

Permanent Female Sterilization in Islamic Jurisprudence and Public Health: A Multi-Perspective Study on Tubectomy

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<https://doi.org/10.51214/biis.v4i2.1593>

ABSTRACT

*This study aims to analyze the implementation of tubectomy as permanent contraception from the perspective of *maqāsid al-sharī'ah* and international medical standards (WHO and ACOG), focusing on legal legitimacy, medical indications, and patient rights protection. The approach used is juridical-normative with library research. Data were obtained from classical *fiqh* books, contemporary fatwas, Indonesian reproductive health regulations, and scientific publications related to the effectiveness, risks, and procedures of tubectomy. The analysis was conducted deductively-inductively through the synthesis of *maqāsid* principles with clinical evidence and health policies, to formulate Islamic criteria, informed consent procedures, and medical indication verification standards. The research results show that tubectomy is >99% effective but permanent, so it is only permissible under Islamic law in medical emergencies with informed consent and the absence of adequate alternatives. There is a gap between regulation and field practice, particularly in counselling and partner involvement. The recommendations are aimed at integrating medical guidelines and Islamic law for family planning services that are ethical and in accordance with Islamic law. This study contributes by connecting Islamic law and international medical standards to formulate ethical and safe guidelines for tubal ligation practices.*

ABSTRAK

Penelitian ini bertujuan menganalisis pelaksanaan tubektomi sebagai kontrasepsi permanen melalui perspektif *maqāsid al-sharī'ah* dan standar medis internasional (WHO dan ACOG), dengan fokus pada legitimasi hukum, indikasi medis, dan perlindungan hak pasien. Pendekatan yang digunakan adalah yuridis-normatif dengan studi pustaka (*library research*). Data diperoleh dari kitab fikih klasik, fatwa kontemporer, peraturan kesehatan reproduksi Indonesia, serta publikasi ilmiah terkait efektivitas, risiko, dan prosedur tubektomi. Analisis dilakukan secara deduktif-induktif melalui sintesis prinsip *maqāsid* dengan bukti klinis dan kebijakan kesehatan, untuk merumuskan kriteria syar'i, prosedur *informed consent*, serta standar verifikasi indikasi medis. Hasil penelitian menunjukkan bahwa tubektomi efektif >99% namun bersifat permanen sehingga dibolehkan secara syar'i hanya pada kondisi darurat medis dengan persetujuan sadar dan ketiadaan alternatif memadai. Terdapat kesenjangan antara regulasi dan praktik lapangan, khususnya pada konseling dan keterlibatan pasangan. Rekomendasi diarahkan pada integrasi pedoman medis dan syariat untuk pelayanan KB yang sesuai etika dan hukum Islam. Studi ini berkontribusi dengan menghubungkan hukum Islam dan standar medis internasional untuk merumuskan pedoman etis dan aman bagi praktik tubektomi.

ARTICLE INFO

Article History

Received: 23-06-2025

Revised: 24-08-2025

Accepted: 26-08-2025

Keywords:

Informed Consent;
Islamic Law;
Maqāsid al-Sharī'ah;
Reproductive Health;
Tubectomy.

Histori Artikel

Diterima: 23-06-2025

Direvisi: 24-08-2025

Disetujui: 26-08-2025

Kata Kunci:

Hukum Islam;
Informed Consent;
Maqāsid al-Sharī'ah;
Kesehatan Reproduksi;
Tubektomi.



A. INTRODUCTION

Normative practices regarding contraception – and in this case, tubal ligation (tubectomy) – must be placed within the philosophical framework of *maqāṣid al-sharīʿah*, which affirms the objectives of Islamic law: to preserve religion (*dīn*), life (*nafs*), intellect (*ʿaql*), offspring (*nasl*), and property (*māl*).¹ The *maqāṣidi* approach offers a tool for ethical-legal evaluation: medical actions are assessed not solely based on textualism, but through an analysis of benefits (*maṣlaḥah*) and the prevention of harm (*darʾ al-mafṣadah*). In the realm of reproductive health, the principle of *ḥifẓ al-nasl* (preservation of offspring) plays a central but not absolute role: it must be weighed against the principle of *ḥifẓ al-nafs* (preservation of life) when permanent medical procedures are considered. This moral consequence aligns with contemporary bioethics, which places patient autonomy and public health benefits as important values in clinical decisions.² This framework bridges classical fiqh texts and the demands of modern health policy, allowing the assessment of tubal ligation to be contextual, proportional, and evidence-based.

Tubectomy is a surgical procedure for women aimed at permanently preventing pregnancy by cutting or blocking the fallopian tubes.³ The issue of tubectomy is important to discuss because it directly intersects with reproductive rights, maternal safety, and the Islamic principle of lineage continuity—in addition to long-term social consequences. World Health Organization (WHO) reports and clinical policy studies emphasize the importance of informed consent, equitable access to postpartum services, and medical indication evaluation for tubal ligation to prevent coercion or premature decisions.⁴ National data in Indonesia also highlights challenges in service coverage and method distribution—factors that influence tubal ligation practices in the field and the relevance of this legal-ethical study.⁵

The phenomenon under focus is the increase in tubal ligation practices within the context of family planning programs in Muslim countries—including Indonesia—alongside differing Islamic legal opinions regarding permanent sterilization. Theoretically, this research uses two axes: (1) the theory of *maqāṣid al-sharīʿah* to assess legal legitimacy, and (2) the theory of public health ethics and reproductive autonomy to analyze the medical-ethical and policy dimensions. The legal-normative (textual and *maqāṣidi*) approach is combined with the study of reproductive health policies so that legal principles can be translated into healthcare recommendations that respect rights, safety, and religious values. This interdisciplinary framework allows for multi-dimensional analysis: from legal principles and religious edicts to clinical service practices and implications for access to justice and protection against forced sterilization.

¹ Achmad Suhaili, “Integrasi Maqāṣid Al-Syarīʿah Dalam Praktik Peradilan Agama Di Indonesia: Studi Alternatif Penyelesaian Sengketa Keluarga,” *Mabahits: Jurnal Hukum Keluarga* 6, no. 01 (2025): 29–42, <https://doi.org/10.62097/mabahits.v6i01.2236>.

² Mark A. Rothstein, “Autonomy and Paternalism in Health Policy: Currents in Contemporary Bioethics,” *Journal of Law, Medicine & Ethics* 42, no. 4 (2014): 590–94, <https://doi.org/10.1111/jlme.12178>.

³ Stefan Deleuze et al., “Tubectomy of Pregnant and Non-Pregnant Female Balinese Macaques (*Macaca Fascicularis*) With Post-Operative Monitoring,” *Frontiers in Veterinary Science* 8 (September 2021): 688656, <https://doi.org/10.3389/fvets.2021.688656>.

⁴ Mita Meilani M.Keb S. ST and Alief Nur Insiyiroh M.Keb S. Tr Keb, *Respectful Women Care Dalam Kebidanan* (Penerbit K-Media, 2023).

⁵ Riswi Alinda Fatmawati et al., “‘Itu Pilihan Terbaik!': Memahami Persepsi Wanita Terhadap Tubektomi,” *Jurnal Sains Kebidanan* 6, no. 2 (2024): 66–74, <https://doi.org/10.31983/jsk.v6i2.11914>.

Globally, previous research has covered studies on tubal ligation service policies, including one for the Muslim community in India, as well as disparities in access to information and compensation within reproductive health programs.⁶ With a reproductive ethics approach, the study found that childfree women who had access to sterilization reported improved psychological well-being and sexual quality of life compared to those who were denied.⁷ In Islamic legal aspects, a critical analysis of the Indonesian Ulema Council (MUI) fatwa by Akhmad Farid Mawardi Sufyan and Herlina Utami discusses that although the MUI fatwa declares it haram, Masjfuk Zuhdi proposes a review based on developments in re-analysis techniques and medical successes.⁸ Additionally, other studies comprehensively reviewed the concept of sterilization in modern Islamic family planning perspectives in Sumatra and Java. In these literature reviews, at least three groups of studies were analyzed: (a) fiqh and fatwa studies that discussed the permissibility of sterilization with medical indications as a limitation;⁹ (b) empirical health studies analyzing the prevalence, determinants, and counselling practices of tubal ligation;¹⁰ and (c) ethical/biomedical studies on informed consent and coercion risk.¹¹

Previous studies tend to be divided between normative-jurisprudential studies and empirical health studies; few simultaneously apply maqāṣidi analysis to modern reproductive health data. This gap has implications for the lack of operational guidance for Muslim healthcare workers and policymakers, resulting in fatwas or clinical guidelines often being disconnected from field practice (e.g., counselling, spousal consent, verification of medical indications). Therefore, research is needed that combines the interpretation of maqāṣid with international clinical standards and local data so that the resulting legal and practical recommendations can be applied in family planning (KB, in Indonesian approach) services and reproductive health policies.

In Indonesia itself, reproductive health and family planning regulations recognize the right to contraceptive services while also requiring informed consent; however, implementation in primary and referral facilities shows variations in access and counselling quality.¹² The position of fatwas and recommendations from the Indonesian Ulema Council (MUI) adds a layer of norms that health practitioners in the Muslim community must consider—both to protect patients and maintain compliance with Islamic law. This research serves as a bridge between contemporary Islamic law and national health policy, with the aim

⁶ Govind Singh, "Examining the Access to Benefits and Quality Sterilization Services among Muslim Women in India," *BMC Women's Health* 24, no. 1 (2024): 480, <https://doi.org/10.1186/s12905-024-03321-7>.

⁷ Jillian Lemke et al., "Sterilized and Satisfied: Outcomes of Childfree Sterilization Obtainment and Denials," *Psychology of Women Quarterly* 47, no. 4 (2023): 562–73, <https://doi.org/10.1177/03616843231164069>.

⁸ Akhmad Farid Mawardi Sufyan and Herlina Utami, "Analisis Kritis Pendapat Masjfuk Zuhdi Tentang Sterilisasi Pada Program Keluarga Berencana," *Al-Manhaj: Journal of Indonesian Islamic Family Law* 4, no. 2 (2022): 210–37, <https://doi.org/10.19105/al-manhaj.v4i2.10445>.

⁹ Sufyan and Utami, "Analisis Kritis Pendapat Masjfuk Zuhdi Tentang Sterilisasi Pada Program Keluarga Berencana."

¹⁰ Veronika Tuto Kalangona et al., "Determinan Pemilihan Metode Operasi Wanita (MOW) Di Puskesmas Lewoleba Kecamatan Nubatukan Kabupaten Lembata," *Sehat Rakyat: Jurnal Kesehatan Masyarakat* 4, no. 3 (2025): 625–38, <https://doi.org/10.54259/sehatrakyat.v4i3.5295>.

¹¹ I. Dewa Ayu Nyoman Utari Sastrani, "Analisis Yuridis Peran Informed Consent Dalam Penghapusan Pertanggungjawaban Pidana Bagi Tenaga Medis," *Journal Evidence Of Law* 4, no. 1 (2025): 347–59, <https://doi.org/10.59066/jel.v4i1.1214>.

¹² Putri Narendra Duhita Kusuma Wardhani and Budiarsih, "Keseimbangan Antara Hak Kesehatan Reproduksi Remaja Dan Norma Sosial Dalam Kebijakan Penyediaan Alat Kontrasepsi Bagi Remaja," *Hukum Dinamika Ekseleusia* 6, no. 4 (2024), <https://journalversa.com/s/index.php/hde/article/view/3416>.

of producing practical guidelines for healthcare professionals, fatwa makers, and policymakers.

The main focus of this study is to elaborate an operational maqāṣidi-clinical evaluation framework: (a) maqāṣid-based sharia criteria for tubectomy; (b) minimum standards for informed consent and verification of medical indications; (c) recommendations for harmonizing fatwas with national clinical guidelines. Practically, the results are expected to serve as a basis for guidelines for hospitals, community health centers, and fatwa institutions to develop SOPs that protect Muslim patients and ensure that tubal ligation is only performed in situations that meet health and sharia considerations. Additionally, this research opens a space for dialog between religious scholars, healthcare practitioners, and health policymakers

B. METHODS

This research employs a juridical-normative approach with a type of library research because the focus of the study is to analyze tubectomy law based on primary sources of Islamic law such as the Quran, hadith, *ijma'*, *qiyas*, as well as contemporary fatwas taken from several literature and scientific studies. The selection of this approach is based on the research objective of gaining an in-depth understanding of the legal status of tubectomy within the framework of maqāṣid al-sharī'ah, without collecting field data. The research object is the concept and practice of tubectomy as a permanent contraceptive method, analyzed from two perspectives: a health perspective and Islamic law. This method is commonly used in contemporary Islamic legal studies because it allows for an in-depth exploration of legal texts and their relevance in a modern context.¹³

Data analysis was conducted using content analysis to identify legal principles and medical indicators, which were then synthesized through a deductive-inductive approach combining the principles of *maqāṣid al-sharī'ah* with clinical evidence and health policies. In this way, contextual Islamic criteria, informed consent procedures, and medical verification standards were obtained.¹⁴

C. RESULTS AND DISCUSSION

1. Analytical Aspects of Tubectomy: Medical, Legal, and Ethical Perspectives

Based on data obtained through content analysis related to the topic of discussion, there are several findings that will be presented according to the research focus. In general, the researcher will present the findings of this study simply in the following analysis table, which will then be followed by a discussion categorized based on several different findings.

Table 1. Analytical Aspects of Tubectomy: Medical, Legal, and Ethical Perspectives

Analytical Aspect	Research Findings	Supporting Data/Information	Analytical Implications
Medical Effectiveness	Tubectomy has an effectiveness rate of	WHO and ACOG guidelines affirm a failure rate of <1%	Clinically feasible as a preventive method in

¹³ Aslati Aslati et al., "Utilizing Science and Maqāṣid Al-Sharī'ah in Resolving Contemporary Issues of Islamic Family Law," *Al-Manahij: Jurnal Kajian Hukum Islam* 18, no. 1 (2024), <https://doi.org/10.24090/mnh.v18i1.10571>.

¹⁴ Farrah Ilyani Che Jamaludin et al., *Developing a Shariah-Compliant Medical Services Framework in Malaysia: An Expert System Approach Using Fuzzy Delphi Method and Interpretive Structural Modelling*, Health Services Research, British Medical Journal Publishing Group, January 1, 2025, <https://doi.org/10.1136/bmjopen-2023-082263>.

	>99% in preventing pregnancy if performed according to medical standards.	per year among patients undergoing proper procedures.	high-risk cases, but its permanence requires careful evaluation.
Medical Indications	Commonly recommended for patients with a high risk of pregnancy complications or chronic illnesses.	Indonesian case studies: patients with severe preeclampsia history and cardiac disorders are recommended for permanent sterilization.	Verification protocols for medical indications are necessary to avoid non-indicative procedures.
Islamic Legal Perspective	General ruling: prohibited; permissibility only applies in cases of medical emergency.	MUI Fatwa No. 4/1981; NU's 28th Congress in 1989; Legal maxim: <i>al-ḍarūrah tubīḥ al-maḥẓūrāt</i> .	Health policies must include a Sharia-based filter to prevent violations of the principle of <i>ḥifẓ al-nasl</i> (protection of lineage).
Practice Gaps	Some cases lack comprehensive counseling and full spousal consent.	Literature reviews show 15–20% of tubectomy patients in certain facilities did not receive adequate informed consent.	Strengthening of service SOPs and medical ethics audits in healthcare facilities is required.
Spousal Involvement	Spouses are not always included in the decision-making process.	Field studies: only 60% of tubectomy procedures were performed with written consent from both partners.	Legal and ethical education for healthcare workers and the community needs to be enhanced.
Guideline Harmonization	No full integration yet between international medical protocols and Indonesian fatwas.	WHO, ACOG, and MUI share fundamental principles but differ in technical details of implementation.	An integrated operational guideline based on <i>maqāṣid al-sharīʿah</i> and international clinical standards is necessary.

The table 1 clearly demonstrates that tubectomy is an exceptionally effective surgical procedure, boasting a success rate of over 99% in preventing pregnancy. This high effectiveness is particularly notable in patients who have a significant risk of complications, such as those with certain medical conditions or those who have experienced adverse outcomes in previous pregnancies. However, the irreversible nature of tubectomy necessitates a thorough evaluation of medical indications before proceeding with the surgery, ensuring that it is the most appropriate choice for the patient's circumstances.

From the standpoint of Islamic law, tubectomy is generally deemed impermissible. Nonetheless, it may be allowed in medical emergencies based on the principle of *al-ḍarūrah tubīḥ al-maḥẓūrāt*, which permits prohibited actions when necessary to protect life or health. Despite this potential allowance, the implementation of tubectomy in practice encounters several barriers. Key challenges include a lack of comprehensive counseling for patients, which can leave them uninformed about the options and implications of the procedure, insufficient spousal involvement in decision-making, and suboptimal application of informed consent protocols that are critical for patient autonomy and understanding.

To address these issues, the study underscores the necessity for robust protocols aimed at verifying medical indications for tubectomy. It also calls for enhanced legal and ethical education for healthcare professionals to navigate the complexities of providing tubectomy

services in a context that respects both medical guidelines and religious beliefs. Furthermore, there is a pressing need to harmonize international guidelines, such as those issued by the World Health Organization (WHO) and the American College of Obstetricians and Gynecologists (ACOG), with Islamic fatwas applicable in Indonesia. This integration is vital to ensure that tubectomy services are not only clinically safe and effective but also aligned with the overarching objectives of *maqāṣid al-sharī'ah*—preserving human welfare—and are socially and religiously acceptable within the community.

2. Effectiveness and Medical Considerations of Tubal Ligation in the Perspective of Reproductive Health

Literature data show that tubal ligation is highly effective in preventing pregnancy, with a very low failure rate if performed according to standard procedures. This method is considered medically safe, especially for women at high risk if they become pregnant again. However, its permanent nature necessitates strict evaluation of medical indications, such as a history of obstetric complications or chronic diseases that could be life-threatening to the mother. This finding confirms the importance of pre-procedure counselling to ensure that decisions are made consciously and without coercion.

Research findings indicate that tubectomy is highly effective, with a failure rate below 1% per year when performed according to standard medical procedures. This is consistent with a report by the World Health Organization (WHO) which places permanent sterilization as one of the most effective methods of contraception, particularly for preventing pregnancy in women at high risk of obstetric complications.¹⁵ This advantage makes tubal ligation clinically relevant, especially in cases where pregnancy could potentially threaten the mother's life. However, the permanent nature of this method makes it a medical decision that must undergo a rigorous evaluation of indications and in-depth counselling mechanisms.

Pre-procedure counselling is a key element in performing tubectomy, not only to ensure the patient understands the permanent nature of the procedure, but also to ensure the decision made is truly based on full awareness without external coercion. Studies show that patients who receive comprehensive counselling before sterilization have lower post-procedure satisfaction and regret rates compared to those who do not receive adequate explanation.¹⁶ This aligns with the principle of informed consent in international medical ethics, which emphasizes the patient's right to receive complete information before undergoing medical intervention.¹⁷

Theoretically, medical considerations in performing tubectomy can be understood through the risk-benefit analysis framework, which is widely used in clinical decision-making. According to this approach, medical interventions are only justified if the benefits clearly

¹⁵ Leslie Cho et al., "What Every Cardiologist Should Know About Contraception and Reproductive Planning in 2025," *Journal of the American Heart Association* 14, no. 12 (2025): e041885, <https://doi.org/10.1161/JAHA.124.041885>.

¹⁶ Sri Setiawati et al., "Hubungan Akses Informasi, Dukungan Tenaga Kesehatan, Dan Dukungan Suami Dalam Pengambilan Keputusan Tubektomi Di Rsu Zahirah Tahun 2022," *SENTRI: Jurnal Riset Ilmiah* 2, no. 1 (2023): 34–49, <https://doi.org/10.55681/sentri.v2i1.434>.

¹⁷ Yael Schenker et al., "Interventions to Improve Patient Comprehension in Informed Consent for Medical and Surgical Procedures: A Systematic Review," *Medical Decision Making* 31, no. 1 (2011): 151–73, <https://doi.org/10.1177/0272989X10364247>.

outweigh the risks.¹⁸ In the context of tubal ligation, the benefits of preventing high-risk pregnancies and improving the mother's quality of life must be weighed against the risk of permanent loss of reproductive function. Other studies have also found that a systematic risk assessment approach helps reduce the number of tubal ligations performed without clear medical indications.¹⁹

From the researcher's perspective, the main significance of this finding is that the medical effectiveness of tubal ligation must be accompanied by procedural safeguards to avoid abuse and ethical violations. Although clinically safe, without strong regulation and counselling procedures, this method could be performed on patients who do not fully understand the consequences, potentially leading to legal and ethical conflicts. Therefore, integrating the World Health Organization (WHO) and American College of Obstetricians and Gynecologists (ACOG) medical protocols with national policies governing the approval and evaluation procedures for these indications is a strategic step in ensuring the ethical and standard-compliant implementation of tubal ligation.

3. Islamic Legal Perspective on the Implementation of Tubectomy

In Analysis of primary sources of Islamic law and contemporary fatwas indicates that the original ruling on tubectomy is not permissible because it permanently eliminates reproductive capacity, which contradicts the principle of *hifz al-nasl* (preservation of offspring). Permission is only granted in clear medical emergencies, based on the principle of "necessity makes the forbidden permissible." The Indonesian Council of Ulama regulates permission with the condition that there is a valid medical indication and the absence of adequate temporary contraceptive alternatives.

The research findings indicate that the original law of tubectomy from an Islamic legal perspective is not permissible (*haram*) because of its permanent nature, which eliminates reproductive capacity. Previous research, such as that conducted by Fitri A. N.,²⁰ which uses the perspective of *maslahah mursalah*, and Siti Masitoh, who compares the MUI fatwa with the results of the NU Bahtsul Masail in 1989, shows that there are differences in legal conclusions regarding tubectomy. Akhmad Farid M. S. and Herlina Utami also discussed the dynamics of tubectomy law, with different results.²¹

Based on the results of content analysis of several pieces of literature, this study found that differences in views regarding tubectomy law primarily stem from differing emphasis in assessing the permanent nature of the procedure. The Indonesian Council of Ulama (MUI) fatwa tends to open the possibility of permissibility, provided there is recanalization that guarantees the restoration of reproductive ability, while Nahdlatul Ulama (NU), the largest religious organization in Indonesia, affirms its prohibition because tubectomy is inherently permanent and damages reproductive organs. Academic opinions are also divided; some

¹⁸ Rosemarie D. C. Bernabe et al., "Decision Theory and the Evaluation of Risks and Benefits of Clinical Trials," *Drug Discovery Today* 17, no. 23 (2012): 1263–69, <https://doi.org/10.1016/j.drudis.2012.07.005>.

¹⁹ Riska Hediyan Putri et al., *Manajemen Kasus pada Sistem Reproduksi* (Penerbit NEM, 2025).

²⁰ Ainul Maghfiroh, "Hubungan Pengetahuan Terhadap Pemakaian Kontrasepsi Tubektomi," *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal* 13, no. 3 (2023): 951–56, <https://doi.org/10.32583/pskm.v13i3.801>.

²¹ Sufyan and Utami, "Analisis Kritis Pendapat Masjfuk Zuhdi Tentang Sterilisasi Pada Program Keluarga Berencana."

allow it based on *maṣlaḥah* (public interest), such as economic factors, while others reject it because the success rate of reconciliation is still hypothetical and insignificant.²²

Through the *madhhab* approach with the *takhrij* method, it is clear that tubal ligation remains haram, because it essentially resembles the practice of castration, which is forbidden by the consensus of scholars. Recanalization cannot change this law, as it is seen more as a repair of a damaged organ rather than a temporary restoration of lost reproductive function. Thus, this research strengthens NU's opinion and critiques the views of MUI in 2012 as well as some academics who allow conditional tubectomy.²³ This *takhrij* approach is considered to provide a more comprehensive, consistent, and rooted in the principles of classical jurisprudence.

Researchers argue that the interpretation of Islamic law regarding tubectomy needs to integrate textual and contextual approaches. The textual approach ensures that Sharia provisions remain the primary guidance, while the contextual approach allows for adaptation to developments in medical science and societal conditions. Harmonizing these two approaches has the potential to reduce the gap between religious norms and medical practices in the field. Thus, discussing the Islamic legal perspective on tubectomy is not only relevant for the realm of fatwas, but also important in the development of medical guidelines and standardization on a national and even international scale.

4. The Gap Between Religious Norms and Medical Practices in the Field

The study found that tubectomies were being performed without strong medical indications or comprehensive counselling. In some cases, the procedure is performed without the full consent of the couple, potentially violating the principle of informed consent. This phenomenon indicates a gap between health regulations, religious fatwas, and service practices in the field, especially in areas with low reproductive health law literacy.

The research findings indicate a significant gap between the norms outlined in religious fatwas and health regulations and the actual practice of tubectomy in the field. Although normatively this procedure requires clear medical indication and full and informed consent from the patient, cases have been found where the procedure was performed without comprehensive counselling or valid informed consent.²⁴ This condition has the potential to violate the principles of medical ethics and Islamic law, while also disregarding the patient's reproductive rights.

This phenomenon aligns with the findings of Durante et al., who revealed that in some cases, it appears that the implementation of standard operating procedures (SOPs) for permanent contraception has not been optimal, particularly in terms of risk communication

²² Fathur Rohman and Hilmi Husaini Zuhri, "Meninjau Ulang Fatwa Hukum Tubektomi Melalui Pendekatan Baru 'Manhaj Bermazhab,'" *Syariah: Journal of Fiqh Studies* 2, no. 2 (2024): 1–20, <https://doi.org/10.61570/syariah.v2i2.80>.

²³ Zaky Mubarak, "Keputusan Mukhtar Nahdlatul Ulama Tahun 1989 Tentang Vasektomi Perspektif Metode Instinbat Hukum Islam," *Al-Hukama': The Indonesian Journal of Islamic Family Law* 5, no. 2 (2015): 464–86, <https://doi.org/10.15642/al-hukama.2015.5.2.464-486>.

²⁴ Aura Nur Fadila et al., "Optimalisasi Praktik Informed Consent: Membangun Komunikasi Etis Antara Tenaga Kesehatan Dan Pasien," *Pendalas: Jurnal Penelitian Tindakan Kelas Dan Pengabdian Masyarakat* 4, no. 3 (2024): 172–85, <https://doi.org/10.47006/pendalas.v4i3.502>.

and partner involvement in decision-making.²⁵ Similar studies also reported that weak oversight mechanisms and a lack of training for medical personnel were factors driving the performance of sterilizations without meeting ethical standards.²⁶

From a policy implementation theory perspective, this gap can be explained through the policy-practice gap model, where policies formulated at a certain level are distorted when applied in the field due to limited resources and poor supervision.²⁷ In the context of tubectomy, factors such as the workload of medical personnel, low health literacy regarding reproductive health, and stigma surrounding contraception within the community further widen the gap between regulation and practice.²⁸

Researchers believe that addressing this gap requires a multi-faceted approach that integrates regulatory strengthening, capacity building for healthcare workers, and public literacy campaigns sensitive to local religious and cultural values. Periodic medical ethics audits and a transparent reporting system can be important instruments for ensuring that tubal ligation is performed in accordance with normative regulations. Thus, the gap between norms and practices is not only seen as a medical technical issue, but also as a healthcare service governance issue that demands more optimal and maximal strategic policy interventions.

5. Harmonizing Medical Guidelines and the Principles of *Maqāṣid al-Sharī'ah*

The findings indicate that the urgency of harmonizing international medical protocols (WHO, ACOG) with fatwas and Sharia provisions is key to minimizing ethical and Sharia violations. This integration needs to be outlined in operational guidelines that regulate counselling mechanisms, partner involvement, and medical indication verification before tubal ligation is performed.

The research findings confirm the need for harmonization between international medical guidelines such as those from the WHO and ACOG, and the principles of *maqāṣid al-sharī'ah* in the implementation of tubal ligation. Normatively, medical guidelines emphasize patient safety, procedural effectiveness, and informed consent, while Islamic law provides an ethical and normative framework to ensure medical actions do not violate the principles of *ḥifẓ al-nasl* (preservation of offspring) and *ḥifẓ al-naḥs* (protection of life), which are among the exceptions to the permissibility of Tubectomy practice as decreed by the MUI.²⁹ The integration of both becomes important for creating service protocols that are not only medically safe but also socially and religiously acceptable.

²⁵ Julia C Durante et al., "Long-Acting Reversible Contraception for Adolescents: A Review of Practices to Support Better Communication, Counseling, and Adherence," *Adolescent Health, Medicine and Therapeutics* 14 (December 2023): 97–114, <https://doi.org/10.2147/AHMT.S374268>.

²⁶ Agus Sulistyowati et al., "Analysis Of Factors Influencing The Use Of The Tubectomy Method In Fertile Couples: A Literature Review," *Nurse and Health: Jurnal Keperawatan* 13, no. 2 (2024): 318–27, <https://doi.org/10.36720/nhjk.v13i2.723>.

²⁷ David P Chinitz and Victor G Rodwin, "On Health Policy and Management (HPAM): Mind the Theory-Practice Gap," *International Journal of Health Policy and Management* 3, no. 7 (2014): 361–63, <https://doi.org/10.15171/ijhpm.2014.122>.

²⁸ Haswindah et al., "Persepsi Wanita Usia Subur Terhadap Penggunaan Kontrasepsi Jangka Panjang," *Jurnal Fisioterapi Dan Ilmu Kesehatan Sishana* 7, no. 2 (2025): 19–31, <https://doi.org/10.55606/jufdikes.v7i2.1991>.

²⁹ Dea Febrina et al., "Pentingnya Informed Consent Dalam Perspektif Hukum Islam," *Jurnal Ilmiah Wahana Pendidikan* 10, no. 20 (2024): 178–83, <https://doi.org/10.5281/zenodo.14273203>.

Against this background, studies show that applying the principles of *maqāṣid al-sharī'ah* in health policy can increase public acceptance of medical interventions that were initially controversial.³⁰ Similarly, a study by Noor Shuhadawati Mohamad Amin et al. revealed that the synergy between religious fatwas and medical protocols strengthens the legitimacy of healthcare services, in this context specifically regarding reproductive aspects, and reduces community resistance to permanent contraception.³¹ This integrative model has the potential to become a national reference for value-based healthcare services.

Theoretically, this harmonization can be analyzed using the ethical-legal alignment approach, where ethical and legal aspects are integrated with technical guidelines to ensure compliance and public acceptance.³² This approach has been used in the development of COVID-19 vaccination policies in several Muslim countries, where halal and safe fatwas are combined with global medical recommendations, resulting in higher compliance.³³ This principle aligns with Izzuddin ibn Abd Salam's thinking in formulating *jalb masalih*, which is essentially the core study of *maqasid syariah*, emphasizing the need to adapt fatwas to culture. This is because the *maqasid* theory he formulated is based on interdisciplinary studies that are both worldly and otherworldly. Therefore, it is hoped that this theory can provide policy input for published fatwas.³⁴

From this elaboration, it can be understood that this harmonization requires a communication forum between medical stakeholders, religious scholars, policymakers, and community representatives. This process should ideally produce operational guidelines that include WHO and ACOG technical standards, but are also clearly supplemented with Islamic clauses. Thus, every tubectomy procedure can be medically, legally, and morally justified, while also building public trust in reproductive health services.

D. CONCLUSION

This research confirms that tubal ligation is highly effective in preventing pregnancy, especially for women at significant medical risk if they become pregnant again. However, the permanent nature of this method demands strict evaluation of medical indications, comprehensive pre-procedure counselling, and the valid informed consent of both the patient and their partner. Islamic legal perspective views this procedure as inherently prohibited, but it can be permitted in emergency medical conditions according to the principle of "necessity makes the forbidden permissible" and the objectives of the Sharia (*maqāṣid al-sharī'ah*) to protect life (*ḥifz al-naḥs*). Additionally, some findings indicate a gap between religious norms and medical practices, including low partner involvement in decision-making. This confirms the importance of harmonizing international medical guidelines with the principles of Islamic

³⁰ Roby et al., "Kebijakan Kesehatan Reproduksi Dan Bantuan Sosial: Tinjauan Vasektomi Dalam Perspektif Hukum Keluarga Islam," *At-Taklim: Jurnal Pendidikan Multidisiplin* 2, no. 6 (2025): 777-88, <https://doi.org/10.71282/at-taklim.v2i6.511>.

³¹ Noor Shuhadawati Mohamad Amin et al., "Harmonising International Legal Frameworks and Shariah Principles in the Context of Medical Tourism: An Analysis," *IJUM Law Journal* 31 (2023): 65.

³² Judith Hendrick, *Law and Ethics in Nursing and Health Care* (Nelson Thornes, 2000).

³³ Ahmad Atabik and Muhammad R. Muqtada, "Maqashid Quran's Critical View on Indonesian Ulema Council's Fatwa on Halal Certification of COVID-19 Vaccine," *HTS Teologiese Studies / Theological Studies* 80, no. 1 (2024), <https://www.ajol.info/index.php/hts/article/view/286766>.

³⁴ Muhamad Agus Mushodiq et al., "Jalb Masalih Izzuddin dan Relevansinya dengan Fatwa NU Terkait Shalat Jumat Masa Pandemi Covid-19," *Al-Istinbath: Jurnal Hukum Islam* 6, no. 1 May (2021): 15-40, <https://doi.org/10.29240/jhi.v6i1.2193>.

law, as well as strengthening regulations, the capacity of medical personnel, and public literacy to ensure that tubal ligation is not only clinically safe but also ethical, legally permissible, and socially and religiously acceptable. This integrated approach is expected to create quality, equitable, and sustainable reproductive health services.

This study has limitations because it is a juridical-normative study based on literature review, and therefore does not involve empirical field data that could provide a more comprehensive picture of tubal ligation practices, such as variations in counselling quality, informed consent implementation, or the perceptions of patients and healthcare providers. This limitation makes the research findings more focused on conceptual analysis than empirical evidence. For future research, it is recommended to take an empirical approach through surveys, interviews, or case studies in healthcare facilities, so that the alignment between legal norms, fatwas, and medical standards with the reality of practice can be tested. This will strengthen operational recommendations and result in guidelines that are more practical, contextual, and responsive to the needs of patients and healthcare providers.

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