Examining The Urgency of The Hajj Health Istithaah Policy within Legal and Bioethical Perspectives

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Abstract

The long waiting period for Hajj in Indonesia may create a gap between prospective pilgrims' health status at registration and their health status at departure. This is particularly concerning among older pilgrims, whose medical, functional, cognitive, and mental health conditions may change during the waiting period. This study analyzes the implementation of the Hajj Health Istithaah Policy in Indonesia from health law and bioethical perspectives. This qualitative library research analyzed peer-reviewed journal articles, official government documents, Hajj pilgrim data, and relevant laws and regulations. Data were examined using qualitative content analysis and synthesized across sources. The findings show that Hajj health istithaah is determined through a multidimensional assessment covering medical conditions, cardiorespiratory capacity, cognitive and mental functioning, and Activities of Daily Living (ADL). The policy is important for protecting pilgrims from health risks during Hajj, but its implementation creates a potential conflict between health protection and the religious aspiration to perform Hajj when prospective pilgrims are deemed medically unfit to depart. The findings also indicate that limited and insufficiently early health guidance may reduce pilgrims' preparedness to maintain their health during the waiting period. The Hajj Health Istithaah Policy provides an important health-protection mechanism but requires continuous health preparation, timely reassessment, informed communication, and equitable access to health services to balance pilgrims' health, religious rights, and ethical principles of beneficence, non-maleficence, autonomy, and justice.

***Keywords:* Ethical Dilemma, Government Regulations, Hajj Pilgrims, Health Law, Health Requirements**

INTRODUCTION

Every Muslim, in performing both obligatory and sunnah worship, cannot be separated from the concept of istithaah (Deswara, 2023; Rizal & Yusriando, 2020). According to Arabic linguistic sources, the word istithaah means obedience, capability, strength, and power (Munawwir et al., 1987). Thus, in a broader context, istithaah refers to a person's ability to perform acts of worship. Every Muslim is obliged to fulfill the Five Pillars of Islam: reciting the Shahada, performing prayer, paying zakat, fasting, and performing the Hajj. Among these five pillars, the Hajj requires special preparation because it involves a complex form of istithaah.

Hajj is the fifth pillar of Islam, obligatory for every Muslim who is physically, financially, and mentally capable. It is a pilgrimage to the holy city of Mecca in Saudi Arabia, performed during the month of Dhul-Hijjah, the last month of the Islamic calendar. The Hajj rituals

include circumambulating the Kaaba (tawaf), performing the sa'i (walking) between the hills of Safa and Marwah, standing at Arafah, stoning the devils, and various other rituals that hold spiritual and historical significance in Islam (Thimm, 2021). The Hajj practice is predominantly physical, involving extensive walking. It is estimated that the total walking distance during the Hajj rituals can reach approximately 12 kilometers (Lutfie, 2017). The Hajj is regarded as one of the pinnacle experiences in a Muslim's life, bringing blessings, forgiveness, and opportunities for spiritual growth.

The four major schools of Islamic jurisprudence (madhhab) interpret istithaah in performing the Hajj with differing opinions (khilafiyah). The Hanafi school interprets istithaah as the availability of provisions, transportation, and safe travel. The Maliki school emphasizes physical health as the key factor, focusing on the ability to walk to the Baitullah. The Shafi'i school interprets istithaah as having adequate provisions, transportation, and safety during the journey, while the Hanbali school also emphasizes the availability of provisions and transportation (Huda & Haeba, 2021)

The differences in interpretation among the madhhab imams stem from the understanding that every Muslim performing the Hajj must be capable of fulfilling all its essential pillars (Ishom et al., 2024). In addition to financial preparedness, Hajj requires strong physical ability because it is an act of worship that demands significant physical exertion within a specific period. During Hajj, millions of pilgrims from various countries gather, often leading to overcrowding. For Indonesian Muslims, the situation is further complicated by the distinct climate and weather conditions in Saudi Arabia. Moreover, most Indonesian pilgrims are elderly, with an average age of over 65 years (Pratiwi, 2022). This is primarily due to the long waiting period caused by the limited Hajj quota determined by the Saudi Arabian government. Elderly pilgrims are particularly vulnerable to health issues; therefore, maintaining their health is a crucial concern. Since Hajj is a physically demanding act of worship, pilgrims must possess adequate health, safety, and material readiness. This must be supported by integrated health services (Lutfi et al., 2020).

In 2015, the Istithaah Health Policy for Hajj pilgrims in Indonesia began to be officially enforced. This policy is part of the government's efforts to enhance the safety and health of Hajj pilgrims, which has become increasingly relevant due to the growing number of pilgrims departing each year. The implementation of this policy was formalized through the issuance of Regulation of the Minister of Health of the Republic of Indonesia Number 15 of 2016 concerning Istithaah Health for Hajj Pilgrims. This regulation stipulates that every prospective Hajj pilgrim must undergo a comprehensive health examination before being declared fit

(istithaah) to depart for Hajj (Imamah et al., 2024). The main objective of this policy is to ensure that only pilgrims in good health are allowed to depart, to reduce potential health risks during the Hajj pilgrimage, and to provide optimal health services for pilgrims during their stay in the Holy Land.

However, the implementation of this policy has created new challenges. A person's health condition may change between the time of registration and the time of departure. When prospective Hajj pilgrims register, they undergo an initial medical examination to assess their general health status (Ardiana et al., 2024; Imamah et al., 2024). Between registration and departure, which can take several years, a person's health condition may deteriorate significantly. This issue is especially evident in Indonesia, where the waiting period for Hajj departure is extremely long.

Changes in health conditions between the time of registration and the time of departure for Hajj create significant challenges from the perspectives of health law and bioethics. Health law emphasizes the need to respect the right to health and the freedom of worship, while bioethical principles require medical measures that prioritize beneficence, non-maleficence, respect for autonomy, and justice (Wicaksana & Hertanti, 2024).

Prospective Hajj pilgrims' health is a crucial determinant of their ability to perform the Hajj pilgrimage, yet financial eligibility at registration does not necessarily guarantee health eligibility at the time of departure. In Indonesia, the substantial gap between the number of Hajj registrants and the annual departure quota has resulted in a prolonged waiting period, during which prospective pilgrims may experience aging and changes in their physical and medical conditions. Existing evidence indicates that many pilgrims register at an age of 40–59 years but may only depart when they are between 62 and 81 years old, raising concerns about whether their health status at departure remains consistent with the requirements of health istithaah (Huda & Haeba, 2021; Imamah et al., 2024).

The central argument of this study is that the current determination of Hajj health istithaah creates a potential gap between the initial fulfillment of eligibility requirements and the pilgrim's actual health capacity at the time of departure. This gap presents not only a health-management problem but also a legal and bioethical dilemma, because restricting departure on health grounds may conflict with pilgrims' aspirations and freedom to worship, whereas allowing medically unfit pilgrims to depart may expose them to preventable health risks. Therefore, this study hypothesizes that the longer interval between Hajj registration and departure increases the likelihood of a discrepancy between initial eligibility and health istithaah at departure, requiring continuous health preparation and reassessment to achieve an

appropriate balance between the protection of pilgrims' health, their religious rights, and the principles of beneficence, non-maleficence, autonomy, and justice.

METHOD

This study employed a qualitative research design using a library research approach**.** The research data were obtained from peer-reviewed journal articles, official government documents, data concerning prospective Hajj pilgrims, and relevant laws and regulations concerning the implementation of the Hajj pilgrimage and the Hajj *Istithaah* Health Policy. The collected sources were examined systematically to identify information relevant to Hajj health *istithaah*, health law, bioethical principles, and the implementation of related government policies. Qualitative content analysis was used to systematically identify, categorize, and interpret relevant information from the selected documents and literature. Content analysis is an established approach for systematically examining textual and documentary materials in qualitative research (Wicaksana & Hertanti, 2024). The analysis focused on identifying recurring concepts, relationships, and legal and ethical considerations related to Hajj health *istithaah*. The findings were then synthesized by comparing evidence across scientific literature, official government documents, Hajj pilgrim data, and applicable laws and regulations.

RESULTS

Hajj is one of the pillars of Islam and is obligatory for every Muslim who is able-bodied. The term "*able*" refers to financial, physical, and spiritual capability. The average financial capacity of Indonesian Muslims has increased over the past few decades, as evidenced by the growing length of the waiting period for Hajj departures. This increase is also related to the Hajj Savings Policy, which allows prospective Hajj pilgrims who deposit a certain amount of money to obtain a departure quota.

The number of new Indonesian Hajj registrants from 2020 to 2022 is presented in the following Table 1 and Figure 1.

Table 1. New registrants of prospective Hajj pilgrims based on age

Year	<20 years	20-39 years old	40-59 years old	60-79 years old	≥80 years	Total
2020	63,682	207,174	115,394	24,288	517	411,055
2021	62,778	710,194	1,577,142	500,351	24,264	2,874,729
2022	91,461	871,424	1,801,321	572,877	28,466	3,365,549

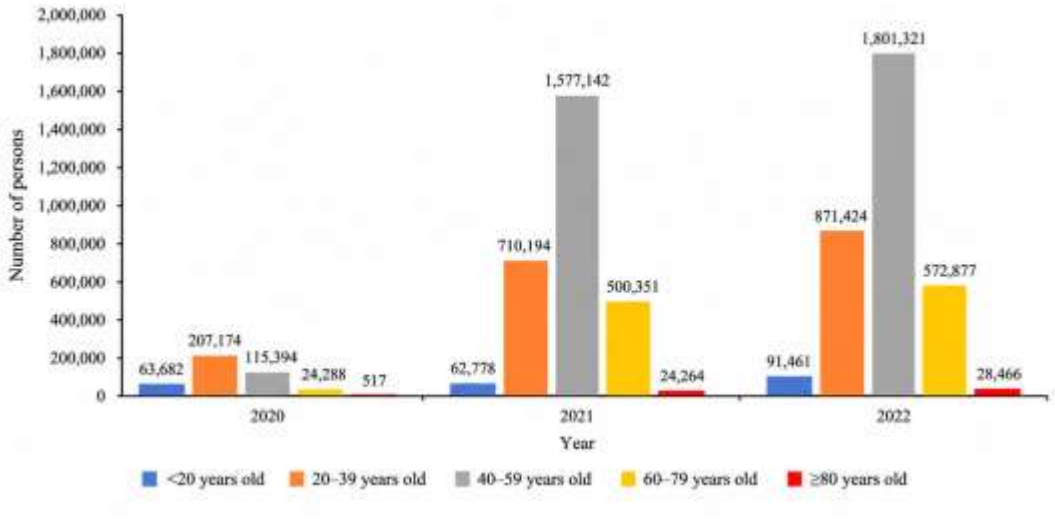

Figure 1. New registrants of prospective Hajj pilgrims based on age

The number of Hajj registrants increased significantly over the last three years (Table 1 and Figure 1). In 2020, there were 411,055 Hajj registrants. The relatively low number that year was influenced by the COVID-19 pandemic. In 2021, the number of Hajj registrants rose sharply to 2,874,729, representing a 599% increase from 2020. In 2022, the number further increased to 3,365,549, a 17% rise from 2021. Regulations governing Hajj registration are clearly stipulated, including a provision that regular Hajj pilgrims may re-register only after a minimum of ten (10) years from the date of their last pilgrimage(Peraturan Menteri Agama RI Nomor 13 Tentang Penyelenggaraan Ibadah Haji Reguler, 2021). This regulation aims to prevent individuals from performing the Hajj repeatedly, as in principle, the Hajj is an obligation for Muslims only once in a lifetime.

The average age of most registrants ranges between 40 and 59 years, a group entering the elderly (senior) age category. Given that the national Hajj quota is 221,000 pilgrims, the average waiting period is approximately 22 years. Consequently, prospective Hajj registrants who register between the ages of 40 and 59 will likely depart between the ages of 62 and 81, placing them in the elderly category. Data on the national waiting list for Hajj registrants are presented in the following Table 2 and Figure 2.

Table 2. Waiting list of prospective Hajj pilgrims based on age

Year	<20 years	20-39 years old	40-59 years old	60-79 years old	>80 years old	Total
2019	289,453	1,984,556	1,722,148	443,429	10,883	4,452,488
2020	361,990	2,190,771	1,871,606	469,185	8,938	4,904,510
2021	102,202	1,071,126	2,927,922	1,074,146	41,826	5,219,243
2022	107,816	1,086,282	2,926,681	1,101,885	44,489	5,269,175

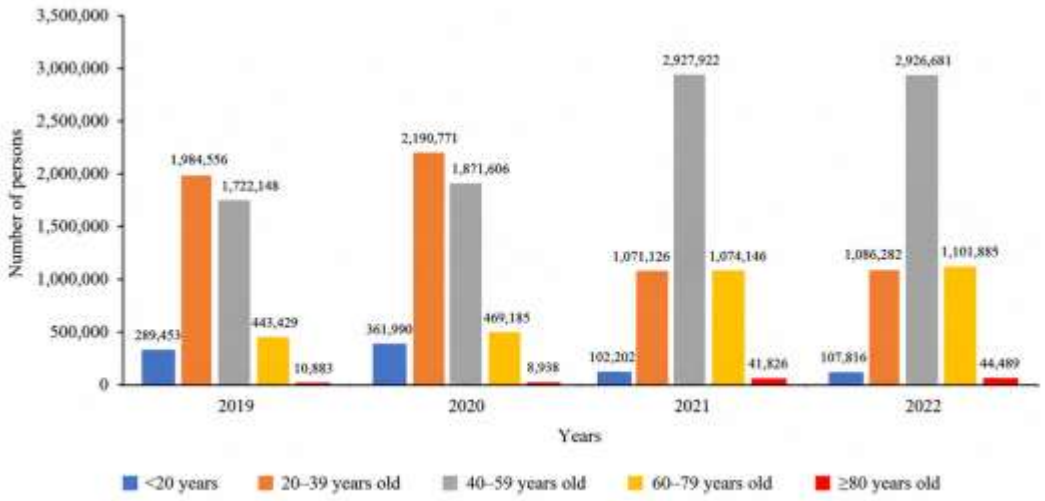

Figure 2. Waiting list for prospective Hajj pilgrims aged

Table 2 and Figure 2 show the waiting list for prospective Hajj pilgrims aged 60–70 years from 2019 to 2022, respectively, at 443,429; 469,185; 1,074,146; and 1,101,885. A significant number of elderly pilgrims are still awaiting their departure for the Hajj. Meanwhile, those aged over 80 years are 10,883; 8,938; 41,826; and 44,489, respectively. The age of 80 is highly vulnerable to health problems, both physical and mental.

According to the World Health Organization (WHO, 2013), the classification of the elderly is divided into middle age, namely the age group 45-54 years, elderly (elderly) namely the age group 55-65 years, young elderly (young old) namely the age group 66-74 years, old elderly (old) namely the age group 75-90 years, and very old elderly (very old) namely the age group over 90 years. According to Law Number 13 of 1998 concerning the Welfare of the Elderly, Chapter 1, Article 1, paragraph 2 that the elderly are Indonesian citizens who are over 60 years old. Elderly is defined as a decline in the ability of the network to repair itself and maintain its normal structure and function (Rando & Jones, 2021). Elderly individuals also experience difficulty maintaining balance when facing physical stress. This condition is associated with a decreased ability to adapt to environmental changes and an increased personal sensitivity (Rando & Jones, 2021).

Data analysis indicates that the average departing Hajj pilgrim falls within the elderly category. While financial requirements or the financial capacity of prospective Hajj pilgrims are generally fulfilled, the question remains whether the health requirements, or health capacity, are also fulfilled at the time of departure. These health requirements must be met to qualify for health istithaah.

DISCUSSION

Laws and Regulations concerning Health Istithaah

For Indonesian citizens, performing the Hajj pilgrimage is a right of every Muslim. As stipulated in Article 29, Paragraph 2 of the 1945 Constitution, the state guarantees the freedom of every citizen to practice their religion and to worship according to their faith and beliefs. (UUD RI 1945, 2022). The implementation of the Hajj is regulated by Law Number 8 of 2019 concerning the Organization of the Hajj and Umrah Pilgrimages. This law serves as the legal foundation for organizing both the Hajj and Umrah. Specifically, the organization of the Hajj and Umrah pilgrimages aims to provide guidance, services, and protection for pilgrims so they can perform their worship in accordance with sharia provisions and to achieve independence and resilience in the organization of the Hajj and Umrah pilgrimages (Undang-Undang RI Nomor 8 Tentang Penyelenggaraan Ibadah Haji Dan Umrah, 2019).

The organization of the Hajj pilgrimage is a national duty and the responsibility of the government, represented by the Ministry of Religious Affairs.(Peraturan Pemenrintah RI Nomor 8 Tentang Koordinasi Penyelenggaraan Ibadah Haji, 2022) . In its implementation, the Ministry of Religious Affairs coordinates with the Ministry of Health regarding health services for Hajj pilgrims, including determining health istithaah (Peraturan Pemenrintah RI Nomor 8 Tentang Koordinasi Penyelenggaraan Ibadah Haji, 2022).

Health istithaah, as stipulated in Indonesia's laws and regulations, is regulated under the Minister of Health Regulation Number 15 of 2016 concerning the Health Istithaah of Hajj Pilgrims. Health istithaah refers to a pilgrim's capability from the health perspective, including physical and mental conditions, measured through accountable medical examinations to ensure that prospective Hajj pilgrims can perform their worship in accordance with Islamic guidance. (Deswara, 2023; Sugeng et al., 2025). Health examinations are conducted in three stages: the first during registration to obtain a quota number; the second when the departure schedule is confirmed; and the third at the embarkation point before departure (Imamah et al., 2024).

The Technical Standards for Health Examination in the Framework of Determining the Health Status of Hajj Pilgrims are stipulated in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/2118/2023. The health screening of Hajj pilgrims aims to identify health risk factors that may potentially cause health problems during their pilgrimage in Saudi Arabia. The screening includes a general medical examination, cognitive assessment, mental health assessment, and an evaluation of the pilgrim's ability to perform daily living activities independently (Standar Teknis Pemeriksaan Kesehatan Dalam

Rangka Penetapan Status Istitaah Kesehatan Jemaah Haji., 2023). The health examination flow is presented in the following Figure 3.

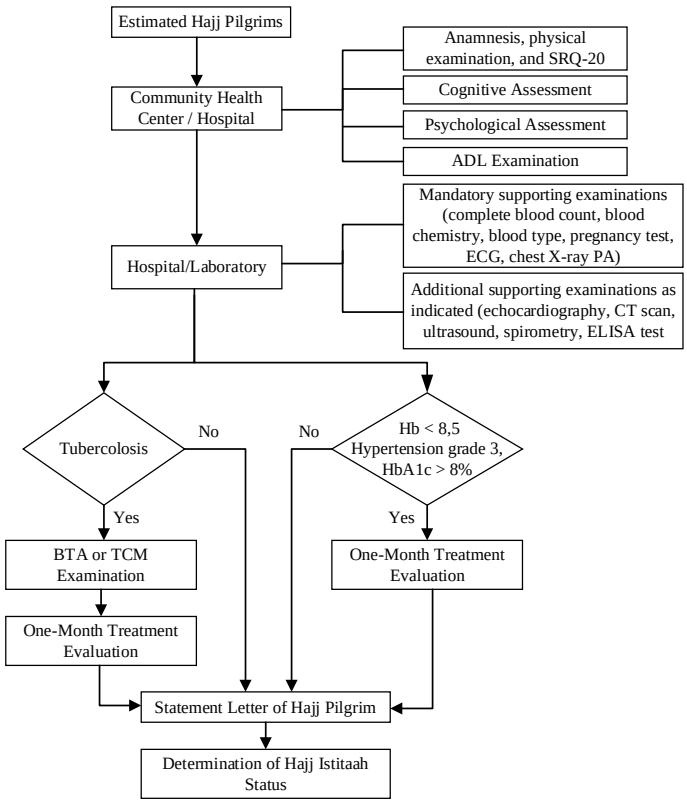

Figure 3. Hajj pilgrim health examination flowchart

The examination to determine health istithaah will ultimately establish the status of prospective Hajj pilgrims, namely: fulfilling the Hajj health istithaah requirements, fulfilling the Hajj health istithaah requirements with assistance, temporarily not fulfilling the Hajj health istithaah requirements, or not fulfilling the Hajj health istithaah requirements. The criteria for not fulfilling the Hajj health istithaah requirements are as follows: (Standar Teknis Pemeriksaan Kesehatan Dalam Rangka Penetapan Status Istitaah Kesehatan Jemaah Haji., 2023)

The determination of Hajj health istithaah involves several domains of health assessment, including basic medical examination, advanced medical examination, cognitive and mental health examination, and Activities of Daily Living (ADL) assessment. Each domain contains specific health conditions and clinical criteria used to determine the health eligibility of prospective Hajj pilgrims. For clarity and ease of interpretation, the health eligibility criteria are summarized in Table 3.

Table 3. Health eligibility criteria for determination of Hajj health istithaah

Domain of Health Examination	Disqualifying Health Conditions / Criteria (Not Fulfilling Health Istithaah Requirements)
Basic medical examination	Renal and hepatic disorders; drug-resistant tuberculosis; hemorrhagic stroke; schizophrenia and psychosis; HIV/AIDS; Hansen's disease (leprosy)
Advanced medical examination	Chronic obstructive pulmonary disease (COPD); emphysema; ischemic heart disease; myocardial infarction; heart failure; cardiomegaly; malignancy
Cognitive and mental health examination	Severe dementia; impaired cognitive function
Activities of Daily Living (ADL) assessment	Functional dependency in Activities of Daily Living, as measured by the Barthel Index

Source: Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/2118/2023 concerning Technical Standards for Health Examination in the Framework of Determining the Health Status of Hajj Pilgrims (Standar Teknis Pemeriksaan Kesehatan Dalam Rangka Penetapan Status Istitaah Kesehatan Jemaah Haji, 2023).

The determination of Hajj health *istithaah* encompasses multiple dimensions of health. The medical conditions assessed include renal and hepatic disorders, drug-resistant tuberculosis, hemorrhagic stroke, schizophrenia and psychosis, HIV/AIDS, and Hansen's disease under the basic medical examination. The advanced medical examination focuses particularly on respiratory and cardiovascular conditions, including chronic obstructive pulmonary disease (COPD), emphysema, ischemic heart disease, myocardial infarction, heart failure, and cardiomegaly, as well as malignancy. In addition, the assessment considers cognitive and mental health, particularly severe dementia and impaired cognitive function, and functional capacity, as measured through Activities of Daily Living (ADL) using the Barthel Index. These criteria demonstrate that Hajj health *istithaah* is not determined solely by the presence of a disease, but also by cardiorespiratory capacity, cognitive and mental functioning, and the ability to perform essential daily activities independently.

The implementation of the health *istithaah* policy for prospective Hajj pilgrims, including basic, advanced, cognitive, and Activities of Daily Living (ADL) examinations, may result in some prospective pilgrims being unable to depart, particularly among elderly Hajj pilgrims. At the national level, definitive data on non-departure specifically attributable to failure to meet health *istithaah* requirements remain unavailable. However, official information from the Ministry of Religious Affairs reported that 17 pilgrims in one group in Banjarmasin were unable to depart due to health *istithaah* requirements, although most of the pilgrims in the group were pregnant women (Kementerian Agama RI, 2019). Similarly, a report from Purwakarta, West Java, documented 11 prospective Hajj pilgrims who were unable to depart for health-related reasons (Firmansyah, 2023).

Istithaah Policy from a health law perspective

Performing the Hajj pilgrimage is the fifth pillar of Islam and a lifelong aspiration for every Muslim. This pilgrimage involves a series of rituals that require peak physical and mental condition. In Indonesia, the world's most populous Muslim country, hundreds of thousands of prospective Hajj pilgrims depart each year. To ensure that pilgrims can perform the Hajj pilgrimage properly, the Indonesian government has implemented the Istithaah Health Policy. This policy aims to ensure that every pilgrim is in good health. However, the implementation of this policy presents several challenges and legal implications related to health law that must be carefully considered.

Health law in Indonesia is based on several key principles that must be upheld in implementing the Istithaah Health Policy for Hajj pilgrims (Mariani & Press, 2020). These principles include the right to health, state obligations, informed consent, and justice. Law Number 36 of 2009 concerning Health states that every citizen has the right to health. This right includes access to quality and adequate health services. In the context of the Istithaah Health Policy, the right to health means that every prospective Hajj pilgrim is entitled to a comprehensive health examination and access to necessary medical care. The state has an obligation to provide adequate health services to all citizens (Ishom et al., 2024). This includes ensuring the availability of health facilities for Hajj health examinations and that medical personnel involved possess sufficient competence to conduct accurate health assessments.

The principle of informed consent is also an essential element in health law(Pallocci et al., 2023). Informed consent requires that each individual be provided with sufficient information regarding their health condition and the risks they may face during the Hajj, as well as the right to make informed decisions. Within the context of the Health Istithaah policy, prospective Hajj pilgrims must be provided with clear and complete information about the results of their health examinations and their implications for their ability to perform the Hajj. Last but not least, the principle of justice in health law emphasizes the fair and equitable distribution of health resources (Daniels, 2001). In the context of the Istithaah Health Policy, this means that all prospective Hajj pilgrims regardless of geographic location or socio-economic status should have equal access to quality health services.

On the other hand, the implementation of the Istithaah Health Policy must comply with the principles of health law applicable in Indonesia, which are reflected in its policy framework. These include the Right to Health and Freedom of Worship. The postponement or cancellation of a Hajj departure due to inadequate health conditions may be perceived as a violation of the right to freedom of worship and the right to health if it is not accompanied by sufficient medical

support and explanation. Next, the principle of Informed Consent and the Right to Refuse must be upheld. The principle of informed consent must be applied at every stage of the health examination. Prospective Hajj pilgrims must receive complete and honest information regarding their health condition and the potential risks they may face during the Hajj. They must also be given the right to make decisions based on this information. The government must ensure that such information is conveyed in a manner easily understood by prospective Hajj pilgrims, including through effective counseling and education.

The Ethical Dilemma of Hajj Pilgrims Who Fail to Depart

No matter how small the number of Hajj pilgrims who fail to depart due to health reasons, this situation presents an ethical dilemma. Performing the Hajj is an obligation and a lifelong aspiration for every Muslim. Moreover, prospective Hajj pilgrims have often saved diligently for years to afford the Hajj. However, their departure may ultimately be canceled due to health conditions. Many Muslims believe that dying in the Holy Land is better than not performing the Hajj at all. Therefore, disappointment is inevitable for both individuals and families, especially after such a long wait. This situation differs from the simultaneous cancellation of Hajj departures during the COVID-19 pandemic in 2020 and 2021, which still upheld a sense of social and spiritual justice for all prospective Hajj pilgrims (Jumali, 2020). Tables 1 and 2 show the large number of new registrants and waiting lists of prospective Hajj pilgrims compared with the annual quota allocated by the Saudi Arabian government, which averages only 221,000. Based on this data, the potential for prospective Hajj pilgrims to fail to depart is very high, particularly among elderly registrants.

The implementation of the Istithaah Health Policy is intended to ensure that Hajj pilgrims can perform the pilgrimage properly and completely. It also helps minimize disruptions for family members, relatives, or companions who may face health problems. For organizers, implementing the Istithaah Health Policy also reduces the number of Hajj pilgrims who die in the Holy Land. Hajj officials, especially health inspection officers and decision-makers, also face a dilemma. Medically and legally, it may be clear that an individual is unfit to perform the Hajj due to health reasons. However, granting the status of “unable to perform the Hajj” to a prospective Hajj pilgrim is not an easy matter. Even if officials act professionally and base their decisions on medical and laboratory findings, feelings of guilt for preventing someone from fulfilling their religious obligation may still arise.

A study conducted by Rustika et al. (2019) reported that the level of knowledge among Hajj pilgrims regarding health istithaah was generally low, at 59.7% (Rustika et al., 2019). This limited understanding of health istithaah among prospective Hajj pilgrims (those waiting to

perform the pilgrimage) can potentially increase feelings of disappointment. Another study by Wardhani et al. (2019) found that a community health center in one district had not yet provided health services or guidance related to health istithaah for prospective Hajj pilgrims, even though the waiting period was estimated to be two years (Wardhani et al., 2019). The situation would differ if, from the beginning or several years before departure information and education regarding the requirements for health istithaah, both spiritual and medical, were provided. Such preparation would allow pilgrims to ready themselves physically and mentally.

The implementation of the Istithaah Health Policy has also affected health services in the Holy Land. As reported by Aminuzzab et al. (2019), the implementation of Minister of Health Regulation No. 15 of 2016 in 2017 and 2018 resulted in a decrease in the number of hospitalized pilgrims and replacement pilgrims. The death rate among Hajj pilgrims in 2018 was 2.00 per mille, although the number of deaths among low-risk pilgrims increased. Policy revisions are therefore needed to strengthen screening for cardiovascular and respiratory cases, as well as to enhance implementation through coordination with the Ministry of Health (Aminuzzab et al., 2019).

CONCLUSION

This study concludes that the implementation of the Hajj Health Istithaah Policy in Indonesia is important for protecting pilgrims' health and safety, but its implementation raises legal and bioethical challenges. From the health law perspective, the policy should ensure the protection of the right to health, state responsibility for adequate health services, informed consent, and justice. From the bioethical perspective, the policy creates an ethical dilemma between protecting pilgrims from preventable health risks and respecting their autonomy and aspiration to perform Hajj, particularly when prospective pilgrims are declared unable to depart because they do not meet health requirements. These challenges are intensified by the long waiting period, during which prospective pilgrims may experience ageing and deterioration in physical, cognitive, and mental health conditions. In addition, limited and insufficiently continuous health education and guidance during the waiting period may reduce pilgrims' preparedness to meet health *istithaah* requirements.

Therefore, health *istithaah* should not be treated solely as an assessment conducted close to departure, but as a continuous process of health preparation and monitoring throughout the waiting period. Hajj organizers and relevant government institutions should strengthen continuous health education, preventive services, and periodic health assessments well before departure, with particular attention to elderly prospective pilgrims. Future studies should

examine the implementation of continuous health *istithaah* monitoring empirically across different regions and evaluate its effectiveness in improving pilgrims' health preparedness, reducing non-departure due to health conditions, and balancing health protection with religious rights and ethical principles.

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