

The Da'wah strategy through health mitigation for geriatric hajj pilgrims in the Covid 19 with a humanistic psychology perspective

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Abstract

Purpose - This study aimed to find a Da'wah strategy through mitigating health for geriatric hajj pilgrims in the covid 19 with a humanistic psychology perspective.

Method - The population of this study is canceled geriatric hajj pilgrims at the SOC embarkation in 2022. The selection of samples used the purposive method, and 201 persons were selected. The data was analyzed using an interactive model.

Result - The results showed two models of Da'wah strategies in mitigation health for geriatric. First, the health resilience strategy is carried out by identifying comorbidities, raising awareness about disease conditions, carrying out prevention of disease transmission, accelerating recovery, and promoting independent self-development. The second mitigation of social resilience using a humanistic psychology perspective is directed at the function of strengthening social support, such as families and peer groups, for a healthy life. This is a humanization strategy for health using the principles of behavior development and actualization of senior health.

Implication - This strategy can help grow geriatric resilience skills, especially in preparing and mitigating for the pilgrimage in 2024.

Originality - This research is the first study on the Da'wah strategy, which uses a humanistic psychology perspective to mitigate senior pilgrims' health.



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Kata kunci:

Strategi Da'wah,
mitigasi kesehatan,
jemaah haji geriatri,
Covid-19, psikologi
humanistik.

Abstrak

Tujuan - Penelitian ini bertujuan untuk menemukan strategi dakwah melalui mitigasi kesehatan bagi jemaah haji geriatri pada masa covid 19 dengan perspektif psikologi humanistik.

Metode - Populasi penelitian ini adalah jemaah haji geriatri yang batal berangkat di embarkasi SOC tahun 2022. Pemilihan sampel menggunakan metode purposive, dan terpilih 201 orang. Data dianalisis dengan menggunakan model interaktif.

Hasil - Hasil penelitian menunjukkan dua model strategi dakwah dalam mitigasi kesehatan bagi geriatri. Pertama, strategi ketahanan kesehatan dilakukan dengan cara mengidentifikasi komorbiditas, meningkatkan kesadaran tentang kondisi penyakit, melakukan pencegahan penularan penyakit, mempercepat pemulihan, dan mendorong pengembangan diri secara mandiri. Mitigasi kedua yaitu ketahanan sosial dengan menggunakan perspektif psikologi humanistik diarahkan pada fungsi penguatan dukungan sosial, seperti keluarga dan kelompok sebaya, untuk hidup sehat. Ini merupakan strategi humanisasi kesehatan dengan menggunakan prinsip-prinsip pengembangan perilaku dan aktualisasi kesehatan lansia.

Implikasi - Strategi ini dapat membantu menumbuhkan kemampuan resiliensi geriatri, terutama dalam mempersiapkan dan memitigasi ibadah haji di tahun 2024.

Orisinalitas - Penelitian ini merupakan penelitian pertama tentang strategi dakwah yang menggunakan perspektif psikologi humanistik untuk memitigasi kesehatan jemaah haji lansia.

Introduction

In a personal context, Da'wah is oriented towards not only the pattern of internalization of Islamic values but also the development of self-capacity and competence. Even so, not all Muslims carry out their personal Da'wah. Referring to Maslow's humanistic psychology theory, Mcleod (2018) states that individual personalities begin to be disturbed when they enter the geriatric period or are often called elderly, not only the aging process but also the complications of their needs. Geriatrics during the COVID-19 era are one of the most vulnerable groups affected by physical, mental, social, and spiritual health.

The problem experienced by geriatrics is undoubtedly one of the problems of Da'wah that must be taken seriously. The need for social distance is something that is difficult for geriatrics to accept, considering that this group really needs presence, attention, always being approached, and respect. Hence, they are in a less supportive mental situation. This condition worsens the adaptive and resilient abilities of the geriatric group. A study conducted by Rozaq et al. (2021) stated that the old group is vulnerable to mental, social, and health problems. As age increases, physical abilities decrease, and social relationships begin to be limited, causing psychological barriers and poor mental conditions (Naftalia et al., 2017).

Data from the Ministry of Health of the Republic of Indonesia for 2022 shows that 57,630 (85%) geriatric congregations have experienced a decline in their health (kemenkes.go.id) and face social problems and mental conditions. Hasanah, (2021) also stated that geriatrics are the only group most vulnerable to health complications and social life. The results of Rini's research (2017) show problems with decreasing physical, psychological, and emotional health. Statistics from the Ministry of Religion stated that 67% of Indonesian hajj pilgrims were geriatric groups who experienced this. Health, economy but also social, and spiritual (kemenag.go.id). The increasingly aging condition of the pilgrims fails to leave, causing physical abilities to become weak, helpless, and physically limited (Yofi, 2021; Soejono, 2006), especially if the congregation has comorbid complications. Social limitations are also starting to approach the geriatric group (Kumar et al., 2001; Setiti, 2007); the pandemic period allows all access to interpersonal relationships to be limited, and this has implications for the inability of geriatric pilgrims to adapt quickly to conditions of implementing social distance.

Difficulties in conditioning themselves with regulations result in a loss of enthusiasm in preparing provisions for Hajj, and some are even reluctant to interact with other people (Rozaq, et al, 2021). Shame arises as a result of failing to go on pilgrimage. In this case, social identity is rejected due to the postponement of the 2022 Hajj pilgrimage. Another problem relates to the mental life (Asyafah, 2019) of geriatric pilgrims in the form of a feeling of hopelessness due to the inability of the congregation to understand government policies regarding the cancellation of the pilgrimage and the safety of the community. It emerged from within the congregation to blame God. In the midst of increasing age, and the multidimensional problem of geriatric assemblies (Widyarini, 2016), an appropriate Da'wah mitigation is needed. This is in line with the concept of humanist Da'wah providing the best humanitarian services for God's guests. Khoiron (2021) mentions that mitigating Da'wah with a humanist approach can maintain the existence of life, especially a healthy life. Health mitigation is in effect not only in Indonesia's country of origin but also when in the Holy Land until the congregation returns. This is based on the fact that 80% of the Hajj rituals require

prime health in order to maintain the mental quality of the pilgrims. Based on this, mitigating the health of the congregation is very necessary. Geriatric communities can prepare themselves to carry out rituals of worship properly, *istiti'ah*, and achieve the title of *mabrur mabrurah*.

Several studies on hajj mitigation have been carried out by Widyarini (2016), but they are still theoretical, not specifically examining geriatric health mitigation. A study conducted by Baidowi et al. (2017) shows that more innovative and creative Da'wah formats can support its success but are also not directed at the health context of pilgrims. In addition, the Da'wah strategy is still limited to universal needs and does not pay attention to various individual experiences and practices, which is a special feature of the humanistic approach. An approach that is based on the form of self-actualization in the field of worship and society. It is essential to learn about the health of pilgrims because the whole series of pilgrims requires high resistance. In 2024, the government stipulated that health was the main requirement for the PIPIH Payment 2024. This is new and can be a recommendation for the government, especially in preparing pilgrims who meet health with the humanistic psychology approach.

The operationalization of health mitigation with the humanistic psychology approach is the original and new study, which was previously very rare. This novelty lies in the main characteristics of health mitigation that bases how the experience and self -self-self-actualization of the congregation becomes a priority for the primary needs, so that awareness grows about their health conditions, and then the Geriatric pilgrims can make various efforts to prevent, handle, and even allow to be able to make Experienced health conditions in the power to deal with this disease.

This human potential then becomes an indicator of humanistic psychology in a sustainable da'wah strategy. Of course, this is very important, considering geriatrics is a mature age range but has setbacks in various physical conditions. In da'wah studies, geriatric groups are one of the age groups that are very vulnerable to multiple life problems, so they require systematic studies to find alternative health problems experienced by the Geriatric pilgrims. Second, the study of contemporary da'wah problems in the implementation of pilgrimage is also not easily solved, especially regarding the health of *istitha'ah*. This is based on the trend of increasing the death rate of Indonesian pilgrims in the pilgrimage season this year (773 pilgrims), which is a sign that health mitigation must be carried out, primarily based on a humanist approach. Increasing this death case, of course, is a matter of evaluating pilgrimage governance and social and spiritual actualization to realize independent and resilient pilgrims per the legal mandate.

Based on this, this research is fundamental to do, not only to complete theoretical studies but also to practical implications in determining the national policy of Indonesian pilgrims' health governance dominated by geriatric groups with various problems. The second implications are related to the practical aspect, namely the self-management of the Geriatric Pilgrims, as an effort to help foster the skills of the geriatric pilgrims to prepare themselves for physical endurance and health facing the Hajj Season in 2024. Self-management in the humanist Da'wah study is a form of humanitarian existence as a *rasul* in the world, not only as a servant but rather a substitute for the apostle in realizing the realization of happiness and welfare of life and in the context of worship, to realize the title of Hajj *Mabrur*.

Research Methods

This research is a descriptive qualitative research that comes from field research with a psychological approach. The research data source comes from all geriatric hajj pilgrims who have canceled their departure in 2022 at the SOC embarkation. Research subjects were obtained using a purposive technique, as many as 201 people. The data were then analyzed using an interactive analysis model.

Results and Discussion

The discussion was carried out to describe the various health conditions of senior pilgrims due to the postponement of the pilgrimage in 2022. The identified conditions will then be analyzed further so that an appropriate Da'wah strategy can be found in the form of mitigating the health of geriatric pilgrims canceling their departure based on a humanistic psychology approach. JID | 395

The health condition of the geriatric hajj pilgrims has been canceled

Geriatrics is an elderly group with multiple diseases or disorders due to decreased organ, psychological, social, economic, and environmental functions that require integrated services and a multidisciplinary approach and work in an interdisciplinary manner. One condition that is often found in geriatric patients is setbacks due to disability. An inability that limits itself in fulfilling its wholeness and social role more normally. Central Java is a region whose people are known to be very religious, so it is not surprising that the people of Central Java, including the geriatric group, have an extraordinary enthusiasm for performing the pilgrimage.

Statistical data from the Ministry of Religion shows that Central Java is the second region with 834,030 haj applicants with the highest haj quota (29,786) after East Java with 1,063,663 pilgrims with an allocation of 34,516, with a waiting time of 29 years. Meanwhile, the percentage of geriatric congregations currently reaches 62% of the total registrants in Central Java. So do not be surprised if, Central Java always tries to make various innovations in haj pilgrimage services, especially in the health sector. This is directly proportional to the typology of the congregation which geriatric groups still dominate.

Various problems arise in the treatment of geriatric group health. It is starting from things that can be observed directly, such as the condition of physical health, to conditions that cannot be seen directly, such as the mental health condition of the congregation. The physical conditions experienced by the geriatric group include aging, limited access, physical weakness, and decreased memory, coupled with the old group's inability to carry out strenuous, repetitive activities, even with a fast rhythm. Everything is directly proportional to increasing age, while its ability tends to decrease. Sudoyo et al. (ed) (2006) stated that the geriatric group had reduced strength by up to 60% of their youth strength. It is also coupled with various conditions that affect it, such as having certain diseases, unhealthy lifestyles, and polluted environmental needs. Kumar et al (2001), Levins (2003), Larson (2005), Pramono (2012), and Kurnianto (2015) state that physical decline is due to changes in body shape and function.

Physical form and body function changes result in dysmetabolism, malnutrition, and disease susceptibility. It was further explained that a weak physical form would undoubtedly result in the work of the limbs not being optimal, and could also result in malfunctions and even a change of

function. This results in the worsening of a person's physical condition. Other health problems experienced by the geriatric group, as raised by Darmojo et al. (2004) and Azizah (2011), include limited physical access, such as muscle weakness, lifting heavy loads, physical fatigue, as well as drastic weight loss due to malnutrition and illness in contrast to Eumura et al. (2014), who stated that the geriatric group, in addition to experiencing physical fatigue, also experienced decreased memory and comprehension. So that it becomes often forgetful, even senile; this is because the sensory and motor nerves tend to experience slowness of movement and less sensitive reflexes.

In addition to physical conditions that can be seen clearly decreasing, it turns out that the geriatric group also experienced a decrease in physical conditions that were difficult to observe, such as difficulty giving stimulation quickly, forgetfulness and forgetfulness, difficulty remembering and memorizing, difficulty recognizing new things, fatigue and dizziness. If in a depressed condition, this group soon becomes anxious and hopeless and experiences mental disorders, so they experience mental illness. These physical illnesses, if not handled properly, tend to affect a person's mental condition and then cause mental disorders. Naftali et al. (2017) stated that old age is marked by a person's inability to balance movement abilities and deal with problems faced quickly; this has an impact on self-irritation and excess negative emotions and raises responsibility for oneself. The same thing was explained by Chaco et al. (1994), that the elderly group has an inability to manage their cognition correctly, so they are often less responsible, less independent, and challenging when facing problems. Of course, this condition is inversely proportional to the condition that pilgrims should have when performing their pilgrimage, which requires excellent physical condition, healthy, active, and strong endurance.

Based on the results of interviews with several congregations, it was found that the health condition of the geriatric assemblies was canceled due to the postponement of the 2020-2021 Hajj departure in the unfavorable category. This was shown by 68% of the congregation experiencing fatigue when carrying out physical activities, 73% having comorbid diseases, and 64% experiencing memory loss. This condition was exacerbated when they were faced with an uncertain economic situation during the pandemic. The need to fulfill the economy makes some older adults who no longer have the productive ability to work have to look for alternative income to meet their daily needs. So that sleep time becomes less, rest becomes narrower, and they have to work harder to earn daily income. Most of the congregation said lack of rest because they have to work makes them tired and weaker. The pain he suffered was also increasingly felt. This also raises feelings of fear, whether when the pilgrimage has been reopened, they are still strong and have the ability to go through it.

Apart from the lack of adequate rest time, the congregation also feels that their current diet is unhealthy. This is because it is difficult to get more nutritionally balanced food because they do not have a steady income. The most important thing for the congregation, every day can meet their daily food needs, without considering the adequacy of the necessary nutritional intake. In the midst of efforts to meet the needs of everyday life and prepare prime physical conditions, it has become difficult for geriatric pilgrims who have canceled their departure due to the COVID-19 pandemic. Not infrequently, most pilgrims also start to feel afraid, anxious, and wary. Will we be able to depart next year? This condition will further exacerbate the congregation's physical endurance and tend to result in mental confusion and an unhealthy mental condition. As described by Hattori et al. (2005)

and Giles et al. (2009), a person's physical endurance will weaken if a less intense psychological condition accompanies it, so the impact on physical health will decrease, and disease will quickly be eaten away. It is further said that a person's mental health dramatically influences physical condition; the better and healthier he is mentally, the stronger his physical endurance. And vice versa, the lower the mental condition, the lower the physical endurance of a person. Rogers (1959), Allport, and Maslow stated that humans must have the ability to develop themselves, including aspects of health, starting from understanding their own condition, especially weaknesses that potentially hinder their development, to dealing with physical and psychological problems so that it will make it easier for them to actualize themselves optimally. Therefore, the health problems experienced by individuals need to be identified independently so that they have the ability to carry out prevention, as well as the ability to deal with health problems according to the conditions they experience.

Management of integrated health services

Preparing pilgrims who have resilience is a mandate from Law Number 8 of 2019 concerning Organizing the Hajj. This is important to realize so that the pilgrims can carry out the whole series of pilgrimages, which mostly rely on and require physical strength. The rituals of the pilgrimage are indeed conditional on physical health, so a prime condition will make it easier for the congregation to complete each series of pilgrimage according to the conditions and pillars. Even so, not all pilgrimage groups have the resilience in question. In fact, most of the Indonesian haj pilgrims experience health problems, starting from the initial registration, departure, and implementation, even up to the time of return. This is because most of the pilgrims are in the geriatric age group, and are vulnerable to congenital diseases that they have previously contracted. So, efforts are needed to ensure the health of Indonesian pilgrims by the conditions they experience.

The government has issued various regulations to provide the best service for geriatric groups, including 1) Regulation of the Minister of Health of the Republic of Indonesia Number 79 of 2014 concerning the Implementation of Geriatric Services in Hospitals. 2) Government Regulation Number 43 of 2004 concerning Implementation of Efforts to Improve Elderly Welfare (State Gazette of the Republic of Indonesia of 2004 Number 144, Supplement to the State Gazette of the Republic of Indonesia Number 4451); and 3) Decree of the Minister of Health of the Republic of Indonesia Number 442/MENKES/SK/VI/2009 concerning guidelines for the Implementation of Indonesian Hajj Health. The three regulations contain various efforts to provide the best health services for the congregation. Geriatrics is a group that receives priority health care recipients. The main objective of enforcing health service policies for geriatric groups is to improve the health status of older people towards healthy, independent, active, productive, and efficient seniors for families and communities. It is necessary to promote health. Health coaching is carried out for older people, namely by paying attention to the risk factors that must be avoided by older people. This condition is done to prevent various diseases that may occur. In addition, it must also pay attention to protective factors that are carried out to improve geriatric health.

Health services for the geriatric group are curative but also promotive and preventive so that the old group can get a quality life. The implementation of old health services has holistic principles, and in accordance with humanistic beliefs that every human being in his development is unique, so

to meet needs, including achieving a degree of health, humans do things that are different, creative, and free from any pressure from outside. In making decisions, healthy individuals also use all psychological aspects, such as emotions and intelligence, as well as possible. If every human being has their own way of dealing with mental disorders, then humans can do different things in dealing with various pressures that can cause mental health problems. Pramudityo (2013) states that in order to achieve a degree of health, individuals are required to develop the potential contained within themselves and provide opportunities to learn about a healthy lifestyle so as to produce individual responses that are good, not only rely on experiences that were formed during the past. Then, far from that, develop potential and actualize oneself as well as possible. Thus, everyone, including the geriatric congregation, must be able to overcome the past, biological nature, and environmental characteristics, not be controlled by forces that cannot be seen and are influenced or not pushed by health conflicts. The healthy individual functions at a rational and conscious level is fully aware of the guiding forces and can control his strengths and his happiness. Allport (1959) stated that happiness is not a goal but a by-product of personality integration in pursuing aspirations and dreams of achieving a healthy state and always fighting for health.

In contrast to Maslow, who considered health to be the ultimate happiness, health is obtained when a person is able to actualize himself (a self-actualizing person) fully. Maslow expressed a theory of motivation for self-actualizing persons with the name meta-motivation, which considers oneself healthy if behavior leads to a form of self-actualization. In the context of geriatric pilgrimage pilgrims, the concept of self-actualization can be realized in the form of living life and making peace with the disease, understanding the condition, and handling it. In addition, trying new things that lead to achieving life happiness, instead of sticking to safe and harmless ways, one can also work hard to always look prime, healthy, with a healthy lifestyle whatever one wants to do, and not forget to try to identify self-defense and have the courage to stop conditions that threaten his health or overcome obstacles that cause unwell.

Management of social resilience

Based on research conducted by Audria & Wahyuni (2023: 12), geriatric social welfare is achieved if each individual has good-quality social relations. This quality serves to achieve independence and the survival of older people. Of course, freedom is not simply owned by geriatric pilgrims. Appropriate effort and a Da'wah strategy are needed. Especially in directing and providing system support entering its aging process. Whatever conditions humans face, in the view of humanistic psychology, is how their lives are with a positive existence—holding the value of life, presenting love, creativity, and good self-meaning about his life. This is in accordance with the concept of process theory and the stages of Da'wah that humans, in the process of their development, must have the ability to see positively all of life and the periodization of their life development.

Achieving independence is certainly not an easy thing, especially when the geriatric period is filled with actual social disabilities. Geriatricians usually have left their job position, with various illnesses, making them withdraw from the social environment, become reluctant to socialize, and tend to close themselves off from social life. Feelings of inferiority that geriatrics have, making their enthusiasm to establish intimacy with other people disturbed. It is necessary to strengthen the group efforts obtained through social action. Rozaq et al. (2021) and Hasanah et al. (2022) state

that a conducive environment, which can be used as a medium for fostering social resilience, is the role of peer groups. Achieving independence is certainly not an easy thing, especially when the geriatric period is filled with actual social disabilities. Geriatricians usually have left their job position, with various illnesses, making them withdraw from the social environment, become reluctant to socialize, and tend to close themselves off from social life. Feelings of inferiority that geriatrics have, making their enthusiasm to establish intimacy with other people disturbed. It is necessary to strengthen the group efforts obtained through social action. Rozaq et al. (2021) and Hasanah et al. (2022) state that a conducive environment, which can be used as a medium for fostering social resilience, is the role of peer groups. Peers are a source of energy and motivation in growing social stability because, in peer groups, each person can obtain knowledge and information together. This environment also fosters group dynamics that promote solidarity, empathy, and a sense of shared destiny.

When linked to efforts to realize health, social resilience lies in efforts to look after one another and exchange information about the illness they are suffering from. Based on the data obtained as much as 87% of geriatrics feel the benefits of the peer group. They explained that the presence of a peer group was not only when they found out about their condition and then regretted it, but with their condition became a source of strength to prevent the disease from coming back. For geriatrics, the presence of the peer group is more than the presence of the family. Fostered kinship brings self-confidence and awareness to be optimistic, not discouraged, and to develop their social potential. Apart from the existence of peer groups, social resilience can also be obtained from family support.

Suryaningsih et al. (2020) and Ginting & Etalia (2019) found that family support contributes to building participation and active involvement of older people in social activities. Families that support the activities of older people in activities outside the family environment have a longer life expectancy and a better level of health compared to the elderly families who do not have support for the social movements of older people. The family becomes a dynamic for the geriatric group to grow and hone their creativity so that they become independent individuals as well as actively participative. On the other hand, family support is also an opportunity in itself to build intimacy between older people and their families, thus creating a healthy and robust family.

Da'wah strategies in health mitigation with a humanistic psychology perspective

Da'wah exists not just as a religious ritual practice, but as a way of life that can be used to achieve happiness in this world and in the hereafter. In the social field, Da'wah directs Muslims' behavior toward an orderly, peaceful, and prosperous life. Da'wah in the field of education is not just teaching religious knowledge but also an effort to realize personal and social intelligence. Da'wah in the health sector is not just an effort to prevent disease, but the realization of holistic care for Muslims, starting from recognizing various diseases and preventing risky behavior to efforts to develop self-potential, achieve health, and gain meaningful life and happiness. Hasanah (2018) explained that being a healthy person can be achieved by knowing yourself. Realize what you have, what your weaknesses are, and what conditions you are facing. This study is in line with Allport's concept (1959) which states that a healthy personality at least has the characteristics of accepting all the conditions it experiences, looking at the world objectively, so that it can think logically and rationally, has the ability to expand itself, has intimacy with other people (love, sympathy, and

empathy), use potential and involve oneself positively, have a positive outlook on life and own values in living life and making decisions.

JID | 400 If geriatric congregations are directed at efforts to realize independent health, of course, it will make it easier and expedite all the rituals of the pilgrimage. For this purpose, an appropriate preaching strategy is needed for this purpose, especially for geriatric congregations with different characteristics from those of productive age. By recognizing the features of the old community, the Da'wah strategy is directed at realizing self-actualization based on various behaviors and experiences of the geriatric assembly; besides, it is also based on the uniqueness and potential for actualizing health, which is physical starting to weaken and decline.

a. Identification of diseases and the impact of geriatric congregation behavior

Disease tendencies experienced by geriatric congregations include a weakened physical condition due to aging, congenital/comorbid diseases, disease complications, and mental illness. In mitigating weakened physical requirements due to aging, stimulation of a fitness companion is needed when the physical condition begins to weaken. In this context, more is directed at preventive proselytizing strategies. Thus, a fit geriatric group can be prepared by exercising regularly, maintaining a healthy and nutritionally balanced diet, and utilizing support groups (Hashanah, 2021; Hasanah, dkk., 2022). Exercise regularly, as explained by Braithwaite et al. (1989); Ahn & Kim (2004); and Kurnianto (2015), make a positive contribution in maintaining one's stamina and fitness, regardless of age. This is because exercise can pump oxygen to all human vital organs to make the body fresh and fit. In addition, a body that regularly exercises will regulate and launch the body's metabolism, thereby removing sweat and toxins that are lodged in the body. Islam is also very concerned about health, as explained by al Khayat (1984) that Islam considers life to be filled with health, so it must start by getting used to living a healthy life, avoiding harmful things, and maintaining life, socializing with the environment.

نعمتان مغبون فيهما كثير من الناس: الصحة والفراغ (رواه البخاري)

Based on this hadith, it is stated that there are two pleasures that humans often ignore, namely health and opportunity. Health can be maintained in many ways by preserving cleanliness, a nutritious diet, adequate rest, and exercising regularly. Hadi (2020) states that if someone cares about cleanliness, then their health will also be maintained. Health is the primary supporting position in various activities, from work to religious activities such as prayer, fasting, and pilgrimage. In addition to cleanliness, health can also be pursued by maintaining a nutritious diet because eating nutritious food fulfills the body's needs for nutrients and energy. Akbar, et al., (2020) and Sanjaya (2015) stated that the elderly with suitable and adequate nutrition can enable a longer life expectancy, and if the geriatric group experiences malnutrition it will not only affect physical health, teeth, energy deficiency, protein, and nutrition, but also psychological health such as stress, neurological problems, limited mobility and disease complications.

A study conducted by Nurhayat et al. (2019) found that poor nutrition has an impact on declining health conditions and chronic disease conditions due to degenerative diseases, all of which start with wrong eating behavior, poor quality rest, and neglecting exercise. In fact, in the geriatric group, proper and nutritious eating habits, adequate rest, and regular exercise affect a person's quality of life, including the old group, because this group is very vulnerable to health problems, and the diseases that have existed so far are not always associated with the aging process. But external

factors such as eating behavior, rest, and exercise. This is by the concept of humanistic psychology that in an effort to realize health, a person must have healthy behavior and strong health actualization.

In order to bring up the ability to recognize one's own health conditions and the impact of these conditions, two forms of Da'wah strategies can be applied, namely the Da'wah strategy *bi al lisan* and *bi al hal*. Oral Da'wah strategies can be carried out with the guidance of nursing care for families with activity groups, educating the importance of fulfilling a balanced nutritional diet, knowledge, and habit of adequate and regular rest and exercise. Nursing care can be done by utilizing peer groups and support groups. Peer groups are directed to exchange information about health and quality of life. This can be adjusted to the conditions experienced by the geriatric group, according to the category of health conditions and diseases. The presence of gadgets and social media such as WhatsApp, community YouTube, Instagram, and others can be used to develop virtual literacy media to promote health for geriatric groups. Meanwhile, support groups are directed at assisting aged groups' behavior patterns and lifestyle. Whereas in Da'wah *bi al hal* can be done by caring for and fulfilling nutritional intake for the geriatric group, providing balanced nutrition and nutrition needs, and obeying doctor's rules. In this context, the family will play an essential role in meeting the geriatric group's nutrition needs.

The results of a study conducted by the United Nations Economic Commission for Europe stated that family is the most important and primary factor for geriatric groups to be able to have a good quality of life. This study is corroborated by the results of Kitty et al.'s research (2006) which states that family is related to the quality of life of older people who experience long-term care. Families with life health awareness have a longer and better quality of life expectancy compared to families who do not have health awareness. So, the model of exemplary preaching is essential to meet the health needs of the geriatric group. The model of outstanding preaching can be a strategy of cultural preaching and structural preaching to realize a good, healthy, and independent quality of life for geriatric groups. Habituation is a unique character of cultural Da'wah, while policies to provide protection, fulfillment of nutrition, and exemplary for aged groups can become a cultural Da'wah strategy that applies nationally towards a geriatric congregation that is healthy and self-sufficient.

b. Health potential and health actualization of geriatric congregations

Most geriatric groups have limited knowledge about health and quality of life. This is consistent with the results of research put forward by Ebersole et al. (2009), who found that the geriatric group tends to have a poor understanding of health conditions and the importance of quality of life. The lack of information received from both health workers and the lack of concern for the family is often seen as a result of a lack of understanding of the importance of healthy behavior and self-actualization for a healthy life. Hamang Kubuwono (2021) said that active aging has significant potential for geriatric groups that need attention. How to optimize health, participation, and safety opportunities to improve quality of life as you age. You are seeing old groups as an asset for the progress of the nation. The old group is a living example, a "grandson of light" in wading through life, and continuing civilization. The importance of the role of the elderly encourages the need to create an environment that allows the elderly to continue to be optimally active and healthy both physically, socially, and psychologically in everyday life. One environment that can be used as a

medium for optimizing the potential of geriatric groups is Integrated Service Centers (Posyandu) in all districts/cities in Indonesia.

Through posyandu, geriatric groups are guided and given counseling. Hence, they are aware of the importance of living a healthy life, carrying out more productive and enjoyable activities, behaving actively, and participating in social activities (Mulyawati, 2018). Efforts to develop the potential of the geriatric group have become a national mandate contained in the National Action Plan (RAN) for Elderly Health 2020-2024, that 74% of older people still can carry out activities independently and are still working, thus providing support and opportunities to continue working and dedicating potential to be a shared responsibility. Six strategies were carried out, namely 1) compiling and disseminating policies and regulations, as well as norms, standards, and procedures for elderly health service criteria; 2) improving the quality and quantity of geriatric-friendly health service facilities, as well as facilitating access to health services and long-term care; 3) building and developing partnerships as well as advanced health service levels for geriatric groups involving cross-programs, sectors, professional organizations, educational institutions, non-governmental organizations, the business world, mass media, and other parties; 4) increasing the availability of data and information in the field of geriatric health; 5) increase the participation and empowerment of families, communities, geriatric groups in efforts to improve sustainable health; 6) increasing the role of geriatrics in improving family and community health towards empowered and robust families. Through this strategy, it is undoubtedly not only the geriatric group that is the goal of setting the system, but it must also involve related parties, especially families and communities. Then, the actualization of health for older people is directed at building social responsibility and social awareness in order to create the resilience of geriatric groups and family resilience.

This is in accordance with the concept of community development in Islamic Da'wah that in order to realize individual independence and resilience in every age range, participation from all parties and the role of the family are needed in raising awareness of the importance of health and cultivating healthy behavior in society. Lubis (2018) states that family resilience is tantamount to strengthening national resilience; problems will not occur if the family has the ability to detect early indications of unhealthy and behavioral deviations experienced by the family so that families have the ability to solve problems that develop in their social environment. So, the most crucial strategy is to prepare strong resources and generations in QS according to the word of God—an Nisa verse 9.

وَلْيَخْشَ الَّذِينَ لَوْ تَرَكَوْا مِنْ خَلْفِهِمْ ذُرِّيَّةً ضِعْفًا خَافُوا عَلَيْهِمْ فَلْيَتَّقُوا اللَّهَ وَلْيَقُولُوا قَوْلًا سَدِيدًا

Meaning: “And let fear Allah those who leave behind them weak children, whom they fear for their (well-being). Therefore, let them fear Allah and let them speak the truth. (Ministry of Religion, 2019)

A solid, prosperous, and advanced family becomes a solid religious foundation and makes the family able to face all temptations and attacks from outside that have the potential to damage the resilience and health of the family, namely as a condition in which the family has the physical and psychological abilities to live independently by developing their own potential—each to achieve the happiness and prosperity of the world and the hereafter. Therefore, a person's health potential can be used as a strength to ward off weaknesses resulting from an illness. For the geriatric group, of

course, they can position themselves according to the conditions experienced, while still paying attention to the function and role of the psycho-bio-psycho-religious in guarding and pioneering the realization of self-reliance through a healthy lifestyle, developing healthy behavior, and actualizing health in daily life.

In the health mitigation of the Geriatric pilgrims, the biological role of da'wah with the humanistic psychology approach emphasizes the awareness of pilgrims to behave in a healthy life, aware of the potential risk of illness, so as to provide the implications of self-management to always present the vigilance of the factors that cause the disease to recur. Of course, this situation has an impact on efforts to foster sensitivity and the ability to manage physical health. Second, in addition to fostering sensitivity, health mitigation has an effect on the ability to rise and exist from various diseases suffered. So that the geriatric pilgrims can undergo the entire series of worship well, the harmony and conditions of worship are met, and they have excellent physical health.

Health mitigation indirectly also has an influence on the psychological condition of the Geriatric pilgrims, which are mental conditions that are getting stronger, resistant to triggers, stress, and depressants. Health mitigation with the psychological approach to humanist da'wah not only touches the physical aspects and excellent health conditions but, more than that, will also play a role in growing a stronger mentality and avoiding a sense of adversity and mental problems. The emotional atmosphere will be more easily directed so as to bring implications for independence to meet all needs and complete a series of pilgrims more independently and without any dependence on others.

This behavior is subsequently known as resilience. That is, the Geriatric pilgrims have the ability to grow and rise from their diseases, have the ability to survive, and can then be utilized by the Geriatric pilgrims to complete the ceremonial series of pilgrims with physical and mental activities, avoiding death and achieving mercy. Suppose the Geriatric pilgrims already understand and are aware of physical and psychological health conditions. In that case, the risk of recurrence of disease can be avoided, and the mortality rate of pilgrims can be minimized. Health Mitigation through the psychological approach to Humanist Da'wah can then be used by the government as one of the national policies in implementing the pilgrimage health governance the following year. It can also be one of the international recommendations on the health governance of world pilgrims, especially for countries with the most Geriatric pilgrims in Asia, such as Malaysia, India, Pakistan, and surrounding areas, which are highly at risk for increasing the mortality rates of their pilgrims.

Conclusion

Health is the key to everyone's happiness; with health, needs can be met and fulfilled. For geriatricians, achieving a healthy condition is not an easy matter, bearing in mind that physical, psychological, and social conditions have decreased due to aging, but that does not mean you have to become weak and unhealthy. In fact, the potential for aging can be a source of Da'wah's strategies to achieve a resilient and healthy personality. There are two Da'wah strategies in mitigating the health of geriatric hajj pilgrims who cancel their departure, first identifying themselves as healthy and socially resilient. Raises self-awareness about the illness, which can prevent latent disease, deal with the condition, and promote active and participatory behavior in the social environment. Social resilience is carried out by utilizing family support, peer groups, and social media tools. This is a

form of self-resilience as a holistic health mitigation effort and the actualization of Da'wah strategies towards geriatric congregations that are independent and resilient from the perspective of humanistic psychology. The researchers expressed their gratitude to all research subjects, geriatricians who canceled going to Hajj in 2022, who were willing to be respondents.

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- Ahn, YH, & Kim MJ. (2004). Health Care Needs of Elderly in a Rural Community in Korea. *Public Health Nursing*. 21 (2), 153-61.
- Akbar, F.K, Idawati, A. H, & Ayuni, M.M. (2020). "Gambaran Nutrisi Lansia di Desa Benua Baru" *Jurnal Ilmiah Kesehatan Sandi Husada*, 9 (1): 1-7. DOI: 10.35816/jiskh.v10i2.193
- Al Khayyat, M.H., (1984), *الصحة فقه*, World Health Organization Middle East Office, Oman.
- Ananda Ruth Naftali, A.R, Ranimpi, Y.Y, Anwar, M.A., (2017), Kesehatan Spiritual dan Kesiapan Lansia dalam Menghadapi Kematian, *Buletin Psikologi*, 25 (2): 124 – 135 ISSN 2528-5858 (Online) DOI: 10.22146/buletinpsikologi. 28992, 124-135
- Asyafah, A. (2009). *Proses Kehidupan Manusia dan Nilai Eksistensialnya*. Bandung: Alfabeta, CV.
- Audria, A & Wahyini, S. (2023). Implementasi Kesejahteraan sosial bagi lanjut usia di Kota Bekasi, *Sovereignty: Jurnal Demokrasi dan Ketahanan Nasional*, 2 (1), 9-15
- Azizah, L. M. (2011). *Keperawatan Lanjut Usia*. Yogyakarta: Graha Ilmu.
- Belsky, J. (1997). *The Adult Experience*. USA: West Publishing Company.
- Bisnis.com dengan judul "Kemenkes Targetkan Vaksinasi Calon Haji Lansia Tuntas Maret 2021", Klik selengkapnya di sini: <https://kabar24.bisnis.com/read/20210319/15/1369807/kemenkes-targetkan-vaksinasi-calon-haji-lansia-tuntas-maret-2021>.
- Braithwaite, RL, & Lythcott N. (1989). Community Empowerment as a Strategy for Health Promotion for Black and Other Minority Populations. *Journal of American Medical Association*. 261: 281-3.
- Chacko A, Joseph A. 1990. Health problems of the elderly in rural South India. *Indian Journal of Community Medicine*. 15 (2): 70-3.
- Ebersole, P., Hess, P., Thouhy, T., & Jett, K. (2009). *Gerontologi Nursing and Health Aging*. 2 and ed, ST Louis.Missouri. Mosby Elseiver
- Ginting, D, & Etalia, N. Hubungan Dukungan Keluarga dengan Keaktifan Lansia Mengikuti Kegiatan Posyandu di Desa Lumban Sinaga Wilayah Kerja Puskesmas Lumban Sinaga Kecamatan Pangaribuan Kabupaten Tapanuli Utara Tahun 2017, *Elderly Follows Integrated Service Post Activities in Lumb. J Healthc Technol Med*. 2019; 5(1) :72–85
- Hamankubuwono, S, S, Humas (ed) DIY Optimalkan Potensi Lansia Berdaya, <https://jogjaprov.go.id/berita/detail/9412-optimalkan-potensi-untuk-lansia-berdaya>
- Harapan, P., Sabrian, F., Utomo, W. (2014). Studi Fenomenologi Persepsi Lansia dalam Mempersiapkan Diri Menghadapi Kematian. *JOM Psik*, 1 (2), 1-12.

- Hasanah, Hasyim, & Anasom, (2021), *Guiding Manasik Haji Sertifikasi Pembimbing Manasik Profesional*, Semarang: Fatawa Publishing
- Hasanah, Hasyim, (2021), *Dumplay Microguiding for Hajj and Umrah*, Semarang: Fatawa Publishing
- Hasanah, Hasyim, (2022), Strategi Resilen Jemaah Haji Geriatri Batal Berangkat di Masa Pandemi Covid 19, *Laporan Penelitian*, Semarang: UIN Walisongo
- Hattori, A., Masuda, Y., Fetters, M. D., Uemura, K., Mogi, N., Kuzuya, M., Iguchi, A. 2005. A qualitative exploration of elderly patient preferences for end of life care. *JMAJ*, 48(8), 388-397.
- Isnaeni, H. (2012). Kebahagiaan Lansia yang Tinggal di Panti Wreda. *Ringkasan Hasil Penelitian*. Surakarta: Universitas Muhammadiyah Surakarta.
- Jafar, N. (2011). Pengalaman Lanjut Usia Mendapatkan Dukungan Keluarga. *Jurnal Keperawatan Indonesia*, 14(3), 157– 164.
- Kali, <https://www.kemkes.go.id/article/view/17052300001/meningkatnya-jumlah-lansia-jaditantang-kebugaran-calon-jemaah-haji.html>
- Keputusan Menteri Kesehatan RI Nomor 442/MENKES/SK/VI/2009 tentang Pedoman Penyelenggaraan Kesehatan Haji Indonesia
- Ketty, et.all. (2006). Improving Quality of Life for Older People in Long-Stay Care. *Jurnal Irlandia Utara*. National Council on Ageing and Older People.
- KMA Nomor 719 Tahun 2020 merupakan regulasi yang digunakan sebagai pedoman penyelenggaraan ibadah umrah pada masa pandemi. Regulasi tersebut saat ini dinilai perlu disempurnakan untuk menyesuaikan dengan kebijakan terbaru di dalam negeri dan di Arab Saudi. Gelar Mitigasi Umrah Masa Pandemi, Kemenag Jaring Masukan K/L
- Kozier, J. B., Erb, G., Berman, J. A., & Snyder, S. (2004). *Fundamentals of Nursing: Concepts, proces, and practice*. (Upper sad les piver, Ed.) (7th ed.). Pearson Education, Inc.
- Kumar V, Acanfora M, Hennessy CH, & Kalache A. (2001) Health Status of the Rural Elderly. *The Journal of Rural Health*. 17 (4), 328-31.
- Kurnianto, D. P, (2015) Menjaga Kesehatan di Usia Lanjut, *Jurnal Olahraga*, 11 (2), 19-30
- Lubis, A., (2018). *Ketahanan Keluarga dalam Perspektif Islam*, Jakarta: Pustaka Cendikia.
- Marwanti, T. M. (1997). Kondisi Kehidupan Lanjut Usia di Dalam Panti (Studi Kasus Lanjut Usia di Panti Werdha Karitas dan Nazaret Bandung). *Tesis*. Program Magister Ilmu-Ilmu Sosial Bidang Kajian Utama Ilmu Kesejahteraan Sosial Universitas Indonesia.
- Mcleod, S, (2007), Maslow Hierarchy of Needs, *Simply Psychology*, 1
- Mulyawati, A, (2018). Optimalisasi Potensi Kader Posyandu Dalam Upaya Meningkatkan Kesehatan Lansia di Dusun Semaya Kec. Karang Lewas Kab. Banyumas, *Jurnal LPPM universitas Jenderal Sudirman*, 8 (1), 20-28.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 25 Tahun 2016 tentang Rencana Aksi Nasional Kesehatan Lanjut Usia tahun 2016-2019. Jakarta.

Peraturan Menteri Kesehatan RI Nomor 79 Tahun 2014 Tentang Penyelenggaraan Pelayanan Geriatri

Peraturan Pemerintah Nomor 43 Tahun 2004 tentang Pelaksanaan Upaya Peningkatan Kesejahteraan Lanjut Usia (Lembaran Negara Republik Indonesia Tahun 2004 Nomor 144, Tambahan Lembaran Negara Republik Indonesia Nomor 4451)

Pramono, L.A, & Fanumb, C., (2012). Permasalahan Lanjut Usia di Daerah Perdesaan Terpencil , Kesmas, *Jurnal Kesehatan Masyarakat Nasional*, 6 (5): 201-211

Rini, Willia Novita Eka, 2018. Analisis Gaya Hidup Terhadap Status Kesehatan Lansia Di Puskesmas Simpang IV Sipin Tahun, *Jurnal Kesmas Jambi (JKMJ)*, 2 (2): <https://doi.org/10.22437/jkmj.v2i2.6550>

Sanjaya, A.A, (2015). Gizi dan Gigi Lansia, *Jurnal Kesehatan Gigi*, 3 (2), 201-215

Setiti, S. (2007). *Pelayanan Lanjut Usia Berbasis Kekerabatan (Studi Kasus pada Lima Wilayah di Indonesia)*. Jakarta: Puslitbang Kesejahteraan Sosial. Retrieved from <http://www.depsos.go.id/unduh/.pdf>

Soejono CH. (2006). Pengkajian Paripurna pada Pasien Geriatri. Dalam: Sudoyo A.W, Setiyohadi B, Alwi A, Simadibrata M, Setiati S, (ed). *Buku Ajar Ilmu Penyakit Dalam*. Jilid III. Edisi IV. Jakarta: Pusat Penerbit Ilmu Penyakit Dalam

Suryaningsih, E. K, Rini, S, & Wantonoro, (2020). Duungan Keluarga dan Keaktifan Lansia dalam Mengikuti Program Posyandu Lansia, *Jurnal of AAFiyah Health Research (JAHR)*,1 (1), <https://doi.org/10.52103/jahr.vii1.88>

United Nation Economic Commition for Europa. (2010). Poloce Brief, Health Promotion and Disease Prevention. *Jurnal Unece Policy Brief on Aging*. No 5 April 2010.

Wahyuni, S. (2007). Pengaruh Logoterapi terhadap Peningkatan (Kemampuan Kognitif dan Perilaku) pada Lansia dengan Harga Diri Rendah di Panti Wreda Pekanbaru Riau. *Tesis*. Jakarta: Program Pasca Sarjana Fakultas Ilmu Keperawatan Universitas Indonesia.

Widyarini, (2016), *Penyelenggaraan Ibadah Haji Bagi Lansia*, *Az zarqa*, 8 (2), 219-235.