

ICH 2019**International Conference on Humanities****HEALTH PROBLEMS AND THE DESIRE TO PERFORM HAJJ
AMONGST MALAYSIAN ELDERLY**

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Abstract

Senior citizens are highly at risk of getting chronic diseases that limit their desires to perform hajj in Mecca. This study aimed to (1) identify the health problems among senior citizens; (2) examine how these problems hinder them from performing hajj and (3) conclude whether the failure of performing hajj affects their well-being. Six senior citizens aged 60 to 80, who have chronic illnesses and have not performed hajj yet, were chosen using purposive sampling for an in-depth interview. As a comparison, three senior citizens with health problems but managed to perform hajj were chosen to compare their well-being. This study would like to find out the different feelings of senior citizens involving those who have performed hajj and those who have not performed hajj. The findings show that chronic illnesses such as stroke, neurological diseases and diabetes are the main obstacle for the senior citizens who have yet to perform hajj. Sickness and inability to perform hajj induce feelings of low self-confidence and depression among senior citizens which then exclude them from interacting with society. This study contributes to the knowledge of the vulnerability of senior citizens in terms of travel and health.

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Keywords: Senior citizen, health, travel, hajj, well-being.



1. Introduction

Senior citizens are at higher risk of getting diseases such as cardiovascular diseases, diabetes, asthma, kidney failure and epilepsy (Ministry of Health, Kingdom of Saudi Arabia, 2019), and this has become one of the biggest challenges for senior citizens to go to Mecca for hajj. The Ministry of Health of the Kingdom of Saudi Arabia and the World Health Organization (WHO) (1989) require Hajj and Umrah visitors to submit a valid vaccination certificate (Alqahtani et al., 2019). It is important for people who are applying for hajj to be in a good health condition. Senior citizens with severe health problems such as cancer, cardiovascular diseases, liver and kidney failures as well as dementia are exempted from this religious duty (Ministry of Health, Kingdom of Saudi Arabia, 2019).

Religion is a very strong motivation to go for hajj, especially among Muslim senior citizens (Musa, 2019). Pilgrimage is a unique religious journey because there are many things to be prepared before going to Mecca, and the preparation for the journey can take a long period of time. Muslims have to take care of their families; therefore, it is difficult for them to perform hajj when they were younger. They also need to have enough savings to pay for the cost of going to Mecca. These are the reasons why senior citizens choose to perform hajj in their later years (Musa & Ghazali, 2018).

United Nations has predicted that the number of older people aged 60 years may reach nearly two billion by 2050. The rise of the older adult population has increased the number of the research conducted in developed countries, focusing on improving the health and well-being of older people (Patterson, 2006). Recent studies by Western scholars focused more on the health risks of the pilgrims while they are performing hajj in Mecca (Alqahtani et al., 2019; Memish, 2010). However, no studies on gerontology have attempted to investigate the ability of senior citizens with chronic diseases to perform hajj. We conducted a qualitative study to fill this research gap by identifying the common health problems among senior citizens, examining how these health problems hinder the senior citizens from performing hajj and analysing whether the failure to perform hajj affects their well-being or not.

2. Problem Statement

2.1. Hajj travel and health problem in the Senior Citizens

Hajj is the most important phenomenon of pilgrimage for more than 1400 years ago. Muslims go on this journey with the desire to perform the religious practice of Hajj to complete the fifth pillar of Islam (Haq & Jackson, 2009). Religious identity is very much related to the attitudes and ability of an individual and the society to perform hajj. Currently, there were more than 2.5 million of Muslims from 160 countries who gathered in Makkah al-Mukarramah to perform hajj for five days, starting from 9 until 13th Dhu al-Hijjah, which is one of the months in the Islamic calendar (Aljoudi, 2013). In the era of globalization, one of the challenges faced by the pilgrims during the pilgrimage of Muslims to Mecca is health (Rahman et al., 2017). For the Muslim society especially senior citizens, having chronic diseases becomes a challenge and barrier that should be focused on, particularly before, during and after performing hajj until they have arrived safely at home.

According to Khan et al. (2006), senior citizens have a high prevalence of chronic diseases. The Ministry of Health of Saudi Arabia has imposed strict health regulations such as compulsory vaccination

to all pilgrims. To prevent the epidemics of contagious diseases, every pilgrim must submit a vaccination certificate to apply for a hajj visa (Aljouidi, 2013). The health care centres for the public are located in both large and small cities. The largest health care centres are the 1,200-bed King Fahad Medical City and 1,500-bed King Saud Medical City, located in Riyadh (Helen Ziegler & Associates, 2019).

Most developed and developing countries implement strict health regulations and quota for hajj pilgrims based on the requirements imposed by Saudi Arabia. Rahman et al. (2017) stated that a 60-year old senior citizen from Pakistan and his family and friends received three types of vaccines, which are for polio, influenza and meningitis one week before departure.

In 1969, Tabung Haji (TH), an Islamic institution providing various services and facilities for Muslims in Malaysia, such as creating saving accounts to be used for hajj, was officially created (Tabung Haji, 2019). However, TH is more than just an Islamic financial institution; its roles start from the beginning until the end of the pilgrimage. Besides opening TH accounts for future pilgrims, TH provides consultation services, hajj courses, visa and permit applications, pre-hajj sessions, security and health inspections and services. Being healthy is important for every Muslim in order to perform hajj. Therefore, health screening and basic health examinations are carried out by the Ministry of Health Malaysia to every pilgrim before his or her pilgrimage to Mecca (Tabung Haji, 2018), and the pilgrims must pass the basic health examinations such as blood pressure, blood type and urine tests to check their health status (Tabung Haji, 2019). Pilgrims in critical health condition will be barred from continuing their flight to Mecca unless there are letters from their doctors, stating that the pilgrims are fit to perform hajj (Pejabat Tabung Haji Negeri Kelantan¹). TH is a government agency responsible to ensure that the pilgrims have good physical and mental health by conducting health examinations.

Hajj is a spiritual and religious journey that affects human's psychology, health (Fateh et al., 2019) and his or her well-being, especially when the person is at old age (Musa & Ghazali, 2018). Hajj is more special than other pilgrimages because it requires the combination of physical and spiritual well-being, a suitable time and financial stability (Said, 1994).

Muzakarah of the Fatwa Committee of the National Council in Malaysia has listed three conditions regarding the ability to travel for hajj for patients who are suffering from chronic diseases: (i) The patients who are suffering from incurable chronic diseases, such as patients of kidney failures who are undergoing haemodialysis and such, are not obliged to perform hajj, (ii) patients who are suffering from chronic diseases are required to perform hajj if they have financial capability to do so, and (iii) patients who have cured of chronic diseases are required to perform hajj if they are capable to do so (Tabung Haji, 2018, p. 16).

Health issues have prevented senior citizens from performing hajj (Patterson, 2006; WHO, 1989). The factors that hinder senior citizens from travelling are their old age; they live alone; they have a physical disability; they have low education; the location is far from home; they are still working; and they are unable to drive (Shi & Chang, 2012). The ability to travel influences one's psychological aspects such as the emotions of sadness and happiness (Jewell, 2000; Hamid, 2006; Ryff, 1989).

¹ This information was obtained through in-depth interviews with Pejabat Tabung Haji negeri Kelantan or Kelantan Official Hajj, May 2018.

2.2. Problem statement and research gap

Going on a pilgrimage to Mecca or performing hajj is the most important journey to every Muslim, regardless of age. Gerontologists have proved that senior citizens are at risk of getting chronic diseases. Having chronic diseases becomes a challenge to the senior citizens in order to fulfil the health requirements of performing hajj; thus, this influences their ability to perform hajj. However, there is no specific research conducted to study the ability of senior citizens with chronic diseases in performing hajj. Western scholars have previously discovered the importance of health and well-being among senior citizens by encouraging recreational activities and travelling after retirement (Alqahtani et al., 2019). Therefore, this paper intends to fill the research gap in previous studies. This study explores the ability to perform hajj among senior citizens with chronic diseases and its effects on their well-being.

3. Research Questions

The research questions of the study are:

- (1) What are the chronic diseases that hinder senior citizens from performing hajj?
- (2) Do their health concerns hinder the senior citizens from performing hajj?
- (3) Does senior citizens' inability to perform hajj affect their well-being?

4. Purpose of the Study

The objectives of the study are:

- (1) to identify the chronic diseases among senior citizens
- (2) to study whether this concern hinders them to perform hajj
- (3) to determine whether the inability to perform hajj affects their well-being

5. Research Methods

5.1. Study design

A qualitative method through in-depth interviews was conducted to study the issues of health among senior citizens and their inability to perform hajj. The overall findings received from the respondents through in-depth interviews were analysed by using content analysis, and the themes of this research were coded to connect them to the findings.

5.2. Sampling Strategy and Participants

This study was conducted in a village, located in a town, called Kampung Kubur Kuda, Kota Bharu, Kelantan. Nine respondents were selected by using the combination of purposive and snowball sampling.

Purposive sampling is the most effective method to be used in this qualitative research because several criteria were taken into consideration when selecting the respondents (Teddlie & Yu, 2007, p. 77). The criteria are: (1) the respondents were selected among the age group of 60 to 80 years old; (2) all respondents were Malay and Muslim; (3) the respondents were senior citizens with chronic diseases.

Snowball sampling method is used to obtain the respondents for this study. According to Babbie (2008, p. 205), snowball sampling is a non-probability sampling method used by researchers to find respondents that are difficult to find. To get a suitable respondent for this research, we asked information from the villagers that we met during the fieldwork. The respondents' abilities to perform Hajj are analysed extensively. Therefore, a combination of purposive and snowball sampling methods was needed to achieve the aim and objectives of this study.

5.3. Interviews

The in-depth interviews were conducted in August 2018. All respondents were interviewed closely for one to two hours, in their homes without the interference from other individuals. The level of health of the respondents and their abilities to perform hajj were compared in order to achieve the three objectives of this research.

Besides the in-depth interview, we applied a non-participatory observation method to explore the research findings. The data obtained were analysed by using content analysis. Every finding obtained from the interviews were combined and transcribed. After the transcribing process, the data were coded. Then, the data were interpreted according to the themes related to the research objectives. The data, later, were presented descriptively.

6. Findings

6.1. Background of Participant Characteristics and Health Disease

Table 1 shows that from the total number of respondents, 55.5% (five respondents) are men and 44.4% (four respondents) are women. All respondents are 60 to 80 years old Malay Muslims. For marital status, 66.7% (six participants) are married while 22.2% (two participants) are widows and one respondent is unmarried. The level of education of the respondents is mostly at the primary school level (77.8% or seven participants) while only two respondents have undergone tertiary or university level of education. The status of respondents' employment after reaching the age of 60 are they are either government retirees (33.3% or three respondents), self-employed (33.3%) or not working (33.3%). As for the main source of income, the respondents receive a pension from the government, money from their children, financial assistance from the social welfare department or Jabatan Kebajikan Masyarakat (JKM), or they have their own savings.

From the findings, the majority of the respondents (66.6% or six participants) do not have the abilities to perform hajj. Meanwhile, three respondents have performed hajj although they have health problems. The abilities of the respondents who have and have not performed hajj and their well-being were compared. Health was identified as one of the factors influencing the respondents' abilities to perform hajj.

The thematic analysis was conducted based on the respondents' interviews. There are three main themes: 1) chronic diseases and the inability to perform hajj; 2) the ability to be able to adapt to the difficult condition of having chronic diseases while performing hajj; and 3) the well-being of respondents from their ability or inability to perform hajj. Every theme is studied in detail by using a content analysis approach.

Table 01. Details of the respondents

Respondent; Gender	Age (Years Old)	Marital status	Number of Children	Current income	Health status during hajj	Have you perform hajj?
R1; Men	74	Married	4	Pension money (RM2300)	High blood pressure and stroke since 10 years ago.	No
R2; Men	80	Married	5	Pension money (RM1300)	High blood pressure; heart diseases	No
R3; Men	73	Married	7	Help from JKM (RM300); Gift from younger siblings (RM 100)	Chronic disability; eyes are blurry since 3 years ago	No
R4; Women	70	Widow	2	RM600	Immobile; use a cane	No
R5; Women	73	Married	7	RM1000	Dementia (Alzheimer's disease); high blood pressure	No
R6; Men	68	Unmarri- ed	6	RM800	High blood pressure	Yes
R7; Women	70	Married	5	RM1200	Diabetes	Yes
R8; Women	68	Widow	4	RM1000	Kidney failure; high blood pressure	Yes
R9; Men	80	Married	6	RM600	High blood pressure	No

Note: The authors' review through face-to-face interviews and questionnaires. 'No' means that the respondent has not performed hajj and 'yes' means that the respondent has performed hajj.

Note: Data were gathered in June 2017.

6.2. Major theme 1: chronic diseases and the inability to perform hajj

This section aims to achieve the first objective, which is to identify the health problems among senior citizens. From the analysis, having chronic diseases (such as stroke) and being bedridden (due to old age) is an important aspect in influencing the respondents' ability to perform hajj. The respondents are fully dependent on their spouses and children to manage themselves. This finding is coherent with previous research that studied the responsibilities of family members, such as spouses and children, in taking care of sick senior citizens (Ali & Aziz, 2018).

However, senior citizens who are suffering from chronic diseases and are financially independent had problems in receiving continuous social support to perform hajj due to several reasons: 1) the reluctance of the spouses and family members to agree with the participants' decision to perform hajj; 2) the difficulty of caregivers to take care the senior citizens while in Mecca; and 3) the difficulty of their caregivers to get help from other people to personally accompany the senior citizens in Mecca. According to Respondent 4:

Since I was diagnosed with diabetes, and other diseases (high blood pressure, heart failure), it is difficult for me to travel far especially to Mecca. My children often ask me to not perform hajj alone. If there is no one accompanying me to Mecca, my efforts to be able to perform hajj will be in vain (Respondent 4, widow, using a cane).

There are two key points leading to this problem: 1) the concern of the spouses and children to bear the risks if there are unexpected issues such as death and sickness when the senior citizens in Mecca; and 2) senior citizens' concerns over the issue of performing the hajj rituals in perfection. Due to this reason, senior citizens are unable to perform hajj, as mentioned by Respondent 1:

I suffered from a stroke attack five years ago and all hopes to perform hajj were shattered although savings, hajj offer letters and other preparations to perform hajj have been completed by my wife and me when I was still healthy. Now, my health is recovering; however, my wife is having difficulty to manage the hajj processes because none of my children are willing to sacrifice time, money and themselves to bring me to Mecca (Respondent 1, male, 68 years).

Besides that, senior citizens with chronic diseases are at risk to suffer from symptoms such as physical weakness (such as fatigue and tiredness), and memory loss symptoms (such as easy to forget important things like taking medicine, performing prayers and performing hajj rituals). Based on the statement by Respondent 1, the after-effect of stroke has limited the senior citizens' empowerment in making their own decision. In this context, empowerment refers to senior citizens' abilities to fulfil their desires on their own or by depending on other people (Lloyd, 1991).

6.3. Major theme 2: the ability to be able to adapt to the difficult condition of having chronic diseases while performing hajj

This section discusses the second objective, which is to examine how health problems hinder senior citizens in performing hajj. Three respondents with chronic diseases (33.3%) have different experiences because they have managed to overcome the difficulty to perform hajj. Most senior citizens with chronic diseases need non-financial support such as providing assistance in managing savings in TH, registering for hajj, handling the procedures for senior citizens to deepen their religious knowledge (such as attending classes), attending hajj courses, undergoing periodically health examinations, providing health care for senior citizens when they are at home and Mecca and accompanying senior citizens to Mecca (Figure 01). According to Respondent 8:

In the beginning, I had no desire to perform hajj; however, my children helped me a lot by financing my expenses to Mecca and managing every preparation until I went to Mecca (Respondent 8, widow, 68 years old, had performed hajj when she was 59 years old).



Figure 01. Senior citizens with chronic diseases were accompanied by their children while attending a prime hajj course organized by Tabung Haji Negeri Kelantan

The study also found out that financial support from working children is the biggest contributor to the success of senior citizens in performing hajj. According to Respondent 7:

I have no savings. In addition to that, when I wanted to perform hajj, I couldn't walk far because I have kidney problems. So, my three children who work as a teacher, a chief executive and an architect respectively, had decided to cover the cost to perform hajj (Female, 70 years old, had performed hajj when she was 60 years old).

In the gender category, female senior citizens received more emotional support from their spouses and children. The spouses and children gave encouraging words and were always concerned with the senior citizens' needs. For example, R8 always receives financial and non-financial supports from her daughter. This led to her success to perform hajj. Table 01 shows the types of diseases the senior citizens had before or during hajj and the factors affecting senior citizens' ability or inability to perform hajj. The ways senior citizens were able to perform hajj are simplified in Table 02.

Table 02. Types of diseases and factors affecting senior citizen's ability or inability to perform hajj

Types of diseases before/during hajj	Factors affecting senior citizens' ability to perform hajj	Factors affecting senior citizens' inability to perform hajj
Stroke, nerve diseases, blurry vision until being visually impaired, kidney stones, diabetes, high blood pressure, bedridden, cardiovascular diseases.	Received financial support from spouses and children; used wheelchairs, received social support from spouses and children to manage processes to travel for hajj.	No support from spouses and children.

*Three senior citizens have performed hajj; six senior citizens have not performed hajj

Based on the findings, social support received by the senior citizens to perform hajj was influenced by relationships and love. The factor affecting the children's assistance with transportation and living arrangement is the distance between the senior citizens and their children. Emotional support, such as being concerned over the health problems, is important to the senior citizens before, during and after they have returned from Mecca. This shows that the motivation for religious travel is high among Muslims regardless of their economic condition. The ability to fulfil religious obligations brings happiness and creates positive well-being to the senior citizens, as suggested by Mannell (1987) and Clingingsmith et al. (2008).

6.4. Major theme 3: the well-being of the senior citizens from the ability to perform hajj

This section discusses the overall well-being of senior citizens based on their abilities to perform Hajj. The observation of the respondents' well-being was measured psychologically. We observed the respondents' statements before analysing their statements without changing the meaning. We used the technique of reflection to analyse answers from the respondents. Reflection method is important in understanding emotions (Griffin, 1986; Oktavia, 2015) of the respondents and relating them to the well-being of the respondents (Sarvimaki, 2000).

The study found that the inability to perform hajj due to health problems has caused emotional conflicts, such as feeling sad, frustrated and depressed. The respondents also tend to blame their fate. Depression is more evident because of the absence of social support (Li et al., 2018; Sheehy, 1991). For example, Respondent 1 expressed his sadness and frustration for not being able to perform hajj. He felt

distressed and is in agony when watching hajj documentaries that were broadcasted on the television. According to Respondent 1:

During Eid al-Adha, I always sit in front of the TV; I cried when I watched the news showing pilgrims on their hajj. Of course, I will cry, because I am bedridden like this and because of this I cannot go to Mecca for hajj.

One of the respondents has kidney problems. She lived alone and had no courage to go to Mecca because she had no one to help her in preparing for the hajj. The study found that the situation of not being able to perform hajj due to chronic diseases caused psychological stress on the senior citizens. Senior citizens who have not performed hajj expressed their frustrations and sadness over their inability to perform hajj. Previous studies state that senior citizens who did not receive social support will isolate themselves, give up, become lonely and depressed, and lose their motivation (Friedman & Mossler, 2000; Umberson, 1992).

7. Conclusion

From the research findings of this study, social support is one of the important aspects for senior citizens to perform hajj. The success of senior citizens in performing hajj gives a positive effect on their lives; thus, influences senior citizens' well-being. However, the inability to perform hajj brings misery, depression and dejection in their lives. The questions on hajj asked by other people also become a sensitive issue to them, and they feel inferior for not being able to perform hajj. This study contributes to the knowledge of senior citizens' vulnerability in the aspect of travel and health. The ability to perform hajj affects the well-being of senior citizens. Therefore, early health examination before going to Mecca is important for senior citizens to perform hajj. Society and related agencies can help sick and poor senior citizens to go to Mecca. The purpose of this research is to study the health problems among senior citizens and their abilities to perform hajj. The limitation of this research is that this study only focused on Muslim senior citizens in Kelantan. This research found that the ability to perform hajj gave positive well-being on the senior citizens. There should be more studies looking at the topics of hajj, senior citizens and well-being in the future.

Acknowledgments

We would like express our appreciation to Universiti Sains Malaysia for funding this research through RU Team research grant entitled Spatial Inequalities- Framing Phenomena, Formulating Policies (1001/PHUMANITI/856002) and Grant Pembangunan Siswazah 308/AIHUMANITI/415403.

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