on Hajj and Umrah manasik, prayers and dhikr for Hajj and Umrah manasik, and guidance on Hajj and Umrah manasik for the elderly. The book also contains everything related to worship activities during the Hajj procession in Makkah and Madinah for elderly pilgrims by priorities convenience and relief (rukhsah). 15

B. Health Service Policy for Elderly Hajj Pilgrims

In Government Regulation No. 8 of 2022 concerning the Coordination of Hajj Implementation, it is stated in Section 12 that the implementation of health services at least includes Hajj health information, Hajj pilgrims' health istithaah, recruitment of Hajj health workers, provision of Hajj health infrastructure, and handling sick Hajj pilgrims. 14

Minister of Health Regulation No. 62/2016 on Hajj Health Services states that Hajj health services are organized while in Indonesia and in Saudi Arabia. 16 Hajj health services in Indonesia are organized in several places, namely: health centers/clinics, hospitals in districts/cities, during the journey to the holy land, embarkation or debarkation, and referral hospitals.¹⁶ In addition to Hajj health services, Hajj health coaching is an important thing to do. It is carried out in an integrated, planned, structured and measurable manner through a series of activities with the aim of preventive promotion, starting when the pilgrims register until they return to Indonesia. The guidance is carried out in an integrated manner with health promotion programs, noncommunicable disease control, infectious disease control, family health, environmental health, community nutrition, mental health, traditional health, and sports health. The Hajj health coaching program is always carried out during the waiting period, departure period, and return period. The waiting period coaching is carried out in order to support hajj health istithaah.18

The Ministry of Health produced Hajj Health Manasik Materials in 2013 on the policy of guidance, services, and health protection in the country, which became a guide for

Hajj health workers in providing health manasik guidance for pilgrims. Hajj health manasik is the provision of information to hajj pilgrims that is promotive and preventive in nature about guidance, services and health protection before departure, during the pilgrimage, and after the pilgrimage. In the material, it is mentioned that services for elderly pilgrims begin during health coaching which consists of fitness improvement in the form of elderly gymnastics, assistance during travel, and during the pilgrimage for highrisk pilgrims including elderly pilgrims.

Referring to the Regulation of the Minister of Health of the Republic of Indonesia Number 9 of 2022 concerning Technical Guidelines for the Implementation of Hajj Health in Saudi Arabia, it states that health services in Saudi Arabia are carried out through several activities, namely: preventive promotive efforts; rehabilitative curative services; visitation services, safari wukuf, and tanazul evacuation, fast-moving emergency efforts, organizing sanitation, managing drugs and medical supplies, overcoming infectious diseases for officers and pilgrims, and other activities needed to support the implementation of Hajj in Saudi Arabia. Almost all health service activities will be very close to services for elderly pilgrims.

In supporting the Elderly Friendly Hajj policy in the field of health services, the Ministry of Health does not specifically issue a health service policy for elderly pilgrims. However, the SOPs contained in the Elderly Friendly Hajj Guidelines will be closely related to various services including accommodation, consumption services, protection services, and health services. The Elderly-Friendly Hajj Guidelines cover health services for elderly pilgrims performed by Hajj health workers including geriatricians. ¹³ Services performed by geriatricians consist of diseases related to decreased body function (inflammation of bones and joints, heart, cancer, senile dementia, bone loss, high blood pressure, to diabetes), decreased ability to move/mobilize, cognitive impairment caused by a disease/side effects of drugs, or hormonal and metabolic disorders. As well as side effects of taking certain medications.

Doctor services to elderly hajj pilgrims are provided starting from the lodging/hotel when the congregation performs the pilgrimage procession both at the Nabawi Mosque and the Haram Mosque and at the Indonesian Hajj Health Clinic (KKHI) in Saudi Arabia. Based on the statement of the Head of the Hajj Health Centre, Liliek Mahendra Susilo, there are six Hajj health services provided by PPIH in 1444 H/2023 AD, namely the presence of Hajj Health Workers (TKH) in each group, the Health Promotion Team, which is not only in charge of lodging but also in charge of the mosque area until the procession in Arafat-Muzdalifah-Mina (ARMUZNA), the medical emergency team, the presence of the Indonesian Hajj Health Office (KKHI), the sanitation and food control team, and the medicine and medical supplies team.

The results of the Indonesian Hajj Mudzakarah in October 2023, which was attended by various elements from ministries, and Islamic organizations, gave nine recommendations, namely:²⁰

- Hajj pilgrims departing for the holy land must fulfill the istithaah of health (badaniyyah), which is part of the fulfilment of the mandatory conditions of the Hajj pilgrimage.
- Health istithaah is a condition for the payment of the Hajj pilgrimage fee (Bipih) and the departure of the pilgrims.
- 3. The Ministry of Religious Affairs should formulate guidelines for the repayment of the Bipih, which stipulates the requirement of istithaah health in the repayment of the Bipih.
- The Ministry of Health to implement health istithaah based on Minister of Health Regulation No. 15/2016 on Hajj Pilgrims Health Istithaah/amendments and other examinations that include mental health, cognitive, and daily activity health.
- The Ministry of Health is improving the Siskohatkes application for the determination of Hajj pilgrims' health istithaah.
- 6. Ministry of Religious Affairs and Ministry of Health to socialize Hajj health istithaah to Hajj pilgrims through health counselling, as well as Hajj manasik guidance and involving community participation/KBIHU and Islamic mass organizations.
- 7. The District/City Ministry of Religious Affairs forms a joint team consisting of elements of the District/City Ministry of Religious Affairs, District/City Health Office, and related elements in providing education and understanding to pilgrims who are declared not meeting health istithaah.
- 8. The material on health istithaah and the fiqh of Hajj for the elderly should be included in the Ministry of Religious Affairs' Hajj manasik guidance manual.

To ease the burden of health check-up costs, the Ministry of Religious Affairs, the Ministry of Health, and BPJS Health are asked to discuss a scheme for financing health checks for pilgrims borne by BPJS Health.

DISCUSSION

In accordance with the Law Number 8 of 2019 concerning the Implementation of Hajj and Umrah, every Hajj pilgrim is entitled to health services. The law also states that health services to Hajj pilgrims are carried out before, during, and after performing the Hajj pilgrimage. Based on the mandate of the law, derivative regulations ranging from government regulations to Ministerial regulations were issued. Government Regulation No.8 of 2022 on the Coordination of Hajj Implementation regulates the involvement of various sectors in the Ministry to regional heads and representatives of the Republic of Indonesia in the

Kingdom of Saudi Arabia in organizing the Hajj from before departure, while in Saudi Arabia, to return to the homeland.¹⁴

Especially for services to elderly pilgrims, the 1444 Hijri/2023 AD Hajj pilgrimage received priority attention from the government. Starting with a special quota for elderly pilgrims stipulated in the Decree of the Minister of Religion of the Republic of Indonesia Number 189 of 2023 concerning the Indonesian Hajj Quota for 1444 Hijri/2023 AD. The decree states that Indonesia's hajj quota is 221.000 people consisting of 203.320 regular hajj pilgrims and 7.680 special hajj pilgrims.12 The regular hajj quota consists of 190.897 regular hajj pilgrims in the current year, 10.166 elderly priority quota, 685 supervisor quota, and 1.572 regional hajj officer quota. Meanwhile, the special hajj quota consists of 16.305 special hajj pilgrims with a priority of 177 elderly pilgrims, and 1.375 special hajj officer quota.¹² Seeing the large quota of elderly pilgrims in 2023, the Indonesian Ministry of Religious Affairs made a special program to improve services under the name "Elderly Friendly Hajj". This program focuses on the availability of infrastructure and facilities that support the needs and rights of the elderly; the realization of independent, healthy, active, and productive elderly; and the protection and assistance of elderly pilgrims who experience physical, mental, social, and economic limitations.

In the "Haji Ramah Lansia" program, 21 Standard Operating Procedures (SOPs) are prepared, starting from the release of the pilgrims in the district/city, at the embarkation, on the plane, during activities in Medina and Makkah, to the return to the country. The SOPs are documents that must be implemented by Hajj officers. The implementation of the SOPs can be linked to Hajj services before departure, during departure, while in Saudi Arabia, and until returning to the country. It is also mentioned that health services for elderly pilgrims are carried out by Hajj health workers, especially those provided by Geriatricians.

In the document search, the Infographic "Elderly Friendly Hajj Guide" was found but not in the form of a Regulation of the Minister of Religious Affairs of the Republic of Indonesia. A search of the regulation menu on the website www.haji.kemenag.go.id did not find any regulations or ministerial decrees that specifically regulate the services of elderly pilgrims. Meanwhile, health services are regulated in several regulations, including Regulation of the Minister of Health of the Republic of Indonesia Number 62 of 2016 concerning Hajj Health Services, ¹⁶ Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2016 concerning Hajj Health Istithaah, 22 Regulation of the Minister of Health of the Republic of Indonesia Number 9 of 2022 concerning Technical Guidelines for the Implementation of Hajj Health in Saudi Arabia, 19 and hajj health manasik documents that do not specifically discuss health services for elderly pilgrims. On the website www.puskeshaji.kemkes.go.id, there are no specific regulations or guidelines for the health of elderly Hajj pilgrims.

Seeing that the program that has been prepared has very good goals, starting from services when in the country, during travel, during the worship process and activities in Saudi Arabia, to returning to the country, it is necessary to develop regulations and guidelines that are specific to the services of elderly pilgrims. This is also considering the number of elderly pilgrims that continues to grow every year. The implementation of Hajj Health as stipulated in the Minister of Health Regulation No. 62/2016 on the Implementation of Hajj Health needs to be followed up with special policies related to the services of elderly pilgrims.

Policies that are needed in services to elderly pilgrims, especially related to health services, can be arranged based on the location of services, namely when in Indonesia and in Saudi Arabia, which are described as follows hajj health information for elderly pilgrims, hajj health status of elderly pilgrims, debriefing on health services for elderly pilgrims for Hajj health workers, provision of Hajj health infrastructure for elderly pilgrims, and handling of sick elderly pilgrims.²³

The implementation of Hajj health istithaah, especially the second stage examination which is carried out to determine istithaah for Hajj pilgrims who will depart in the current year, can be changed to become a requirement for Hajj pilgrims who will depart in the current year. Of course, this must be well communicated to pilgrims, especially elderly pilgrims who have been waiting for a long time to depart but will be constrained by the determination of health istithaah status in the second stage. The next important thing is the implementation of Hajj coaching to support elderly Hajj pilgrims to pass the second and third stages of the health istithaah examination.

In addition to the need for a special health service policy for elderly pilgrims, the Indonesian government needs to ensure the guarantee of services provided by Mashariq in Saudi Arabia for Indonesian pilgrims, so that the incident in Muazdalifah during the 2023 Hajj does not happen again. Accidental events are difficult to predict, but with the professionalism of Mashariq's work, unexpected events should be prevented.²⁰

CONCLUSION

Regulations related to elderly Hajj pilgrims have been mentioned in Law Number 8 of 2019 concerning the Implementation of Hajj and Umrah. Furthermore, in the derivative regulations of the law such as in Government Regulation Number 8 of 2022 concerning the Coordination of Hajj Implementation, there is no explicit mention of elderly pilgrims. The mandate for a special quota for elderly pilgrims is mentioned in the Decree of the Minister of Religious Affairs Number 189 of 2023 concerning the Indonesian Hajj Quota for 1444 Hijri/2023 AD for the implementation of Hajj in 2023.

Regulations related to the health services of elderly Hajj pilgrims are mentioned in the Regulation of the Minister of Health of the Republic of Indonesia Number 62 of 2016 concerning Hajj Health Services, Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2016 concerning Hajj Health Istithaah, Regulation of the Minister of Health of the Republic of Indonesia Number 9 of 2022 concerning Technical Guidelines for the Implementation of Hajj Health in Saudi Arabia and Hajj Health Manasik documents. None of these regulations specifically address health services for elderly pilgrims.

Seeing that the regulations do not specifically regulate health services for elderly pilgrims, it is felt that it is not enough to regulate health services specifically for elderly pilgrims. This is also considering the risk of morbidity and mortality of elderly Hajj pilgrims, which may increase as the number of elderly Hajj pilgrims increases in the coming year.

CONFLICT OF INTEREST

This research has no conflicts of interest because this research is normative.

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