Development of the Complete Muslim Health Promotion Program for Older Thai Hajj Pilgrims in Central Thailand

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Abstract

The Hajj pilgrimage is a global religious phenomenon that poses significant health risks to Muslim pilgrims, particularly older adults, including communicable and non-communicable diseases. In Thailand, there has been no prior study on the development of the complete Muslim health promotion program for older in the Central region traveling to perform the Hajj. This study aimed to develop a complete Muslim health promotion program for older in the Central region of Thailand undertaking the Hajj pilgrimage. The secondary objectives were: (1) to examine Muslim health promotion behaviors among older Hajj pilgrims, and (2) to explore problems related to Muslim health promotion in this population.

This study applied mixed methodology combining qualitative and quantitative approaches. This study comprised 2 phases. Phase 1 focused on problem identification through a survey and in-depth interviews. Phase 2 involved program development, including: (1) drafting of the program, (2) study of feasibility from 12 stakeholders by focus group discussion (3) updating the program, (4) quality assessment of the program by 5 experts, and step (5) developing the complete program. The study population comprised older aged ≥60 years in the Central region of Thailand with prior Hajj experience. The complete Muslim health promotion program was defined as a health promotion model integrating health determinants, Muslim lifestyle-based health promotion, and travel medicine concepts. Quantitative data were analyzed using descriptive statistics, while qualitative data were analyzed using thematic content analysis with triangulation of survey, interview, and focus group data.

A total of 149 participants were included in the quantitative analysis. Most participants were aged 60–69 years, and 55.0% had underlying chronic diseases, primarily hypertension and diabetes mellitus. Overall Muslim health promotion behaviors were at a moderate level (mean = 63.12, SD = 5.54). Dietary behaviors and medication adherence were at moderate levels, physical activity was at a low level, and stress management was at a high level. Qualitative findings revealed two main themes: Muslim health promotion behaviors and health promotion problems. Key issues included chronic physical and mental health problems, lack of knowledge and awareness, and a need for community-based knowledge and practices in elderly Hajj care. The developed program was recommended to include activities before travel, during the Hajj, and after returning.

Conclusion: Muslim health promotion behaviors among older Hajj pilgrims in Central Thailand were generally moderate, with physical activity identified as the most problematic area. Insufficient knowledge and awareness were major barriers. The proposed comprehensive Muslim health promotion program should encompass pre-Hajj, during-Hajj, and post-Hajj activities. Healthcare facilities should implement screening systems to provide individualized care for older Hajj pilgrims. Further research is recommended to develop similar programs in other contexts and to explore factors influencing health promotion among older Hajj pilgrims.

Keywords

Health Promotion, Hajj, Muslims, Pilgrims and Pilgrimages, Travel Medicine, Health Policy.