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Vasectomy under Indonesian Statutory Law and Islamic Law: A Maqāṣid al-Sharīʿah Analysis of Legality and Household Economic Well-Being

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ABSTRACT

Family planning is a key component of reproductive health policy and family welfare. However, the legal status of vasectomy in Indonesia remains complex because statutory law does not explicitly regulate vasectomy, while Islamic legal authorities have adopted differing positions on permanent contraception. This study examines the legality of vasectomy under Indonesian positive law and Islamic law and explores its potential socio-economic implications through welfare state theory and *maqāṣid al-sharīʿah*. Using a normative juridical design, the study applies statutory, conceptual, and comparative approaches to relevant health, population, and family-planning legislation, implementing regulations, Islamic legal rulings, and scholarly literature. The findings show that Indonesian positive law does not expressly prohibit or specifically designate vasectomy but provides a general legal basis for contraceptive services through the principles of reproductive rights, voluntariness, informed consent, patient safety, and professional standards. From the perspective of Islamic law, vasectomy may be conditionally permissible when relevant Islamic legal authorities establish specific requirements and its application remains consistent with the objectives of *maqāṣid al-sharīʿah*. The socio-economic implications identified in this study are conceptual rather than empirically measured and indicate that vasectomy may be assessed in relation to family welfare, reproductive responsibility, and access to health services. The study contributes an Integrative Vasectomy Legality Model that combines statutory legality, welfare state principles, and *maqāṣid al-sharīʿah* as a framework for evaluating vasectomy in the Indonesian legal and socio-religious context.

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1. INTRODUCTION

Population policy remains an important component of sustainable development because demographic change has implications for public health, human capital, household welfare,

and economic development. The United Nations projects that the global population will approach 9.7 billion by 2050, underscoring the continuing importance of population policies that promote not only fertility regulation but also reproductive health, family welfare, and the quality of human development [1], [2]. In this broader context, family planning has increasingly been recognized as part of reproductive health and a means of supporting individuals and couples in making informed decisions about the timing and number of children.

In line with the Sustainable Development Goals, particularly SDG 3 on Good Health and Well-Being and SDG 5 on Gender Equality, access to safe and effective reproductive health and family planning services is an important component of health and social development [3], [4]. However, evidence on the benefits of family planning programs should not automatically be interpreted as evidence for every contraceptive method. Different contraceptive methods involve different medical characteristics, social perceptions, legal considerations, and patterns of individual decision-making. Therefore, analyzing male participation in family planning requires particular attention to the methods available to men and the factors that shape their acceptance.

Indonesia faces an important challenge in this regard. With a population exceeding 281 million in 2024, Indonesia continues to manage demographic change while seeking to optimize the demographic dividend by improving human capital and family welfare [5]. The *Bangga Kencana* Program, implemented by the National Population and Family Planning Agency (BKKBN), reflects the national policy orientation toward developing healthy, prosperous, high-quality families through population development, family planning, and reproductive health programs [6]. Nevertheless, participation in family planning remains predominantly female-centered. This raises an important policy and legal question concerning the extent to which men participate in reproductive decision-making and whether existing family planning policies adequately recognize male reproductive choices.

Within male contraception, vasectomy, also referred to in Indonesia as the Male Operative Method (MOP), is a particularly significant issue because it is generally intended as a permanent method of contraception. Unlike temporary contraceptive methods, vasectomy involves a surgical interruption of the vas deferens and therefore raises questions extending beyond clinical effectiveness. The decision to undergo vasectomy may involve the individual's reproductive autonomy, spousal decision-making, family welfare, medical counseling, and the legal and ethical status of permanent contraception. Consequently, vasectomy should not be examined merely as another family planning method but as a medical intervention situated at the intersection of reproductive rights, family law, health regulation, and religious norms.

The relatively low uptake of vasectomy among Indonesian men cannot, however, be attributed to a single factor. Previous studies have identified a combination of social, cultural, informational, and interpersonal factors, including limited reproductive health knowledge, perceptions of masculinity, concerns regarding the consequences of vasectomy, lack of spousal support, and sociocultural attitudes toward male contraception [7]–[11]. Religious interpretation may also influence individual and family decisions, particularly because permanent contraception raises different legal questions from temporary family

planning methods. At the same time, legal uncertainty, service accessibility, counseling quality, and individual preference may also shape the decision-making process. Thus, the low utilization of vasectomy should be understood as a multidimensional phenomenon rather than as evidence that any single factor—whether legal uncertainty, religious interpretation, service availability, stigma, or personal preference—is the primary cause.

From a medical perspective, vasectomy is recognized as a highly effective method of male contraception. Contemporary clinical guidelines report very high contraceptive effectiveness when the procedure is performed appropriately and post-vasectomy semen testing confirms the absence of sperm or the accepted clearance criteria [12], [13]. The development of the No-Scalpel Vasectomy (NSV) technique has also contributed to reducing surgical morbidity compared with conventional incision techniques. Nevertheless, vasectomy should be presented as a permanent contraceptive method. Although vasovasostomy may restore sperm passage in some cases, the restoration of fertility is not guaranteed and depends on multiple clinical and temporal factors. Accordingly, the possibility of surgical reversal does not make vasectomy a reliably reversible contraceptive method and should not be used to diminish its permanent character in legal or ethical analysis [12], [13].

The permanent character of vasectomy creates a particular legal issue within Islamic family law. The discussion is not limited to whether contraception is medically safe or socially beneficial but concerns whether an intervention intended to prevent biological reproduction permanently is compatible with Islamic legal principles. The issue requires consideration of the objectives of *maqāṣid al-sharīʿah*, particularly the protection of progeny (*ḥifẓ al-nasl*), while also considering the protection of life (*ḥifẓ al-nafs*), property (*ḥifẓ al-māl*), family welfare, and the circumstances underlying reproductive decisions [14], [15]. Therefore, the legal assessment of vasectomy requires a distinction between temporary family planning, which may be assessed differently within Islamic jurisprudence, and permanent sterilization, which raises a more specific question concerning the alteration or termination of reproductive capacity.

Existing Indonesian scholarship has addressed different dimensions of this issue. Public health research has examined the effectiveness of family planning programs, contraceptive service delivery, and determinants of contraceptive utilization [16], [17]. Studies of male participation have emphasized social and reproductive behavioral factors, including knowledge, spousal support, masculinity, cultural values, and perceptions of vasectomy (Amanati et al., 2021; Ramadhan et al., 2025). Islamic legal studies have examined the permissibility of vasectomy through *fiqh* and *maqāṣid al-sharīʿah*, particularly regarding the protection of progeny and family welfare (Sufyan & Utami, 2023). Meanwhile, research on family planning and family welfare has demonstrated broader relationships between reproductive planning and household welfare but does not necessarily establish the specific legal or socio-economic consequences of vasectomy itself (Rizkianti et al., 2024).

Table 1. Research Gap in Previous Studies

Researcher(s)	Research Focus	Main Findings	Limitations	Research Gap Addressed by This Study
Amanati et al. (2021)	Male participation in family planning	Social factors influence the low utilization of vasectomy among men	Does not examine legal aspects	Connects positive legal perspectives with male participation in reproductive decision-making
Sufyan & Utami (2023)	Islamic law on vasectomy	Analyzes the permissibility and prohibition of vasectomy based on Islamic jurisprudence (fiqh)	Does not integrate positive law and family welfare perspectives	Integrates Islamic law with Indonesian positive law and socio-economic implications
Rizkianti et al. (2024)	Family planning programs and family welfare	Family planning programs contribute to improving family welfare	Does not specifically address the legality of vasectomy	Examines the relationship between vasectomy legality and household economic welfare
This Study	Vasectomy legality from the perspectives of Indonesian positive law and Islamic law	Develops the Multidimensional Vasectomy Legality Assessment Model	—	Integrates normative legality, socio-economic utility, and Sharīʿah-based public benefit into a unified legal evaluation framework

These studies provide important foundations, but the literature reviewed for this study remains differentiated by disciplinary focus. The selected studies were identified based on their direct relevance to three dimensions of the present research: male participation and vasectomy utilization, Islamic legal assessment of vasectomy, and the relationship between family planning and family welfare. They therefore serve as representative studies for constructing the research problem rather than as evidence of an exhaustive absence of prior scholarship. Based on this focused literature review, the principal gap lies in the limited integration of three analytical dimensions within a single assessment of vasectomy: Indonesian positive law, socio-economic welfare considerations, and *maqāṣid al-sharīʿah*. Existing studies tend to address these dimensions separately, leaving insufficient conceptual integration between the legal status of vasectomy, reproductive rights, household welfare, and Sharīʿah-based public benefit.

Consequently, this study's novelty is distinguished in three dimensions. First, its contextual novelty lies in examining vasectomy specifically within the Indonesian legal and family-planning context, rather than discussing contraception solely at the general policy level. Second, its theoretical novelty lies in bringing Indonesian positive law, welfare state theory, and *maqāṣid al-sharīʿah* into a unified analytical framework for evaluating permanent male contraception. Third, its methodological or analytical novelty lies in developing an integrative framework that assesses vasectomy through interconnected

dimensions rather than treating medical, legal, socio-economic, and Islamic legal considerations as separate issues.

Based on these dimensions, this study proposes the Integrative Vasectomy Legality Model. The model conceptualizes the legality and social acceptability of vasectomy through three interconnected dimensions. The first is normative legality, referring to the conformity of vasectomy with Indonesian positive law, applicable healthcare regulations and standards, and the principle of voluntary and informed consent. The second is socio-economic utility, referring to vasectomy's potential contribution to household welfare through reproductive planning, household resource allocation, human capital development, and family resilience. The third is Sharīʿah-based public benefit (*maṣlaḥah*), referring to the compatibility of vasectomy with the objectives of *maqāṣid al-sharīʿah*, particularly *ḥifẓ al-nasl*, *ḥifẓ al-nafs*, and *ḥifẓ al-māl* [14], [15]. The model therefore does not assume in advance that vasectomy is either legally permissible or impermissible; rather, it provides an analytical structure through which its legal status and implications can be evaluated according to the relevant normative and welfare considerations.

Accordingly, this study examines the legality of vasectomy from the perspectives of Indonesian positive law and Islamic law and analyzes its implications for household economic welfare through welfare state theory and *maqāṣid al-sharīʿah*. The study further seeks to develop the Integrative Vasectomy Legality Model as a conceptual framework for assessing permanent male contraception by connecting normative legality, reproductive rights, socio-economic welfare, and Sharīʿah-based public benefit.

2. METHOD

This study employs a normative legal research design to examine the legality of vasectomy from the perspectives of Indonesian positive law and Islamic law, as well as its potential implications for household economic well-being through welfare state theory and *maqāṣid al-sharīʿah* [18]. The study focuses on legal norms, principles, doctrines, and legal concepts rather than empirical social behavior.

The study applies three complementary approaches. First, the statutory approach is used to examine the legal framework governing reproductive health, family planning, patient rights, informed consent, and vasectomy services under relevant Indonesian legislation, including Law Number 17 of 2023 on Health, Law Number 52 of 2009 on Population Development and Family Development, Government Regulation Number 28 of 2024, and relevant BKKBN regulations. Second, the conceptual approach analyzes reproductive rights, welfare state theory, and *maqāṣid al-sharīʿah*. Third, the comparative approach examines Indonesian positive law alongside relevant Islamic legal opinions, including those of the Indonesian Council of Ulama (*Majelis Ulama Indonesia*) and *Dār al-Iftāʾ al-Miṣriyyah* [19].

The legal materials consist of primary, secondary, and tertiary sources [20]. Primary materials include legislation, regulations, fatwas, and official government documents. Secondary materials comprise peer-reviewed journal articles, scholarly books, and relevant academic studies, particularly those addressing vasectomy, male contraception, reproductive health, health law, family welfare, and Islamic law. Tertiary materials, including legal dictionaries and encyclopedias, clarify legal concepts and terminology.

Legal and scholarly materials were collected through structured library research using Scopus, Google Scholar, Garuda, HeinOnline, and Indonesia's official legislative database. Sources were selected based on relevance, institutional or academic credibility, substantive contribution, and, where appropriate, publication recency. The literature search supported the normative legal analysis and was not conducted as a systematic or scoping review. Accordingly, this study does not claim to provide an exhaustive synthesis of the literature on vasectomy.

The collected materials were analyzed qualitatively through identification, classification, interpretation, and comparative synthesis [21]. Legal interpretation employed grammatical, systematic, and teleological approaches to examine relevant positive-law provisions and Islamic legal opinions. The analysis then compared the requirements of Indonesian positive law with the principles of welfare state theory and *maqāṣid al-sharīʿah*, particularly *ḥifẓ al-nafs*, *ḥifẓ al-nasl*, and *ḥifẓ al-māl*.

Based on this analysis, the study develops the Integrative Vasectomy Legality Model as a conceptual framework consisting of three dimensions: (1) normative legality, concerning compliance with applicable law, healthcare standards, and voluntary informed consent; (2) socio-economic utility, concerning the potential relationship between reproductive planning and household welfare; and (3) Sharīʿah-based public benefit (*maṣlaḥah*), concerning the balance between relevant *maqāṣid* objectives and potential harm. The model is intended as a normative analytical framework and is not presented as an empirical measure of the effectiveness of vasectomy programs or household economic outcomes.

3. RESULTS AND DISCUSSION

3.1 Regulation of Vasectomy Services under Indonesian Positive Law as a Permanent Contraceptive Method for Men

Indonesia's constitutional commitment to the right to health provides the broader legal foundation for regulating reproductive healthcare. Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia establishes the right of every person to obtain health services [3], [12], [22]. Within this constitutional framework, reproductive healthcare falls within the state's broader responsibility to ensure access to healthcare services and protect individual rights. However, the constitutional recognition of the right to health should not be interpreted as an express statutory authorization of every particular medical procedure. The legal status of vasectomy must therefore be determined through the relevant statutory provisions, implementing regulations, family-planning policies, professional standards, and requirements governing medical consent.

The distinction between express authorization, general authorization, administrative recognition, and absence of prohibition is particularly important in determining the legal status of vasectomy. Law Number 17 of 2023 on Health establishes the general legal framework for health services and reproductive health, while Law Number 52 of 2009 on Population Development and Family Development establishes the national framework for family planning and family development [3]. Government Regulation Number 28 of 2024 subsequently provides implementing provisions for the health sector. These instruments should not automatically be interpreted as meaning that every provision expressly names or

specifically authorizes vasectomy. Rather, the legality of vasectomy must be examined through the extent to which the procedure falls within the legally recognized framework of reproductive healthcare and family-planning services and whether its implementation satisfies the applicable legal and professional requirements.

Law Number 17 of 2023 on Health provides the principal contemporary statutory framework for health services in Indonesia. Its provisions on health services establish obligations related to the quality and safety of healthcare and recognize patients' rights to receive healthcare services [23], [24]. Within this framework, reproductive health constitutes part of the health system and may include services relating to family planning and reproductive decision-making. Accordingly, the statute provides a general legal basis for reproductive-health services, but the legal assessment of vasectomy requires further examination of the implementing provisions and technical regulations governing family-planning services.

This distinction prevents the legal analysis from equating general statutory recognition with express authorization. Where a statute establishes a general right to reproductive healthcare but does not specifically identify vasectomy in a particular provision, the appropriate conclusion is that the procedure is legally accommodated within the broader reproductive-health and family-planning framework, subject to the applicable conditions. It would therefore be excessive to characterize the legislation as containing an unrestricted or unconditional statutory authorization of vasectomy. At the same time, the absence of a provision expressly naming vasectomy should not, without further analysis, be interpreted as a statutory prohibition.

Law Number 52 of 2009 on Population Development and Family Development provides the second important legal foundation. The statute establishes family development and family planning as components of national population policy. Its policy orientation focuses on forming healthy, prosperous, high-quality families. Within this framework, family planning is not limited to demographic control but is linked to families' ability to plan their reproductive lives and manage family development. Vasectomy may therefore be situated within the broader family-planning framework as a male contraceptive method, provided that its provision complies with applicable health-service and professional requirements.

The legal position of vasectomy must subsequently be read together with Government Regulation Number 28 of 2024 as the implementing regulation of Law Number 17 of 2023. The regulation provides more detailed rules concerning the organization and delivery of health services, including reproductive-health services. Its relevance to vasectomy lies principally in establishing the regulatory environment within which reproductive-health interventions must be delivered, including requirements concerning service quality, patient safety, professional competence, and patients' rights. Therefore, Government Regulation Number 28 of 2024 strengthens the regulatory framework for the provision of reproductive-health services but should not be treated as an independent and unlimited statutory authorization of vasectomy.

The legal assessment can consequently be formulated through four categories. First, express statutory authorization exists where legislation specifically identifies and regulates

a particular procedure. Second, general authorization exists where legislation recognizes the relevant category of healthcare or reproductive-health service without specifically regulating every individual procedure. Third, administrative recognition occurs where a procedure is incorporated into government family-planning programs or technical service arrangements. Fourth, the absence of a prohibition means no applicable binding provision prohibits the procedure, although this alone is insufficient to establish full legal validity. Vasectomy in Indonesia should therefore be assessed by considering the interaction of these categories rather than by relying on a single statutory provision.

This distinction is also relevant to the role of the National Population and Family Planning Agency (BKKBN). Through the *Bangga Kencana* program and its family-planning policies, BKKBN provides an institutional framework for implementing family-planning services, including male contraceptive services. Such administrative recognition demonstrates that male contraception is incorporated into Indonesia's population and family-planning policy. Nevertheless, administrative inclusion does not eliminate the requirement that individual medical procedures comply with health law, professional standards, medical ethics, and informed-consent requirements.

A central component of the legal validity of vasectomy is informed consent. Under contemporary health law, consent is connected to the patient's right to determine whether to undergo a medical intervention affecting his body. For vasectomy, valid consent is particularly important because the procedure is intended as a permanent contraceptive method. The prospective patient must therefore receive sufficient information regarding the nature and purpose of the procedure, its expected effectiveness, potential risks and complications, the possibility of contraceptive failure, available alternatives, and the permanent nature of the reproductive consequence.

Distinguish the requirement of informed consent from spousal involvement. Counseling may appropriately encourage communication between spouses concerning reproductive goals, family circumstances, and the consequences of permanent contraception. Such communication may also be relevant from the perspective of family welfare and Islamic family law. However, counseling or joint marital decision-making should not automatically be equated with the patient's legally required consent unless a specific binding legal provision requires it. The individual who undergoes the medical procedure remains the primary subject whose informed consent is required for the intervention.

This distinction becomes especially important where public family-planning programs are involved. The existence of a state-sponsored family-planning program does not transform an individual's participation into a compulsory act. The state may provide information, counseling, healthcare services, and access to contraceptive methods, but reproductive decisions must remain voluntary and free from coercion. Accordingly, government promotion of male participation in family planning should be distinguished from the legal validity of an individual patient's consent to undergo vasectomy.

The permanent character of vasectomy further strengthens the importance of counseling and informed consent. Vasectomy is generally classified as a permanent method of male contraception. Although reconstructive procedures such as vasovasostomy may sometimes restore sperm passage, the possibility of reconstruction does not mean that

fertility restoration is guaranteed. The probability of restored fertility depends on multiple clinical factors, including the interval since vasectomy, the surgical technique used, and individual circumstances. Consequently, vasectomy should not be legally or medically characterized as a routinely reversible contraceptive method. The patient must instead be informed that the procedure is intended to be permanent and that subsequent restoration of fertility cannot be assured.

The medical effectiveness of vasectomy should likewise be distinguished from its legal status. Contemporary medical guidance recognizes vasectomy as a highly effective method of contraception when properly performed and when post-procedure requirements, including confirmation of contraceptive success where clinically indicated, are followed. However, medical effectiveness does not itself establish legal validity. A highly effective procedure may nevertheless be unlawful if performed without valid consent or outside applicable professional and regulatory requirements. Conversely, legal authorization does not by itself establish clinical suitability for every individual patient.

Patient safety represents another independent dimension of legal assessment. Appropriately qualified healthcare professionals must perform vasectomy in accordance with applicable professional standards and clinical requirements. The legality of the procedure therefore depends not only on whether the method is available within family-planning policy but also on how the medical intervention is performed. The patient's rights to adequate information, safe treatment, and appropriate follow-up remain relevant throughout the treatment process.

The distinction between legality and ethical acceptability is consequently necessary. Legality concerns conformity with binding legal norms and applicable procedural requirements. Ethical acceptability concerns whether the procedure respects autonomy, voluntariness, adequate disclosure, proportionality, and responsible medical practice. These concepts may overlap but are not identical. A procedure may satisfy formal legal requirements while still raising ethical questions concerning the adequacy of counseling or communication between spouses. Conversely, an ethically persuasive rationale does not independently create legal authorization where no such legal basis exists.

The same distinction applies to social utility and policy effectiveness. The incorporation of male contraception into family-planning policy may pursue broader objectives of family welfare, gender equity, and reproductive responsibility. Nevertheless, a procedure does not become legally valid merely because it is considered socially beneficial, nor does it become legally invalid merely because its contribution to family welfare cannot be empirically demonstrated in an individual case. Social utility is therefore relevant to policy evaluation and *maqāṣid al-sharīʿah* analysis but should not be transformed into an additional statutory condition for individual legal validity unless such a condition is expressly established by binding law.

The available empirical literature provides further context concerning the implementation of male contraception in Indonesia. Previous studies have identified social stigma, perceptions of masculinity, limited reproductive-health knowledge, spousal communication, religious interpretation, and access to information as factors associated with men's contraceptive decisions. These findings suggest that low uptake of vasectomy cannot

automatically be attributed to legal uncertainty alone. However, because the present study adopts a normative legal methodology and does not collect primary implementation data, it treats these factors only as findings reported in previous empirical research. They do not constitute empirical findings generated by this study.

The distinction between *law in the books* and *law in action* should therefore also be applied cautiously. Previous socio-legal and public-health research may identify a gap between formal legal norms and practical implementation, but this study does not independently measure the implementation of vasectomy regulations. Accordingly, this normative analysis focuses primarily on the construction and coherence of the applicable legal framework rather than on determining actual compliance or implementation effectiveness in the field.

From the perspective of administrative law and the welfare state, the state has a responsibility to establish a regulatory environment that enables citizens to obtain appropriate reproductive-health services. This responsibility includes establishing legal standards, protecting patient rights, ensuring professional accountability, and facilitating access to healthcare. Nevertheless, the welfare-state function should not be interpreted as granting the state authority to determine individual reproductive choices. The state's role is to create the legal and institutional conditions for informed and voluntary reproductive decision-making.

Accordingly, the legal position of vasectomy under Indonesian positive law may be summarized as follows. First, Indonesian law provides a constitutional and statutory framework recognizing health and reproductive health services. Second, Law Number 52 of 2009 establishes family planning within the national framework of population and family development. Third, Law Number 17 of 2023 and Government Regulation Number 28 of 2024 establish the contemporary health-service framework within which reproductive-health interventions are provided. Fourth, BKKBN policy and family-planning programs provide administrative and operational recognition of male contraceptive services. These elements collectively establish the legal context within which vasectomy may be provided, but they should not be conflated with an unrestricted express statutory authorization of every vasectomy procedure.

The legality of an individual vasectomy therefore depends upon the fulfillment of the applicable legal and professional requirements, particularly the patient's voluntary informed consent, adequate counseling, patient safety, professional competence, and compliance with relevant healthcare regulations. The procedure's permanent nature requires heightened attention to information and voluntariness but does not, by itself, render it illegal under Indonesian positive law.

Accordingly, this study distinguishes four analytical dimensions in evaluating vasectomy. Normative legality concerns whether the procedure fits within and is performed in accordance with the applicable Indonesian legal framework. Ethical acceptability concerns autonomy, voluntariness, informed decision-making, and responsible medical practice. Policy effectiveness concerns whether family-planning policies succeed in expanding meaningful and informed male participation. Social utility concerns reproductive

planning's broader contribution to household welfare and public benefit. These dimensions are interconnected but must remain analytically distinct.

On this basis, Indonesian positive law does not support an interpretation under which vasectomy is automatically lawful. After all, it appears within family-planning policy or is automatically unlawful because it is a permanent contraceptive procedure. Its legal status depends on the applicable legal framework and the lawful provision of the medical service. This construction provides the normative foundation for the subsequent analysis of vasectomy from the perspectives of household welfare and *maqāṣid al-sharīʿah*.

3.2 The Impact of Vasectomy on Household Economic Well-Being from the Perspectives of the Welfare State and *Maqāṣid al-Sharīʿah*.

The relationship between vasectomy and household economic well-being should be examined cautiously because evidence concerning family planning in general cannot automatically be treated as direct evidence concerning vasectomy specifically. From a household economics perspective, fertility decisions may influence how households allocate resources for food, healthcare, education, housing, and childcare. Family planning may therefore give households opportunities to determine the timing and number of births according to their circumstances. However, the economic consequences of any particular contraceptive method depend on household characteristics, reproductive intentions, existing contraceptive practices, and the costs and benefits associated with the method selected.

Broader research on family planning has shown that the ability to plan fertility may facilitate household investment in children's education, nutrition, healthcare, and other forms of human-capital development. Such findings provide an important theoretical basis for understanding the potential relationship between reproductive planning and household welfare. Nevertheless, these findings should not be interpreted as demonstrating that vasectomy itself directly increases household income or automatically produces better economic outcomes. Rather, they indicate a potential pathway through which successful fertility planning may affect household resource allocation.

Within this broader context, vasectomy has a particular economic characteristic because it is intended as a permanent contraceptive method. For couples who have reached their desired family size and voluntarily choose vasectomy, the procedure may reduce the need for continued use of reversible contraceptive methods and the associated recurring expenditures. The potential economic benefit therefore arises not from vasectomy directly generating income but from the possibility of reducing or reallocating reproductive-related expenditures over the longer term. The magnitude of this potential benefit, however, varies between households and should not be generalized as a universal economic outcome.

The economic implications of vasectomy should also be distinguished from the economic effects of family planning programs generally. Evidence that family planning can reduce unintended pregnancies or facilitate greater investment in children's health and education does not establish that vasectomy produces the same outcomes independently of other contraceptive methods. Vasectomy should therefore be analyzed as one method within a broader reproductive-health and family-planning system. Its potential economic utility may be relevant particularly for couples who have completed their desired family size and require a highly effective long-term contraceptive option.

The welfare-state perspective provides a framework for understanding why the state may support access to family-planning services. A welfare state does not merely establish formal rights but also develops public services intended to enable individuals and families to achieve an adequate standard of well-being. In reproductive health, this responsibility includes ensuring access to accurate information, qualified healthcare professionals, appropriate counseling, and safe and affordable contraceptive services. The state's responsibility, however, is to provide an enabling legal and institutional environment rather than to determine individual citizens' reproductive choices.

From this perspective, the socio-economic utility of vasectomy should be assessed as a potential policy outcome rather than as a condition of legal validity. A vasectomy procedure that complies with applicable legal and medical requirements does not become unlawful merely because its anticipated economic benefit is not subsequently realized. Conversely, a potentially beneficial economic outcome cannot cure a procedure performed without valid consent or in violation of applicable legal and professional standards. This distinction is essential to prevent conflating legality with social utility.

The potential contribution of vasectomy to household economic resilience can nevertheless be examined through several mechanisms. First, voluntary fertility limitation may enable couples to allocate household expenditure across a planned number of dependants. Second, reduced uncertainty concerning future fertility may facilitate longer-term planning for education, healthcare, housing, savings, or productive activities. Third, where a couple has already achieved its desired family size, the use of a permanent method may reduce the recurring financial and practical burden associated with continued contraceptive management. These mechanisms describe potential pathways rather than guaranteed economic effects.

The relationship between vasectomy and household welfare is also relevant to human-capital development. When families can plan the timing and number of births, they may have greater capacity to allocate resources toward each child's education, nutrition, and healthcare. From a welfare-state perspective, such household-level decisions may generate broader social benefits because improvements in human capital contribute to the quality and productivity of future generations. Nevertheless, the existence of such potential benefits should not be interpreted as evidence that vasectomy is economically superior to all other contraceptive methods. The relevant consideration is whether the method is appropriate for the reproductive intentions and circumstances of the particular couple.

This distinction matters in evaluating claims about cost savings. Vasectomy involves an initial medical procedure and may require follow-up care and post-procedure confirmation of contraceptive effectiveness. It should therefore not be characterized simply as a cost-free or universally cheaper contraceptive option. Its potential long-term economic advantage depends on factors including the costs of alternative methods, duration of contraceptive use, access to services, and whether the couple has already decided not to have additional children. Economic evaluation should therefore be understood in terms of potential resource allocation rather than assumed universal financial savings.

The relationship between household welfare and *maqāṣid al-sharīʿah* can be further examined through the objective of protecting property (*ḥifẓ al-māl*). Within *maqāṣid*-based

reasoning, protecting property encompasses preserving and responsibly managing the resources needed to sustain human welfare. Family decisions that enable the responsible allocation of resources for food, healthcare, education, and housing may therefore support the realization of *ḥifẓ al-māl*. However, this objective cannot be considered independently from the protection of life (*ḥifẓ al-nafs*) and progeny (*ḥifẓ al-nasl*).

Accordingly, economic considerations alone cannot provide sufficient justification for permanent contraception under a *maqāṣid al-sharīʿah* framework. The economic interests of a household must be considered together with medical circumstances, reproductive intentions, potential harms, and the interests of the family. Where a decision to undergo vasectomy is voluntary and supported by circumstances that demonstrate a legitimate benefit while avoiding unjustified harm, its potential contribution to household welfare may constitute one relevant consideration in the assessment of *maṣlaḥah*. Conversely, economic efficiency alone should not automatically establish religious permissibility.

The same reasoning applies to the relationship between vasectomy and family welfare. Family welfare should not be reduced to the number of children or household expenditure. It encompasses broader dimensions, including health, education, security, dignity, and parents' capacity to fulfill their responsibilities toward existing and future family members. Consequently, the economic dimension of vasectomy should be understood as one component of a broader assessment of family well-being rather than as an independent determinant of its legality.

The welfare-state and *maqāṣid al-sharīʿah* perspectives nevertheless provide complementary analytical insights. Welfare-state theory emphasizes the state's responsibility to establish conditions that allow families to access appropriate reproductive-health services and exercise reproductive choices responsibly. *Maqāṣid al-sharīʿah*, meanwhile, provides a normative framework for evaluating whether reproductive decisions contribute to legitimate benefit and avoid significant harm, particularly regarding life, progeny, and property. The two perspectives therefore converge on family welfare as a relevant objective, though they approach it from different theoretical foundations.

Based on this analysis, the relationship between vasectomy and household economic well-being should be characterized as a potential indirect socio-economic effect, rather than a direct causal relationship. Vasectomy does not, by itself, increase household income.

Its potential contribution lies in enabling couples who voluntarily choose permanent contraception to plan future fertility and potentially allocate household resources more predictably. Whether this translates into improved economic welfare depends on household circumstances and cannot be assumed universally.

This distinction strengthens the proposed Integrative Vasectomy Legality Model by positioning socio-economic utility as a separate analytical dimension from normative legality. The socio-economic dimension evaluates vasectomy's potential contribution to household resource allocation, family resilience, human-capital investment, and quality of life. It does not determine whether a vasectomy procedure is legally valid. Instead, it provides a broader assessment of the social consequences that may be relevant to welfare-state policy and, where applicable, to *maqāṣid*-based considerations of *maṣlaḥah*.

Therefore, the socio-economic analysis supports a limited but significant proposition: vasectomy may have implications for household economic well-being when selected voluntarily by couples who have reached their desired family size, but such implications should be evaluated contextually. They should not be generalized from evidence on family planning as a whole. This approach avoids treating general evidence on contraceptive use as direct evidence of vasectomy-specific economic effects while preserving the relevance of household welfare within the broader legal and *maqāṣid* analysis.

3.3 Islamic Legal Analysis of Vasectomy from the Perspective of *Maqāṣid al-Sharīʿah*

The Islamic legal assessment of vasectomy requires a distinction between temporary fertility regulation and permanent contraception. Unlike general family-planning practices, vasectomy involves an intended permanent interruption of male fertility and therefore raises a specific legal question concerning sterilization, the preservation of progeny (*ḥifẓ al-nasl*), bodily integrity, and the prevention of harm. Accordingly, evidence demonstrating the general benefits of family planning cannot, by itself, establish the permissibility of vasectomy. The legal assessment must instead consider the specific nature of vasectomy, its medical consequences, the purpose for which it is undertaken, and the applicable principles of Islamic jurisprudence.

From the perspective of *maqāṣid al-sharīʿah*, the protection of progeny (*ḥifẓ al-nasl*) constitutes an important consideration in evaluating permanent contraceptive interventions. The objective of preserving progeny, however, should be considered together with other essential objectives of the Sharīʿah, particularly the protection of life (*ḥifẓ al-nafs*) and property (*ḥifẓ al-māl*). Consequently, the Islamic legal assessment of vasectomy cannot be reduced to a single question of whether the procedure prevents future reproduction. It requires assessing the competing interests and potential harms in the particular circumstances of the individual and family.

This approach is consistent with the methodological character of *maqāṣid al-sharīʿah*, which seeks to understand legal rules in relation to their underlying purposes and consequences. The principles of obtaining benefit (*jalb al-maṣlaḥah*) and preventing harm (*darʾ al-mafsadah*) provide important analytical tools in determining whether a particular intervention serves legitimate interests without producing greater harm. Nevertheless, the application of *maṣlaḥah* cannot be used to disregard an established prohibition merely by asserting that an intervention produces economic or social benefits. The claimed benefit must be legitimate, sufficiently established, and assessed in relation to the competing objectives protected by the Sharīʿah.

Vasectomy therefore presents a more complex legal question than ordinary temporary contraception. Its intended permanence requires consideration of whether permanently interrupting fertility is justified by a legitimate interest recognized by Islamic law. The distinction is important because the objective of family welfare cannot automatically transform a permanent contraceptive procedure into a permissible intervention. Rather, the purpose of the procedure, the circumstances of the couple, the existence of medical necessity or other legitimate justification, the availability of alternative methods, and the expected benefits and harms must all be considered.

The medical characteristics of contemporary vasectomy are relevant to this analysis but should not be overstated. Modern vasectomy techniques, including the no-scalpel technique, are widely recognized in contemporary medical practice as effective methods of male contraception with generally low rates of serious complications when performed by appropriately trained providers. Nevertheless, vasectomy remains a surgical procedure and may involve pain, bleeding, infection, and other complications. Its effectiveness is also not absolute, and contraceptive protection is not considered immediate following the procedure. Appropriate follow-up and confirmation of procedural success are therefore important components of clinical practice.

These medical characteristics are relevant to Islamic legal reasoning because the assessment of *mafsadah* depends partly upon the actual consequences of the intervention. However, medical safety should not be equated with Islamic legal permissibility. A procedure may be medically safe while still requiring a separate jurisprudential assessment concerning the intentional permanent interruption of fertility. Conversely, a legitimate religious justification cannot eliminate the requirement that the procedure be medically appropriate and performed according to professional standards.

The permanence of vasectomy also requires particular caution. Vasectomy is intended to be a permanent contraceptive method. Although surgical reconstruction through vasovasostomy may restore sperm passage in some cases, successful restoration of fertility is uncertain and depends on several clinical factors. Therefore, the possibility of reconstructive surgery should not be used to characterize vasectomy as routinely or straightforwardly reversible. From an Islamic legal perspective, the relevant issue remains the intention and nature of the original intervention: vasectomy is undertaken to produce permanent contraception, even though subsequent restoration of fertility may sometimes be technically possible.

This point is significant when considering *taghayyur al-manāṭ*, or changes in the factual circumstances underlying a legal ruling. Advances in medical technology may alter a procedure's medical characteristics, but they do not automatically alter its legal classification. A change in the factual circumstances may provide grounds for renewed *ijtihād* where the original legal reasoning depended upon factual assumptions that have materially changed. However, the existence of improved surgical techniques or the possibility of attempted fertility restoration should not, without further jurisprudential analysis, be treated as sufficient to establish that vasectomy is no longer a permanent contraceptive intervention.

The principle of preservation of progeny (*ḥifẓ al-nasl*) therefore remains central. Preservation of progeny may be understood not merely as maintaining biological reproductive capacity but also as protecting the welfare, dignity, and proper development of existing and future generations. Nevertheless, this broader understanding should not be interpreted as permitting permanent contraception whenever a couple believes that a smaller family would be economically preferable. The protection of progeny must remain balanced against legitimate considerations of maternal health, family circumstances, existing parental responsibilities, and the prevention of substantial harm.

The protection of life (*ḥifẓ al-nafs*) may become particularly relevant where pregnancy or childbirth presents a significant medical risk. In such circumstances, preventing pregnancy may serve an important protective function. However, a medical indication must be established through appropriate medical assessment rather than presumed from general concerns about pregnancy. Where a less permanent contraceptive method can adequately address the relevant medical risk, the availability and suitability of that alternative may also form part of the *maqāṣid*-based assessment.

Similarly, *ḥifẓ al-māl* may be relevant where reproductive decisions affect the family's capacity to provide essential needs such as food, education, healthcare, and housing. Household economic considerations can therefore constitute part of the broader *maṣlaḥah* analysis. Nevertheless, economic convenience alone should not automatically be regarded as sufficient justification for permanent sterilization. The economic dimension must be evaluated together with the protection of progeny, life, autonomy, and the prevention of harm.

The distinction between general family-planning evidence and vasectomy-specific evidence is therefore essential. Research demonstrating that family planning can improve maternal health, reduce unintended pregnancies, or facilitate household resource allocation supports the general policy value of reproductive planning. Such evidence does not establish, without further analysis, that vasectomy is religiously permissible. The jurisprudential assessment of vasectomy requires evidence specifically concerning the medical characteristics, permanence, risks, effectiveness, and consequences of the procedure itself.

The same distinction applies to research concerning male participation in family planning. Increased male participation may contribute to shared reproductive responsibility and reduce the contraceptive burden on women. These are important considerations in evaluating the social utility of male contraception. However, they do not independently resolve the Islamic legal question concerning permanent contraception. The permissibility of vasectomy must still be determined through the relevant principles of Islamic jurisprudence and the specific circumstances that justify or oppose the procedure.

From this perspective, the principle of *maṣlaḥah* should operate as a structured balancing mechanism rather than as a general justification for permanent contraception. The relevant assessment may be expressed through four considerations: the legitimacy of the purpose, the magnitude and certainty of the anticipated benefit, the nature and probability of the potential harm, and the availability of less permanent or less harmful alternatives. Where a legitimate and substantial benefit exists, and the potential harm is appropriately controlled, the *maqāṣid* framework may provide a basis for considering permissibility. Where no sufficient justification exists, and permanent loss of reproductive capacity is undertaken merely for convenience, the protection of *ḥifẓ al-nasl* may weigh against permissibility.

This approach also requires careful consideration of individual autonomy. Voluntary informed consent is an important condition of ethical and medical legitimacy, but consent alone does not determine Islamic legal permissibility. An individual may voluntarily consent to a procedure, yet Islamic law may still require a separate assessment. Conversely, a religiously justified procedure should still require valid medical consent and appropriate

clinical safeguards. Thus, Islamic legal permissibility and medical-legal consent represent related but distinct analytical questions.

The comparative positions of contemporary Islamic legal authorities further demonstrate the conditional character of the debate. The MUI's historical position on vasectomy reflects concern regarding permanent sterilization and preservation of progeny, while subsequent discussions have considered circumstances in which legitimate needs and medical considerations may justify a procedure. Other contemporary Islamic legal institutions, including *Dār al-Iftāʾ al-Miṣriyyah*, have adopted approaches that distinguish permanent sterilization from permissible family planning and consider legitimate medical or family circumstances in assessing reproductive interventions. These positions demonstrate that the contemporary jurisprudential debate cannot be reduced to a simple opposition between unrestricted permissibility and absolute prohibition.

The divergence among juristic positions is better understood as a difference in how jurisprudential principles are weighted and applied. A restrictive approach places greater emphasis on the preservation of reproductive capacity and the prohibition of permanent sterilization, whereas a more contextual approach gives greater weight to *maṣlaḥah*, prevention of harm, medical necessity, and the circumstances of the family. Neither approach should be represented as universally accepted without identifying the relevant authority and legal reasoning supporting it.

Accordingly, the *maqāṣid al-sharīʿah* assessment developed in this study does not treat vasectomy as categorically permissible or categorically prohibited in all circumstances. Instead, it conceptualizes the legal assessment as conditional on the purpose of the procedure, the existence of a legitimate justification, the patient's medical circumstances, the availability of alternatives, the expected benefits and harms, and compliance with voluntary informed consent and appropriate medical standards.

This conditional approach also clarifies the relationship between *ḥifẓ al-nasl* and family welfare. Protecting progeny does not necessarily require maximizing fertility regardless of circumstance, because the welfare of existing children and the ability of parents to provide adequate care are also relevant to the objectives of Islamic law. At the same time, the pursuit of family welfare cannot be used as an unrestricted justification for permanently eliminating reproductive capacity. The legal assessment must therefore balance preserving reproductive capacity against legitimate interests in health, family welfare, and harm prevention.

The analysis demonstrates that advances in reproductive medicine are relevant to Islamic legal reasoning primarily because they provide new factual information for evaluating benefit and harm. They do not, by themselves, determine the legal ruling. Similarly, evidence of household economic benefits may contribute to a *maṣlaḥah* assessment but cannot establish permissibility on its own. The ultimate legal evaluation depends on the interaction between the specific circumstances of the case, established jurisprudential principles, and the objectives of the Sharīʿah.

Accordingly, the Islamic legal assessment of vasectomy may be structured around three principal considerations. First, preservation of progeny (*ḥifẓ al-nasl*), which requires careful consideration of the permanent interruption of reproductive capacity. Second,

protection of life and prevention of harm (*ḥifẓ al-nafs*), particularly where pregnancy or childbirth presents significant medical risks. Third, protection of property and family welfare (*ḥifẓ al-māl*), which permits consideration of the family's capacity to provide essential needs but does not automatically justify permanent contraception.

On this basis, vasectomy should be understood within Islamic law as a context-dependent permanent contraceptive intervention whose permissibility cannot be determined solely by its medical effectiveness, its inclusion in family-planning policy, or its potential economic benefits. A *maqāṣid*-based assessment requires the simultaneous consideration of reproductive preservation, legitimate medical or family interests, potential harm, available alternatives, and the welfare of the individuals concerned. This approach provides a more cautious basis for integrating contemporary medical knowledge with Islamic legal reasoning while avoiding the assumption that technological development or social utility automatically changes the religious status of permanent contraception.

3.4 The Implications of Vasectomy for Household Economic Well-Being from the Perspectives of the Welfare State and *Maqāṣid al-Sharīʿah*

The preceding analysis indicates that Indonesian positive law and Islamic law approach vasectomy from different normative foundations but may converge in their concern for human dignity, reproductive health, and family welfare. Indonesian positive law primarily addresses legal validity through applicable regulations, reproductive rights, patient autonomy, informed consent, and healthcare standards. Islamic law, by contrast, evaluates vasectomy through the principles of *maqāṣid al-sharīʿah*, particularly the balance between *maṣlaḥah* (benefit) and *mafsadah* (harm) in protecting life (*ḥifẓ al-nafs*), progeny (*ḥifẓ al-nasl*), and property (*ḥifẓ al-māl*). These perspectives should therefore be treated as complementary analytical dimensions rather than as identical legal tests [18], [23], [29].

From the perspective of household welfare, existing literature indicates that fertility regulation may contribute to more efficient household resource allocation, including expenditure on education, healthcare, nutrition, and other essential needs. However, such potential socio-economic benefits should not be treated as direct or automatic consequences of vasectomy. Household outcomes may vary according to reproductive goals, economic circumstances, family structure, and the voluntary nature of the decision. Moreover, potential economic utility cannot substitute for the statutory, professional, and informed-consent requirements governing medical procedures.

Within the framework of *maqāṣid al-sharīʿah*, potential improvements in household resource allocation may support the realization of *ḥifẓ al-māl*, provided that such benefits are considered together with *ḥifẓ al-nafs* and *ḥifẓ al-nasl*. Accordingly, household economic considerations may constitute one element in assessing *maṣlaḥah*, but they cannot independently determine the legality or religious permissibility of vasectomy. The assessment must also consider the purpose of the procedure, potential benefits and harms, individual circumstances, voluntariness, and relevant Islamic legal principles.

The comparative analysis therefore supports a distinction among four related but non-identical questions: whether vasectomy satisfies the requirements of Indonesian positive law, whether it is ethically acceptable in light of patient autonomy and safety, whether it may

generate social and economic utility, and whether it is compatible with the objectives of *maqāṣid al-sharīʿah*. These dimensions may converge in a particular case but should not be treated as legally interchangeable. In particular, socio-economic utility is an analytical consideration rather than a statutory requirement for the legal validity of vasectomy.

Based on this distinction, the study proposes the Multidimensional Vasectomy Legality Assessment Model, which integrates three analytical dimensions: (1) normative legality, (2) medical and socio-economic utility, and (3) Sharīʿah-based public benefit (*maṣlaḥah*). The model does not treat these dimensions as a single legal test. Instead, each dimension performs a distinct analytical function: positive law determines legal validity; medical and socio-economic analysis examines potential health and welfare consequences; and *maqāṣid al-sharīʿah* assesses benefit, harm, and the protection of essential human interests.

Table 1. Integrative Framework for Assessing the Legality and Socio-Economic Implications of Vasectomy in Indonesia

Dimension	Indicators	Legal Basis/Theoretical Framework	Assessment Criteria	Implications
Normative Legality	Applicable health and family-planning regulations, informed consent, professional standards, patient rights, absence of coercion	Indonesian positive law	Compliance with applicable legal and professional requirements	Legal validity and protection of reproductive autonomy
Medical and Socio-Economic Utility	Patient safety, contraceptive effectiveness, household resource allocation, education, healthcare, and family expenditure	Welfare state theory and relevant empirical literature	Potential health, social, and economic utility	Potential contribution to family welfare
Sharīʿah-Based Public Benefit (Maṣlaḥah)	Ḥifẓ al-nafs, ḥifẓ al-nasl, ḥifẓ al-māl, legitimate purpose, benefits and harms	Maqāṣid al-sharīʿah and relevant Islamic legal authorities	Balance between maṣlaḥah and mafsadah in the circumstances of the case	Islamic normative assessment and conditional permissibility

The model consequently positions vasectomy as a multidimensional legal issue without collapsing legal validity, social utility, and Islamic normative assessment into a single category. Its principal conceptual contribution lies in structuring the respective functions of positive law, welfare state theory, and *maqāṣid al-sharīʿah* within one analytical framework. The model should therefore be understood as a provisional conceptual and normative framework, rather than an empirically validated instrument for measuring household economic outcomes or determining individual medical or religious rulings.

This framework also clarifies the relationship between reproductive autonomy and family welfare. The state should facilitate informed, voluntary, and equitable reproductive decision-making without transforming family-planning objectives into coercive pressure to increase vasectomy uptake. Similarly, the pursuit of *maṣlaḥah* must remain consistent with protecting essential interests and preventing harm. The proposed model thus provides a

structured basis for evaluating vasectomy while preserving the distinction between legal validity, ethical acceptability, social utility, and Sharīʿah-based assessment.

3.5 Comparative Analysis of the Fatwas of the Indonesian Council of Ulama and *Dār al-Iftāʾ al-Miṣriyyah* on the Legality of Vasectomy from the Perspective of *Maqāṣid al-Sharīʿah*

The legal status of vasectomy in Islamic law requires careful consideration because the procedure involves an intentional and potentially permanent limitation of male reproductive capacity. The positions of the Indonesian Council of Ulama (*Majelis Ulama Indonesia* [MUI]) and *Dār al-Iftāʾ al-Miṣriyyah* provide relevant comparative materials for examining how Islamic legal reasoning responds to permanent contraception. Their positions should not, however, be presented as establishing a single, universally accepted Islamic rule. Rather, they show different approaches to the procedure's permanence, legitimate justification, and the balance between benefit and harm.

The MUI's position developed through several stages. In Fatwa Number 4 of 1979 concerning vasectomy, the MUI adopted a restrictive position by considering vasectomy impermissible because it was understood as permanent sterilization that could prevent the continuation of human reproduction. This reasoning emphasized the protection of progeny (*ḥifẓ al-nasl*) and the prevention of permanent reproductive incapacity [29], [32].

The subsequent development of reproductive medical technology became relevant to the MUI's later legal assessment. In the 2012 National *Ijtimāʿ* of Ulama, the MUI recognized a conditional exception to the earlier restrictive position. Vasectomy may be permitted where there is a legitimate Sharīʿah-recognized reason, the procedure does not cause harm, and the possibility of restoring reproductive function remains [29]. This development demonstrates that changes in medical circumstances may affect the legal assessment of an intervention, while the underlying protection of progeny remains an important consideration.

By contrast, *Dār al-Iftāʾ al-Miṣriyyah* adopts a comparatively more flexible approach to birth regulation. Its reasoning recognizes that family planning may be permissible when undertaken for legitimate purposes related to family welfare and is not intended to reject procreation absolutely. The assessment therefore gives greater weight to the circumstances, purpose, and potential benefits and harms associated with reproductive regulation [31], [34].

The two approaches nevertheless share several principles. Both recognize the protection of progeny (*ḥifẓ al-nasl*) as an essential consideration and do not treat permanent contraception as automatically permissible without justification. Both also emphasize the importance of legitimate purpose and preventing harm. Their main difference lies in the weight they give to permanence, medical circumstances, and *maṣlaḥah*. The MUI's position places greater emphasis on the potential permanence of vasectomy and therefore permits it only under specified conditions. In contrast, the *Dār al-Iftāʾ* approach allows more room to consider family circumstances and public benefit within a *maqāṣid*-based assessment.

Accordingly, the comparison does not support the conclusion that Islamic law has a single uniform position on vasectomy. Instead, it indicates that its assessment is conditional and context-dependent. Relevant considerations include the purpose of the procedure, the existence of legitimate justification, potential benefits and harms, voluntariness, and the

couple's circumstances. Vasectomy should therefore be assessed through the interaction of *ḥifẓ al-nasl*, *ḥifẓ al-nafs*, and *ḥifẓ al-māl*, rather than through the permanent nature of the procedure alone.

This comparative analysis supports the broader framework proposed in this study: Islamic legal assessment of vasectomy should remain distinct from determining legality under Indonesian positive law. Positive law addresses whether the procedure satisfies applicable legal requirements, whereas *maqāṣid al-sharīʿah* addresses whether its purpose, circumstances, benefits, and harms are consistent with Islamic legal objectives. The two assessments may inform one another, but neither should be treated as a substitute for the other.

3.6 Theoretical Synthesis: Integrating the Welfare State and *Maqāṣid al-Sharīʿah* in Assessing the Legality of Vasectomy

The preceding analysis indicates that welfare state theory and *maqāṣid al-sharīʿah* provide different but complementary perspectives for assessing vasectomy. Welfare state theory emphasizes the state's responsibility to protect health, provide accessible public services, and facilitate the fulfillment of reproductive health rights. By contrast, *maqāṣid al-sharīʿah* provides a normative framework for assessing benefit, harm, and the protection of essential interests, particularly life (*ḥifẓ al-nafs*), progeny (*ḥifẓ al-nasl*), and property (*ḥifẓ al-māl*) [17], [27], [34], [35].

Integrating these perspectives does not mean they constitute identical legal standards. Rather, each framework performs a distinct analytical function. Indonesian positive law determines the legal validity of vasectomy based on applicable statutory and professional requirements. Welfare state theory evaluates the state's responsibility and the potential social utility of reproductive healthcare. Meanwhile, *maqāṣid al-sharīʿah* provides a normative basis for assessing whether the purpose, benefits, harms, and circumstances of vasectomy are consistent with Islamic legal objectives.

On this basis, the Multidimensional Vasectomy Legality Assessment Model proposed by this study should be understood as a conceptual framework rather than an additional statutory test. It integrates three dimensions: normative legality, medical and socio-economic utility, and Sharīʿah-based public benefit (*maṣlaḥah*). These dimensions are related but should not be collapsed into one another. In particular, socio-economic utility does not constitute a statutory condition for the legality of vasectomy, while *maṣlaḥah*-based considerations do not replace the requirements of Indonesian positive law.

The model's principal conceptual contribution is to structure these three perspectives within a single analytical framework while preserving their distinct functions. The model does not establish that a vasectomy producing socio-economic benefits is necessarily legally valid, nor does it provide a universal religious ruling. Instead, it offers a structured method for examining legal validity, potential social utility, reproductive autonomy, and Sharīʿah-based public benefit in relation to the procedure's particular circumstances. The model can therefore be summarized as follows:

Table 2. Analytical Dimensions for Assessing Vasectomy Legality, Utility, and Sharīʿah-Based Public Benefit

Dimension	Indicators	Legal Basis/Theoretical Framework	Assessment Criteria	Implications
Normative Legality	Applicable health and family-planning regulations, informed consent, professional standards, patient rights, absence of coercion	Indonesian positive law	Compliance with applicable legal and professional requirements	Legal validity and reproductive autonomy
Medical and Socio-Economic Utility	Patient safety, contraceptive effectiveness, household resource allocation, education, healthcare, family expenditure	Welfare state theory and relevant literature	Potential health, social, and economic utility	Potential contribution to family welfare
Sharīʿah-Based Public Benefit (Maṣlaḥah)	Ḥifẓ al-nafs, ḥifẓ al-nasl, ḥifẓ al-māl, legitimate purpose, benefits and harms	Maqāṣid al-sharīʿah and relevant Islamic legal authorities	Balance between maṣlaḥah and mafsadah	Islamic normative assessment

Accordingly, the model remains provisional and normative. It has not been empirically validated through investigation of healthcare implementation, patient experiences, stakeholder perspectives, or household economic outcomes. Its contribution is therefore conceptual: it provides an analytical basis for connecting Indonesian positive law, welfare state theory, and *maqāṣid al-sharīʿah* without treating legality, ethical acceptability, social utility, and Islamic permissibility as interchangeable concepts.

4. CONCLUSION

This normative analysis suggests that Indonesian positive law provides a general legal framework for the provision of vasectomy as a male contraceptive service through regulations concerning reproductive healthcare, family planning, patient rights, and healthcare standards. The legal status of vasectomy should therefore be distinguished from questions of policy effectiveness, social acceptance, and social utility. Its legal validity depends on compliance with the applicable legal framework, professional standards, patient safety requirements, and voluntary informed consent. The relevant Indonesian legal provisions should not, however, be interpreted as necessarily constituting an express statutory authorization of vasectomy in every respect, but rather as a combination of general reproductive-health regulation, family-planning policy, and healthcare requirements applicable to contraceptive services.

From the perspective of Islamic law, this normative analysis suggests that the legal assessment of vasectomy is conditional rather than uniformly permissible or prohibited. Its assessment depends on the purpose of the procedure, the circumstances of the individual and

family, the potential benefits and harms, and the relevant principles of *maqāṣid al-sharīʿah*. In particular, the protection of progeny (*ḥifẓ al-nasl*) should be considered together with the protection of life (*ḥifẓ al-nafs*) and property (*ḥifẓ al-māl*). Comparative analysis of Islamic legal positions suggests that legitimate medical considerations, voluntariness, informed decision-making, and demonstrable *maṣlaḥah* may be relevant to determining the permissibility of vasectomy in particular circumstances. This conclusion does not constitute an individual religious ruling or medical recommendation.

Existing literature further indicates that fertility regulation may have potential socio-economic implications for household resource allocation, human-capital investment, and family welfare. However, this study has not empirically tested the economic dimension. The relationship between vasectomy and household economic well-being should therefore be understood as a potential socio-economic implication that may vary according to household circumstances, reproductive goals, economic conditions, and voluntary decision-making, rather than as an automatic outcome of vasectomy.

The principal conceptual contribution of this study is the proposed Multidimensional Vasectomy Legality Assessment Model, which integrates three analytical dimensions: normative legality, medical and socio-economic utility, and Sharīʿah-based public benefit (*maṣlaḥah*). The model provides an integrated framework for examining vasectomy beyond a simple binary distinction between legal and illegal or *ḥalāl* and *ḥarām*. Nevertheless, the proposed model remains provisional because it has been developed through normative legal analysis and has not been empirically validated through investigation of healthcare implementation, patient experiences, stakeholder perspectives, or household economic outcomes.

The principal limitation of this study is its normative legal character. The analysis relies on legislation, legal doctrines, Islamic legal sources, and academic literature and does not independently establish how the relevant legal framework operates in practice. Accordingly, the findings should not be interpreted as evidence of actual implementation outcomes, individual medical suitability, or individual religious permissibility. Future research should use socio-legal or mixed-methods approaches to examine the practical application of the legal framework, couples' experiences and preferences, healthcare-provider practices, and the potential socio-economic consequences of different contraceptive choices.

Overall, this study proposes evaluating vasectomy legality through an integrated framework that distinguishes legal validity from ethical acceptability, policy effectiveness, and social utility. Such an approach enables Indonesian positive law and Islamic legal considerations to be examined in relation to reproductive rights, patient safety, family circumstances, and *maqāṣid al-sharīʿah*, while maintaining the principle that contraceptive decisions should remain informed, voluntary, and responsive to the circumstances of the individuals concerned.

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