



POLICY OF HEALTH CHECK-UP ON PROSPECTIVE HAJJ PILGRIMS

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Abstract:

The purpose of this study is to investigate and analyze the health examination policy for Prospective Hajj Pilgrims (PHP) and the issues encountered. The research method employed is juridical-normative, using a legislative approach, with secondary data consisting of legislation and reference sources. The collected data were analyzed using descriptive-analytical techniques. The findings indicate that the PHP health examination program by the district health office has implemented the Minister of Health Regulation regarding PHP Health Isthita'ah through a first and second stage examination mechanism for determining health isthita'ah status which includes anamnesis, physical examination, supporting examinations, diagnosis, determination of health isthita'ah, recommendations, and follow-up plans on examination results. However, there are policy gaps regulating disease criteria that meet the istitaah requirements and are fit to fly at the third stage of inspection. There is no continuity of the first and second stage inspection policy with airworthiness. Technical instructions that regulate the limits of the health development program for PHP need to be adjusted to improve the health status of those PHP and provide certainty regarding the departure of PHP in terms of health.

Keywords: Istitaah; Policy; Hajj Pilgrims

Abstrak:

Tujuan dari penelitian ini adalah untuk mengetahui dan menganalisis tentang kebijakan pemeriksaan kesehatan Calon Jemaah Haji (CJH) dan masalah yang dihadapi. Metode penelitian yang digunakan yaitu yuridis normative, dengan pendekatan perundang-undangan, data yang digunakan yaitu data sekunder berupa data yang telah ada baik itu data yang berupa perundang-undangan dan sumber referensi, data yang terkumpul dianalisis dengan menggunakan Teknik deskriptif analitis. Hasil penelitian menunjukkan bahwa program pemeriksaan kesehatan CJH oleh kantor kesehatan kabupaten telah menerapkan Peraturan Menteri Kesehatan tentang Isthita'ah Kesehatan CJH melalui mekanisme pemeriksaan tahap pertama dan kedua untuk menentukan status isthita'ah kesehatan yang meliputi anamnesis, pemeriksaan fisik, pemeriksaan pendukung, diagnosis, penentuan isthita'ah kesehatan, rekomendasi, dan rencana tindak lanjut atas hasil pemeriksaan. Namun, terdapat kesenjangan kebijakan yang mengatur kriteria penyakit yang memenuhi persyaratan istitaah dan siap terbang pada tahap ketiga pemeriksaan. Tidak ada kelanjutan kebijakan pemeriksaan tahap pertama dan kedua dengan keamanan udara. Instruksi teknis yang mengatur batasan program pengembangan kesehatan untuk CJH perlu disesuaikan untuk meningkatkan status kesehatan para CJH tersebut dan memberikan kepastian mengenai keberangkatan para CJH dari segi kesehatan.

Kata Kunci: Istitaah; Jemaah Haji; Kebijakan

A. Introduction

The Hajj pilgrimage is the fifth pillar of Islam that is required for Muslims who are able to afford it. The word capable in the Hajj pilgrimage is known as *istitaah*. One of the elements of *istitaah* or the ability of a Muslim to carry out the Hajj pilgrimage is having physical and mental abilities. Hajj pilgrims' health requirements according to Minister of Health Regulation Number 15 of 2016 are the Hajj pilgrims' ability from health aspects which includes physical and mental health as measured by accountable examinations so that Hajj pilgrims can carry out their worship according to Islamic religious guidelines.(Elwindra, 2022)

Law Number 8 of 2019(Republik Indonesia, 2019) mandates that pilgrims departing for the holy land are those who have met health requirements. Minister of Religion Regulation Number 13 of 2021(Kementerian Agama RI, 2021) states that the requirements for a Hajj pilgrim that paying off the cost of the Hajj must meet the health requirements. The implementation of Hajj health aims to achieve *istithaah* health conditions for Hajj pilgrims, control risk factors for Hajj health, and keep Hajj pilgrims in good condition. healthy while in Indonesia, during the trip, and Saudi Arabia, preventing the transmission of infectious diseases that may be carried out and/or in by Hajj pilgrims, and maximizing community participation in organizing Hajj health. From a juridical and empirical perspective, regulations regarding Hajj pilgrims' health regulations are seen as not having a policy that regulates the first and second stages of health examinations of prospective Hajj pilgrims and the third stage of examination regarding airworthiness so that the implementation of health guidance for prospective Hajj pilgrims is not running optimally.

Based on the report on the implementation of the Hajj embarkation Surabaya in 2023(Kantor Kesehatan Pelabuhan Kelas I Surabaya, 2023), there were 38,380 people who had carried out the third stage of inspection and were declared fit to fly, totaling 38,364 people, consisting of 18,265 men and 20,159 women. There were 16 prospective pilgrims who were declared unfit, consisting of 5 men and 11 women considering that 11 people were sick and 5 people were pregnant. A total of 11 prospective pilgrims arrived at embarkation in sick condition and some were even breathless and on oxygen. Medical measures and treatment have been carried out on the congregation but their health condition has not recovered. Meanwhile, 5 other prospective pilgrims were not eligible because they were pregnant with a gestational age of less than 14 weeks or not. carry out Meningococcal Meningitis vaccination. This is not yet in line with the coaching flow. health of prospective Hajj pilgrims which states that only prospective Hajj pilgrims who meet the criteria or meet the requirements with assistance can continue to enter the Hajj dormitory. Determination of these criteria is based on the first and second stages of health examination in determining *istitaah*.

To ensure the novelty or originality of this research, the author will attempt to provide an analysis of the originality of the study by comparing it with previous research. The first study that explored and analyzed this theme was conducted by Fitria Prihatini, titled "Health Examination and Counseling for Hajj Pilgrims in Bandung City," published in the Journal of Persada Husada Indonesia, Vol 8 No 28 (2021). Fitria Prihatini's research concluded that the implementation of health counseling for Hajj pilgrims in Bandung City was well-coordinated, describing the process of implementation. This study differs from the author's research, which focuses more on exploring the issues of health examinations for prospective Hajj

pilgrims. Additionally, the research objects and locations differ, as the previous researcher conducted the study in West Java, while the author conducted it in East Java. (Prihatini, 2021)

The second study was conducted by Sadli Syarifuddin, Dhani Wijaya, Lailatul Masudah, titled "Perceptions of Prospective Hajj Pilgrims Toward Interprofessional Education Programs Based on Hajj Health," published in the *Journal of Islamic Pharmacy*, Volume 7 (2) 2022. The results of their research focused on the Interprofessional Education Program Based on Hajj Health, which was well-received by Hajj pilgrims. The author's research has substantial differences, as it does not discuss programs but rather focuses on the government's health examination policies for Hajj pilgrims. (Syarifuddin et al., 2023)

The last study was conducted by Rizawati Ramli et al., titled "Hajj Health Examination for Pilgrims with Asthma in Malaysia: An Ethnographic Study," published in the *Journal of Global Health*, volume 12, 2022. Their research showed that there is potential to reform the existing Hajj health certification system to optimize its benefits for pilgrims with asthma. This study differs from the author's research, which focuses on the issue of health among prospective Hajj pilgrims in general, rather than on a specific type of health condition. (Ramli et al., 2022)

Based on the background above, this article will focus on understanding and analyzing the health examination policies for Prospective Hajj Pilgrims (PHPs) and the challenges they face.

B. Research Method

This research is a type of juridical-normative study with a legislative approach. It is based on secondary data, which refers to existing data. The secondary data includes primary legal materials related to health examination policies for prospective Hajj pilgrims, as well as secondary legal materials such as online sources like journals and offline sources like books and other literature. The data obtained through literature review by the researcher are analyzed using a descriptive analytical technique

C. Discussion

The Hajj health istithaah regulation aims to carry out health checks and health guidance for prospective Hajj pilgrims so that they can carry out their worship in accordance with the provisions of Islamic religious teachings. Health checks are carried out as a basis for implementing health guidance for Hajj pilgrims in the framework of Hajj pilgrims' health istithaah. The Health Examination as intended includes the first, second and third stages of examination. The aim of health checks for prospective Hajj pilgrims before leaving is to identify and control health risk factors for Hajj pilgrims so that they are able to carry out the Hajj in accordance with Islamic law without endangering the health of themselves and others.

The first stage of health examination is carried out by the district/city Hajj health management team at the health center and/or hospital. In there the Hajj pilgrims register to get a portion number to determine the health status of the Hajj pilgrims as high risk or not high risk. The second stage of the Health Examination is carried out by the district/city Hajj health organizing team at the health center and/or hospital. These government has determined the certainty of departure of the Hajj pilgrims in the current year, to determine the Hajj pilgrims' health schedule. Meanwhile, the third stage of health examination is carried out by the PPIH Embarkation Health Sector at

embarkation when the Hajj pilgrims are approaching departure to determine the health status of the Hajj pilgrims as whether they are fit to fly or not.

Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/MENKES/2118/2023(Kementerian Kesehatan RI, 2023) states that the health examination of Hajj pilgrims consists of:

- a) medical examination (medical check-up);
- b) cognitive examination;
- c) mental health examination; And
- d) examination of the ability to carry out daily living activities independently

High risk health status is assigned to prospective Hajj pilgrims aged 60 years or more and/or have health risk factors and health problems that have the potential to cause limitations in carrying out the Hajj pilgrimage. The previous regulation that became the basis was Minister of Health Regulation Number 15 of 2016 which states that there are 4 (four) health criteria set for prospective Hajj pilgrims during the second stage of examination, namely:

1. Prospective Hajj pilgrims who are determined to meet the Hajj health isthita'ah requirements are Hajj pilgrims who have the ability to participate in the Hajj pilgrimage process without the help of medicine, equipment, or other people with a physical fitness level of at least the adequate category. Determination of fitness level is carried out through fitness examinations that are tailored to the individual characteristics of the Hajj pilgrims.
2. Hajj pilgrims who are determined to fulfill the Hajj health isthita'ah requirements with assistance according to the following criteria:
 - a. 60 years of age or older;
 - b. Suffering from certain diseases that are not included in the criteria for not fulfilling the requirements for temporary isthita'ah and/or not fulfilling the requirements for isthita'ah Hajj pilgrims who fulfill the Hajj health requirements with assistance are: Hajj pilgrims who require assistance with medicine, equipment and/or other people. Hajj pilgrims requiring assistance with medicines and medical equipment according to these criteria are Hajj pilgrims suffering from a disease that is not included in the criteria for not fulfilling the istitaah requirements temporary Hajj health and/or does not meet the Hajj health requirements
3. Hajj pilgrims who are determined not to fulfill the Hajj health isthita'ah requirements temporarily with the following criteria:
 - a. Does not have a valid international vaccination certificate (ICV).
 - b. Suffering from certain diseases that have a chance of being cured, including: BTA Positive Sputum Tuberculosis, Multi Drug Resistance Tuberculosis, Uncontrolled Diabetes Mellitus, Hyperthyroidism, HIV/AIDS with chronic diarrhea, Acute Stroke, Gastrointestinal Bleeding, Gravis Anaemia.
 - c. Suspected and/or confirmed infectious disease with outbreak potential.
 - d. Acute psychosis.
 - e. Limb fractures requiring immobilization.
 - f. Spinal fracture without neurological complications. Pregnancy whose predicted gestational age at the time of departure is less than 14 weeks or more than 26 weeks. Hajj pilgrims who do not meet the temporary Hajj health requirements are pilgrims with the following criteria:

- a) anemia with hemoglobin < 8.5 g/dL;
 - b) suffering from tuberculosis with positive BTA;
 - c) uncontrolled diabetes mellitus with HbA1c value > 8%;
 - d) stage 3 hypertension (systolic blood pressure \geq 180 mmHg and/or systolic \geq 110 mmHg);
 - e) stage 3 renal failure with uncontrolled comorbidities (uncontrolled hypertension and diabetes mellitus);
 - f) suffered an uncomplicated leg fracture; and/or
 - g) pregnant women whose gestational age is predicted to be less than 14 weeks or more than 26 weeks at the time of departure at embarkation.
4. Hajj pilgrims who are determined not to meet the Hajj health isthita'ah requirements with the following criteria:
- a. Clinical conditions that can be life-threatening include: Chronic Obstructive Pulmonary Disease (COPD) grade IV, Heart Failure Stage IV, Chronic Kidney Disease Stage IV, with peritoneal dialysis or regular hemodialysis, stage IV AIDS with opportunistic infections, extensive haemorrhagic stroke.
 - b. Severe mental disorders, including: severe schizophrenia, severe dementia, and severe mental retardation.
 - c. Congregants with illnesses that are difficult to hope for recovery from, include: end-stage malignancies, Tuberculosis Totaly Drugs Resistance (TDR), cirrhosis or decompensated hepatoma.

Furthermore, there is a classification of Indonesian Hajj pilgrims according to their health level, which is as follows (Deswara, 2023):

1. Independent Hajj pilgrims are pilgrims who have the ability to take part in the Hajj pilgrimage without depending on the help of equipment or medicine or other people.
2. Observation pilgrims are pilgrims who have the ability to follow the journey Hajj with the help of tools or medicine.
3. Supervised pilgrims are Hajj pilgrims who have the ability to take part in the Hajj pilgrimage with the help of equipment or medicine and other people.
4. Postponed Hajj pilgrims are pilgrims whose health conditions do not meet the requirements take part in the pilgrimage.
5. High risk Hajj pilgrims are Hajj pilgrims with health conditions who are epidemiologically at risk of getting sick and/or dying during the Hajj pilgrimage, including elderly pilgrims, Hajj pilgrims suffering from certain infectious diseases who cannot be brought out of Indonesia based on applicable health regulations, pilgrims Hajj, pregnant women, and Hajj pilgrims with certain disabilities related to chronic illnesses and/or certain other illnesses

In the health examination system for Hajj pilgrims in Indonesia, there needs to be coordination between health centers/health services, hospitals, and at the embarkation stage. In primary health services, Hajj pilgrims undergo a health examination to obtain a diagnosis of their health status before going to the hospital to undergo a referral examination and to find out a more complete profile of their health status. At the embarkation stage, Hajj pilgrims only need to undergo screening to confirm that they are fit to fly. Because of all the Hajj pilgrims whose journey to

Saudi Arabia was delayed, there were 20% who were able to leave (Rustika et al., 2020). The results of another study stated that according to health isthitaah (policy implementation), there were 20% of Hajj pilgrims whose journey was delayed due to health problems. Most of them suffer from chronic kidney disease, dementia, or pulmonary tuberculosis. This shows chronic kidney disease affects 19.3% of Hajj pilgrims, making it a national health problem in Indonesia (Herman et al., 2016)

The function and benefit of health coaching during the waiting period and health coaching during the departure period is to optimize the health condition of prospective Hajj pilgrims until the departure period, and if there are prospective Hajj pilgrims who have chronic illnesses, they will be managed until they are stable and ready to depart (Kurniasih, 2018).

The third stage of health examination is carried out to determine the health status of the Hajj pilgrims as whether they are fit to fly or not. The criteria for being fit to fly refer to the provisions of medical guidelines from IATA (International Air Transport Association, 2018) which are the standard standards for health factors in civil aviation. In general, IATA medical guidelines mention several categories of diseases that need attention to determine fitness to fly, including cardiovascular and circulatory disorders, blood disorders, respiratory disorders, central nervous system disorders, digestive disorders, ear nose and throat disorders, mental illnesses, eye disorders due to surgery, pregnancy, post radiology therapy and chemotherapy, post bone surgery.

The policies that have been published regarding the first and second stages of inspection are partial. Most of them have included criteria for being fit to fly, such as gestational age and anemia hemoglobin < 8.5 g/dL., suffering from tuberculosis with BTA positive, hypertension stage 3 (systolic blood pressure ≥ 180 mmHg and/or systolic ≥ 110 mmHg), stage 3 renal failure with uncontrolled comorbidities (uncontrolled hypertension and diabetes mellitus). The criteria it is stated that it falls into the category of not meeting the Hajj health requirements temporary. However, if the health condition is not under control, the Hajj pilgrims are given permission opportunity until the final deadline for the Hajj health examination. If the health condition remains If it is not controlled, the congregation concerned will be declared not to have fulfilled the istitaah requirements temporary Hajj health and postponing his departure to the current year or following up according to the provisions (Kementerian Kesehatan RI, 2016). This has become a polemic regarding the final deadline for determining health terms after carrying out the second stage of inspection, and before the prospective Hajj pilgrims enter embarkation at the time of departure.

In 2023, several cases were found that prospective Hajj pilgrims who should have set criteria did not meet the temporary Hajj health requirements such as anemia with hemoglobin < 8.5 g/dL, hypertension stage 3 (systolic blood pressure 180 mmHg and/or systolic 110 mmHg but entered the embarkation dormitory with status meeting the requirements with assistance. This had the impact that the prospective Hajj pilgrims had to postpone their departure because they were unfit flying. In several other cases, such as a decrease in blood oxygen levels measured using pulse oximetry with a O_2 level of less than 90% which is the criterion for being unfit to fly, whereas in the first and second stages of the examination, this is not an examination standard. According to IATA standards that the relative decrease in atmospheric pressure affects human physiology. The reduced partial pressure of oxygen creates mild hypoxia that is well tolerated by healthy individuals. However, passengers or crew

members suffering from heart disease, lung disease, anemia, etc. may be adversely affected. Reduced total pressure will cause expansion in commercial aircraft. gas. For example, some body cavities contain gas, these cavities will be affected by gas expansion, especially affecting the middle ear, sinuses and intestines. This also explains why passengers with active pneumothorax are inadmissible for air travel.

The airworthiness indicator needs to be a criterion in determining istithaah since the second stage of the health examination is carried out, so that the criteria set for prospective Hajj pilgrims who meet the requirements or fulfill the requirements with assistance are in accordance with the flightworthiness criteria. Health training regarding airworthiness is only carried out at the embarkation phase where prospective pilgrims will depart (1 day before departure), not from the first or second stage of inspection, so that potential pilgrims who meet the istithaah requirements but are not fit to fly can occur.

Based on the results of the stage 3 health examination, it shows that there are still several prospective Hajj pilgrims who enter the Hajj dormitory but are declared unfit to fly. Of the 38,380 prospective Hajj pilgrims whose total results from the second stage of the examination met the criteria of meeting the requirements or fulfilling the requirements with assistance, 38,364 were declared fit to fly, consisting of 18,265 men and 20,159 women. Meanwhile, 16 other people were declared unfit to fly. 5 prospective pilgrims were declared unfit to fly because they were pregnant with a gestational age of less than 14 weeks or had not been vaccinated against Meningococcal Meningitis. And 11 other people were declared unfit because they were sick. Prospective pilgrims who arrived at embarkation were already sick, some even arrived at embarkation in a congested condition and on oxygen and after medical treatment and treatment their health condition still had not recovered. Apart from that, there are also prospective Hajj pilgrims entering the Hajj dormitory who should be ready to fly, who must immediately receive medical treatment. During the third stage of the health examination at the Surabaya Embarkation, 1,889 health services were provided. These include outpatient care at the embarkation clinic for 1,746 services and referrals for 112 services. The most referral cases were suspected TB (pro BTA) with 54 referrals, with details of 53 outpatient referrals and 1 inpatient referral because they were positive for TB. Apart from that, there are 31 inpatient services at the Haji Hospital Surabaya embarkation referral hospital.

Examples of other cases that occurred in West Java Province include the case of a congregation suffering from MDR TB whose departure was postponed but did not want to undergo further treatment and threatened to be taken to court. Finally, the congregation asked for a certificate from a specialist doctor stating that they were fit to go on Hajj. But after given an explanation regarding the Hajj pilgrims' health policy, the specialist realized his mistake. The second case was a Hajj pilgrim who was pregnant and was vaccinated not in accordance with applicable regulations. The obgyn doctor provides a certificate stating that the person concerned may be vaccinated and may participate in the Hajj. To strengthen their desires, the congregation sought support from foundations, NGOs that were quite strong. So the Health Service is trying to explain the rules where pregnant Hajj pilgrims with a gestational age of less than 14 weeks based on existing regulations cannot be vaccinated or are 36 weeks or older. The congregation insisted with the support of a letter from a gynecologist. This illustrates that not all health facilities understand the health policy for Hajj pilgrims, so it is homework for the Health Service both in

districts/cities and provinces to be able to socialize it in their work areas (Prihartini, 2021).

Implementation of the health isthitaah policy did not run optimally due to minimal collaboration between the Ministry of Health and the Ministry of Religion, as well as the community's lack of knowledge about health isthitaah in the area (Rustika, 2020). In line with this, further research results from Rustika et al show that the level of knowledge of Hajj pilgrims regarding Health Istithaah is generally low at 59.7%. The knowledge understood by Hajj pilgrims in this study is regarding the concept of Istithaah which is explained by the ministry of religion and the ministry of health. Research conducted by Rustika shows that the dominant factors that determine health istithaah actions are knowledge, attitude and waiting time. Knowledge has a risk of 2.6 times the risk of health isthitaah actions. Therefore, to increase the knowledge and attitudes of prospective Hajj pilgrims, they need to socialize about health istithaah through health promotion programs (Rustika et al., 2019).

The results of other research show that there are weaknesses in the implementation of the Hajj pilgrimage, especially in the regions, namely weaknesses in terms of Hajj health services, namely socialization of Hajj health service standards, non-optimal implementation of SOPs, low quality and quantity of Hajj health management, minimal operational costs and less than optimal data input. online system congregation (SISKOHAT), as well as limited fitness test space in the district/city health service area (Syarifuddin et al., 2023).

The involvement of the Ministry of Religion in fulfilling health requirements is still not regulated, so that the role that can be given is not optimal. Meanwhile, the role of the Guidance Group Hajj and Umrah Worship (KBIHU) and Religious Affairs Office (KUA) at the district/city level. It has enormous potential in supporting the Hajj health development program since time immemorial Hajj Waiting List. A solid inter-agency role to provide a good understanding of readiness of the physical and mental health of prospective pilgrims, so that cases force themselves to leaving for the Hajj pilgrimage will not happen again. High risk training has generally been carried out accordingly with technical instructions (fitness activities, counseling, etc.). Successful coaching in several regions receive support from non-governmental organizations, including; Ulema Council Indonesia (MUI), Indonesian Hajj Health Association (AKHI), KBIHU, Central Management Indonesian Hajj Medical Association (PERDOKHI), Indonesian Hajj Brotherhood Association (IPHI), Indonesian Hajj Health Nurses Forum (FPKHI), Hajj Organizers Association and Umrah (PPIU and PIHK) and Hajj Umrah travel agency. Health coaching ahead departures are generally accepted and carried out by the Hajj pilgrims. There was the problem of Hajj pilgrims not complying with health checks and guidance needs to be strengthened by the involvement of other sectors (PPIH) (Vestabilivy, 2021).

D. Conclusion

The ineffectiveness of the health examination policy for prospective Hajj pilgrims in Indonesia is due to Discontinuity of the criteria in the first and second stages of inspection with the criteria in the third stage of inspection for determining airworthiness Weak involvement of other sectors in supporting Hajj health development since the waiting period due to limitations in the health development program for prospective Hajj pilgrims as regulated in technical instructions There is a

need to refine technical policies that can involve cross-sectors in developing Hajj health by adjusting the examination criteria for the first, second and third stages.

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