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POLICY ANALYSIS OF HEALTH EXAMINATION OF HAJJ PILGRIMS IN SOUTH SUMATRA: COLLABORATION BETWEEN THE MINISTRY OF RELIGIOUS AFFAIRS AND THE PORT HEALTH OFFICE (KKP) PALEMBANG

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Abstract. Worshiping in a prime condition is a blessing for every religious community. This also applies to Muslims, who have a pillar in their religion that obliges them to perform the Hajj pilgrimage if they are able, both physically and financially. Specifically, for Muslims who are citizens of Indonesia, particularly in the city of Palembang, they face a phenomenon in which the number of Muslims who wish to perform the Hajj pilgrimage in this country is very large, resulting in the implementation of a waiting list program that requires Indonesian citizens who wish to perform the Hajj pilgrimage to wait for a period determined by the government. This condition, which requires Indonesian citizens to wait, combined with the large number of prospective Muslim pilgrims who wish to perform the Hajj pilgrimage, makes the waiting list provided by the government tend to take a considerable amount of time. The status of many prospective Hajj pilgrims who are in the elderly phase requires them to undertake the Hajj pilgrimage in a non-prime condition due to age factors and diseases they experience in old age. Government policies regarding the limitation of the number and capability of these prospective pilgrims have certainly created problems due to the large number of prospective pilgrims who fail to perform the Hajj pilgrimage.

Keywords: Pilgrims, Istithaah Policy, Waiting List.

I. INTRODUCTION

In Islamic teachings, Hajj and Umrah are part of the pillars of Islam that must be performed by Muslims worldwide, including Indonesia. This obligation requires an effective management system in its implementation. The word "hajj" originates from the Arabic word حج, which means purpose or intention. In the context of Islamic law, Hajj is defined as a journey to Baitullah to perform a series of ritual acts of worship at designated places. Meanwhile, Umrah, which literally means a visit or pilgrimage, is a form of worship that includes a series of rituals such as tawaf (circling the Ka'bah seven times), sa'i (walking between the hills of Safa and Marwah), and ends with tahallul (shaving or shortening the hair) (Imam asy-Syafi'i, 2010) in (Al-Bugha et al., 2012).

The implementation of Regular Hajj at the national level is under the control of the government as the main policymaker, which collaborates with various ministries and related agencies (Kemenkes RI, 2012). In this case, the Port Health Office is one of the related agencies that plays a role in the implementation of Hajj and Umrah throughout Indonesia, and the health of prospective Hajj pilgrims who will depart for Saudi Arabia is the main focus of the involvement of the Port Health Office in the implementation of Hajj and Umrah. Regulations from the Kingdom of Saudi Arabia require various vaccinations such as meningitis (Badan Pengelola Keuangan Haji, 2021). For Muslims from all over the world who will travel abroad, this also becomes a major supporting factor for the need for synergy among parties. Based on comprehensive services for Hajj pilgrims, it has been regulated in Law No. 8 of 2019 concerning the Implementation of Hajj and Umrah. This regulation outlines eight main aspects of service, including: registration process, cost payment system, Hajj ritual guidance, health services, transportation provision, accommodation facilities, food provision, as well as security and protection for pilgrims, as explained by Drs. H. Afrizal, M.M.Pd in (Munthazir, 2022).

According to the explanation above, it can be seen that health services are one of the important elements in the sustainability of the implementation of Hajj and Umrah; both vaccination and basic health examinations are the main responsibilities of the Port Health Office (KKP) as the primary provider of vaccination throughout Indonesia. This includes supervision of food processing facilities, sanitation evaluation, as well as monitoring the environmental quality of in-flight catering in airport areas, especially for Hajj flights. These measures are part of comprehensive efforts to ensure the health and safety of pilgrims (Rokom, 2017).

Istitha'ah in this context refers to the capability or ability of Hajj pilgrims, particularly in terms of health. Health istitha'ah for Hajj is an assessment of the physical and mental ability of

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pilgrims as measured through accountable health examinations. This aims to ensure that pilgrims are able to perform their worship in accordance with the prescribed pillars and procedures during the Hajj. Before registering and waiting for departure, prospective Hajj pilgrims need to understand all the requirements that must be fulfilled to perform the Hajj. These requirements include good health conditions, so that they can undergo the entire series of rituals safely and smoothly.

It is important for prospective Hajj pilgrims to realize that fulfilling health requirements is not only for personal interest, but also for the safety and comfort of other pilgrims. In addition, they must understand the consequences that may arise from the inability to meet these requirements. For example, if a prospective Hajj pilgrim is declared unfit in terms of health, they may have to postpone their departure or find a substitute to perform the Hajj on their behalf. Thus, a good understanding of health istitha'ah and the applicable requirements will help prospective Hajj pilgrims to better prepare themselves and undergo a meaningful Hajj experience (Listiyana, 2024).

In the implementation of Hajj and Umrah, the health aspect plays a vital role and becomes the responsibility of the Port Health Office (KKP). As an institution authorized in providing vaccination throughout Indonesia, the KKP is responsible for ensuring that health standards are met for prospective pilgrims before departure to the holy land, in accordance with Minister of Health Regulation No. 15 of 2016 concerning Health Istitha'ah for Hajj Pilgrims. The role of the KKP is not limited to vaccination and basic health examinations, but also includes broader preventive efforts. This includes supervision of food processing facilities, sanitation evaluation, as well as monitoring the environmental quality of in-flight catering in airport areas, especially for Hajj flights. These measures are part of comprehensive efforts to ensure the health and safety of pilgrims.

Data from the Ministry of Health of the Republic of Indonesia show that the majority of Indonesian Hajj pilgrims are elderly groups with high health risks, especially due to chronic and degenerative diseases. This condition results in high morbidity and mortality rates. Over the past decade, the most commonly encountered diseases among Hajj pilgrims include cardiovascular disorders, respiratory infections, chronic obstructive pulmonary disease (COPD), diabetes, hypertension, stroke, urogenital problems, geriatric conditions, psychiatric disorders, and malignancies. In cases where these diseases are in a severe stage, prospective Hajj pilgrims cannot meet the istitha'ah (capability) requirements to perform the Hajj (Ministry of Health, 2023).

The implementation of Hajj is a complex series of activities, starting from health examinations to the return of pilgrims to their home country. This process includes various stages such as registration, document preparation, Hajj ritual guidance, departure, and accommodation in the holy land. The Hajj Organizing Committee (PPIH) is specifically responsible for the departure and return process of pilgrims, prioritizing efficiency without compromising aspects of safety, orderliness, smoothness, and comfort. To create a conducive service environment, good coordination among all related parties is required.

The implementation of Hajj is a complex and lengthy series of activities. It begins from the stage of health examinations, the registration process, document preparation, Hajj ritual training, departure, provision of accommodation in the holy land, implementation of worship, to the return process to the home country. The Hajj Organizing Committee (PPIH) is specifically responsible for organizing the departure and return of pilgrims. In its implementation, the PPIH prioritizes efficiency while still maintaining aspects of safety, orderliness, smoothness, and comfort of pilgrims. The success of this service requires solid coordination and cooperation from various parties to create a conducive environment. Cooperation and coordination from all parties are required in order to create a conducive service atmosphere. Such a conducive atmosphere can be achieved if the Hajj organizers are able to provide guidance, services, and protection to pilgrims. Hajj organizers have three main duties:

1. Guidance: includes administrative services, transportation, health, and accommodation
2. Services: facilitating the opportunity to perform worship at an affordable cost
3. Protection: ensuring safety, security, and providing insurance

To support the implementation of these three aspects, organizers are required to provide various facilities and conveniences needed by pilgrims (Abdal, 2021). South Sumatra Province, particularly the city of Palembang, recorded a significant number of Hajj pilgrims for the 2024 Hajj season, with a total of 8,506 pilgrims. Departures were divided into two waves through Embarkation Palembang, with details as follows: 7,295 pilgrims from South Sumatra, 1,116 pilgrims from the Bangka Belitung Islands, and 95 Hajj officers in flight groups. The departure schedule was arranged into 19 flight groups (kloter) divided into two waves. The high number of prospective Hajj pilgrims from South Sumatra indeed requires special attention, especially in terms of implementing istitha'ah policies related to the physical, mental, and health readiness of prospective pilgrims. This istitha'ah policy is very important to maintain the quality of Hajj services, so that prospective pilgrims can carry out worship smoothly and in good health. In this regard, periodic evaluation is an appropriate step to assess the effectiveness of Hajj services in the South Sumatra region, especially in the city of Palembang. Reviewing developments and evaluating services can help identify existing shortcomings or challenges, so that relevant institutions can make appropriate improvements. This effort is not only beneficial for prospective Hajj pilgrims, but also for the overall implementation of Hajj, so that it can run more optimally in the future.

II. RESEARCH METHOD

The method used in this study is library research by examining online sources that discuss the implementation of Hajj and Umrah and are related to the topic of Hajj Istitha'ah. The analysis is conducted inductively with a focus on the interpretation of research findings rather than generalization. This study utilizes secondary data derived from various documents, photographic documentation, and relevant previous research studies. All collected data are then processed

and presented in the form of descriptive narratives, supplemented with supporting explanations, and organized according to the sequence of the research problems studied.

III. RESULT AND DISCUSSION

Implementation of Istitha'ah

Istitha'ah, which originates from the root word *ta'a, yati'u, tau'an*, etymologically means obedience, compliance, and submission, and terminologically is defined as a person's ability or capability to carry out acts of worship prescribed by Islamic law according to their condition. In the context of Hajj, istitha'ah includes four important aspects: physical ability, safety during the journey, availability of provisions, and access to transportation.

1) Physical Ability: The requirement of being physically healthy is the basis of istitha'ah in Hajj. If a person is elderly, senile, or seriously ill, Islamic law permits a substitute to perform Hajj on their behalf, provided that they have sufficient financial resources.
2) Travel Safety: A person must also feel safe during the journey to Mecca, both for themselves and their property. If there are threats, such as criminals or disasters, then they are not obliged to perform Hajj, as their safety is compromised.
3) Provisions and Family Needs: A prospective pilgrim must have sufficient financial resources to meet their personal needs and those of their family until the Hajj is completed. This includes food, clothing, housing, work equipment, and health costs.
4) Transportation: Istitha'ah also requires prospective pilgrims to have adequate transportation to travel to and from the destination, whether by land, sea, or air.

With the fulfillment of these four aspects, a Muslim is considered to have the capability (istitha'ah) to perform the Hajj pilgrimage (Hasana, 2019).

Based on this explanation, the researcher considers that the implementation of the istitha'ah policy is very important, considering the dense schedule and activities, both in worship and travel, that must be undertaken by Hajj pilgrims. However, in its implementation, not a few prospective pilgrims and their relatives feel that the application of this policy appears less effective and unfair, considering the long waiting time for pilgrims who wish to perform one of the pillars of Islam. This is caused by the massive number of applicants from Indonesia and the quota determined by the Government of Saudi Arabia, as mentioned in the introduction.

As of February 2023, it was recorded that 370 prospective Hajj pilgrims canceled their departure (Elko, 2023). Health istitha'ah is an important component in the implementation of Hajj, considering that this activity requires a prime physical condition. In addition, for prospective pilgrims who have physical limitations, the presence of a companion is highly necessary to ensure that the pilgrimage can be carried out safely. The absence of appropriate companions for those who require them also contributes to the number of cancellations, so that the process of health examination and the eligibility of companions becomes an essential factor in Hajj planning and implementation.

The delay in the departure of Hajj pilgrims in Indonesia, including in the South Sumatra region, is closely related to the aspect of istitha'ah or capability. Although prospective pilgrims have met the requirements in terms of physical ability, provisions, transportation, and cost, they still have to wait a long time for departure due to the waiting list system implemented. This waiting list system causes prospective pilgrims who are actually ready and meet the requirements to perform Hajj to wait for years until they receive their departure schedule, in accordance with the provisions issued by the Ministry of Religious Affairs. This condition adds challenges for prospective pilgrims, especially those who are elderly or have health conditions that may change over time. The longer they wait, the greater the possibility that their physical ability will decline. This shows that even though istitha'ah in terms of personal capability has been fulfilled, administrative constraints in the form of a waiting list become a delaying factor that must be anticipated so that prospective pilgrims can still perform Hajj in optimal condition.

Therefore, the implementation of istitha'ah is often considered a rather burdensome requirement and, for some prospective pilgrims, appears as an obstacle in the departure process. For those who do not meet the health or physical capability requirements, the istitha'ah regulations may feel like a barrier, even though their main purpose is to protect their safety and health during the Hajj pilgrimage. Although istitha'ah has good intentions, for prospective pilgrims who have waited for a long time and are ready to depart, this requirement can cause disappointment. In order for its implementation to be more inclusive, solutions are needed that consider a balance between meeting capability requirements and providing adequate companions, especially for those who have physical limitations but still wish to perform Hajj. Optimal assistance and clearer socialization regarding the benefits of *istitha'ah* can help prospective pilgrims understand the importance of this requirement as an effort to maintain the smoothness and safety of their worship in the holy land (Hasana, 2019). Therefore, in its implementation, istitha'ah is often considered a requirement that is burdensome and appears to be an obstacle to departure for some prospective pilgrims who do not meet the requirements.

Religious Perspective on Istitha'ah

Imam Shafi'i views istitha'ah, or the capability to perform Hajj, as consisting of two types:

1) Perfect Capability: A person who has physical ability and sufficient financial resources to perform Hajj is considered to have perfect capability (*istitha'ah kamilah*). In this condition, they are obliged to perform Hajj themselves without any alternative.
2) Capability with Physical Limitations: If a person does not have the physical ability to perform Hajj themselves, for example due to weakness or illness that prevents them from riding a vehicle, they are still obliged to perform Hajj through other means. If they are able to hire or request a trustworthy and obedient person to perform Hajj on their behalf, then they are still considered among those who are obliged to perform Hajj, similar to those who are able to perform it themselves.

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This view emphasizes that the obligation of Hajj remains even if a person has physical limitations, as long as they have sufficient financial resources to appoint someone else to perform Hajj on their behalf. Imam Shafi'i defines istitha'ah as readiness that includes sufficient provisions and transportation for the journey to Baitullah, both for departure and return. In other words, a person is considered to have istitha'ah if they are financially able to meet basic needs during the journey and have access to safe and adequate transportation (Imam Abi Abdullah Muhammad Ibnu Idris Asy-Syafi'i, 1971:123) in (Hasana, 2019). The majority of Indonesian society, which follows the Shafi'i school of thought, considers this view highly relevant as the main reference in the implementation of Hajj. The emphasis on provisions and transportation in the concept of istitha'ah is also in line with the geographical conditions of Indonesia, where travel to Mecca requires substantial financial and logistical preparation. This view helps shape Hajj-related policies in Indonesia that take into account financial readiness and travel facilities as part of the obligatory requirements for Hajj.

The obligatory requirements for Hajj according to Imam Shafi'i also include aspects of safety during the journey, both for oneself and one's property. This safety includes protection from threats such as theft, including disturbances from individuals who may take belongings secretly. Safety also includes security during sea travel. If sea travel poses a high risk, for example due to large waves or other life-threatening dangers, then Hajj is not obligatory. In fact, in dangerous situations, it is prohibited to board a ship. For women, the obligatory requirements for Hajj include all the conditions above, with the addition of the presence of a mahram, husband, or a trustworthy group of women, even if they are slaves. This provision is based on the ruling that prohibits women from traveling without a companion, even for short distances. If a woman is in a large and trustworthy group, she is permitted to perform obligatory worship, but not voluntary worship (Al-Dimyathy al-Syafi'i, n.d., 283–284) in (Hasana, 2019).

From the explanation above, it can be understood that Imam Shafi'i interprets istitha'ah as the availability of provisions, transportation, and safety during the journey. Therefore, a person who has sufficient provisions for themselves and their family left behind, has transportation that can take them to Baitullah and return, and has safety during the journey, is obliged to perform Hajj. It can also be understood that Imam Shafi'i has several requirements for prospective pilgrims who wish to perform Hajj. These various requirements are supported by evidences that have been previously studied by considering various aspects that can serve as guidance for Indonesian Muslims in performing Islamic teachings in accordance with the applicable sharia, in order to ensure the proper implementation of worship, in this case the performance of Hajj and Umrah. If a person has fulfilled the three requirements of having sufficient provisions, adequate transportation, and safety during the journey, then they are considered obliged to perform Hajj. This understanding helps prospective pilgrims assess their readiness comprehensively before departure, so that the Hajj pilgrimage can be carried out properly and safely.

Compliance with Host Country Regulations

Indonesia, as the country with the largest Muslim population in the world, receives special attention from the Government of Saudi Arabia. This is reflected in the allocation of a relatively large Hajj quota for Indonesia, which continues to increase every year. However, this increase in the number of pilgrims brings its own challenges in the implementation of Hajj health services, which are becoming increasingly complex in the future. The implementation of Hajj is the responsibility of the government, as regulated in Law No. 13 of 2008 concerning the Implementation of Hajj. The law emphasizes that the implementation of Hajj includes guidance, services, and protection for Hajj pilgrims. The Ministry of Health also plays an important role in this regulation through Minister of Health Regulation (Permenkes) No. 15 of 2016 concerning Health Istitha'ah for Hajj Pilgrims, as well as Permenkes No. 62 of 2016 concerning the Implementation of Hajj (Syam, 2019).

This regulation aims to ensure that Hajj pilgrims meet health requirements before departure, as well as to provide adequate health services during the implementation of Hajj. With the existence of this regulation, it is expected that health problems faced by Hajj pilgrims can be minimized, and the Hajj pilgrimage can be carried out smoothly and safely. Compliance with this regulation is very important, not only to maintain the health of pilgrims but also to meet international standards set by the Government of Saudi Arabia as the host country. Facts show that the Government of Saudi Arabia has an obligation to protect Hajj pilgrims from the transmission of diseases that may arise due to the gathering of pilgrims from various countries. This protection is very important, considering the very large and diverse number of pilgrims who come to Saudi Arabia each year. As a concrete step in maintaining the health of Hajj pilgrims, cooperation has been established between the Government of Indonesia and the Government of Saudi Arabia, particularly through the Ministry of Health of Saudi Arabia and the Ministry of Health of the Republic of Indonesia. This cooperation was realized through the Joint Working Group on Health Cooperation (JWHG) meeting held in Riyadh on March 4, 2019 (Rokom, 2019).

This cooperation aims to improve the quality of health services for Indonesian Hajj pilgrims and to ensure that all health protocols are properly implemented. This includes various aspects, such as disease prevention and management, vaccination, as well as monitoring the health of pilgrims before and during the Hajj pilgrimage. With this collaboration, it is expected that the health and safety of Indonesian Hajj pilgrims can be better maintained, as well as reducing the risk of disease transmission among pilgrims coming from various countries.

This cooperation also aims to enhance the safety and health of Indonesian Hajj pilgrims, as well as to ensure that all preventive measures are effectively implemented, considering the high health risks during the Hajj pilgrimage. With this collaboration, it is expected that the Hajj experience for Indonesian pilgrims can take place more safely and comfortably. The right to perform the Hajj pilgrimage has become a serious concern of the Indonesian government, especially regarding the health conditions of prospective pilgrims.

Figure 1. Signing of health cooperation between Indonesia and Saudi Arabia
Source:https://sehatnegeriku.kemkes.go.id/baca/umum/20190304/1129635/indonesia-arab-saudi-sepakati-2-bentuk-kerja-bidang-kesehatan/

The following are provisions regulating prospective Hajj pilgrims under various health conditions:

1) Pregnant Women: Women who are pregnant, with a gestational age of 14 to 26 weeks, are allowed to depart for Hajj. This decision is regulated in the Joint Decree of the Minister of Religious Affairs and the Minister of Health and Social Welfare No. 458 of 2000 and No. 1652.A/Menkes-Kesos/SKB/XI/2000, which states that pregnant female prospective pilgrims may perform the Hajj pilgrimage provided that their health condition is adequate.
2) Hemodialysis Patients: Patients undergoing hemodialysis are also recognized as having the right to perform Hajj. This is in accordance with Minister of Health Regulation No. 15 of 2016 concerning Health Istitha'ah for Hajj Pilgrims, which provides guidance for patients with certain medical conditions so that they can perform Hajj safely.
3) Prospective Pilgrims Prohibited from Departure: There are several health conditions that make a person not permitted to depart for Hajj, including:
    a. Chronic Obstructive Pulmonary Disease (COPD) Stage IV
    b. Heart Failure Stage IV
    c. Chronic Kidney Failure Stage IV
    d. AIDS Stage IV
    e. Extensive Hemorrhagic Stroke (Syam, 2019).

These provisions are also regulated in Minister of Health Regulation No. 15 of 2016, which emphasizes the importance of the health condition of prospective Hajj pilgrims to ensure safety during travel and the performance of worship. These provisions demonstrate the government's commitment to ensuring that prospective Hajj pilgrims who depart have adequate health conditions, in order to maintain safety and the smooth implementation of the Hajj pilgrimage. The government also seeks to provide fair rights for those who may have certain health conditions to still be able to perform the Hajj pilgrimage in a safe manner.

Considering the points that serve as benchmarks for the government in prohibiting the departure of Hajj pilgrims with certain conditions is a step that has good intentions. In addition to attempting to protect citizens from the threat of communicable diseases and the decline of physical conditions that may endanger lives, the Indonesian government also needs to maintain good relations with Saudi Arabia as the host country and organizer of Hajj and Umrah. The regulations set by the Government of Saudi Arabia are absolute and cannot be contested, considering the position of Saudi Arabia as the host country and Indonesia as a guest that intends to perform worship and visit the country. Compliance with the regulations implemented by the host country is also an important aspect in maintaining good relations between the two countries, in order to create opportunities for various types of cooperation in the future.

IV. CONCLUSION

The delay in the departure of Hajj pilgrims in Indonesia, especially in South Sumatra, has become a significant issue in the context of implementing Hajj in accordance with the Shafi'i school of thought, which is followed by the majority of Muslims in Indonesia. In this school, the concept of istitha'ah includes three important elements: provisions, transportation, and safety during the journey. onsidering the very large number of prospective Hajj pilgrims in Indonesia, if all prospective pilgrims were to be departed in the same year they registered, this could lead to high security risks during the journey. Given that Hajj pilgrims come not only from Indonesia but also from many other countries, the implementation of a waiting list system becomes very important. This system allows the government to manage the number of Hajj pilgrims more effectively, thereby ensuring safety and comfort during the journey. Without a waiting list system, the government would not be able to provide adequate security guarantees for Hajj pilgrims. In addition, this situation would exceed the capacity or quota set by the Government of the Kingdom of Saudi Arabia. This quota is regulated in a Memorandum of Understanding (MoU) between the Government of Indonesia and Saudi Arabia regarding the preparation for the implementation of Hajj each year. The determination of this Hajj quota refers to the agreement reached at the Summit of the Organization of Islamic Cooperation (OIC) held in 1987 in Amman, Jordan. This agreement creates a clear framework for regulating the Hajj pilgrim quota, enabling the government to more easily plan and implement a safe and orderly Hajj program. Thus, the delay in the departure of Hajj pilgrims is not only an administrative issue, but also related to aspects of safety and security that must be seriously considered. Regarding the effectiveness of the implementation of this limitation policy, the researcher assesses that the Government, both the Ministry of Religious Affairs and the Port Health Office (KKP) in South Sumatra Province, has performed its duties quite well. The reduction of risks related to the condition of the pilgrims themselves is evident. The health and safety of Indonesian citizens abroad are the primary responsibility of the state, in this case the Ministry of Religious Affairs and the Port Health Office as the main policymakers who have considered the advantages and disadvantages of policies applied to every citizen. Differences of opinion are certainly natural when they

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involve the rights of many citizens. Prospective pilgrims and their relatives may feel burdened by the limitation policies implemented. The long waiting time, combined with the public perception that Hajj is an absolute religious obligation, becomes the main reason why prospective pilgrims whose departures are canceled by the government tend to feel dissatisfied and perceive the policy as unfair and burdensome. However, on the other hand, the government is only trying to protect its citizens from all threats and risks that may occur. The government has also considered various factors, both in terms of security and religious perspectives. The view of the Shafi'i school, which states that the obligation of Hajj is waived for a Muslim under certain conditions, is in line with the policy formulated by the government, which is then implemented as a limitation policy known as istitha'ah.

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